

IMPACT OF HUMAN RESOURCES MANAGEMENT ON THE QUALITY OF HEALTH CARE AT THE GENERAL REFERENCE HOSPITAL OF KALEMIE

| Nyembo Wa Mwenge Jeff |

University Of Kalemie | Democratic Republic of the Congo DRG |



| Received May 02, 2022 |

| Accepted May 09, 2022 |

| Published May 16, 2022 |

| ID Article | JEFF-Ref08-ajira030522 |

ABSTRACT

Background: This study enrolled in a prospect searches the factors associated in a management of human resources that have an impact on the care quality of health in Kalemie general hospital. Soundness nursing quality would have to be a major concern of constitutions of health. If numerous actions were effected to improve the quality of nursing on different aspects like the drugs, the hardware, and the proceedings, it would seem that a loud margin of progression prevails. We calculate besides count wanted for the cardinal role acted by the staff in the rescue in the nursing, the human resources management, impact on soundness nursing quality can have a forte. East lists us in management perspective of human resources. Objective: the object of our search, is to determine the impact of the management of the human resources on soundness nursing quality to Kalemie general hospital. To say this, we thought that the flimsiness of health carefulnesses given in this sanitary constitution would be owed an irrational administration human resources. This work 'originality on the fact that we are the only to rate it rests impact of the management of human resource fulnesses on nursing quality of health in the city of Kalemie. In this respect, it is of administrators responsibility to allow of all for aspects of the resource management that integrate dimensions other as the single performances it is inexpensive and financial.

Methods: To herd this report together, we have procedured to an exhaustive sampling, with like canvas base of 62 subjects. And to reap the data, we set on field, using a rack observation and questionnaire of investigation. **Results:** After analysis and data treatment has our ownership, we arrived at the following results : In relation with the motive of the staff : The staff of the Kalemie general hospital is demotivated because most of them have more than 5 limbs' family size, lives has a distance moreover In the 3 kilometers from the hospital; more than 3 years do not have salary nor a premium of encouragement in which someone did not tell «Good Job!» and that already have fact Without promotion. More of elements that show that it is more difficult for more tell staff to lead better to the assignment that someone confided to it. In relation with the factors associated to the management of the human resources that are of soundness base of the insufficient quality of nursings in this hospital: No agent was submitted to the test of hire before integrating The nursing 'team of this sanitary institution; 98, 4 percent of agents in the structure work, without knowing neither their places nor their limits, but involve in a meaning shows that shows The staff works, without never having Be resigned performances appraisal, Agents cause decades to this structure breast, without having rebuilding holiday. The ones who must come in mail always come very late, pushing the ones who worked before them to leave beyond in hours imagined by the law. Things consequences to this level are tamed in relation with the qualification, the demeanor, as well as the experience of the staff in load of mention carefulnesses of a soundness in this general hospital: Really, The nursing personnel found in this hospital is skilled regarding which about the look of the 'senior status of the nursing staff, but, refers to reports level and has an experience. The continuing Training destined to strengthen its capability, to inform the staff about the new processing methods, about the new protocols, on the 'new merchandises use, poses a problem within Structure. Also the behavior of the nursing staff towards patients has to be changed on improving, even though 'hands of the staff constitutes plethora in some services.

Key Words: Irrational Management, Human Resources, Quality Carefulness.

1. INTRODUCTION

The past few years have highlighted the importance of having appropriate Human Resources policies in place to improve the performance of health systems. It turns out that the implementation of strategic planning of Human Resources for health and the development of policies comes up against two difficulties:

First, human resource planning has not always been a priority for ministries of health in developing countries. It will undoubtedly take time and more convincing factual evidence to convince them to change their priorities.

Second, when this planning takes place, it tends to focus on the inputs and outputs or the manpower requirements of a particular health program. But what does the word "quality" mean? It is a set of several characteristics expected of a care by a patient, in relation to the needs of the latter. It is also a process and a result. Well maintained, the management of Human Resources in health has the advantages of guaranteeing good care of patients of different categories, which produces a reduction in the hospital mortality rate.

While irrational management has no advantage, but many disadvantages such as non-compliance with the profile of the tasks of health workers and that of the instructions, with as consequences the overlap in the performance of tasks presenting failures in treatment, resulting in numerous deaths.

Several studies have been carried out within the framework of rational management of human resources, considered as the driving force of all health, social, economic and political development. This is why we are not the first to deal with this subject, others were interested in it as well. This is notably the case with Belanger [1], Dhaene [2], Noguera and Sauvannet [3] who revealed the following facts:

1. There is "a general and deep sense of unease among the staff";
2. Given the climate and working conditions, "the quality of care and services would be deplorable if there was not a good dose of empathy and dedication among the staff assigned to patient care and social services. "
3. The health system presents, at all levels, significant problems of functionality, organization, management and control of practice resulting in a fragmented, inaccessible and low-quality care offer.
4. Trends in mortality and morbidity have a major impact on human resource needs in the health sector: while significant aging affects developed countries, the resurgence of pandemics particularly affects the least developed countries.
5. There is also a lack of autonomy at work: only certain bodies are empowered to take decisions. They do not always do so, which can block the work of certain departments and lead to staff disempowering.

Unlike Belanger, Dhaene, as well as Noguera and Sauvannet, our study aims to determine the impact of Human Resources management on the quality of health care at Kalemie General Reference Hospital. It constitutes an important outline in view of the damage and negative consequences reported here and there following poor management of human resources in the health sector in the DRC. The whole world has been facing a growing shortage of human resources for health in recent years. According to the World Health Organization (WHO), the 59 million health professionals around the world are not enough to cover current needs. About 4.3 million new recruitments were needed to meet health needs in 2015, including one million for the African continent alone where the burden of patients is considerable (25% of the global disease burden, 60% of AIDS representing 25 million people infected with 3.2 million new cases of infections in 2005) [4]. In addition, irrational management of Human Resources in the hospital environment has negative consequences on the state of health of the beneficiary populations. The Ivory Coast and the WHO carried out an analysis of the human resources situation in health, having observed that a foreseeable shortage of healthcare personnel in relation to the needs, resulted in numerous loss of human life [5]. The report from the "Institute of Medicine" in the United States which estimates that between 44,000 and 98,000 patients die each year as a result of medical errors [6].

Certain facts show that this situation often has repercussions on the morbidity and mortality of populations. The WHO estimates that 7 to 12% of deaths are linked to an irrational management of human resources in the world: the lack of a sufficient workforce in quantity and quality, irrational management of drug stocks, errors medical without follow-up [7]. Although sketchy, current data shows that human resources for health are a serious problem in the DRC. While in 1998 the number of doctors in the DRC was around 2,000 and that of nurses 27,000, today it is difficult to say how many doctors and nurses there are in the DRC [8].

The mediocre salary currently paid by the Civil Service is another factor which seriously undermines the implementation of health policy based on primary health care and the achievement of other priorities both national and international. In fact, in addition to reinforcing the survival strategy mentioned above, the unattractive nature of the salaries paid creates instability for the staff who is thus in a continuous search for the highest bidder [9].

As we can see, the problem remains a concern over the whole extent of the Democratic Republic of Congo and affects both layers: firstly the health personnel who, once affected, paralyze the activities of the hospital, with consequences a high rate of morbidity and mortality, of which women and children under five pay a heavy price. Second, the populations benefiting from the health care administered by the Hospital, prefer to engage in self-medication, thus plunging the Hospital into the low attendance rate. It is customary to observe a high intra-hospital mortality in structures with a problem with the organization of services. This problem has several reasons which are considered to be decisive. It is in this context that this work is carried out. To carry out this work, a few objectives are essential.

The purpose of this research is to determine the impact of Human Resources management on the quality of health care at the Kalemie General Reference Hospital. With the specific objectives of:

- Identify the reasons for the demotivation of the staff of the Kalemie General Reference Hospital,
- Determine the factors related to Human Resources Management which would be the basis of the insufficient quality of health care in this Hospital,
- Check the qualification, behavior and experience of the staff in charge of health care in this General Referral Hospital.

2. MATERIALS AND METHODS

Our study is a Transversal Descriptive study.

To carry out this work, we have:

- Used exhaustive sampling,

- Interviewed all the nursing staff of the KLM General Reference Hospital, the Managers, as well as the patients present during our stay at the hospital,
 - Wrote a survey questionnaire in accordance with the objectives we have set,
 Collected our data using the survey questionnaire and an observation grid, through a field trip,
 - Observed the rules of medical ethics by respecting the dignity of all our respondents,
 The population in our study is made up of nursing staff from the Kalemie General Reference Hospital, managers and patients met at the hospital who receive care in this hospital. The duration of our work is 3 months, that is, from September to November 2021.

This study was carried out in the eastern zone of the Democratic Republic of Congo between 5 ° and 7° 04 ' South latitude and 26 ° and 29° East longitude. The City of Kalemie is the capital of the province of Tanganyika and is located in the territory of Kalemie, with as limits: the territory of Fizi in the Province of South Kivu to the north, the territories of Nyunzu and Manono to the west, Moba territory to the south and Lake Tanganyika and Tanzania to the east. The study area enjoys a tropical climate with a 5 to 6 month dry season from late April to early October; rainfall is between 770 and 1,500 mm Depending on the locality, the average temperature is 20 to 27 ° C.

Thus, our sampling frame is 62 people; which at the same time constitute our sample size. It should be noted that, apart from this base, we were able to interview 17 patients on how they judge the behavior of the nursing staff. We also questioned the staff in charge of Human Resources Management not only on the number of staff, but also on the fact that all our respondents unanimously pointed out the hierarchy on the question concerning the reconstitution leave.

Are included in this study, all the caregivers of this Hospital, the patients benefiting from health care in this Hospital, as well as the personnel in charge of Human Resources Management in this Reference health structure. Sont exclus de ce travail, tout le personnel non soignant et non en charge de la Gestion des Ressources Humaines de cet Hôpital, mais aussi tous les malades ne bénéficiant pas des soins de santé dans cette structure sanitaire.

Il est vrai que, pour aborder ce thème, beaucoup d'aspects peuvent toujours intervenir ; mais nous nous intéressons exclusivement aux Facteurs liés à la démotivation du personnel soignant, à ceux liés à la Gestion des ressources Humaines, ainsi qu'à la Qualification et à l'expérience du personnel soignant de cette structure, que nous tenterons de lier à la qualité des soins de santé donnés dans cet Hôpital Général de Référence de Kalemie.

Table 1 : The Identity of the nursing staff of the Kalemie general referral hospital.

N°	Parameters	Exploding parameters	Men		Total Number (n=62)	%
			Men	Women		
01	Sexe	Men	25	00	25	40,3
		Women	00	37	37	59,7
		Total	25	37	62	100
02	Age (years)	Less than 30	19	00	19	30,6
		30 – 60	05	26	31	50
		More than 60	01	11	12	19,4
		Total	25	37	62	100
03	Civil status of nursing staff	Single	12	01	13	21
		Married	13	32	45	72,5
		Widower	00	04	04	6,5
		Total	25	37	62	100
04	Family size	Without dependents	06	04	10	16,1
		Less than 3 dependents	00	07	07	11,3
		3 – 6 dependents	05	07	12	19,4
		More than 6 dependents	14	19	33	53,2
		Total	25	37	62	100
05	Education level of nursing staff	Doctors	07	01	08	12,9
		Nurse A1	13	22	35	56,5
		Nurse A2	3	8	11	17,7
		Nurse A3	2	6	08	12,9
		Total	25	37	62	100
06	Place of residence	Around the hospital	05	11	16	25,8
		At less than 3 kilometers from hospital	03	07	10	16,1
		At more than 3 kilometers from the hospital	17	19	36	58,1
		Total	25	37	62	100

Table 2: Motivation of nursing staff at the Kalemie general referral hospital.

N°	Parameters	Exploding parameters	Men		Women		Total Number (n=62)	%
01	Regularity of the monthly salaries of caregivers	Yes	04	00	04	00	04	6,5
		No	21	35	56	00	56	90,3
		Abstention	00	02	02	3,2		
Total			25	37	62	100		
02	Salary assessment by nursing staff	Sufficient	00	01	01	00	01	1,6
		insufficient	00	06	06	00	06	9,7
		Abstention	25	30	55	00	55	88,7
Total			25	37	62	100		
03	Seniority of nursing staff	Less than 3 years	06	11	17	00	17	27,4
		More than 3 years	19	26	45	00	45	72,6
Total			25	37	62	100		
04	Promotion of nursing staff	Yes	00	13	13	00	13	21
		No	25	23	48	00	48	77,4
		Abstention	00	01	01	00	01	1,6
Total			25	37	62	100		
05	Incentive bonus for nursing staff	Yes	01	00	01	00	01	1,6
		No	24	36	60	00	60	96,8
		Abstention	00	01	01	00	01	1,6
Total			25	37	62	100		
06	Reason for not granting the bonus	The hierarchy must explain itself on this	17	35	52	00	52	83,9
		It doesn't exist in this hospital	07	02	09	00	09	14,5
		Abstention	01	00	01	00	01	1,6
07	Delegation in medical prescription	Yes	13	30	33	00	33	89,6
		No	02	03	05	00	05	10,4
Total			15	33	48	100		
08	Within the framework of medical prescription by Nurses	In case of emergency	04	17	21	00	21	43,8
		Whenever it is necessary	03	09	12	00	12	25
		In the absence of the doctor	06	04	10	00	10	20,8
		Abstention	02	03	05	00	05	10,4
Total			15	33	48	100		
09	Consideration of the points of view of caregivers by managers	Yes	12	37	49	00	49	79
		No	13	00	13	00	13	21
10	Reasons for non-consideration of points of view by managers	Managers don't want to collaborate	7	00	07	00	07	53,8
		Notice reserved for managers	6	00	06	00	06	46,2
Total			13	00	13	100		
11	Sanction of nursing staff	Positive sanction	00	00	00	00	00	00
		Negative Sanction	25	35	60	00	60	96,8
		Positive and negative sanction	00	02	02	00	02	3,2
Total			25	37	62	100		
12	The satisfaction of the nursing staff	Yes	25	02	27	00	27	43,6
		No	00	34	34	00	34	54,8
		Abstention	00	01	01	00	01	1,6
Total			25	37	62	100		
13	Reason for non-satisfaction of nursing staff	No salary	00	29	29	00	29	82,8
		Too overloaded	00	03	03	00	03	8,6
		Studies not considered	00	01	01	00	01	2,9
		Skills not considered	00	02	02	00	02	5,7
Total			00	35	35	100		

RESULTATS

Our Results are presented in the form of commented tables:

3.1 Identity of the nursing staff of the Kalemie general referral hospital

These are items relating to sex, age, marital status, family size, level of education and the distance between the residence of the nursing staff and the hospital. From this table, it emerges that the majority of nursing staff are women, ie 59.7%; 50% of the staff are between 30 - 60 years old; 72.5% are married with a family size of more than 6 people; 56.5% are A1 nurses and 58.1% live more than 3 kilometers from the Kalemie general referral hospital.

Table 3 : The Management of nursing staff at the Kalemie general referral hospital

N°	Parameters	Exploding parameters	Exploding parameters		Total Number (n=62)	%
			Men	Women		
01	Recruitment	By job application	05	09	14	22,6
		By recommendation	02	11	13	21
		After the improvement training	09	06	15	24,2
		Recovered after the professionalization internship	07	11	18	29
		Transferred	02	00	02	3,2
Total			25	37	62	100
02	Description of the duties of the nursing staff of the Kalemie general referral hospital	Yes	01	01	02	3,2
		No	24	36	60	96,8
Total			25	37	62	100
03	The evaluation of the nursing staff of the Kalemie general referral hospital	Yes	00	01	01	1,6
		No	25	36	61	98,4
Total			25	37	62	100
04	The frequency of the evaluation of the nursing staff	Every semester	01	00	01	100
Total			01	00	01	100
05	For the style of personnel management	Democratic	03	15	18	29
		Autocratic	22	22	44	71
		Carelessness	00	00	00	17,7
Total			25	37	62	100
06	In-service training	Yes	00	28	28	45,2
		No	24	09	33	53,2
		Abstention	01	00	01	1,6
Total			25	37	62	100
07	Taking reconstitution leave for nursing staff	Yes	04	17	21	33,9
		No	21	20	41	66,1
Total			25	37	62	100
08	The reason for not taking leave	Loss of subsidy	13	8	21	51,2
		Administrative slowness	6	8	14	34,2
		Not yet completed one year of service	2	4	6	14,6
Total			21	20	41	100

3.2 Motivation of the nursing staff of the Kalemie general referral hospital

This is information relating to monthly salaries, seniority, promotion, bonus, medical prescription, consideration of points of view, sanction and the satisfaction of the nursing staff of this structure medical center of Kalemie.

From this table, it appears that 90% of the staff do not receive their salaries regularly; 9.7% say the salary is insufficient, compared to 88.7% who refrain from commenting on the salary; 72.6% have more than 3 years of service, while 77.4 have never been promoted at all; 96.8% never received an incentive bonus; 79% of the views of nursing staff are considered; 96.8% of sanctions are negative sanctions and that 54.8% of the nursing staff are not satisfied with their treatment within this referral medical structure in Kalemie.

3.3 Management of nursing staff at the Kalemie general referral hospital.

This concerns information relating to recruitment, job description, evaluation of nursing staff, management style, in-service training, as well as the taking of leave.

In view of these results, it appears that 22.8% of the nursing staff were recruited after submitting their employment applications to the competent services and that the leftovers were either recommended, recovered after the internship; 96.8% work without job description; 98.4% have never been subject to a performance review; 71% of staff say that the Management style applied at Kalemie General Referral Hospital is Autocratic; 71% have never undergone in-service training; 66.1% have never taken reinstatement leave and 51.2% do not take their leave for fear of losing the local bonus. The Results below come from the services we used to collect the related information. There are 14 departments, which form the sampling frame for this part of the work:

Table 4: The behavior of the nursing staff at the Kalemie general referral hospital.

N°	Parameters	Exploding parameters	Total Number (n=62)
01	Presence of the organization chart in each department	Yes	00
		No	14
Total			14
02	Reception of the sick	Good welcome	03
		Bad reception	07
		Acceptable reception	04
Total			14
03	Waiting time for patients before being consulted	0 – 30 Minutes	02
		30 – 60 Minutes	08
		Beyond 60 Minutes	04
Total			14
04	Time of arrival of nursing staff at the hospital	On time	06
		Late	08
Total			14
05	The behavior of nursing staff	Good	02
		Bad	12
Total			14
06	Satisfaction with patient care	Yes	05
		No	07
		Abstention	02
Total			14
07	The reason for non-satisfaction of care among patients	Nurses neglect the sick a lot	04
		All products payable by the patient	02
		Ineffective monitoring	01
Total			07
08	The origin of the drugs used in this hospital	All comes from the structure	01
		All comes from outside the structure	00
		A little from the outside and a little from the inside	13
Total			14
09	Pricing of care prices at the Kalemie general referral hospital	Flat rate	14
Total			14

From this table, it emerges that there is no organization chart in each department (100%); 50% of patients say that the reception is poor; 57.1% say that the patient's waiting time before being consulted varies between 30 and 60 minutes; 57.1% of nursing staff arrive late for service; 50% of patients are not satisfied with the care given to them in this

hospital; 92.9% say that the drugs come either from outside or inside the structure; but that the rate applied within this medical structure is Fixed.

4. DISCUSSIONS

This work is the first to describe Human Resource Management and Quality of Health Care in Kalemie. It is one of the few of its kind to be carried out in the Democratic Republic of Congo in particular and in sub-Saharan Africa in general. It has the particularity of having collected the opinions of caregivers on aspects related to Human Resources Management.

The results revealed several important aspects in relation to the Impact of the Management of these Resources on the quality of health care in this General Referral Hospital of Kalemie.

What we noted positive is that the nursing staff of this health structure are highly qualified in terms of medical training or their studies (Table 1).

However, we noted a number of negative aspects there which we categorized according to our Objectives, as well as our unanswered questions:

In connection with the demotivation of staff

Our study shows that the nursing staff at the Kalemie General Reference Hospital have aged; the majority of them having a family size of more than 5 members. These caregivers live a distance that requires transport to arrive at the workplace on time (Table 1). However, they do not have a salary at the end of the month, claiming that they only have what they call "local bonus", which is insufficient (cf. Table 2). Zinnen, in his book "Documenting the Results of Implementing Aid Effectiveness Principles in the Health Sector: A Case Study of the Democratic Republic of Congo" drew this conclusion: "The mediocre salary currently paid for by the Civil Service is another factor that seriously compromises the implementation of health policy based on primary health care and the achievement of other priorities both national and international. In fact, in addition to reinforcing the survival strategy, the unattractive nature of the salaries paid creates instability for the staff who is thus in a continuous search for the highest bidder" [9].

Also, for the question concerning the seniority of the nursing staff at this Hospital, it is clear that the vast majority of them have more than three years of service (Table 3). But our results show that this staff never received a promotion or an "Incentive". Dr Doumbouya argues that linking the payment of funds to service outcomes is a highly effective strategy that funding agencies can use to hold service organizations accountable and encourage them to achieve program goals [10].

We can compare these Results to those of BÉLANGER, which dealt with "Human resource management in health and social services establishments: a dead end" with the aim of proposing a participatory management style. It had produced the following results:

- There is "a general and deep sense of unease among the staff";
- A "deteriorated work climate", human resources "demotivated and under-valued, neglected and poorly managed".

Given the climate and working conditions, "the quality of care and services would be deplorable if there was not a good dose of empathy and dedication among the staff assigned to patient care and social services" [1].

In relation to the factors related to Human Resources Management which would be at the base of the insufficient quality of health care in this Hospital:

Our Results show that among all of our interviewees, none of them was subjected to the Employment Test before being recruited into this public health structure in Kalemie. They show that the staff of this health institution has never been evaluated (Table 3). A founding work, very often cited in the literature, is that of Delery and Doty cited by Baret. Their research focused on the impact of Human Resources Management on the financial profitability of 1,050 North American banks. Their results show that profit sharing, performance evaluation and job security had a strong influence on the financial performance of organizations [11].

Our results show that most caregivers at the General Referral Hospital often arrive late (Table 4).

These results can be compared to those of WHO, through its Director-General, who proposes to create at the head of the health structures, a Qualified Director, in charge of Human Resources [12]. But also to those of Mbativou who says, in relation to the reception of patients, the over-taxation of bills, that the management of health personnel must be

reviewed and corrected, and must have adequate and appropriate expertise to extend its action plan, beyond the simple resolution of administrative problems, to establish itself definitively in a strategic and leadership perspective [13].

In relation to the qualification, behavior, as well as the experience of the staff in charge of health care in this General Referral Hospital:

Admittedly, the results at this level of things are mixed: The nursing staff found in this hospital are qualified as regards their studies, and have proven experience, with regard to their seniority within this structure. But continuing training, intended to strengthen staff capacity, inform them about new treatment methods, new protocols and the use of new products, poses a problem within this state health structure. It is important to point out that, according to one of the managers in charge of Human Resources, the General Hospital has 23 Doctors (it is clear that we have not seen them all), which constitutes a plethora (Table 1, 3 and 4).

These Results can be compared to those of Didier G. et al who drew this conclusion in relation to Human Resources Management, I quote: "Although fragmentary, current data show that human resources for health are a serious problem. in the DRC. While in 1998 the number of doctors in the DRC was around 2,000 and that of nurses 27,000, today it is difficult to say how many doctors and nurses there are in the DRC [8].

5. CONCLUSION

This study, carried out among 62 employees of the Kalemie General Reference Hospital, showed that the factors related to Human Resources Management are really the basis of the insufficient quality of health care administered in this Hospital.

It also reveals that the treatment of medical personnel by managers is the basis of their demotivation; Despite the qualifications and experience of this staff, the managers of this care facility never take all of these factors into account. In the face of all of the above, we can say that our goals have been achieved.

6. REFERENCES

¹ Paul R. BÉLANGER, « *La gestion des Ressources Humaines dans les établissements de santé et de services sociaux : une impasse* », Nouvelles pratiques sociales, vol. 4, n° 1, 2008

² Gwenaël Dhaene, *Ressources humaines et santé en Afrique : expériences, défis et réalités*, GIP SPSI, 2007.

³ Florence NOGUERA et alii, *La Gestion des Ressources Humaines dans le milieu de la santé : impacts des pratiques sur la qualité des soins et sur les performances « cas d'une clinique privée au Bénin »*, 960 Montpellier, CERAG, 2014.

⁴ OMS, *Les pénuries en personnel de santé et la riposte au sida*, 2006

⁵ LOUKOU D. et alii, *Rapport d'analyse de la situation des Ressources Humaines pour la Santé en Côte d'Ivoire*, Abidjan, 2006.

⁶ WILLIAM C. RICHARDSON, *To err is human: Building a safer health system*, The Institute of Medicine, USA

⁷ OMS, *Guide de gestion administrative des Ressources Humaines*, 2000

⁸ Didier G. et al : *Processus de décentralisation : Risques et potentiels pour le secteur de la santé*, INRB

⁹ Véronique Zinnen *Documentation des résultats de la mise en œuvre des principes de l'efficacité de l'aide dans le secteur de la santé : Etude de cas de la République Démocratique du Congo*, février 2012

¹⁰ Marie E. Haubert, *Améliorer la gestion des Ressources Humaines*, ANAP, Paris, 2011

¹¹ Christophe BARET, *La gestion des ressources humaines face à l'amélioration de la qualité des soins à l'hôpital*, GRAPHOS - Université Lyon3, 18 rue Chevreul 69007 Lyon – France, 2008

¹² OMS : *Réforme de la gestion des ressources humaines*, Note du Secrétariat, Décembre 2001.

¹³ MBATIVOU ANAGOU : *Facteurs qui entravent la gestion efficace du personnel infirmier à l'Hôpital central de Yaoundé*, mars 2012.



Cite this article: Tabatundwe Mikonge, Munyoma Assumani Léon, Buka Polepole et Kubali Mwisa Victor. REMUNERATION DES PERSONNELS DE L'HOPITAL GENERAL DE REFERENCE DE BAGIRA : ZONE DE SANTE, EST DE LA RDC. *Am. J. innov. res. appl. sci.* 2022; 14(5): 210-217.

This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>