

ROLE OF SOCIAL TECHNICAL SKILL ON PERFORMANCE OF MEDICAL HEALTHCARE SECTOR IN KENYA

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Abstract: The general objective of this study was to determine the role of social technical skill on performance of medical healthcare sector in Kenya. The current study used descriptive research design. The target population was 665 and the sample size was 66. The study used both primary and secondary data. The data was collected by use of research questionnaires. The data was processed by use of SPSS and analyzed both descriptively and by the use of inferential statistics for regression analysis. The output of the results was presented in the form of tables, graphs and pie charts. The study findings established that the respondents were not adequately trained on latest technological advancement in the medical healthcare, sector in Kenya. This therefore indicated that majority of the respondents in the sector were yet to be trained on the use of her technological advancement in the healthcare sector.

Keywords: Performance, Social Technical Skills, Medical Healthcare.

1. INTRODUCTION

Medical technology plays a key role in enhancing the strategic importance of acquisition of healthcare related products. Scholars have argued in length that the world is experiencing lots of dynamic change moreso in regard to technological advancement. This encompasses several subjects and areas of expertise from a global regional and local outlook [Santili 2015]. The global expression of strategic component is metamorphosed in various parts of the world. For instance after the passage of the Affordable Care Act (ACA) in 2010, USA.

Among some of the often mentioned trends have been accountable care organizations (ACOs), which are group of doctors, hospitals and other healthcare providers who come together voluntarily to give coordinated high quality care to their Medicare patients, the formation of large hospital health systems, and the continuation of private insurance coverage by self-funded employers. However, the marketplace had undergone many subtle changes that began before the ACA, which only accelerated after its passage. In fact, one trend is that change has been occurring at a rapid rate throughout the various healthcare stakeholders [Santili 2015]

Tracking the emerging trends and tracing innovation patterns in the post-ACA marketplace in 2014 has led to the identification of several high-level strategic trends that are or will be increasingly significant. The trends that will increasingly impact multiple healthcare stakeholders over the next few years comprises of but not limited to;

Patients becoming more informed consumers in their respective geographical locations, growth of well-structured and quality attributes in the health sector, regional and local revenue consolidation approaches, new and alternative provider payment models, specialty towards drug use and administration as well as information technology innovations driving inter-stakeholders needs. The discussion details some insights into each of these key market strategic trends that impact multiple healthcare stakeholders and will continue to affect decision-making and relationship dynamics. Again from a global context, these strategies can be given emphasis on its economic proposition to various stakeholders [Santili 2015]

Patients will make more informed decisions. The old healthcare model of treating acute illnesses is evolving into a model with increasing focus on the patient, disease prevention, and the ongoing management of chronic diseases. Today's

healthcare market allows consumers to take charge of their healthcare in a new way. Readily accessible data and information allow patients to have open dialogues with their doctors about diagnosis and treatment options. Cost estimators increasingly help consumers understand the intersection of cost and quality in assessing their care options. Market exchanges for health insurance let people choose from a large variety of insurance coverage plans and options. A movement toward personalized health treatment is also developing through the advancement of genetic, behavioral, and digital tools that are designed to monitor and manage personal health. Because resources are usually scarce and prioritization of this often requires measuring and evaluating health outcomes and treatment effectiveness, as well as financial and personnel conditions and results (Goldfield *et al.*, 2012).

Health insurance products and benefit structures that increase consumerism are helping to manage benefit costs. With the increased financial responsibility, consumers are reevaluating how and when to spend on healthcare services. The 2014 Employee Benefit Research Institute/Greenwald & Associates Consumer Engagement in Health Care Survey found that 26 million individuals with private insurance were enrolled in a consumer-directed health plan (CDHP), a health plan associated with a health savings account (HSA) or health reimbursement arrangement (HRA), or an HSA-eligible health plan. Demands for more, better and safer healthcare seen to increase indefinitely and worries that resources do not meet needs are frequently presented (Davies *et al.*, 2013). Numerous tools and interventions for achieving interventions and many trends have come and gone (Chassin and Loeb, 2011).

In line with strategic component, growth of quality measures is bound to increase: Reported by many sources since 2010, the United States spends more on healthcare than any other industrialized country; however, the US healthcare system is not better, and its quality is inconsistent. One reason for this is that the healthcare system is primarily fee for service (FFS), in which providers receive payment for each service rendered, leading to incentives to provide more, not better, services.

Options in Making Payments: A fundamental shift in healthcare economic risk is taking place, driven by an aging population and the increasing incidence of behaviorally induced chronic conditions. Health systems, which include people, institutions, and resources that deliver healthcare services to meet the health needs of target populations, are evolving with the market and delivery innovations to meet the challenge of managing healthcare risk through a growing emphasis on primary care, integrated care models, and pay-for-value reimbursement (Santili, 2015). **Special focus on drug administration:** Innovations in biologics and so-called specialty drugs are beginning to enter the market at a more rapid pace as the research pipeline continues to grow. Only approximately 4% of patients use specialty drugs, but those drugs account for 25% of the total US drug spending.

The current trends in increased utilization and spending for specialty drugs are expected to continue, placing burdens on all healthcare stakeholders. In particular, insurers or other third-party payers and manufacturers will be challenged to develop novel approaches to formulary design and pricing practices that ensure patient access. Diagnostics, drugs, and devices continue to drive the overall care spending. In the short term, in the midst of uncertainty regarding the bio-similar market and the rapid innovation in personalized medicine beyond 2015, plans and pharmacy benefit managers will continue to focus on unit cost-savings. **Technological drive in addressing various stakeholders:** Innovations in computing and big data services are changing the way health information is recorded and delivered between patients and providers. Electronic health records (EHRs) and electronic medical records (EMRs), clinical documentation tools, and telemedicine devices are changing the way that providers collect and consume health information regarding their patients.

2. STATEMENT OF THE PROBLEM

The Kenyan health system was struggling to cope with the rising cost and demand for quality health care services, against the backdrop of a shortage of skilled health care professionals. This was a long shot from the health sector vision(s) quoted in the policy context annex. There was therefore a compelling need to devise ways and means of closing the gap between vision and reality. According to Kenya National Health Strategy (2011 – 2017), the strategy sought to set in motion the process of closing the gap by harnessing ICT for improved healthcare delivery in addition to other ongoing efforts.

In total, Kenya has over 6150 health care facilities. Public facilities, or those that are owned and operated by the government, make up 41%. Private, for profit facilities make up 44% of the facility total. The remaining 15% of facilities are nonprofit; these include NGOs and Mission-based facilities. Nineteen (19) districts out of two hundred and fifty four (254) reporting indicated that they had no computers available at the district level for health staff. Fourteen (14 to 20% of

districts reported that they had facilities where both computers and internet were available to health staff. On the other hand, according to A Report by the Kenya Healthcare Sector (Opportunities for the Dutch Life, Sciences and Health Sector, September 2016).

Kenya has currently not one medical equipment manufacturer within its borders and hosts about 42 pharmaceutical manufacturers and less than a handful of medical supplies manufacturing plants. The recent enactment of the Special Economic Zones Act (2015-SEZA) presented an opportunity for Dutch companies to invest manufacturing plants for medical supply to the region. There are various incentives envisaged in the Act which is soon to be operationalized. The strategic input of this study primarily focused on economic benefits that Kenya can realize by adopting appropriate machinery in discharging medical activities. From the above studies, it was evident that none of the studies focused on the role of social technical skill on performance of medical healthcare sector in Kenya and therefore the current study was determined to fill this gap.

3. LITERATURE REVIEW

The ways that many families operate in relation to how the children are schooled and brought up manifests a lot of challenges. It represents a set of social class practices that in turn assist in the continuing formation of the middle class itself. The social and policy history of schooling can expose the origin of these practices. For instance in the Australian working class more so as it continues to decline, sociological and historical scholarships has begun to focus more on the middle class (Craig Campbell, 2015).

One's social class generally refers to earnings, education, or occupational status. In more complex terms, power dynamics may create a dichotomy between owners of production forces and workers they employ. A social class is predisposed to a number of trends, myths and fallacies, social identity and specifically how social class is performed in organization (Craig Campbell, 2015).

Classist perspectives embedded in our meritocratic society permeate early childhood education curricula, instructional practices and classroom interactions have the potential to send message to children who soon will become adults about who and what is valued by the society, frequently influenced by the characteristics and abilities of a middle-class child. In order to best serve the needs and abilities of persons from any social class early childhood development should be well versed in social-class sensitive pedagogy; a pedagogy that helps teachers to be inclusive of social class diversity while teaching (Olivia, Kelly, 2015).

As the provision for higher education has increased over time, the trends in the results matters a lot. Middle and upper class status seems to be stable and thus is attracted to quality education to comprehend various technological huddles around the globe. It is argued that measures of inequality capture higher education or bias in the allocation mechanism (OttarLitellerik, 2013).

The social class can be attributed to a large set of age groups below and above 5 years. Those in work have denser social networks populated with members with higher social and human capital and therefore can easily comprehend the diverse role of strategic importance in today's world. For those over 50 years, the more contacts one has with higher prestige employment positions and the stronger the ties with these contacts the more likely one is to be in noble employment and contribution to the society. For those under 50 years old, their own qualifications and the number of contacts are important (Kaberi, Ronald and Robert, 2010).

Technology plays a significant role in the modern world more so in ensuring that patients get adequate and quality services from their preferred providers. Such technology prowess is a king to economic emancipation through provision of a healthier workforce to the nation. The won and goal therefore would be to identify the antecedents and consequences of adopting technology orientation approach in a large scale hospital and healthcare system (Olivia and Mathews, 2010).

Many organizations today are aware of the need that to fully operate in a digital framework and era, it is imperative to acquire the right clinical information, administrative logistics and right technological tools and instruments. This is due to the ever emerging needs of healthcare demands, regulatory issues and rising consumer expectations. For instance, the use of Electronic Health Record (HER) Systems with electronic access to patients' medical record, doctors notes and alerts is key in data management. Technology studies mainly focuses on hospital employees and the tools they use for management decision Levaggi et al, 2009; Hi and Benton, 2006, organizations financial performances (Menachemi et al, 2006) and consumer acceptance (Schur and Berk, 2008).

By understanding the driving forces and consequences of technical changes, healthcare managers can better understand and manage their technology initiatives. Such efforts will help healthcare organizations to create new services in meeting evolving demands and establishing long lasting competitive advantage (Olivia and Mathews, 2010).

Equally important is to note that healthcare costs have in the recent past gone higher. This, one may argue could be attributed to technological investments. However, it should be undertaken that as much as technological prowess is paramount in the health sector, care must be given as to the prudent management of the hospitals resources. Investment decisions are primarily affected by the healthcare systems, the socio-economic and cultural context and the organizations mission (Christian, Hui and Kongkiti, 2014).

4. RESEARCH METHODOLOGY

The current study used descriptive research design. The target population was 665 and the sample size was 66. The study used both primary and secondary data. The data was collected by use of research questionnaires. The data was processed by use of SPSS and analyzed both descriptively and by the use of inferential statistics for regression analysis. The output of the results was presented in the form of tables, graphs and pie charts.

5. FINDINGS

The study sought to establish how the social class had impacted on the adoption of medical technology.

Table 1: Social Classes Has an Impact on Adoption of Medical Technology

Response	Frequency	Valid Percent	Cumulative Percentage
Yes	39	72.2	72.2
No	15	27.8	100
Total	54	100	

The study findings on table 4.2 indicates that majority 39(72.2%) of the respondents reported that Yes social class had an impact on the adoption of medical technology, while 15(27.8%) of the respondents reported that No they did not believe social class had an impact on the adoption of medical technology in the sector. In order to best serve the needs and abilities of persons from any social class early childhood development should be well versed in social-class sensitive pedagogy; a pedagogy that helps teachers to be inclusive of social class diversity while teaching (Olivia, Kelly, 2015).

The results confirm the proposition advanced by Kelly and Olivia that sensitization through early childhood programs is a manifestation that social classes forestall relevant consumption and utility of a commodity or a service.

Table 2: Strategic Road Map

Strategic roadmap requires people to be creative in the adoption of healthcare technology

Response	Frequency	Valid Percent	Cumulative Percentage
Strongly Agree	31	57.4	57.4
Agree	19	35.2	92.6
Disagree	4	7.4	100
Total	54	100	

The study sought to find out if strategic road map required people to be creative in the adoption of healthcare technology in the sector.

The study findings on table 4.3 indicated that majority 31(57.4%) of the respondents strongly agreed that strategic road map required people to be creative as far as technology adoption is concerned in the healthcare sector. 19(35.2%) of the respondents agreed in the same issue while 4(7.4%) of the respondents disagreed on the issue. The outcome of the findings corroborates Olivia and Mathews 2010, assertion that by understanding the driving forces and consequences of technical changes, healthcare managers can better understand and manage their technology initiatives. Such efforts will

help healthcare organizations to create new services in meeting evolving demands and establishing long lasting competitive advantage.

Investments in a nation and in this context application towards medical technology are primarily affected by the healthcare systems, the socio-economic and cultural context and the organizations mission (Christian, Hui and Kongkiti, 2014). Which the outcome of this study is highly benchmarked on.

The study findings established that the respondents were not adequately trained on latest technological advancement in the medical healthcare, sector in Kenya. This was attributed by 72% feedback of the respondents. This therefore indicated that majority of the respondents in the sector were yet to be trained on the use of her technological advancement in the healthcare sector.

The study also established that majority the respondents strongly agreed that people's social class play a key role in determining the implementation and operationalization of modern technological tools. While on the other hand some respondents agreed that introduction of modern technological tools enhanced strategic role in the healthcare sector this boosting its performance. This findings are therefore consistent with the existing literature. Media considerations are pedagogical rather than technological in nature. Online courses use technology to enable learners' interactions. A focus is key on the process through which the right media is identity and the right platform associated with it that can help bring course to life. Technology tools come and go. While some specific tools are suggested, it is the process by which to identify media that is enduring (Robyn, 2014).

6. CONCLUSION AND RECOMMENDATION

The study recommends that Medical health care sector in Kenya should embrace the use of modern technology tools and equipment's in their day to day activities. Stakeholder involvement should also be emphasized through civic education trainings, retraining and employ motivation so that improved performance can be realized in the sector courtesy of the implementation of strategic technological practices. This should be capitalized to ensure that all persons in different social groupings can access the required information. Government input shall be imperative. The strategic role of technology on the performance of medical healthcare sector is very key to the attainment of sustainable millennium development goals of universal healthcare to all. All the participants in the healthcare sector are supposed to adhere to the changes in the external environment so that proper strategies such as medical technological practices to be put in place to address the prevailing changes.

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