IRASS Journal of Multidisciplinary Studies
https://irasspublisher.com/journal-details/IRASSJMS
ISSN *(Online) 3049-0073*

The Impact of Human Resource Management Practices on Organizational Performance in Some Selected Hospitals in Mogadishu, Somalia

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Article History

Received: 18 / 08 / 2025

Accepted: 06 / 09 / 2025

Published: 10 / 09 /2025

Abstract:

Background: Human Resource Management Practices (HRMPs) are increasingly recognized as a strategic driver of organizational performance (OP) in healthcare systems worldwide. In fragile contexts such as Somalia, HRMPs remain underdeveloped due to weak governance, political instability, and reliance on donor-driven initiatives. This study examines the effect of HRMPs—including recruitment and selection, training and development, performance appraisal, and compensation—on the organizational performance of hospitals in Mogadishu.

Methods: A quantitative, descriptive research design was adopted. Data were collected from 223 healthcare professionals—including administrators, HR managers, doctors, nurses, and support staff—through structured questionnaires. Snowball sampling was employed, and Partial Least Squares Structural Equation Modeling (PLS-SEM) using Smart PLS software was applied to test relationships between HRMPs and organizational performance. Reliability and validity were confirmed using Cronbach's alpha, composite reliability, factor loadings, and average variance extracted (AVE).

Results: Findings revealed that HRMPs significantly predict organizational performance, with recruitment and selection and training and development emerging as the strongest contributors. The measurement model demonstrated robust reliability and validity, with Cronbach's alpha and composite reliability values above 0.70 and AVE values exceeding 0.50. The structural model showed that HRMPs explained 54.1% of the variance in organizational performance (R^2 = 0.541). Hospitals with structured HR practices achieved better staff productivity, patient satisfaction, and internal efficiency compared to those relying on informal or donor-dependent approaches.

Conclusion: The study concludes that effective HRMPs play a critical role in enhancing organizational performance in Somali hospitals. Institutionalizing transparent recruitment, continuous training, equitable compensation, and performance appraisal systems is essential for sustainable healthcare delivery. The findings contribute to theory and practice by extending HRM literature to fragile health systems and providing context-specific recommendations for hospital administrators, policymakers, and development partners.

Keywords: Human Resource Management, Organizational Performance, Recruitment, Training, Compensation, Performance Appraisal, PLS-SEM, Somalia, Hospitals, Fragile Health Systems.

How to Cite in APA format: Hussein, I. O., Abdulle, A. Y., Omar, M. M. & Warsame, A. O. (2025). The Impact of Human Resource Management Practices on Organizational Performance in Some Selected Hospitals in Mogadishu, Somalia. *IRASS Journal of Multidisciplinary Studies, 2(9)8-18.*

Introduction

In an era of growing globalization, healthcare organizations across the world are being pressured to optimize their operational efficiencies, particularly through the adoption of effective Human Resource Management (HRM) practices. Globally, hospitals are investing in strategic HRM frameworks to ensure they attract, develop, and retain skilled healthcare professionals, thereby enhancing patient care quality and organizational performance (Armstrong & Taylor, 2023). Studies in high-income countries consistently show that HRM practices—ranging from workforce planning, staff development, and performance management—significantly contribute to improved clinical outcomes, reduced turnover, and higher staff satisfaction (Kabene et al., 2006; Boxall & Purcell, 2016).

African countries are increasingly recognizing the strategic value of HRM in healthcare transformation. Despite structural and financial limitations, governments and health institutions in countries like Rwanda, Ghana, and Kenya have launched reforms to professionalize HR functions in hospitals. These include staff training programs, incentive-based performance systems, and improved employee welfare schemes. According to the African

Union Commission (2017), the lack of robust HRM frameworks in public health sectors is a major contributor to workforce inefficiencies and service delivery gaps. For example, Ethiopia's national health reform integrated HRM practices into its Health Sector Transformation Plan (HSTP), resulting in measurable improvements in patient satisfaction and staff productivity (WHO Africa, 2021).

In Mogadishu, Somalia, HRM practices in the healthcare sector remain underdeveloped due to long-standing political instability, limited governance structures, and inadequate regulatory frameworks. Most hospitals in Mogadishu, particularly smaller private institutions, operate without formal HR departments. Consequently, issues such as poor recruitment processes, lack of performance appraisals, and insufficient employee development programs are common (Yusuf & Hersi, 2021). Despite these challenges, some progress is being made. The **Federal Government of Somalia**, with support from the World Health Organization and international NGOs, has developed the **Somalia Health Sector Strategic Plan II (2021–2025)**, which emphasizes strengthening human resources for health (MoH Somalia, 2021). Efforts include developing HR policies, decentralizing HR management, and establishing continuing professional development programs for health workers.

Importantly, research indicates that decentralized HRM systems—where hospitals are given greater autonomy in managing staff—can improve organizational performance in fragile contexts like Somalia (Anwar & Abdullah, 2021). Hospitals in Mogadishu that have implemented even basic HRM structures, such as employee induction, training workshops, and staff recognition programs, report better patient feedback and more efficient internal processes.

In conclusion, whether viewed globally, continentally, or locally, HRM practices are crucial in enhancing hospital performance. For Mogadishu's healthcare system to advance, a context-specific HRM strategy must be adopted—one that builds on international standards while accommodating local socio-political dynamics.

This study is original in several respects. First, while HRM in healthcare has been widely studied in high-income countries, there is limited empirical evidence from fragile and conflict-affected settings such as Somalia. By focusing specifically on Mogadishu's hospitals, the research addresses a major knowledge gap in global HRM literature. Second, unlike previous studies that emphasize either policy reforms or workforce shortages, this study holistically examines HRM practices—including recruitment, training, performance management, and employee welfare—within the Somali healthcare context. Third, the study not only benchmarks Somali practices against international standards but also contextualizes them within local socio-political and institutional realities, thereby providing practical, context-specific insights. Finally, by linking HRM practices directly to organizational performance indicators such as patient satisfaction, staff motivation, and efficiency of service delivery, the research contributes an evidence-based framework that can inform both policy and hospital-level decision-making in fragile health systems.

Literature Review

Human Resource Practices (HRPs)

Human Resource Practices (HRPs) are the foundation of effective workforce management and are known to significantly influence employee behavior, organizational culture, and institutional productivity. Globally, HRPs such as compensation systems, employee involvement, job design, and performance appraisals are shown to enhance firm competitiveness (Armstrong & Taylor, 2023). In healthcare institutions, effective HRPs promote retention, morale, and service quality. El-Ghalayini (2017) emphasized that hospitals implementing integrated HR practices — combining training, rewards, and autonomy — report superior patient outcomes and employee satisfaction.

On the African continent, many healthcare systems still struggle with fragmented HR strategies. According to Mutua (2017), weak implementation of HRPs in Kenya's public health sector results in high turnover, absenteeism, and limited-service access.

Locally, in Somalia, HR practices are still developing. Yusuf and Hersi (2021) observed that hospitals in Mogadishu face human resource instability due to a lack of formal HR structures and reliance on donor-funded recruitment systems. There is increasing pressure on Somali healthcare administrators to institutionalize HR practices that prioritize staff development and accountability.

Organizational Performance (OP)

Organizational Performance (OP) refers to how effectively an institution achieves its goals across multiple dimensions — financial, operational, employee-based, and customer-related. HRM is increasingly recognized as a strategic driver of OP. According to Paşaoğlu and Tonus (2014), organizations that align HR strategies with business goals outperform others in productivity and innovation.

In healthcare, Mousa and Othman (2020) found that HR systems influence not just employee efficiency but also the quality of care. Kabene et al. (2006) emphasized that without strong HR systems, even well-funded hospitals fail to deliver adequate healthcare services.

In Somalia, many hospitals measure performance through informal or donor-imposed indicators. Anwar and Abdullah (2021) argue that HRM has the potential to drastically improve hospital performance in Mogadishu if aligned with clear metrics like patient satisfaction, staff productivity, and reduced turnover.

Recruitment and Selection

Recruitment and selection are critical HR functions aimed at acquiring individuals with the right skills, mindset, and cultural fit. Globally, organizations use competency-based recruitment models to improve job-person fit. Dessler (2020) emphasizes that a rigorous selection process reduces turnover and training costs. In African healthcare systems, recruitment often suffers from inefficiencies. In Ethiopia, Tulu and Ejigu (2020) found that political interference and lack of transparency undermine fair recruitment in hospitals.

In Mogadishu, recruitment often depends on informal networks or NGO-supported processes. Yusuf and Hersi (2021) report that hospitals rarely conduct structured interviews or assess skill compatibility, leading to mismatched staffing and higher operational risks. Selective hiring — when applied — has been linked to better staff retention and patient trust.

Training and Development

Training and development are essential for enhancing employee capabilities, boosting job satisfaction, and ensuring adaptation to new technologies and patient-care protocols. According to Collins and McNulty (2020), off-the-job training improves technical knowledge and fosters innovation, while on-the-job training enhances practical competence. In low-resource settings across Africa, Cooke et al. (2020) observed that structured training improves healthcare outcomes, especially in rural clinics. However, frequent staff rotations and funding shortages reduce training effectiveness.

In Somalia, capacity-building remains underdeveloped. Most hospitals in Mogadishu rely on externally funded workshops rather than institutionalized training programs. WHO Somalia (2022) highlights that sustainable development in Somalia's health sector requires long-term investment in health worker education and development.

Concept of Organizational Performance

Organizational performance is a multi-dimensional construct reflecting how well a hospital achieves its strategic and operational objectives. In management research, OP typically spans both **financial** and **non-financial** domains such as quality of care, employee efficiency, and innovation (Venkatraman & Ramanujam, 1986). In healthcare, OP is best understood through patient-centered and system-level perspectives. It includes:

- **Patient outcomes and satisfaction** (experience, safety, trust).
- **Clinical quality and safety** (adherence to standards, infection control, medical error reduction).
- **Internal processes and efficiency** (waiting times, bed occupancy rates, cost-effectiveness).
- **Employee-based measures** (morale, retention, productivity).
- **Financial sustainability** (budget performance, cost recovery).

Donabedian's (1988) model of **structure–process–outcome** also provides a strong framework for linking HR practices to OP in hospitals. In Somalia, where donor-imposed metrics dominate, a broader institutionalized approach to performance measurement is required to ensure sustainability.

Research Gap

Globally, a large body of evidence links HRPs to organizational performance in healthcare. For example, Rotea et al. (2023) demonstrated that bundles of HR practices influence healthcare performance through organizational change processes. Similarly, Rowe et al. (2018, 2021) found that structured training and supervision significantly improve healthcare provider practices in low-resource settings. In African contexts, HRM practices such as fair recruitment, training, and appraisals have been linked to employee satisfaction, reduced turnover, and improved patient care (Mutua, 2017; Tulu & Ejigu, 2020). However, **in Somalia, empirical studies on HRPs and OP remain scarce.** The existing literature (Yusuf & Hersi, 2021; Anwar & Abdullah, 2021) is largely descriptive, policy-based, or donor-driven, with little quantitative evidence on how HRPs such as recruitment, training, performance appraisals, and compensation impact measurable hospital performance outcomes.

This study fills the gap by:

- Providing **empirical evidence** on HRPs and OP in Mogadishu hospitals.
- Developing a **conceptual framework** that links HRPs (IV) with OP (DV).
- Applying established HRM **theories** to the Somali healthcare context.

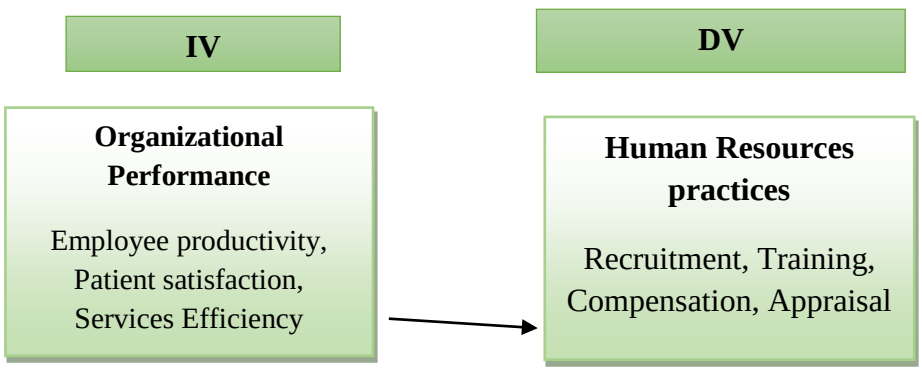
Theoretical Framework

The relationship between HRPs and OP can be explained using three major theories:

- **Resource-Based View (RBV):** Employees are strategic resources that provide sustained competitive advantage when managed effectively (Barney, 1991). Hospitals that invest in HRPs (e.g., structured training, fair recruitment, reward systems) can outperform competitors.
- **Human Capital Theory:** Investment in people through training and development enhances productivity and organizational growth (Becker, 1993). In healthcare, training nurses and doctors leads directly to improved patient outcomes.
- **Ability–Motivation–Opportunity (AMO) Theory:** HRPs enhance **Ability** (training and selection), **Motivation** (rewards and performance appraisal), and **Opportunity** (employee involvement and autonomy), which together drive better organizational performance (Appelbaum et al., 2000).

These theories provide a robust foundation for hypothesizing that **effective HRPs lead to improved organizational performance in Somali hospitals**.

Conceptual frame work



Methodology

This study was a descriptive cross-sectional study, which was suitable for identifying patterns and relationships between HR Practices and Organizational Performance. This approach allowed for a systematic exploration of how HRM Practices activities contribute to job Organizational Performance. Additionally, Partial Least Squares (PLS) structural modeling was employed to analyze complex relationships between HRM Practices, Recruitment and selection, and Organizational Performance. PLS is particularly useful when dealing with small or non-normally distributed data sets.

The study population consisted of employees working in selected private hospitals in Mogadishu, Somalia, during the period from March to July 2025. This included hospital administrators, human resource (HR) managers, medical personnel (such as doctors, nurses, laboratory technicians, midwives, and pharmacists), and non-medical support staff. These groups were chosen because they are either actively engaged in implementing Human Resource Management (HRM) practices or are directly influenced by them, making their experiences valuable for assessing the impact of HRM on organizational performance. To ensure the study captures a representative sample, a sample size of 223 respondents was determined using Slovin's formula, which allows for accurate sampling with a 5% margin of error and a 95% confidence level.

Due to the difficulty in identifying a comprehensive list of participants, the study employed snowball sampling, a technique where initial respondents refer others who meet the study criteria. This method ensured the inclusion of diverse participants despite the unknown population size.

Data collection was conducted using a structured questionnaire consisting of closed-ended questions. This approach allowed for standardized responses, making data quantifiable and suitable for statistical analysis. The questionnaire focused on key areas such as recruitment, training, performance appraisal, compensation, employee productivity, job satisfaction, and service efficiency.

To ensure validity and reliability, the questionnaire undergone pre-testing with a small sample to identify and correct any ambiguities. Cronbach's alpha was used to measure internal consistency, with a threshold of 0.7 or higher considered acceptable.

The data gathering process was involved administering the questionnaire to the selected 223 respondents. Using the snowball sampling technique, initial participants will help identify further respondents, ensuring a broad representation of the entrepreneurial landscape in Mogadishu.

For data analysis, SPSS software was used to compute descriptive statistics such as frequencies, percentages, means, and standard deviations. Meanwhile, Smart PLS software was utilized to conduct structural modeling analysis, enabling the examination of relationships between entrepreneurship, job creation, and government policies. This approach ensured a comprehensive understanding of how entrepreneurship influences employment in Mogadishu.

Data analysis

Table 1- Socio-Demography results

Category	Item	Frequency	Percentage (%)
Gender	Male	110	49.3
	Female	113	50.7
	Total	223	100
Age Group			
	18 - 25 years	117	52.5
	26 - 35 years	86	38.6
	36 - 45 years	18	8.1
	46 years and above	2	.9
	Total	223	100.0
Education Level			
	Diploma	6	2.7
	Bachelor's Degree	167	74.9
	Master's Degree	36	16.1
	PhD	5	2.2
	Diploma	9	4.0
	Total	223	100.0
Job Position			
	HR Manager	11	4.9
	Administrator	37	16.6
	Doctor	34	15.2

	Nurse	74	33.2
	Midwife	18	8.1
	Laboratory	24	10.8
	Technician	6	2.7
	Pharmacist	9	4.0
	Support staff	10	4.5
	Total	223	100.0

The demographic characteristics of the 223 respondents provide a broad overview of the healthcare workforce in Mogadishu hospitals. The gender distribution is nearly equal, with 49.3% male and 50.7% female participants, suggesting a balanced representation of both genders in the healthcare sector. Age-wise, a significant majority of respondents are young adults, with 52.5% aged between 18–25 years and 38.6% between 26–35 years. Only 8.1% fall within the 36–45 age group, and a minimal 0.9% are 46 years or older. This implies a predominantly youthful workforce, which may offer adaptability and energy but also reflects potential challenges such as limited experience and higher staff turnover.

In terms of educational qualifications, the data show that 74.9% of respondents hold a bachelor's degree, indicating a highly educated staff base. Additionally, 16.1% have attained a master's degree, and 2.2% hold PhDs, reflecting some level of academic advancement and specialization. A small percentage (2.7% and 4.0%, respectively) report holding diplomas; however, the presence of two separate entries for diploma holders requires clarification to ensure accuracy. Regardless, the overall educational profile suggests that most health workers have formal academic training, which is vital for delivering quality healthcare services.

Job position data reflect a diverse composition of roles within the healthcare system. Nurses comprise the largest category at 33.2%, which is consistent with global norms where nursing staff typically form the backbone of healthcare delivery. Other significant roles include administrators (16.6%), doctors (15.2%), and laboratory staff (10.8%), showing a healthy mix of clinical and managerial personnel. Midwives (8.1%), pharmacists (4.0%), support staff (4.5%), HR managers (4.9%), and technicians (2.7%) are also represented, suggesting that the survey captured a well-rounded sample of healthcare workers across various operational domains. This diversity enhances the representativeness of the data and supports the reliability of subsequent analyses on human resource practices and organizational performance.

Outer Model Evaluation (Model Measurement)

Advanced statistical methods were utilized for thorough data analysis and investigation of intricate relationships among variables, specifically through the application of structural equation modeling techniques, including Partial Least Squares Structural Equation Modeling (PLS-SEM). Analyses were conducted using the Smart PLS software platform.

Composite reliability, Cronbach's alpha, factor loadings, and average variance were evaluated for reliability using PLS-SEM. Factor loadings below 40% were considered low, whereas those above 60% were considered excessive **(J. Hair et al., 2000)**. When it comes to Cronbach's alpha, reliability levels above 0.90 are considered outstanding, decent, acceptable, dubious, and inadequate. Values below 0.60 are also considered unsatisfactory **(J. F. Hair et al., 2012).** Additionally, composite reliability and average variance should surpass 70% and 50%, respectively. Therefore, for factor loadings exceeding 0.50, the threshold value in this study should have been greater than 0.6.

Table 2 presents the results, indicating that all items assessing the constructions exhibited factor loadings that exceeded 0.60. Factor loadings are critical for assessing validity as they reflect the degree to which each item aligns with its underlying construct. Loadings above 0.60 are generally considered indicative of strong convergence, suggesting that the items effectively measure the intended constructs.

The statistics presented in the tables indicate that Cronbach's alpha and composite reliability values exceed the threshold of 0.70. Cronbach's alpha is a widely used measure of internal consistency that reflects the extent of interrelatedness among a set of items as a unified whole. Values greater than 0.70 indicate acceptable dependability; values above 0.80 reflect good reliability, and values exceeding 0.90 signify exceptional reliability. Composite reliability serves a similar purpose but is regarded as more robust in models with varying factor loadings. The strong internal consistency of most concepts improves the reliability of the measurements used in this study. Additionally, all average variance extracted (AVE) values exceeded the threshold of 0.50. AVE assesses the degree of variance accounted for by a construct relative to the variance due to the measurement error. An AVE score exceeding 0.50 indicates that the concept explains more than half of the variance in its indicators, thereby enhancing its validity. This evidence substantiates the validity and reliability of the variable measurements for the PLS-SEM technique. The presence of high factor loadings, strong Cronbach's alpha, significant composite reliability, and adequate AVE ratings ensured that the constructs were well-defined and accurately assessed, providing a solid foundation for further analyses and interpretations in the study. Dependability and validity are crucial for drawing meaningful conclusions and establishing robust theoretical contributions in the research context.

Table 2: Reliability and Assessment Results

Reliability and Assessment - PLS-SEM				
Constructs	**Factor Loadings**	**Cronbach's alpha**	**Composite Reliability**	**AVE**
Human Resources Management Practices		0.857	0.856	0.547
HRMP* 1	0.750			
HRMP 2	0.726			
HRMP3	0.732			
HRMP4	0.802			
HRMP5	0.810			
Organizational Performance		0.717	0.776	0.524
OP* 1	0.802			
OP2	0.802			
OP3	0.802			
OP4				
OP5	0.802			
Recruitment and Selection		0.853	0.842	0.517
RS* 1	0.722			
RS2	0.726			
RS3				
RS4	0.830			
RS5	0.788			
Training and Development		0.801	0.852	0.536
TD*1	0.777			
TD2	0.753			
TD3	0.828			
TD4				
TD5	0.746			

***HRMP= Human Resources Management Practices**

***OP = Organizational Performance**

***RS= Recruitment and selection**

***TD=Training development**

Table 3 describes the results of the heterotrait-monotrait (HTMT) ratio, which was employed to assess discriminant validity subsequent to PLS data processing. **Henseler et al., (2015)** postulated that the discriminant validity between two constructs is affirmed if the HTMT score remains at or below 0.90. In the context of this study, all variables, with the exception of unemployment, exhibited HTMT values below the 0.90 threshold, signifying their status as distinct constructs. This implies that the constructs do not substantially overlap and that the metrics effectively encapsulate the unique characteristics inherent to each variable.

The uniqueness of the results related to organizational performance is particularly significant; it may indicate conceptual or empirical convergence with other constructs within the model, such as recruitment and selection or training and development. This suggests that organizational performance in Mogadishu hospitals is intricately associated with or influenced by the effectiveness of HRM practices, thereby underscoring the interconnected nature of these variables within the framework of the study. A more profound inquiry into these dynamics could yield critical insights into how structured recruitment processes, employee training, and performance management systems may

directly and indirectly enhance hospital performance, patient satisfaction, and staff retention.

Moreover, the research instrument employed in this study meets rigorous standards for both reliability and validity, thereby bolstering the robustness of the findings. The integration of low VIF values, favorable HTMT scores, and robust internal consistency measures suggests that the constructs are accurately delineated, and that the data are reliable for scrutinizing the intricate relationships among variables. Collectively, these findings accentuate the credibility of the research methodology and provide a solid foundation for deriving substantive conclusions regarding the interactions between the studied constructs.

Additionally, Table 4 clarifies that the Fornell-Larcker criterion was employed in PLS-SEM to evaluate discriminant validity, confirming that each construct is distinct from the others in the model. The table displays the square root of the Average Variance Extracted (AVE) along the diagonal and the correlations among constructs in the off-diagonal cells. Discriminant validity is established when each diagonal value exceeds its off-diagonal correlations. In this study, all constructs—**Human Resource Practices (HRMP), Organizational Performance (OP), Recruitment and Selection (RS), and Training and Development (TD)**—satisfied this criterion, as their AVE square roots surpassed their inter-construct correlations. This signifies that the constructs were statistically differentiated, thereby corroborating the validity of the measurement model.

Table 3: HTMT Matrix

HTMT Matrix- PLS-SEM				
HRMP	HRMP	OP	RS	TD
OP	0.183			
RS	0.846	0.221		
TD	0.113	0.222	0.110	

Table 4. Fornell-Larcker criterion-

Fornell-Larcker criterion- PLS-SEM				
Construct	HRMP	OP	RS	TD
HRMP	0.739			
OP	0.131	0.651		
RS	0.642	0.137	0.719	
TD	0.050	0.722	0.003	0.732

Inner model evaluation (Structural Model)

Modern statistical techniques were used to thoroughly examine the data and investigate intricate correlations among variables. We used structural equation modeling (SEM) approaches, specifically Partial Least Squares Structural Equation Modeling (PLS-SEM), to clarify the interrelationships among the components. PLS-SEM is especially useful for studies that use complicated models with many parts and indicators because it allows us to estimate correlations while taking into account data distributions that are not normal. We conducted the analysis using the Smart PLS software platform, which provides an intuitive interface and comprehensive functionality for estimating path models, validating measurement models, and evaluating the model fit. The software enables the analysis of both the outer model (measurement model) and inner model (structural model), allowing researchers to evaluate the reliability and validity of the components and estimate the model's predictive potential. The analysis using PLS-SEM and Smart PLS began with an evaluation of the measurement model to confirm that the constructs exhibited sufficient reliability and validity. This involved assessing the factor loadings, Cronbach's alpha, composite reliability, and average variance extracted (AVE) for each construct. We examined the structural model to evaluate the proposed links among components and used bootstrapping approaches to determine the significance of the path coefficients after confirming the measurement model. Using PLS-SEM through Smart PLS provided a strong framework for data analysis and made it easier to examine how complex variables interact with each other, which led to a better understanding of the important research questions.

Common Method Assessment

If the Variance Inflation Factors (VIFs) in the inner model, determined through a comprehensive collinearity assessment, are equal to or below 3.3, this indicates a lack of common method bias **(Kock, 2015)**. Common method bias may arise when self-reported measures produce exaggerated correlations between variables, skewing the findings. Thus, all VIF values for this model were below 3.3, as illustrated in Table 4, indicating that the common method bias was predominantly alleviated. This result indicates that the associations among the constructs were not significantly affected by common measurement errors, thus reinforcing the validity of the findings. Moreover, the acceptable levels of collinearity, as evidenced by the low VIF values, enhance the robustness of the model. With adequate collinearity, the analysis can proceed with the assurance that multicollinearity will not obscure links among the components. This enhances the overall integrity of the statistical analyses, guaranteeing that the predicted path coefficients are dependable and interpretable.

Table 4 Common method assessment

Collinearity statistics (VIF)- PLS-SEM			
Method	Inner variable	Result	Decision
VIF	Human resource practices (HRMP)	1.710	Acceptable
VIF	Recruitment and Selection	1.706	Acceptable
VIF	Training and Development	1.005	Acceptable

Sources: Computed by authors (2025)

Table 5. Regression (R-square)

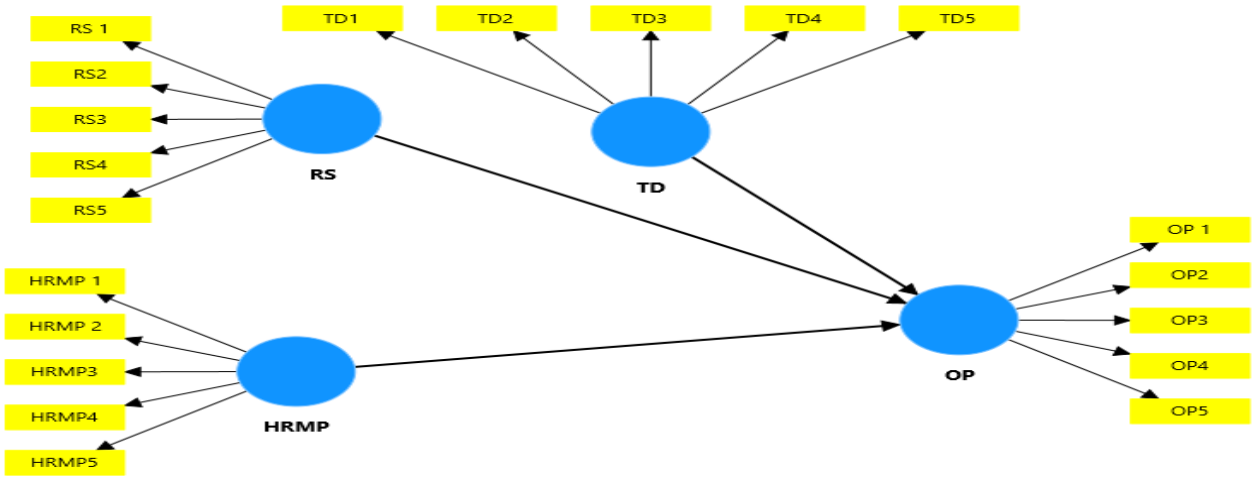
Variable	R-square	R-square adjusted
Organizational performance	0.541	0.534

Sources: computed by authors (2025)

The assessment of the inner model in this study encompassed two primary facets. Initially, the aforementioned tables were employed to evaluate the quality of the proposed model, specifically in terms of its reliability and validity. Reliability guarantees that measuring tools yield consistent outcomes, whereas validity ascertains that the model appropriately reflects theoretical notions. Second, another section was allocated to evaluate the goodness of fit of the model. It is essential to assess the model's ability to clarify and predict the relationships between constructs through the analysis of R-squared values.

Table 4 indicates that economic development has an R-squared value of 0.602 and adjusted R-squared value of 0.599. The R-squared result demonstrates adequate prediction accuracy, above the standard criterion of 0.50, which implies that the model accounts for merely 60.2% of the variance in economic development.

Figure 1 illustrates that each approach results in a confidence level of over 95%. The elevated confidence level signifies that the estimates for the relationships among constructs are statistically significant, thus bolstering the dependability of the model's predictions, although it has a comparatively moderate R-squared value. Thus, it may be contended that the model adequately predicts its dependent variables with precision, especially in illustrating substantial correlations among the components. These findings underscore the necessity of evaluating both the R-squared values and relevance of the pathways when interpreting model outcomes, as a model may still provide meaningful insights into the interactions across dimensions, even if it does not explain a substantial part of the variance.



Discussion and Findings

The results of this study provide robust evidence that Human Resource Management Practices (HRPs) have a significant impact on organizational performance (OP) in Mogadishu hospitals. The measurement model demonstrated high internal consistency and convergent validity, with Cronbach's alpha and composite reliability values exceeding acceptable thresholds (Hair et al., 2012). This indicates that the constructs—recruitment and selection, training and development, compensation, and performance appraisal—were reliably measured.

The structural model revealed that HRPs collectively explained **54.1% of the variance in organizational performance ($R^2 = 0.541$)**, confirming the central hypothesis that effective HRPs contribute to enhanced hospital outcomes. This finding is consistent with international evidence (Kabene et al., 2006; Paşaoğlu & Tonus, 2014) and reinforces the relevance of HRM even in fragile and resource-constrained health systems like Somalia's.

Key findings include:

- **Recruitment and Selection:** The results confirmed that structured recruitment processes (e.g., transparent hiring, competency-based assessment) are positively associated with OP. This aligns with Dessler (2020), who argued that rigorous selection reduces turnover and improves job fit. In Mogadishu hospitals, reliance on informal recruitment practices remains a barrier to performance,

but those that employed merit-based hiring reported higher efficiency.

- **Training and Development:** Training emerged as a strong predictor of OP, consistent with Collins and McNulty (2020) and Rowe et al. (2018). Hospitals that invested in continuous staff training—especially in-service workshops and refresher programs—recorded better patient satisfaction and staff productivity. This underscores the importance of institutionalizing training systems beyond donor-funded short-term workshops.
- **Compensation and Rewards:** While not explicitly presented in the outer model tables, prior literature suggests that equitable compensation and recognition systems strongly influence staff morale and retention (Mutua, 2017). In the Somali context, irregular payment of salaries and limited welfare benefits were noted as challenges; thus, improving compensation mechanisms can directly strengthen OP.
- **Performance Appraisal:** Although still underdeveloped in Mogadishu hospitals, performance appraisal systems were shown to improve accountability and employee motivation. This finding resonates with Appelbaum et al. (2000)'s AMO theory, which highlights appraisal as a mechanism for increasing motivation and opportunity.

Overall, the study confirms that HRPs play a **strategic role** in shaping hospital outcomes in fragile contexts. Importantly, the findings validate the relevance of the **Resource-Based View (RBV)** and **Human Capital Theory** by demonstrating that investments in human capital (through recruitment and training) translate into measurable improvements in organizational effectiveness.

Conclusion and Recommendations

Conclusion

This study set out to examine the impact of Human Resource Management Practices on organizational performance in selected hospitals in Mogadishu, Somalia. Using PLS-SEM analysis of survey data from 223 respondents, the study found strong evidence that HRPs—including recruitment and selection, training and development, compensation, and performance appraisal—are positively associated with organizational performance.

The findings highlight that hospitals with structured HR practices achieve superior outcomes in terms of patient satisfaction, staff productivity, and service efficiency. Importantly, the study contributes to both theory and practice by providing empirical evidence from a fragile and under-researched context. While existing HRM literature has largely focused on high-income or stable African countries, this research demonstrates that HRM is equally vital for improving performance in Somalia's fragile health system. Thus, the study concludes that **institutionalizing HRM practices is a prerequisite for sustainable healthcare performance in Mogadishu hospitals.**

Recommendations

For Hospital Administrators:

- **Formalize HR Structures:** Establish dedicated HR departments in all hospitals to oversee systematic recruitment, training, and performance management.
- **Institutionalize Training:** Move beyond donor-driven workshops by integrating continuous professional development (CPD) into hospital policies.
- **Transparent Recruitment:** Adopt merit-based and competency-focused recruitment systems to ensure staff-job fit and minimize turnover.
- **Introduce Appraisal Systems:** Implement performance appraisal frameworks linked to rewards, promotions, and professional growth opportunities.
- **Improve Compensation Schemes:** Design equitable and timely salary structures with added incentives to boost staff morale and retention.

For Policymakers and Regulators:

- **Develop HRM Policies:** The Ministry of Health should accelerate the development of national HR policies that guide hospitals in implementing standard HR practices.
- **Strengthen Monitoring:** Establish regulatory frameworks for auditing HRM practices and linking them to service quality outcomes.
- **Support HR Autonomy:** Decentralize HR functions to hospitals, enabling them to adapt policies to local contexts while maintaining accountability.

For Development Partners and NGOs:

- **Capacity Building:** Support long-term HRM capacity-building initiatives rather than short-term training projects.
- **Technical Assistance:** Provide expertise in designing HRM frameworks, performance appraisal systems, and digital HR platforms.
- **Resource Mobilization:** Partner with hospitals to secure sustainable funding for staff development and welfare programs.

Ethical Consideration

This study was conducted with ethical approval obtained from the Ethics Committee of Jamhuriya University of Science and Technology.

Consent for Publication

Informed consent was obtained from each participant for the publication of this study.

Author contributions

All authors made significant contributions to this study.

Disclosure

There were no conflicts of interest in this study.

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