Impact of Internship Programme on the Performance of Public Health Care Institutions

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Abstract

The study seeks to obtain the impact of internship programme on the performance of public health care institutions. Contextual factors are sought that influence the relationship, impact and effect between internship programme and performance of public healthcare institutions. The research design adopted is descriptive survey through both qualitative and quantitative data. This study is conducted in Kakamega County, western region of Kenya. The population of the study is 2225 with a stratified randomly selected sample of 444 respondents. Primary data is collected through questionnaires while secondary data is sourced from official hospital records, journals, text books and internet articles. Data is analyzed using descriptive and inferential statistics. The study concludes that internship programme influences performance of public healthcare institutions.

Index terms— Internship, organizational performance, customer satisfaction.

1 Introduction

ublic hospitals in many developing countries, consume large portions of scarce health sector resources, and do not always use them effectively or efficiently (Akello, 2004). Faced with difficulties in funding health services, some governments have considered revenue generation, to reduce and contain costs (Beu, 2004). Sufficient workforce is essential to the quality of health care. It would be difficult to maintain health care standard or to ensure patient safety in an environment that suffers from serious staff shortage (Stone et al., 2008).

The problem of medical staff shortage is observed in both developed and developing countries (Bhatt et al., 2010). Globally the World Health Organization (WHO) estimates a shortage of almost 4.3 million nurses', physicians and other health human resources worldwide. This is reported to be the result of decades of under investment in health education, training wages, working environment and management **??**WHO, 2006).

Despite a network of all the healthcare institutions in Kenya, the country is grappling with a shortage of close to 8000 medical personnel, a shortfall that has partly been blamed on brain drain and a general failure by local institution to produce a steady stream of trained personnel (Gachenge, 2010). Inadequate staffing in primary care facilities, especially in isolated and remote areas, is a major concern, as is the knowledge and skills of the health professionals (Humphreys & Wakerman, 2009). Recent recruitment of public sector staff by the global health initiatives is also a cause for concern **??**HLSP, 2006). There are only 5,400 trained doctors in Kenya therefore having a ratio of 1:6,000 doctor/patient in urban areas with rural areas having ratios of up to 1:85,000 patients **??**WHO, 2000). A wide range of health services are provided through a network of over 4,700 health facilities countrywide, with the public sector system accounting for about 51 percent of these facilities **??**Minne,2010;Muga et al., 2012; **??**anjau et al., 2012).

The healthcare system is structured in a step wise manner such that complicated cases are referred to a higher level whereby the lowest level is the Dispensary with National Hospital as the highest level (Marchal et al., 2005). The public health system consists of the following levels of health facilities: National Referral Hospitals, Provincial General Hospitals, District Hospitals, Health Centers', and Dispensaries **??**Wanjau et al., 2012). These

are supplemented by privately owned and operated hospitals/clinics and faith-based organizations, hospitals and clinics, which together provide between 30 and 40 percent of the hospital beds in Kenya (McIntyre, 2010;Osewe, 2006). Kenyatta National Hospital is based in Nairobi and was established as Native Civil hospital in 1901 being the oldest in Kenya. It is the largest nationalhospital with a capacity of 1800 beds (Kinyanjui, 2007). This is subsequently followed by the provincial hospitals which exist in all the eight of the then provinces of Kenya (van Kooij et al., 2011).

Internship programme envisages capacity building in health institutions in order to provide public population health (Gabbie & Hwang, 2000). Perhaps the most common objection to internship programme in health institutions is that it consumes time and energy that the interns might otherwise devote to academic pursuits (Dey, 1997). To promote course uniformity and to attain evidence-based approach across family P Global Journal of Human Social Science Volume XII Issue X" III Version I(D D D D) A Year ? ? ? ? ¥

science courses and revised the internship courses to support the theoretical student growth (Kopera et al., 2003;Kopera-Frye et al., 2006). Batchelder & Root (1994) conduct an empirical study on the effects of participation in internship programme. This service participation was found to be important since it has long term implication for the students (Astin, 2006;Briel & Getzel, 2001;Kiely, 2004).

For a health care institution to be effective, it needs adequate numbers of skilled health professionals (Dubois & Singh, 2009;Perlino, 2006). Lack of health professionals in medical institutions is a problem worldwide more so in developing countries like Kenya (Naicker et al., 2009). The institutions are faced by both lack of funds to employ fresh graduates and exodus of experienced practitioners for greener pastures in emerging economies like South Africa and Developed economies (Pizarro & Finardi, 2012).This problem is further compounded by the fact that the available medical professionals are leaving the public sector because of poor work conditions and low wages **??**Matsiko, (Perlino, 2006). Due to this, internship programme performs a greater role in bridging this gap because during the internship, the medical student or intern offer a variety of services required by the patients ranging from clinical services to counseling of patients (Levey, 2001;Kreitzer et al., 2009).

2 II.

3 Research Methodology

The research design adopted for this study is descriptive survey design. This study is conducted in Kakamega County,western region of Kenya. The county has one government Medical Training College and fifty five public health facilities. The population targeted is all public healthcare institutions offering medical services which includes the Kakamega Provincial General Hospital, District Hospitals and Health Centers in Kakamega County. The population size is 2225 which included the nurses, pharmacists, clinical officers, interns, doctors', hospital administrators and patients. Stratified random sampling is used to select 444 participants which include patients, medical staff, interns and hospital administrators.

Three levels of healthcare institutions are examined namely provincial hospitals, district hospitals and health centres. The majority of total respondents 41.2% are drawn from provincial hospitals, 37.8% from district hospital and 20.9% from Health Centers. 30.2% of the total respondents are nurses while 21.3% are clinical officers. Interns are 10.4% of the total respondents. The hospital staff is asked whether the interns assist in the dispensing and prescription of drugs and 23% of the total respondents strongly agree, 38% agree, 16% were uncertain, 16% disagree while 7% strongly disagree. The respondents are also asked whether interns enhance efficiency of service in health care institutions resulting from their expectation of good evaluation at the end of their practice. 33.8 % strongly agree, 49.3 % agree, 7.2 % are uncertain, 5 % disagree while 4.7 % strongly disagree.

The study developed the following nondirectional null hypotheses; H 0 1 : There is no significant relationship between internship programme and performance of public healthcare institutions. Internship programme is proven to be significantly and positively related to organizational performance (r=0.798, P<0.05). This implies that the presence of interns in public healthcare institutions

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Year increases the performance of these healthcare institutions.

To assess whether the contextual factors influence the relationship between internship programme and performance of public healthcare institutions, respondents are asked to state whether interns enhance service delivery to patients in public hospitals. In response, 10.8 % strongly agree, 19.4% agree, 18.9 are uncertain, 50.7 % disagree while 0.2% strongly disagree. The respondents are asked whether interns assist regular staff in the treatment of patients. In response 10.8% strongly agree, 89.2% agreewhile none of the respondents are uncertain, disagree or strongly disagree. This indicates that internship programme supports regular staff in treatment of patients which therefore reduces the workload of the staff on duty.

The following non-directional null hypothesis was formulated to assess whether contextual factors influence the relationship between internship programmes and performance of healthcare institutions; The partial correlation coefficient results were compared with those of zero order correlation coefficients in order to determine the magnitude and direction of change. The results suggests performance of public healthcare institutions increases in the absence of contextual factors from (r=.641; P<0.05) to (r=.715; P<0.05). These findings suggest that in

the absence of contextual factors and the relationship between internship programme and performance of public healthcare institutions is more positively enhanced.

In order to establish whether contextual factors affect internship programme in public healthcare institutions, the following non-directional null hypothesis was expressed; H 0 4 Contextual factors have no effect on the internship programme in public healthcare institutions. The results reveals a significant positive relationship between contextual factors and internship programme in public healthcare institutions (r=.501; P<0.05). This means that contextual factors influence internship programme in public healthcare institutions and facilitate the use of internship programme in to achieve the intended objectives.

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6 III.

7 Conclusions

This study depicts a problem of medical shortage even though it is known that sufficient workforce is essential to the quality of health care. This study finds that internsperform a greater role in bridging this gap because they offer variety of services during their practice in hospitals. Internship programme has an impact on performance of public healthcare institutions since interns perform most of the clinical services and attend to patients. The study also assess on how contextual factors influence the relationship between internship programme and performance of public health care institutions. Lack of efficient hospital infrastructure cripples the efforts of both the interns and other staff because some of them are in poor conditions or they were not working at all. It is observed that contextual factors influence internship programme because the interns offer their services to the hospitals. The presence of supervisors and their willingness to give the interns back-up determines the success of the interns in performing their duties. It can therefore be concluded that contextual factors affect the running and designing of the internship programme.

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Figure 1: H 0 2 :

Figure 2:

1

Internship Programme	Organizational Performance

*[Note: ? ** Correlation is significant at the 0.01 level (2-tailed) ? * Correlation is significant at 0.05 level (2-tailed)]*

Figure 3: Table 1 :

2

Variables	Internship programm	Performance of healthcare institutions	Contextual factors
Internship programme	1.0000		
Performance of healthcare Institutions	.641 P=.100	1.0000	
contextual factor	.739 P=.117	.724 P=.126	1.0000

(Coefficient/D.F/?=0.05, ?=0.01 2-tailed significance)
Source : Research Data, 2012
Results indicate a significant positive influence of internship programme on performance of public healthcare institutions in the presence of contextual factors (r=.641; ?=0.01) statistically at 95% a level of confidence.

Figure 4: Table 2 :

3

Variables	contextual factors. Internship programme	Performance of healthcare institutions
Internship programme	1.0000	
Performance of Healthcare institutions	.715 P=.018	1.0000

(Coefficient/D.F/?=0.05, ?=0.01 2-tailed significance)
Source : Research Data, 2012

Figure 5: Table 3 :

4

Internship programme	Contextual factors

Figure 6: Table 4 :

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