SCOPE OF STANDARDIZATION OF RECRUITMENT PROCEDURE
AT THE DEPARTMENT OF LABORATORY MEDICINE AND PATHOLOGY
- HAMAD MEDICAL CORPORATION

A project in
Department of Health Sciences

By
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Abstract

The National Health Strategy 2011-2016 (NHS) is a comprehensive program of reforms to support the advancement of Qatar’s Healthcare Vision of creating a world-class, patient-centered healthcare system. Consequently, Hamad Medical Corporation (HMC) is facing a considerable pressure for its services and a serious consideration is given to the recruiting process to attract highly skilled employees in a competitive global market. For a strong institutional framework, it becomes a high priority for the Department of Laboratory Medicine and Pathology (DLMP) to regulate the recruitment process by incorporating healthcare recruiting best practices. Several variables should be considered by the hiring department such as the current procedures’ diffusion in the field and legal problems associated with the procedures. The purpose of this study was to assess the effectiveness of the current recruitment and selection practices and procedures used at the DLMP at HMC and to examine the validity and costs involved of the hiring process.
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Dedication

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Chapter 1

Introduction

Staff is one of the most valuable resources for the success of any organization, more so in public service providing organizations such as hospitals. Consequently, recruitment practices have a great impact on the organization performance in achieving its goals, productivity and success. In the field of medical laboratories, the impact of the recruitment process has a great effect on the quality and efficiency of its services. This project explores the current recruitment practices at the Department of Laboratory Medicine and Pathology (DLMP) at Hamad Medical Corporation (HMC).

1.1 Healthcare in Qatar

The population of Qatar increased from 522 thousand counted in 1997 to reach 1,699,435 according to the 2010 census (Ministry of Development Planning and Statistics, 2014). When compared to other developed countries, Qatar’s healthcare services are of a high standard and internationally recognized. The healthcare system is a countrywide network of hospitals and healthcare centers. It offers most advanced medical equipment as well as highly qualified staff. The healthcare sector has grown steadily as evidenced by the World Health Organization report that Qatar public spending on healthcare has increased massively in the last years. This makes Qatar on the top of the per capita health expenditure list among the Gulf Cooperative Council (GCC) (Hamad Medical Corporation, 2014).
1.2 Supreme Council of Health

The Supreme Council of Health (SCH) regulates Qatar's healthcare. The key functions of the Council are to assure a quality of public healthcare that matches the best in the world and to create a clear vision for the nation's health direction. SCH monitors patient care quality practices by adherence to established standards and continuous improvement of services delivered by hospitals, primary care and other public and private sectors.

1.3 Hamad Medical Corporation

HMC, established by an Emiri decree in 1971, is the premier leading non-profit healthcare provider in Qatar. It is equipped with state-of-the-art diagnostic and therapeutic medical facilities. Currently, eight specialized hospitals are managed by HMC: Hamad General Hospital, Women's Hospital, Rumailah Hospital, National Center for Cancer Care & Research, Heart Hospital, Al Khor Hospital, Cuban Hospital, Al Wakra Hospital, as well as the home healthcare services, national ambulance service and the developing residential services. Moreover, there are facilities under development such as Children's Hospital, new Women's Hospital and Physical Medicine and Rehabilitation hospital. (Hamad Medical Corporation, 2014). Three key pillars are the bases for HMC ethos, which are signifying the organization's commitment: providing high quality healthcare, education and training of healthcare professionals, and research that develops evidence-based medicine. (Hamad Medical Corporation, 2014)

It is noteworthy that HMC is the first and only medical corporation in the world to achieve concurrent accreditation and reaccreditation of all its facilities by Joint
Commission International (JCI). Also HMC achieved the first accreditation of its kind in the region for its Ambulance Service and Home Healthcare Services. (Hamad Medical Corporation, 2014).

1.4 Towards Qatar National Vision 2030

National Development Strategy for the State of Qatar 2011–2016 was prepared under the guidance of His Highness Sheikh Hamad Bin Khalifa Al-Thani, to set a path towards reaching the goals of Qatar National Vision 2030 (QNV 2030). To achieve its development objectives, everyone including the private sector must commit to the implementation of this strategy’s framework.

Qatar's Permanent Constitution principles guided Qatar’s long-term development strategy as articulated in Qatar National Vision (QNV) 2030. The document states “The State shall foster public health; provide means of prevention from diseases and epidemics and their cure in accordance with the law.” QNV 2030 was launched in 2008 aiming to the advancement of Qatar, sustaining Qatar development and delivering for all its people high standard living. Through the building of a society that supports benevolence, equity and justice that represents the principles of the Permanent Constitution. QNV 2030 rests on four pillars: economic development, human development, social development, and environmental development.

QNV 2030 outlines the trends, objectives and aspirations of the future providing a framework for Qatar’s National Development Strategy (NHS) 2011–2016. The strategy prepared Qatar to create a world-class, patient-centered healthcare system by offering
high quality health care services through integrated system of healthcare, preventive healthcare, national health policy, skilled national workforce, integrate system of healthcare, high quality research and affordable services. Under these goals and to achieve the goals of QNV 2030, NHS provided a work plan with 35 specific projects and implementation plans (National Health Strategy 2011-2016, 2011).

1.5 Challenges for healthcare

To achieve the QNV 2030 goals for the health sector, Qatar needs to overcome multiple challenges. The rapid fluctuating increase in the population resulted in an overload on the healthcare system and consequently increasing demands on the healthcare system. To address this burden, healthcare officials in the country must work cooperatively to resolve this challenge. A key component for Qatar health strategy is a workforce plan that focuses on increasing the national capacity. It is worth mentioning that Qatar relies on expatriate healthcare workforce, thus it must motivate more Qatars and local residents to enroll in all areas of the health system. Quality workforce in the healthcare is a critical factor for success. Accordingly, a robust recruitment and retention plan must be included in a workforce plan to ensure that the health system professions are attracting people with a proper skill set (Qatar General Secretariat for Development Planning, 2011).

In 2012, the number of visits to outpatient departments and the emergency department at HMC increased considerably to 492,828 visits (21.8%) and 465,041 visits (34.5%), respectively, compared to the year 2005. Along with dramatic increase in Children Urgent Care Center visits to reach 437,684 visits in 2012. The previous statistics demonstrate that HMC is facing a considerable pressure for its services. Yet, the facility
is expected to provide its services at the highest quality of care possible. On the other hand, the 2012 annual health reports provided by the Department of Epidemiology and Medical Statistics showed that the number of medical staff working at HMC and SCH increased by 19% compared to the year 2008. With regards the number of laboratory technologists and technicians, it reached 711 workers, a 14.9% increase (Hamad Medical Corporation, 2013)

1.6 Address the need for skilled national healthcare workforce

Skilled healthcare professionals are the keystones in any medical organization. They play a critical role in the continuous improvement, reform and innovation in health services. Thus, the healthcare workforce must be carefully developed and adequately resourced. Furthermore, the need to develop a long-term national capacity plan is crucial. Human resources policies must focus on healthcare professionals’ recruitment and retention. Thus, to achieve QNV 2030 target of raising the number of allied health professionals (AHP) from 0.4 per 1,000 people to 4 and to decrease voluntary turnover rate of less than 8%, Qatar must reduce recruitment difficulties of both Qatari and expatriate workforce through the implementation of a practical approach to increase Qataris and long-term residents in healthcare by the reinforcement of the education of health professionals, sponsorship programmers, and awareness campaigns. (Qatar General Secretariat for Development Planning, 2011).

As a result, a serious consideration should be given to the recruitment practices of healthcare professionals in order to attract quality employees in a competitive hiring market with a clear trend in high-skilled areas. The appropriate qualified workforce will
add value to the healthcare services in Qatar and will contribute to the achievement of HMC vision.

1.7 Laboratory Medicine and Pathology (DLMP)

DLMP is the referral laboratory in Qatar that supports clinicians in HMC with 70% of its activity (Hamad Medical Corporation, 2011). It is responsible for Qatar’s blood supply, and undertakes diagnostic testing ranging from rapid response tests to genetic assays. (Hamad Medical Corporation, 2014). In April 2014, DLMP became the first laboratory in Qatar to be accredited by the College of American Pathology (CAP) for meeting all applicable standards for accreditation. DLMP consists of many laboratories including anatomic pathology, clinical chemistry hematology, cytopathology, molecular genetics, microbiology, immunology, transfusion medicine, virology, histocompatibility and immunogenetics, in addition to the emergency laboratory that service the emergency department. Most DLMP laboratories provide its services around the clock. The DLMP department is facing increasing demands for its services. The estimated number of testes in 2014 only had reached more than 17 million tests. The increased workload forced DLMP to regulate the recruitment process and to incorporate healthcare recruiting best practices.

This project aims to evaluate the role of standardization of recruitment procedures at DLMP at HMC. The study will trace the changes in DLMP staff numbers in comparison to the increasing demands for DLMP laboratories services in the period from 2012 until now.
Chapter 2

Literature review

2.1 Recruitment core process

The recruitment process is a challenging task and it can be more difficult for certain types of jobs that need special skills. Moreover, the quality of the applicants is critical for the success of any organization, therefore attention should be given to the recruitment process to target the correct applicants using the correct strategy.

A study conducted by Washington State Department of Personnel to examine recruitment best practices and benchmarks used by the "best-in-class" employers. The results illustrated that each employer has a recruitment process customized according to their strategies, culture and environment. They all share core recruitment steps starting with workforce planning with a focus on staff forecasting, skill gap analysis and screening strategies for specific vacancies (HR State of Washington, 2009). The second step is the development of strategies to attract candidates by advertising and marketing at selected markets. Screening of a qualified pool of candidates is. Results of the screening are created and shared with the hiring managers. The above activities include a thorough review of the applications to identify the suitable qualifications and formal testing. Interviewing is the fourth step in the core recruitment process and the common strategies for this step include peer interviews, panel interviews and other interviewing techniques. The hiring step follows and it includes job offer negotiation terms and conditions of employment, pre and post onboard. Finally, reporting of the collected data, monitoring
and feedback by surveying applicants and the hiring managers (HR State of Washington, 2009).

Recommendations and guidelines to understand and manage the recruitment process must be developed based on peer-reviewed research such as the one depicted in Figure 1. (Breaugh, 2009).

2.1.1 Establish recruitment Objectives

Planning strategy for attracting applicants by identifying the vacancy and reviewing the information about the nature and the role of it, in addition to addressing fundamental question’s to determine the type of applicants the organization is seeking by, such as what type of applicants is needed in regards to the knowledge, skills and abilities. Moreover diversity issues should be considered especially in sensitive cultures. In addition to other strategy related questions for example the source from where the organization should recruit to reach the organization desired applicant population and when to begins recruiting. In order for the organization to answer these questions it should establish clearly its objectives as the first phase of the recruitments process. (Breaugh & Stark, 2000). The information from this analysis should be used as basis for the job description and personal specification.

Job Description (JD) is an outline of the key duties and responsibilities associated with the organizational and operational interrelationship. Furthermore, JD should illustrate clearly the personal specification and it should be specific, justifiable, measurable, non-discriminatory, with a detailed description of the essential and desirable qualifications, skills and knowledge. Accurate JD is crucial to give the applicant clear information about the job and the expected performance of the jobholder, therefore it is critical for the

2.1.2 Develop a Recruitment Strategy

To attain a recruitment objectives a specific plan of action is established in the strategy development phase, which is critical to maximize the values of the next phase activities. In developing the recruitment strategy the organization might need to do some research in order to address some questions regarding the type of the individual the organization should target, How and where the targeted individuals can be founded, the most appropriate time to begin the recruitment campaign and the nature of the site visit, the suitable type of recruiters, the recruitment massage that should be communicated and the entail job offer. (Breaugh, 2009).

2.1.3 Carry Out recruitment Activities

The goal of recruitment activities is to create a pool of suitable candidates. The methods of attracting applicants should be determined based on the organization objectives. (Breaugh & Stark, 2000). There are several methods to advertise a vacancy and the hiring organization must select the most suitable for its chosen strategy. For example, online advertising in which the content has no limits, as well as 24-hour availability and application access that can reach to larger population of applicants. Moreover it cost less than printed media such as broadsheet and professional journals. The advertisement should always be based on JD with a job title that is easily understandable. In some cases where it is difficult to find suitable qualified experienced candidates or the vacancy requires particular specialty or a senior role, it might be appropriate to seek recruitment agency assistance. (Royal Holloway).
Before starting the interview stage, short listing should be carried out by screening the job applications against the JD. The next step is the selection process, the most common selection techniques is a panel interview. Members of the interviewing panel should be from the senior staff to the candidate and should be at least one male and, one female and the immediate supervisor (Yusoff, Shah, Ali, & Abu Bakar, 2013). Another selection techniques are the selection test and references check. It should be mandatory to inform all applicants the outcome of this step. It is worth mentioning that all selection decisions must be objective, justifiable, and supported by evidences (Yusoff, Shah, Ali, & Abu Bakar, 2013) (Royal Holloway) (Department of Administrative Services – Human Resources Enterprise, 2008)

2.1.4 Internal promotion and external recruitment

The choice between internal promotion and external recruitment depends on the established recruitment objective. Internal candidate is already knowledgeable about the organizational goals and culture and approach the new position in less time. On other hand, internal promotion might constrain creative ideas. External recruitment extends a larger pool of candidates, thus it could bring in more experiences and diversify the workforce with fresh new ideas. It remains unknown whether the new candidate will fit within the organization and with other staff members, which could cost the organization time and financial resources (Bryan, Burgess, Conroy, Lero, Race, & Serrano, 2013).
2.1.5 Evaluate recruitment results

Valuable in formations and feedback should be obtained by rigorous evaluation for the recruitment process; indeed it will assist the continuous improvement of the organization performance. (Breaugh & Stark, 2000) The success of the recruitment process is measured by its effectiveness i.e. quality of the new hire through the employee performance, ability, opportunity and motivations; concurrently measure the employee sourcing process. The outcomes of measuring the effectiveness will aid the improvement in order to gain the company goals. (Fang & Murthy, 2014)

2.2 The Significance of recruitment process on the organization outcomes

In a case study conducted in Rehman Medical Institute (RMI) data was collected from different levels employee through interviews, then it was analyzed by Constant comparative method. The results illustrated the importance of recruiting the right person at the right time in the right place in gaining competitive advantages for the organization (Yusoff, Shah, Ali, & Abu Bakar, 2013). Also, it demonstrated the significance of recruiting qualified, skilled and experience workforce in order to achieve the organization objectives in increasingly competitive globalized world. Other studies from developed countries described the relative strong relation between human resource management practices and improved outcomes of organizations and patient care quality. (Yusoff, Shah, Ali, & Abu Bakar, 2013)
2.3 The effectiveness of financial and nonfinancial incentives for improving human resource outcomes in health care

Due to the emerging trends of global shortage and the distributional imbalances of healthcare professionals (Geography, occupation, sex, and institution) a new attracting and retaining strategies for enthused and qualified health workforce is needed. Indeed financial incentives are effective for recruiting such as higher wages, bonuses and loans, but not retaining. Nonfinancial incentives are essential for the improvement of human resources management. Work autonomy is an example of nonfinancial incentives as well as flexibility, work-life balance, professional development, workload management, childcare, and support for career. Other studies suggested that for improving human resource outcomes, it might be more effective to emphasize a strategy that combines nonfinancial incentives with financial compensation rather than financial incentives alone. (Misfeldt, et al., 2013)

2.4 Current recruitment practices in HMC

With more than 26,000 staff members, HMC is considered the largest employer in Qatar. As any other organization, the recruitment process is a complex series of activities and full of bureaucratic delays. In April 2006, Human resources (HR) in HMC established a policy for hiring and recruiting process to standardize the recruitment process and to ensure effective and efficient recruitment process. This policy has been revised in in May 2012.
The recruitment process at HMC can be found at the flow chart in Figure 1. (Appendix A). The hiring department initiates the process by sending a recruitment requisition form composed of three basic requirements: budget approval, job description (JD), and grade approval to manpower and compensation section. Once HR receives the manpower and compensation section approval, a copy of the approved form along with some Curriculum Vitae (CV) attached to qualification checklist form (QCF) are sent to the concerned department. The immediate hiring supervisor then checks the applications. If the applicant did not meet the established criteria for the job, it should be returned with the completed QCF. If the applicant meets the criteria, an interview should be set up for short listing applicants following initial interview guideline developed by HR. Rejected applicant should be informed directly by the interview committee and the reasons for rejection are specified and documented. Whereas for the approved applicant, the immediate supervisor should sign the recruitment form and recommendations for the contract offer and send it back to HR. Upon acceptance of the offer by the applicant, several legal and occupational checks are carried out such as medical check up to insure patient safety and appropriate verification of licensing and accreditation. Once all is done, the candidate can starts in post. (Core recruitment Process, 2013) (Recruitment Policy HR 3052, 2012)
Chapter 3

Aims and Findings

3.1 Aims of the study

1- Study the increase in the numbers of specimens received in DLMP from 2012 up to date.

2- Trace the change in the numbers of DLMP personnel from 2012 up to date.

3- Explore HMC-HR recruitment practices of allied health professionals (AHPS) and make recommendations regarding this issue.

3.2 Findings

DLMP has coped with the huge increase in demands for laboratory services simultaneously with the rising number of patients seeking care at HMC over the past few years. Figure 2 represents the total number of patient samples received in DLMP in millions per year during the period from 2012 up to 2014. It shows dramatic increase from 2.54 million specimens in 2012, to 2.83 million in year 2013. In the first half of the current year (2014), the number of specimens reached 3 million with an expected total of 6 million specimens by the end the year in a clear indication of the increase in the workload for DLMP services.

Furthermore, Figure 3 shows the total number of tests processed in millions per year for the same period of time 2012 up to 2014. The graph shows the total tests of 13.2, 15.2 and 17.5 were performed in 2012, 2013 and 2014 respectively. This is a significant
increase in the demands for laboratory services represented and supported by the number of test processed by DLMP staff members. This increase in the tests number reached almost 30% in two years, with a rise of a total number of 4.3 million tests, processed by DLMP staff members and anticipated to build up with in the coming years as consequences of QNV 2030.

Additionally, Figure 4 represents the number of technical staff (senior technologist, technologist and technicians) over the same period of time between 2012 and 2014. Currently, DLMP personnel reached 459 members. The Figure shows a small increase of only 17 members. On the other hand, from 2013 to 2014, staff reached 459 members with an increase of 29 staff members from the previous year. Finally, Figure 5 shows the net number of the 61 new technical staff members joining DLMP during the same period of time. It is evident that the current recruitment process is slow compared to the noticeable growing demands for DLMP services suggesting that the current recruitment’s practices being insufficient to support DLMP increased demands. The recruitment process at HMC in comparison with the current best practices was found to be well structured, although, it was noticeably slower with obvious constrains in some areas. The recruitment process time and the cost associated with it were not addressed enough in this paper due to the lack of information available within the organization. There was no available access provided by the HMC- HR recruitment department and no accurate data was available about the recruitment process at DLMP. Nonetheless, it was estimated that the recruitment process took 6 months to one year. (Tyler, 2014). The current recruitment process used in DLMP-HMC was developed by HMC-HR, based on their understanding of the process, as it clearly recognized from Figures 4 and 5. The process could be
modified and customized to meet the needs for DLMP like the case with the HMC-Nursing Department whom were allowed to develop and customize their own recruitment policy according to needs.

Also, in recent years and for various reasons, 85 technical staff members left the facility (Tyler, 2014). This mounted to 18.5% of the total number of DLMP employees despite the increased demand on the services. The reason for this high turnover should be investigated.
Chapter 4
Discussion and conclusion

4.1 Discussion
The purpose of this study was to investigate the increasing demands for DLMP-HMC services by tracing the number of specimens and tests processed in conjunction with changes in the number of employees in the same period of time, and to explore HMC-HR recruitment process for AHPS particularly DLMP staff. DLMP provides 70% of the diagnostic services for HMC clinicians and its workload increased from 15.2 million test in 2013 reach more 17.5 million test up to date and this number expected to be duplicated by the end of the current (2104) year. These results demonstrate clearly the huge increase in demands that DLMP is facing and strongly suggests that there is a crucial need to increase the staff employees to cope with the increasing demand and the pressure to continuing providing quality service to achieve the QNV 2030 goals for the health sector through providing high quality health care services However, the number of DLMP employees slightly increased from 430 in 2013 to reach 459 in 2014. This finding supports DLMP’s need for a customized recruitment process to address the recruitment shortages and to fulfill the requirement of DLMP for the recruitment of qualified skilled staff in a reasonable time frame to achieve QNV 2030 target of raising the number of AHP and to decrease voluntary turnover rate

Significantly, the current recruitment practices are proven to be slow with a limited role for the DLMP-HMC. HR usually controls the selection process by holding the applications of a pool of candidates and forwarding a small number of CVs that meet a
qualification checklist form (QCF) to DLMP. The selected CV by HR staff could only meet only the minimum qualification requirements but not necessarily the best candidate. This seriously could affect the efficiency of the recruitment process due to the fact that positions in the laboratory require different recruitment strategies based on the nature of the job.

The combined effect of turnover and the slow recruitment process leads to prolonged vacancies. This tends to increase the workload and potentially reducing the morale among the existing staff. The reputation of a high turnover rate in the local community may label the facility and the department as undesirable work place, which would strongly affect the recruitment process (American Speech-Language-Hearing Association, 2014). High turnover rates and recruitment of new employees cost the hiring organization an estimated 5% of the total annual operating budget. The cost includes hiring, training, and productivity loss cost. (J. Deane, Frank, Sanjeev, & Howard L, 2004). Moreover, the loss of highly skilled employees means the organization is not only losing capital, but is also losing the employee valuable knowledge and experience that are difficult in quantifying and replacing, and further resulting in higher costs and lower organization efficiency (Peña, 2013).

It is clearly illustrated in this project that in addition to the relatively slow recruitment process, DLMP is losing its trained qualified staff. The turnover rate data captured 85 technical staff members leaving the organization for different reasons in the period between 2011 and 2013. That is almost 20% of the DLMP workforce. Despite the stiff global and local competition with better payment offers and the high staff turnover problem, it is realized that DLMP does not have a retention policy in place. Thus, DLMP-
HMC needs to recognize the importance and the benefits of the development and implementation of retention practices into its specific goals to be achieved in specific time to solve the turnover problems and to avoid further complication from the add-on effect of the high turnover rate, increasing demand and slow recruitment process.

4.2 Conclusion

The purpose of this paper was to investigate the DLMP – HMC recruitment practices for AHPS and to evaluate its effectiveness by comparing the trends and changes in staff numbers with demand for DLMP laboratories services in the period from 2012 up to date. Findings indicate that DLMP is facing huge increase in the demands for its services, with slight increase in staff members with a high turnover rate. On the other hand, DLMP did not develop customized recruitment policy for their needs, and almost had no control over the selection and recruitment process, particularly the selection process which had highest impact on the quality of the selected candidates and insuring the selection of the best candidate. Furthermore, with the absence of retention policy, DLMP must deal with the global and local competition with better payment offers and high turnover rate. DLMP’s struggles in providing high quality service with staff shortage in comparison to the massive increase in the workload.

4.3 Limitations

Human resources policies were generally restricted and only accessible for HMC staff and a number of its policies were confidential.
Chapter 5

Recommendations

The findings of this project illustrated the significance of a standardized recruitment process for every organization for sustaining its competitive edge. DLMP-HMC must develop a written, coherent and centralized recruitment policy to improve the reliability and validity of the process. To shorten the recruitment cycle to a reasonable time frame, it is advisable to implement Internet based application to allow on-line application submission, screening, scoring, eligibility listing and placement for interview.

Qualified eligible applicants that meet the minimum qualifications could be ranked by web-based access to in which candidate pool would be automatically updated as soon HR recruitment department fill in new candidate. Empowering DLMP with portal access to this pool of candidates will speed up and improve the selection process for the most suitable candidates from the perception of the hiring managers at DLMP.

Conducting a wage survey, collecting data on the prevailing wage rates in the area or at least in Qatar will help DLMP and the organization to offer competitive salaries and attract and retain highly qualified skillful employee. Moreover, due to the variable needs, other incentives and rewards should be considered. In fact, DLMP should develop a strategy to abreast the employees and to upgrade the skills of its staff especially in areas that the organization find difficult to recruit in the market.
Finally, for long term benefits, DLMP should adopt internship programs targeting secondary school students to attract local students at a young age to study a particular specialty that is in need for the organization and the country. It could also offer scholarship and sponsorship opportunities for college students majoring in related fields.
Appendix A
HMC recruitment process flow chart

Step 1: Department

- Sends the "Recruitment Requisition Form" to Manpower having attached:
  a) manpower budget confirmation and
  b) job description

Step 2: Manpower

- blocks the vacancy (generic) & decides whether it is under HMC or HR Law

Step 2.1

- HR Law - Qatari
  GO TO STEP 4

Step 2.2

- HR Law - Non Qatari

Step 3: Manpower

- assesses if C&Bs advice is required based on the attached table

Step 4: Recruitment

- screens existing CVs against JD; the respective section of the "Recruitment Requisition form" is filled in & sent back to dpt with the "Applicant Qualification Checklist"

Step 5: Department decides on:

- a) Rejected & i or Hold for future CVs
- b) Selected for recruitment - "Request to Job offer" is filled in

Step 1.1: Department

- fills in the job analysis questionnaire & communicates with HR Business Partner to create a JD

Step 3.1: Manpower

- sends to C&Bs for salary range indicator

Step 4.1: Recruitment

- liaises with agencies or advertises directly

Step 5.1: Rejected (unsuitable); the respective section of the form is filled in - CVs are not used in the future - END

Step 5.2: Hold for future; the respective section of the form is filled in CVs back to the pile - BEGINNING

Step 5.3: CVs back to Recruitment
Appendix A: HMC recruitment processes the flow chart (Recruitment Policy HR 3052, 2012)
Appendix B

Figure 1: A Model of the Employee Recruitment Process

Source: (Breauh, 2009)

Figure 2: Estimated Number of Specimen(s) in Million 2012-2014. Source: Data provided by DLMP-HMC Assistant Executive Director
Figure 3: Estimated Number of Test(s) in million 2012-2014 Source: Data provided by DLMP-HMC Assistant Executive

Figure 4: DLMP-HMC Technical staff in post 2012-2014.
Source: Data provided by, DLMP-HMC Assistant Executive Director
Figure 5: Number of new Technical staff joining DLMP 2012 - 2014
Source: Data provided by, DLMP-HMC Assistant Executive Director
Bibliography


