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Leveraging on technology to achieve improved organizational performance: A focus on faith-based health organizations in western Kenya

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Abstract

Innovation has yielded technologies that have positioned organizations to improve production and become competitive in the 21st century locally and globally. Despite various studies suggesting that human resource information systems (HRIS) have been adopted by many companies globally, there is no evidence of extent and role of such in faith-based health organizations (FBHO) in western Kenya. This paper explores influence of HRISs in faith-based health organizations in western Kenya. The study was conducted between January 2022 and August 2022 and was guided by information system theory in a multiple-case study research design. The study population constituted 54 respondents consisting of human resource officers, finance officers, and middle-level managers in FBHO was targeted and a response of 96% was achieved. Personalized services showed statistically significant effect on organizational performance ($R^2=0.68$, $p=0.00$). This means that the more an HR system is personalized the more an organization performs, with 95% confidence level in faith-based health organizations in western Kenya. Therefore, the study argues for need to invest in and adapt HRIS among FBHOs as this promises plugging the health gap at subnational levels as well aiding achievement of SDG 3 on universal good health and well-being.

Keywords: Human resource information system, performance, faith based organisation

Introduction

The impact of technology in the organisational management in the recent past has been immense Human resource information systems have played a role in leading organizations with a diverse and geographically dispersed workforce around the world. According to a survey conducted by Sage Kenya, there is a need for a human resource information system in Kenya, particularly in light of the Covid-19 pandemic. According to the World Health Organization, faith-based health organizations face manual process challenges, longer turnaround times in processing and reporting, and the risk of data loss. This study concentrated on western Kenya due to the abundance of health sectors and the fact that little research has been conducted on faith-based health organizations and consistent service provision under religious policies. The majority of empirical studies focused on understanding technological response, organizational attention, and staff retention for global IT while ignoring HRIS strategy. Furthermore, different research designs were used in empirical studies, and only a few studies used multiple case study research designs. As a result, using a multiple case study design, human resource information strategy remained unexplored. As a result, the goal of this research will be to determine the impact of the human resource information system strategy on performance.

The human resource information system has revealed inconsistencies in performance on a global, regional, and national scale. In the United States, there has been a challenge in data security and access control policies, but the introduction of HRIS has enabled the manageability and accessibility of information. It aided hospital administration in the horizontal and vertical integration of healthcare providers and institutions (Alam, 2016) [2]. Companies in Tunisia that have effectively committed to HRIS have increased employee innovation capacity and remained competitive in terms of providing reliable and consistent employee information and all company activities (Moussa, 2020) [15]. On the implementation of HRIS, the county government of Machakos has significantly joint leadership style, staff

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training, change management, turnaround time on processing data, and organizational policy (Mutiku, 2019)^[17]. Barney developed this theory in 1991, stating that the firm's structure is made up of human capital such as skills, judgments, employee intelligence levels, and human resource management systems. These organizational structure aspects can be optimized to gain a competitive advantage. This theory sees HRIS as a means to improve competitive advantage by investigating the use of human and system competencies to gain an advantage over competitors. This advantage can be obtained by how a corporation is deeply involved in its actions and influences how they function in a particular way to a given company (Barney, 2017)^[3]. This study hypothesized that: H0: "Faith-based health groups in Western Kenya do not significantly benefit from individualized care."

Methodology

The study employed a case study methodology. An in-depth examination of a specific entity, which could be a company, a group, a state, or a confederation of states, is made possible through the use of a case study. Bryman (2016)^[23]. A multiple case study was suitable for this investigation because it allowed the researcher to assess the positive and negative effects of implementing human resource information systems as a strategic business initiative on faith-based health organizations in western Kenya. Research was carried out in nine out of 47 counties in Kenya with a wide range of stakeholders (Migori, Kisii, Homa Bay, Kisumu, Siaya, Kakamega, Vihiga, Bungoma, and Busia) and their respective healthcare institutions. The

Kenyan government (54%), local residents (4%), private businesses (34%), and religious groups (8%) own the facilities in the immediate vicinity of the research region. The opinions of the respondents and other primary data were used to conduct the analysis in this study. Primary data were collected through questionnaires given to all of the selected middle-level managers at Kenya's faith-based non-profits, while secondary data were found in the organizations' annual reports. Trustworthiness was established via professional review. This study estimated a linear regression model to investigate whether or not there is a connection between HRIMS strategy and organizational performance. The study's primary intent was scholarly, and all data were treated with strict secrecy.

Results

Majority of respondents (52%) and experts (31%) agree that customised services lower operational costs. There were just 6% or respondent who strongly disagreed, and 12% who merely disagreed with this fact. The results of the study are presented in Table 1. Table 1 presents the coefficients of the predictors of organisational performance. Additionally, it presents the model summary and ANOVA. The results are explained subsequently. Table 1 displays the correlation between personalised services and performance $R=.83$, $p=.000$ indicating that tailored services have a positive impact on business output. The coefficient of determination $R^2=.68$, $p=.000$ indicates that, at a 95% confidence interval, individualized care accounts for 68% of the variance in the performance of faith-based health institutions.

Table 1: Coefficients results

Model	Un-standardized Coefficients		Standardized Coefficients	T	Sig.	
	B	Std. Error	Beta			
1.	(Constant)	.368	.261	.825	1.413	.164
	Personalized Services	.838	.081		10.307	.000
ANOVA						
Model	Sum of Squares	DF	Mean Square	F	Sig.	
1.	Regression	18.060	1	18.060	106.233	0.000b
	Residual	8.500	50	0.170		
	Total	26.560	50			
Model Summary						
Model	R	R ²	Adj. R ²	SEE		
1.	0.83b	0.68	0.67	0.41232		
a.	Dependent Variable: Performance					
b.	Predictors: (Constant), Personalized Services					

Source: Survey data 2022

Analysis of variance (ANOVA) indicates that model fits the data well [$F(1, 50) = 106.23$, $p = .000$] and can be used for prediction. Holding all other variables constant, an increase in personalized services boosts the effectiveness of FBHOs by $B=.838$, $p=.000$ at 95% confidence interval. Therefore, personalized services is a statistically significant factor affecting the performance faith-based health organizations in western Kenya.

Discussions

Personalising services enable faith-based health organisations offer tailored healthcare (Tagai *et al.*, 2018)^[19]. This is in keeping with most faiths, for instance, this is service to humanity that should be accomplished through tender love and care. A personal touch increases the

authenticity of the faith by solving a pertinent human problem (O'Brien, 2017)^[11]. The faiths play an important role in health promotion (Zaidi, 2015)^[22]. Human resources are central to these personalised services. Therefore, how the human resource information systems is configured will help the organisation reap the most. Hikmawan & Santoso's (2020)^[8] found that human resource information systems help support and better the organization. For instance, if human resources information systems are unclear in the same industry, then performance will not be realized any faster. However, if a new system is adapted and HR functions are personalized, then turnaround times will be high and employee turnover will be eliminated. Adaptation of the human resource information system therefore enables offering personalised services.

Evidence from six developing countries, recommended improvements to the human resources information system (HRIS) of a global IT service provider in order to improve staff retention in emerging markets (Beulen (2016) ^[24]. Local adaptations should be added to the functionality of global HR systems to achieve the best support for staff retention management. HRIS helps global IT service providers in developing countries keep their best employees. Therefore, the results confirm that an organization's performance will increase after it adapts the system, has personalized services, and maintains data integrity. The success of the organisation is dependent on the systems that are employed (Markovitz, 2021) ^[13]. Adaptation is critical for any vendor developed electronic resource planning (ERP) (Ho, Wu, & Tai, 2004) ^[10]. Adaptation of the human resource information system permits offering personalised services.

The SDG 3 on universal good health and well-being is an international priority. Health information systems (HIS) are important data sources for evidence-based health policymaking, research and evaluation, training and service delivery. However, inadequate provision of reliable, valid and comparable data in resource-poor settings threatens meaningful progress in realising SDG 3 targets (Wesonga, & Kulohoma, 2020) ^[21]. Achieving the SDG for health requires designing the health systems capable of properly identifying, training, allocating and retaining health workers (Freer, 2016) ^[6]. This requires tailoring the HRIS. Faith-based health organisations are plugging gaps in global healthcare provision at subnational levels by coordinating their activities innovatively, promoting equity and increasing workforce capacity and capabilities (Tagai *et al.*, 2018; Aftab, Siddiqui, Tasic, Perveen, Siddiqui, & Bhutta, 2020) ^[19, 11] in order to help achieve sustainable development goals (SDG) and targets for health by the year 2030.

Conclusion

Human resource information systems are widely acknowledged as having an important role to play in management of multicultural and geographically dispersed workforce. We aimed at examining whether or not individualized service enabled faith-based health organizations in Western Kenya to better performed. Our evidence points to a positive affirmation, that personalised services implemented in HRIS drive faith-based health organisation performance. These organisations are ethically driven to help humanity, therefore, they show utmost care. Additionally, faith-based health organisations fix the health gap at the subnational level in order to achieve SDG 3 on universal good health and well-being by 2030. Adapting HRIS is critical in tailoring health services at these faith-based facilities nonetheless. Adaptation is intuitively innovative in realising the full potential and reaping the greatest benefits of the human resource information system.

Recommendations

We see the need for most faith-based health organizations to transition from manual processes by adopting human resource information systems for improved the effectiveness. This calls for modest investment in a suitable HRIS. As evidenced here, the crux is in tailoring, adapting and domesticating the HRIS to an organisations preference. This will entail sufficiently motivating the human resources through capacity building, coaching and mentorship in order

to unlock their potential and reap the benefits inherent in a well-functioning HRIS.

Limitations of the study

There are no bounds placed on any research. To conduct this research, we focused on a small subset of faith-based health organizations in Western Kenya and interviewed only a handful of their officers. Given the general limitations of case studies, our results may be accepted with some precaution. Additionally, our data were collected through employee self-reporting. These kind of data may pause some inherent limitation.

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