KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

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SCHOOL OF BUSINESS

THE EFFECTS OF EMPLOYEE TRANSFER ON PERFORMANCE IN THE HEALTH SECTOR. A CASE STUDY OF SELECTED HOSPITALS IN THE KUMASI METROPOLITAN ASSEMBLY.

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July 2012

THE EFFECTS OF EMPLOYEE TRANSFER ON PERFORMANCE IN THE HEALTH SECTOR. A CASE STUDY OF SELECTED HOSPITALS IN THE KUMASI METROPOLITAN ASSEMBLY.

By

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A Thesis submitted to the Department of Managerial Science, Kwame Nkrumah University of Science and Technology in partial fulfilment of the requirements for the degree of

MASTER OF BUSINESS ADMINISTRATION (HRM OPTION)

School of Business

College of Art and Social Sciences

July 2012

DECLARATION

I hereby declare that this submission is my own work towards the Master of Business Administration (Human Resource Management Option) and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due knowledge has been made in text.

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Name of Student **Signature** **Date**

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Name of Supervisor **Signature** **Date**

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Name of Head of Department **Signature** **Date**

ABSTRACT

The transfer of health workers in the selected hospitals could have implications on the performance of the employees and consequently on the survival and the recovery of patients in the hospital. Incentive measures, such as salaries, secondary benefits and intangible rewards have traditionally been used to motivate employees to increase performance. Nevertheless, the limited information on the policies, processes and the implications of these intra-sector transfers on the employee performance within the Health Directorate of the Kumasi Metropolis needed to be investigated. Therefore, the purpose of the study was to investigate the impact of employee transfer on performance within three selected hospitals in the Kumasi Metropolis. The study adopted a survey method to collect both qualitative and quantitative data. This was done through the use of interviews, questionnaire and review of relevant secondary data. Some of the key findings of the study were: about 65% of respondents are aware of transfer policies in the Kumasi Health Directorate; there were laid down transfer procedures and processes in Kumasi Health Directorate; employee transfer had both positive and negative effects on employees' performance; and family and accommodation issues were barriers to successful employee transfer. It is therefore recommended that the Kumasi Regional Health Directorate should sensitise the Human Resource (HR) department of the three hospitals to organise flexible workshops for staff on transfer policies and how these policies are implemented. In addition, it is suggested that, employees should be consulted and prepared by the Human Resource department before they are transferred to another department or hospital. Finally, the HR department should put in measures to share extra workload or extra duties among two or more staffs of related qualification so that the newly transferred employee will not be over burdened.

ACKNOWLEDGEMENT

My sincere gratitude goes to God Almighty for granting me the strength and ability to complete this research study on schedule.

To my supervisor, Mrs. Felicity Aseidu-Appiah, for her patience, direction and constructive criticisms, which greatly nourished my work, am most grateful. Many thanks also go to all the Lecturers and working staff of Kwame Nkrumah University of Science and Technology, (KNUST), School of Business for their contributions in diverse ways.

To all my friends and loved ones who held my hands during the hard times and encouraged me, I say many thanks and God richly bless you. To my beloved family who supported me in cash and kind, I wish for God's grace and mercies upon you all the days of your lives.

My sincere thanks also go out to the management of Kumasi South Hospital, Suntresso Hospital, and Manhyia Hospital for granting me permission to use their institutions as a case study area.

I wish to also extend my profound gratitude to Mr Simon VQ Hamenoo for his assistance in data entry and in other aspects of this work.

Finally, my sincere appreciation is extended to Mr. J. K. Turkson for his words of encouragement and support.

DEDICATION

This work is dedicated to my beloved parents, Mr. and Mrs. Osei Badu.

LIST OF ABBREVIATIONS AND ACRONYMS

GSS	-	Ghana Statistical Service
HIV/AIDS	-	Human Immune-deficiency Virus/ Acquired Immune Deficiency Syndrome
GHS	-	Ghana Health Service
GPRS I	-	Ghana Poverty Reduction Strategy
GPRS II	-	Growth and Poverty Reduction Strategy
HRHD	-	Human Resources for Health Division
HR	-	Human Resource
HND	-	Higher National Diploma
HRM	-	Human Resource Manager
HRH	-	Human Resources for Health
KATH	-	Komfo Anokye Teaching Hospital
KMA	-	Kumasi Metropolitan Assembly
MBA	-	Masters in Business Management and Administration
MOH	-	Ministry of Health
NDPC	-	National Development Planning Commission
UN	-	United Nations
UNDP	-	United Nations Development Programme
MDGs	-	Millennium Development Goals
SPSS	-	Statistical Package for the Social Scientists
WHO	-	World Health Organization

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CHAPTER ONE

INTRODUCTION

1.0 Background to the Study

Based on existing research, it is known that in recent years, there is evidence of rapidly increasing employee transfer within and between organizations, institutions, sectors, industries (Valour and Tolbert, 2003) and ministries in all ten administrative regions of Ghana.

However, there is limited information on the scope, policies and processes and the implications of these intra-sector transfers on the employee performance in three selected hospitals within the selected hospitals of the Kumasi metropolis, hence the need to undertake this research. These hospitals (viz. Kumasi South Hospital, Manhyia District Hospital and South Suntreso Hospital) which are currently operative and being managed with/under different transfer procedures, policies, staff sizes and different facilities, locations and conditions of service delivery are being explored in this study. The study hopes to determine the basis for transfer, efficiency of transfer processes and policies and its resultant effects on employee performance within the health sector.

At the turn of the century, in September 2000, Ghana, along with 189 UN member countries adopted the Millennium Declaration that laid out the vision for a world of common values and re-determination to achieve peace and decent standards of living for every man, woman and child (UNDP, 2010a). Relevant to the health sector among the eight Millennium Development Goals derived from the Millennium Declaration, which set time-bound and quantifiable indicators, and targets aimed at halving the proportion of people living below the poverty line, is the reduction in child mortality, improving maternal health, combating and reversing the trends of HIV/AIDS, malaria and other diseases by 2015. These measurable and time-bound development goals are expected to generate unprecedented and coordinated action, not only

within the United Nations system, but also within the wider donor community and, most importantly, within developing countries themselves (UNDP, 2010a).

Ghana has since mainstreamed the MDGs into the country's successive medium term national development policy framework, the Ghana Poverty Reduction Strategy (GPRS I), 2003 – 2005, and the Growth and Poverty Reduction Strategy (GPRS II), 2006 - 2009. While the GPRS I focused on the macroeconomic stability, production and gainful employment, human resource development and provision of basic services and good governance, GPRS II emphasizes continued macroeconomic stability, human resource development, private sector competitiveness, and good governance and civic responsibility (NDPC, 2010a). The attainment of three of the Millennium Development Goals become significant to the health sector and are positively correlated to the good employee performance, which can be affected by institutional factors such as transfer programs, processes, policies and strategies, incentives and salaries. These factors therefore give impetus for this study.

As a result, hospitals face increasing demands to systematize and rationalize their policies and procedures regarding the career transfer/mobility of employees. Changes in government regulations, the nature of the economy, and the demographic composition of the labour force are examples of external pressures on management to increase human resources management and career planning. Conversely, the employees and potential employees with rising expectations, who demand more from organizations than just a job, create internal pressures (Anderson *et. al*., 2000).

In order to meet these internal and external demands, organizations must ensure that transfers, promotions and demotions do not result from a random process. The movement of employees is therefore a major aspect of human resource management, one that helps to ensure that the right number and the right kinds of people will be at the right place at the right time in the future, capable of doing things so that the organization can achieve its goals (Anderson *et. al*., 2000).

Some work has been done on certain aspects of human resources allocations (recruitment, selection and performance appraisal) within and between firms, organizations and sectors (example, health) but less is known about the factors that influence transfer decisions within organizations. Promotions, demotions and transfers may be used by the organizations as rewards or punishments contingent on job performance and/or seniority (i.e. how long an employee serves in an organization compared to other employees). Therefore, the control of either intra or inter-organizational transfers are important not only because of the consequences associated with the allocation of human resources but also indirectly through its influence on the attitudes and behaviour of employees at post, a situation which could determine level of performance in an organization especially hospitals which deal with lives. Level of performance could rank from low to high.

However, the high-stress environment in hospitals explains why some workers choose to leave. Chronic shortages of nurses and physical therapists needed at hospitals and clinics exacerbate employee retention problems. Health care workers almost always have job opportunities elsewhere. For example, a pharmacist could work at a retailer shop instead of a hospital and a nurse could work for a health insurance company.

According to the United Nations Development Programme (UNDP, 2006), incentive measures, such as salaries, secondary benefits, and intangible rewards, recognition or sanctions have traditionally been used to motivate employees to increase performance. Motivators may be positive and/or negative. Reducing disincentive or perverse incentives that favour non-conducive behaviour can often be more important than inventing new incentives. Incentive systems reside within organizations, their structure, rules, human resource management, opportunities, internal benefits, rewards and sanctions.

According to Malik *et al* (2011), employee performance depends on many factors like performance appraisals, employee motivation and job satisfaction, training and development programs, job security, working environment and compensation. The transfer of an employee may involve a change in the location where the employee performs duties. If the employee is employed through a temporary engagement before transfer, then the transfer could have less effect on the employee's performance (Kolehmainen-Aitken, 2004). To improve the performance and productivity of health workers, local health managers need to assess staff performance, supervise employees, and respond appropriately to identify performance gaps. Local managers are also responsible for ensuring that employees have the necessary resources and tools to do their job. Performance and productivity are influenced by staff motivation, another concern of the manager.

Kolehmainen-Aitken (2004) also argued that adequate and equitable remuneration, timely payment of salary & benefits, and satisfactory working conditions are very important for the performance, productivity and motivation of staff. Martinez and Martineau (2001) conversely argue that effective performance management is rare in public services in developing countries,

because its prerequisites (such as a living wage for health workers and the availability to them of drugs, equipment and transport) are often missing.

In many developing countries, decentralization has confused supervision responsibility, diminished technical supervision capacity, and reduced the number of supervision visits (Saide and Stewart, 2001). Part of this confusion is the result of some health programs being decentralized, while others remain central responsibilities.

There is therefore evidence to suggest that in a number of countries, decentralization has compromised the ready availability of drugs, supplies and transport that are essential for good staff performance and productivity (Newbrander *et al., 1991;* Perez, Alfiler and Victoriano, 1995). Staff motivation has been affected through rapid change, and the perception of health workers that their compensation levels and working conditions have been negatively affected by decentralization. Bach also emphasizes that managers have paid insufficient attention to addressing such issues as working hours, working conditions and career structures that can have a significant long-term effect on staff performance and morale (Bach, 2001).

As the backbone of the health system, health workers usually account for the largest share of public expenditures on health. The presence of high-quality, motivated staff is a key aspect of Health System Performance, but also one of the most difficult inputs to ensure (Peters, 2010). Health Workers' job satisfaction, which can be defined as 'the attitude towards one's work and the related emotions, beliefs, and behaviour', results from complex interactions between on-the-job experience, organizational environment, and motivation.

The 2006 World Health Report identified ten major strategies to improve the performance of health workers, including those related to improving job conditions and providing supportive supervision (WHO, 2006). Paying health workers sufficiently and on-time were also identified as necessary for improving motivation of health workers, particularly to recruit and retain staff, and to prevent absenteeism and collection of informal payments from patients.

By implication, the achievement of the MDGs 4 and 5 become dependent to some extent on employees in the health sector and how these employees are managed. Transfer is therefore an employee management procedure within an organization which can contribute towards capacity building (i.e. employee development), acquisition of skills, access to new working environment, facilities and technology. Yet employee transfer if not handled well can lead to negative consequences on the employee, the clients (i.e. patients) and/or the organization. According Peters *et al.,* (2010), what needed to be done is the presence of high-quality, motivated staff, which is a key aspect of health system performance. Besides, improvements in training opportunities for skill development and availability of equipment for effective use of existing professional skills have the greatest promise to raise health worker satisfaction. Efforts to improve health worker motivation have focused on financial incentives as reported by Eichler, 2006, which shall be explored in this study. This is because health workers in Ghana are the backbone of the health system (Peters *et al.,* 2010) hence, the need to undertake this study.

1.1 Statement of the Problem

The evidence of increasing and periodic employee transfer within the health sector and between hospitals in the Kumasi metropolis, which has received research attention, cannot be underemphasized. The outcome of these transfers may have their negative and /or positive effects on the performance of the health workers in the Kumasi south hospital, Manhyia District hospital and South Suntreso hospital, which are used as case studies for this research.

The transfer of health workers in the selected hospitals could have implications for the survival or the recovery of patients in the hospital. Consequently, transferring a health worker could also be stressful or costly to the employee due largely to the need to adjust themselves to the new working environment and its working conditions (Kolehmainen-Aitken, 2004). As a result, unhappy managers who might show reluctance on letting go of excellent employees could equally have a negative impact on the health sector due to the manager's exhibit of emotional discomfort and low morale (Kolehmainen-Aitken, 2004).

Nevertheless, the limited information on the scope, policies and processes and the implications of these intra-sector transfers on the employee performance in these three selected hospitals within the selected hospitals of the Kumasi Metropolis needed to be investigated.

Therefore, the purpose of this study is to investigate the effect of employee transfer on performance within the selected hospitals.

1.2 Objectives of the Study

The objectives of the study are categorized into general objectives and specific objectives.

1.2.1 General objectives

The main objective underlying the study is to investigate the efficiency of transfer processes and its resultant effects on employee performance within the selected hospitals in the Kumasi Metropolitan Assembly.

1.2.2 Specific Objectives

More specifically, the study seeks to;

1. Find out whether employees have knowledge of transfer policies in the selected hospitals and how they are applied,
2. Examine the procedures and processes of employee transfer in the selected hospitals,
3. Determine the positive and negative effects of employee transfer on performance in the selected hospitals,
4. Identify the barriers to employee transfer in the selected hospitals

1.3 Research Questions

The study outlines the following research questions to gather primary data.

1. What are the laid down transfer policy programs in the selected hospitals?
2. What measures/procedures are put in place to ensure that transfers are effective in the selected hospitals?
3. How does transfer affect employees' performance in the selected hospitals?
4. What are the barriers to employee transfer in the selected hospitals?

1.5 Significance of the Study

The relevance of this study includes the following;

To serve as a manual for management to make informed decisions on transfer as many issues shall be explored and possible solutions provided. The study shall identify the need for transfer, transfer processes and policies, the positive and negative impacts and implication of transfer to help management appreciate the rational and ethics of transfer within the health sector.

The study also aims to provide on the ground information to management on how best they should handle and draw out transfer policies, capturing the circumstances under which transfer can take place and the mutual benefit of it to both the employer and the employee. Another significance of conducting the study is to update the already existing information to employees and stakeholders within the health sector on the need to appreciate transfer programs in terms of capacity building, work experience, exposure, and the realization of employee potential.

Socioeconomically, transfer could be costly for an organization. This is because it demands time, planning, logistics and cooperation between the employer and the employee. Transfer could also change the standard of living of an employee due to the changes in the new working environment and in the remuneration that follows the transfer. The study will also serve as a pilot research that will reflect the findings, which will re-inform transfer policies in the health sector of the Kumasi Health Directorate and the country at large. The study shall also serve as a relevant source of literature on the subject matter for researchers, students, the health sector and other corporate organizations.

1.6 Overview of the Research Methodology

This section of the report captures the methodology employed by the researcher to elicit the required responses to the research questions, the research approach and design adopted in the data collection and how it is analyzed.

The study is a basic research undertaken through field survey by using self-administered questionnaires. Thus, the study was guided by a survey research approach to quantify and generalize findings to an entire population of the sample appropriately determined and selected and its strength in minimizing errors with standardized structure questionnaires as adopted by the Health Communication Unit, (1999).

Figures released by Ashanti Regional Health Directorate last two years indicated that there are five hundred and twenty-seven (527) health facilities in the region. The Ghana Health Service operates about 33% of all health facilities in the region. Kumasi has the highest number of facilities (29%) with Ejura Sekyere -dumase having the least (2%). The population hospital ratio is 48,276 (Ashanti Regional Health Directorate Half Year Report, 2010).

1.7 Scope of the Study

The scope is sectioned into three parts, namely, the geographical, contextual and the time scopes.

1.7.1 Geographical Scope

The research was conducted in three different hospitals in the Kumasi Metropolitan Assembly (KMA) within the Ashanti Region of the forest agro-climatic zone. These are the Kumasi south hospital located on the Atonsu road, the Manhyia District hospital located at Manhyia, near the Palace of the Asantehene (the King of the Ashanti Kingdom) and the South Suntreso hospital

near the Komfo Anokye Teaching Hospital (KATH). Table 1.2 presents an overview of the three case studies whilst figure 1 presents the geographical map of the Region.

Table 1.2: Overview of the selected hospitals.

Name of Hospital	Type	Location	Year of established	Year attained District hospital status	Staff strength
Kumasi south hospital	Government hospital	Atonsu	1976	2002*	288
Manhyia District hospital	District hospital	Manhyia	1966	2000	233
South Suntreso hospital	Government hospital	South Suntreso	1963	2000	233

Source; Fieldwork, 2012 * Upgraded into a regional hospital for the Ashanti Region.

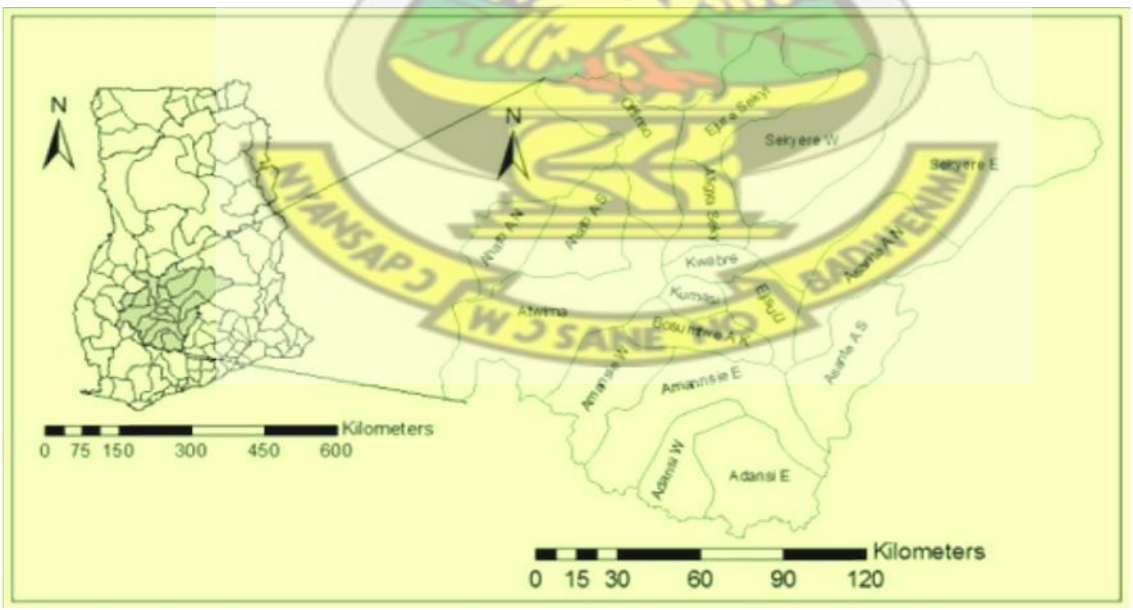

Fig.1.1: District map of Kumasi.

Source: http://www.springerimages.com/img/Images/BMC/MEDIUM_1476-072X-7-44-1.jpg

According to the provisional results released by the Ghana Statistical Service (2011), the Ashanti region has a total population of 4,725,046 with 2,288,325 males, 2,436,721 females, and a growth rate of 2.6%. Kumasi is located in the transitional forest zone and is about 270km north of the national capital, Accra. It is between latitude 6.35 ° – 6.40 °and longitude 1.30 ° – 1.35 (KMA, 2009). The Kumasi Metropolis lies within the plateau of the Southwest physical region, which ranges from 250-300 metres above sea level. The topography is undulating. The city is traversed by major rivers and streams, which including some towns; Subin, Wiwi, Sisai, Owabi, Aboabo, Nsuben among others. Some towns in the metropolis include Bantama, Ashanti Newtown, New Tafo, Old Tafo, Amakom, Atonsu, Breman, Oforikrom, Pankrono, Aboabo, Ayigya, Ahinsan, Kwadaso, Dichemso, Asokwa, Asafo, Old Suame, New Suame, Gyinyasi, Manhyia, Patase, Adum, Asafo, Anloga, Ayeduase, Kokoben, Ayigya Zongo, Suntreso, Anwomaso, Ayigya, Santasi and so on.

1.7.2 Contextual Scope

The survey was designed to elicit responses from employees including Senior/Junior clinical staff, Hospital Administrators and the Human Resource Managers within the selected hospitals for the development and implementation of an effective transfer policy program pivoted in enhancing employee performance in the three case studies.

The study among other things investigates the problems associated with the hospitals' transfer policies employed in the past as well as those associated with the prevailing policies. The implications of these transfer policies on the employee performance in the three case studies are also within context.

1.7.3 Time Scope

The primary data used for the compilation of this report were collected from January to June 2012. However, for triangulation purposes, secondary sources of information were also used.

1.8 Limitations of the study

This section of the report details the factors that constrained the smooth implementation of the survey. Paramount among the challenges and limitations that confronted this research is the amount of time spent in collecting data on the field as employees were busily attending to patients in the hospitals thereby shifting the interview to break time.

That means that the timing of the survey was not favourable for the hospitals as it is rare to find most nurses idle. Some respondents did not understand the relationship between employee transfer and its effects on performance.

1.9 Organization of the study

This research report is chronologically organized into five chapters. Chapter one presents an introduction on the subject matter. It further outlines the background of the study, the working objectives of the research that informed the methodology employed in the data collection, the selection of the study area and how the entire report is presented. Chapter two reviews in detail, literature on the subject under study by presenting the policy context of transfer processes/ procedures, programs and the resultant effects it has on employee performance in the three case studies. Chapter three generally presents the findings on the case studies, the policy implications of transfers, summary of key findings and the lessons learnt in the study.

The forth chapter presents the analysis of the findings and its implications on employee performance. The fifth chapter ends with summary of findings, conclusion and recommendation in tandem with the research objectives. The report finally presents the list of literature consulted and the appendices outlined in the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This Chapter presents a review of existing literature on employee transfer and its resultant effects on employee performance in the health sector. It also unfolds various aspects and implications of transfers policies, processes and procedures within the health sector, highlighting on the reasons and circumstances warranting transfers within an organization.

2.1 Employee Transfers

This section of the chapter defines and describes key terminologies used in the topic sentence in the Ghanaian context. It provides a brief overview of the meaning of employee transfer in an organization.

2.1.1 Definitions of terminologies

Generally, an employee is anyone who has agreed to be employed formally under a contract of service or informally by word of mouth, to work for some form of payment. These forms of payment include wages, salaries, commission and remunerations. Consequently, the constitutional provision on the mandate of an employer states that, an employer has the right to employ, discipline, transfer, promote and to terminate the appointment of an employee (Labour Act, 2003). The transfer of an employee is an administrative phenomenon within and outside organizations, institutions, ministries and sectors. In a broader perspective, employee transfer is the movement of employee from one place of work to another. According to Kolehmainen-

Aitken (2004), the transfer of an employee may involve a change in the location where the employee performs duties. If the employee is employed through a temporary engagement, the transfer has effect (Kolehmainen-Aitken, 2004). Similar other definitions capture transfers as the movement of regular staff from one regular position to another without break in service, ranging from office to office, and units to units, section to section or ward to ward within the health sector.

Promotions, demotions and transfers may be used by the organizations as rewards or punishments contingent on job performance. Employee performance however depends on many factors like performance appraisals, employee motivation and job satisfaction, training and development programs, job security, working environment and compensation (Malik *et al.*, 2011).

2.2 Aspects of Employee Transfer

In as much as employee transfers are phenomenal within and across the health sector (thus, the ministry of health), other ministries and non-governmental organizations, the aspects of these transfers are thus explored in the literature. Both employer commitment to employees and employee loyalty to employers are important in organizational transfers (Tsui *et al*., 1997; Valcour and Tolbert, 2003). Inter-organizational mobility should therefore figure as prominently in contemporary studies of careers as intra-organizational transfer/mobility.

These changes in the contemporary workplace point to the need for a better understanding of the determinants of inter- as well as intra-organizational mobility, and for more attention to the impact of gender and performance variables on both forms of transfer. We address these issues in a comparison of job transitions within and across employers. The study of job transitions within

organizations has traditionally been one of the key focuses of careers research. More recently, the notion of boundaryless careers with its inherent emphasis on cross employer movement, has been suggested as a theoretical alternative to traditional conceptualizations of career mobility (Arthur and Rousseau, 1996; Baker and Aldrich, 1996; Valcour and Tolbert, 2003).

2.2.1 Organizational Transfers

This section of the chapter details on the context of transfers within and outside organizations. It also looks at gender perspective of transfers within and between organizations.

2.2.1.1 Intra-organizational (internal) transfers

Employee transfer can take place within an organization or an institution. For instance, a nurse can be transferred from a children's ward to adults' ward in a hospital setting. In addition, a nurse at the maternity ward can be transferred to the emergency unit in a hospital. The mobility of employees is usually employed as a result of changes in the structure or demand for goods and services rendered. Thus, for an organization to fill vacancies or job positions with suitably qualified people within the organization, this aspect of transfer could be the best option. This also saves the cost of advertisement for the organization. One of the keys to a company's success is the ability to manage, motivate and retain employees. On the other hand, management might be compelled to move employees in the interest of production (Boakye-Danquah, 2008, *unpublished*) whilst employees might be tempted to resist such transfers due to personal concerns or workload.

In its broadest sense, the concept of career refers to a patterning of individuals' work histories and experiences (Arthur *et al*., 1989; Blair-Loy, 1999; Valcour and Tolbert, 2003). One of the

key dimensions of such patterning is the degree of movement by individuals among jobs over time, both within organizations (as conventional views of careers have emphasized) and across organizations.

Following more conventional approaches to careers, research to date has tended to focus on intra-organizational movement. Much of the work on this problem has concentrated on organizational characteristics and job-related individual characteristics as determinants of mobility (Barnett and Miner, 1992; Cohen *et al*., 1998; and Sonnenfeld, 1998).

2.2.1.2 Inter-organizational (external) transfers

In this 21st century, transfer of employees across sectors, ministries and organizational are driven largely by salary differences, incentives and other factors which are explored in this study. However, according to McGregor's *Theory of Motivation*, economic gains alone cannot ensure workers' mobility/transfers. The concept of the boundaryless career has been proposed to emphasize an increasingly common pattern of employment relations (Arthur and Rousseau, 1996), one that is independent of, rather than dependent on, traditional organizational career systems (Arthur and Rousseau, 1996). Changes in career patterns reflect changes in employment practices that occurred in many companies world-wide in the late 1980s, resulting in increased lay-offs and declining job security.

In this context, understanding the factors that influence rates of inter-organizational mobility is clearly important to the study of contemporary careers. However, though the concept of boundaryless careers has generated much theoretical work, relatively little empirical work has examined determinants of this career pattern (Valcour and Tolbert, 2003). Existing work on the determinants of inter-organizational mobility has tended to focus on characteristics that are

related to the risks and potential benefits to the individual of making an employment switch, such as age and education. As a result, education can be used to index potential costs and benefits of changing employers, although competing arguments have been made about its effects. For example, it has been argued that employees that are more educated have more opportunities for inter-organizational mobility because they have skills and knowledge that are attractive to many employers (Blau *et al*., 2002; Brett and Stroh, 1997).

2.2.2 The Gender Perspective of Transfers

More recent studies of intra-organizational transfer/mobility have begun to pay attention to the role of gender and family characteristics in shaping career patterns. Several studies have shown that, all things being equal, women are less likely to be promoted than men (DiPrete and Soule, 1986; Schneer and Reitman, 1995; Stroh *et al*., 1996).

Less direct attention has been paid to the role of family characteristics in determining promotion chances, but some inferences can be drawn from studies that have examined earnings attainment, since earnings and promotions are closely related (Cox and Harquail, 1991; Lyness and Thompson, 2000).

Consequently, recent findings from several studies indicated that women are more likely to change employers than men, which have led to some recognition of the role of family factors in influencing inter-organizational transfer/mobility (Valcour and Tolbert, 2003). Other similar studies conducted by Lyness and Thompson (2000) examined the movement of sixty-nine male and female executives found no gender difference in rates of inter-organizational mobility, but

this study did not include measures of marital or parental status. It was found that intra-organizational mobility has a greater impact on men's earnings than on women's.

In contrast, research conducted by Felmlee (1982) found that the women in her study had four times as many inter- as intra-organizational job shifts, and that such mobility was positively related to marriage. Several other studies (Brett and Stroh, 1997; Schneer and Reitman, 1995; Stroh *et al.*, 1996) indicate that women leave their employing organizations more frequently than men.

2.3 Categories of employee transfers

Job transfers generally fall into one of two categories. These are transfers initiated in response to employees' request and those initiated by management decisions. However, irrespective of which category of transfer an employee undertakes, it could be temporal, short-term or long-term transfers depending on the organization's business model (Accord Corporation, Job Transfer Policy, 2009).

2.3.1 Employee initiated (voluntary) transfers

According to the HR Policy Manual (2012 version), this category of transfer may also be termed as voluntary transfer. Employees may initiate transfer because they want new or broader experiences within or outside the organization. These transfers may also take place due to the following: Friction among co-workers, Capacity building or career development, Accommodation needs and Family care responsibilities. Subsequently, the HR Policy B41 (2011) of the Health sector indicates that employee initiated transfers apply to permanent health

employees only. Employees are to make direct contact with managers in individual work locations to express an interest in transferring to a different role.

2.3.2 Management initiated (involuntary) transfers

This category of transfer can also be referred to as involuntary transfer. Nevertheless, transfers initiated by the employer may be necessary because of temporary workload imbalances, the need to rotate employees to limit exposure to harmful conditions, corporate restructuring, dislocations caused by job elimination or reduction in force and demotions to disciplinary or under-performance problems (HR Policy Manual, 2012 version), based on a genuine requirement to achieve Health objectives (HR Policy B41 (2011).

2.4 Types of employee transfers

Existing literature on transfer types seemed to be inconsistent but parallel. Whiles some studies have identified types of transfers to lateral, voluntary and involuntary (Boakye-Danquah, 2008, *unpublished*), similar other literature captures transfer types as Production, Remedial, Versatility and Shift Transfers (University of Texas, 2012).

2.4.1 Lateral Transfer: This is where an employee is transferred to another area or department with the same title, or the same salary range, if the title is different. No immediate salary action is taken. This type of transfer may occur within or between departments. The base salary of the transferred employee will be reviewed during the normal common review process (Boakye-Danquah, 2008, *unpublished*).

2.4.2 Redeployment and Job Rotation: redeployment deals with the placement of employees whose positions are changed or eliminated as result of restructuring or reorganization of the company. Job rotation on the other hand is a structured career development tool designed for the temporary movement of employees to other positions for career/skills development or capacity building.

2.4.3 Production Transfer: When the transfers are being made for filling the position in such departments having lack of staff, from the departments having surplus man-power it is called production transfer. It prevents the layoffs from the organization. Also, it is good to adjust existing staff rather than to hire the new one.

2.4.4 Remedial Transfer: Remedial transfer refers to rectification of wrong selection or placement of employees. If the employee can adjust himself in the given job, he can be transferred to the job where he can use his skills and abilities accordingly (University of Texas, 2012).

2.4.5 Versatility Transfer: Such transfers are done to increase the versatility in the employees so that he can work different kind of jobs. This is done by transferring employee to different jobs closely related in same department or process line. This is used as a training device. It helps employee to develop him and he is equipped for the high responsibility jobs as he is having knowledge of the whole process.

2.4.6 Shift Transfer: In many multi-shifts jobs such as Call centres employees are transferred from one shift to another due to their personal reasons like health problem or evening college for higher studies or any family problems (University of Texas, 2012).

2.5 Rationale of employee transfers

Reasons for transfer exist but vary from employee to employee and organization to organization. However, this section of the chapter outlines some of such reasons that generally warrant employee transfers within and between organizations. Subsequently, transfer can be done on the request of employee due to personal reason like family problem or health problem. Transfers are also common in the organizations where the work load varies timely. As a result, employees can be transferred to the position or department with the higher priority workload (Amoah-Kumi, 2004 *unpublished*).

If an employee is not able to do the work or job assigned effectively, he can be transferred to the other job where he can use his skills properly according to his interest and abilities. In addition, departmental vacancies can be filled with transfer of employees from overstaffed department. Poor remuneration and inability to meet family expectations can also trigger an employee to opt for transfer. Geographical imbalances leading to the disparities in the number of health facilities can also among other things warrant employee transfer (Ghana Ministry of Health, 2002).

2.6 Transfer Policies within the Health Sector

The mandate of the Ministry of Health (MOH) and the Human Resources for Health Division (HRHD) as defined by Act 525 (1996) is policy formulation, resource mobilization, allocation and monitoring because staff skills could be enhanced in the areas of policy formulation, analysis and monitoring (Ghana Ministry of Health Report, 2005).

The MOH/HRHD developed the document *Human Resources Policies and Strategies for the Health Sector 2002 - 2006*. Assessment of findings indicate that insufficient consensus has been

built on the document and that the Ghana Health Service (GHS) or the Human Resources Development Division (HRDD) does not use it for guidance on its HR practices, although it is expected to be a reference document on HR for the health sector. Instead, a policy document that was produced in 1997 is still the reference for many HR interventions within the GHS/HRDD. A synthesis of the two documents would provide more useful direction for staff management. The movement of health reform, including emphasis on decentralization was promoted in the World Development Report prepaid for the World Bank in 1993 (Bossert and Baeuvais, 2002).

There are therefore a number of draft policies and guidelines, including those on recruitment, postings, promotions, training and development in the Health sector of Ghana. Except for the in-service training policy on which there was some consensus, the rest of the documents remain in-house at GHS/HRDD. They require extensive review and consensus building to be circulated for use. There are, for example, the *Conditions of Service for Staff of GHS* and *Schemes of Service* documents that have been in draft since 2000. These documents outline recruitment and career prospects, rewards and means of advancement of health staff. However, these are yet to be finalized and approved for implementation. In the GHS, it appears that the process by which a policy document is accepted as the official direction of the Service has not been clarified; this may account for the numerous draft HR policies and guidelines within the health sector (Ghana Ministry of Health, 2005). On the contrary, complete and operational health sector transfer policies exist in the developed countries which is explored in this Chapter to show the relationships and the gaps that prevails between transfer policies in the health sector.

2.6.1 Other policies

This section of the chapter captures the relevance of other transfer policies and strategies in the health sector. These policies and strategies are contained within the policy framework of the National Development Planning Commission of Ghana.

According to the Ghana's Medium-Term National Development Policy Framework prepared for 2010 to 2013 by the National Development Planning Commission (2010 b), strategies to address human resource concerns in bridging equity gaps in access to health care and nutrition services between urban and rural communities and men and women include: building managerial capacity at all levels of the health sector with emphasis on the lower levels; continuing the development and implementation of structured verifiable incentive system for under-served areas; expanding training and education of midwives, medical assistants, laboratory technicians, orthotics, prosthetics and core auxiliary staff; deploying requisite human resource skills mix in the areas of midwifery, obstetric care, and child and adolescent health; deploying qualified specialists to Regional and District hospitals; continuing development of performance management systems, including performance contracting and appraisal; and motivating and retaining medical professionals (NDPC, 2010b). There is therefore the need to see the relationship between this policy framework and other health policies on human resource management.

2.6.1.1 Job Transfer Policy Approved by the Board of Directors

Purpose: to establish the criteria employees to be eligible for a job transfer in accordance with employment policies.

Definition: A job transfer is defined as the act of an employee moving to a different position in an agency for purposes not linked to a planned increase or decrease in responsibility **(**Bossert and Baeuvais, 2002). The occasion for a job transfer include;

a) A request from an employee for assignment to a different program location, with job duties similar in type and scope.
b) The temporary assignment to a position with a different type and scope of job duties in order to perform the functions of a key position.
c) The acceptance of a position with a different type of scope of job responsibilities, based on funding availability.

General considerations

An employee may request a job transfer within the same division by routing the request in writing to their immediate supervisor, with a copy to the appropriate Division Director, who will make the final decision regarding the job transfer. The recommendation or request for a job transfer for a Division Director position will be made to the Executive Director. The Executive Director will make the final decision regarding a job transfer (Bossert and Baeuvais 2002). A job transfer will be considered without discrimination based on age, gender, race, color, religion, national origin, or marital status. A job transfer will be based on the employee's past job performance and capacity to meet the job qualifications and results for the positions to be filled. Employees who have not served in their present position for at least six months by the last date

that job applications for the vacant position are being accepted, will not be considered for a job transfer (Kolehmainen-Aitken 2004).

Performance and wage considerations

According to Kolehmainen-Aitken (2004), when the employee's job changes, the employee will be required to sign and accept the job description for the job position to be filled. When the employee's job classification changes, the employee will receive the appropriate compensation consistent with the wage range of job position to be filled. A job transfer requires that the employee complete a ninety-day introductory period. A standard, written performance appraisal based on the individual job description must be completed by the employee's immediate supervisor prior to the conclusion of the employee's introductory period.

2.6.1.2 Job Transfer Policy Approved in the Health sector

According to the Human Resource policy within the Health sector, a job transfer policy supports the making of transfer decisions that contribute to operational efficiency and the optimum use of staff. Transfer decisions are to be fair, transparent and balance the needs of Health workers and the effect on individual employees. Consequently, an employee may be transferred within the Health sector or to another government entity. An employee can be transferred into a vacant position at their substantive level as an option for filling a vacancy. Permanent employees can be transferred to a permanent role and on a case-by-case basis; a temporary employee can also be transferred to a temporary role (HR Policy B41, 2011).

2.6.1.3 Appointment using transfers

When deciding whether to appoint using a transfer, consideration is to be given to: the impact of the transfer on the achievement of the hospital objectives compared to a merit-based advertising process and the need to ensure fair processes and equitable treatment of all employees (HR Policy B41 2011). The delegate may use a transfer as an alternative recruitment methodology when reasons exist which make it more appropriate to appoint through transfer. This could be done prior to advertising, or after a vacancy has been advertised, for example when considering the pool of applicants.

Authority for transfers

Legislatively, the *Public Service Regulation 2008* provides that Transfers and Redeployment of the *Public Service Act 2008* apply by regulation to employees engaged under the *Health Services Act 1991*. Section 133 of the *Public Service Act 2008* provides that the Director-General may transfer a Health employee to another role in the Health sector.

Operational reasons for transfer

Management may initiate a transfer for a number of operational reasons including: Job and workplace redesign, Organisational restructuring, Professional development of employees, Management of state-wide staffing for a specific type of position, Meet the compassionate needs of staff, Fill positions when advertising has not resulted in satisfactory applicant pools, Placement of employees after service in remote locations and Placement of staff returning from extended leave (HR Policy B41 2011).

The provisions of Directive 12/09 (i.e. Employment Arrangements following Workplace Change) becomes applicable when independent medical advice indicates that an employee cannot perform his/her substantive role in which case his/her transfer to another place will be determined to be reasonably practicable under section 178 of the *Public Service Act 2008*.

Employee objection to transfer

According to the HR Policy documents, an employee may object transfer arrangements for professional or personal reasons. Nevertheless, it is important for the employee to justify his/her objection to the transfer process. If an employee lodges a statement of reasons, the transfer is not to proceed until the matter is determined. Therefore, in determining whether or not there are reasonable grounds to proceed with the transfer objection by the employee, the following indicators must be considered:

a) Impacts on family responsibilities
b) Social, health and personal circumstances
c) Community and occupational norms and expectations.

In addition, section 134 of the *Public Service Act 2008* also indicates that if a public service officer is transferred under section 133, the transfer has effect unless the officer establishes reasonable grounds for refusing the transfer to the satisfaction of the officer's chief executive.

2.7 Transfer Processes and Procedures

In the Ghana Health Service/Human Resource Development Department, there have been, in principle, formal systems for transfer processes and procedures and how incentives are

determined in the form of awards (Ghana Ministry of Health, 2006). To facilitate transfer, the following process is relevant;

a) Request for transfer should be drawn up to a memorandum from the requesting officer and should include the following information: employee's name, staff number, rank, current location, position and reason for transfer.

Procedurally, when positions cannot be filled from within an organization's department, the department head contact the human resource manager (HRM) to seek other employees within the organization to be considered for transfer to the position in question (Boakye-Danquah, 2010). Consequently, the HRM will do the following;

a) Process the appropriate paperwork prepared by the department
b) Post position listings on the HR department
c) Consider other current employee for transfer.

Other factors such as employee preferences, qualification and location of residence may be considered in the transfer process.

2.8 Employee Performance

Employee performance management according to Dessler (2008), "Human Resource Management" 7th edition, p. 336, ''is a process that unites goal setting, performance appraisal, and development into a single, common system whose aim is to ensure that the employee's performance is supporting the organisations strategic aims''. A feature of performance is its ability to measure the employee's training, standard setting , appraisal and feedback relative to how his/her performance should be and is contributing to the achievements of the organisational

goals (Anokye, 2011). Aquinis (2007) also defined performance as the behaviours of employees, thus what employees do and not what they produce or the outcome of their work. Aquinis categorised employee performance into two; thus evaluative and multidimensional. The evaluative means that such behaviours of the employee that can be judged as negative, neutral, or positive for individual or organisational effectiveness. This means that the value of the behaviour can vary based on whether they make a contribution towards goal accomplishment or not. The multidimensional implies that there are many different kinds of behaviour that have the capacity to advance or hinder organisational goals. However, because not all behaviours are observable, performance management systems often include measures of results or consequences that we infer are the direct results of employees' behaviours. (Anokye, 2011 *unpublished*).

Performance as defined by Brumbrach (1998) means both behaviours and results. Behaviours emanate from the performer and transform performance from abstraction to action. He further explained that, behaviours are also outcomes in their own right. Assessing Brumbrach's definition leads to the conclusion that, when managing performance, both behaviour and results need to be considered. This assertion can mean that, whatever employees do at work leads to outcomes that can help in the achievement of organisational results or undermine the organisations' undertakings.

2.9 Measuring performance

Mullins (2005) explained the three approaches that can be used to measure performance. They include; the trait, the behaviour, and the results approach. Explaining further, Mullins explained that the trait approach emphasizes on the individual performer and ignores the specific situation, and results. Behaviours and results are obviously related. In most situations, certain results can

be obtained only if the employee engages in certain specific behaviours. The Results approach show consistent improvement over time. When results improve consistently over a period of time, it is an indication that employees are aware of the behaviours needed to complete the job successfully (Mullins, 2005).

Dessler (2008) outlined the processes that must be undertaken for performance to be effectively managed. Effective performance has to go through the process of planning, execution, assessment review, and renewal or reconstruction. It also establishes priorities and the major aspects of the job to which attention should be directed towards (Anokye, 2011 *unpublished*). The planning stage concludes on agreements between the supervisors and subordinate on how performance will be measured and the evidence that will be used to establish levels of competence. The execution stage is a stage when the employee strives to produce results and display the behaviours agreed upon during the planning stage, as well as to work in developmental needs. The assessment stage is a stage when both the employee and the supervisor are responsible for evaluating the extent to which the desired behaviours have been displayed and whether the desired results have been achieved. It is important that both employee and the supervisor take ownership of the assessment process.

The review stage involves the meeting of the supervisor and the employee to review their assessment. This is usually called the ‘‘appraisal meeting’’. The final stage of the performance management sequence is the renewal and reconstruction stage. Essentially, this is identical to the performance planning component. This stage uses the insight and information from the other phases (Dessler, 2008).

2.9.1 Health worker motivation

The factors affecting worker satisfaction and motivation has an extensive literature and many theories, some of which has been reviewed by Dolea and Adams (2005). In his seminal work on the *Principles of Scientific Management*, Frederick Taylor advocated providing financial incentives to workers and breaking down work to the one best way to perform tasks to increase their productivity, an approach that frequently led to worker resentment and strikes (Montgomery, 1987). Content theories were later developed to link worker motivation to the satisfaction of needs. Process theories emphasized subjective expectations or the values of workers as influencing their motivation and work effort (Locke, 1990). Job characteristics have been identified as critical determinants of health worker motivation and satisfaction and have been described as a core domain in the measurement of health worker motivation, along with organizational commitment and conscientiousness (Mbindyo *et al*., 2009). The 2006 World Health Report identified ten major strategies to improve the performance of health workers, including those related to improving job conditions and providing supportive supervision. (Boakye-Danquah, 2008 *unpublished*).

Paying health workers sufficiently and on-time were also identified as necessary for improving motivation of health workers, particularly to recruit and retain staff, and to prevent absenteeism and collection of informal payments from patients. Efforts to improve health worker motivation have focused on financial incentives, including pay-for-performance (Eichler, 2006) particularly since wages for health workers tend to be low (WHO, 2006).

Consequently, national report prepaid by the Ministry of Health (2006) indicated that, incentive schemes are in place for rewarding performance in the health sector of Ghana. These include annual awards (facility, sub-district, district and regional levels), fellowship awards, and nomination of hard-working staff for external courses (local and overseas), promotion, and end-of-year party.

Recently Zimbabwe made a more concerted effort to address public health sector worker motivation through a series of reforms, including financial reforms, management strengthening, decentralization, and contracting out. However, the mismanaged reform implementation process and the government's poor communication with health workers undermined the potential positive impacts of the reforms (WHO, 2006).

2.10 Effects of Transfers

This section of the literature outlines the implications employee transfer has on the employee, the organization, employee performance, capacity development and on the employees' income.

2.10.1 Effects of Employee Transfers on the Employee

Decentralization, in its various forms, is now a common feature of reform in both developed and developing countries. Concern has been mounting among health managers and workers about the impact that transfer has had on human resources for health (HRH) and the way they are managed (Kolehmainen-Aitken, 2004). Regular monitoring is essential for avoiding decentralization-related human resource concerns from growing into major problems that take a considerable time and resources to solve. Access to skill development opportunities and career mobility are very

important for health workers. Health managers, especially in smaller health systems, have conflicting attitudes. They want to be able to fill their posts with appropriately trained people, but may be reluctant to release their staff to gain the extra training. Staff shortages in such health systems may be severe that there is no one to cover for the health worker who does go away for training.

In many resource poor countries, decentralization has instead reduced the prospects for developing and maintaining skills. Reduced training budgets, isolation from national training opportunities and weak local training capacity are all to blame for the lack of appropriate capacity building opportunities. Decentralization's impact on human resources and the lessons derived from them should be seen as the importance of human resource issues in planning and implementing decentralization (Kolehmainen-Aitken, 2004).

However, organizations today do not realize the major impact that employee relocation can have on the employee and the family (Boakye-Danquah, 2008, *unpublished*). The objective of a successful corporate relocation is to transfer the employee in a cost-effective manner but transferred employees often than not continue to adjust themselves to the new working environment and its working conditions. This may be stressful or costly to the employee or vice-versa.

2.10.2 Effects of Employee Transfers on the Organization

In every organization, transfer involves the conjoining of an individual's career development aspirations with an internal job requirement. An organization's phenomenal growth has resulted in continuous efforts towards mining manpower resources for the organization. An organization

may undertake transfers based on a number of reasons but basically, to meet demand (Kolehmainen-Aitken, 2004).

Where an employee is transferred for the purpose of exposure to new technologies, the newly assigned supervisor may not be comfortable with the shift, as this requires additional effort or time on the part of the supervisor. The provision of appropriate and effective relocation services for employees involve relocation strategies procedures and policies, which affect the organization to some extent. As a result, the problem of handling unhappy managers who might show reluctance on letting go of excellent employees could equally have a negative impact on the organization due the manager's exhibit of emotional discomfort and low morale (Kolehmainen-Aitken, 2004).

2.10.3 Effects of Employee Transfers on Performance

According to the United Nations Development Programme (UNDP, 2006), incentive measures, such as salaries, secondary benefits, and intangible rewards, recognition or sanctions have traditionally been used to motivate employees to increase performance. Motivators may be positive and/or negative. Employee performance depends on many factors like performance appraisals, employee motivation and job satisfaction, training and development programs, job security, working environment and compensation (Malik, Gbefoor and Naseed 2011).

A study conducted by Torrington *et al.,* (2005), indicates that once the required workforce is in place, human resource managers seek to ensure that people are well motivated and committed so as to maximize their performance in their different roles. In addition, the United Nations Development Program (2006) report indicates that motivation is a critical dimension of capacity, defined as "*the ability of people, institutions and societies to perform functions, solve problems*

and set and achieve objectives". Incentives and incentive systems are fundamental to developing capacities and to translating developed capacities into better performance.

Based on research findings, it can be said that positive correlation exists between good staff motivation and employee performance. Therefore, to improve the performance and productivity of health workers, local health managers need to assess staff performance, supervise employees, and respond appropriately to identify performance gaps.

Study conducted by Martinez and Martineau point out that, effective performance management is rare in public services in developing countries, because its prerequisites (such as a living wage for health workers and the availability to them of drugs, equipment and transport) are often missing (Martinez J, Martineau, 2001). The systems used to appraise staff performance are frequently outdated or poorly understood by local staff (Kolehmainen-Aitken, 2000). In many developing countries, decentralization has confused supervision responsibility, diminished technical supervision capacity, and reduced the number of supervision visits (Campos-Outcalt and Kewa K, 1995). Part of this confusion is the result of some health programs being decentralized, while others remain central responsibilities. Even when all programs are decentralized, old program allegiances of staff create tension and potential conflict between the supervisees and the new local health manager.

Transfer brings considerable new skill needs, particularly in management competencies. Local managers' capacity to respond to these and other performance gaps through training is, however, restricted. There is evidence that in a number of countries, transfer has compromised the ready availability of drugs, supplies and transport that are essential for good staff performance and productivity (Perez *et at.,* 1995). Staff motivation has been affected through rapid change, and

the perception of health workers that transfer (Kolehmainen-Aitken, 2004) has negatively affected their compensation levels and working conditions. Bach emphasizes that managers have paid insufficient attention to addressing such issues as working hours, working conditions and career structures that can have a significant long-term effect on staff performance and morale (Bach, 2001).

2.10.4 Effects of Employee Transfers on Capacity building (career development) and income

Several studies have established the career benefits of moving up with a single employer. From a psychological perspective, a career is defined as 'the individually perceived sequence of attitudes and behaviours associated with work-related experiences and activities over the span of a person's life' (Hall, 1976; Kolehmainen-Aitken, 2004). Number of promotions is a strong predictor of both earnings and managerial attainment (Hurley and Sonnenfeld, 1998). Career mobility has become more restricted, particularly in devolved settings. The traditional career path from primary to higher levels of care and from lower to higher levels of administration is no longer as feasible as before. Many factors are at play: complexities of transferring between decentralized units, or from the decentralized to the national level, fractured or non-existent information channels about job opportunities, skill levels that are getting outdated because of the scarcity of training opportunities. Better equipping oneself by learning new knowledge becomes a survival strategy in the career world (Boakye-Danquah, 2008, *unpublished*).

On the other hand, some evidence suggests that managerial employees can achieve greater earnings by moving from one employer to another (Brett and Stroh, 1997). One explanation for this phenomenon is that companies that hire managers from outside the organization do not

emphasize career development and security. Rather, they offer higher levels of compensation in exchange for the lack of employment security (Sonnenfeld and Peiperl, 1998). In addition, since employees who already have a job have a fair amount of bargaining power when considering a switch to another employer, an argument can be made that inter-organizational job changes will result in higher earnings. A study, which found that longer organizational tenure predicted lower rates of salary progression between two periods, provides support for this argument (Wayne *et al.*, 1999).

Still, evidence of the effect of employee transfer on earnings is not conclusive (Valcour and Tolbert, 2003). Peiperl and Van Der Sluis (1999) found no differences in income between Masters in Business Management and Administration (MBA) graduates who changed employers and those who did not while Lyness and Thompson (2000) found that, a history of inter-organizational mobility was negatively related to income. An examination of gender effects may help to explain these discrepancies. Several other studies conducted by Lyness and Thompson (2000) and Brett and Stroh *et al.*, (1997) found that employee transfer was associated with higher earnings among male managers only, not female managers. This relationship may be due to the fact that men have better access to social networks that supply information instrumental to career development and job opportunities in other organizations (Ibarra, 1993).

As far as employees' self-perceptions reflect employers' evaluations, high rates of employee transfer may negatively influence career success. Greater employee transfer may provide more opportunities for developing new skills, finding challenging work, and aligning careers with individual values, thus potentially increasing subjective success (Ellig and Thatchenkery, 1996).

2.11 Correlation Between Performance, Motivation and Capacity building

Findings from the United Nations Development Program (2006) report indicates that, perceptions and concerns about development performance usually provide the entry point for thinking about capacity issues. Yet, capacity does not automatically translate into improved performance and better development results. Illustratively, a car engine may have all the components to run smoothly, but it would still sit idle without fuel and a driver. Capacities may be in place, but appropriate incentives need to be present to put them in high gear and in motion toward the desired development destination (Boesen, 2004; UNDP, 2006).

There are various ways of conceiving of motivation in relation to capacity. On the individual and organizational levels, one can easily conceive of motivation being complementary to capacity. On the individual level, capacity to perform is a combination of personal skills and motivation of people. It can be weakened or fuelled from within (such as changing believes or health) or external incentives (measures in the environment that affect motivation). Learning, which is at the centre of individual capacity development, is fundamentally a function of intrinsic voluntary motivation to acquire knowledge and the means to do so. The capacity of an organization is also a function of the motivational abilities of its leadership as it is of external conditions such as pay scales in public service or investment climate.

In larger systems or the enabling environment, the distinction becomes more blurred. Security, rule of law, and land tenure are part of societal capacity to manage its affairs. What is capacity on one level may work as incentives on another. Consequently, a research conducted for the World Health Organization (WHO) by Adams and Hicks (2000) argues that motivation is inextricably linked with capacity and needs to be analyzed and addressed on all capacity levels: individual, organization and enabling environment (UNDP, 2006).

2.12 Complexities of Employee Transfer

Untrained managers and weak personnel systems are ill equipped to cope with the added complexity that decentralization brings to personnel administration (Kolehmainen-Aitken, 2004). The following categories of issues illustrate the range of decisions that need to be made:

a) modifying or creating new organizational structures and positions at the central and local levels, and specifying the linkages between them

b) revising job descriptions and reporting relationships

c) transferring personnel records and staff

d) mediating if the new employer refuses to accept the transfer

e) dealing with individual staff members who will not or cannot transfer

Employee transfer calls for changes in the way human resources are organized into functional health care structures and in the jobs that staff performs. Organizational structures and positions at both the central and local levels require modification to conform to the new division of powers and resource allocation patterns. Existing jobs may need to be re-designed, job descriptions revised and reporting relationships amended to ensure the availability of the right combinations of skills in the new organizational structures.

Terms and conditions of service may have to be altered to fit with available resources. It is also an intensely political and bureaucratic process that involves a variety of institutional actors from health managers and professional associations to government officials and politicians. The differences in prior salary levels and conditions of service make this process particularly challenging (Gilson *et al.*, 1996). Personal preferences, career ambitions, or fear of change can make the process of staff allocation an area of high anxiety and much disagreement

(Kolehmainen-Aitken, 1995). In addition, the personnel files of decentralized health workers must be transmitted to the management level that is now responsible for them. Compiling an accurate personnel record for each individual, with available data on their qualifications and training, employment, salary history, and record of performance, together with the physical transfer of these records, can be a demanding task.

Health managers must therefore decide how to deal with health workers who will not or cannot transfer to their new jobs. These health workers may object to a physical relocation that their reassignment to a new organizational structure demands because of family problems or a lack of accommodation in the new locale. Since individual health workers develop strong loyalties to their co-workers, the patients they serve, and the location they work in, transfer may be painful for most. Staff transfers are particularly opposed, when workers are concerned about the long-term security of their employment. There will thus always be some health workers who are reluctant or unable to accept their new assignments. Health sector decision makers must decide the extent to which they are willing to accommodate individual preferences and what sanctions they will apply in the case of those who refuse the transfer (Kolehmainen-Aitken, 2004).

2.12.1 Perspective of health workers

Health workers respond positively to the human resource demands of a decentralized unit if they seek employment in it, accept a post if it is offered, and remain in service. Their ability and willingness to act in response to local demands depend on a number of factors. These include a worker's personal family and economic situation, attractiveness of salary levels and other terms and conditions of service, opportunities for professional growth and career development, alternative employment opportunities in the labour market, the level of morale and motivation in the workforce. Among these factors, stability of employment, salaries and working conditions,

and professional development opportunities are emerging in the literature as very important concerns of health staff.

2.13 Summary of Lessons from Literature

The objective of the study was to investigate the effect of employee transfer on performance. Two major forms of employee transfers (inter and intra organizational) were identified in the literature vis-à-vis employee performance. The literature gave useful background information on transfer procedures, processes, policies and the resultant effects transfer has on the employee, performance and management.

The literature review also outlined the correlation between performance, motivation and capacity building. It was mentioned however in the literature that Health workers respond positively to the human resource demands of a decentralized unit if they seek employment in it, accept a post if it is offered, and remain in service. Their ability and willingness to act in response to local demands depend on a number of factors that were explored in this study.

2.14 Conceptual Framework on Employee Transfer

This study which sought to investigate the effect of employee transfer on performance in three selected hospitals within the Kumasi Metropolitan Assembly, conceptualised the organizational dynamics and effects of these transfers on the employee, on his/her performance and on the organisation. Employee transfer could be inter-organisational or intra-organisational. With reference to Figure 2.1, it can be seen that, irrespective of the organisational dynamics of

employee transfer, both positive and negative effects of transfer exist on the employee, the organisation and on the employees' performance.

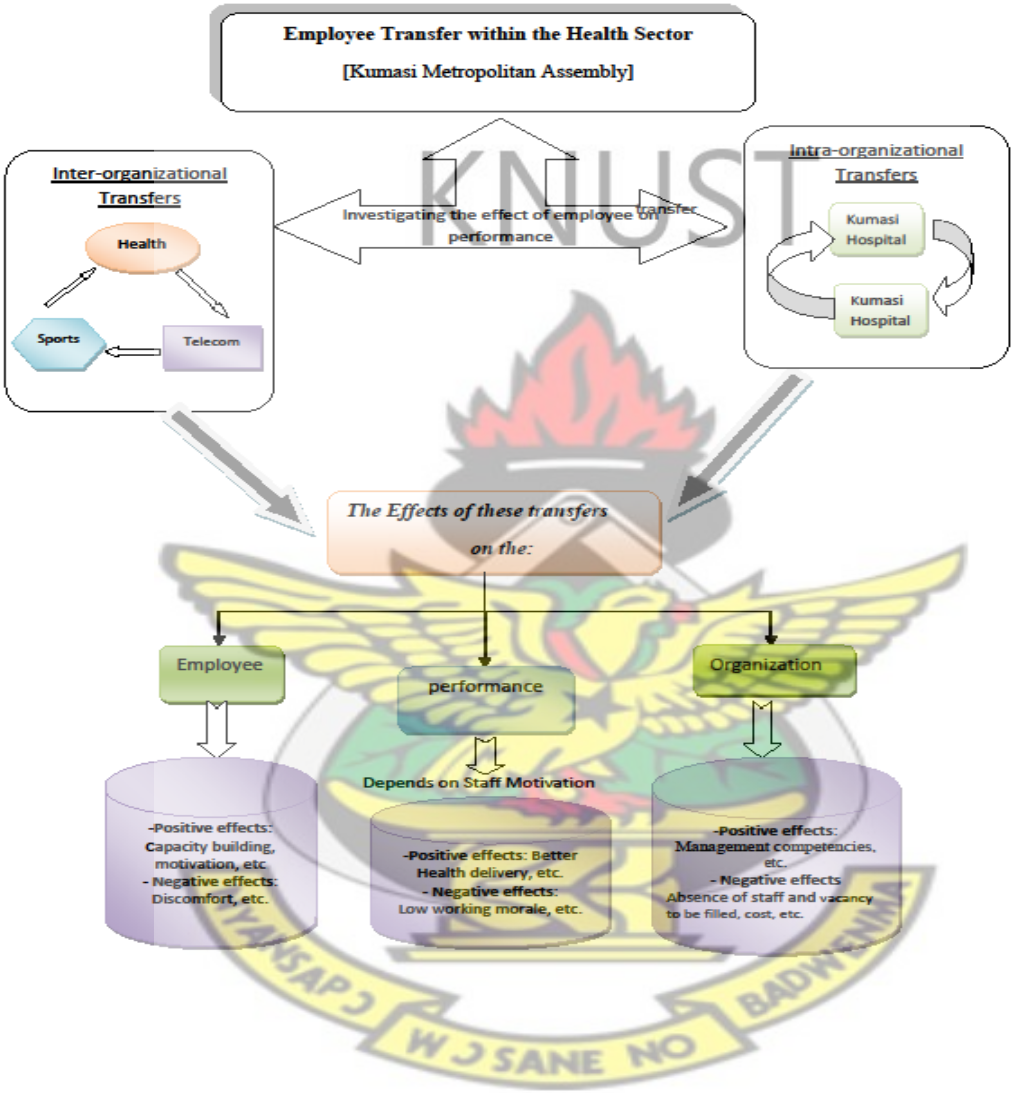

Fig. 2.1: Conceptual Framework

Source: Author's own construct, 2012.

CHAPTER THREE

RESEARCH METHODOLOGY AND ORGANISATIONAL PROFILE

3.0 Introduction

This chapter presents the methodology for the study. The methods and techniques used for the data collection are outlined in the chapter. The research design adopted in the data collection and data analysis procedures and the challenges associated with these.

3.1 Research Design

The purpose of the study was to investigate the effect of employee transfer on performance in the Health Sector. The study chose two methods, that is, descriptive and explanatory approach to be employed to draw out the relationship between the variables under study. The study is a basic research undertaken through field survey by using self-administered questionnaires, guided by a survey research approach to quantify and generalize findings to an entire population of the sample appropriately determined and selected in minimizing errors with standardized structure questionnaires as adopted by the Health Communication Unit, (1999).

3.2 Sources of Data

The sources for data were categorised into two; primary and secondary data sources, data was collected from both source.

3.2.1 Primary data

The method used in collecting the data from the primary source was questionnaires. The purpose for this is to solicit the views of respondents (both management staff and employees) on the issues regarding the objectives of the study (Twumasi, 2000). Qualitative data for this study shall be collected through direct interviews which will be undertaken to solicit information from management. This will help the interviewer and the respondent to sit together, observe each other's expressions and reactions to questions and answers. Also quantitative data for the study shall be collected through the administration of questionnaire. Open and closed ended questions will be adopted to generate answers from respondents.

Data collected through self-administered questionnaires will seek to gather information the employee demographics, job status and work experiences. The key variables include basis for employee transfer, effect of transfer on employee performance, impact of transfer on the employee and the organization, performance assessment before and after transfer.

3.2.2 Secondary data

Secondary data is usually described as the kind of data that have already been collected by other sources. Such data are cheaper and more quickly available than the primary source. They save time and provide the basis for triangulation (www.managementstudyguide.com). Secondary data can be grouped under documentary, survey-based and multiple-source. The documentary data was chosen by the researcher in collecting the data because its sources include written documents such as journals and magazines, annual reports, published and unpublished books and newspapers which could be easily retrieved from the archives to provide qualitative data in the interest of the study.

3.3 Population

The entire population for the study was 754, which constituted the Management and the staff, specifically the clinical and non-clinical staff of the selected hospitals within the Kumasi Metropolitan Assembly. The main Key informants like the Hospital Administrators, Human Resource Managers and Senior/Junior clinical staff who were conversant with the transfer policy program and their resultant effects on the employee performance were also contacted for the interviews.

3.4 Sample size

For accurate finding to be arrived at, a sample size of 215, which represents management, and staff of the three selected hospitals in the Kumasi Metropolitan Assembly were sampled as respondents for the study (see Table 3.1).

3.4.1 Sampling techniques

Sampling according to Saunder *et al.*, (2009), ‘‘is the collection of data from a section of the entire population’’. In order to achieve accuracy, it is advisable to choose a sample frame, which includes a complete list of all the cases in the population from which a probability sample is drawn. Simple random sampling method was used to select respondents for the three case studies.

The researcher used the simple random technique because it provides each member of the population with an equal chance to be chosen, the sampling was carried out with a single step of all subjects being selected independently from the other members of the population.

3.4.2 Data collection instruments

The main data collection instrument used was questionnaires and interviews. The self-administered questionnaires were used to solicit information from respondents in the field. Most of the questions in the questionnaire were closed ended where respondents were given the opportunity to choose from various alternatives. Few open ended questions was also used to give respondents the chance to express themselves in their own way. Interviews were also used to gather on-the-ground information from management for which the employees did not have enough knowledge about.

Table 3.1: Sample distribution according to case studies.

Case studies	Project Communities	QUESTIONNAIRES					KEY INFORMANT INTERVIEWS
		Nurses	Pharmacists	Mid wives	Other staff	Doctors	Administrators/ HR Managers
Case 1: **Kumasi South Hospital**	Atonsu	10	1	2	4	1	1
		10	1	2	4	1	
		10		2	4		
		5		2	4		
		5		2	4		
Sub-total		***40***	***2***	***10***	***20***	***2***	***1***
Case 2: **South Suntreso Hospital**	Manhyia	10	1	2	4	1	2
		10	1	2	4	1	
		5		2	4		
		5		2	4		
		4		2	4		
Sub-total		***34***	***2***	***10***	***20***	***2***	***2***
Case 3: **Manhyia District Hospital**	Suntreso	10	1	2	4	1	
		10	1	2	4	1	
		5		2	4		
		5		2	4		
		4		2	4		
Sub-total		***34***	***2***	***10***	***20***	***2***	***2***
Total		108	5	30	60	6	5
		209 questionnaires					6 key informants
Grand Total		**215 respondents**					

Source: Fieldwork, 2012

3.5 Questionnaires

Information was solicited from respondents through the administration of questionnaires. The questionnaires included both open-ended and closed ended questions. Respondents were given the opportunity to express themselves and give their own understanding of issues concerning the topic under study. The questionnaire was grouped into different sections aligned with the research questions so as to establish accuracy from the answers of the respondents.

3.6 Interviews

Another technique used by the researcher was the face to face interview with management to gather their views on the research topic. Open ended questions were set to guide the researcher to gather relevant information needed for the study. This helped the researcher to solicit information on important issues related to management.

3.7 Data analysis technique

Analysis of the data collected shall be thoughtfully done descriptively to reflect and validate the true responses from the field in the interest of the research objectives. In addition, explanatory approach shall be used to give meaning to some responses (data) collected. The analysis and presentation of results would be done descriptively and by using simple statistical tools provided by the *Statistical Package for the Social Scientists (SPSS).* Inferential statistics shall also be used to generate frequency tables, charts and graphs. The inferential statistics shall employ the Pearson's Coefficient of Correlation to show the relationship among the variables.

3.8 Organisational profile

The organisations selected for the study are selected health institutions in the Kumasi Metropolis. These health institutions falls under one big umbrella institution called the Ghana Health Service. All directives concerning the selected institutions come from the Ghana Health Service.

The Ghana Health Service (GHS) is a Public Service body established under Act 525 of 1996 as required by the 1992 constitution. It is an autonomous Executive Agency responsible for implementation of national policies under the control of the Minister for Health through its governing Council - the Ghana Health Service Council. The GHS continue to receive public funds and thus remain within the public sector. However, its employees are not part of the civil service, and GHS managers are not required to follow all civil service rules and procedures. The independence of the GHS is designed primarily to ensure that staffs have a greater degree of managerial flexibility to carry out their responsibilities, than would be possible if they remained wholly within the civil service. Ghana Health Service does not include Teaching Hospitals, Private and Mission Hospitals (Ministry of Health, 2006).

The main objectives of the Ghana Health Service are to:

i. Implement approved national policies for health delivery in the country.

ii. Increase access to good quality health services, and

iii. Manage prudently resources available for the provision of the health services.

For the purposes of achieving its objectives, the Ghana Health Services performs the following functions amongst others:

Provide comprehensive health services at all levels directly and by contracting out to other agencies (Ministry of Health, 2005). As part of this function, the GHS will:

i. Develop appropriate strategies and set technical guidelines to achieve national policy goals/objectives
ii. Undertake management and administration of the overall health resources within the service
iii. Promote healthy mode of living and good health habits by people
iv. Establish effective mechanism for disease surveillance, prevention and control
v. Determine charges for health services with the approval of the Minister of Health
vi. Provide in-service training and continuing education
vii. Perform any other functions relevant to the promotion, protection and restoration of health (Ministry of Health, 2002).

3.8.1 Kumasi South Hospital

The Kumasi South Hospital located in the Asokwa sub-metro was developed from the former Kumasi South Urban health Centre, built in 1976 but later upgraded to a regional hospital in 2002. The hospital offers the following services: general medical care, public health, diagnostics, specialist care (viz. Paediatrics, surgeries, urology, ophthalmology, gynaecology, etc.) and management with the vision of creating wealth through health care to attain middle income status by 2015. At the time of this research, the staff strength of this hospital was 288. (Unpublished Kumasi South Hospital Profile, 2011)

3.8.2 Suntreso Hospital

The South Suntreso hospital within the Bantama sub-metro was built and commissioned as government hospital in 1963 which later attained a District hospital status in the year 2000. The hospital envisioned to improve the overall health status and reduce inequalities in health outcomes of people living in and around Bantama sub-metro. The hospital has staff strength of 233 workers. (Unpublished South Suntresso Hospital Profile, 2012)

3.8.3 Manhyia District Hospital

The Manhyia District hospital which is 400m east of the Manhyia Palace was established as a clinic in 1966 and gained Health centre status in 1977. Consequently, in early 2000, the hospital attained a District hospital status. The hospital in its vision statement seeks to provide an excellent health care delivery system in the metropolis where all people will have equal access to quality and efficient health care. The hospital is staffed with 233 workers. (Unpublished Manhyia Hospital Profile, 2012)

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction

This chapter is in two sections. The first section provides a rigorous presentation and discussion of the demographic characteristics of the respondents, their educational background, job positions and the number of years they have served in the selected hospitals.

Health sector employs workers with different expertise, skills and qualifications at different times. The study also sought to link the relationships between the demographic characteristics of the respondents with transfer. Out of 215 questionnaires, 206 were filled and retrieved but 9 of the questionnaires could not be retrieved. A response rate of about 96% was obtained for the analysis. The SPSS software was used to analyze, describe and in some cases cross-tabulated for straightforward comprehension and clarification of the responses. The second section therefore captured the data analyses based on the study with an in-depth systematic discussions on the effects of employee transfer on performance.

4.1 Characteristics of Respondents

4.1.1 Age of Respondents

Table 4.1: Age range of respondents

Age (years)		Frequency	Valid Percent
Valid	20-30	56	27.2
	31 – 40	74	35.9
	41 – 50	71	34.5
	51 – 60	5	2.4
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

Looking at the various age groups of the respondents (Table 4.1), it can be deduced that the dominant age group of employees at the selected hospitals within the Kumasi Metropolitan Assembly is between 31-40 years, representing about 36% of the total age groups.

The second dominant age group as presented in Table 4.1 above is captured as 41 – 50, representing about 35% of the total age groups from the 206 respondents. This age group can also be classified as a youthful population. However, the aging population which falls within the age group of 51-60, represents 5 % which differs significantly from the 31-40 age groups.

4.1.2 Gender of Respondents

Table 4.2: Gender of Respondents

Gender			
		Frequency	**Valid Percent**
Valid	Male	76	36.9
	Female	130	63.1
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's field work, 2012.

Figures from Table 4.2 indicate that females largely constitute the workforce of the three hospitals. More specifically, female represent 63 % of the human resource (employees) whilst the males represent about 40%. It therefore stands to reason that work within the selected hospitals of the Kumasi Metropolitan Health Directorate is female dominated.

This will however reflect the gender implication and the gender perspective of employee transfer within the selected hospitals, which has been explored in this chapter.

4.1.3 Marital Status of Respondents

Table 4.3: Marital status of respondents

Marital status			
		Frequency	**Valid Percent**
Valid	Married	145	70.4
	Single	61	29.6
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's field work, 2012.

The marital status of respondents captures 70% as married employees against close to 30% for the single staff employees from the 206 respondents (Table 4.3). It is therefore interesting to recall from literature that marital status has implication for employee transfer. This is because employees who are married and have children will have to bear all the inconveniences and complications associated with moving the family members to new locations.

4.1.4 Educational Background of Respondents

Table 4.4: Educational background of respondents

Educational background			
		Frequency	**Valid Percent**
Valid	Senior High School	7	3.4
	Ordinary Level	16	7.8
	Advanced Level	5	2.4
	Diploma/ HND	81	39.3
	First Degree	73	35.4
	Masters Degree	18	8.7
	Nursing college	6	2.9
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

From Table 4.4, it can be seen that the educational qualification of staff first of all largely include those with Diploma in Nursing, representing 39% of the respondents with a sharp follow up of 35% for employees with First Degree either in Nursing or public health or general administration. The smallest compositions of staff educational qualification are those with the Advanced Level, representing 2.4%.

4.1.5 Current Job Position of Respondents

Table 4.5a: Job position of respondents

Position	**Frequency**	**Valid Percent**
Senior nurse	44	21.4
General/Community health nurse	65	31.6
Doctor	9	4.4
Pharmacist	9	4.4
Lab technician	5	2.4
insurance officer	4	1.9
Theatre staff	7	3.4
other staff *	63	30.6
Total	**206**	**100**

Source: Researcher's fieldwork, 2012.

From Table 4.5a, it can be seen that majority of employees are nurses, representing about 32% of the total number of respondents. The next prominent job position has been classified as '*other staff*', representing 30.6% out of the total number of respondents.

The Researcher therefore thoughtfully identified the composition of the '*other staff*' so as to vividly present the scope and the diversity of job positions within the selected hospitals of the Kumasi Metropolitan Health Directorate. This is presented in Table 4.5b as shown below.

Table 4.5b: Job position of Composition of 'Other staff'

Composition of 'Other staff'
Technical officers, disease control
Midwives
Stenographers
Data analysts
Field technicians
Nutrition officers / Supply officer
Executive officers/ Administrators
Ward assistant/ clerk and typist
Total

Source: Researcher's fieldwork, 2012.

4.1.6 Current Job Position of Respondents

Table 4.6: Gender and Number of years worked in the selected hospitals

Gender * How many years have you worked in the selected hospitals Cross-tabulation

Count

		How many years have you worked in the health sector			Total
		less than a year	**1-3 years**	**4 years and above**	
Gender	Male	26	19	31	76
	Female	8	44	78	130
Total		34	63	109	206

Source: Researcher's fieldwork, 2012.

From Table 4.6, it can be said that, the majority of both male and female have worked for more than 4 years in the health sector. This represents 31% and 78 % for male and female respectively. It stands to therefore reason that, more females have worked from 1-3 years and from 4 years and above than males.

4.2 Transfer policy programmes in the selected hospitals

4.2.1 Employees' transfer background

Table 4.7: Transfer background of employees in the selected hospitals

Have you been transferred before

		Frequency	**Valid Percent**
Valid	yes	124	60.2
	no	82	39.8
	Total	206	100.0
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

From Table 4.6, it is observed that, 60% of the respondents in the health sector have been transferred before. Conversely, the proportion of employees of the three case studies in the health sector that have not been transferred before, represent about 40% of the total number of respondents. This is graphically presented in Figure 4.1 below.

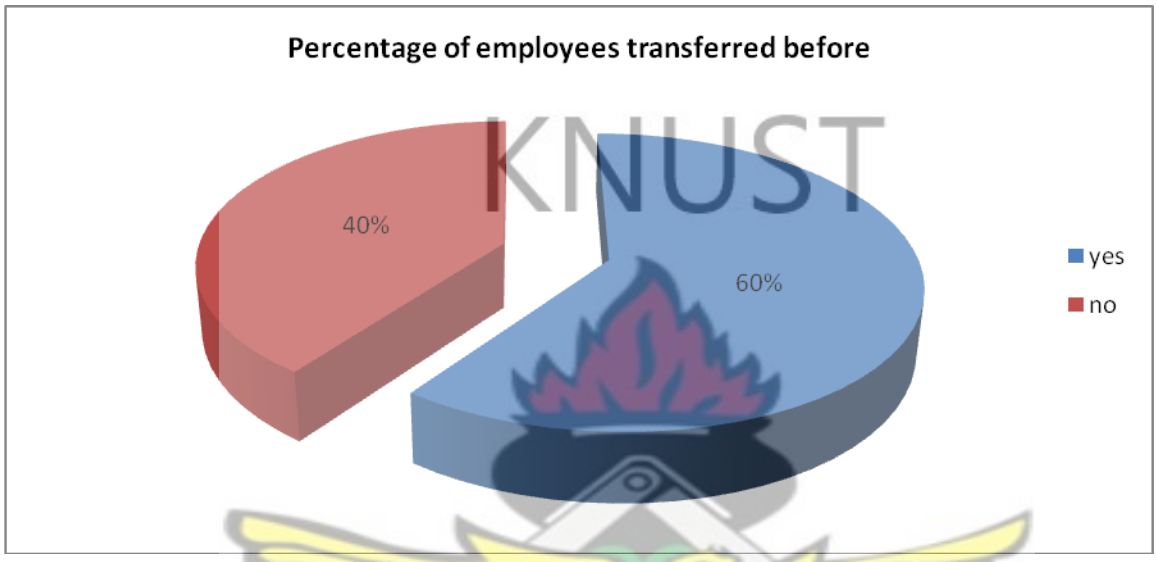

Figure 4.1: Transfer background of employees in the health sector.

Source: Researcher's fieldwork, 2012.

4.2.2 Knowledge of transfer policies in the selected hospitals

Table 4.8: Awareness of transfer policies

Are you aware of any transfer policy in the health sector

		Frequency	Valid Percent
Valid	yes	135	65.5
	no	71	34.5
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

Table 4.7 shows that a significant proportion of employees (65%) of the three case studies are aware of transfer policies in the health sector whilst the remaining 35 % are in the dark about the transfer policies in the health sector. More illustratively, Figure 4.2 presents this finding.

In addition, during the key informant interviews, all hospital administrators answered *"yes"* when asked *"are you aware of any transfer policy in the selected hospitals*".

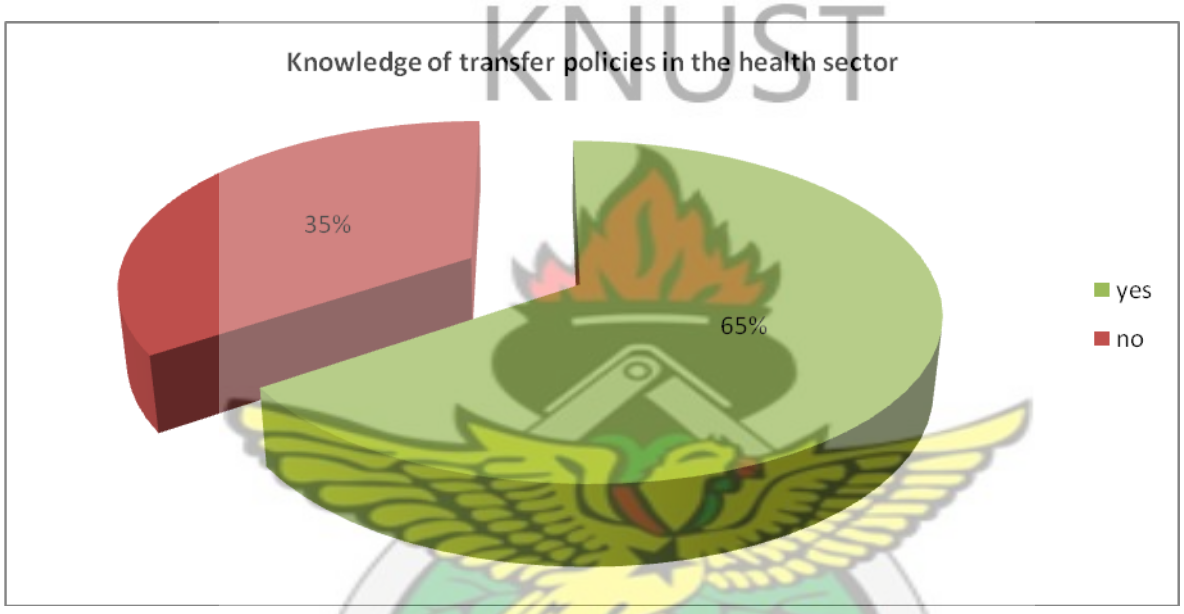

Figure 4.2: knowledge of transfer policies in the selected hospitals.

Source: Researcher's fieldwork, 2012.

4.2.3 Existence of Transfer Procedures in the selected hospitals

From Table 4.8, it must be stated that about 65% of the respondents indicated that there are no laid down procedures concerning the transfer of employees. However, 33% out of the 206 respondents objected the question.

Interviews with all three hospital administrators also indicated that: "*there were laid down transfer procedures in the selected hospitals*".

Table 4.9: Existence of Transfer Procedures in the hospitals

Does the selected hospitals have laid down procedures concerning the transfer of employees			
		Frequency	**Valid Percent**
Valid	yes	68	33.0
	No	133	64.6
	don't know	5	2.4
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

4.2.4 The Transfer Procedures in the selected hospitals

Table 4.10: Existence of Transfer Procedures in the hospitals

The Transfer procedure			
		Frequency	**Valid Percent**
Valid	**Filling** of an application form for transfer	7	10.3
	Write through the registrar to the HR officer of the Regional Health Office	20	29.4
	Notice of transfer to employee plus arrangements	12	17.6
	Transfer is done after every 4yrs from department to department	27	39.7
	Don't know the process	2	2.9
	Total	**68**	**100.0**
Missing	System	147	
Total		215	

Source: Researcher's fieldwork, 2012.

The findings as presented Table 4.9 indicates that about 40% of the respondents said that transfer in the hospitals is done after every four years from department to department. In addition, close to 30% of the total number of respondents also indicated that the employee who seeks to be transferred has to notify the Human Resource officer of the Regional Health Office through the registrar of the hospital in writing.

4.2.5 Rate of employee Transfer in the selected hospitals

Table 4.11a: Rate of employee transfer in the hospitals in 2yrs

How often are workers transferred in 2 years		Frequency	Valid Percent
Valid	Once	78	37.9
	Twice	40	19.4
	Thrice	17	8.3
	don't know	63	30.6
	other (when necessary)	8	3.9
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

Table 4.11b: Rate of employee transfer in the hospitals in 5yrs

How often are workers transferred in 5 years			
		Frequency	**Valid Percent**
Valid	Once	42	20.4
	Twice	73	35.4
	Thrice	44	21.4
	don't know	40	19.4
	other (when necessary)	7	3.4
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

From Tables 4.10a and 4.10b, it can be deduced that employees are transferred once within every two years whiles in very five years, employees are likely to be transferred twice. Quantitatively, these are represented as 37.9% and 35% for transfer in two and five years respectively.

4.2.6 Initiators of employee Transfer in the selected hospitals

Findings from the study reveal that the Human Resource (HR) department mostly initiates transfer of employees in the selected hospitals of the Kumasi Metropolitan Health Directorate. This is presented as 73% from the total number of respondents (Fig. 43). There are however, few instances whereby employees can initiate transfer. The study indicates that out of a total of 206 respondents, only 5% of respondents identified employees to initiate transfers within the selected hospitals.

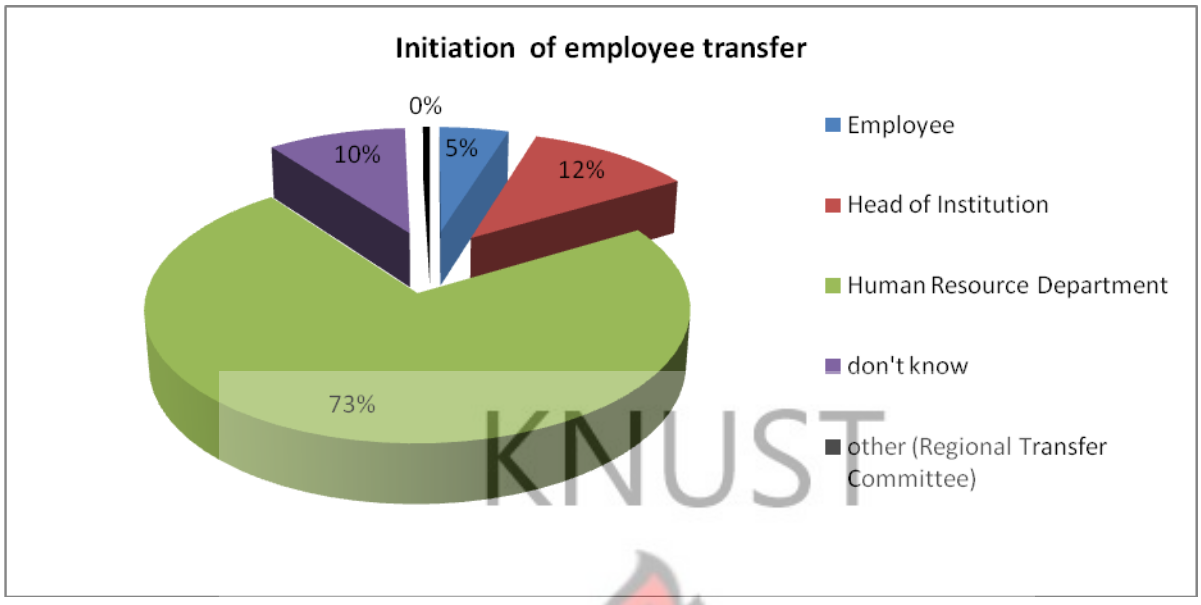

Figure 4.3: Initiators of employee Transfer in the selected hospitals.

Source: Researcher's fieldwork, 2012.

However, interviews conducted for the administrators of the three hospitals indicated that: "*staff or an individual employee initiates transfer. Usually, married employees initiate the transfer. The health directorate also initiates the transfer".*

4.3 Effects of Employee Transfer on Performance in the selected hospitals

4.3.1 The interest of the Health Directorate on employee transfer

With reference to Table 4.12, 62% of the respondents agreed that the Health Directorate is interested in transferring employees from one hospital to another. However, 2.4 % of the respondent strongly objected the fact.

Table 4.12: Interest of employee transfer

The Health Directorate is interested in transferring employees from one hospital to the other			
		Frequency	**Valid Percent**
Valid	Strongly Agree	20	9.7
	Agree	128	62.1
	Disagree	53	25.7
	Strongly disagree	5	2.4
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

4.3.2 Consultations prior to employee transfer

Table 4.13: Consultations before employee transfer

Employees are consulted before they are transferred			
		Frequency	**Valid Percent**
Valid	Strongly Agree	19	9.2
	Agree	67	32.5
	Disagree	74	35.9
	Strongly Disagree	44	21.4
	22	2	1.0
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

Out of a total of 206 respondents, 35% disagree that employees are consulted before the transfer process (Table 4.13). On the other hand, about 33% or the respondents agree that employees are consulted prior to the transfer process.

4.3.3 Preparation of employees prior to transfer

Findings from the study reveal that 48% of respondents disagree to the assertion that employees are prepared through training and counselling before they are transferred (Table 4.14). Conversely, individual interviews with the hospital administrators of the three hospitals indicated that: "*the hospital does not prepare employees before they are transferred".*

Table 4.14: Preparation of employees before transfer

Employees undergo some form of training/counselling before they are transferred			
		Frequency	**Valid Percent**
Valid	Strongly Agree	10	4.9
	Agree	51	24.8
	Disagree	99	48.1
	Strongly Disagree	46	22.3
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

4.3.4 Effects of employee transfer on better healthcare delivery

The Figure 4.4, it can be deduced that 51% of the respondents agree that employee transfer has a positive effect on the health service delivery. Although 6% of the respondents strongly objected the assertion, a quantitatively twice the percentage (12%) of these respondents thought otherwise.

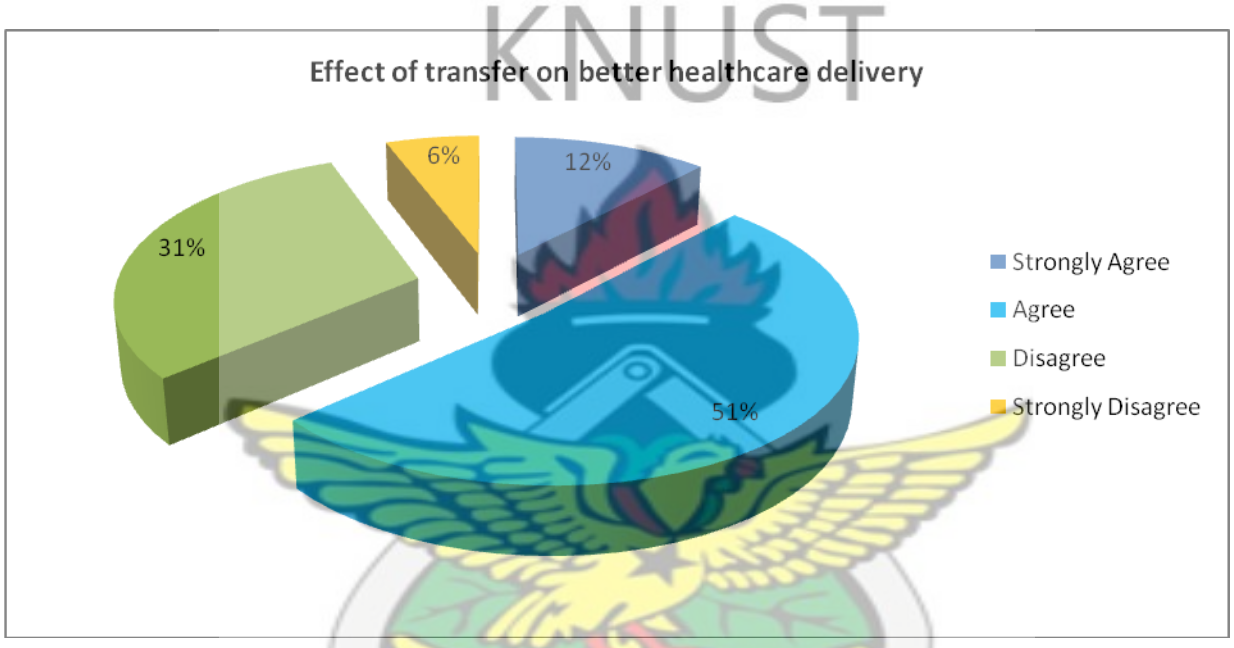

Figure 4.4: Effects of employee transfer on better healthcare delivery
Source: Researcher's fieldwork, 2012.

4.3.5 Effects of Transfer on Employees' Performance

Whereas about 45% of respondents disagreed with the assertion that employees on transfer are given attractive packages, 9% however strongly agree that employees on transfer are given attractive packages (Table 4.15). Qualitatively, all hospital administrators answered '*yes'* when asked whether transfer had any effect on performance during an interviews.

Table 4.15: Motivation of employees on transfer

Employees on transfer are motivated with attractive packages			
		Frequency	**Valid Percent**
Valid	Strongly Agree	19	9.2
	Agree	40	19.4
	Disagree	92	44.7
	Strongly Disagree	55	26.7
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

4.3.6 Effects of Transfer on Employees' Happiness

The study also reveals that 65.5% of respondents agree that employees are not always happy when transferred. Contrarily, 16% of the respondents believe that employees are always happy when transferred (Table 4.16).

Table 4.16: Effects of Transfer on Employees' Happiness

Most employees are not always happy when they are transferred			
		Frequency	**Valid Percent**
Valid	Strongly Agree	30	14.6
	Agree	135	65.5
	Disagree	33	16.0
	Strongly Disagree	8	3.9
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

4.3.7 Effects of Transfer on Employees' Family and Performance

The study reveal that close to 47% of the respondents agreed that transfer has effect on the family and performance of the employees. About 27% of respondents however disagree on this issue (Table 4.17).

Table 4.17: Effects of transfer on employee's family

Employee transfer affects the family life of employees and their performance

		Frequency	**Valid Percent**
Valid	Strongly Agree	53	25.7
	Agree	96	46.6
	Disagree	57	27.7
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

4.3.8 Employees' adaptation in the new working environment

Table 4.18 below presents the effect of transfer on the employee's new working environment. More specifically, 50.5% of respondents agreed that employees struggle to cope with the culture and conditions of the new working environment whilst 31.6% disagreed (Table 4.18).

Table 4.18: Employees adaptation in the new working environment

Employees struggle to keep up with the culture and conditions of the new working environment			
		Frequency	**Valid Percent**
Valid	Strongly Agree	25	12.1
	Agree	104	50.5
	Disagree	65	31.6
	Strongly Disagree	12	5.8
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

4.3.9 Effect of Transfer on Employees' work expectations

The figure below reveals that 43.2% of respondents agreed that employees are unable to work up to expectation when transferred whilst 38.8% said otherwise (Fig. 4.5).

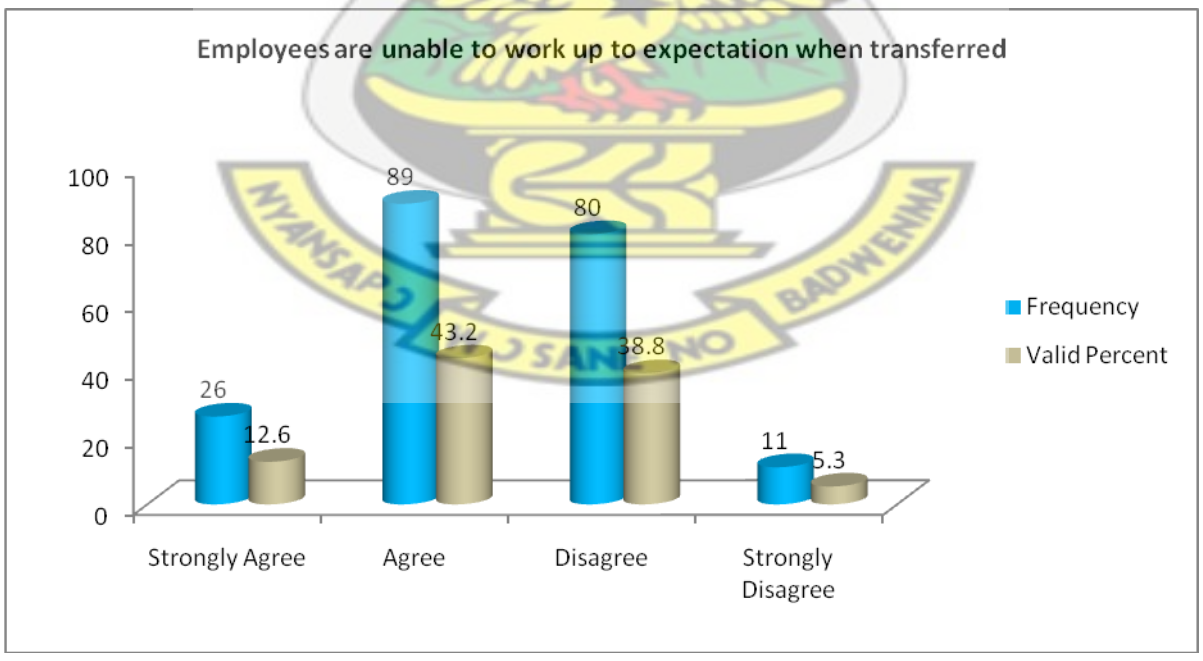

Figure 4.5: Effects of transfer on working environment

Source: Researcher's fieldwork, 2012.

4.3.10 Effect of Transfer on Employees' performance

From figure 4.6 below, it can be seen that 53.9% of respondents disagree that employees transferred to new working environment necessarily work harder. Conversely, 38.3% of respondents agreed to the assertion that employees work harder in the new working environment (Fig. 4.6).

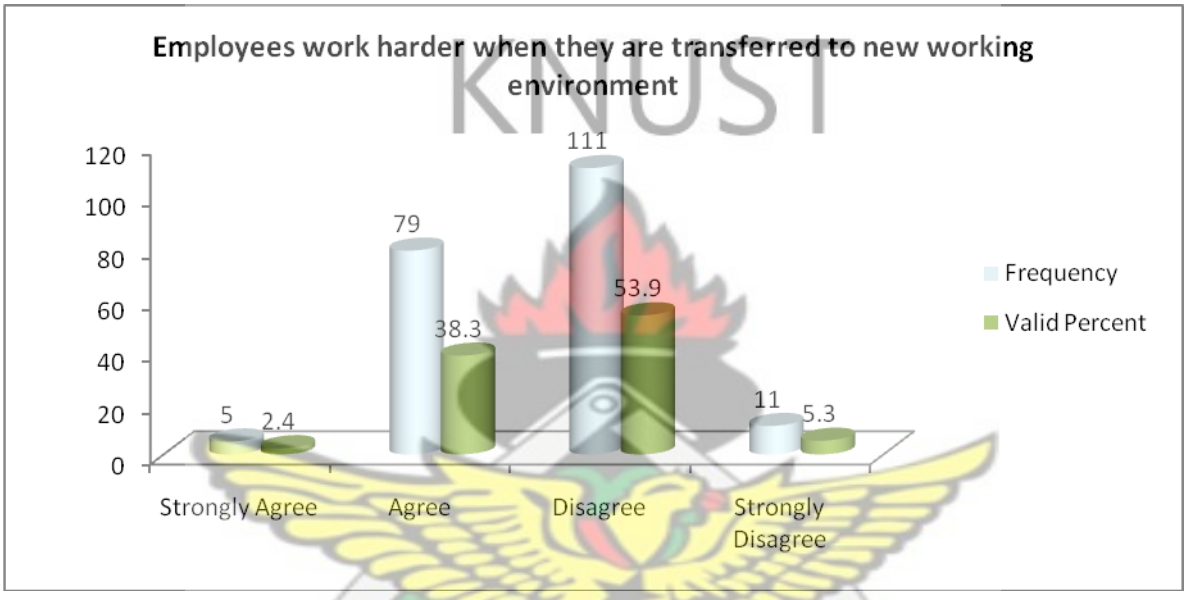

Figure 4.6: Effects of Transfer on Employees performance in the new working environment
Source: Researcher's fieldwork, 2012.

4.3.11 Effects of Transfer on Management

With reference to Figure 4.7 below, it can be observed that 47.6% of respondents agreed that tension exists between management and employees on issues of transfer. Exactly 33% of the respondents actually disagree to this assertion (Fig. 4.7).

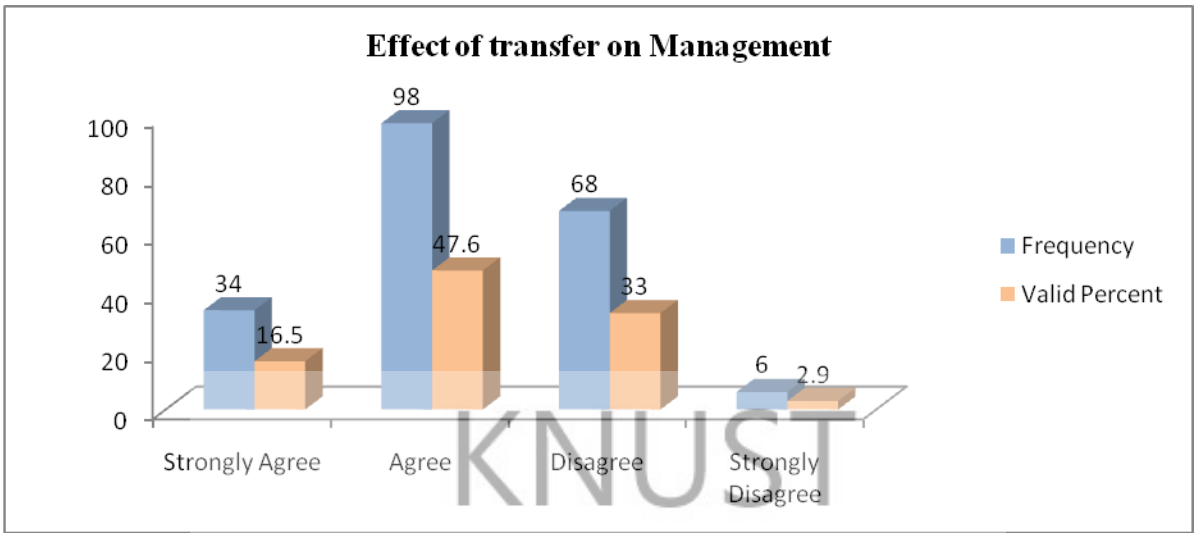

Figure 4.7: Effects of Transfer on Employees performance in the new working environment
Source: Researcher's fieldwork, 2012.

4.3.12 Positive and Negative Effects of Employee Transfer on Performance

Interestingly, respondents have identified two indicators that employee transfer has a positive effect on. These are *new opportunities and challenges* and *capacity building. Quantitatively, 64% and 27% of respondents respectively identified these positive effects of transfer.*

Also, 2.4% of respondents identified *staff motivation* as another aspect of positive effect of transfer on performance (Fig. 4.8).

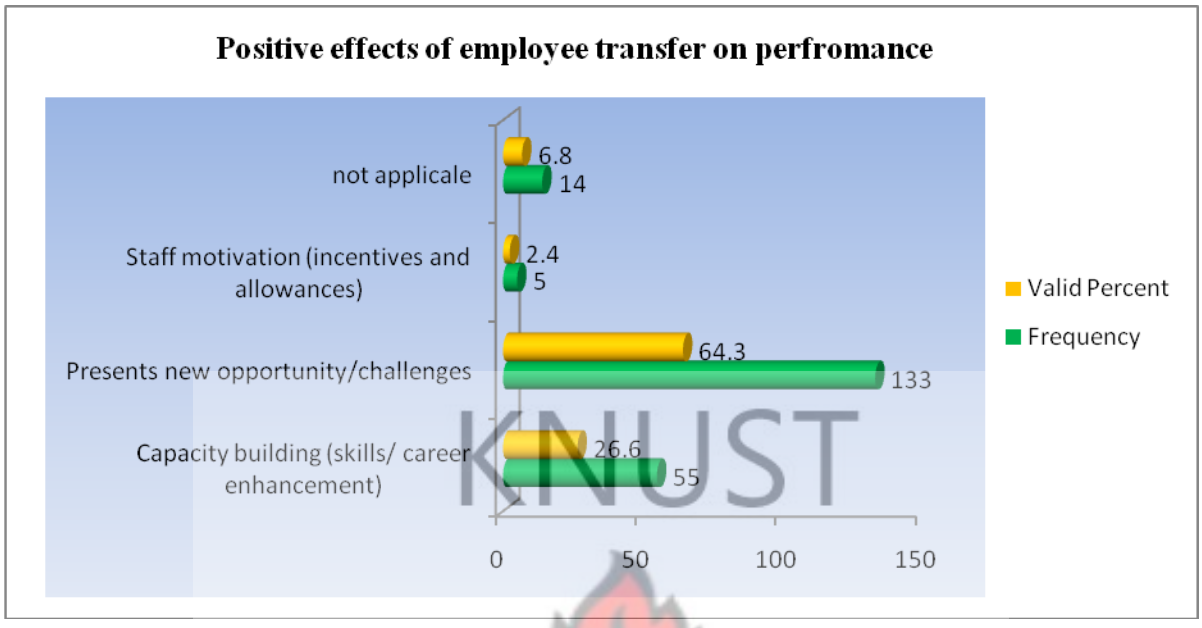

Figure 4.8: Positive Effects of Transfer on Employees performance.
Source: Researcher's fieldwork, 2012.

However, Fig 4.9 as presented below reveals that 42.5% of respondents identified *increase in workload/ extra duties* as the prominent negative implication employee transfer has employees. In addition, 10% of respondents identified *inability to cope with new working environment* as another negative effect employee transfer has on employee performance.

Exactly 2.4% of the respondents also indicated that there is *no skills development* as a negative effect of transfer to employee performance (Fig 4.9).

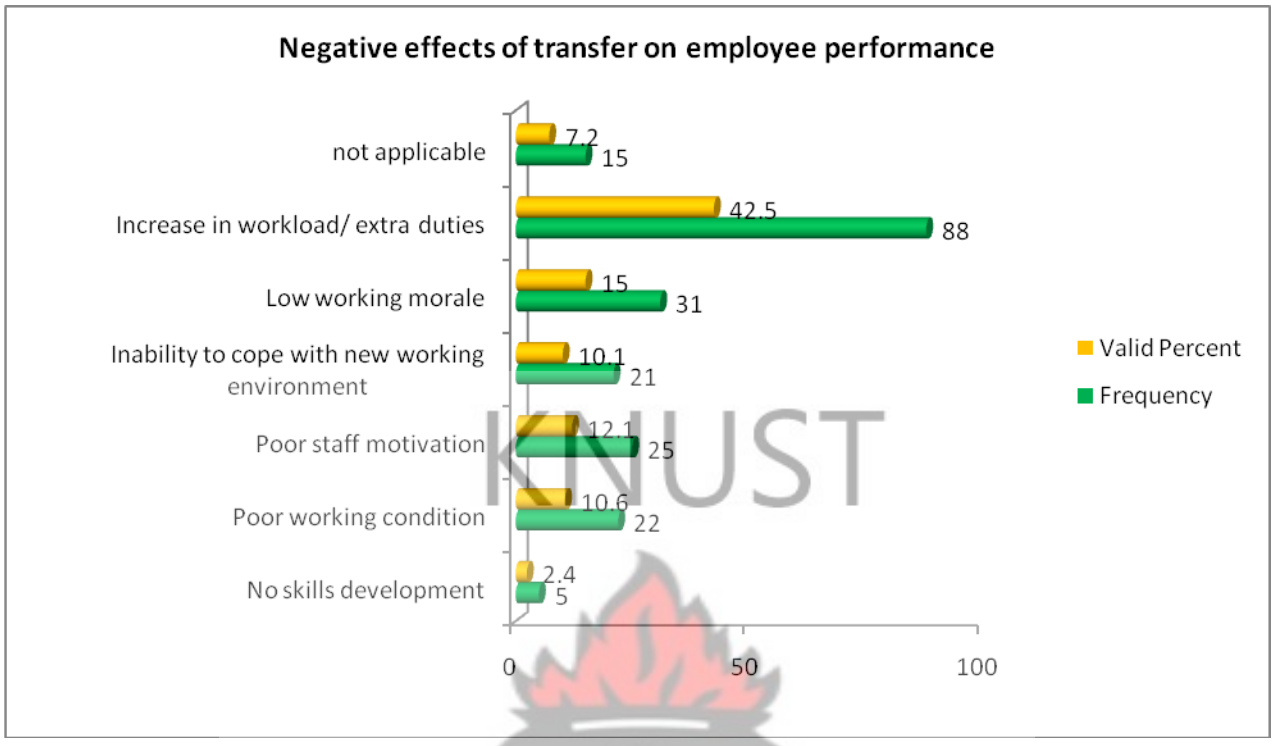

Figure 4.9: Positive Effects of Transfer on Employees performance.

Source: Researcher's fieldwork, 2012.

4.4 Barriers to Employee Transfer in the selected hospitals

4.4.1 Family and Accommodation barriers to employee transfer

With reference to Fig. 4.10 below, a large proportion of respondents (62%) agreed that employees can use family barriers as a cause to resist transfers. Exactly 16% of the respondents indicated otherwise. Whilst 20% of the respondents strongly agree to this assertion, a relatively smaller proportion however strongly disagreed in that regard (Fig. 4.10).

Moreover, from Fig. 4.11, it can be seen that 43% against 39% of respondents respectively agreed and disagreed on the employees' quest for accommodation as a barrier to transfer. Exactly 16% therefore strongly agreed that accommodation could limit employee transfer.

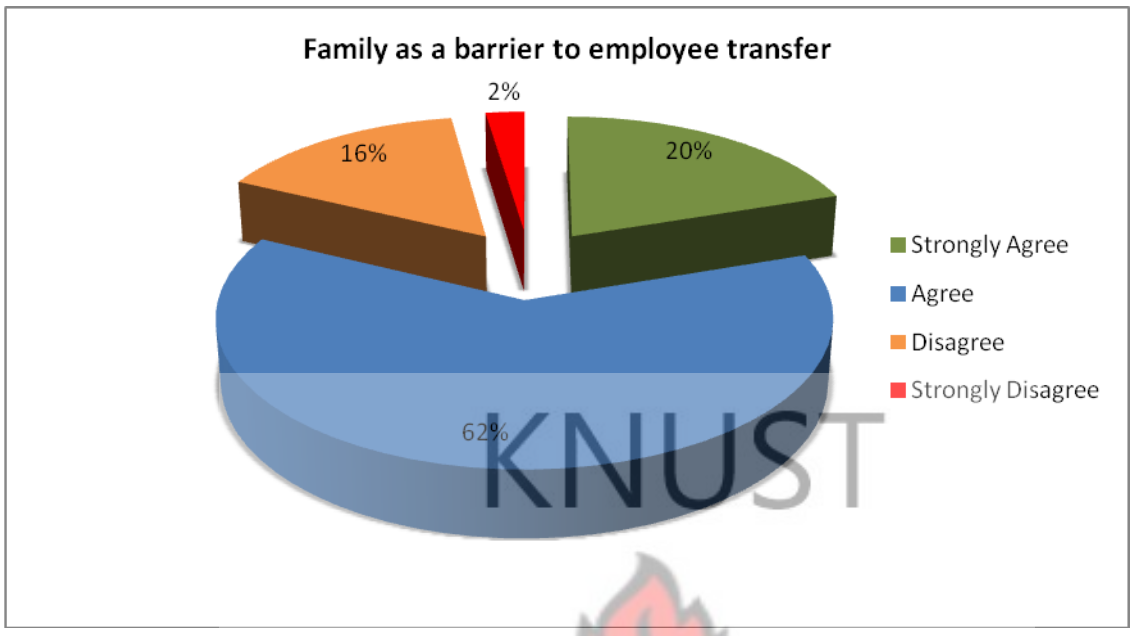

Figure 4.10: Family barrier to employee transfer.
Source: Researcher's fieldwork, 2012.

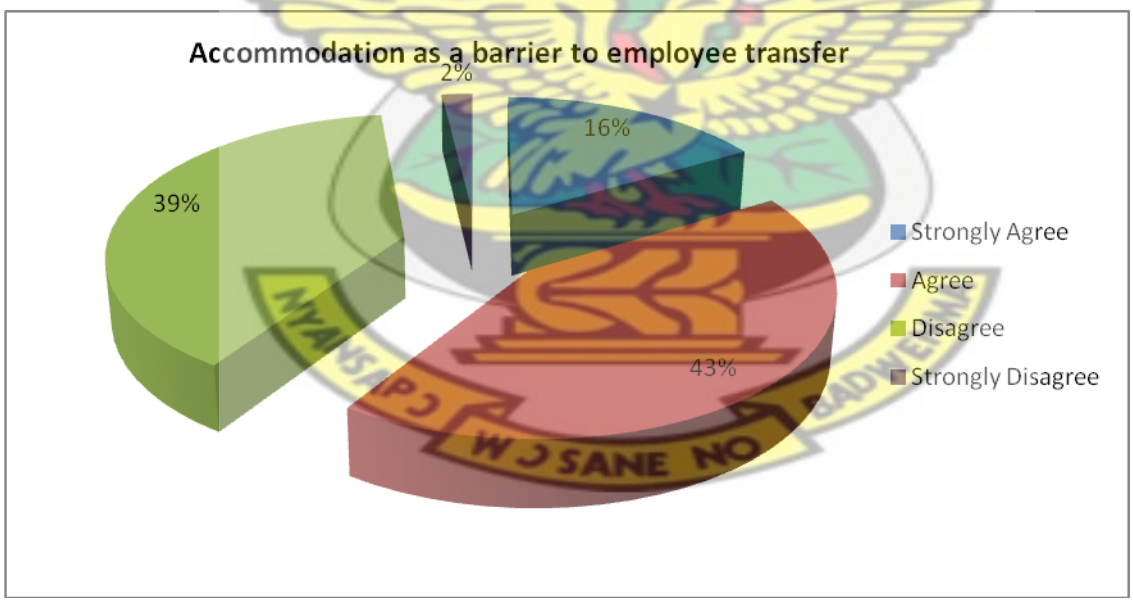

Figure 4.11: Accommodation as barrier to employee transfer.
Source: Researcher's fieldwork, 2012.

4.4.2 Uncertainties and Supervisors as barriers to employee transfer

From Fig 4.12 below, it is observed that 58% respondents agreed that uncertainties can serve as a barrier to employee transfer. This observation is however objected by a relatively smaller proportion of the respondents (31%).

Further, Table 4.18 also presents almost a conflicting view on supervisors as barriers to employee transfer. Whilst 36% agreed to the assertion, 385% however disagreed.

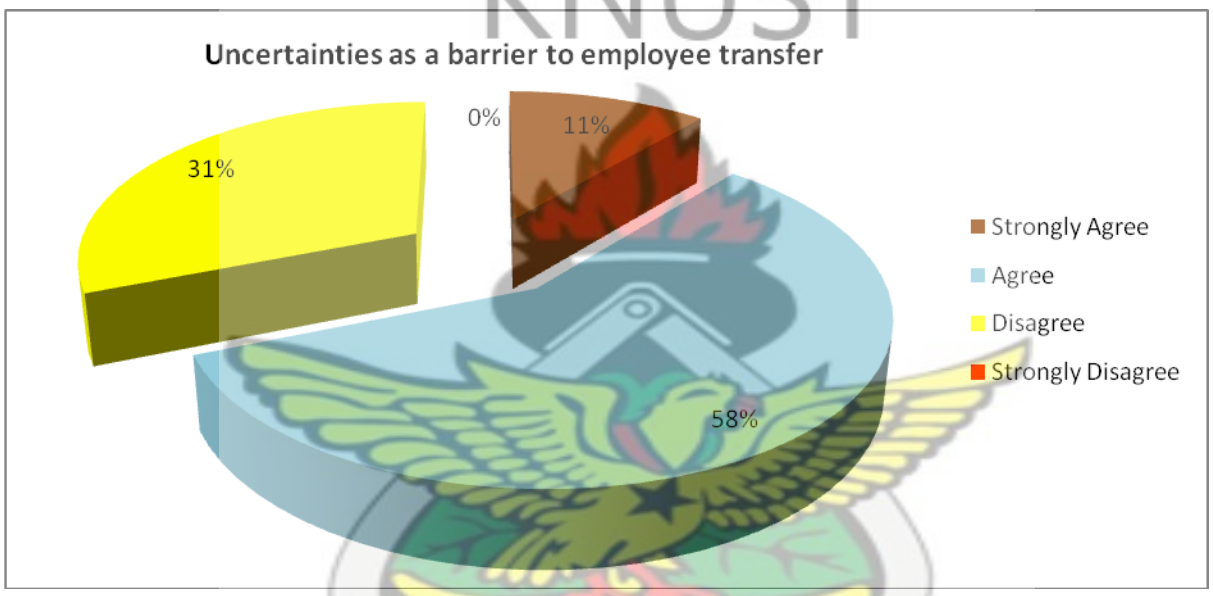

Figure 4.12: Uncertainties as barrier to employee transfer.
Source: Researcher's fieldwork, 2012.

Table 4.19: Supervisors as barriers to employee transfer

Supervisors also resist transfer of hard working employees			
		Frequency	**Valid Percent**
Valid	Strongly Agree	46	22.3
	Agree	75	36.4
	Disagree	79	38.3
	Strongly Disagree	6	2.9
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

4.5 Employee Performance Appraisal Records before and after Employee Transfer

Table 4.20: Employee performance appraisal after transfer

Is the performance of employees assessed or evaluated after they are transferred			
		Frequency	**Valid Percent**
Valid	Yes	23	11.2
	No	174	84.5
	don't know	9	4.4
	Total	**206**	**100.0**
Missing	System	9	
Total		215	

Source: Researcher's fieldwork, 2012.

About 85% of respondents indicated with reference to Table 4.20 that employee performance appraisal after transfer is not done in the selected hospitals whilst 11% of them thought otherwise. From Figs. 4.13 and 4.14 below, it is realized that 54.5% of the respondents equally identified *appraisal* records as means of evaluating employee. It is also seen that 36% and 18% of respondent are in the dark vis-à-vis employees' performance evaluation prior and post

transfer. During the key informant interviews, one hospital administrator disclosed that: "*employees are assessed through performance appraisal before and after transfer".*

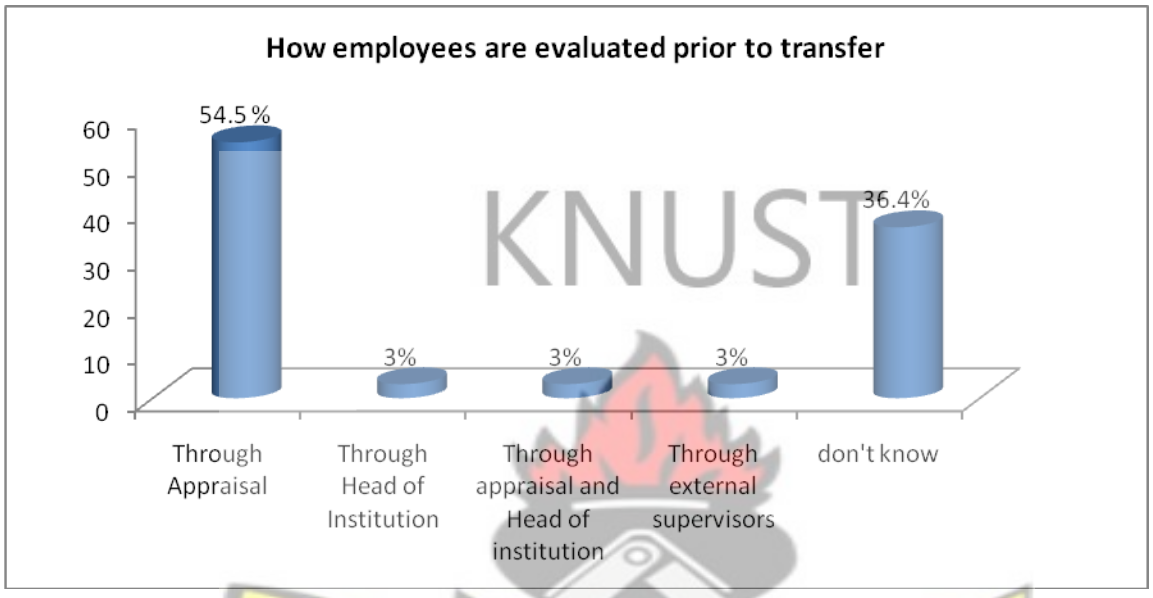

Figure 4.13: **E**mployee Performance Appraisal Records before transfer.

Source: Researcher's fieldwork, 2012.

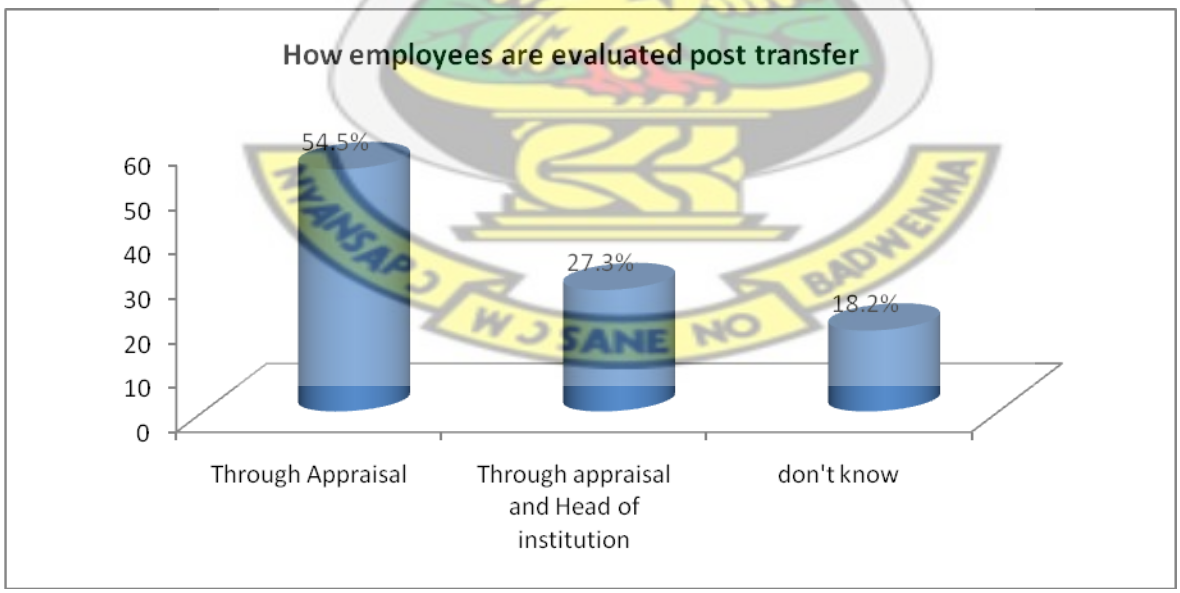

Figure 4.14: Employee Performance Appraisal Records after employee transfer.

Source: Researcher's fieldwork, 2012.

4.6 DISCUSSION OF RESULTS

This section of the chapter presents an in-depth discussion of the results of the study with appropriate linkages with literature. It touches first on the demographics of the respondents followed by the a systematic discussion on the project objectives vis-à-vis the findings.

4.6.1 Demographics of respondents

4.6.1.1 Age of Respondents

From Table 4.1, the increasing order for the respondents' age groups is given as 31-40 > 41-50 > 20-30 > 51-60. By implication, it can be said that the staff strength of the three case studies was dominantly made up of first two age groups, which can be referred to as youthful population. This age group therefore constitute an active part of the hospitals' human resource (employee). Consequently, this age group also falls within the Ghana Statistical Service's classification for a youthful population (GSS, 2012).

However, the aging population, which falls within the age group of 51-60, represents 5 %, which differs significantly from the 31-40 age groups. This therefore means that, within this age group, the Labour and Insurance policies of Ghana mandatorily expects employees to go on pension. Hence, the insignificance percentage of this age group within the human resource component of the selected hospitals in the Kumasi Metropolis.

4.6.1.2 Gender of Respondents

Figures from Table 4.2 indicate that females largely constitute the workforce of the three hospitals. Consequently, recent studies of intra-organizational transfer/mobility have paid attention to the role of gender and family characteristics in shaping career patterns. Several

studies have shown that, all things being equal, women are mostly represented in the workforce of hospitals than men (Stroh *et al*., 1996).

4.6.1.3 Marital Status of Respondents

From Table 4.3 the marital status of respondents represented 70% as married employees against close to 30% for the single staff employees. Comparatively, research conducted by Felmlee (1982) found that the women had four times as many organizational job transfers than men and that such mobility was positively related to marriage. Several other studies (Brett and Stroh, 1997; Schneer and Reitman, 1995; Stroh *et al.*, 1996) indicated that women leave their employing organizations more frequently than men. It is therefore interesting to recall from literature that marital status has implication for employee transfer. This is because employees who are married and have children will have to bear all the inconveniences and complexities associated with moving the family members to new locations.

4.6.1.4 Educational Background and Current Job Position of Respondents

From Table 4.4, it is seen that the educational qualification of staff largely include those with Diploma in Nursing followed by employees with First Degree either in Nursing or public health or general administration followed by those with Masters and then those with A' Level. In addition, it was seen that majority of employees in the hospital were nurses followed by other staff members constituting Midwives, Stenographers, Data analysts, Field technicians, Nutrition officers / Supply officer, Executive officers/ Administrators, etc.

4.6.1.5 Number of years worked

From Table 4.6, it was seen that, both male and female have worked largely for more than 4 years in the selected hospitals. Proportionately, more females have worked from 1-3 years and

from 4 years and above than males. This also meant that the number female employees in the selected hospitals had always been more than that of the males.

4.6.2 Transfer policy programmes in the selected hospitals

4.6.2.1 Employees' transfer background

The study according to Table 4.6 revealed that, 60% of the respondents in the selected hospitals have been transferred at least once at the work place. By implication, the other 40% have not been transferred before. With reference to the literature review, it can be established that about 60% of employees within the selected hospitals of the Kumasi Metropolitan Assembly were transferred intra-organisationally.

Therefore, the control of either intra or inter-organizational transfers are important not only because of the consequences associated with the allocation of human resources but also indirectly through its influence on the attitudes and behaviour of employees at post, a situation which could determine level of performance in an organization especially hospitals which deal with lives. Some evidence suggests that managerial employees can achieve greater earnings by moving from one employer to another (Brett and Stroh, 1997). One explanation for this phenomenon is that companies that hire managers from outside the organization do not emphasize career development and security. Rather, they offer higher levels of compensation in exchange for the lack of employment security (Sonnenfeld and Peiperl, 1998).

Other research works have found out that the mobility of employees is usually employed because of changes in the structure or demand for goods and services rendered. Thus, for an organization

to fill vacancies or job positions with suitably qualified people within the organization, intra-organisational transfers could be the best option. This also saves the cost of advertisement for the organization as reported by (Valcour and Tolbert, 2003).

4.6.2.2 Knowledge of transfer policies and Procedures in the selected hospitals

Table 4.7 shows that a significant proportion of employees (65%) of the three case studies are aware of transfer policies in the selected hospitals whilst the remaining 35 % are in the dark about the transfer policies in the selected hospitals. Knowledge of transfer policies by employees is a credit to them but unfortunately, about 65% of them did not know how these intra-organisational transfers are carried out in the selected hospitals. On the contrary, all hospital administrators during the key informant interview, when asked about their knowledge on transfer policies, said *"yes"*. This means that, hospital administrators are well informed on the transfer policies in the selected hospitals.

Linking this findings to the literature, it must be emphasized that the mandate of the Ministry of Health (MOH) and the Human Resources for Health Division (HRHD) as defined by Act 525 (1996) is policy formulation, resource mobilization, allocation and monitoring because staff skills could be enhanced in the areas of policy formulation (Ghana Ministry of Health Report, 2005). Consequently, the MOH/HRHD developed the document *Human Resources Policies and Strategies for the Health Sector 2002 – 2006* which served as a reference policy documents on issues of employee transfer for instance.

These policy documents require extensive review and consensus building to be circulated for use. In the GHS, it appears that the process by which a policy document is accepted as the official direction of the Service has not been clarified; this may account for the numerous draft

HR policies and guidelines within the health sector (Ghana Ministry of Health, 2005). This therefore explains why a significant proportion of the respondents (65%) are aware of these policies.

4.6.3 The Transfer Procedures and Processes in the selected hospitals

The study revealed that transfer is done after every 4yrs from department to department within the selected hospitals. Linking this finding to the literature, it must be emphasised that the study on the selected hospitals of the Kumasi Metropolis reveal inter-organizational transfer of employees which agrees with the findings of Valcour and Tolbert (2003). Much of the work on transfer procedures and processes had concentrated on organizational characteristics and job-related individual characteristics as determinants of employee transfer (Barnett and Miner, 1992; Cohen *et al*., 1998; and Sonnenfeld, 1998).

The study among other things revealed that intra-organisational transfers could be carried out through the following ranking procedures with reference to Table 4.9;

i. Employee transfer in the hospitals is done after every four years from department to department. This was largely stated by 40% of the respondents.
ii. In addition, close to 30% of the total number of respondents also indicated that the employee who seeks to be transferred has to notify the Human Resource officer of the Regional Health Office through the registrar of the hospital in writing.
iii. The Humana Resource department notifies the employee of his/her pending transfer plus any other involving arrangements. This was stated by about 18% of the respondents.

iv. Filling of an application form for transfer was noted by 10% of the respondents whiles the remaining 3% of respondent did not know the procedures and the processes involved in the employee transfer.

Linking this to the literature, it must be mentioned that transfers initiated by management decisions was predominantly the phenomenon of the selected hospitals than those initiated in response to employees' request.

Findings from the study again reveal that the Human Resource (HR) department mostly initiates transfer of employees in the selected hospitals of the Kumasi Metropolitan Health Directorate. This was reported by 73% of the respondents (Fig. 43). There are however few instances where employees could initiate transfer. The study indicated that only 5% of respondents identified employees to initiate transfers within the selected hospitals.

The Management initiated transfers can also be referred to as involuntary transfer as captured in the HR Policy Manual (2012). Nevertheless, transfers initiated by the employer may be necessary because of temporary workload imbalances, the need to rotate employees to limit exposure to harmful conditions, corporate restructuring, dislocations caused by job elimination or reduction in force and demotions to disciplinary or under-performance problems (HR Policy Manual, 2012 version).

In the Ghana Health Service/Human Resource Development Department, there have been, in principle, formal systems for transfer processes and procedures and how incentives are determined in the form of awards (Ghana Ministry of Health, 2006). To facilitate transfer, request for transfer should be drawn up to a memorandum from the requesting officer and should

include the following information: employee's name, staff number, rank, current location, position and reason for transfer.

Procedurally, when positions cannot be filled from within an organization's department, the department head contact the human resource manager (HRM) to seek other employees within the organization to be considered for transfer to the position in question (Boakye-Danquah, 2010). This phenomenon will therefore necessitate the inter-organizational transfer as observed by Valcour and Tolbert (2003).

4.6.4 Positive and Negative Effects of Employee Transfer on Performance in the Selected Hospitals

This section of the chapter presents a discussion on the effects of transfer on employees' family, their new working environment, their performance and on management. Positive and negative effects of employee transfer on performance are also discussed.

4.6.4.1 Effects of Employee Transfer on Performance in the selected hospitals

In as much as findings from the study with reference to Table 4.11 showed that the Health Directorate is interested in transferring employees from one hospital to another (thus, intra-organisational transfer), it stands to reason therefore that this would have a positive and negative dimensions and implications on both the employer and management within the selected hospitals. These implications cannot be underemphasised.

During the key informant interviews, hospital administrators indicated that *"transfer has effect on employee performance and employees performance could increase when tools and equipments to work with are available".* One of the hospital administrators then mentioned that *"the employee may have children, spouse and even be running some businesses, so transfer may*

affect the social setting of the employee which will in turn affect his/her performance". It can therefore be said from the above accounts that transfer has effect on the performance of employees especially when employees have children, spouses and/or businesses, a situation which may give them divided attention.

Correlatively, it can be deduced from Figure 4.4 that 51% of the respondents agreed that employee transfer has a positive effect on the health service delivery whereas an additional 12% of these respondents strongly agreed to the positive impact of transfer on health service delivery.

4.6.4.2 Effects of Transfer on Employees' Family, Performance and new working Environment

The study reveal that close to 47% of the respondents agreed that transfer has effect on the family and the performance of the employees whilst about 27% of respondents however disagree on this issue (Table 4.16). Meanwhile, looking at the effect of transfer on the employee's new working environment, about 51% of respondents agreed that employees struggle to keep up with the culture and conditions of the new working environment whilst 31.6% disagreed (Table 4.17). However, about 54% of respondents disagreed that employees transferred to new working environment necessarily work harder as against 38% of them who agreed to the assertion that employees work harder in the new working environment (Fig. 4.6). During the key informant interviews, community leaders disclosed that:

Unfortunately, organizations today do not realize the major impact that employee relocation can have on the employee and the family (Boakye-Danquah, 2008, *unpublished*). The objective of a successful corporate relocation is to transfer the employee in a cost-effective manner but

transferred employees often than not continue to adjust themselves to the new working environment and its working conditions. This may be stressful or costly to the employee or vice-versa as reported by Kolehmainen-Aitken (2004).

4.6.4.3 Effects of Transfer on Management

In addition, with reference to Figure 4.7 above, it can be observed that about 48% of the respondents agreed that tension exists between management and employees on issues of transfer although exactly 33% of the respondents actually disagreed to this assertion as captured in Fig. 4.7 above. Where an employee is transferred for the purpose of exposure to new technologies, the newly assigned supervisor may not be comfortable with the shift, as this requires additional effort or time on the part of the supervisor. The provision of appropriate and effective relocation services for employees involve relocation strategies procedures and policies, which affect the organization to some extent. As a result, the problem of handling unhappy managers who might show reluctance on letting go of excellent employees could equally have a negative impact on the organization due the manager's exhibit of emotional discomfort and low morale as reported by Kolehmainen-Aitken, 2004.

4.6.4.4 Positive Effects of Employee Transfer on employees' Performance

The study revealed that 64% of the employees have identified ***new opportunities and challenges*** as a positive effect transfer had had on their performance in the selected hospitals. This was followed by 27% of the employees identifying ***capacity building (skill/ career enhancement)*** as another positive effect of transfer on their performance. Finally, 2% of the employees reported that staff *motivation (incentives and allowances)* could also have positive effect on their performance. This therefore meant that staff motivation (incentives and allowances) has been

compromised within the health directorate's arrangements for boosting employee performance. This will therefore have a negative implication the performance of employees in the selected hospitals because according to the World Health Organisation (WHO) report in 2006, positive correlation exists between employee motivation and employee performance. Several researches also confirm that positive correlation exist between staff motivation and performance.

Interestingly, research conducted by Kolehmainen-Aitken (2004) indicated that access to skill development opportunities and career mobility are very important for health workers. Health managers, especially in smaller health systems, have conflicting attitudes. They want to be able to fill their posts with appropriately trained people, but may be reluctant to release their staff to gain the extra training. Staff shortages in such health systems may be severe that there is no one to cover for the health worker who does go away for training.

During the key informant interviews, the hospital administrators disclosed that: *"availability of working tools, equipments and new facilities in the hospital could drive employees to perform better".* From the above account, it can be said that availability of working tools, equipments and facilities could have a positive effect on employees. Consequently, work done by Mbindyo *et al*., (2009) also indicated that job characteristics have been identified as critical determinants of health worker motivation and satisfaction and have been described as a core domain in the measurement of health worker motivation, along with organizational commitment and conscientiousness. The 2006 World Health Report identified ten major strategies to improve the performance of health workers, including those related to improving job conditions such as staff motivation (Boakye-Danquah, 2008 *unpublished*). On the other hand, better equipping oneself by

learning new knowledge becomes a survival strategy in the career world (Boakye-Danquah, 2008, *unpublished*).

4.6.4.5 Negative Effects of Employee Transfer on Performance

Quantitatively however, about 43% and 15% of respondents respectively identified ***increase in workload/ extra duties*** *and* ***low working morale*** as the prominent negative effects employee transfer had had on their performance. In addition, exactly 12%, about 11%, 10% and 2 % of the respondents accordingly indicated that ***poor staff motivation***, ***poor working condition, inability to cope with new working environment*** and ***no skills development*** *were* negative effects of transfer on their performance (Fig 4.9). Research has shown that high rates of employee transfer may negatively influence career success (Ellig and Thatchenkery, 1996). It must be stated therefore that, increase in workload had been a predominant negative effect of transfer on the performance of employees, a situation that explains why some employees resist transfers. As a result, this study had also investigated the causes of barriers to employee transfer within the Kumasi Health Directorate.

According to the hospital administrators, *"when transfer did not come from the employee, they see it as a force.* They went on to say that: *"A hospital administrator's style of management can have a negative effect on employees' performance. An autocratic manager might make work difficult for employees. The culture of the institution may also affect the performance of employees in the hospital. Family setup may also affect the performance of an employee. This may happen when an employee is thinking too much about his/her family".* It can be deduced from the above account that working conditions and family issues and concerns all have negative dimension on the performance of employees in the selected hospitals.

4.6.4.6 Barriers to Employee Transfer in the selected hospitals

This section of the report discusses the barriers to employee transfer in the selected hospitals.

i. ***Family and Accommodation barriers***

With reference to Fig. 4.10 above, 62% respondents agreed that employees could use family barriers as a cause to resist transfers whilst exactly 16% of the respondents indicated otherwise. Moreover, whilst 20% of the respondents strongly agreed to this assertion, a relatively smaller proportion however strongly disagreed in that regard. Besides, Fig. 4.11 indicated that 43% against 39% of respondents respectively agreed and disagreed on the employees quest for accommodation as a barrier to transfer. These barrier observations agree with the findings of Kolehmainen-Aitken (2004).

ii. Supervisors and Uncertainties barriers

Table 4.18 present almost a conflicting views on supervisors as barriers to employee transfer. Whilst 36% agreed to the assertion, 38% however disagreed. Further, it was observed that 58% respondents agreed that uncertainties could serve as a barrier to employee transfer. This observation is however objected by a relatively smaller proportion (31%) of the respondents (Fig 4.12).

4.6.5 Employee Performance Appraisal Records before and after Employee Transfer

With reference to (Table 4.12), 35% of respondents disagreed that employees were consulted before the transfer process whilst close to 33% or the respondents agreed that employees are consulted prior to the transfer process. Findings from the study also revealed that 48% of

respondents disagreed to the assertion that employees are prepared through training and counselling before they are transferred (Table 4.13).

Interestingly, close 55% of the respondents equally identified *appraisal* records as the method for evaluating employees (Figs. 4.13 and 4.14). Research has also shown that employee performance depends on many factors like performance appraisals, employee motivation and job satisfaction, training and development programs, job security, working environment and compensation (Malik, Gbefoor and Naseed 2011).

Linking this observation to the transfer policy as reported by Kolehmainen-Aitken (2004), it can be said that performance appraisal based on job description must be completed by the employee's immediate supervisor. Kolehmainen-Aitken (2004) again indicated that the systems used to appraise staff performance are frequently outdated or poorly understood by local staff.

CHAPTER FIVE

SUMMARY OF FINDINGS CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The section of the report introduces the chapter and then outlines the summary of the key findings from the study. Straightforward conclusions are also presented with the appropriate recommendations.

5.2 Summary of Findings

This section of the chapter outlines the summary of the major findings in line with research objectives. Meanwhile, the predominant age group of employees in the selected hospitals is between 31-40 years. The marital status of respondents represented 70% as married employees against close to 30% for the single staff employees. Females have served more years than males and were also more than males in all three case studies.

5.2.1 Employees knowledge of transfer policies in the selected hospitals and how they are applied

The findings from the study indicated that, 60% of the respondents in the selected hospitals have been inter-organisationally transferred at least once at the work place whilst 40% have not been transferred before. In addition, a significant proportion of employees (65%) of the three case studies are aware of transfer policies whilst the remaining 35 % are in the dark about the transfer policies. However, about 65% of the employees did not know how these intra-organisational transfers are carried out in the selected hospitals.

5.2.2 The Procedures and Processes of Employee Transfer in the selected hospitals

There are laid down transfer procedures and processes in the selected hospitals. The study revealed that inter-organisational transfers could be carried out through the following ranking procedures. Firstly, employee transfer in the selected hospitals is done after every four years from one health institution to the other. This was largely stated by 40% of the respondents.

Secondly, close to 30% of the total number of respondents also indicated that the employee who seeks to be transferred has to notify the Human Resource officer of the Regional Health Office through the Administrator of the hospital in writing.

Thirdly, about 28% of the respondent identified other transfer processes and procedures for the three case studies. In addition, 73% of the employees indicated that the Human Resource (HR) department mostly initiates transfer of employees in all three case studies as against the few instances where employees could initiate transfer, which was represented by only 5% of the respondents.

5.2.3 The positive and negative effects of employee transfer on performance in the selected hospitals

Employee transfer in the selected hospitals had both positive and negative effects on employees' performance. Also, about 48% of the respondents agreed that tension exists between management and employees on issues of transfer although exactly 33% of the respondents actually disagreed.

In addition, exactly 64% of the employees have identified *new opportunities and challenges* as a positive effect transfer had had on their performance in the selected hospitals. Again, 27% of the employees identified *capacity building (skill/ career enhancement)* as another positive effect of transfer on their performance. Finally, 2% of the employees reported that staff *motivation (incentives and allowances)* could also have positive effect on their performance.

However, about 43% and 15% of respondents respectively identified *increase in workload/ extra duties* and *low working morale* as the prominent negative effects employee transfer had had on their performance. In addition, exactly 12%, about 11% and 10% of the respondents accordingly indicated that *poor staff motivation, poor working condition and the inability to cope with new working environment were* negative effects of transfer on their performance.

5.2.4 The barriers to employee transfer in the selected hospitals

There are family and accommodation barriers to employee transfers in the selected hospitals. Specifically, 62% respondents agreed that employees could use family barriers as a cause to resist transfers whilst 58% agreed that uncertainties could serve as a barrier to employee transfer.

5.3 Conclusions

The study generally concludes that there are both positive and negative effects of employee transfer on performance in the selected hospitals of the Kumasi Metropolitan Assembly. However, based on the objective of the study, the following conclusions have been drawn;

Firstly, about 60% of the employees from the three case studies have been transferred at least once at the work place in five years. Employees within the selected hospitals of the Kumasi Metropolitan Assembly (KMA) were transferred inter-organisationally. Knowledge of transfer

policies by employees was predominantly high but about 65% of the employees did not know how these intra-organisational transfers are applied in the selected hospitals.

Secondly, employee transfer is done after every 4years from department to department within the case study hospitals. In addition, the Human Resource (HR) department mostly initiates transfer of employees in the selected hospitals of the Kumasi Metropolitan Health Directorate.

Thirdly, exactly 51% of the respondents agreed that employee transfer has a positive effect on the health service delivery. Transfer has effect on the family and performance of the employees in the selected hospitals. In addition, about 51% of respondents agreed that employees struggle to keep up with the culture and conditions of the new working environment. Tension exists between management and employees on issues of transfer. Predominantly, *new opportunities/ challenges and capacity building (skill/ career enhancement) have* positive effect of transfer on employee performance in the selected hospitals. Conversely, *increase in workload/ extra duties* and *low working morale* predominantly had negative effects on employee transfer.

Finally, family, accommodation, uncertainties and supervisory barriers exist in the selected hospitals to employee transfers. Specifically, 62% respondents agreed that employees could use family barriers as a cause to resist transfers whilst 58% agreed that uncertainties could serve as a barrier to employee transfer.

5.4 Recommendations

In as much as the study has revealed that effects of transfer exist on the performance of employees in the selected hospitals, appropriate suggestions are therefore important to address

future concerns for the smooth implementation of transfer policies, procedures and processes for the Kumasi Health Directorate.

Based on the findings from the study however, the following recommendations have been presented;

5.4.1 Employees knowledge of transfer policies in the selected hospitals and how they are applied

The study revealed that 60% of the respondents in the selected hospitals have been inter-organisationally transferred at least once at the work place whilst 40% have not been transferred before. Although employees were aware of the transfer policies, about 65% of them did not know how these transfers are carried out in the selected hospitals. It therefore recommended that the Kumasi Regional Health Directorate should sensitise the Human Resource (HR) department of the three hospitals to organise flexible workshops for staff on transfer policies and how these policies are implemented. This is to make employees appreciate transfer policies so as to limit future tension between employees and management on transfer matters.

5.4.2 The Procedures and Processes of Employee Transfer in the selected hospitals

The study revealed that inter-organisational transfers could be carried out through the following ranking procedures:

Employee transfer in the selected hospitals is done after every four years, represented largely by 40% of the respondents. This is followed by 30% of employees also indicated that an employee who seeks to be transferred has to notify the Human Resource officer of the Regional Health Office through the registrar of the hospital in writing. This is also followed by about 28% of the employees who identified other transfer processes and procedures for the three case studies. In

addition, 73% of the employees indicated that the Human Resource (HR) department mostly initiates transfer of employees in all three case studies. It is therefore recommended that employees should be consulted and prepared by the Human Resource department before they are transferred to another department or hospital so as to incorporate and/or consider their positions and genuine concerns on the state of the transfer to be effected.

5.4.3 The positive and negative effects of employee transfer on performance in the selected hospitals

Exactly 64%, 27% and 2% of the employees have respectively identified *new opportunities and challenges, capacity building (skill/ career enhancement)* and *motivation (incentives and allowances)* as positive effects transfer had had on their performance in the selected hospitals. However, about 43% and 15% of respondents respectively identified *increase in workload/ extra duties* and *low working morale* as the prominent negative effects employee transfer had had on their performance. In addition, exactly 12%, about 11% and 10% of the respondents accordingly indicated that *poor staff motivation, poor working condition and the inability to cope with new working environment were* negative effects of transfer on their performance.

It is therefore recommended that the HR department should put in measures to share extra workload/ extra duties among two or more staffs of related qualification so that the newly transferred employee will not be over burdened with extra duties and low working morale. This is because; the study showed that employees struggle to cope with new working environment. This means that transferred employees spend some time regularise themselves in the new work environment.

5.4.4 The barriers to employee transfer in the selected hospitals

Specifically, 62% respondents agreed that employees could use family barriers as a cause to resist transfers whilst 58% agreed that uncertainties at new working environment could serve as a barrier to employee transfer. The study also revealed that accommodation and employee supervision also has limitations to employee transfer. It is therefore recommended that the Health Directorate should present information on the conditions of the new working environment and the scope of the new job to the employees pending transfer in order to stabilize their confidence. In addition, the Health Directorate should consider the family size of an employee to determine where and how he/she is to be transferred. This is also because, the study demographically revealed that 70% of the employees were married whilst about 30% were singles.

5.5 Suggestions for further research

Based on the findings of the study, it is thus suggested for further work that the study should be replicated for the regional hospitals and the teaching hospital in the Ashanti Region of Ghana so as to re-validate some of the findings in this study at the regional level with a regional perspective.

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