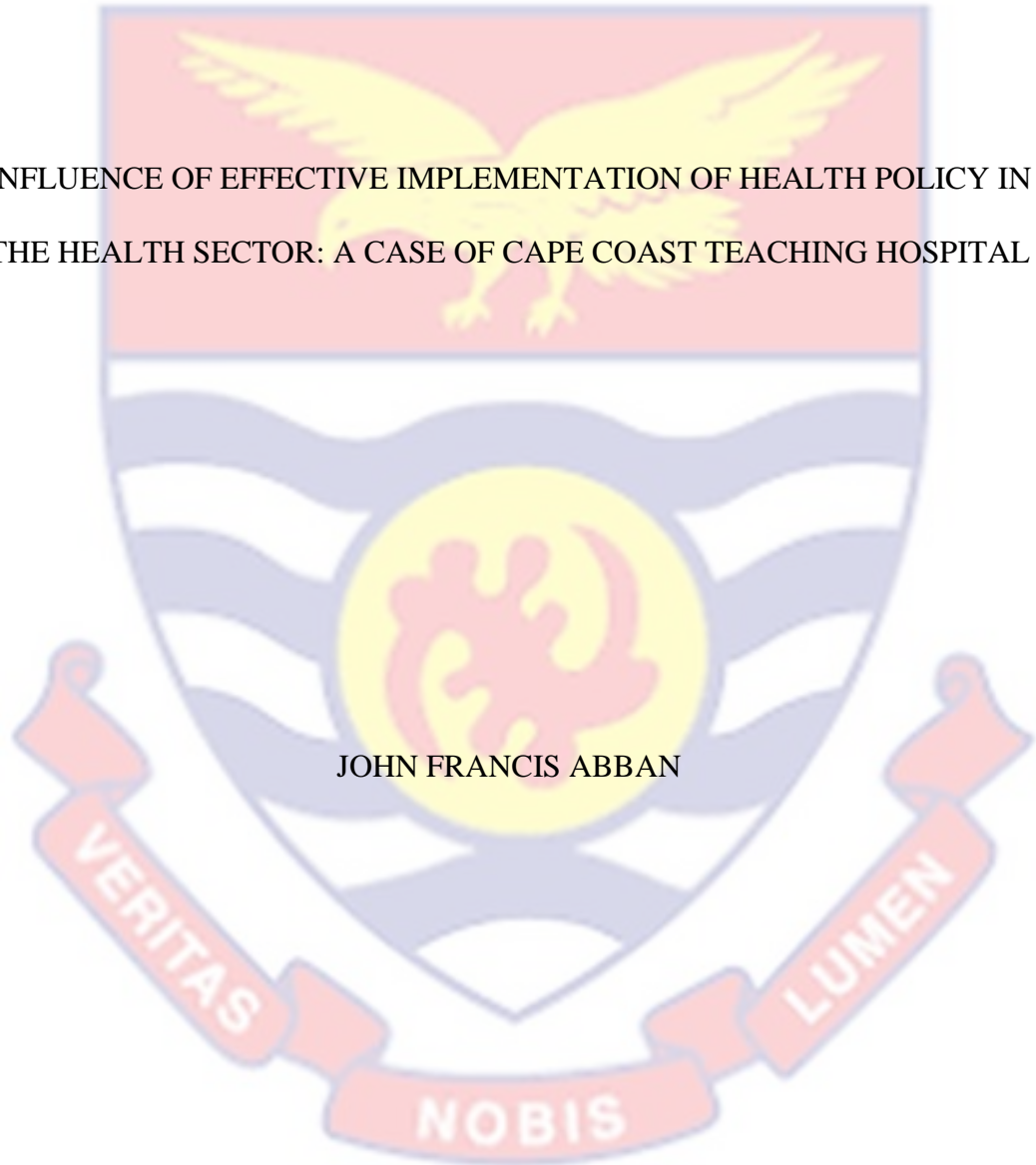


UNIVERSITY OF CAPE COAST

INFLUENCE OF EFFECTIVE IMPLEMENTATION OF HEALTH POLICY IN
THE HEALTH SECTOR: A CASE OF CAPE COAST TEACHING HOSPITAL

JOHN FRANCIS ABBAN



2022

UNIVERSITY OF CAPE COAST

INFLUENCE OF EFFECTIVE IMPLEMENTATION OF HEALTH POLICY IN
THE HEALTH SECTOR: A CASE OF CAPE COAST TEACHING HOSPITAL

BY

JOHN FRANCIS ABBAN

Dissertation submitted to the Department of Management of the School of
Business, College of Humanities and Legal Studies, University of Cape Coast, in
partial fulfillment of the requirements for the award of Master of Business
Administration degree in Management

JUNE 2022

DECLARATION

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's signature..... Date.....

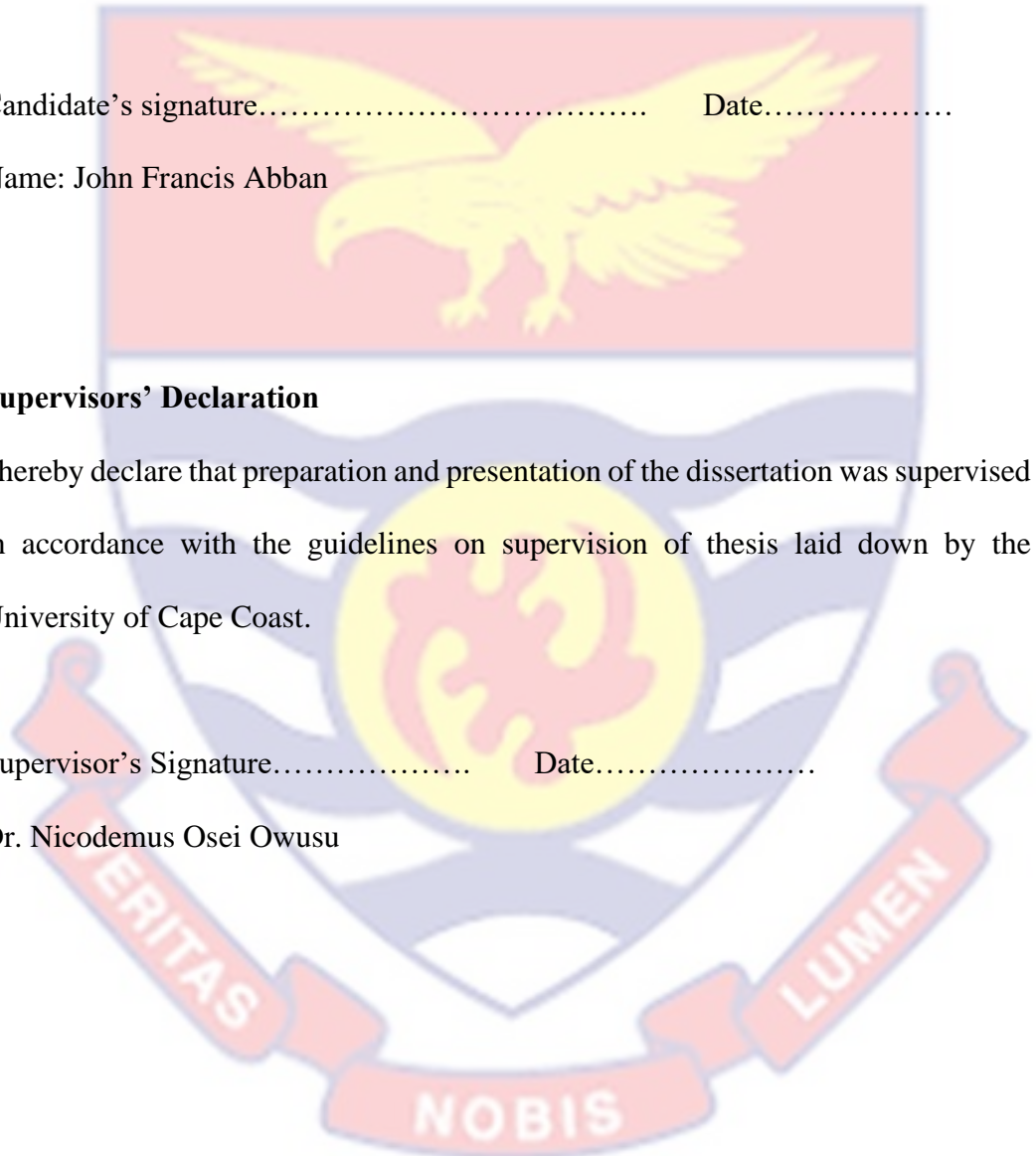
Name: John Francis Abban

Supervisors' Declaration

I hereby declare that preparation and presentation of the dissertation was supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Supervisor's Signature..... Date.....

Dr. Nicodemus Osei Owusu



ABSTRACT

The aim of this study was to examine the influence of effective implementation of health policy in the health sector using Cape Coast teaching hospital as a case. There were three main specific objectives, among them were to determine the influence of procurement process on the implementation of health policy within Cape Coast Teaching Hospital; examine the effect of budgetary allocation on the implementation of health policy within Cape Coast Teaching Hospital; and examine the effect of leadership practices on the implementation of health policy within Cape Coast Teaching Hospital. The study sought to draw evidence from 54 health workers from the study area. It was a quantitative study with self-administered questionnaire as the main research instrument. The results from the survey were analysed with the help of the Statistical Package for the Social Sciences (SPSS v26.0). The collected research data was analyzed using descriptive and inferential statistics. Results of the regression analysis shows that leadership practices, procurement process, budgetary allocation all had positive influence in the implementation of health policy. The research concluded that the Cape Coast teaching hospital has poor budget disbursement and utilization of funds, has limited delegation of duties, lacks a clear chain of command within the health sector. The study further indicates that the Cape Coast teaching hospital has fostered digitalization and coordination of the procurement processes. The research recommended that the Cape Coast teaching hospital should foster financing of the health sector and adopt an internal structure and internal controls that can foster the implementation of health policies.

KEYWORDS

Health Policy

Procurement Process

Budgetary Allocation

Leadership Practices



ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to my supervisor, Dr. Nicodemus Osei Owusu of the Department of Management, for his professional guidance, advice, encouragement and the goodwill with which he guided this work.

I am very grateful.

I am also grateful to Mr. Samuel Opoku for his generous contribution to make this work better. Finally, I wish to thank my family and friends for their support.



DEDICATION

To my wife



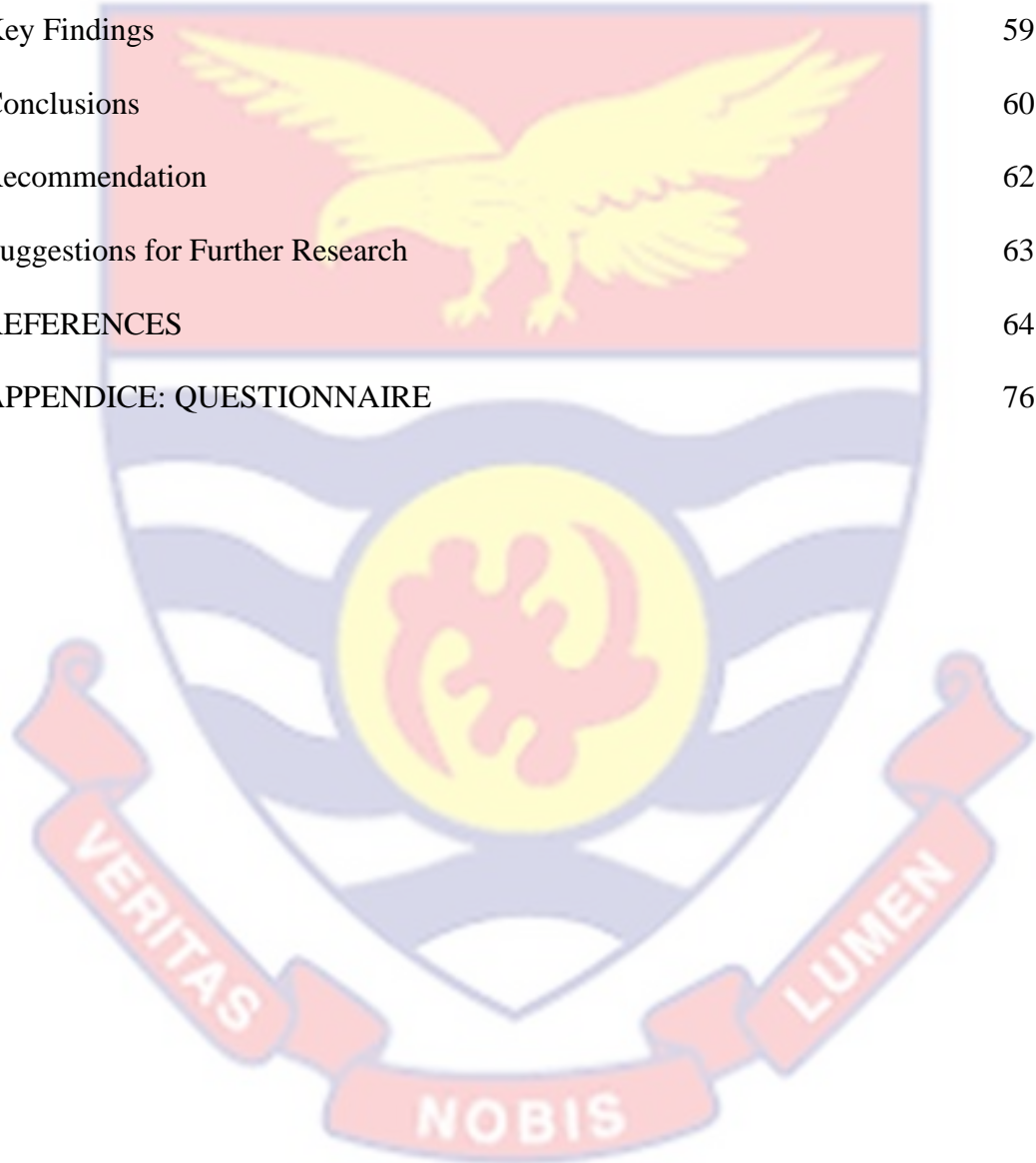
TABLE OF CONTENTS

	Page
DECLARATION	ii
ABSTRACT	iii
KEYWORDS	iv
ACKNOWLEDGEMENTS	v
DEDICATION	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	x
LIST OF FIGURES	xi
CHAPTER ONE: INTRODUCTION	
Background of the Study	1
Statement of the Problem	4
Purpose of the study	5
Research Objectives	5
Research Questions	6
Significance of the Study	6
Delimitation of the Study	7
Limitations of the Study	7
Organisation of the Study	8
CHAPTER TWO: LITERATURE REVIEW	
Introduction	9
Theories Underpinning the Study	9
Conceptual Review	12

Empirical Review	17
Conceptual Framework	24
Chapter Summary	25
CHAPTER THREE: RESEARCH METHODS	
Introduction	26
Research Design	26
Research Approach	28
Study Unit	29
Population	29
Sampling Procedure and Sample	30
Data Collection Instrument	31
Validity and Reliability	31
Data Collection Procedure	32
Response Rate	33
Data Processing and Analysis	34
Ethical Consideration	35
Chapter Summary	35
CHAPTER FOUR: RESULTS AND DISCUSSION	
Introduction	37
Socio-Demographic Characteristics of Respondents	37
Findings of the Main Study Objectives	40
Chapter Summary	57

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND
RECOMMENDATIONS

Introduction	58
Summary of the Study	58
Key Findings	59
Conclusions	60
Recommendation	62
Suggestions for Further Research	63
REFERENCES	64
APPENDICE: QUESTIONNAIRE	76



LIST OF TABLES

Table		Page
1	Sample Respondents Distribution	31
2	Questionnaire Items and Their Reliability Coefficients	32
3	Response Rate	33
4	Background Information of Respondents	38
5	Procurement Process Descriptive	41
5	Correlation Procurement process and Implementation of Health policy	43
6	T-value Procurement process and Implementation of health policy	44
7	Model Summary of Procurement process on Health policy	44
8	Budgetary Allocation Descriptive	47
9	Correlation between Budgetary Allocation and health policy	49
10	T-Value Budgetary allocation and Implementation of health policy	50
11	Model Summary of Budgetary allocation on Health Policy	51
12	Leadership Practices Descriptive	53
13	Correlation between Leadership Practices and Health policy	54
14	T-Value on Leadership Practices and Implementation of Health policy	55
15	Model Summary of Leadership Practices on Health policy	56

LIST OF FIGURES

Figure		Page
1	Conceptual Framework	25



CHAPTER ONE

INTRODUCTION

Global, regional, and national health policies are formulated with the aim of creating an environment where the citizens lead healthier, safer, and longer lives. This makes it a mandate for governments around the world to address the current health issues and to carry out research aimed at identifying and countering emerging regional, national and global health needs. This requires cooperation across different agencies enabling the national governments to carry out sector-wide research guaranteeing better future health effects. This chapter presents the overview of the study which includes the background to the study, statement of the problem, the purpose of the study, objectives of the study, hypotheses of the study, significance of the study, delimitation of the study, and organisation of the study.

Background to the Study

The healthcare industry is changing around the world, and it has the following characteristics; advanced technologies; new disease patterns; physical infrastructure; unpredictable patients' needs and diverse workforce requirements (Ter-Akopov & Kosinova, 2020). The first locations for health care service delivery are hospitals and they are critical in fostering healthy populations. Ghana has both governmental and non-governmental health sector that various categories of hospitals belong to (Boadu, Sunindijo & Wang, 2021). Proper Health is one of the most necessary needs for human survival and access to healthcare services is considered a basic human right (World Health Organization, 2020). The World Health Organization (W.H.O) is charged with the mandate to provide proper

healthcare services throughout the world. They accomplish this through different means such as offering relief food to fight malnutrition, proper policy adoption and providing donors with funds necessary to improve living standards. Non-governmental organizations (NGO's) support health provision by establishing health centers, providing medicinal supplies and equipment. Health is one of the pillars for the realization of the Millennium Development Goals now Sustainable Development Goals (Druetz, 2018).

At the national level, there are good health policies but the main limitation to their effectiveness lies at the implementation stage (Bargain & Aminjonov, 2020). Some countries in the developing world notably Canada and Netherlands have successfully implemented their health policies which has translated into accessible and free universal health care (Schneider, Shah, Doty, Tikkanen, Fields & Williams II, 2021). Characteristics of health services in industrialized countries includes lower costs of care, higher satisfaction of the population, better health results and efficient use of resources (Olowokere, Olajubu, Ayeni & Aremu, 2020).

Around the world, most healthcare services run under a devolved system of governance, with one central Ministry or Department of Health but this trend is gradually evolving to a more devolved system of governance (Ochieng'-Springer, 2021). Ethiopia is one of the countries which has recently undergone these changes as their healthcare system has gradually evolved from a centrally organized system to one where the regional governments distribute grants to district governments which then prioritize allocation of their budgets and spending. The situation is different in Ghana where; the Ghana Health Services manages health facilities

while the District Assembly acts as a devolved entity (Chemei, 2021; Resnick, 2018). With the declaration of the new constitution in 2010, Ghana's system of governance was devolved with the creation of the National and Local governments (Kubai, 2019); this culminated in the devolution of health care services at the Local Level. However, the National Government coordinates some key aspects of the health care sector through the Ministry of Health.

The Ministry of Health (MOH) provides leadership at the national level. The MOH oversees the health sector in the country (National Health Policy, 2012). It's charged with the weighty responsibility of ensuring access to healthcare services and achievement of both national and global health outcome. The National Health Policy- MoH (2012) further states that the MOH has the following key responsibilities; to develop the national policy, provide technical support, monitor quality and standards of healthcare centers, provide guidelines and tariffs for health services, conduct studies and research.

At the local level, the National Health Policy (2012) proposes that local health departments be formed and their main duties would be the creation and provision of a well-functioning institutional structure which would ensure that healthcare is managed and delivered throughout the local. Additionally, it also states that local health management teams should be formed to aid in management of health facilities. Such measures are aimed at providing adequate and effective professional and technical management structures in each local for better coordination and delivery of health services (Sperre Saunes, Karanikolos, Sagan & World Health Organization, 2020). This research seeks to examine how the Ghana

Health Policy has been implemented at the Cape Coast Teaching Hospital and measured against the set policy objectives.

Statement of the Problem

In its attempt to provide better healthcare's services, Ghana devolved its healthcare to the various district levels within our localities, however it has faced numerous challenges such as; inappropriate management structure, inadequate staff and delayed payment that have often led to strikes and paralyzed the delivery of health services, this has often resulted in a raw pitting local health officials against those of the national government with some suggesting health management be returned to the central government due to the poor execution of health sector policies (MoH, 2014).

The World Bank report (2012) reports that the health sector in Ghana has inadequate structures which are necessary to ensuring that public hospitals are run effectively due to the lack of involving health sector stakeholders or having mechanism that support better decision making in the execution of health sector policies. The 1992 constitution shared some of powers of the health sector from the national government to the local government but did not adequately address the roles and the responsibilities of the health sector in government. This is clear indication of inadequate structures in the health sector; non-conformity with health sector procedures and increased industrial action and boycott of duty resulting in increased life loss (Amoah & Phillips, 2018).

Frimpong, Antwi, Sunindijo, Wang, Ampratwum, Dansoh, and Mensah (2022), in his study on the challenges of devolution of healthcare in Ghana noted

that poor budgetary allocation, lack of adequate personnel and constant wrangling between the national and local governments, thus derailing the devolution of healthcare. Issahaku, Thoumi, Abihiro, Ogbouji and Nonvignon (2021), noted that limited finances, poor personnel capabilities and political interferences affect the health services in Ghana. Heerdegen, Aikins, Amon, Agyemang and Wyss (2020), indicates that budgeting, planning and management competency were key factors in the decentralization of health policy in Ghana. However, none of the above studies examined the determinants of implementation of health policy in Ghana.

Despite the increasing challenges facing the health sector in Ghana as well as the visible gaps in execution of the health sector policy which calls for adequate health service provision as well as universal health care; there has been minimal research work examining the determinants of the health sector policy implementation. The current research examined the influence of effective implementation of health policy in the health sector: a case of Cape Coast Teaching Hospital.

Purpose of the study

This study sought to the influence of effective implementation of health policy in the health sector: a case of Cape Coast Teaching Hospital, Ghana.

Research Objectives

1. To determine the influence of procurement process on the implementation of health policy within Cape Coast Teaching Hospital.
2. To examine the effect of budgetary allocation on the implementation of health policy within Cape Coast Teaching Hospital.

3. To examine the effect of leadership practices on the implementation of health policy within Cape Coast Teaching Hospital.

Research Questions

1. What is the influence of the procurement process on the implementation of health policy within Cape Coast Teaching Hospital?
2. What is the effect of budgetary allocation on the implementation of health policy within Cape Coast Teaching Hospital?
3. How do the leadership practices influence the implementation of health policy within Cape Coast Teaching Hospital?

Significance of the Study

The study aims to establish the influence of effective implementation of health policy in the health sector: a case of Cape Coast Teaching Hospital. Findings of the study are anticipated to produce policy alternatives for government and management of various health sector institutions, and also empower the health policy and implementation department of health sectors to improve the manner in which they handle health policy services.

Research findings will help the ministry of health to know measures to enact resulting in achieving the Ghanaian health sector strategic and investment plan which aims to attain the highest possible health standards while at the same time addressing the needs of the population. It will also be beneficial in the national health policy guided by the ministry of health, Ghana (2020) and the vision 2020 health plan under the social pillar, the government will know the policies to adopt to ensure proper provision of health services. This study also adds important

knowledge to the devolution of health and the lesson we can learn from developed countries as far as health devolution is concerned.

Delimitation of the Study

The scope of the research geographically focussed on the implementation of Health Policy at the Cape Coast Teaching Hospital, Ghana. The contextual scope of the study focussed on an examination of the effect of procurement process, budgetary allocation and leadership practices influence the implementation of health policy. The sample respondents of the research were drawn from personnel working within the Cape Coast Teaching Hospital. The research was limited to a descriptive research design with the study limiting itself to a quantitative research methodology, utilizing the primary source of data. Further, a multi-analysis technique with descriptive and inferential analysis being utilized.

Limitations of the Study

This research encountered several problems especially gathering appropriate data for the analysis. Generally, apathy was the major problem since some of the respondents failed to answer the questionnaire. The respondents might not have disclosed their actual opinions on certain issues related to their opinions regarding implementation of health policy in the health sector which could be sensitive in nature. Therefore, the bias in their responses was possible. Also, this study was to establish the influence of effective implementation of health policy in the health sector: a case of Cape Coast Teaching Hospital, Ghana, with the views from sampled respondents of health workers, which was a small representation of all the health personnels of the Cape Coast Teaching Hospital. This may limit the

inferences that can be drawn from this study as their views may not be applied to all health in various institutions in Ghana.

Finally, with hindsight, a mixed method (that is, both qualitative and quantitative methods) could have been adopted with more interviews conducted, which would have provided an in-depth understanding of issues. Besides, using the qualitative method would have added to the weight of materials relating to the variables of the study.

Organisation of the Study

This study was organized into five chapters. Chapter one, which was the introductory chapter, presents a background to the study, statement of the problem, objectives of the study, the research questions, significance, limitations, delimitations and definition of key terms of the study as well as organization of the study. Chapter two contains the review of relevant literature; both theoretical and empirical literature that underpins the influence of effective implementation of health policy in the health sector: a case of Cape Coast Teaching Hospital, Ghana. Chapter three presented the methodological framework and techniques employed in conducting the study. Chapter four analyses the data and discusses the results and main findings with reference to the literature. The final chapter presents the summary, conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter serves as the basis for the development of the study. The purpose of this chapter was to review the relevant literature health policy in the health sector. In general, the review of the literature on the subject matter indicates that the area to be covered on health policy is extensive and as such a more careful search was therefore needed. In the light of this, this chapter therefore dealt with the theoretical review which served as the theoretical foundation of the study, the empirical review, the conceptual review and the conceptual framework which put the study into context.

Theories Underpinning the Study

This study is underpinned by two major theories namely the Resource Based Theory, Human Capital Theory and the Goal Setting Theory. These two theories were selected because they provide the link between health policies and its concepts and its outcomes on the health industry.

Resource Based Theory

According to this notion, a company's competences, resources, and capabilities enable it to achieve a competitive edge. This, in turn, influences its capacity to carry out strategic initiatives successfully. It views a company as a collection of all of its acquired resources as well as its capacity to effectively utilize these resources in order to establish a competitive advantage that lasts (Teece, Pisano, & Shuen, 1997). Assets that are unique, precious, imitable, and long-term

are critical to the firm's success. Business resources include technical, social, knowledge-based, human, physical, and financial assets that are semi-permanently related to a firm (Ernst & Young, 2012).

Valuable, uncommon, and non-imitable resources allow businesses to gain a long-term competitive edge through increased efficiency and production (Trott, 2008). Financial resources, according to Yang (2011), are the most essential resources because they may extend a business's capability to support innovation via research and development, resulting in improved firm performance. He goes on to say that without financial resources, achieving efficacy in the implementation process is unachievable (Yang, 2011).

Knowledge enables the business to learn about its operational environment, allowing for the appropriateness of strategic decisions and laying the groundwork for the firm's acquisition and growth of other resources (Price, Stoica, & Boncella, 2013). These resources include information developed by the company itself as well as knowledge collected from outside sources. A large pool of competent individuals with advanced skills and expertise boosts a company's efficiency (Vijayakumar & Tamizhselvan, 2010). The theory is important to the current study because it allows for the analysis of the impact of both budgetary allocation (financial) and health policy execution within the devolved unit.

Human Capital Theory

This theory, proposed by Becker (1975), views workers as assets and stresses that an organization's investment in them yields exceptional returns. It asserts that the firm's competitive posture is determined by the characteristics of its

human resource pool. Human capital that can't be replaced or replicated by rivals is essential for achieving long-term competitive advantage. Workers are seen as an important resource that managers employ to get a competitive edge for the company under this notion (Barney, 1991). According to Ross et al. (2007), accounting for human resources entails calculating the expenses paid by a business to seek, select, hire, train, and develop human assets. It also includes calculating the economic worth of employees to the company. People should not be considered as just changeable costs, and a long-term plan is required to efficiently manage this resource (Beer, Spector, Lawrence, Mills, & Walton, 1991).

According to Becker (1975) as stated in Muammer, Selcuck, and Mete, "human resources cease to be considered as merely cost components and are given a perspective of capital for investment with the goal of generating revenue like any other production factor" (2008). This theory is important to this research because it allows researchers to look at how leadership practices (capabilities, skills, and competencies) may be used as a major component in fostering the implementation process within the Cape Coast Teaching Hospital.

Goal-Setting Theory

In the 1990s, Locke and Latham expanded goal setting theory (Latham, Brcic, & Steinhauer, 2017) toward a merger of goal setting theory and the automaticity model (Latham, Brcic, & Steinhauer, 2017). The idea highlights the relevance of the goal to an individual in order to achieve goal commitment, according to Latham et al. (2017). Furthermore, several studies emphasize the necessity of standardizing and institutionalizing goal formulation, performance

target setting, and assessment in order to improve performance. According to goal setting theory, objectives and performance have a direct link that may be described by "Mechanisms or Mediators," and "Moderators" (Latham, Borgogni, & Petitta, 2008). This theory is concerned with "the effectiveness of specific, difficult goals; the relationship of goals to affect; the mediators of goal effects; the relationship of goals to self-efficacy; the moderators of goal effects; and the generality of goal effects across people, tasks, countries, time spans, experimental designs, goal sources (i.e., self-set, set jointly with others, or assigned); and the generality of goal effects across people, tasks, countries, time spans, experimental designs, goal sources I (Latham & Locke, 2007).

Goals are thought to impact performance through four mediating mechanisms: effort, persistence, direction, and task strategies, according to this theory (Locke & Latham, 2006). Our theory is relevant to this research because successful execution of health policy necessitates the operationalization of the strategy through the establishment of short- and medium-term objectives. The implementation of health policy is designed to help organizations create yearly service delivery targets. As a result, the dependent variable is anchored in this theory (implementation of health policy).

Conceptual Review

Health Policy Implementation

The decentralized form of governance went into force, and it has changed the way the national government and the entire governmental processes and policies, and healthcare is one of the devolved sectors in Ghana. Ghana's 1992

Constitution lays forth the precise responsibilities and roles that have been delegated. Executive tasks, legislation inside their counties, roles delegated from the national government and those agreed upon with other counties, and personnel are all responsibilities of local governments. The two tiers of government, on the other hand, are different and interdependent, and they do their business through "consultation and collaboration".

At the national level, the Ministry of Health (MOH) is in charge of general leadership. The Ministry of Health is in charge of the country's health care system (National Health Policy, 2015). It is tasked with the difficult task of guaranteeing access to healthcare services and achieving national and global health goals. The Ministry of Health (MoH) has the following key responsibilities, according to the National Health Policy-MoH (2015): develop national policy, provide technical support, monitor quality and standards of healthcare centers, provide guidelines and tariffs for health services, and conduct studies and research.

The National Health Policy (2015) suggests that local health departments be established, with their primary responsibility being to create and maintain a well-functioning institutional framework that ensures that healthcare is managed and delivered throughout the local. It also recommends the formation of local health management teams to assist in the administration of health facilities. Such steps are aimed at ensuring that each local has enough and effective professional and technical management structures in place to improve health care coordination and delivery (Raja, 2014). The purpose of this study is to look at how the Ghana Health

Policy has been implemented in Cape Coast Technical Hospital and how it compares to the policy objectives.

Determinants of Health Policy Implementation

Communication, policy, and ICT, as well as staff working conditions, accountability, supervision, and staff deployment, all require a competent management system for efficiency in the provision of health care services (Bhatia, 2014). As a result, many nations, particularly the wealthy ones, have devolved their healthcare systems. A report found that overall management of health systems, hospitals, and clinics is the responsibility of physicians who may lack adequate training or experience, which are key determinants of their effectiveness in their jobs, posing a serious problem in their goal of reforming their health system and implementing health policies geared toward better service delivery in the Dominican Republic and Latin American countries (World Bank, 2015).

Aldosari (2014) investigated the deployment of electronic records management in Riyadh hospitals and found that the size of the hospital, the hospital's ownership, and the makeup of the hospital's workforce all had a favorable impact on the process. Straus, Moore, Uka, Marquez, and Gülmezoglu (2013) investigated the factors of maternal recommendations implementation in Kosovo and found that a lack of communication, insufficient infrastructure, and personnel competency hampered the process. Jacobs et al. (2015) looked at the factors that influence innovation adoption in Iranian hospitals and found that physician traits, implementation atmosphere, and implementation effectiveness all had a beneficial impact on the process.

In a study of the determinants of maternal health care implementation in Nigeria, Ononokpono and Odimegwu (2014), found that facility location, infrastructure, and demographic features all had a favorable impact on implementation. Ogbuabor and Onwujekwe (2018), investigated how free maternal and child healthcare programs were implemented in Nigeria. The availability of medical equipment, human resource capacity, money, infrastructure, staff discipline, decision-making, and supervising mechanisms were all factors that affected the implementation process, according to the study.

Tama, et al. (2018), investigated the implementation of Ghana's free maternity services policy and found that communication, financial allocation, prompt payment, healthcare facilities, and the document verification procedure all contributed to the policy's success. In recent years, Ghana has seen a rise in industrial action by trade and labor organizations, notably in the public healthcare sector. The majority of these strikes were motivated by poor execution of collective bargaining agreements, a lack of infrastructure in healthcare centers, delayed salary payments in some counties, particularly after the devolution of public healthcare, or insufficient government financing (Njau, 2012; RoK, 2012).

One of the most important aspects of health-care delivery is staffing, and staff training is required to increase their competences and capabilities to carry out their jobs and achieve the intended outcomes. Qualification, employment, and promotion are all issues that the decentralized government must deal with. In Ghana and other emerging countries, the local government recruiting program has been hampered by nepotism, favoritism, and corruption. Employees also complain about

poor management styles, overwork, inadequate compensation, and a bad working atmosphere (MoH, 2014). As a result, greater health policy execution necessitates the recruitment of workers with higher levels of competency and abilities in the health sector (Baru, Acharya, Acharya, Kumar, & Nagaraj, 2012).

Health Sector in Ghana

The major goal of hospitals is to provide high-quality healthcare, ensuring that patients are treated properly and receive the best possible treatment, resulting in a boost in the country's economic and social growth. The national policy framework lays out Ghana's health-care agenda, which is put into action by the health-care strategic plan (Masara, 2014). In 2010, Ghana enacted a new constitution that decentralized public health to the country's 47 local administrations.

The Ghanaian government has always strived to provide better health services to its citizens, and the establishment of the Ghana health policy framework provided a blueprint for the government to follow in carrying out its mandate of providing better health services to its citizens. This led to the establishment of the Ghana health sector strategic plan, which aims to transform the health sector to provide better services by lowering infant mortality rates, lowering maternal mortality rates, and lowering maternal mortality rates. Ghana decentralized health care delivery to metropolitans in 2013 in an attempt to offer better services, however this was greeted with unanticipated obstacles such as a lack of finance, medical staff, and infrastructure, all of which have impacted health service delivery (Republic of Ghana, 2010). In Ghana, the health sector includes people in a general

framework, with real players being the Ministry of Health and parastatals associations, the private sector, which includes private revenue-driven NGOs and Faith Based Organizations offices, and the public sector, which includes the Ministry of Health and parastatals associations (Republic of Ghana, 2010). The study looked into the factors that influence how health policies are implemented in hospitals.

Empirical Review

Procurement Process and Implementation of Health Policy

Bhakoo and Chan (2011) examined collaborative implementation of e-business processes within the health-care supply chain: the Monash Pharmacy Project in Australia. The research utilized a longitudinal case study with research data being obtained from interviews, observation and documentary analysis across three years. Study results showed that lack of consistency in the procurement department coupled with poor delivery systems negatively affected the implementation of e-business processes. The location of their study is Australia while this study is Ghanaian-based.

Ahsan and Rahman (2017) studied green public procurement implementation challenges in Australian public healthcare sector. The study employed an analytic hierarchy process (AHP) based multi-criteria decision-making model. The researchers concluded that the implementation process was limited by a lack of; legislation, senior management support, government incentives, and financial support to ensure the successful implementation of the process. The study however did not take into consideration how the green

procurement practices affect the implementation of health policies within the Health Sector.

Hashim, Sapri, and Low (2016) studied challenges facing implementation of Public private partnership (PPP) facilities in Malaysia: the challenges of implementation, adopting structured questionnaires for data collection. After descriptive and inferential statistics analysis, the researcher concluded that PPP initiatives allow for better procurement processes to be integrated in the management of healthcare systems. The research however failed to examine how the procurement processes under PPP arrangements affect the implementation of healthcare policy.

Banchani and Tenkorang (2014) examined the challenges facing implementation of maternal health care in Ghana: the case of health care providers in the Tamale Metropolis. The research adopted purposive sampling utilizing both indepth interviews and focus group discussions to collect the necessary data and the findings indicated that transport, delivery services and challenges in conforming to the procurement act were the main challenges affecting the successful implementation of maternal health care. The study however, relied on qualitative data as opposed to this study which used both quantitative and qualitative data.

Tsofa (2017) examined how political decentralisation affected the planning and budgeting of the Kenyan health sector: a case study of Kilifi Local, employing a case study research design and utilizing qualitative data in the study and focussing on the planning and budgeting for recurrent expenditures; Human Resources for Health (HRH); and Essential Medicines and Medical Supplies (EMMS)

management. Analysis results showed the existence of significant delays in the procurement process resulting in a backlog of orders and long periods of stock outs of essential drugs in the facilities. Political interference and inefficient and ineffective structures also affected the health sector. The research however failed to examine how procurement process influenced health policy implementation within the local.

Kanda and Iravo (2015) conducted a research in Elgeyo Marakwet assessing the factors that affect the efficiency of the supply chain of medical supplies to Kenyan public health centers. A descriptive research design was adopted and data was obtained from questionnaires, interviews and focus group discussions. The data was analyzed using both qualitative and quantitative techniques and the results showed that the procurement practices positively affect supply chain efficiency. The study focussed on supply chain efficiency while this study seeks to determine how procurement relates to implementation of health policies.

Budgetary Allocation and Implementation of Health Policy

Mohammed, North, and Ashton (2016) conducted a decision space analysis to analyze decentralisation of health services in Fiji. The research adopted the modified decision space approach that focuses on finance, service organisation, human resources, access rules, and governance rules in decentralized systems. The findings of the analysis showed that adequate financing and meeting the budgetary levels fostered the delivery of health services in Fiji. The research however was conducted in Fiji making its findings inapplicable in Kenya.

Delany, Lawless, Baum, Popay, Jones, McDermott, Marmot (2015) conducted research on Health in All Policies in South Australia: what has supported early implementation? The study examined the implementation process within the period 2007-2013 and considered public servants within the health sector as the main respondents. The findings of the research indicated that adequate resource allocation and timely disbursement of funding were critical to the success of the implementation process. The results also indicated that stakeholder support and timeliness were key elements in supporting the implementation process. The study however was not conducted within a single devolved system of governance making its findings inapplicable in Ghana and the scope of the study.

Nanyunja, Nabyonga Orem, Kato, Kaggwa, Katureebe, Saweka (2011) examined malaria treatment policy change and implementation in Uganda. The study examined the implementation of the policy since 2004 obtaining data from secondary sources. The results showed that availability of adequate and predictable funding for effective policy roll-out was a key determinant of the implementation success. The study however examined the implementation of a specific policy whereas the current study scope looks at the implementation of sector-wide health policy.

Pyone, Smith, and van den Broek (2017) studied the implementation of the free maternity services policy and how it affects the Ghanaian governance of the health system. 39 key stakeholders from six counties were required to respond to semi-structured interviews. The results of the research showed that delayed budgetary reimbursement to health facilities, misaligned incentives and lack of

clarity on the policy made its implementation to be ineffective. The study examined the Ghanaian health sector services in general while this study was geographically limited to the Cape Coast metropolis.

Owusu (2017) studied challenges facing the Ghanaian devolved health sector. The study utilized a critical review of literature in examining the Ghanaian health sector. The findings showed that the health sector in the devolved systems was plagued by inadequate budgetary allocations, deficiency of the human resource, corruption, a lack of critical legal and institutional infrastructure, and conflicts arising from a troubled relationship with the national government. The study relied on a review of literature from policy documents while this study utilized both data sources.

Mauti, Gautier, De Neve, Beiersmann, Tosun, Jahn (2019) examined Ghana's Health in All Policies strategy: a policy analysis using Kingdom's multiple streams. The study utilized a qualitative case study in evaluating relevant policy documents. The study respondents were drawn from government agencies, donor agencies and development partners. The collected qualitative data was analyzed using the dimensions of Kingdom's multiple streams approach (problem, policy and politics). The findings of the research indicated that within the health sector there is limited information sharing on the policies being pursued. The results further indicated that under the political stream; the commitment of the political elites an enhancing the budgeting and planning processes will enhance the potential of attaining the policy goals. The study however utilized primary data while this study used both data sources.

Leadership Practices and Implementation of Health Policy

Rees and Johari (2010) and Nishii (2011) shows that practices that the human resource engages in such as recruitment, training, development, and industrial relations are linked to employee performance and by extension, organisational performance. The researchers however failed to show if there exist a connection between management practices and the implementation of health policies. Rozenblum, Jang, Zimlichman, Salzberg, Tamblyn, Buckeridge, Tamblyn (2011) conducted a qualitative study of Canada's implementation of electronic health in IT. The study employed a case study design focussing on a 10-year implementation of Canada e-Health plan. The study adopted structured interviews as the data collection instrument. The results of the research showed that poor managerial execution led to lack of an e-health policy, inadequate involvement of clinicians, failure to establish a business case for using electronic health records as well as failure to rollout the program within regions led to poor implementation. The study was based in Canada while the current study in Ghanaian-based.

Talib, Rahman, and Azam (2011) examined the main factors which affect the implementation of total quality management practices in the health care sector. Employing a literature review of 15-peer reviewed research papers, the researcher found that the commitment of the top level of management, participation and teamwork, efficient management of resources and having a focus on customers and their satisfaction were key determinants of TQM implementation within Indian health sector. The study relied only on secondary data while this study incorporated both data sources.

Gilson (2016) examined everyday politics and the leadership of health policy implementation. The study focused on the South African Health sector and relied on secondary data with results indicating that it is necessary to enact leadership training programs so as to nurture competency among the leaders of the sector fostering the development and implementation of health policy within the country. The study adopted a qualitative research design whereas the current research employed both qualitative and quantitative methodologies.

Anyika (2014) studied the challenges facing Nigerian health sector in their drive of implementing sustainable health care delivery under environmental uncertainty. The study relied on secondary data and the collected data was analyzed using thematical analysis technique with findings indicating that poor leadership practices resulted in poor infrastructural development, poor surveillance systems and inadequate resource utilization. The study however utilized a literature review making its findings inappropriate for reference as per the current study. Shariff (2014) examined the factors that contribute to and limit the involvement of nurses in development of health policy. The research employed the Delphi survey with results indicating that lack of involvement by the management, poor implementation of structures within the health sector and lack of process management were the key barriers to Nurse Leader's participation. The study focussed on the development of the health policy rather than implementation of health policy.

La Rue, Alegre, Murei, Bragar, Thatte, Kibunga and Cheburet (2012) conducted a study on strengthening management and leadership practices to

increase health-service delivery in Ghana: an evidence-based approach. The study used a non-randomized design that focused on district level hospital personnel. The results of the analysis indicated that constant development of leadership and management skills of health teams, through team-based approaches had a positive and significant effect on the service delivery within the hospitals. The study focussed on service delivery as opposed to implementation of the health policy. Kanda and Iravo (2015) in an examination of the factors affecting supply chain efficiency of medical supplies in public health centers in Ghana indicates that poor financial management, wastage of public funds and poor accountability limited the supply chain efficiency. The study was however limited to supply management and current research examines implementation of health policies.

Conceptual Framework

A conceptual framework can be considered as the diagrammatic presentation of variables, illustrating the association between the independent variable, mediating variable and the dependent variables. Against this background, the conceptual framework that employed in this study looks at the connection between the independent and the dependent variables. The conceptual framework presents the hypothesized interaction between the study variables. The determinants of implementation of health policy being examined are the procurement process, the budgetary allocation, the leadership practices and employee empowerment. The implementation of health policy was assessed by the level of attainment of policy goals, the sustainability of the policy and the number of policies implemented.

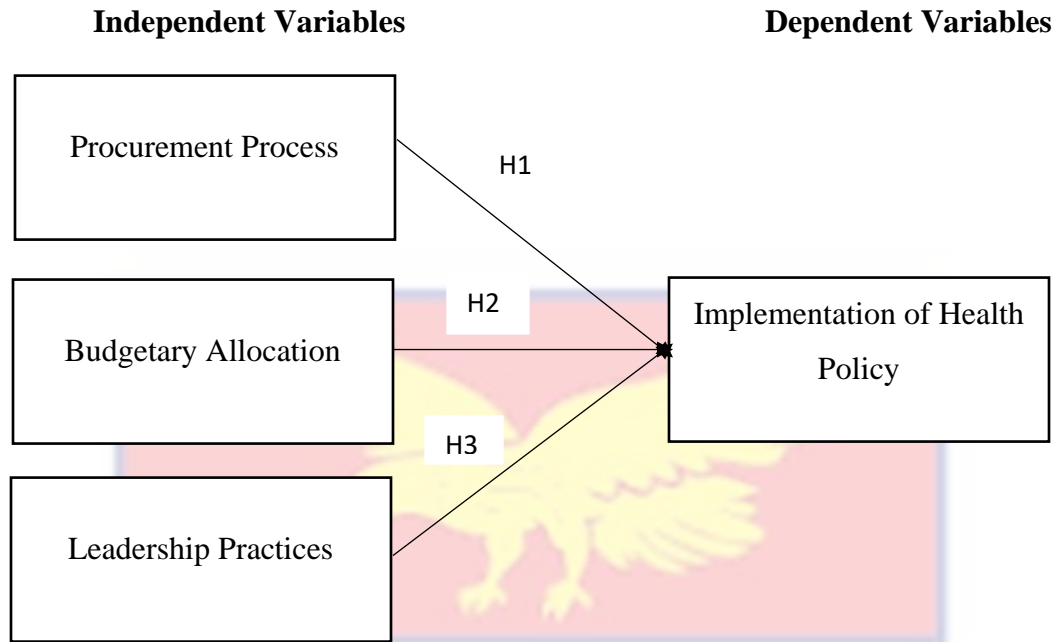


Figure 1: Conceptual Framework

Source: Author's Construct (2022)

Chapter Summary

This chapter has reviewed the literature based on the objectives and research questions. This literature was reviewed under the following sub-headings. The first section explored the theoretical models underpinning the study and these theories included: Resource Based Theory, Human Capital Theory and Goal Setting Theory. The second section also examined concepts such as health policy implementation and its determinants, the health sector in Ghana and its relationships. Finally, the last section focused on empirical literature of the relationship among health policy implementation determinants with a conceptual framework within the context and scope of the study also discussed.

CHAPTER THREE

RESEARCH METHODS

Introduction

This study's research methodology section explains the methodologies and processes that were employed and followed during the research. The systemic examination aimed at solving research difficulties is known as research methodology (Maxwell, 2012; Kothari, 2004). Research technique, according to Mishra and Alok (2011), is the science underlying how a certain research activity is carried out. It outlines the processes required to investigate a certain research issue in a methodical manner. Given that the purpose of the study is to investigate the impact of successful health policy implementation, a well-organized scientific investigation is required to give acceptable grounds for confirming the reliability and correctness of the study's processes, procedures, methodologies, and conclusions.

This section provides an overview of the research strategy and methodology, as well as the study region, population, sample size, and sampling procedure employed in the study. It also describes data sources, data gathering instruments, data collection techniques, and data processing and analysis procedures in detail.

Research Design

Research design, according to Potwarka, Snelgrove, Drewery, Bakhsh, and Wood (2019), is a collection of arrangements established to gather and evaluate data in a way that aims to incorporate compliance with the research process's goal and economics. According to Zikmund, Williams (2007) defined the study's

framework as "a system, structure, and methods, as well as an integrated investigation to assure query inquiry and diversity control" (2000). A master plan that defines the process and techniques for gathering and evaluating the needed information, according to Young and Javalgi (2007), is termed a research design.

Various explanations presented by Zikmund (2000), Zikmund, Babin, Carr, and Griffin (2012), Williams (2007), and Young and Javalgi (2007) have demonstrated that research building incorporates a systematic approach in which significant information is examined and interpreted economically and procedural form. As a result, it is a data collecting, measurement, and analysis idea. The research design should be rapidly recognized, and the research topic should be chosen and arranged; the research objectives should be carefully specified, as should the concepts and problems, and the research ideas should be effectively recorded (Zikmund, 2000). According to Akhtar (2016), study design entails a systematic strategy in which the appropriate data is gathered, analyzed, and interpreted in a cost-effective and methodical manner.

This is the research framework that holds the many aspects of the study together. It organizes the study by demonstrating how all of the primary components work together to address the research's central questions (Orodho, 2003). When assessing the relationship between the research variables, this study used a descriptive research design, which is excellent for using both qualitative and quantitative approaches.

Research Approach

The study used a quantitative research strategy. This is due to the respondents' numerical ratings of the scale's items, which were based on established rating scales (5-point Likert scale). In addition, given the nature of the primary data required, the design of the data collection instrument, the research objectives, statistically application for data processing, statistical tools for data analysis, and the theoretical foundation of the study, quantitative research design becomes the most obvious option in the face of both qualitative and mixed research approaches.

According to Creswell (2014), a quantitative approach entails gathering numerical data and analyzing it using mathematically based approaches to explain events (in particular statistics). A quantitative research strategy is one that uses quantification in data collecting and analysis (Bryman, 2012; Lincoln & Guba, 1985). Quantitative methods (typically based on deductive logic) seek regularities in people's lives by breaking down the social world into empirical components called variables, which can be represented numerically as frequencies or rates, and whose relationships can be explored using statistical techniques, and which can be accessed through researcher-initiated stimuli and systematic measurement (Rahman, 2017).

This method generally starts with data gathering based on a hypothesis or theory, then uses descriptive statistics to analyze the results (Shekhar, Prince, Finelli, Demonbrun & Waters, 2019, Tashakkori & Teddlie, 2010). In the sense that statistical tests lead to broad conclusions about demographic traits, measurement methods are frequently regarded as environmentally friendly.

Calculation techniques are sometimes criticized for presuming that there is just one "truth" that exists, regardless of human perspective (Galli, 2019). Because it contains a bigger randomly selected sample, quantitative conclusions for the general public or minority may be established (Carr, 1994).

Study Area

The Central Regional Hospital now Cape Coast Teaching Hospital is currently a 400-bed capacity referral Hospital situated at the Northern part of Cape Coast. It is bounded on the north by Abura Township, on the south by Pedu Estate / 4th Ridge, Nkanfua on the East and Abura / Pedu Estate on the West. The Hospital, which was the first of a series of ultra-modern Regional Hospitals established by the Ministry of Health, started full operations on 12th August, 1998 and was adjudged the best Regional Hospital in the year 2003. The Hospital has been transformed into Cape Coast Teaching Hospital with the inception of School of Medical Sciences in the University of Cape Coast. The first batch of the Medical Students graduated from the Teaching Hospital in June, 2013.

Population

According to Amrhein, Trafimow, and Greenland (2019), a population is a group of people who are of interest to the researcher and satisfy the criteria that the researcher is interested in investigating, or a group of people who share some features. The population, according to Saunders, Thornhill, and Lewis (2007), is the whole collection of cases from which a sample is taken. The population may be thought of as the target group about whom the researcher wants to learn more and develop conclusions (Leedy & Ormrod, 2010; Robson, 2002). The entire number

of health personnel at the Cape Coast Teaching Hospital was included in the population. The target population was expected to be 213 health workers from the Cape Coast Teaching Hospital (Division of Human Resource, Cape Coast Teaching Hospital, 2021). Medical officers, nurses, clinical officers, lab technicians, and procurement officers are among the people targeted, with the exception of cleaners and drivers. These types of health personnel were chosen to conduct the study because they had the necessary features for this type of research.

Sampling Procedure and Sample

A sample frame is made up of all the things in the population that the researcher is interested in (Cox & Hassard, 2005). The current study used the health workers at the Cape Coast Teaching Hospital as a sample frame. Purposive sampling was used in the study, which exclusively included top managers (professionals) from the Cape Coast Teaching Hospital. They were chosen because they had the necessary knowledge for solving the research challenge. The sample size is the number of respondents utilized by a researcher to collect data that will be used to represent the overall population (Saunders, Lewis, & Thornhill, 2012). The study followed Mugenda and Mugenda (2003) guidelines, which stated that a sample size of 10% -30% is sufficient for statistical analysis. The researcher chose to sample 25% of the population hence the sample size was 54 respondents.

Table 1: Sample Respondents Distribution

Official	Number of Officers	Sample Respondents	Proportion
Medical Officers	26	7	12.9%
Nurses	73	18	33.3%
Clinical Officers	43	11	20.4%
Lab Technicians	47	12	22.2%
Procurement Officers	24	6	11.1%
TOTAL	213	54	100%

Source: Field survey (2022)

Data Collection Instrument

The study utilized a primary data. Questionnaire was used to gather primary data. The questionnaires were closed-ended questions. The use of a questionnaire as an instrument of research usually gives the respondents sufficient time to provide well-thought replies within the questionnaire items and enable large samples to be covered in a short time (Creswell, 2013).

Validity and Reliability

In order to ensure content validity of the instrument, the study ensured proper definition measuring items, scale scrutiny by experts and scale pre-testing. These were in line with the principles of McDaniel and Gates (1996). Reliability and validity are two key components to be considered when evaluating a particular instrument. The level of the reliability of an instrument is measured by Cronbach’s Alpha value (Saunders & Lewis, 2012). As posited by Pallant (2016), Cronbach’s

alpha coefficient for variables is generated to validate the reliability of the instrument. Pallant (ibid) also indicates that scales with a Cronbach’s alpha coefficient of 0.70 and above are considered reliable. However, studies such as Boohene, Agyapong and Asomaning (2012) support coefficient of 0.5. The results of the pre-test were used to assess the reliability of the instrument. The result is presented in Table 2.

Table 2: Questionnaire Items and Their Reliability Coefficients

Variable	Questionnaire Items	Cronbach's Alpha
Procurement Process	6	0.798
Budgetary Allocation	6	0.775
Leadership Process	6	0.811
Implementation of health policy	5	0.754

Source: Field survey (2022)

Table 2 provided the values of Cronbach’s alpha for all the variables. It appears from the table that the values of Cronbach’s alpha ranged between 0.754 and 0.811. These values are all well above the minimum value of 0.50. In this case, based on the criteria of Boohene, Agyapong and Asomaning (2012), it can be concluded that all the items of measurement showed a high level of reliability and have an acceptable level of reliability.

Data Collection Procedure

Permission for the data gathering effort at the University of Cape Coast was obtained from the university's authority when a letter from the University of Cape

Coast's Graduate School of School of Business was delivered to the hospitals' authorities. The initial data gathering was then given permission. The researcher was then given access to the sample frame. All participants were informed about the study's goal. The respondents' consent was requested. On certain agreed-upon terms, a date for the distribution of the questionnaire to the participants was determined. Respondents agreed to complete the survey during their lunch break and would not be compelled to answer any questions they did not understand or agree to.

The respondents completed the questionnaire themselves. The primary data gathering exercise was additionally aided by trained research assistants. The processes outlined above aided the researcher in gathering the information needed to analyze the study goals. The poll was conducted on January 17th, 2022, and the results were obtained on February 20th, 2022.

Response Rate

In this study, the sample size was 54 health workers at the Cape Coast Teaching Hospital. This means that a total of 54 questionnaires were issued from which all were filled and returned which represents a response rate of 100%. This means that, there were no unreturned or unused data as it can be seen in Table 2.

Table 3: Response Rate

Questionnaire	Count	Percentage (%)
Returned	54	100
Non-Returned	0	0
Total	54	100

Source: Field survey (2022)

The 100% return rate was considered to be satisfactory based on Mugenda and Mugenda (2008) who opined that a response rate of 50% is enough for analysis and reporting; a rate of (60%) is good and a response rate of (70%) and over is excellent. The high response rate was accredited to the fact that the candidate had contacts in the study area and that facilitated the data collection process. Besides, the candidate personally administered the questionnaires and made a lot of efforts to make many follow-ups between research assistants and the respondents calls to clarify queries with the intention to improve the high response rate.

Data Processing and Analysis

Data analysis, according to Vonrhein et al. (2011), comprises simplifying data and interpreting it in a way that answers the research questions. Yan, Wang, Zuo, and Zang (2016) described data analysis as the act of giving order, structure, and meaning to a large amount of data, as stated by Mertens (2005). The act of editing, cleansing, converting, and modeling data with the objective of emphasizing relevant information, providing suggestions, drawing conclusions, and assisting decision-making is known as data analysis (Lyashenko, Deineko, Zeleniy, & Tabakova, 2021). The application of analytics necessitates the transformation of complicated data into useful and actionable information (Imanbayev, Sinchev, Sibanbayeva, Mukhanova, Nurgulzhanova, Zaurbekov, & Baibolova, 2021). Brink, Van der Walt and Rensburg (2012) indicated that the main aim of data analysis is to organize, give structure to and derive meaning from data.

The major focus of data analysis in quantitative research is selecting how to examine the data obtained in order to provide answers to the research questions

addressed (Kumar, 2011). The Statistical Package for Services Solution (SPSS) version 26 was used as the statistical instrument for this investigation. The descriptive analysis based on the study's questions was done using SPSS. The characteristics of the respondents were determined using descriptive statistics (frequency and percentages).

Ethical Consideration

According to Saunders, Lewis, and Thornhill (2007), any social researcher should get consent from respondents by articulating their aims explicitly and adhering to study ethics. As a result, the respondents were advised of their anonymity and confidentiality. The interviewees were guaranteed that their identities would not be revealed by the researcher. As a result, all information obtained from them (respondents) would be treated with the utmost secrecy. In addition, the researcher advised the respondents that they were free to stop responding at any time if they so desired. Finally, the researcher did not intentionally deceive study participants by withholding information regarding the study's potential dangers, pain, or advantages.

Chapter Summary

This chapter explained in details the methodology followed in carrying out the research. The theoretical foundation of the study, research approach, research design, sampling technique, procedures for data collection, data collection instrument and data analysis were thoroughly discussed. The positivism research paradigm was used as the theoretical foundation of the study. The quantitative research approach was employed for the study because the data collected using

questionnaire was quantitatively analyzed by using both descriptive and inferential statistics. Descriptive research design was adopted to ensure objectivity in the research process. The data collection instrument used was a 5-Likert scale questionnaire. The Statistical Package for Social Sciences (SPSS) version was the software used to analyze the data.



CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

The main research objective of the study, to examine *the influence of effective implementation of health policy in the health sector: a case of Cape Coast Teaching Hospital, Ghana*. Based on this main research objective, specific objectives were used to achieve the study goal. In line with these original research objectives and the method used, this chapter provides the findings and discussions which reflect on the specific objectives as outlined in Chapter one. The demographic profile of the respondents is presented in the first part. The descriptive and inferential (correlation) statistics results are presented in the second portion of the chapter in line with the study's particular goals. Finally, each discovery is followed by a lengthy explanation.

Socio-Demographic Characteristics of Respondents

In order to understand the demographic characteristics of the respondents, the study deemed it fit to find out the demographic data of the respondents. The demographic characteristics of respondents were in relation to gender, age, level of education of the health officers at the Cape Coast Teaching Hospital, and employees' years of work in the organisation. Table 4 presents demographic statistics on the frequencies and percentages of responses to gender received from the respondents. The results obtained in relation to socio-demographic characteristics of the respondents are shown in Table 4.

Table 4: Background Information of Respondents

Variable	Frequency	Percentage (%)
Gender		
Male	31	57.4
Female	23	42.6
Age		
0- 30years	3	5.5
31-40years	26	48.1
41-50years	21	38.9
51years and above	4	7.4
Level of Education		
Diploma	14	25.9
Degree	36	66.7
Professional	4	7.4
Level of Work Experience		
0-5 years	11	20.3
6-10 years	21	38.9
11-15 years	7	13.0
16 years and above	15	27.8
TOTAL	54	100.0

Source: Field survey (2022)

In this study, there were obviously more male participants than female participants, as seen in Table 4. Males made up more than half of the responders (57.4%), with females accounting for the remaining 42.6 percent. This implies that a lot of males appeared to have been employed as health workers at the Cape Coast Teaching Hospital, Ghana. However, with respect to gender inequality in terms of employment in the country, it is surprising.

According to the age distribution of the respondents, the majority of them are between the ages of 30 and 40, accounting for 52.6 percent of the total. This higher percentage health workers gives the impression that there are more youthful health workers within the various units at the Cape Coast Teaching Hospital. Again, the results reveal that the majority of respondents (48.1%) were between the ages of 31 and 40, implying that the majority of the respondents in the service are in their prime years and that the organization has a lot of potential for future growth. Furthermore, the majority of responders (38.9%) were between the ages of 41 and 50. The least age group was those between 51 years and beyond representing (7.4%) in the institution. The overall implication is that relatively a small percentage number of employees are matured and presumably experienced in their career in the institution.

With the educational levels of the health workers listed in the table, it was also discovered that 14 responders (25.9%) possessed a diploma. In addition, 36 of them (66.7%) were discovered to be degree holders, indicating the greatest percentage of employees at the Cape Coast Teaching Hospital. Finally, 4 employees (7.4%) had received professional training. It is clear from the table that the majority

of the institution's employees believe that education is critical to the country's development. The study results from the table highlight the significance that the organisation attaches to education as most workers in the company are qualitatively gifted with educational prowess.

When it came to how long each employee had been with the Cape Coast Teaching Hospital, it was discovered that the majority of them had between 6 and 10 years of experience as health workers at the Cape Coast Teaching Hospital. Within these years, (38.9%) had worked within them, while (20.3%) had worked within the years of 1 years and 5 years. This is followed by those who had worked between 11 and 15 years with a total number of (13.0%) while those who have worked for 16 years and above make up (27.8%).

Findings of the Main Study Objectives

This section gives the findings and analyses based on the study's three main questions. The data is analyzed using both descriptive and inferential statistics. The research is descriptive in nature and uses a quantitative technique, as stated in the methodology section. The findings and analyses are organized chronologically according to the study's stated goals.

Objective One: To determine the influence of procurement process on the implementation of health policy within Cape Coast Teaching Hospital

The first research objective sought to ascertain the influence of procurement process on the implementation of health policy within Cape Coast Teaching Hospital. In this study, respondents were presented with six (6) statements that depicted some of the activities under procurement process. This study measured the

independent variable procurement process, using the Likert scale of 1-5, 1 being - Strongly Disagree, 2 being Disagree, 3 being Neutral, 4 Agree and 5 being Strongly Agree. This was to show the extent to which proper procurement process was existent in the Cape Coast Teaching Hospital. The results were transformed and regressed against the implementation of health policy. In line with objective, a Pearson’s Correlation was performed to determine the statistical value of the strength of a linear relationship between procurement process and health policy implementation. Table 5 below indicates the result.

Table 5: Procurement Process Descriptive

	N	Mean	Std. Deviation
There is better supplier relationship at the Cape Coast Teaching hospital	54	4.112	1.359
There is increased centralization of procurement process at the Cape Coast Teaching hospital	54	3.862	1.290
The hospital has adopted inventory management	54	3.237	1.224
There is increased digitalization of the procurement process at the Cape Coast Teaching hospital	54	3.362	1.434
There is better coordination with the national government at the Cape Coast teaching hospital	54	3.787	1.309
The Cape Coast Teaching hospital enjoys economies of scale in the procurement process	54	3.625	1.520

Source: Field survey (2022)

Findings indicate that there is agreement among respondents that there is better supplier relationship at the Cape Coast Teaching hospital as indicated by a mean of 4.1125. Results also indicate agreement among respondents that there is increased centralization of procurement process at the Cape Coast Teaching hospital as indicated by a mean of 3.8625 and a variation of 1.29012 showing high dispersion. In regard to the hospital has adopted inventory management at the Cape Coast Teaching hospital, there was disagreement among respondents as indicated by mean of 3.2375. Findings also show disagreement that their increased digitalization of the procurement process at the Cape Coast Teaching hospital as indicated by mean of 3.3625. In regard to the hospital enjoys economies of scale in the procurement process, there was agreement as shown by a mean of 3.7875. Concerning there is better coordination with the national government at the Cape Coast Teaching hospital procurement process, there was agreement as indicated by a mean of 3.625. These results are consistent with Hashim, Sapri, and Low (2016) who note that public private partnership have fostered the procurement system within the healthcare sector. Kanda and Iravo (2015) also note that there is efficiency in the supply chain of medical supplies within the public health systems.

Further, the Pearson correlation analysis and regression was adopted to examined the relationship and effect of the procurement process and its health policy implementation.

Table 5: Correlation between Procurement process and Implementation of Health policy

		Implementation of Health policy	Procurement Process
Implementation of Health policy	Pearson	1	.298**
	Correlation		
	Sig. (2-tailed)		.000
	N	54	54
Procurement Process	Pearson	.298**	1
	Correlation		
	Sig. (2-tailed)	.000	
	N	54	54

****.** Correlation is significant at the 0.01 level (2-tailed).

Source: Field survey (2022)

From the table 5 it can be noted that the value of Pearson correlations given in the table shows that the correlation coefficient is 0.298 and this demonstrates that Procurement process has a positive correlation with Implementation of Health policy. The results from Table 5 show the value of the R- Correlation Coefficient (Pearson Correlation Co-efficient). The R value represents the Pearson Correlation coefficient. The R-value of 0.298 indicates a moderate relationship between Procurement process and Implementation of Health policy.

Cohen (1992) recommends using the following recommendations to evaluate correlation coefficient magnitude: $r=.10$ to $.29$ or $r=-.10$ to $-.29$ small, $r=.30$ to $.49$ or $r=-.30$ to $-.49$ medium, and $r=.50$ to 1.0 or $r=-.50$ to -1.0 large. Procurement process and Implementation of Health policy.

Table 6: T-value on the relationship between Procurement process and Implementation of health policy

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.375	.294		4.150	.000
Procurement Pr.	.153	.060	.274	2.554	.013

a. Dependent Variable: Implementation of Health Policy

Source: Field survey (2022)

In order to determine the extent to which Procurement process influence on Implementation of Health policy, a simple linear regression was also carried out and the results had been depicted in Table 7.

Table 7: Model Summary of Procurement process influence on Implementation of Health policy

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.274	.075	.072	.003

a. Predictors: (Constant), Procurement process

b. Dependent Variable: Implementation of Health policy

Source: Field survey (2022)

According to Fidell, Tabachnick, Mestre, and Fidell (2013), a statistically significant figure of $p=.000$ is required for social science research, and a significant level of less than or equal to $.05$ is required. If this condition is fulfilled, the independent variable performs an excellent job of explaining the dependent variable's fluctuation. The t -value in this study is substantially below $.05$ ($=.003$). As a result, the R and R^2 between Procurement process and Implementation of Health policy are considerable, implying that Procurement process has a considerable impact on Implementation of Health policy.

The T-Value table (table 6) in the SPSS output provides information that is helpful in comprehending the regression equation. The numerical value for the first row, labelled (constant), in the column marked unstandardized coefficient and sub-column B, is the value for the intercept (a) in the regression equation. The significant value $p= 0.000$ for the constant is less than 0.05 , while the significant value $p= 0.000$ for the independent variable is less than 0.05 . A significant value of 0.05 , according to Pallant (2013), implies that the variable has a considerable influence on the dependent variable. As a result, it can be inferred that Implementation of Health policy is influenced by Procurement process. The table also reveals a Beta of $.274$, which implies a high influence of the independent variable on the dependent, according to Fidell, Tabachnick, Mestre, and Fidell (2013).

The implication of these results is that with the right Procurement Process strategy employed by the management of the Cape Coast Teaching hospital

significantly improves the implementation of health policies. The findings of this study confirm and are supported by loads of findings with respect to studies conducted in terms of health policy implementation. Banchani and Tenkorang (2014) acknowledges that an effective procurement and supply system is key to successful implementation of maternal healthcare.

Objective Two: To examine the effect of budgetary allocation on the implementation of health policy within Cape Coast Teaching Hospital

The second objective of the study was to assess the effect of budgetary allocation on the implementation of health policy within Cape Coast Teaching Hospital. This study measured the independent variable budgetary allocation using the Likert scale of 1-5, 1 being - Strongly Disagree, 2 being Disagree, 3 being Neutral, 4 Agree and 5 being Strongly Agree. This was to show the extent to which budgetary allocation was existent in the institution. The purpose was to establish whether budgetary allocation influences on implementation of health policy in the institution. Data was collected on the various activities under budgetary allocation in the institution. Respondents were presented with six budgetary allocation statements. The results were transformed and regressed against implementation of health policy. For the purpose of achieving the objective, the statistical value of the strength of the descriptive, a linear relationship between budgetary allocation and implementation of health policy was conducted by the use of a Pearson's Correlation analysis. Table 8 below indicates the result of the descriptives.

Table 8: Budgetary Allocation Descriptive

	N	Mean	Std. Deviation
There is increased resource mobilization for the Cape Coast Teaching Hospital	54	1.525	0.573
The hospital has adopted better resource utilization measures within the Cape Coast Teaching Hospital	54	1.225	0.420
The hospital has implemented better resource disbursement process within the health sector	54	1.487	0.503
There is efficient release of budgetary funds at the Cape Coast Teaching Hospital	54	1.437	0.499
There is better resource planning at the Cape Coast Teaching Hospital	54	1.487	0.503
The Cape Coast Teaching hospital has adopted better budgetary control	54	1.337	0.475

Source: Field survey (2022)

In regard to there is increased resource mobilization for the health sector at the Cape Coast teaching hospital, there was strong disagreement among respondents as indicated by mean of 1.5250. In regard to the Cape Coast teaching hospital has adopted better resource utilization measures, there was neither agreement nor disagreement among respondents as shown by a mean of 1.225. Results also show strong disagreement at the Cape Coast teaching hospital has implemented better resource disbursement process within the health sector as indicated by a mean of 1.4875 and dispersion of .50300 showing minimal variation. Findings also show strong disagreement that there is efficient release of budgetary

funds at the Cape Coast teaching hospital as indicated by a mean of 1.4375. Concerning there is better resource planning at the Cape Coast teaching hospital, there was strong disagreement as shown by mean of 1.4875. Findings also indicate that respondents neither agreed nor disagreed that the Cape Coast teaching hospital has adopted better budgetary control within the health sector as indicated by a mean of 1.3375 and variation of .47584 showing minimal dispersion in responses. Pyone, Smith, and van den Broek (2017) also notes that poor budgetary disbursement, misaligned incentives and lack of elaborate fiscal policies limited the service delivery and governance of the health system. Kimathi (2017) holds similar sentiments and indicates that inadequate budgetary allocations, deficiency of the human resource, corruption, a lack of critical legal and institutional infrastructure affected the devolution of the healthcare sector.

Further, the Pearson correlation analysis and regression was adopted to examined the relationship and effect of the procurement process and its health policy implementation.

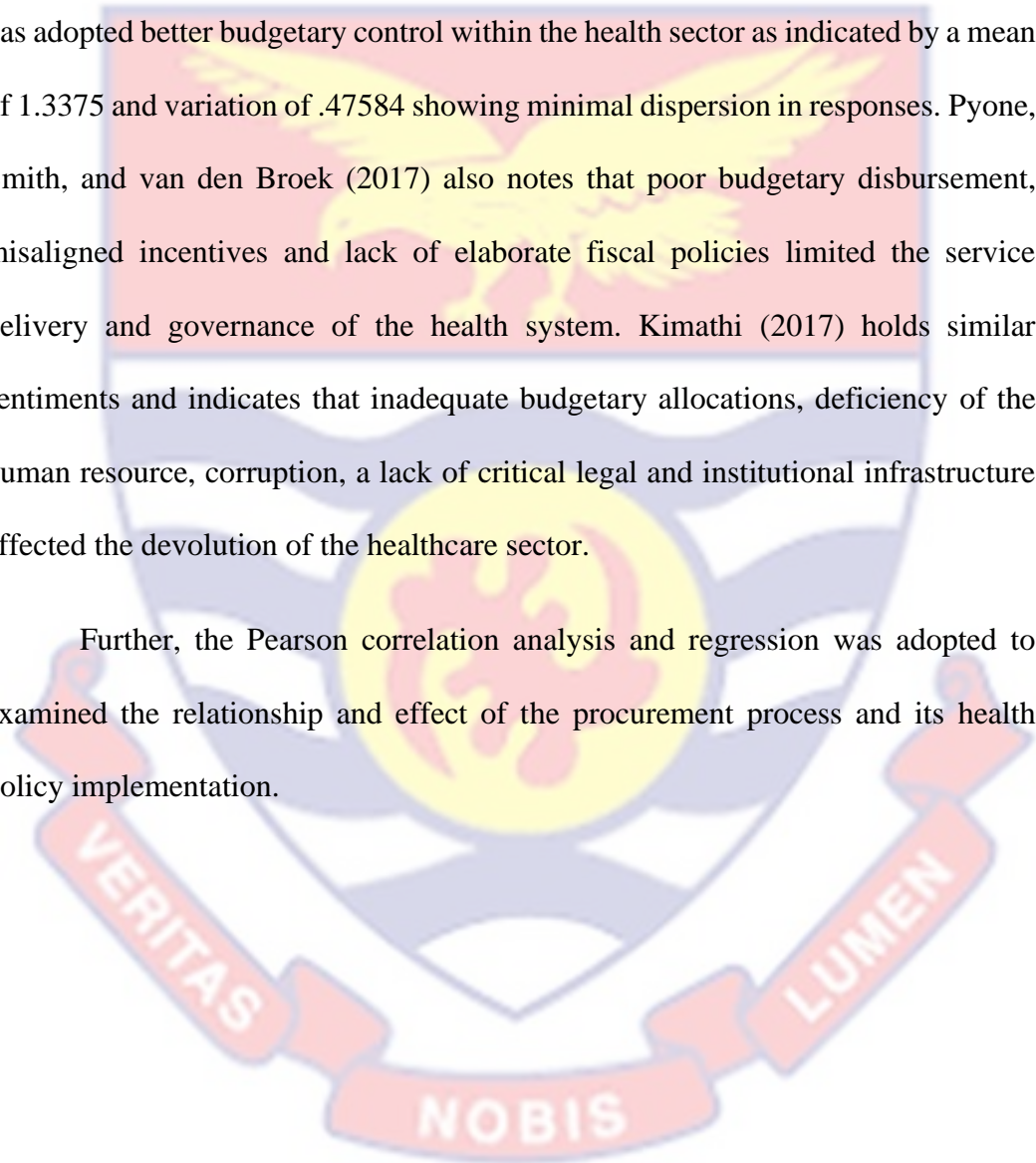


Table 9: Correlation between Budgetary Allocation and Implementation of health policy

		Implementation of health policy	Budgetary Allocation
Implementation of health policy	Pearson Correlation	1	.739**
	Sig. (2-tailed)		.038
	N	54	54
Budgetary Allocation	Pearson Correlation	.739**	1
	Sig. (2-tailed)	.038	
	N	54	54

****.** Correlation is significant at the 0.01 level (2-tailed).

Source: Field survey (2022)

From table 9, it can be realised that the value of Pearson correlations given in the table shows the correlation coefficient of 0.739 which is significant at 0.05. This demonstrates that Budgetary allocation has a positive correlation with Implementation of health policy. The Pearson Correlation coefficient (R-value of 0.739 indicates a large relationship between Budgetary allocation and Implementation of health policy. The results indicate a positive relationship between Budgetary allocation and Implementation of health policy at the Cape Coast Teaching hospital. This positive connection between the two variables (independent and the dependent) is confirmed by the t-test result which also showed a significant outcome as it can be seen in table 10 below.

Table 10: T-Value on the Relationship between Budgetary allocation and Implementation of health policy

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	.037	.233		4.150	.000
Budgetary alloc.	.745	.152	.739	9.938	.006

a. Dependent Variable: Implementation of Health Policy

Source: Field survey (2022)

The table marked coefficients (table 10) in the SPSS output gives information that is helpful in comprehending the regression equation. The numerical value for the first row, labelled (constant), in the column marked unstandardized coefficient and sub-column B, is the value for the intercept (a) in the regression equation. Both the independent variable and the constant have a significant value of $p=0.000$, which is less than 0.05. A significant value of 0.05, according to Pallant (2015), implies that the independent variable has a considerable influence on the dependent variable. As a result, it can be inferred that Budgetary allocation, has a major influence on implementation of health policy at the Cape Coast Teaching hospital. The table also reveals a Beta of .739, indicating that the independent variable has a significant influence on the dependent.

Table 11: Model Summary of Budgetary allocation on Implementation of Health Policy

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.739	.546	.544	.006

a. Predictors: (Constant), Budgetary allocation

b. Dependent Variable: Implementation of health policy

Source: Field Survey (2022)

The result from Table 11 shows the R- Correlation Coefficient and the R-Square-Coefficient of Determination. The R Square value of .546 indicates that about 54.6% of the variation in the Implementation of health policy at the Cape Coast Teaching hospital is accounted for by Budgetary allocation, the remaining variation in workplace innovation may be due to other factors not captured in this study. The R value represents the Pearson Correlation coefficient. The R-value of 0.739 indicates a large relationship between Budgetary allocation and Implementation of health policy. The results indicate a positive relationship between Budgetary allocation and Implementation of health policy at the Cape Coast Teaching hospital. Table 9 assessed the statistical significance of the regression model.

The results of the Table 10 (T-Value) indicated a statistically significant figure of $p=.006$, as held up by Tabachnick & Fidell (2013), a significant level of less than or equal to .05 is necessary for social science research. In this analysis, the p -value is well below .05 ($p = .000$). Therefore, it can be concluded that the R and R^2 between Budgetary allocation and Implementation of health policy is

significant. The table in the SPSS output labelled coefficients (table 9) provides information that is useful for understanding the regression equation. Under the column marked unstandardized coefficient and sub-column B, the numerical value for the first row, labelled (constant), is the value for the intercept (a) in the regression equation. The significant value $p= 0.006$ is less than 0.05 for both the independent variable and the constant. Pallant (2015) points out that a significant value of <0.05 indicates that the independent variable has a significant impact on the dependent variable. It can therefore be concluded that, Budgetary allocation has a significant impact on the Implementation of health policy at the Cape Coast Teaching hospital. The table further shows a Beta of .739 which indicates a strong impact of the independent variable on the dependent. Mohammed, North, and Ashton (2016) found out that adequate financing and meeting budgetary requirements is key to fostering delivery of health services.

Objective Three: To examine the effect of leadership practices on the implementation of health policy within Cape Coast Teaching Hospital

The third research objective sought to establish the effect of leadership practices on the implementation of health policy within Cape Coast Teaching Hospital. Respondents were to determine the extent to which these leadership practices were observed at the Cape Coast Teaching hospital. The results were transformed and regressed against implementation of health policy. Thus, in order to determine the statistical measure of the strength the descriptive, a linear relationship between leadership practices and implementation of health policy, correlation analysis was performed.

Table 12: Leadership Practices Descriptive

	N	Mean	Std. Deviation
There is better decision making at the Cape Coast Teaching Hospital	54	1.237	0.428
There is an effective delegation of duty at the Cape Coast Teaching Hospital	54	1.575	0.545
There is an elaborate chain of command at the Cape Coast Teaching hospital	54	2.112	0.899
There is increased involvement of employees in the decision-making process	54	4.112	1.043
There is increased support from the executive management towards better health policy execution at the Cape Coast Teaching Hospital	54	4.250	0.974
There is adherence to ethical practices at the Cape Coast Teaching hospital	54	4.125	0.862

Source: Field survey (2022)

Concerning there is better decision making at the Cape Coast teaching hospital, the respondents neither agreed nor disagreed as shown by mean of 1.2375. Findings also indicate strong disagreement that there is an effective delegation of duty at the Cape Coast Teaching hospital as indicated by a mean of 1.5750. Results of study also indicate strong disagreement that there is an elaborate chain of command at the Cape Coast Teaching hospital as shown by mean of 2.1125. Talib, Rahman, and Azam (2011) also notes that participation and teamwork coupled with management commitment and efficient management are key to implementation of health care sector objectives. Findings also indicate agreement that there is increased involvement of employees in the decision-making process as shown by a

mean of 4.1125. Results also indicate agreement among respondents that there is increased support from the executive management of the Cape Coast Teaching Hospital towards better health policy execution as shown by mean of 4.2500 and a dispersion of .97345. The results of the research also show agreement that there is adherence to ethical practices at the Cape coast Teaching Hospital leadership team as indicated by a mean of 4.1250 and a variation of .86236. Gilson (2016) indicates that nurturing competency among the personnel and their involvement positively fosters health policy implementation. Njau, (2012) notes that employee recognition, involvement and arbitration of disputes by the leadership fosters the delivery of services within healthcare institutions.

Further, the Pearson correlation analysis and regression was adopted to examine the relationship and effect of the procurement process and its health policy implementation.

Table 13: Correlation between Leadership Practices and Implementation of Health policy

		Implementation of Health Policy	Leadership Practices
Implementation of Health Policy	Pearson Correlation	1	.280**
	Sig. (2-tailed)		.012
	N	54	54
Leadership Practices	Pearson Correlation	.280**	1
	Sig. (2-tailed)	.012	
	N	54	54

****.** Correlation is significant at the 0.01 level (2-tailed).

Source: Field survey (2022)

From table 13, it can be seen that the Pearson correlation coefficient value of ($r = 0.280$ $N=54$, $p < 0.012$) confirms that there is a positive linear correlation between the two variables (Implementation of health policy and Leadership Practices). Thus, it can be said that there is very moderate evidence to believe that both variables are positively related. The Pearson Coefficient Correlation (R-value) of 0.372 indicates a good relationship between Leadership practices and Implementation of health policy. Cohen (1988) recommends using the following recommendations to evaluate correlation coefficient magnitude: $r=.10$ to $.29$ or $r=-.10$ to $-.29$ small, $r=.30$ to $.49$ or $r=-.30$ to $-.49$ medium, and $r=.50$ to 1.0 or $r=-.50$ to -1.0 large. Leadership practices and Implementation of health policy have a considerable positive association, according to the findings.

Table 14: T-Value on the Relationship between Leadership Practices and Implementation of Health policy

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.258	.294		4.150	.000
Leadership Pra.	.260	.115	.245	2.264	.026

a. Dependent Variable: Implementation of Health Policy

Source: Field Survey (2022)

From Table 14, the significant value $p= 0.000$ is less than 0.05 for both the independent variable (Leadership Practices) and the constant. Pallant (2015) points out that a significant value of <0.05 indicates that the variable has a significant

impact on the dependent variable. It can therefore, be concluded that leadership practices had a significant impact on the implementation of health policy. The results further indicate a Beta of .245 which is statistically significant since $p=0.026$ and less than .05. In order to determine the extent of leadership practices influence on implementation of health policy, simple linear regression was also carried out and the results had been depicted in Table 15.

Table 15: Model Summary of Leadership Practices on Implementation of Health policy

Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate
1	.245	.060	.058		.026

a. Predictors: (Constant), Leadership Practices

b. Dependent Variable: Implementation of Health Policy

Source: Field survey (2022)

The Table 15 indicate an R Square value of .060 which showed that about 6.0% of the variation in Implementation of health policy at the Cape Coast Teaching Hospital is accounted for by leadership practices, the remaining variation in implementation of health policy may be due to other factors not captured in this study. The results of the T-Value in Table 14 indicate a statistically significant figure of $p=.026$, as held up by Tabachnick & Fidell (2013), a significant level of less than or equal to .05 is necessary for social science research. In this analysis, the p -value is well below .05 ($p = .026$). The table shows whether the model is statistically significant in interpreting the implementation of health policy at the Cape Coast Teaching Hospital, Cape Coast. Therefore, it can be concluded that the

R and R^2 between Leadership practices and implementation of health policy at the Cape Coast Teaching Hospital are significant.

This indicates that there is a statistically significant positive effect of leadership practices and implementation of health policy. A unit change in leadership practices will result in a .245-unit change in implementation of health policy. Rozenblum, Jang, Zimlichman, Salzberg, Tamblyn, Buckeridge, Tamblyn (2011) indicates that effective managerial execution will result in better e-health policy implementation. Shariff (2014) indicates that involvement of the management and leadership competency are key to development of health policy.

Chapter Summary

The chapter has provided an analysis of the data with respect to the key objectives of the study. The chapter began with a provision of key descriptive characteristics to understand the nature of the respondents of this study. The first objective indicated that Procurement had a positive significant effect on Implementation of health policy at the Cape Coast Teaching hospital. The second objective established that Budgetary allocation at the Cape Coast Teaching Hospital had a positive effect on the implementation of health policy within the institution. The third objective showed that Leadership practices had a significant impact on Implementation of health policy at the Cape Coast Teaching hospital.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

With reference to the findings identified in the previous chapter, this chapter presents a summary of the findings that emerged from the study and data analysis. It draws conclusions and makes recommendations on how best they can sustain and promote effective implementation of health policy in order to increase the productivity at the Cape Coast Teaching hospital. Finally, the suggestion for future research is also made.

Summary of the Study

The purpose of the study is to examine the influence of effective implementation of health policy in the health sector: a case of Cape Coast Teaching Hospital, Ghana. There were three main specific objectives, which the study aimed to achieve, and these included:

1. to determine the influence of procurement process on the implementation of health policy within Cape Coast Teaching Hospital.
2. to examine the effect of budgetary allocation on the implementation of health policy within Cape Coast Teaching Hospital.
3. to examine the effect of leadership practices on the implementation of health policy within Cape Coast Teaching Hospital.

The findings were based on the opinions of 54 health workers at the Cape Coast teaching hospital, which was considered by the researcher as the study area. The major research tool was a self-administered questionnaire. The questionnaire

was split into subscales and contains numerous questions (items). Each question had a maximum and lowest score ranging from 5 to 1, with 5 being Strongly Agreed, 4 denoting Agreed, 3 denoting Neutral, 2 denoting Disagreed, and 1 denoting Strongly Disagreed.

Key Findings

The Statistical Package for the Social Sciences (SPSS 26.0 edition) software was used to analyze the survey findings. The following is a summary of the primary findings as they pertain to the study's particular aims. The first goal of the study was to determine the influence of procurement process on the implementation of health policy within Cape Coast Teaching Hospital. Concerning the procurement process variable in the research the results indicate agreement among respondents that there is better supplier relationship, there is increased centralization of procurement process and there is better inventory management. The study findings also show there is better digitalization and coordination between the national government and the Cape Coast Teaching hospital in procurement process. Results indicate there is a significant and positive effect of procurement process on the implementation of health policy ($B=.274$, $Sig = .003 < .05$). The significant value showed $p= 0.003$ for the constant and $p= 0.000$ for independent variable showed a significant impact on the dependent variable as per Pallant (2013) criterion.

The second objective of the study was to examine the effect of budgetary allocation on the implementation of health policy within Cape Coast Teaching Hospital. In regard to the second variable the budgetary allocation within the local government respondents indicate there is poor resource mobilization and

utilization. Findings also indicate that there is poor disbursement process and resource planning at the Cape Coast Teaching Hospital. The results also show that there is lack of budgetary control at the Cape Coast Teaching Hospital. Findings indicate there is a significant and positive effect of budgetary allocation on the implementation of health policy ($B=.739$, $Sig = .006<.05$).

Moreover, the third research objective sought to examine the effect of leadership practices on the implementation of health policy within Cape Coast Teaching Hospital. With regard to the leadership practices at the Cape Coast Teaching Hospital, the respondents indicate there is lack of effective decision making and delegation of duty. The findings also show there is lack of an elaborate chain of command at the Cape Coast Teaching hospital. The results further show that there is an upsurge in employee involvement and support of the executive management in execution of health policies. Findings indicate there is a significant and positive effect of leadership practices on the implementation of health policy ($P=.245$, $Sig = .026<.05$).

Conclusions

The aim of this study was to influence of effective implementation of health policy in the health sector: a case of Cape Coast Teaching Hospital, Ghana. To achieve this aim, procurement process, budgetary allocation and leadership practices were examined on the effectiveness of health policy. The first goal of the study was to determine the influence of procurement process on the implementation of health policy within Cape Coast Teaching Hospital. Procurement process and Implementation of health policy were found to have a favorable and substantial

association, according to the findings. The research concluded that the Cape Coast Teaching hospital had been able to enhance the supplier relationship within the health sector through centralization, adoption of inventory management and digitalization of the procurement process. The study further concluded that, there was increased coordination in the procurement process which has resulted in better economies of scale. A unit change in procurement process will result in a .274-unit change in implementation of health policy

The study's second goal was to examine the effect of budgetary allocation on the implementation of health policy within Cape Coast Teaching Hospital. Based on the findings, it can be stated that budgetary allocation and implementation of health policy have a good and substantial association. The study further concluded that there is poor disbursement of health sector budgets which limits the resource utilization. The research further concludes that the health sector has faced limitations in mobilizing resources towards the health sector. The study further concluded that there is lack of resource planning and budgetary control at the Cape Coast Teaching hospital. A unit change in budgetary allocation will result in a .739-unit change in implementation of health policy

The study's final goal was to examine the effect of leadership practices on the implementation of health policy within Cape Coast Teaching Hospital. The findings revealed a strong positive and substantial relationship between leadership practices and implementation of health policy. The research also concluded that there is lack of effective decision making and delegation of duty within the health sector. The research further concludes that the Cape Coast Teaching hospital lacks

an elaborate chain of command in the health sector. The study also concluded that there has been an increase in employee involvement and ethical practices adherence within the leadership team of the health sector. A unit change in leadership practices will result in a .245-unit change in implementation of health policy

Recommendation

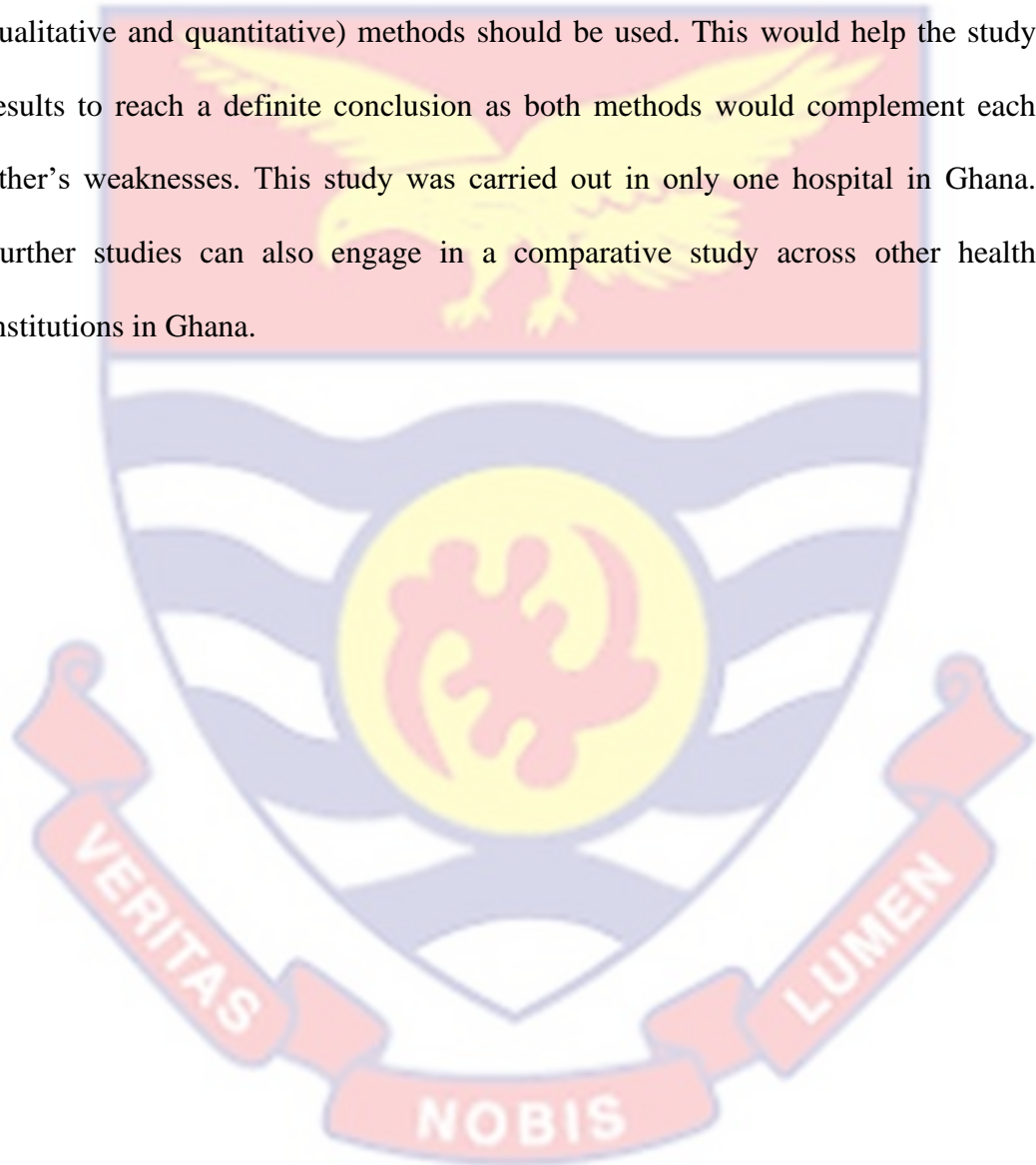
The research recommended that, the management of the Cape Coast Teaching hospital should enhance their technological innovations within the procurement process which would help the hospital in enhancing attainment of health sector goals. The study further recommended that more should be done to foster coordination in the supply systems as this will enhance medical supplies and provision of service delivery within the hospital.

The research recommended that, the management of the Cape Coast Teaching hospital should coordinate with the national government to foster the disbursement of budgetary allocations in order to reduce lags in the operations of the health sector. The study further recommended that more should be done to rein in on budgetary funds wastage through better funds control and adopting internal controls that can enhance resource utilization.

The study further recommended that more should be done by the leadership of the Cape Coast Teaching hospital in streamlining employee involvement and delegation of duties to foster service delivery. The study further recommends the formulation and implementation of an internal structure that will create a chain of command that can enhance efficiency in implementation of health policies.

Suggestions for Further Research

This study was based on quantitative analysis, as a result, the employees were not able to describe the situation and explain in detail the reasons behind the answers that were given. In view of this soon, the mixed method (that is, both qualitative and quantitative) methods should be used. This would help the study results to reach a definite conclusion as both methods would complement each other's weaknesses. This study was carried out in only one hospital in Ghana. Further studies can also engage in a comparative study across other health institutions in Ghana.



REFERENCES

- Ahsan, K., & Rahman, S. (2017). Green public procurement implementation challenges in Australian public healthcare sector. *Journal of Cleaner Production*, 152, 181-197.
- Aldosari, B. (2014). Rates, levels, and determinants of electronic health record system adoption: A study of hospitals in Riyadh, Saudi Arabia. *International journal of medical informatics*, 83(5), 330-342.
- Amoah, P. A., & Phillips, D. R. (2018). Health literacy and health: rethinking the strategies for universal health coverage in Ghana. *Public health*, 159, 40-49.
- Anyika, E. N. (2014). Challenges of implementing sustainable health care delivery in Nigeria under environmental uncertainty. . *Journal of Hospital Administration*, , 3(6), 113-126.
- Banchani, E., & Tenkorang, E. Y. (2014). Implementation challenges of maternal health care in Ghana: the case of health care providers in the Tamale Metropolis. . *BMC health services research*, , 14(1), 7.
- Bargain, O., & Aminjonov, U. (2020). Trust and compliance to public health policies in times of COVID-19. *Journal of public economics*, 192, 104316.
- Barney, J. (1991). Firm resources and sustained competitive advantage. *Journal of Management*, 17, 99-120.
- Baru, R., Acharya, A., Acharya, S., Kumar, A., & Nagaraj, K. (2012). Inequities in Access to Health Services in India: Caste, Class and Region. *Economic and Political Weekly*, 45(38), 49-58.

- Becker, G. (1975). *Human Capital. (2nd ed)*. New York: Columbia University.
- Beer, M., Spector, B., Lawrence, P., Mills, D., & Walton, R. (1991). *A Conceptual View of HRM. in Managing Human Assets*. New York: : Free Press.
- Bhakoo, V., & Chan, C. (2011). Collaborative implementation of e-business processes within the health-care supply chain: the Monash Pharmacy Project. *Supply Chain Management: An International Journal*, , 16(3), 184-193.
- Bhatia, J. (2014). Constraints to the quality of primary health care in rural Karnataka.
- Bloom, G. (2011). Building institutions for an effective health system: lessons from China's experience with rural health reform. *Social science & medicine*, 72(8), 1302-1309.
- Boadu, E. F., Sunindijo, R. Y., & Wang, C. C. (2021). Health and safety consideration in the procurement of public construction projects in Ghana. *Buildings*, 11(3), 128.
- Castillo, E. (2009). Process Optimization: A Statistical Approach, . *International Series in Operations Research and Management Science: Journal of Quality Technology*, 40(2).
- Chemei, G. (2021). *Influence of devolution on healthcare service delivery in Busia Local, Kenya* (Doctoral dissertation, Moi University).
- Cooper, R. D., & Schindler, S. (2014). *Business Research Methods*. Boston:: Irwin McGraw Hill.

- Cox, J. W., & Hassard, J. (2005). Triangulation in organizational research: A representation. *Organization Science*, 12: 109-133.
- Creswell, J. (2013). *Qualitative Inquiry and Research Design Choosing Among Five Approaches*. Los Angeles, CA: SAGE Publications.
- Delany, T., Lawless, A., Baum, F., Popay, J., Jones, L., McDermott, D., & Marmot, M. (2015). Health in All Policies in South Australia: what has supported early implementation?. *Health promotion international*, 31(4), 888-898.
- Druetz, T. (2018). Integrated primary health care in low-and middle-income countries: a double challenge. *BMC medical ethics*, 19(1), 89-96.
- Ernst, N., & Young, Y. (2012). *Turning Risk into Results: How Leading Companies Use Risk Management to Fuel Better Performance*.. New York: Sage Publications.
- Frimpong, S., Antwi, A. B., Sunindijo, R. Y., Wang, C. C., Ampratwum, G., Dansoh, A., ... & Mensah, P. A. (2022). Health status of young construction workers in the Global South: The case of Ghana. *Safety Science*, 148, 105673.
- Felício, J. A., Couto, E., & Caiado, J. (2014). Human capital, social capital and organizational performance, *Management Decision*, 52(2), 350 – 364.
- Gatonye, G. (2014). *Devolving Healthcare Systems*. The Standard Extra.
- Gilson, L. (2016). Everyday politics and the leadership of health policy implementation. *Health Systems & Reform*, 2(3), 187-193.
- Hanvoravongchai, P. (2013). Health financing reform in Thailand: toward universal coverage under fiscal constraints. *Springer Journals*.

- Hashim, H. A., Sapri, M., & Low, S. T. (2016). Public private partnership (PPP) facilities management for healthcare services in Malaysia: the challenges of implementation. *Journal of Facilities Management*, 14(4), 350-362.
- Heerdegen, A. C. S., Aikins, M., Amon, S., Agyemang, S. A., & Wyss, K. (2020). Managerial capacity among district health managers and its association with district performance: A comparative descriptive study of six districts in the Eastern Region of Ghana. *PLoS One*, 15(1), e0227974.
- Hitt, M. A., Ireland, R. D., & Robert, E. (2016). *Strategic Management: Concepts and Cases: Competitiveness and Globalization; 12th edition*. South-Western College Pub.
- Issahaku, Y., Thoumi, A., Abihiro, G. A., Ogbouji, O., & Nonvignon, J. (2021). Is value-based payment for healthcare feasible under Ghana's National Health Insurance Scheme?. *Health research policy and systems*, 19(1), 1-14.
- Jacobs, S. R., Weiner, B. J., Reeve, B. B., Hofmann, D. A., Christian, M., & Weinberger, M. (2015). Determining the predictors of innovation implementation in healthcare: a quantitative analysis of implementation effectiveness. *BMC health services research*.
- Kanda, M. K., & Iravo, M. A. (2015). Access factors affecting supply chain efficiency of medical supplies in public health centers in Kenya: a case study of public health centers in Elgeyo Marakwet Count. *Int J Acad Res Accounting Financ Manag Sci*, , 5, 2.

- Karisberg, D. W., & Pierce, R. G. (2014). Anonymity: An Impediment to Performance in Healthcare. . *Health Services Insights* , 7, 19-23
doi:10.4137/HIS.S14869.
- Kimathi, L. (2017). Challenges of the devolved health sector in Kenya: teething problems or systemic contradictions?. . *Africa Development* , 42(1), 55-77.
- KPMG. (2015). *Devolution of Healthcare Services in Kenya*. Nairobi, Kenya.
- Kubai, J. N. (2019). *The impact of devolution of health care systems in Kenya: a case study of Meru Local health facilities* (Master's thesis, Norwegian University of Life Sciences, Ås).
- La Rue, K. S., Alegre, J. C., Murei, L., Bragar, J., Thatte, N., Kibunga, P., & Cheburet, S. (2012). Strengthening management and leadership practices to increase health-service delivery in Kenya: an evidence-based approach. *Human resources for health*, 10(1), 25.
- Masara, S. (2014). *Kenya medical directory*. Nairobi: Express Communication.
- Mauti, J., Gautier, L., De Neve, J. W., Beiersmann, C., Tosun, J., & Jahn, A. (2019). Kenya's Health in All Policies strategy: a policy analysis using Kingdon's multiple streams. *Health research policy and systems*, 17(1), 15.
- McCollum, R., Otiso, L., Mireku, M., Theobald, S., de Koning, K., Hussein, S., & Taegtmeier, M. (2015). Exploring perceptions of community health policy in Kenya and identifying implications for policy change. *Health policy and planning*, 31(1), 10-20.
- Ministry of Health (2012). *Ghana Health Policy 2012-2030*: Nairobi. Ministry of Health.

- MoH. (2012). *The National Health Policy*. Ministry of Ghana.
- MoH. (2014). *The Ghana Health Policy, 2014–2030*. Ministry of health Ghana.
- Mohammed, J., North, N., & Ashton, T. (2016). Decentralisation of health services in Fiji: a decision space analysis. *International journal of health policy and management*, 5(3), 173.
- Muammer, Z., Selcuck, B., & Mete, S. (2008). Intellectual Capital and Innovation Performance. Empirical Evidence in the Turkish Automotive Supplier. *Journal of Technology Management and Innovation*, 3(4), 31-40.
- Mueller, D. H., Lungu, D., Acharya, A., & Palmer, N. (2015). Constraints to implementing the essential health package in Malawi. *PloS one*, 6(6), e20741.
- Muga, R., Kizito, P., Mbayah, M., & Gakuruh, T. (2015). Overview of the health system in Kenya. *National Coodinating agency for Population and Development*.
- Mugenda, O., & Mugenda, A. (2003). *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: Acts Press.
- Nanyunja, M., Nabyonga Orem, J., Kato, F., Kaggwa, M., Katureebe, C., & Saweka, J. (. (2011). Malaria treatment policy change and implementation: the case of Uganda. *Malaria research and treatment*, 2011.
- Nishii, L. (2011). Employee attitudes of the “Why” of HR practices: their effects on employee attitudes, citizen behavior and customer satisfaction. *Personnel psychology*. 61(3), 503-545.

- Njau, W. (2012). Challenges facing human resource management function at Kenyatta National Hospital. *Unpublished PhDThesis. Nairobi: University of Nairobi.*
- Njau, W. (2012). Challenges facing human resource management function at Kenyatta National Hospital. *Unpublished PhDThesis. Nairobi: University of Nairobi.*
- Nshimirimana, D. A., Mwaura-Tenambergen, W., Kokonya, D., & Adoyo, M. (2016). Effectiveness of the Devolved Primary Health Care Gatekeeper System in Machakos Local, Kenya. *American Journal Of Health Research*, 4(4), 91-99. 56
- Ochieng'-Springer, S. (2021). Governance and Public Administration During the COVID-19 Pandemic: Issues and Experiences in Kenya's Health System. *Politikon*, 1-20.
- Ogbuabor, D. C., & Onwujekwe, O. E. (2018). Implementation of free maternal and child healthcare policies: assessment of influence of context and institutional capacity of health facilities in South-east Nigeria. *Global health action*, 11(1), 1535031.
- Okech, C. T., & Lelegwe, L. (2016). Analysis of Universal Health Coverage and Equity on Health Care in Kenya, *Global Journal of Health Science*; Vol. 8, No. 7.
- Olowokere, A. E., Olajubu, A. O., Ayeni, I. E., & Aremu, O. O. (2020). Healthcare workers' knowledge and attitude towards prompt referral of women with postpartum haemorrhage in Nigeria: a community based

study. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 9(1), 335-342.

Ononokpono, D. N., & Odimegwu, C. O. (2014). Determinants of maternal health care utilization in Nigeria: a multilevel approach. . *The Pan African Medical Journal*, 17(Suppl 1).

Orodho, A. (2003). *Essentials of Educational and Social Science Research Method*. Nairobi: Masola Publishers.

Owuondo, P. A., Mwaura-Tenembergen, W., Adoyo, M., & Kiilu, E. M. (2015). Preparedness of Local Referral Health Facilities in Implementing Adolescent Friendly Health Services: A Case Study of Mama Lucy Kibaki Hospital. *Global journal of health science*, 7(6), 11.

Penrose, E. (1959). *The Theory of the Growth of the Firm*. Oxford: Basil Blackwell & Mott Ltd.

Ployhart, R., Van Iddekinge, C., & Mackenzie, W. (2011). Acquiring and developing human capital in service contexts: the interconnectedness of human capital resources. *The Academy of Management Journal*, 54(2), 353-68.

Price, D. P., Stoica, M., & Boncella, R. J. (2013). The Relationship between Innovation, Knowledge and Performance in family and non-family firms: An Analysis of SMEs. *Journal of Innovation and Entrepreneurship*, 2(14), 1-20. process evaluation. *International journal of health policy and management*, , 7(7), 603.

- Pyone, T., Smith, H., & van den Broek, N. (2017). Implementation of the free maternity services policy and its implications for health system governance in Kenya. *BMJ global health*, 2(4), e000249.
- Ranmuthugala, G., Plumb, J. J., Cunningham, F. C., Georgiou, A., Westbrook, J. I., & Braithwaite, J. (2011). How and why are communities of practice established in the healthcare sector? A systematic review of the literature. *BMC health services research*.
- Rees, C., & Johari, H. (2010). Senior Managers perception of HRM function during times of strategic organizational change. A case study of the public sector banking institutions in Malaysia. *Journal of Organizational Change Management.*, 23(5), 517-536.
- Republic of Kenya. (2010). *Delivery of Health Services, Report and Recommendations*. Nairobi: Government Printer.
- Resnick, D. (2018). *The devolution revolution: Implications for agricultural service delivery in Ghana* (Vol. 1714). Intl Food Policy Res Inst.
- Rozenblum, R., Jang, Y., Zimlichman, E., Salzberg, C., Tamblyn, M., Buckeridge, D., & Tamblyn, R. (2011). A qualitative study of Canada's experience with the implementation of electronic health information technology. *Cmaj*, 183(5), E281-E288.
- Saunders, M., Lewis, P., & Thornhill, A. (2012). *Research methods for business students (6th edition.)*. London: Pearson.

- Schneider, E. C., Shah, A., Doty, M. M., Tikkanen, R., Fields, K., & Williams II, R. D. (2021). Reflecting Poorly: Health Care in the US Compared to Other High-Income Countries.
- Sekaran. (2016). *Research Methods for Business. A skill building approach*. Sussex: John Wiley & Sons Ltd.
- Shankardass, K., Renahy, E., Muntaner, C., & O'campo, P. (2014). Strengthening the implementation of Health in All Policies: a methodology for realist explanatory case studies. *Health Policy and Planning*, 30(4), 462-473.
- Shariff, N. (2014). Factors that act as facilitators and barriers to nurse leaders' participation in health policy development. *BMC nursing*, 13(1), 20.
- Sousa, A., Scheffler, R. M., Koyi, G., Ngah, S. N., Abu-Agla, A., M'kiambati, H. M., & Nyoni, J. (2014). Health labour market policies in support of universal health coverage: a comprehensive analysis in four African countries. *Human resources for health*, 12(1), 55.
- Sperre Saunes, I., Karanikolos, M., Sagan, A., & World Health Organization. (2020). Norway: Health system review.
- Straus, S. E., Moore, J. E., Uka, S., Marquez, C., & Gülmezoglu, A. M. (2013). Determinants of implementation of maternal health guidelines in Kosovo: mixed methods study. *Implementation Science*, 8(1), 108.
- Talib, F., Rahman, Z., & Azam, M. (2011). Best practices of total quality management implementation in health care settings. *Health marketing quarterly*, 28(3), 232-252.

- Tama, E., Molyneux, S., Waweru, E., Tsofa, B., Chuma, J., & Barasa, E. (2018). Examining the implementation of the free maternity services policy in Kenya: a mixed methods.
- Teece, D. J., Pisano, G., & Shuen, A. (1997). Dynamic capabilities and strategic management. *Strategic Management Journal*, 18(7), 509-533.
- Ter-Akopov, G. N., & Kosinova, N. N. (2020). Health industry modernization: strategic priorities of development of the partnership of state and business (regional aspect). In *E3S Web of Conferences* (Vol. 161, p. 01023). EDP Sciences.
- Trott, D. P. (2008). *Innovation Management and New Product Development*, (4th ed.). New Jersey: Prentice Hall.
- Tsofa, B. K. (2017). Examining the effects of political decentralisation in Kenya on health sector planning and budgeting: a case study of Kilifi Local. *Doctoral dissertation, London School of Hygiene & Tropical Medicine*.
- Uneke, C. J., Ezeoha, A. E., Ndukwe, C. D., Oyibo, P. G., & Onwe, F. D. (2012). Enhancing leadership and governance competencies to strengthen health systems in Nigeria: assessment of organizational human resources development. *Healthcare Policy*, 7(3), 73.
- Vijayakumar, R. V., & Tamizhselvan, R. (2010). The Effect of Firm Size on Profitability of Firms in Nigeria. *Academic Journal*, 38(3), 412-443.
- World Bank. (2005). *A Country Status Report on Health and Poverty*. Washington, D.C.: World Bank.

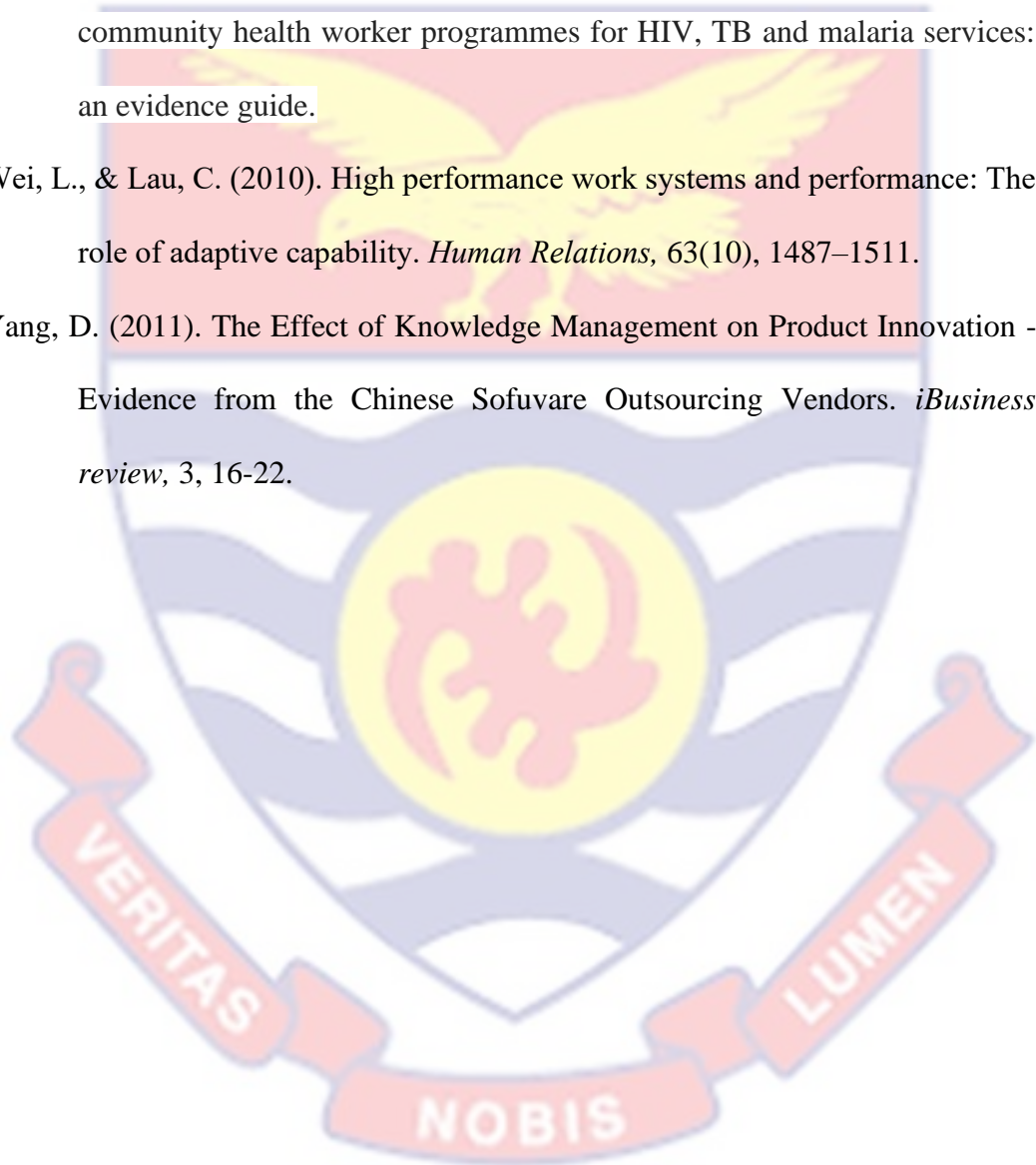
World Bank. (2012). *Devolution without Disruption: Pathways to a Successful New Kenya*. . Nairobi: World Bank.

World Bank. (2015). *Health, Nutrition and Population: Country Status Report*.

World Health Organization. (2020). Health policy and system support to optimize community health worker programmes for HIV, TB and malaria services: an evidence guide.

Wei, L., & Lau, C. (2010). High performance work systems and performance: The role of adaptive capability. *Human Relations*, 63(10), 1487–1511.

Yang, D. (2011). The Effect of Knowledge Management on Product Innovation - Evidence from the Chinese Software Outsourcing Vendors. *iBusiness review*, 3, 16-22.



APPENDICES

APPENDIX A: INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST

SCHOOL OF BUSINESS

DEPARTMENT OF MANAGEMENT

Telephone: 03321 32440/32444 Ext. 219/220
Direct: 03321 37870
Telegrams: University, Cape Coast
Telex: 2552, UCC, GH.

UNIVERSITY POST OFFICE
CAPE COAST, GHANA



Dear Sir/Madam,

INTRODUCTORY LETTER FOR JOHN FRANCIS ABBAN

The bearer of this letter, JOHN FRANCIS ABBAN is an MBA (Management) student of the Department of Management, School of Business. He is writing his thesis on “**INFLUENCE OF EFFECTIVE IMPLEMENTATION OF HEALTH POLICY IN THE HEALTH SECTOR: A CASE OF CAPE COAST TEACHING HOSPITAL**”.

We would be grateful if you could assist him with the filling of the questionnaires and any other information that he may need to complete his work.

We appreciate your co-operation.

Yours faithfully,

Signed

N.O.O.

HEAD

APPENDIX B: QUESTIONNAIRE

UNIVERSITY OF CAPE COAST

SCHOOL OF BUSINESS

DEPARTMENT OF MANAGEMENT

Dear Respondent,

I am a student of University of Cape Coast, offering Master of Business Administration (Management) programme at the School of Business, Department of Management. This questionnaire is designed to ascertain information for my research work on the topic: **“INFLUENCE OF EFFECTIVE IMPLEMENTATION OF HEALTH POLICY IN THE HEALTH SECTOR: A CASE OF CAPE COAST TEACHING HOSPITAL”**. This research is in partial fulfilment of the requirement for the award of a Master of Business Administration Degree in Management at the University of Cape Coast.

All the answers you provide will be treated with the utmost confidentiality and for academic purpose only. Please feel free to answer the questions as candid as possible.

Thank you

John Francis Abban

SECTION A

SOCIO-DEMOGRAPHIC DATA OF RESPONDENTS

To answer a question, either tick [] or write short notes on the space provided where necessary.

1. Gender:

a. Male []

b. Female []

2. Age:

a. Below 30 years []

b. 31-40 years []

c. 41-50 years []

d. 51 years and above []

3. Level of Education:

a. Diploma []

b. 1st Degree []

c. 2nd Degree []

d. Professionals []

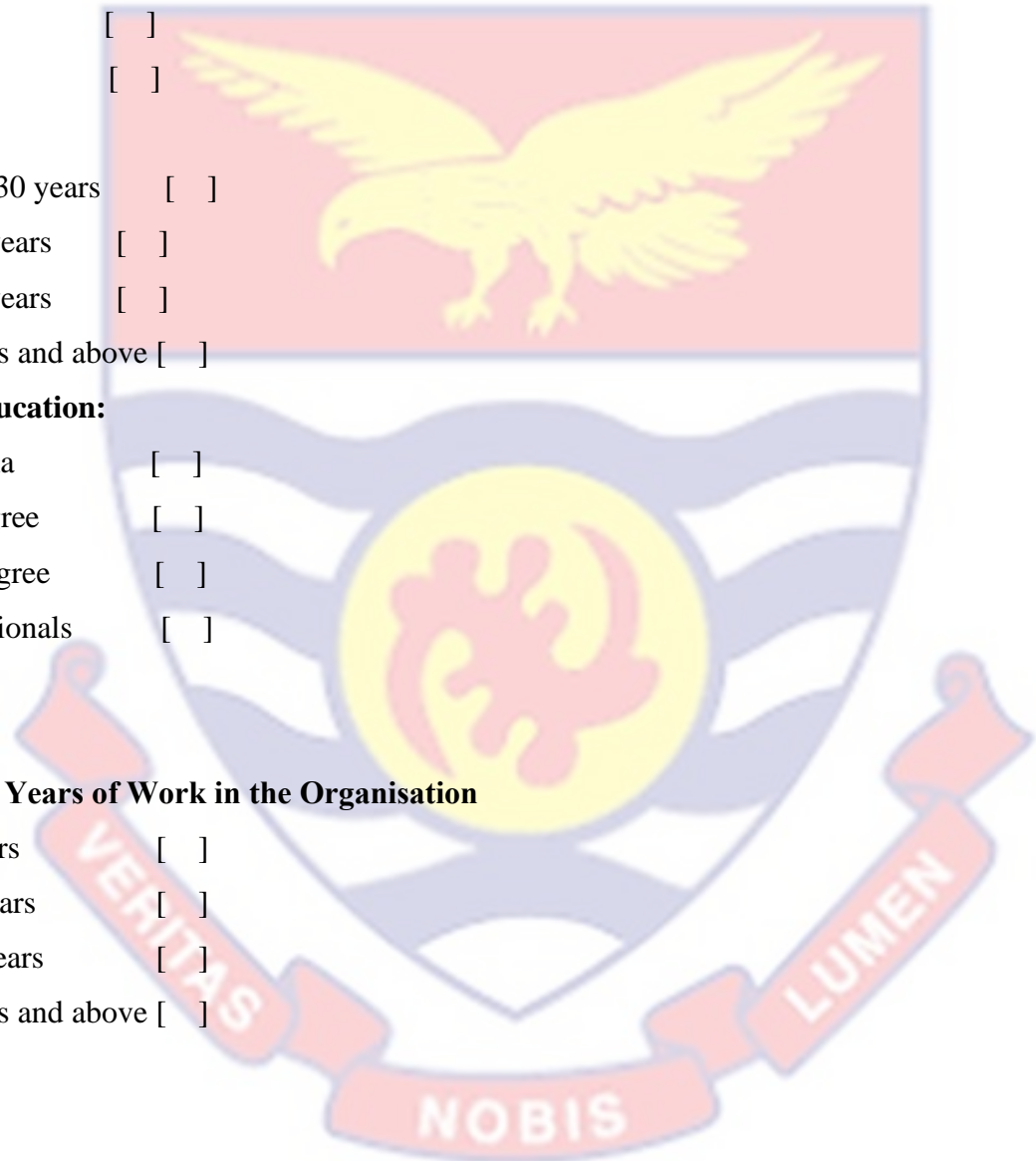
4. Employees' Years of Work in the Organisation

a. 1-5 years []

b. 6-10 years []

c. 11-15years []

d. 16 years and above []



PART B: Determinants of Implementation of Health Policy in Cape Coast Teaching Hospital

Please tick the level of agreement of the following statements as shown in the table.

Please indicate in the table with a tick (√) or a cross (×) with a scale of

1= Strongly Agree 2= Agree 3= Neutral 4= Disagree 5= Strongly Disagree

Part B: Procurement Process

No	Procurement Process	1	2	3	4	5
1.	There is better supplier relationship within the health sector in the Cape Coast Teaching Hospital					
2.	There is increased centralization of procurement process within the health sector in the Cape Coast Teaching Hospital					
3.	The local has adopted inventory management within the health sector in Cape Coast Teaching Hospital					
4.	There is increased digitalization of the procurement process within the health sector in Cape Coast Teaching Hospital					
5.	The local enjoys economies of scale in the procurement process for health institutions					
6.	There is better coordination with the national government in the health institutions procurement process					

Part C: Budgetary Allocation

No	Budgetary Allocation	1	2	3	4	5
1.	There is increased resource mobilization for the health sector within the Cape Coast Teaching Hospital					
2.	The local has adopted better resource utilization measures within the health sector in the Cape Coast Teaching Hospital					

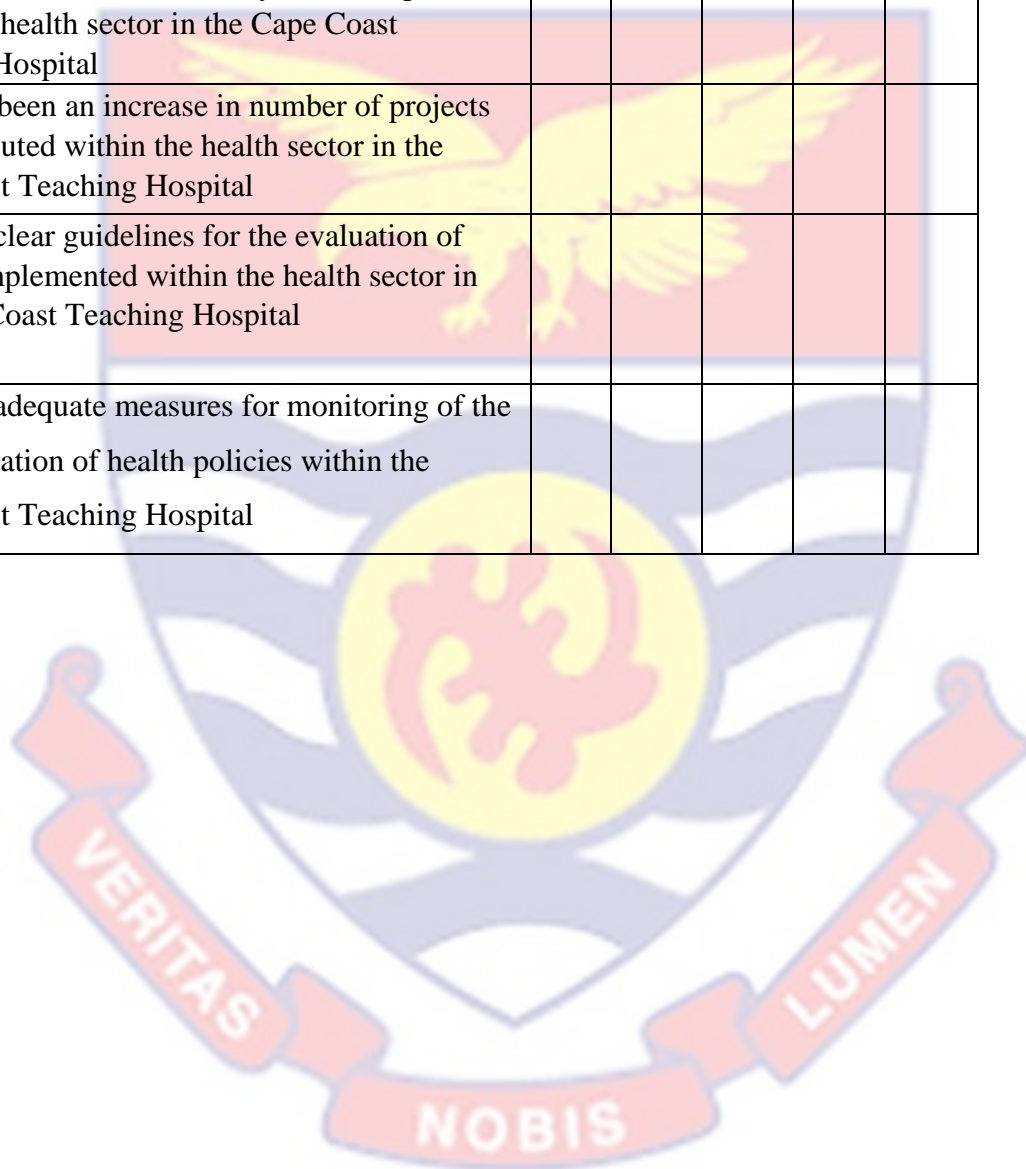
3.	The local has implemented better resource disbursement process within the Cape Coast Teaching Hospital					
4.	There is efficient release of budgetary funds towards the health sector within the Cape Coast Teaching Hospital					
5.	There is better resource planning within the health sector within the Cape Coast Teaching Hospital					
6.	The local has adopted better budgetary control within the Cape Coast Teaching Hospital					

Part D: Leadership Practices

No	Leadership Practices	1	2	3	4	5
1.	There is better decision making within the health sector in the Cape Coast Teaching Hospital					
2.	There is an effective delegation of duty within the health sector in the Cape Coast Teaching Hospital					
3.	There is an elaborate chain of command within the health sector in the Cape Coast Teaching Hospital					
4.	There is increased involvement of employees in the decision-making process					
5.	There is increased support from the executive management of the local towards better health policy execution					
6.	There is adherence to ethical practices among the health sector leadership team					

Part E: Implementation of Health Policy

No	Implementation of Health Policy	1	2	3	4	5
1.	There is increased attainment of policy goals within the health sector in the Cape Coast Teaching Hospital					
2.	There is increased sustainability of health policies within the health sector in the Cape Coast Teaching Hospital					
3.	There has been an increase in number of projects being executed within the health sector in the Cape Coast Teaching Hospital					
4.	There are clear guidelines for the evaluation of policies implemented within the health sector in the Cape Coast Teaching Hospital					
5.	There are adequate measures for monitoring of the implementation of health policies within the Cape Coast Teaching Hospital					



THANK YOU FOR PARTICIPATING