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Human resources management practices in hospitals: The case of the Bukavu Provincial General Referral Hospital in South Kivu, Democratic Republic of the Congo

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ABSTRACT

A hospital is an organisation comprising a range of functions, each with its own specific remit and assigned roles.

The aim of our study is to contribute to the improvement of human resources management based on the major issues identified at the HPGRB. This is a descriptive study with an analytical focus. The study was conducted amongst 384 staff members. Data were collected using standardised questionnaires and analysed statistically.

Following our investigations, we obtained the following results: the majority of respondents were permanent staff (86.4 per cent); staff recruitment is based on subjective criteria (63.6 per cent); a significant number of respondents acknowledge the efforts made by the hospital management to maintain a motivated workforce (36.6 per cent); out of a total of 566 staff members, only 37 receive the government salary (6.53 per cent) and 281 staff members receive the hazard allowance (49.65 per cent); the vast majority consider remuneration to be the key factor in retaining a motivated workforce.

Despite the reforms undertaken, one of the major problems remains the lack of a suitable human resources management policy in terms of motivation, recruitment, staff retention and remuneration of healthcare staff.

In conclusion, like other healthcare organisations that suffer from low human resources efficiency due to various unforeseen circumstances, the HPGRB is no exception; hence its mixed performance in human resources management.

Keywords: Management, human resources, practice, recruitment, remuneration, motivation and hospital.

I. Introduction

I.1. Research Question

In recent years, human resource management has become a strategic activity that creates a competitive advantage for organisations (Arcand G., 2006).

Human resources are now very prominently featured in management science literature as a key factor in organisational competitiveness. However, whilst the role of human resources activities in the pursuit of competitiveness is widely recognised, the nature and strength of the links between human resources management, strategy and organisational performance remain a subject of debate (Abdelaway Ait and Mohamed B., 2011).

Indeed, the employee is no longer merely a replaceable cog in the company's machine, but rather an intangible asset that organisations seek to attract, train, motivate, engage, guide and, above all, retain within the company. Consequently, companies must invest increasingly in their human capital (Jonathan F., 2007).

Human Resources departments (HRDs) today express a sense of unease that can be summed up in an existential question: 'What is our purpose? Are we serving the shareholders alone, or are we serving overall performance?' (Martory, Crozet, 2008).

Faced with the major challenges of economic and social development posed by business management, hospitals are called upon to fully fulfil the role assigned to them as the principal actors in the provision and development of healthcare (Aoudjit, Kenza Arab, Rafika, 2016).

At present, in hospitals, one cannot speak of human resources management but rather of staff administration. This is based on a logic of quantitative, financial and productivity-based rationalisation, which exacerbates the sense of unease within the hospital sector (Gallais C., 2010).

Staff management continues to suffer from a lack of forward-planning tools. Very few hospitals have a truly operational workforce planning unit. Promotion through the ranks and grades follows a mechanistic approach based primarily on seniority and, to a lesser extent, on merit. The legal framework is evolving slowly (Gallais C., 2010).

Management reforms require a fundamental overhaul of the legal framework governing hospital staff. This framework is primarily viewed in terms of staff numbers. (Besseyer Des Horts, 2022).

Developed countries also face the problem of the supply of healthcare staff. In France, for example, the number of healthcare professionals in training is regulated by the healthcare system; however, the existence of a surplus or a shortage is more closely linked to an uneven geographical distribution between urban and rural areas and to an imbalance between primary and secondary care specialists. (Bourgueil Y. 2006).

In developing countries, beyond economic, financial, political and natural factors, experts suggest that one of the major managerial challenges facing the development of these nations relates to the effectiveness of their human capital (Soufoyane and Peretti, 2005).

Some authors place particular emphasis on the lack of coordination between the education system and the labour market. This lack of coherence between the two systems often constitutes a major obstacle for businesses, which are unable to access human resources with the skills and qualifications necessary to ensure their development (Belout and Zimri, 2011).

Staff shortages, mismatches in skill sets, poor distribution of staff, barriers to interprofessional collaboration, inefficient use of resources, poor working conditions, gender-based distortions, and gaps in data on healthcare staff are evident in hospitals and undermine patient care (René Michaud, Amélie B., et al., 2020).

However, managing staff in the workplace is a challenging task that requires sound practices in recruitment, remuneration, career management and professional advancement, staff appraisal, training, and so on. All these practices are, in one way or another, significantly linked to staff performance in the workplace.

In the Democratic Republic of the Congo, the problems concerning human resources for health (HRH) can be summarised as an imbalance in the production of HRH and their inequitable distribution (SRSS, Ministry of Health, DRC, 2011).

There is a surplus of health workers in urban areas and a shortage in rural areas; low motivation and retention of health workers – due to low salaries and the high proportion of health workers receiving neither a salary nor a bonus – underlie this situation (Revised National Health Development Plan for the period 2019–2022: Towards Universal Health Coverage).

The failure of training programmes to meet users' needs, and the inadequacy of both basic and continuing professional development, are among the causes of the challenges in managing health resources in the Democratic Republic of the Congo. This situation is exacerbated by inadequate staff recruitment, poor utilisation of expertise and the inappropriate distribution of staff (Strategic Plan for Hospital Reform, 2010).

In South Kivu, the analysis shows that out of a total workforce of 10,634 staff in the provincial health division, including those at the intermediate level, 7,198 are not on the permanent payroll, representing 76.6 per cent. 4,949 receive the hazard allowance, representing 46.5 per cent, and only 479 receive a state salary, representing 4.5 per cent.

Although 46.5 per cent of staff receive the hazard allowance, this remains derisory and is unevenly distributed amongst the different categories of healthcare professionals (Cishagala F. L (2017).

The political instability, insecurity, adverse social conditions and economic crisis experienced in recent years have increased the demand for public health services and exacerbated the problem of resource management in hospitals in South Kivu in general, and at the Bukavu Provincial General Referral Hospital in particular.

When reviewing the efforts made to date in implementing national, regional and global strategies, it is clear that the main challenge lies in mobilising the political will and the financial resources essential in the long term for the health system and its cornerstone: its human resources. (Campbell J, Buchan J, Cometto G, David B, Dussault G, Fogstad H et al; 2013).

In light of the issue described above, our study raises the following question: 'What are the priority issues regarding human resources management at the Bukavu Provincial General Referral Hospital (HPGRB)?

I.2. Objectives

Overall objective

Broadly speaking, the aim of our study is to contribute to improving human resources management on the basis of the major issues identified.

Specific objectives

Specifically, our study aims to:

- Identify the priority issues relating to human resources management at the Bukavu Provincial General Referral Hospital (HPGRB);
- Describe the main human resources management practices at the HPGRB;
- Assess whether these practices have a positive impact on human resources performance at the HPGRB;

II. Materials and methods

Type of study

This is a descriptive study with an analytical focus.

Study site

The Bukavu Provincial General Reference Hospital (HPGRB) is a medical facility belonging to the Congolese State, established in 1927 and transferred in 1995 to the Archdiocese of Bukavu for management for a period of three years by the Ministry of Health, in accordance with partnership agreement No. MS.1257/21/002 of 24 April 1995. This agreement was amended in 1996 by Addendum No. 1250/CAB/MIN/SPF/0674/96 of 4 May 1996, extending the management period to 25 years.

The HPGRB is situated at the junction of three urban municipalities (Ibanda, Kadutu and Bagira) in the city of Bukavu, the capital of South Kivu Province.

The HPGRB serves as both the referral hospital for the city of Bukavu and South Kivu Province, and as the teaching hospital for the Catholic University of Bukavu and other universities and healthcare institutions in the city of Bukavu.

Currently, the HPGRB has 16 general wards and 52 private two-bed rooms. Its capacity is 450 beds out of a total of 500.

Its medical, paramedical, administrative and support staff comprise 566 members, including 96 doctors, 226 paramedics, and 244 administrative staff, technicians and support staff.

The Bukavu Provincial General Referral Hospital comprises three (3) governing bodies, namely: the Board of Directors, the Management Board and the Executive Committee.

Methodology

The literature review was the first stage of our research. We focused on the theoretical aspects of human resource management (HRM). Our approach is therefore deductive. To this end, we employed qualitative research techniques, namely: observation; participant observation; document analysis; a structured interview guide with semi-structured interviews with staff; and a quantitative survey using a questionnaire.

Sampling

By definition, a sample is a subset that comprehensively reflects the characteristics of the population from which it is drawn.

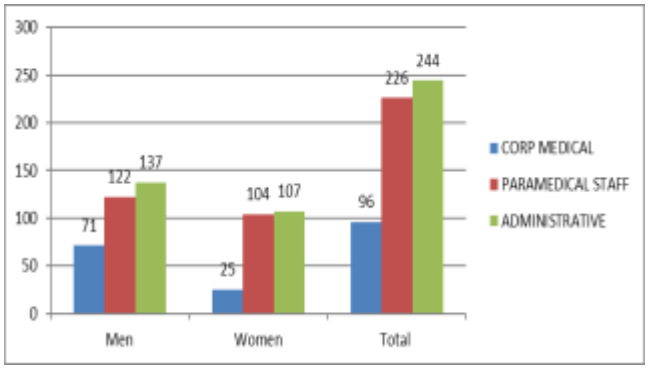

Figure 1: Staff at the Bukavu Provincial General Referral Hospital (HPGRB)

The figure below shows the staff of the Bukavu Provincial General Referral Hospital by professional category.

From this figure, it is clear that the staff of the Bukavu Provincial General Reference Hospital comprises 566 staff members, including 96 doctors (71 men and 25 women), 226 paramedical staff (122 men and 104 women) and, finally, 244 administrative staff (137 men and 107 women).

Sample size

To determine the sample size, we used Fisher's formula, which is as follows:

$$n= \frac{Z^2.P.q}{a^2}$$

Hence:

n: sample size

z: the coefficient corresponding to a 95 per cent confidence level (z = 1.96) for a two-tailed test

p: prevalence of 50 per cent, i.e. 0.5 For situations where the prevalence is unknown.

p: prevalence

q: the complement of p, i.e. 1–p, which implies q = 1 – 0.5 = 0.5, or 50 per cent.

a: margin of error at a 95 per cent confidence level, a = 5 per cent, i.e. 0.05

$$n= \frac{(1,96)^2.0,5(1-0,5)}{(0,05)^2} = \frac{0,9604}{0,0025}$$, = 384 respondents.

Criteria for selecting participants

The criteria common to all participants in our study are:

- Having experienced the phenomenon under study, namely 'human resources management in a hospital setting', in order to be able to clearly describe their experiences relating to the phenomenon under study;
- Being a member of staff at the Bukavu Provincial General Referral Hospital;
- To freely and voluntarily consent to take part in the research project and to be present on the day of the survey.

Ethical considerations

Prior to our survey, we sought and obtained authorisation from the management of the HPGRB to conduct interviews with the target population. To ensure participants' participation in our study, we obtained their free and informed consent. We guaranteed the anonymity and confidentiality of the information provided, which was used solely for purely scientific purposes.

III. Results

In this section, we present the results obtained from our research conducted at the HPGRB. These are presented either in tables, graphs and/or figures**.**

- **Sociodemographic characteristics of the respondents**

Table 1. Breakdown of respondents according to their socio-demographic characteristics

Study parameters	Staff category				df	K²	p-value
	Administrative	Medical	Paramedical	TOTAL			
Age (years)							
Average age	43	35	38	-			
Maximum	65	53	55	-			
Minimum	29	29	25	-			
Standard deviation	11.9963	7.6019	7.836	-			
Study (%)					8	158.9311	n/a
State qualification	26.6	22.2	20	22.2			
Doctor of Medicine	0	7.8	0	1.9			
Graduated	26.6	8.9	40.5	29.4			
Bachelor's degree	46.8	23.3	39.5	37.4			
Specialist	0	37.8	0	9.1			
Total	100	100	100	100			
Status (%)					2	57.5787	n/a
First-choice	71.4	73.3	100	86.4			
Contract staff	28.6	26.7	0	13.6			
Total	100	100	100	100			
Length of service (%)					4	35.8117	n/a
Less than one year	0	0	4.4	2.2			
More than one year	46.8	80	69.4	66.2			
More than 10 years	53.2	20	26.1	31.6			
Total	100	100	100	100			

Source: Table compiled from data collected in the field

The table below presents the characteristics of the HPGRB staff**.**

The results presented in Table 1 show that administrative staff are older, with an average age of 43, and that men predominate in all occupational categories.

From these same results, we note that the vast majority of our respondents were permanent staff, accounting for 86.4 per cent. By occupational category, 71.4 per cent of administrative staff are permanent, as are 73.3 per cent of medical staff and 100 per cent of paramedical staff.

- **Staff recruitment at the HPGRB**

The table below presents the results relating to staff recruitment procedures at the HPGRB

Table 2. Staff recruitment procedures

Study parameters	Professional group				df	K²	p-value
	Administrative	Medical	Paramedical	TOTAL			
Recruitment method					4	50.8885	n/a
By competitive examination	8.5	26.7	8.4	12.8			
Following a review of the case	53.2	11.1	49.5	41.2			
By recommendation	38.3	62.2	42.1	46			
Total	100	100	100	100			
Organisation of induction and integration following recruitment					4	46.9246	n/a
Introduction and tour of the departments	8.5	8.9	4.2	6.4			
Direct placement in the department	83	53.3	86.3	77.5			
Probationary period	8.5	37.8	9.5	16			
Total	**100**	**100**	**100**	**100**			
Position suitable for training and/or academic study					4	38.4261	n/a
Suitable	53.2	41.1	72.1	59.9			
Overqualified for the post	36.2	47.8	27.9	34.8			
Under-qualified post	10.6	11.1	0	5.3			
Total	100	100	100	100			
Post allocation in accordance with the call for tenders					2	33.958	n/a
Yes	62.8	92.2	57.9	67.4			
No	37.2	7.8	42.1	32.6			
Total	100	100	100	100			
Clearly defined role and responsibilities					2	44.5841	n/a
Yes	43.6	54.4	17.4	32.9			
No	56.4	45.6	82.6	67.1			
Total	100	100	100	100			
Commonly used recruitment method					2	11.9892	*0.0025
In-house	66	57.8	77.4	69.8			
External	34	42.2	22.6	30.2			
Total	100	100	100	100			
Gender equality in recruitment					2	37.6694	n/a
Yes	55.3	80	40.6	54.1			
No	44.7	20	59.4	45.9			
Total	100	100	100	100			
Objective criteria used in recruitment					2	67.2006	n/a
Yes	46.8	65.6	17.4	36.4			
No	53.2	34.4	82.6	63.6			
Total	100	100	100	100			

**Statistically significant p-value*

The results presented in Table 2 indicate that at the Bukavu Provincial General Referral Hospital, 62.2 per cent of doctors were recruited on the basis of a recommendation, whilst 53.2 per cent of administrative staff were recruited following a review of their application. Overall, the majority of staff at this hospital – 46 per cent compared with 12.8 per cent – were recruited on the basis of a recommendation.

In the majority of cases, the post was suited to the staff member's training and/or academic and educational background: 59.9 per cent of respondents stated this,

compared with 34.8 per cent who considered their post to be one for which they were overqualified.

Among medical staff, more than half – 54.4 per cent – state that the duties and responsibilities of their posts are clearly defined. For other categories, the opposite is true: 43.6 per cent of administrative staff and 17.4 per cent of paramedical staff feel this is not the case.

Overall, 67.1 per cent of all professional categories do not agree that duties and responsibilities are defined in advance.

The proportion reporting that recruitment is objective stands at 65.6 per cent for doctors, 17.2 per cent for paramedical staff and 46.8 per cent for administrative staff.

Generally speaking, 36.4 per cent of respondents state that staff recruitment at the HPGRB takes objective criteria into account, compared with 63.6 per cent who consider it to be subjective.

These results show that internal recruitment is more common at the Bukavu Provincial General Reference Hospital, reported in 69.8 per cent of cases. This explains the lack of job vacancy advertisements and, above all, the imbalance between supply and demand.

Within the HPGRB, 54.1 per cent state that gender equality is respected in the recruitment process, whilst 45.9 per cent do not.

Fisher's test confirms that there is a statistically significant difference in the recruitment of administrative, medical and paramedical staff, particularly with regard to onboarding, the alignment of the post with the training undertaken, consideration of gender, objectivity in recruitment, and the definition of the post's responsibilities and remit. P-value < 0.05.

Table 3 presents the various views of staff regarding their motivation at work**.**

Table 3. Respondents' views on the practice of motivation

Study parameters	Department				df	K²	p-value
	Administration	Medical	Paramedical	TOTAL			
Motivational support							
Yes	25.5	52.2	34.7	36.6			
No	45.7	25.6	40.5	38.2	4	15.5487	*0.0037
Partially	28.7	22.2	24.7	25.1			
Total	100	100	100	100			
Recognition from management							
Yes	45.7	73.3	59.5	59.4			
No	45.7	7.8	24.7	25.9	4	35.3407	**nd**
A little	8.5	18.9	15.8	14.7			
Total	100	100	100	100			
Meeting with your line managers							
Monthly	63.8	67.8	73.7	69.8			
Quarterly	27.7	32.2	26.3	28.1	4	25.54	**nd**
Half-yearly	8.5	0	0	2.1			
Total	100	100	100	100			
Essential elements of motivation in the workplace							
High remuneration	74.5	52.2	65.3	64.4			
Pleasant working conditions	17	0	5.3	7			
Internal mobility	0	27.8	9.5	11.5	6	61.9789	
Good training programme	8.5	20	20	17.1			
Total	100	100	100	100			
Desire to find a job elsewhere							
Yes	54.3	83.3	84.2	76.5			
No	45.7	16.7	15.8	23.5	2	34.4642	**nd**
Total	100	100	100	100			

Source: Field research

It should be noted that the importance of motivation is acknowledged by a minority of administrative staff, namely 25.5 per cent; in contrast, 52.2 per cent of medical staff recognise the importance of motivation, whilst only 34.7 per cent of paramedical staff do so.

Overall, 36.6 per cent of HPGRB staff recognise the existence of motivation.

In this regard, Fisher's exact test reveals a statistically significant difference in the recognition of the role of

motivation across the three professional categories (administrative, medical and paramedical).

Recognition by management is more prevalent amongst doctors at 73.3 per cent, whereas for the other professional categories the opposite is true. In-depth analysis demonstrates a statistically significant difference in staff recognition by managements across the three professional categories (administrative, medical and paramedical). P-value < 0.05

Remuneration is cited by 64.4 per cent as the most essential factor in staff motivation. Thus, no statistically significant discrepancy was identified across all professional groups.

The desire to find employment elsewhere is expressed much more frequently among paramedical staff, at a rate of 84.2 per cent.

- **On the performance of the Human Resources Department**

Table 4 presents the assessment of the managerial competence of managers at the Bukavu Provincial General Reference Hospital.

Table 4. Assessment of the managerial competence of managers at the HPGRB

Study parameters	Department				df	K²	p-value
	Administration	Medical	Paramedical	TOTAL			
Availability of financial and human resources to meet needs					4	26.6501	**nd**
Yes	8.5	25.6	25.3	21.1			
No	56.4	26.7	47.4	44.7			
Partially	35.1	47.8	27.4	34.2			
Total	100	100	100	100			
The rate at which staff needs are met					4	13.0423	*0.0111
Speed	8.5	7.8	5.3	6.7			
Average speed	84	83.3	73.7	78.6			
Late	7.4	8.9	21.1	14.7			
Total	100	100	100	100			
Similarities between hospital management and other organisations					2	2.5634	0.2776
Yes	17	25.6	18.4	19.8			
No	83	74.4	81.6	80.2			
Total	100	100	100	100			
Causes					4	34.8097	**nd**
Own organisation	42.3	26.9	36.8	36			
Staff diversity	44.9	73.1	37.4	47.3			
Involvement of the medical profession in HRM decision-making	12.8	0	25.8	16.7			
Total	100	100	100	100			
Existence of a specific profile for hospital management					2	8.0697	*0.0177
Yes	83	74.4	88.2	83.3			
No	17	25.6	11.8	16.7			
Total	100	100	100	100			
Recommendation for dynamic HRM					4	35.2073	**nd**
Management	74.5	36.7	62.2	59.1			
Hospital administration	8.5	8.9	11.1	9.9			
Economics and Management	17	54.4	26.7	31			
Total	100	100	100	100			

Source: our field research

83.3 per cent of the target group acknowledge the need for a specific profile for hospital management.

There is a call for recommendations to revitalise human resources management; this call appears to be varied: firstly, 74.5 per cent of administrative staff believe that management is needed, whilst 54.4 per cent of doctors recommend a background in economics and management.

Furthermore, amongst paramedical staff, 62.2 per cent believe that a management background was needed to revitalise human resources management in hospitals.

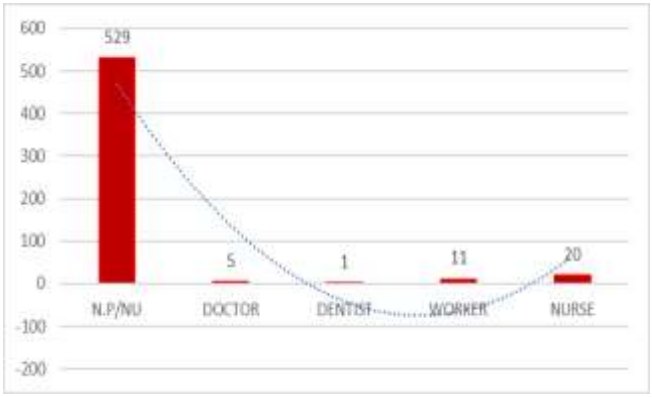

Figure 2: The mechanisation of staff at the HPGRB

Figure 2 shows the breakdown of HPGRB staff who receive a salary from the Congolese state, by professional category.

Out of a total of 566 staff members, only 37 are paid by the state, representing 6.53 per cent of the workforce, including 5 doctors (0.9 per cent); 1 dentist (0.2 per cent); 11 manual workers (1.9 per cent); and 20 nurses (3.5 per cent).

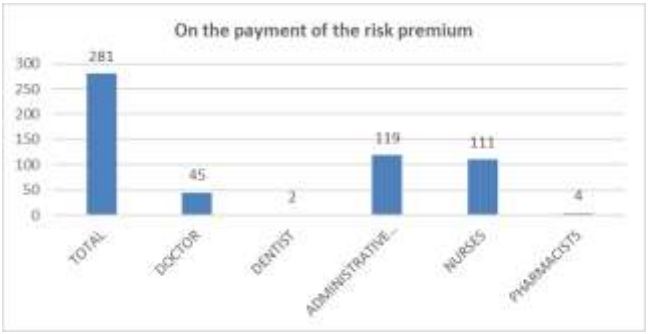

Figure 3: Payment of hazard allowances

This graph shows that, out of 566 staff members at the HPGRB, only 281 receive the hazard allowance paid by the Congolese government, representing 49.65 per cent, including 45 doctors (16.01 per cent); 2 dentists (0.71 per cent); 119 administrative staff (42.35 per cent); 111 nurses, or 39.5 per cent; and 4 pharmacists, or 1.4 per cent.

- **Staff remuneration**

The table below presents the various views of respondents on staff remuneration at the HPGRB**.**

Table 5. Respondents' views on the staff remuneration system

Study parameters	Professional group				df	K^2	p-value
	Administration	Medical	Paramedical	TOTAL			
Is it important to carry out an HR audit?					2	16 May 2005	0.0003
Yes	91.5	92.2	100	96			
No	8.5	7.8	0	4			
Total	100	100	100	100			
Roles of internal audit					6	31.9233	n/a
Practical HR Assessment	20.9	8.9	5.3	9.8			
Ensuring that HR practices are consistent with company policy	0	18.9	13.7	11.7			
Identifying hospital malfunctions	53.5	54.4	61.6	57.9			
Ensuring the cost-effective use of resources	25.6	17.8	19.5	20.5			
Total	100	100	100	100			
Status of the remuneration system					4	45.2587	n/a
Low	74.5	37.8	56.3	56.4			
Medium	25.5	53.3	43.7	41.4			
Good	0	8.9	0	2.1			
Total	100	100	100	100			

Motivating remuneration policy							
Satisfied	25.5	28.8	20	23.4	4	29.2621	**n/a**
Very satisfied	74.5	62.5	80	74.7			
Dissatisfied	0	8.8	0	1.9			
TOTAL	100	100	100	100			
Satisfaction with pay							
Yes	8.5	8.9	9.5	9.1	2	0.0764	0.9625
No	91.5	91.1	90.5	90.9			
TOTAL	100	100	100	100			
Motivational factor at work							
Autonomy at work	0	17.8	4.2	6.4	4	37.9557	**n/a**
Working atmosphere	0	8.9	4.2	4.3			
High salary	100	73.3	91.6	89.3			
TOTAL	100	100	100	100			
The impact of pay on your motivation							
Yes	92.6	100	69.5	82.6	2	48.2602	**n/a**
No	7.4	0	30.5	17.4			
TOTAL	100	100	100	100			
Is pay a key factor in motivation?							
Yes	89.4	81.1	80	82.6	2	4.0263	0.1336
No	10.6	18.9	20	17.4			
TOTAL	100	100	100	100			

Source: table compiled from respondents' answers

The assessment of the remuneration system is not favourable, with less than half – 2.1 per cent – rating it as good.

Generally speaking, at least 53.3 per cent of doctors rate the remuneration system as 'moderately good', whilst for other categories the opposite is true.

The existence of a motivating remuneration policy is unknown to almost all respondents across all categories.

100 per cent of administrative staff consider a high salary to be the motivating factor in the workplace, whilst for other categories there are some reservations, albeit held by a minority.

In general, the vast majority of respondents, namely 82.6 per cent, regard remuneration as a key factor in keeping staff motivated.

IV. Discussion of the results

- **Sociodemographic characteristics of the respondents**

The results of our study show that administrative staff are older, with an average age of 43. This finding is similar to that reported by Cishala F. (2017) in her study, in which the majority of staff were aged between 41 and 60 and the average age of respondents was 47.4 years.

In our study, men were in the majority across all occupational categories. In Burkina Faso, Ilboudo P. found in his study that 60 per cent of his respondents were male.

Our study found that the vast majority of respondents were permanent staff, accounting for 86.4 per cent. By occupational category, 71.4 per cent of administrative staff were permanent, as were 73.3 per cent of medical staff and 100 per cent of paramedical staff.

In her study, Aoudjit Kenza A. found that paramedical staff accounted for more than 50 per cent of the total workforce, followed by administrative staff at 30 per cent and medical staff at 17 per cent.

The predominance of permanent posts amongst paramedical staff can be explained by the fact that the operations of

hospitals in general, and the HPGRB in particular, depend largely on paramedical staff.

- **Staff recruitment procedures**

The results presented in Table 2 show that at the Bukavu Provincial General Referral Hospital, 62.2 per cent of doctors were recruited on the basis of recommendation, whilst 53.2 per cent of administrative staff were recruited following a review of their application. Overall, the majority of staff at this hospital – 46 per cent compared with 12.8 per cent – were recruited on the basis of recommendation. Our findings are consistent with the recommendations of the 'Little Blue Book' on recruitment (2011), which emphasises that one of the most significant administrative shortcomings in the recruitment process is the promotion of staff recruitment by recommendation; this is true in the sense that staff recommended by senior management consider themselves protected, and the human resources manager has no control over them.

In this regard, we believe that this finding could be explained by the fact that the Bukavu Provincial General Reference Hospital is managed by two bodies – the Archdiocese of Bukavu and the Congolese State – and each of these bodies may recommend one or other person from within their own sphere of influence during the recruitment process.

However, in the majority of cases, the post is suited to the staff's training and/or academic and educational background: 59.9 per cent of respondents stated this, compared with 34.8 per cent who considered their post to be one for which they were overqualified.

Our findings are consistent with the findings set out in the article published by Renée Michaud, Amélie Bernier et al. (2020), which states that a mismatch between training and employment in the workplace has serious consequences for the organisation and for the employee themselves.

Across all professional categories, 67.1 per cent do not recognise the prior definition of roles and responsibilities.

In the model of professional bureaucracy that is the hospital, the main mechanism for coordinating activities is based on 'the standardisation of qualifications and the corresponding design parameters, namely: training and the socialisation process'.

Objectivity in recruitment stands at 65.6 per cent for doctors, 17.2 per cent for paramedical staff and 46.8 per cent for administrative staff. Generally speaking, 36.4 per cent of respondent's state that the recruitment of staff at the HPGRB takes objective criteria into account, compared with 63.6 per cent who consider the process to be subjective.

This finding is consistent with the context and rationale that led to the redefinition of the Ministry of Health's Organisational Framework and Structure, which stipulate that, like the administrative departments of other ministries, those of the Ministry of Health are not immune to the multifaceted crises affecting the Congolese civil service. By way of illustration, in the management of career staff working in this sector, recruitment and promotion are carried out without any objective criteria.

This study shows that internal recruitment is more common at the Bukavu Provincial General Referral Hospital, accounting for 69.8 per cent of cases. This explains why job vacancies are not advertised. This finding supports the view of Jean Jaques MEYER (2001), according to whom the primary source of candidates to be considered is, of course, the pool of staff already employed by the organisation.

Within the HPGRB, gender equality in the recruitment process is reported in 54.1 per cent of cases, compared with 45.9 per cent where this is not the case.

Article 14 of the Constitution of the DRC stipulates: 'The public authorities shall ensure the elimination of all forms of discrimination against women and shall guarantee the protection and promotion of their rights.

- **Staff motivation**

The findings indicate that the importance of motivation is recognised by a minority of administrative staff, namely 25.5 per cent; in contrast, 52.2 per cent of medical staff recognise the importance of motivation, whilst only 34.7 per cent of paramedical staff do so.

Overall, 36.6 per cent of HPGRB staff acknowledge the existence of motivation. This finding is in line with Richard Branson's view that 'nothing is more fundamental to the success or failure of a business than employee motivation'.

Our study shows that, amongst the various factors contributing to motivation, remuneration is cited by 64.4 per cent as the most essential factor in staff motivation. This finding contradicts that of Belrhiti (2013), who suggested that one of the primary factors in motivation is the need for recognition and fulfilment.

- **Staff remuneration**

Generally speaking, at least 53.3 per cent of doctors rate the remuneration system as moderately good, whilst for other categories the opposite is true. Our findings are consistent with the conclusion reached by Chougrani S. and Kaddar M. (2010), according to which the workload of a doctor or paramedic is not taken into account in the purely administrative statutory remuneration system.

In general, the vast majority of respondents – 82.6 per cent – consider remuneration to be a key factor in keeping staff motivated.

This finding is consistent with the conclusion reached by Taiebi K. (2010), who noted that the various strikes observed by the groups were due to specific demands justified by the lack of resources to ensure their workers' remuneration, and that there are numerous priority concerns in this regard.

The same situation is observed in the Democratic Republic of the Congo, where virtually all civil servants are demanding pay rises; this explains the vital importance of remuneration to an employee.

Conclusion

The Bukavu Provincial General Referral Hospital is working to establish the necessary conditions for modern human resource management (HRM); however, it faces a number of internal and external challenges.

Despite the reforms undertaken, one of the major problems remains the lack of an appropriate human resources management policy in terms of motivation, recruitment, staff retention and remuneration for healthcare staff.

In conclusion, like other healthcare organisations that suffer from low human resources efficiency due to various unforeseen circumstances, the HPGRB is no exception; hence its mixed track record in human resources management.

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