

Human Resource Capacity Improvement Priorities at Mbagathi County Referral Hospital

Chepkirui Cheruiyot Monica¹ and Dr. Daniel A. Otwor^{2*}

¹ School of Management and Leadership, Management University of Africa, Nairobi, Kenya

² Management University of Africa, Nairobi, Kenya | * Corresponding author: otworidaniel@mua.ac.ke

Manuscript Type: Practice Commentary

ABSTRACT

The first objective of the Mbagathi County Referral Hospital thesis examined human resource capacity and operational performance. Its descriptive results were reported in NIJAMSS Paper 021. This commentary translates those findings into a practical measurement and improvement agenda. The earlier survey of 120 respondents rated training highest (mean 4.192) and skills and competencies lowest (mean 3.915) among five workforce indicators. These perceptions cannot establish an effect on operational performance. We propose department-level competency mapping, workload review, protected professional development, and monitoring of independently measured service outcomes. The commentary presents no new participant data or statistical tests.

Keywords: human resources for health; workforce capacity; hospital management; competency; Kenya

1. CONTEXT AND EVIDENCE

Human resource capacity covers staffing adequacy, competencies, continuing training, workload allocation and motivation. The Mbagathi thesis asked whether capacity influences operational performance. Cheruiyot Monica and Otwor (2026) reported the objective's five descriptive item ratings in Paper 021. Training and development had the highest mean (4.192), followed by motivation (4.108), adequate staffing (4.045), fair workload (4.023), and skills and competencies (3.915). The survey had 120 returned questionnaires from 162 sampled staff. The ordering is descriptive: the means do not measure a causal effect, and the source provides no objective-specific regression estimate.

2. OPERATIONAL IMPLICATIONS

A competency review should identify which tasks each department requires, document current proficiency, and link training to a specific service problem. Managers can then examine coverage by shift and workload by department rather than rely on a hospital-wide average. Training attendance alone is an incomplete outcome; supervised application and follow-up competency checks would show whether learning reaches daily practice. Staff feedback can identify poorly distributed tasks or barriers to applying new skills.

A prospective dashboard could pair staff indicators with patient waiting time, service interruptions, referral turnaround, and other routinely validated measures. The hospital should define each indicator, its source and review interval before implementation. If changes are introduced, repeated measures and appropriate comparison periods would provide stronger evidence than a single cross-sectional questionnaire. Workforce actions also require attention to budget, staffing authority and service demand.

3. CONCLUSION

Objective 1 supplies a useful starting point for workforce planning, especially competency development and fair deployment. The immediate contribution of Paper 030 is an implementation agenda informed by the published descriptive study. Any claim that improved human resource capacity increased operational performance requires linked outcome data and an appropriate analysis.

PUBLICATION AND DATA NOTE

This practice commentary draws on the same thesis and respondents as NIJAMSS Paper 021, which is the primary report of the Objective 1 results. It contains no independent dataset or new inferential analysis.

REFERENCE

Cheruiyot Monica, C., & Otwor, D. A. (2026). Human resource capacity and operational performance at Mbagathi County Referral Hospital Kenya. *Nexus International Journal of Applied Science, Medicine and Social Sciences*, 1(2), 441–442. Paper 021.