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Exploring CEOs Appointments in Ghanaian Teaching Hospitals: A Management Perspective

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ABSTRACT

Appointment of individuals with political affiliations to public organization leadership is a global phenomenon with diverse conceptualizations and acceptance across jurisdictions. While constitutionally permissible in some countries, others strongly disapprove. Evidence suggests contrasting views among employees regarding political involvement in daily operations. However, empirical data on the perspectives of teaching hospital management in Ghana concerning the political appointment of CEOs remains unknown. This study explored how teaching hospital management in Ghana conceptualizes and perceives political appointments of CEOs. A qualitative study using a purposive sampling approach informed by a constructionist orientation guided the selection of participants. Semi-structured interviews were conducted with 27 management staff from three Ghanaian teaching hospitals. Thematic analysis revealed that management conceptualizes CEO appointments as the imposition of politically aligned individuals, regardless of their prior management experience, position within the general hospital structure, or previous affiliation with a specific teaching hospital. These appointees often follow suit by appointing politically connected associates within the hospital. Despite prevailing dissatisfaction with the current CEO appointment system, some participants cited the constitutional provision as justification for the continuous appointments, while others maintained a neutral stance, emphasizing the need to consider competence based on past experiences and records in hospital governance as a basis for appointment. The study recommends a policy review to exempt institutions providing essential services, like teaching hospitals, from the practice of politically motivated CEO appointments by the government.

1. Introduction

Appointment of persons with political inclination in the management of public organization is a global phenomenon with diverse forms of conceptualizations and acceptance across several jurisdictions (Biezen & Kopecky, 2014; Sancino, Sicilia & Grossi, 2018). While the constitution of Germany frowns on formal political appointments due to their meritorious professional bureaucratic systems, it allows the appointment of politically aligned persons for the top ranks of the career civil service. Similarly, the United Kingdom, the Netherlands, Denmark and Norway do not allow formal appointment of politically aligned persons into state institutions, however they have informal approaches to appointing political advisors to serve as backup for officially appointed ministers in a quest to ensure party-government responsiveness in the pursuant of governments political agenda (Öhberg, Munk Christiansen, & Niklasson, 2017). In contrast, political appointments have constitutional backing in the United States of America where elected presidents appoint over 4,000 loyalists as heads of agencies at various levels from the upper- and middle-management levels throughout the federal bureaucracy (Resh, et al., 2021). The same is said of China, where the government possesses the right to appoint the CEOs of some listed companies through political affiliation (Fan, Wong and Zhang, 2007). In

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Ghana, political appointments predate independence to the modern-day era (Ayee, 2001) but were given full legislative backing in the 1992 Republican Constitution, Article 195 of Chapter 14 which allows the president to appoint and remove heads of government institutions with an estimated 5000 individuals appointed to assist in achieving the manifesto promises (Gyampo, 2016).

Evidence has shown that these appointments are perceived with different spectacles (Dahlström & Holmgren, 2015). For instance, in China, Fan et al. (2007) indicated that political appointments are seen as suitable proxy for the government to influence the operations of the companies. In Nigeria, PA is perceived to aid government interference in the recruitment process (Yaro, 2014). The diversity in how these appointments are seen connotes that, perception is mainly an intellectual process of transforming sensory stimuli into meaningful information (Khajavi et al., 2013). It contributes to how employees accept a working environment which influences his or her rate of output. Good perceptions create a positive working environment in the organization, whereas negative perceptions affect workers' output and the general organizational performance. This affects their morale and productivity (Aidoo, 2018). In the view of Kim, Jung and Kim (2022), the perceptions held by employees depend on the manager or supervisor's actions and behaviors toward the employee. Therefore, being abreast with the perception of employees towards a particular phenomenon is ideal for shaping their energies towards meeting organizational goals (Ravaghi et al., 2013; Chordiya, et al., 2019).

Existing scholarship on the perception of employees towards political appointments within public sector organizations has mostly focused on civil service and local government structures (Ashraf, 2017; Kim et al., 2022) with little attention on public organizations that provide essential public services such as healthcare delivery. Specifically, the perceptions of employees in teaching hospitals concerning political appointment and its consequences on quality of healthcare delivery in emerging and transitional economies is crucial, especially in Ghana where all CEOs of teaching hospitals are appointed by the government through the governing board (Section 37 (2) of GHS and TH Act 525, 1996). Thus, since the chairperson of the governing board (Section 37 (1a) and the members are appointed by the president (GHS and TH act 525 (1996); Section 37 (1b - j) the appointment of the CEO is more political with appointments often subjected to change in government with successive governments changing boards and CEOs without any specific tenure of office (Gyampo, 2016).

Consistent with the view opined by Agbagli (2019) for future studies to explore how political appointments affect employee morale in other sectors coupled with Cooper (2021) on how the politicization of senior public service appointments affects administrative traditions, this study focuses on how employees within teaching hospitals (health sector organizations) perceive the continuous appointment of CEOs in their hospitals to provide empirical insight into the dynamics of political appointment in healthcare administrative tradition in a developing country context. The purpose is to provide policymakers with an insight into how political appointments are perceived and the implications on the morale of workers. The study explored how teaching hospital management conceptualizes the political appointment system of CEOs and their perception towards such appointments (See; Kim et al, 2022; Ashraf 2017). The findings shed light on the basis for review or otherwise of the existing system of appointment in institutions that provide essential services such as teaching hospitals.

The remainder of this article was organized as follows: a brief overview of what constitutes perception. We followed by a review of the existing literature on perception specifically on political appointments and its effects on organizational commitment. We then presented our methods, including the research design, data collection methods, sampling size and technique and analysis of data, followed by our study's results. We concluded with a discussion of the findings, conclusion, as well as directions for future research.

2. Theory

Perception has been defined as the intellectual process by which sensory stimuli are transformed into meaningful information (Khajavi et al., 2013). This involves interpreting what is seen or heard, and stored in memory for future use in judging situations, people, or groups. Employee perception is a significant factor in their acceptance and satisfaction within a working environment, ultimately influencing their productivity (Ravaghi et al., 2010). According to Ashraf (2014), positive perceptions create positive working environment, while negative ones affect worker output and overall organizational performance. Kim et al. (2022) argue that employee perceptions are shaped by the manager's actions and behaviours towards them. Perception strengthens the performance-satisfaction link by clarifying desired outcomes and their achievement (Deci & Ryan 2008). How employees perceive an act influences their energy direction towards organizational goals (Meredith & Richardson, 2019). Evidence shows employees react to their perception of a situation rather than the objective reality (Rosen, Harris, & Kacmar, 2009). In this regard, an employee's commitment to organizational goals may stem from the sense of ownership they perceive (Kim et al., 2022). Similarly, commitment is assured when

employees find their jobs interesting, their values recognized (Taylor & Westover, 2011), and when they feel capable in their work (Chordiya, Sabharwal & Battaglio, 2019).

2.1 Perception and Employee Commitment

Employee perception has received relative attention in the literature. Studies have shown that, the perception of workers affects their job satisfaction (Hansen & Kjeldsen, 2018). When employees perceive organizational politics in respect of procedural unfairness such as biases in promotions, unfair assigning of duties and management imbalances, it adversely affects employees' organizational commitment, job satisfaction (Steijn & van der Voet 2019), trust in management performance as well as their work-related stress (Kim et al., 2022). This mostly leads to conflicts and litigation against their employer. However, when employees have positive perceptions, it increases organizational productivity and willingness to commit to achieving organizational goals (Kim et al., 2022; Meredith et al., 2019) especially due to the leadership style of senior management (Steijn et al., 2019; Ofosu et al., 2023). The willingness eventually leads to reduction in staff absenteeism, greater organizational commitment, improved performance, increased turnover and greater job satisfaction (Kim et al, 2022; Agbagli, 2019). Similarly, when there is effective communication, teamwork, organizational commitment, and support given by top managers, staff contributes to achieving organizational goals (Hansen & Kjeldsen, 2018). Thus, the staff supports the implementation of policies and programs when management respects their views and communication is mutual.

Employees perceptions are regarded as one of the means of improving the quality of work life. Within a hospital set-up, the views held by employees serve as a medium for improving work output, implying that, when the hospital goals are set, an attempt is made to provide an enabling environment where workers have the freedom and autonomy to make choices which are related to their work environment (Erdoğan & Çelik, 2016) and to improve the fit between their personality and the job demands as well as between his work and non-work domains (See: Samamdipour, et al., 2019). This generally results in an improvement in quality healthcare. It must be emphasized that perception is among several factors that affect quality of health service delivery in hospitals, however, this study focuses only on how hospital management perceive the political appointment of CEOs of teaching hospitals in Ghana.

2.2 Perception and Healthcare Delivery

The World Health Organization (WHO, 2019) defines Health Care Delivery (HCD) as the provision of all resources and services to meet the basic health needs of a population. These resources include tangible goods (equipment) and intangible services (staff expertise). Healthcare outcomes are often measured through service quality surveys (SERVQUAL) which focus on patient perceptions (D'Cunha & Suresh 2015; Christine, et al., 1993). Therefore, effective HCD within a hospital requires strong management practices focused on achieving quality care

For an organization to function at its best, two key components are crucial: service quality and employee commitment. Service quality improves when employees are committed to their work. This commitment is fostered by several factors (Agbagli, 2019, Tangthong, et al., 2014; Martin, 2011) including

- Financial benefits
- Employee participation in decision-making
- Effective compensation and reward systems
- Opportunities for training and career development
- Conducive working environment
- Job security
- Effective communication channels
- Availability of necessary materials
- Opportunities for leadership and innovation

Employees who feel valued and respected are more likely to be committed and take ownership of their work (Kim, *et al*., 2022). They are also more willing to go the extra mile for the organization's success (Agbagli, 2019). Conversely, feeling undervalued or unheard can demotivate employees and decrease their commitment (Kim, et al., 2022; Agbagli, 2019). Studies show that fair rewards motivate employees to take initiative and be innovative (Frenkel, *et al.,* 1999). When employees believe their efforts are recognized, they are more likely to develop creative solutions to problems (Frenkel *et al*., 1999). Fairness fosters a balanced exchange relationship, where employees feel confident in receiving just rewards for their efforts (Williams, *et al.*, 2002). Therefore, a strong perception of fairness across various aspects is crucial for employee commitment and achieving quality healthcare delivery in teaching hospitals.

3. Research Method

3.1 Research Paradigm and Approach

This study adopted a constructivist paradigm, which recognizes that humans construct meaning from their experiences and backgrounds (Khajavi *et al*., 2013). A multiple case study design was employed to ascertain how management staff of teaching hospitals perceive the perceived political appointment of CEOs in teaching hospitals in Ghana.

3.2 Target and study population

The target population for this study was the staff of all teaching hospitals in Ghana. However, for clarity and direct contact with appointed CEOs, management staff with at least 10 years of work in a particular TH were purposefully selected from 3 teaching hospitals in Ghana based on the geographical locations of the northern (TTH), middle (KATH) and southern (KBTH) zones.

3.3 Sample and sampling technique

A purposive sampling technique was employed to select respondents based on their managerial role in the teaching hospital chosen with the expectation of having lived experience and knowledge of the subject matter under investigation (Creswell, 2009). This aligns with Neuman (2007), who argues that purposive sampling is ideal for identifying specific cases for in-depth investigation. Twenty-one persons were initially interviewed, however upon recommendations, the snowball sampling approach was introduced and six more participants were interviewed (Silverman, 2013). Data saturation was realized with 27 respondents.

3.4 Data Collection Instrument

Data was gathered using a semi-structured in-depth interview guide and developed by the research questions. Two approaches (face-to-face conversation and telephone conversation) were employed based on the convenience of study participants. Face-to-face interviews were conducted at the offices of respondents except for three respondents (two from KBTH and One from KATH) who were met at designated places outside their offices. Nineteen (19) interviews were conducted face to face while 8 were conducted using mobile phone calls (1 from KBTH, 3 from KATH and 4 from TTH). Participants freely expressed themselves with little interference only when respondents deviated completely from the subject matter (Creswell, 2003). Interviews lasted for between 30 minutes to 1 hour and 10 minutes. All interviews were conducted by the researcher. The selection of different study settings (3 THs), and the use of different modes of conducting interviews enhanced data credibility as well as the triangulation of the responses of the interviews to complement the richness of the data collected from the three-teaching hospital (Shenton, 2004). This also increases results generalization and acceptability.

3.5 Ethical Consideration

Before the study commenced, Ethical clearance was sought from the Institutional Review Board (IRB) of the three teaching hospitals. Approved fees were paid, and a copy of the interview guide was collected by each teaching hospital for review and acceptance before ethical clearance was granted. Confidentiality was ensured using identifiers instead of names or titles of respondents. Data obtained was safely kept on the researchers' personal computers and hard drives. The researcher explained the purpose of the study as basically for academic exercise before respondents decided to participate or decline. Withdrawal at any time was also permissible without any consequence. Permission was also sought from respondents to publish study findings using anonymous names for their quotes.

3.6 Data Management and Analysis

Data obtained from audio recordings were saved securely on a hard drive with a unique code and name to avoid mixing the information during transcription. Identifiers were used to represent the respondents' confidentiality and anonymity agreement as stated in the respondents' consent form. Braun et al. *(*2006) six-step approach to qualitative data analysis was used for the analysis of data. Raw responses were transcribed by word manually after several times of listening to voice recordings. Here the audio-recorded voices were transcribed orthographically, therefore reproducing all spoken words and sounds including murmuring, and giggles such as 'mm-hmm's and 'ha-ha's (Braun & Clarke, 2012). The thematic analysis was used to analyze/examine each of the aspects of the study objectives in depth.

4. Results

4.1 The Demographic Characteristics of Participants

The respondents in this study were management members within the three THs. From the twenty-seven (27) persons interviewed, there were twenty-three (23) males and four (4) females. Per management role, there were Twelve (12) Heads of Departments (six from KBTH, four from KATH and two from TTH), three (3) administrators (one from each facility), three executives of recognized unions (one from each facility), two (2) principal nursing officers in charge of wards (one from KBTH and KATH), three (3) Human Resource managers (one from each TH), two (2) procurement managers (one each from KBTH and TTH respectively), 2 senior staff association executive members (one each from KBTH and KATH respectively) and 1 director. With the range of years spent at the facility, eight (8) respondents had spent between 10 and 14 years, seven (7) had spent 15 – 19 years, eight (8) respondents had spent between 20 to 24 years and four (4) persons had spent 25 years and above in the particular hospital (See **Table 1**)

Table 1. Demographic characteristics

Respondents	Sex	Years in TH	TH	Portfolio
RP1	M	12 years	KBTH	Head of Dept
RP2	M	14 years	KBTH	Head of Dept
RP3	M	13 years	KBTH	Head of Dept
RP4	M	23 years	KBTH	Head of Dept
RP5	F	19 years	KBTH	Head of Dept
RP6	M	21 years	KBTH	Head of Dept
RP7	F	25 years	KBTH	Principal nursing officer
RP8	M	25 years	KBTH	Head of a Union
RP9	M	20 years	KBTH	Senior Staff Association
RP10	M	17 years	KBTH	Administrator
RP11	M	21 years	KBTH	Procurement Manager
RP12	M	24years	KATH	Head of Dept
RP13	M	16 years	KATH	Head of Dept
RP14	M	13 years	KATH	Head of Department
RP15	M	16 years	KATH	Head of Department
RP16	F	15 years	KATH	Principal Nursing Officer
RP17	M	25 years	KATH	Administrator
RP18	M	22 years	KATH	Administrator
RP19	M	14 years	KATH	Head of a Union
RP20	M	15 years	KATH	Senior Staff Association
RP21	M	15 years	KATH	HR Manager
RP22	M	24 years	TTH	Head of Dept
RP23	M	13 years	TTH	Head of Dept
RP24	M	10 years	TTH	HR Manager
RP25	F	23 years	TTH	Head of a Union
RP26	M	14 years	TTH	Deputy Director
RP27	M	19 years	TTH	Procurement officer

4.2 Conceptualizing Political Appointment in Teaching Hospitals

Respondents conceptualizes political appointment of CEO in diverse ways. It includes the selection of a politically aligned person to head the hospital without following any laid down criteria known to the hospital. This involves every incoming government selecting individuals mostly part faithfuls whom they deem fit to be in the topmost management of the TH without necessarily being the most fit.

"Political appointment refers to the selection of political party activists to fill key positions within a state institution or agency of government. These include; Ministers, DCEs, Chief Executives and Executive Directors etc." (RP12).

"Political appointment is the imposition of a political party person onto state institutions to serve as heads of those institutions. They are placed there to serve as the eyes of the president in those institutions. You must belong to the party in government before you get such an appointment." (RP7).

- ***Reasons for Conceptualization***

Disregard For Recruitment Process

There are laid down processes for employing hospital staff. However, with PAs, political authority can select any person without consideration of the processes involved in the recruitment of workers in the TH. The president nominates the person without the hospital management knowing exactly what processes led to the nomination. Even though the respondents admitted that the Public Services Commission (PSC) undertakes regularization processes to confirm the nomination of the appointee, it is seen as a mere formality since there hasn't being any instance where the PSC has rejected the president's nominee. In effect, the PSC is only seen as a rubber stamp that approves any nomination by the president. The qualification, experience or competence is not measured.

"Political appointment connotes the selection of politicians to be in a key position within organizations without due consideration of qualification, competence or experience in that field". (RP6).

Consultation

While consultation before decision-making is one of the best mechanisms to ensure the acceptance of decisions and willingness to participate in ensuring such decisions are well executed for the betterment of an organization, most respondents stated that with PA hospital management has no prior knowledge of who would be appointed.

"*Political appointments are the kinds of appointments done by politicians in government institutions which do not follow the best-fit approach and without consulting the hospital management" (RP15).*

No Terms of Reference

In Ghana, public sector employees must be below sixty years (60). Political appointment has no regard for age or tenure of office but mostly subjected to the tenure of the appointing government. In effect, the appointee is changed at any point whenever there is a change of government irrespective of his competence or the work he is offering and without consultation with the hospital management.

"With the political appointment, the president can remove the appointee at any time. CEOs are changed when the government changes" (RP22)

The president has the prerogative power to select persons' he deems fit to serve as his representative in any state institution. He can change them at any time. There were instances the when president changed a CEO even though workers were happy with his performance (RP1).

4.3 Perception of TH Management on The Political Appointment of TH CEOs

Various viewpoints were obtained from study participants with respect of the political appointment of CEOs of teaching hospitals in Ghana

- ***PA is Unaccepted***

Sign of Disrespect and Demotivation

Responses suggested that most workers felt disrespected when CEOs were appointed without taking their views especially when they were also qualified to assume such portfolios. It was emphasized that the appointment of politically aligned persons as CEOs by the government is not a good practice since such appointments lead to the appointed CEOs focusing on pleasing the government while politicizing the office and the entire teaching hospital.

"I don't think CEOs of THs should be appointed by Governments. It's a sign of disrespect to us. At least qualified persons should go through laid down procedures to be chosen as CEO not this selection based on mere political affiliation." (RP8).

Angualified Persons Selected

Respondents expressed how PA doesn't lay much emphasis on the qualification or competence of a person being appointed as CEO. Though medical doctors were often selected to be CEOs, not all were the most qualified at the time of appointment. Some had no form of administrative work especially managing a public health institution. Such appointments led to a sort of deficiency in the management of the TH

"In my candid opinion, CEOs of KATH should not be appointed by the government using political lenses. Rather I think that anybody who qualifies should be appointed irrespective of their political affiliation." (RP14).

"Appointing CEOs based on partisan consideration breeds underperformance. Such CEOs who know they do not qualify are unable to meet the expectations of the hospital. I can confidently say that CEOs are judged by their performance and not their political affiliation. We support CEOs who share in the vision of the hospital and not which party he or she belongs to. So, whether the person belongs to party A or B, if only he can do the job he should be selected as the CEO." (RP20).

Satisfy Appointing Authority

Teaching Hospitals training health professionals and provide quality tertiary healthcare for the citizenry. CEOs of THs at any point in time are expected to introduce policies that would contribute to meeting these objectives. However, responses from the interviews show that, since these CEOs are appointed by political consideration, they tend to push the agenda of their political party or government at the expense of the hospital. They hide the reality of happenings within the hospital from the general public for fear of the party becoming unpopular.

"Due to the government appointing CEOs, they are unable to do things without looking at the interest of their government. Even when there are things that would help the TH, they refuse to do it, especially when they feel their government would come under attack" (RP4)

It was indicated that there were instances when the hospitals faced challenges because of certain governmental policies and programs, yet the CEO was unable to voice out for fear of being sacked by the government. For example, when NHIS delayed payments and the hospital had a shortage in supply of items from suppliers, the CEO portrayed all was well.

"When there are pressing issues they hide the reality from the public, and patients turn to blame us for selling items meanwhile it is not available for use. When a neutral person is appointed, he can say the truth" (RP7)

Alteration in hospital Organogram

Aside from the direct appointment by government, political appointees tend to undertake other internal restructuring to suit their pursuit of political gains and therefore alter the existing organizational structure. While organizations have organograms to govern their managerial roles inclusive of the duties of staff the chain of command, levels of authority, the chain of communication, as well as career progression, it was revealed that most often politically appointed CEOs attempt to introduce certain portfolios and assign duties to party faithful within the institution in an attempt to take away the organizationally recognized duties of some staff. These appointees without any laid down organizationally recognized portfolio tend to arrogate certain powers at the distaste of the hospital staff. There were instances where some CEOs arrogated to themself some powers and without following due process issued letters terminating the positions of some staff which resulted in court issues.

*"PA, it surpasses the mere appointment of an individual to head us ooo. It involves the change of some leadership of PSOs by the incoming government so as to push their political and economic interest. They don't care whether the appointee is capable or not, so far as they deem it in the interest of the party, they appoin*t" *(RP9).*

"Political appointees create un-existing portfolios for party faithfuls with the view of sidelining supposed opposition members. It even involves the deliberate removal of certain persons from key positions so they cannot interfere in the activities of the appointee". (RP8).

Cunstituional Provisions Must Be Scraped

While respondents recognized the constitutional provision that allows the president to appoint heads of public sector organizations, they opined that teaching hospitals provide essential service and are significantly different from all other institutions and must be managed by persons with a certain level of understanding of hospital governance. To them human resources issues are multifaceted, therefore an appointed CEO must be someone who already understand the management of big public healthcare institutions. The change of CEOs continually due to this constitutional provision has negative effects on hospital systems and must be scrapped so internal hospital mechanisms are used to select CEOs.

"Even though there are laws from Parliamentary Acts that present how CEOs should be appointed, I do not support the current system where each government select its CEO and changes the one there even if he's doing something right. I think it must stop so that due process is followed. (RP 24)

"Appointment should be by promotion, such that, among the top-ranked directors who have the required skill and experience is selected to be the head using internal mechanisms while others can be his deputy. Simply put a selection of our CEO must follow due process and not try and error selection by political parties." (RP21).

It is evident from the responses that, most TH management members hold a negative perception toward the appointment of CEOs by the government (politicians) citing instances of alteration of hospital organograms and under-performance of appointees

4.4 Political Appointment of CEOs is Ideal

Despite the seeming dislike for PA as highlighted supra, counter opinions reveal some level of acceptance of PA in THs. Proponents of this stance opined since the country is politicized, selecting people who support the government and share a common ideology so they can push the government's developmental agenda is ideal. This would help avoid supposed political sabotage of government initiatives and ensure commitment to the government meeting its target

PA is a Constitutional Provision

The appointment of CEOs in all public sector organizations is a constitutional provision, therefore government appointing people who support its ideology is good.

"Yes, I think the Government should appoint our CEO. THs are public institutions and it is the norm to go with the appointment of CEOs. After all, the THs are subsidiaries of the Ministry of Health, and the CEOs report through the board to the minister who is an appointee of the government. So, for a cordial relationship between the ministry and the CEO, the CEO should be appointed by Government just as the minister." (RP17).

Government Pursue Manifesto and Prevent Sabotage

The study respondents indicated that political parties present a manifesto which dwells on what the government would do in the case its party wins electoral victory. The governments need a set of people it can help to deliver on its manifesto and as such appointing heads of THs to help it achieve its promises is in good standing.

"I think the government should continue to appoint the CEOs. Remember every government has a vision and made some campaign promises. If he does not get someone who supports his political agenda to head a vital institution like TH, the person may sabotage him and he cannot achieve his dream for the hospital. Appointing his person would allow them to work together for the development of the hospital" (RP2).

"We have seen it severally that when a government has its own person as CEO it gives him all the necessary support to carry out its operations but as soon as his government goes all those things are stopped. For me how successive governments abandoned already initiated programs and projects is my problem but for the government appointing CEOs of THs I support it." (RP10).

Prevent Confusion and Internal Politics

The study respondents explained that, because the government appoints the CEO, there is little confusion that characterizes the selection process as compared to internal elections to select heads or presidents of recognized unions and welfare executives which sometimes turn so political and confrontational. With the kind of lobbying, accusations and counteraccusations coupled with the disunity that arises after internal elections, it was better government continue to appoint the CEO who is the overall boss so as to avoid such misunderstandings. Though there is suspicion of some lobbying among supposed party faithfuls of the ruling government for consideration and appointment as CEOs, it is not general, nor an open context for any qualified person to apply and possibly engage in a campaign that would destroy the unity in the TH.

"Government choosing the CEO is best. It avoids any politicking in the TH that tends to cause disunity among staff." (RP9)

4.5 Political Appointments Subject to the Qualification of the Appointee

Despite the two stances rejecting and supporting the current system of political appointment of CEOs of THs, other respondents held a neutral stance with specific explanations. These respondents opined that whoever is appointed as CEO is not a problem, rather a consideration of qualification, previous experience and non-involvement in political activities is key.

Appointment devoid of politics

The most important thing about a CEO is professionalism since the prime objective of all the health professionals at any Teaching Hospital is to save lives. Respondents were of the view that belonging to a political party or not was not the major issue of concern but rather how the appointee can help in pursuing the hospital's mission and objectives. The narrative further pointed to the fact that, most health workers were comfortable with a neutral person, especially someone who understands the health systems in THs because of the complicated nature of systems and personnel that constitute the TH.

"I have always held the view that CEOs should be neutral people who have no link to the hospital or any political party". You see in the past; we have had medical doctors working in this facility who have been appointed as CEO yet we have issues with their leadership style and that affected the operations of the hospital. We have also had somebody coming from outside medicine and we have had some challenges with him too because he didn't have the requisite knowledge of hospital governance leading to a lot of controversy with the BMC and eventually, he was sacked. However, one appointee whom we all didn't know his affiliation to any political party did very well and we all supported him. People will support the CEO if they believe you toil the line of the hospital" (RP5).

A Person Must Be Qualified

Some respondents insisted that despite the need for neutrality, an appointed CEO must be qualified and has the requisite knowledge of hospital management. It was indicated that not all doctors have received managerial training and would be capable of managing a TH. Therefore, a would-be CEO should have previously held a top management position in a department in the hospital and must be a senior doctor. To them being a head of department or a member of the BMC is the best qualification for consideration for the CEO position.

"A CEO should at least be a medical doctor. He must have had some managerial training and managerial position in the particular TH". (RP13)

"Everyone has a political affiliation and so whoever is appointed at whichever time would be expected of doing the bidding of the appointing authority at a certain point in time. But since there are bureaucracies, laws and other things that play a role in what is to be done within THs, an appointee should be someone who understands the systems to follow such bureaucracies. They have to know their limit and what the management team and the board does so to ensure cohesion and avoid circumstances leading to misunderstanding and delay in hospital growth" (RP26).

4.6 Internal and External Appointments

This theme arose in line with the general views respondents shared on the entire system of PA of CEOs in THs. There were divergent opinions on this subject matter.

Internal Appointment is Best

These proponents argued that persons who have worked in a particular TH and have risen through the ranks are better placed to appreciate the hospital culture to contribute much better than persons appointed from outside. An instance was cited where a CEO was appointed from outside the hospital and he was met with stiff opposition right from the unset. Though the appointee was a medical doctor and had some management experience from a regional hospital, his

appointment was seen as a sort of disrespect to the senior staff who had higher experience in service and management than the appointee. In effect, the appointee had several misunderstandings and was replaced with someone from within the hospital.

"Choosing a CEO from within the particular TH is best. The person understands the hospital set up, the working environment and organizational culture and is best positioned to help the hospital" (RP27).

Respect from Colleagues

Usually, an appointment from within the hospital is met with some joy and respect from other senior medical officers who sees him as their colleague. It was further revealed that the strategic role senior medical officers play can support or frustrate an appointed CEO and makes his working difficult.

"Even though an incoming CEO may have brilliant ideas which he would want to pursue, if we do not support him, he cannot work. If a government doesn't respect us and selects someone from outside of the numerous senior doctors in this TH as our CEO, we know what to do." (RP9)

We respect each other as doctors. We know who qualifies to be at what level. Appointing someone from within us builds confidence and mutual respect. The appointee from within us can drive our agenda, to accomplish our mission and vision. So far as one of us is appointed we all support him to move the hospital forward (RP20).

Competence of Appointee

Counter responses to the choice of CEO compulsorily from within a particular teaching hospital revealed that some CEOs chosen from within a specific teaching hospital also couldn't live up to expectations, yet others chosen from outside did extremely well. That is, where the person is appointed from is not a recipe for success or failure. Rather the competence level must be ascertained before appointing the person.

"Choosing a CEO from within the hospital or outside is not the issue but the person's competence would be key to meeting the hospital goal." (RP18)

"I don't think coming from the hospital or otherwise is the case but what level of investigation is done before one is selected to be a CEO of this sophisticated institution is very important since his actions can cause the life of people'' (RP 27).

"Any appointed CEO be it from within or outside the hospital must be level-headed, a team player and someone who has at least gotten some level of managerial and administrative training, especially within the healthcare fraternity. Yes, the level of education is important but his involvement in managing a public healthcare institution is key and must be the first point of consideration." (RP3).

Respondents have shared divergent views on the current system of political appointment of CEOs in teaching hospitals in Ghana. It can be emphasized that, these views greatly affect their morale levels in contributing to the success of the organization. Positive perceptions help in contributing meaningfully to organizational growth and vice versa. From the foregone analysis of responses, it can be argued that despite the majority's displeasure for the government to continuously appoint CEOs of TH, there were divergent opinions for and against the system as well as neutralist. The neutrals contend that an appointee must be qualified and have knowledge of the hospital management system that can help the TH to achieve the prime objective of delivering quality healthcare.

5. Discussion and Conclusion

Discussion

The study explored how teaching hospital management conceptualized and perceived PA of CEOs of teaching hospitals in Ghana. Responses showed that, the management of THs conceptualized PA in two folds. In the first place, it was revealed that, for an appointment to be considered political, the appointee must be someone who belongs to the political party of a ruling government. This finding is in tandem with Resh (2015) and Grindle (2012) which have all alluded that PA is the selection of persons who have political connections to a ruling party to head an organization. Other reasons for describing PA includes selection without any laid down criteria which is in tandem with Kirya (2020), no consultation with the management of the hospital (Gyampo, 2016) and the change of CEO without recourse to his performance or staff acceptability as earlier indicated by Gyampo (2016). On the second note, PA was conceptualized as any appointment in which the appointee seeks to change the organizational culture and disregards the hospital organogram to select the person that suits his agenda. This finding supports earlier works of Yaro, (2014) Ashraf (2017) and Kirya (2020) which have all stated how political influence controls recruitment in PSOs.

On the perception of hospital management towards PA, it was revealed that a greater number of management staff of THs do not support the system of political appointment of their CEOs. They stated that, such appointments do not only affect the operations of the hospital but also their morale as workers which is consistent with Agbagli (2019) who earlier found that the appointment of CEOs demotivated the staff of the Ghana Standard Authority. This demotivation arises out of the perceptions held by employees which largely depend on the actions and behaviors of management toward the

employee (Kim, *et al.,* 2022). It was argued that, when CEOs are appointed or changed due to a change of government, they tend to alter procedures within the TH and this confirms studies by Yang and Kassekert (2010). When staff have their own perception of such activities it affects their work output as earlier asserted by Menachemi *et al.* (2020) which argued that the perceptions held by healthcare staff on hospital governance affect their output of work. Further, there was an indication that, when staff perceive positive attitudes from CEOs, they would support them in achieving their objectives and this is consistent with an earlier assertion by Ravaghi *et al.* (2010) and Ashraf (2014) both of whom indicated that good perception(s) create a positive working environment in organizations, whereas negative perceptions affect workers' output and the general organizational performance.

In sharing their perception of how PA affects recruitment, this study found that politically appointed CEOs do not necessarily have control over the recruitment of Clinical staff. However, since the recruitment are usually done by the ministry of health through the Ghana Health Service and the heads of these institutions are all appointed by the same government, they can manipulate the system in such a way that their political affiliates are posted to their hospitals. This finding goes to confirm the assertion by Hongoro *et al* (2018) which stipulates those decisions around health workforce training, regulation and incentives are largely controlled by politicians and government officials. On the issue of allocation of duties and promotions, despite the laid down rules in such promotions, an aspect of the findings of the study indicates that some promotions are done with biases leading to the promotion of cronies ahead of others leading to demotivation of staff who are affected and serves as a disincentive for hard work. This finding relates to that of other studies which have asserted that when employees perceive procedural unfairness such as biases in promotions, unfair assigning of duties and management imbalances it adversely affects employee's organizational commitment and job satisfaction (Steijn & van der Voet 2019).

Some findings contrary to the aforementioned purports that, public institutions are governed by certain Acts that direct them on the appointment of CEOs, THs in Ghana are not left out and there is nothing wrong with the government appointing CEOs. It is believed that anybody appointed by the ruling government, either politically affiliated or not is not the problem, however, whether the appointee knows and understands the health system. This is because the successes of CEOs are dependent on the systems at the THs and the capabilities of the individual. If the government is passionate about health, appointed CEOs of THs will ensure that their vision is protected.

These CEOs can prioritize and align activities that will facilitate work to increase the trust of the populace in the health system. In this regard, the study argues that the government appointing CEOs of teaching hospitals can help the government achieve its intent for the hospital which is consistent with Xu *et al*. (2005) and Cocciasecca *et al*. (2021) which indicated that PA improves accountability and governance structure as well as helping achieve government desired goals within public sector organization.

Again, this study revealed that if the government appoints its CEO, certain benefits and support for the hospital are delivered on time as against when the person is appointed using systems in the hospital. Here, it was envisaged that there would be a reduction in bureaucratic practices that may delay the progress of work in the hospital. This confirms the results of a study by Toral (2019) which posits that politically appointed CEOs enhance access to political leaders and make it easy for bureaucrats to obtain material resources for public service delivery. Contrary to the calls for removal of the authority given to governments to appoint CEOs, section of respondents indicated the need to maintain this act which supports Iyer & Mani, (2012) who asserted that, since political appointees are usually hired at will by governments, it makes it much easier to sanction bad performers (through firing) and reward good performers (through promotions). In this regard, appointed CEOs are cautious of the activities or management practices they engage in and that can help in ensuring a healthy atmosphere within the hospital for quality delivery of healthcare services.

On how CEOs should be appointed, the study found out that, the government should follow to the latter Section 37 (2) of GHS and TH Act 525 (1996) in line with the constitutional provision article 195 (1-3) of the 1992 constitution. If the appointment goes through due process, and they are appointed on merit, it will lead to the quality of healthcare delivery. But if the person is not qualified, it will be a challenge and there will be a lot of agitation due to negative perception as earlier stated by Steijn *et al.* (2019). In this regard, meritocracy should be considered in the appointment of CEOs even when political alienation is involved. That is, the vacancy available should be open up for competent and skilled persons who can compete for the position to apply and the best person selected. This would reduce how governments meddle in the affairs of CEOs of THs as previously alluded to by Fuenzalida and Riccucci (2019) which stated that when the officials have little policy influence on the selection of management it reduces their

interference in their managerial activities (allocation of duties), and enhance company growth.

Conclusion

This study has unearthed the views of hospital management towards the existing system of appointing CEOs based on political considerations. Responses have shown that just as in many other studies globally (Kim *et al*., 2022; Agbagli, 2019; Ashraf, 2017 etc), management of THs dislike the current system of politically tuned appointment of CEOs. We conclude that a laid down system where the selection of CEOs would be based on meritocracy rather than politics be instituted. It is suggested that the existing constitutional provision which allows the appointment of CEOs of all state institutions should be reviewed or in particular, sophisticated agencies that provide essential services such as THs be exempted. Future research may focus on perception of non-managerial staff on political appointments and how it affects their morale and work output.

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