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The Role of the Health Services Management Programme in Zimbabwe's Health Sector-an Inquiry into the Demand Drivers and Quality of the Health Services Management Program Offered by Africa University

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ABSTRACT

Since information on the actual market position of the Bachelor of Health Service Management (BHSM) program is not easily accessible, a study was commissioned to determine the dynamics of the demand and supply side. The sustainability of the BHSM may be a concern due to the low number of students enrolling in the program and the costs associated with the university's delivery of the program, which includes qualified professors and learning resources. Thus, the study's primary goal was to comprehend the factors that influence supply and demand for the BHSM program in Zimbabwe's health sector to enhance the program's quality and increase job prospects for BHSM graduates also know how the Africa University BHSM program curriculum review process is established, planned, and carried out. This evaluation research was directed by a mixed-method approach that included a desk review, in-depth interviews, key informant interviews, focus group discussions, and a quantitative skills assessment to produce evidence to support the results, analysis, and recommendations. The study recommended that the university should work towards striking a balance between commercial and clinical courses to meet the requirements of the government and private sector and to have curriculum reviews of the program on a more regular basis.

INTRODUCTION

One of the industries with the fastest global growth is the health sector. There is a growing need for universities to offer high-quality healthcare management service programs as the number of jobs in the sector grows. Universities must appropriately prepare their graduates to fulfil the needs and demand in the health sector, as suggested by Naidoo and Mutinta (2014) (Ahmed and Hussien, 2017; Heo and Xiaohui, 2019). According to Fenta *et al.* (2019), providing high-quality instruction and training in healthcare management service programs by universities is the first step in achieving a high performance of healthcare delivery systems.

This researcher proposes to research the role of Health service management programme in Zimbabwe health sector. The main focus is on the demand drivers and the quality of the BHSM program offered by Africa University.

Background of the Study

The majority of African nations have some of the worst health metrics in the world, according to the World Bank (2019). In Sub-Saharan Africa, the rates of new-born and crude mortality are 8 per 1000 and 38 per 1000 live births, respectively. According to World Bank data from 2018, the average out-of-pocket expense (current US dollars) per person in Sub-Saharan nations is 27, 75. Most African nations' current health spending per capita (in US dollars) has increased, but it is still very low. For instance, Zimbabwe increased from 116, 71 to 140, 32 in 2014

and 2018 respectively, unlike Tanzania and Mozambique where it was 40, 15 and 42, 45 in 2014 and then 36, 82 and 40, 26 in 2018. Major illnesses are still quite common in the nations of Africa.

According to World Bank 2020, Sub-Saharan Africa has a prevalence rate of 3,575 for HIV, which is still high compared to the global prevalence rate of 0.7. For Sub-Saharan Africa and the rest of the world, the incidence of malaria is 219,127 per 1000 and 57,433 per 1000 population at risk, respectively. One of the poorest indicators in Africa is the national poverty headcount ratio, which measures the percentage of the population living below the national poverty datum line. For instance, in 2019 it was 38, 3% and 32, 3% respectively for Zimbabwe and Angola, which is very high compared to Belgium, where it was 14, 8% (World Bank, 2020).

In the African region, the availability of crucial medical procedures is uneven and of poor quality and safety. Giving birth at a health institution is not associated with a safe birth, even if the rate of skilled care during childbirth improved from 58% in 1990 to 73% in 2013, mostly because of increases in births that take place there (WHO, 2018). The WHO estimates that around the time of childbirth, 303 000 mothers and 2.7 million newborn infants pass away, and many more suffer from diseases that can be avoided. Less than 50% of those with common illnesses who needed therapy actually obtained it.

Only approximately 30% of moms are thought to exclusively breastfeed their infants during the first

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six months. Additionally, the allocation of resources prioritizes expensive curative care while ignoring primary prevention and health promotion, which might reduce disease burden by up to 70% (WHO, 2018). The idea that Primary Health Care is the foundation for organizing all health services for clearly defined populations in districts is not institutionalized in the majority of African countries. Although decentralization has been put into place, some areas, like managing finances and human resources, have not been fully transferred to the lower levels. Additionally, the lower level's technological, political, and administrative capabilities don't correspond to the amount of authority transmitted.

Due to the lack of adequate inter sectoral collaboration, particularly with the agricultural, educational, water supply, and waste disposal divisions, adequate participatory planning and organization, effective communication with communities, effective management and coordination of programs and services at all levels, and adequate decentralization at the district level, the benefits of decentralization are minimal. Inequitably distributed across urban and rural areas, there is insufficient scaling up of the production of health professionals, and there are insufficient incentives for hiring, deploying, and keeping staff to mitigate the effects of the Human Resources for Health issue. Due to this, a large number of highly skilled and brilliant medical professionals leave for more favourable environments, such as those found in Euro-American countries.

Most African countries lack sufficient district-level teams that are competent. Most of the countries in the region's health services, including referral systems, are not set up in a way that assures continuity of care and effective resource use. As a result of insufficient data collection and analysis for prompt and informed decision-making due to the absence of real-time tracking technologies, districts are unable to properly monitor progress towards the achievement of annual or longer-term goals.

The World Health Organization (WHO) developed a framework for health systems that breaks down health systems into six building blocks: service delivery, the health workforce, information, medical products, vaccines, and technologies, financing, and leadership/governance. The health sector in sub-Saharan Africa is currently suffering from a severe lack of human resources in all areas and at all levels of the health care delivery system. The most intricate but crucial component of any health system is undoubtedly the leadership and governance. It deals with how the government affects health and how it interacts with other parties whose actions have a bearing on health. In order to safeguard the public interest, this entails monitoring and directing the entire health system, both public and private. Because it includes balancing competing demands for scarce resources under shifting conditions, it necessitates both political and technological action (WHO, 2018). Health services managers must be able to adapt to changes in laws, regulations, and technology in pace with the healthcare revolution in order to increase

the effectiveness and calibre of providing healthcare services. Health services managers, who serve a variety of tasks in hospitals and community health services, including human resources, personnel management, clinical management, facilities management, and finance, are important figures. Consequently, there is a need for highly qualified health services managers.

In order to address the severe lack of highly skilled cadres, Africa University's Faculty of Health Sciences and Faculty of Management and Administration collaborated to establish and launch an undergraduate degree program in Health Services Management in 2006. The curriculum is a four-year full-time course of study that includes a year of industrial attachment. The Bachelor of Health Service Management degree (BHSM) program was the first in-depth undergraduate degree program in sub-Saharan Africa and was designed to create a knowledgeable cadre of health service managers with a solid understanding of health and disease, as well as issues pertaining to patient care, disease prevention, and promotion of health.

The curriculum placed a strong emphasis on using information technology as a management tool in daily tasks like planning, implementing, and evaluating programs, managing finances, keeping track of expenses, and managing human resources. The initiative largely concentrated on hiring cadres with a background in science or business who had just graduated from high school.

When the program first began in 2006, students who finished the sixth semester with a cumulative grade point average of 3.5 qualified for an honors degree. In their senior year, the student would go on to select a research topic and conduct the study. Since 2016, the program has become a full-time honors degree program, and before completing the degree program, each student is required to conduct a research project.

Human biology, human genetics, microbiology and immunology, nutrition and health, diseases of infancy and childhood, health care of special populations, displaced persons, and refugees were all included in the program's initial curriculum. As of 2016, some modules had been eliminated, and new ones related to the management and administration of health services had been added, such as Principles of Health Services Accounting, Health Law, and Procurement, Logistics, and Assets.

Problem and Purpose of the Study

Despite being a necessary skill, the program has low net enrolment and acceptance in the health sector. In order to help the institution improve or reorganize its design and/or delivery, it is necessary to analyze the demand drivers for the program.

Since information on the actual market position of the BHSM program is not easily accessible, a study to determine the dynamics of the demand and supply side was commissioned. The sustainability of the BHSM may be a concern due to the low number of students enrolling in the program and the costs associated with

the university's delivery of the program, which includes qualified professors and learning resources.

In order to help the institution improve or reorganize its design and/or delivery, it is necessary to analyze the demand drivers for the program. Additionally, there is no research on the BHSM program's responsiveness on the supply and demand sides. There are opportunities for the BHSM program to be reviewed, but such a process must be organized and systematic.

The initial enrolment of the programme in 2006 had eight students and the current enrolment as of 2021 stands as-

First years - 10 students

Second years – 13 students

Third Years- 11 students

Fourth years – 13 students

Since the program's inception 15 years ago, the numbers have not greatly increased. Learning and sustainable growth are inherently related because of the market's acceptance of graduates. As a result, the success of an academic program should start with an awareness of market needs, which means that for institutions to remain competitive, they must actually address the needs of both students and employers. Similar to this, a study by Sandri (2018) recognizes that evaluating graduate competence has the potential to improve learning for sustainability and is essential for closing the gap between curriculum creation, workplace expectations, graduate learning outcomes, and learning and teaching. Hence, it is imperative for such an assessment to be conducted within the Zimbabwean context with a particular focus on the BHSM programme and health sector market.

The study's primary goal was to comprehend the factors that influence supply and demand for the BHSM program in Zimbabwe's health sector in order to enhance the program's quality and increase job prospects for BHSM graduates. Know how the Africa University BHSM program curriculum review process is established, planned, and carried out as well.

Study Objectives

1. To explore the rationale behind the offering of the Bachelor of Health Service Management (BHSM) degree programme at Africa University

2. To establish the procedure adopted in the development of the degree programme.

3. To assess the nature of buy-in stakeholders had in the evolution of the degree programme from nomenclature to module/course synopsis.

4. To determine the global health sector needs and the niche market catered for by the BHSM degree.

5. To explore the minimum body of knowledge required for the graduates with BHSM to be regarded as offering a critical skills area in the public health sector locally and globally.

6. To assess the fitness of the degree program's modalities of skills/knowledge transfer to the sector's graduate skills expectations.

7. To suggest ways in which the BHSM degree program can be improved upon to meet the needs of the public health sector locally and globally thereby helping to increase the uptake of the degree programme from its current level.

LITERATURE REVIEW

The relationship between university programs and service delivery in the sector has been the subject of several studies (Buchbinder *et al.*, 2019; Chimbari *et al.*, 2008; Novick *et al.*, 2008). According to Proboyo and Soedarsono (2019), facilitating the curriculum is essential to guaranteeing that institutions deliver high-quality health service management programs. (Altbach, 2011; Rojas and Rojas, 2016; Nikusekela, & Pallangyo, 2016) According to a number of authors. The employability of graduates, their abilities to provide services, and their capacity to take on roles in the industries where they find employment are all indicators of the excellence of a university program. An African university's health service management program must be able to create employable graduates with the necessary abilities.

According to a study by Abubakar (2017), university programs significantly impact the sector. There must be a connection between the program's curriculum and the industry's requirements. The curriculum is developed by both industry requirements and any adjustments or developments. Buchbinder *et al.* (2019) reaffirmed the need to compare the curriculum of academic programs to those of the industry (Sandri, 2018). This aids universities in producing qualified graduates.

This study aims to examine the impact of the health service management program on the industry. Despite the requirement for qualified and competent health services managers, no adequate research has been conducted on the quality of the BHSM program at Africa University, which is the gap that the research seeks to fill.

Conceptual Framework: CIPP Evaluation Model

The Context, Input, Process, and Product (CIPP) evaluation paradigm created by Daniel Stufflebeam (1983) will serve as the study's compass. In order to increase a program's efficacy and/or plan for the future, the model directs the methodical identification of strengths and limits in the content or delivery of a program. The framework for this study will help in assessing the critical elements that are vital to the BHSM program cycle, including the program's appropriateness (context), curriculum planning and development (input), curriculum implementation and monitoring (process), and the outcomes, particularly the skills of graduates (product).

Table 1: Application of the CIPP Evaluation Model to the BHSM program assessment

Component	Context	Input	Process	Product		
Aim	To assess the appropriateness of program goals/objectives	To assess the merit of the curriculum and the congruency between objectives and content * To assess the program facilities	To assess the program's progress: Students Activities Teaching-Learning Activities Research Activities	To assess the program's performance To assess graduates' skills To assess the overall impression of the program		
Respondents	Academia, Alumni, Employers	Academia, Current students, Alumni	Academia, Current students, Alumni, Employers	Academia, Alumni, Employers		
Representative indicators	Six indicators	Seven indicators	eight indicators	nine indicators		
Representative indicators						
1.0 Context Evaluation Indicators						
1.1 Are the program goals well defined and met?	1-objectives are valuable	2- Objectives are clearly defined	3- Objectives are met at the end of the program	4- Objectives stated are up to date	5- Objectives stated meet students' expectations	6 - Objectives are relevant to students' needs
2.0 Input Evaluation Indicators						
2.1 Is the curriculum well developed?	1-The curriculum is in accordance with the goals	2-The content meets my needs	3- The content meets my expectations	4-The content provided is up to date		
2.2. Are the educational equipment well provided?	5- Classroom environments are well equipped with audio visual equipment	6- The library resources are adequately accessible	7- Learning resources are well prepared			
3.0 Process Evaluation Indicators						
3.1. To what extent are students involved?	1 Students are actively involved during internship experiences	2 Students are actively involved in classroom activities	3 problem-based subjects are discussed in classroom			
3.2. How are teaching-learning strategies used?	4 Teaching methods are appropriately implemented	5 Learning in groups is effectively devised	6 Students are fairly evaluated during the program			
3.3. To what extent are students involved in research activities?	7 Students are encouraged to do research activities	8 Student research skills are well strengthened during the program				

4.0 Product Evaluation Indicators						
4.1. Is the program performed properly?	Overall evaluation of teacher performance	Students satisfied with the program	The program is responsive to students' professional needs	The program promotes the students' knowledge	The program improves the students' attitudes	
4.2. Are the desired competencies met?	Minimum competencies are addressed at the end of the program	The acquired skills are relevant to your career path	The acquired skills are relevant to the needs of health settings			
4.3. The overall impression of the program	feeling that the training sessions are useful					

MATERIALS & METHODS

Research Design

This evaluation research was directed by a mixed-method approach that included a desk review, in-depth interviews, key informant interviews, focus group discussions, and a quantitative skills assessment to produce evidence to support the results, analysis, and recommendations. Thematic analysis was used for qualitative data. Utilizing a variety of sources to acquire complete information made it possible to cross-verify and triangulate the data in order to draw conclusions.

Study Population and Sampling Procedure

The population of the study comprised of the key decision makers in the structuring of the BHSM

programme at the academic institutions and human resources/ talent acquisition leaders responsible for job functions, structuring and recruitment, enrolled BHSM students and lastly the BHSM alumni. Purposive sampling was used for selection of respondents based on their role and contribution in the BHSM pathway as per identified stakeholders (ref. stakeholders' analysis matrix). The selection ensured that all the stakeholder groups' views are adequately represented and incorporated. In some instances, particularly for the BHSM programme alumni, snowball sampling was used to ensure full coverage of different views based on the employment status, industry, and location among the group.

Stakeholder Analysis Matrix

Table 2: Stakeholder Analysis Matrix

Stakeholder	Type	Role				
			Context	Input	Process	Product
Africa University	Supply	Curriculum development and implementation at Degree level	x	x	x	x
Ministry of Health & Child Care	Demand	National central government department mandated for public health	x	x	x	x
Health Services Board	Demand	Designated employer of all health sector personnel in the central government health sector	x	x	x	x
Private Hospitals	Demand	Private sector health services delivery and management	x		x	x
Health related NGOs	Demand	Non-government funded health programmes development and implementation	x		x	x
BHSM students and alumni	Supply	Health services management skills holders			x	x

Inclusion Criteria

BHSM students who have been accepted into the program, human resources/talent acquisition leaders who are in charge of job functions, program structuring, and recruitment, and lastly the BHSM alumni who were available during the study term.

Exclusion Criteria

The study did not include anyone who was not involved in the design of the BHSM program at Africa University. Additionally, cadres in human resources/talent acquisition leaders who were not in charge of structuring jobs or recruiting were not included. Students and graduates of BHSM who were absent during the study time were disqualified.

Devices, Tests, Questionnaires, and Interview Guides In-depth Interviews (IDI)

These were carried out to ensure a thorough investigation of the problems in an effort to look at the underlying forces on both the supply and demand sides. This contributed to a thorough grasp of the BHSM curriculum's awareness, structure, perceptions, functional structures, and the different roles that graduates played (both now and in the future). These were intended for the Health Services Board, Senior Managers in Human Resources in Central and Local Government (Health, Academia Faculty Heads, and Human Resources/Talent Acquisition Heads from Other Sectors - Private), and Heads of Human Resources/Talent Acquisition in the Other Sectors (Private).

Key Informant Interviews (KII)

Key informant interviews (KIIs) were held with significant decision-makers and influencers in the BHSM pathway, focusing in particular on the current companies, university professors, and BHSM alumni. This explored their views, ideas, and impressions of the BHSM program's value and the essential in-demand skills needed for a health services manager. The replies comprised of academic lecturers, PMDs/PHSAs, HSAs, and HSB HR.

Focus Group Discussions (FGDs)

The perspectives, attitudes, and expectations of the BHSM students-both current students and alumni-were examined through focus group discussions (FGDs). The adequacy, appropriateness, quality, and added value of the BHSM program in the health services management spectrum/industry were key investigation areas.

Desk Review

The goal of the desk review was to establish major trends from both the demand and supply landscapes inside Zimbabwe since the course's start in order to inform findings on the BHSM program's suitability and appropriateness. A review of the structures and roles in the global and regional landscapes were also evaluated in order to understand the roles and offer a baseline for evaluating the global/regional positioning of Zimbabwe. By understanding the BHSM program's dimensions and functionalities, it was easier to triangulate the results from the main source of data collecting.

RESULTS AND DISCUSSION

Adequacy of Training

The analysis above shows that respondents agreed that the university's training programs are adequate for the market.

Alumni_1 argued that.

'I think the training is adequate if one is willing to work in Zimbabwe alone as well as at the District hospitals where the students are obliged to go for attachment.'

In support of the adequacy of the training program Alumni_ added that

'Indeed, the training is adequate; it's confined to fit an HSA role in the Government, yet there are plenty more opportunities that one can venture into after graduation.' This again was supported by responses from Alumni 5 who spoke to the importance of the school's training program. 'Yes, I feel the training is very crucial.'

The results demonstrate that respondents thought the training was essential for managing health services. The current students focus group discussion summary reflected this opinion. This was emphasized in the quotes below: '--the training is very critical in health services management'

On another hand, respondents also brought out the need for improving the program to meet the job needs. The respondents indicated that some theoretical concepts do not represent the actual jobs in the sector. The argument of the respondent is as shown below.

'--the training programs has some areas of improvement in order to up the adequacy level of the training program' 'Some theory related materials do not represent the actual job on the ground'

Alignment of BHSM programme with the roles and in-demand skill sets required in the Private and Public Health Sector

Findings revealed that the programme is aligned to both private and public and of special note are the Information Technology for Health-related skills from the university have a positive impact on the digital side of health. Participants felt that the university is doing enough on this area. The following quotes from the focus group discussion eluded to that:

'With regard to digital skills I think the computer courses really do have a great positive impact considering that we are living in a digital world.'

'Of course, you cannot learn all the computer skills because technology keeps advancing but I think AU is doing a good enough job in that area. If one intends to work in the private health sector it is all paperless so those skills will come in handy'

'--the programmes are aligned both the private and the public health sector'.

'The knowledge offered is current and helps to address the needs of the health sector from both perspectives'.

' --the knowledge offered balance the clinical and the administrative components of the health care system.'

In line with the findings above, in a study carried out by Abubakar (2017) university programmes are of critical impact to the industry. There must be a relationship between the industry requirement and what the programmes curriculum is offering.

Factors Hindering the Uptake of Health Services Management Graduates Within Public and Private

On the factors hindering the uptake of health services management graduates within public and private Findings indicated that the lack of clinical background hinders the uptake of the graduates. In the public side of the sector, the respondent indicated that resistance to change by the

staff in this sector acts as hindrance. The arguments of the respondent are as shown below:

‘In the public sector if one is working in Zimbabwe and you have this drive for change of the way things are done regarding use of technology especially you are bound to ruffle some few feathers of employees who have been in those organisations for a long period of time. In the private sector I believe just not having a clinical background will not land you the job of being a health services administrator, but you can work in Medical aid societies as well as other branches of health.’ (alumni 5)

‘the public sector is where the graduates are being accepted although the existing employees do not value them as much. This might be attributed to resistance to change.’

‘I think the private side of the sector is sometimes not aware of this these programmes from the university

In the Government setting, the pioneer administrators look down upon the BHSM program and policy makers (doctors) do not acknowledge the BHSM program. The private sector is not widely aware of the existence of BHSM graduates, they are rather aware of the HSM graduates from a Poly technical college. :(Alumni 4)

The issue of the lack of awareness by the private sector was shared by the Academia 2 as indicated in the assertion below:

‘Private sector organizations are not so equipped with knowledge about the program and its contents.’ The hindering factor of the uptake of the graduates from the school was attributed to the misalignment of the actual administration tasks and skills expected in both the private and the public sector. (Academia 2)

‘the challenges are lack of appreciation, limited job opportunities and unwillingness by the employers to pay the right monies to graduates. (Alumni 1)

Factors Promoting the Uptake of Health Services Management Graduates within Public and Private

The factors which were reported to be promoting uptake in public sector included the increase in brain drain inducing a shortage of health service managers and the fact that Africa University is the only university producing the degree programme.

‘Within the public sector I believe it is because there has been brain drain of professionals some of these positions are just occupied with people who do not have the needed qualifications so when somebody has majored in health administration that person has a higher chance of getting the job, Within the private sector from my experience I was told that some hospitals do not have that position and if they do it is occupied by a clinician who probably studied health services administration as a post graduate programme.’ (alumni)

‘the uptake of this programme is high since AU is the only university offering such a programme.’(MoHCC)

‘uptake of this programme is high due to the content, which makes it lucrative for both private and public health institutions.’ (alumni 6)

Roles the BHSM Graduates Can Occupy in the Public and Private Health Sector

The roles that were unearthed by the study included transport manager, clerical and administrative related jobs. According to Alumni the public sector is offering roles such as DHSA, PHSA, Monitoring and Evaluation and Logistics Officer whilst in the private the available roles are roles such as Hospital Manager and Customer Care. Notes from the respondent are as follows:

Alumni 1

Government- DHSA, PHSA, Monitoring and Evaluation, Policy and Planning, Admin and Logistics. Private- Hospital Manager, Hospital Administrator, Customer Experience Officer (medical aid), Fund administrator, Liaison Administrator, Medical Administrator, Healthcare Manager.

Skills Gap of Graduates

This section provides an overview of the skills gaps which were identified during this research. Alumni 3 argued that the programmes lack a deeper understanding of the clinical issues which is important for the health sector (3.45% coverage). The respondent went on to detail the gaps as lack of clinical knowledge, general policy understanding and the application of the theoretical knowledge into the working places. Response from Alumni 2 suggested the gap to be on the lack of key elements in public policy and covered it for about 1.28% of all the submissions on this theme. This assertion was supported by Alumni 6 who pointed out the lack of public and private policy issues.

Ways of Addressing Gaps

This section provides the analysis of the ways of addressing the gaps identified in the previous section. The analysis above shows that suggested some modifications on the programme and to give students room to choose where they want to be attached to in relation to career aspirations (Academia 1). The actual notes from the interview are as follows:

Academia 1

I think the degree has to be half clinical and half administrative material if one once to work at a hospital so that would be a good modification. Also students should be given the platform to choose where they want to get attached to for their industrial year depending on where they see themselves in the future. Since it is Africa University I think students should be allowed to be attached anywhere in Africa because some countries are more advanced in technology and knowledge in general which is important for exposure before one seeks employment outside of Zimbabwe.

The outcome above shows that Alumni 1 suggested a number of measures to address the skills gaps on the programme and its management. The respondent argued that the following must be included entrepreneurship in healthcare, Risk management, anatomy and physiology,

medical terminology and disciplines, introduce medical coding in one of the numerous IT courses, separate Communicable and non-communicable diseases course (they will come in handy in medical insurance), Healthcare policy and laboratory sciences/ Biosciences. Respondent 1 indicated that one of the ways in which gaps can be addressed as suggested by Alumni 2 were that of involving private health organisations in curriculum reviews of the programme.

Ways to make Graduates Competitive

This section provides an analysis of the suggested ways to make graduates competitive. The outputs are as shown below. The output above shows that respondent Academia 2 suggests that the programme should be offered to people with a clinical background for it to be competitive. The programme can also be offered as a master's programme.

Academia 2

I think the programme should be offered to people with a clinical background perhaps somebody who has studied Medicine or nursing prior or as a master's programme for the graduates to be more valuable on the job market. Other respondents such as the Ministry representative and Alumni 4 suggested restructuring the programme in order to make it more competitive.

Alumni 4

Restructure the program by including real office administrative duties to define wide range of courses and prepare the learner for the things they have been taught of.

Academia 1

Introduce certain courses for example. Public versus Private Health Care Organizations & Management, Health Care Risk Management.

Alumni 2 above argued that the university can also restructure the programme by introducing Public versus Private Health Care organisation among others. The actual arguments of the respondent are as follows:

Alumni 2

Introduce certain courses, for example, Public Versus Private Health Care Organizations & Management, Health Care Risk Management. Alumni 2 suggested that the university should split the programme into various programmes such, Purchasing and supply for health, Logistics management, Stores management, Health systems strengthening, Health economics among others. The respondent also argued that the university can also offer post graduate Health Services management diplomas for clinical cadres.

The outcomes above shows that respondents suggested the restructuring of the programme so as it make it more competitive. This was supported by Alumni 6, Alumni 1 and Alumni 2. In support of the findings

above, Buchbinder *et al.* (2019) reiterated that university programmes curriculum must be benchmarked against the industry expectations. (Sandri, 2018) This helps universities to come up with skilled graduates. The focus of this study is to investigate on the role of Health service management programme on the health sector.

CONCLUSION

It is recommended that the degree has to be half clinical and half administration material if one once to work at a hospital so that would be a good modification. Moreover, students should be given the platform to choose where they want to get attached to for their industrial year depending on where they see themselves. The university is also recommended to allow students to choose organizations anywhere in Africa because some countries are more advanced in technology and knowledge in general, which is important for exposure before one seeks employment outside of Zimbabwe. The study also recommends that the university should identify particular administrative duties popular in any administration sector so as to be able to tackle the actual present issues that are faced. The field attachment should have specific targets and ensure career appreciates how all departments operate. The study recommends that the programme also be offered to people with a clinical background perhaps somebody who has studied Medicine or nursing prior or as a Master's programme for the graduates to be more valuable on the job market. More research on course content needs to be done, allowing attachment placements outside the public sector. Restructure the program by including real office administrative duties to define a wide range of courses and prepare the learners for the things they have been taught. It is recommended that the university should introduce certain courses, for example, public Versus Private Health Care Organizations and management and health Care Risk Management. Introduce certain courses for example, public Versus Private Health Care Organizations & Management, Health Care Risk Management, E-commerce and Global business environment.

Split the programme into specific areas. The university could come up with other programmes like:

- Purchasing and supply for health
- Logistics management
- Stores management
- Health systems strengthening
- Health economics and Health Care Financing etc.
- The university can also offer post graduate Health Services management diplomas for clinical cadres.

RECOMMENDATIONS

The university should work towards striking a balance between commercial and clinical courses in order to meet the requirements of the government and private sector and to have curriculum reviews of the programme on a more regular basis.

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