

**RECRUITMENT PRACTICES AND HEALTH SERVICE DELIVERY IN LOCAL
GOVERNMENTS OF UGANDA (A CASE OF MUKONO DISTRICT)**

BY

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DECLARATION

I **Marion Nakasanje** registration number **(16/MPA/00/KLA/WKD/A`0040)** hereby declare that, this is my original work and has never been submitted to any other university or any other institution of higher learning for any academic award. Where secondary sources of information have been used in this work, it has been acknowledged.

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APPROVAL

This dissertation has been written under our close supervision and has been submitted for the award of a master's in Public Administration with our approval as Uganda Management Institute (UMI) supervisors.

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DEDICATION

I dedicate it to my beloved parents Mr. Grace Simwogerere and Beatrice Kayaga.

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LIST OF ABBREVIATIONS

AHSPR	Annual Health Sector Performance Report
BMAU	Budget Monitoring and Accountability Unit
CAO	Chief Administrative Officer
DHC	District Health Committee
DHO	District Health Officer
DPO	District Personnel Officer
DSC	District Service Commission
FCS	Federal Civil Service
HC	Health Centre
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HR	Human Resource
HSC	Health Service Commission
ICT	Information Communication Technology
LG	Local Government
LGFC	Local Government Finance Commission
SDGs	Sustainable Development Goals

MDLG	Mukono District Local Government
MOH	Ministry of Health
MPS	Ministry of Public Service
NPM	New Public Management
OPD	Out Patient Department
PSM	Public Sector Management
UBOS	Uganda Bureau of Statistics

ABSTRACT

The general objective of the study was to investigate the influence of the recruitment practices on health service delivery in Uganda's local governments while using a case study of Mukono District. The study was guided by the following objectives: To find out the influence of job profiling on health service delivery in Mukono District Local Government; to investigate the influence of candidate attraction methods on health service delivery in Mukono District Local Government and to find out the influence of selection processes on health service delivery in Mukono District Local Government. The literature reviewed particularly Parasuraman, Berry & Zeithaml (1994) which indicated that assurance, empathy, reliability, responsiveness and tangibility improve health service delivery and quality. The study adopted a case study design, with both qualitative and quantitative research approaches used. From a population of 340 respondents, 181 respondents were drawn and utilised as a sample. A 144 (79.6%) response rate was realised. The key findings obtained include; job profiling significantly influences health service delivery; candidate attraction methods significantly influence health service delivery in Mukono District Local government; the selection processes significantly influence health service delivery in Mukono District local government. The following are concluded notably; there are many other factors outside the recruitment practices that are reportedly influencing the health sector service delivery of Mukono district which include; greed, weak rewarding system, corruption, low salaries, poor accommodation, weakness in carrying out monitoring and evaluation of the health facilities, drug stock outs, personal characteristics and behaviour such as rudeness, absenteeism, under staffing and poor appraisal systems amongst others. Based on the earlier discussions, the following can be recommended; conducting background checks to fight fake documents and detect panellists' biologically related candidates, adopting contract-based employment, conduct a thorough analysis on the best suitable candidate methods, increase on the frequency of the job adverts run, Payment of adequate incentives and allowances in addition to a strict vigorous standard monitoring of the panellists and recruitment processes.

CHAPTER ONE

1.1.Introduction

Human resource is the centre and most important asset of a company. According to Rasel (2015), the effectiveness and the efficiency of quality service delivery largely relies on the recruitment and selection of competent human resources. The study intended to investigate the influence of the recruitment practices on health service delivery in Uganda's Local Governments using a case study of Mukono District Local Government. In this study Recruitment practices was treated as the Independent Variable (IV) whereas Health service delivery was treated as the Dependent Variable (DV). Each of these variables was conceptualised as indicated in the conceptual framework. This+ chapter therefore presents the background of the study, the statement of the problem, purpose of the study, research objectives, research questions, hypotheses, conceptual framework, significance, justification, scope of the study and operational definitions of key terms and concepts.

1.2.Background of the study

1.2.1. Historical Background

Historically, the concept of recruitment at the international scene dates way back to ancient Egypt, Greece, and Rome. Singh (2008) argues that, in 55 B.C, during the reign of the Roman emperor Julius Caesar, a decree was enacted and it rewarded 300 sestertii c to soldiers who successfully persuaded other fellow countrymen to join the army. The recruitment practices of this era were characterized of equal employment opportunities, good compensation schemes according to rank and temporary staffing through the use of mercenaries (Singh, 2008). However, the U.S. Army during World War I used selection methods with IQ tests to place recruits in specific positions, however due to the limited time at their exposure, new recruits were never screened (Solvers, 2014).

Green (2015) argues that, the pre-colonial Africa was characterised by abundances of land, low populations and technological ignorance which made employment to be communal. During this period, human labour was of great value and recruitment was done through institutions such as family lineages, age grade systems, kinship and slavery (Green, 2015). Green (2015) further argues that, there were no salaries or wages in monetary form paid to the people but every community member preferred behaving in a good way that never affected the interests of others. This made unethical practices of corruption, nepotism and favouritism among others, limited or unheard of in this era hence, smoothening the whole recruitment process.

Gberevbie (2010) concurs that, the colonial public service recruitment surfaced in the 1900s in Africa. For instance, in Nigeria, the Federal Civil Service (FCS) recruited Africans to oversee the administration in the colonial protectorates with the main objective of keeping Law and order (Gberevbie, 2010). However, at independence time and after, the main objective for recruiting new staff in many African countries was changed to infrastructural developments and service delivery. This enabled schools, hospitals and roads to be built, and some few lucky Africans were fully financially sponsored to study in the local universities and colleges (Igbokwe , Chukwuemeka , & Okechukwu, , 2014). This prepared them for future roles and responsibilities in the nation's development, hence boosting service delivery.

In modern day East Africa, there had been increasing pressures from the changing trends, stiff competition from the private sector combined with meager resources financial and human faced in public service delivery. In Uganda, it is reported by Tideman, Steffensen and Olsen (2007) that, there are still facing manpower shortages in the health sector, termed as health staff crisis. However, the Ugandan Government has managed to come up with several attempts to decentralize public entities, units or organizations with a goal of improving the

health sector's personnel management. Recruitment of Uganda's LG staff in the health sector is done by the DSC accompanied by the guidance from the HSC. The number of staffs in the public health sector amounts to approximately 30,000. Of these, 53 % are in government HC IVs, IIIs, IIs- as well as at the District levels in general hospitals. The rest of the remaining staffs of about 17% are in regional and national referral hospitals. Unequal regional distribution of workforce and under qualified health workers with inappropriate skills are among the common critical restraining factors for good health service delivery in Uganda (Tidemand, Steffensen, & Olsen, 2007). On the number and status of staffing in the health sector of Mukono district, the former L.C V Chairman Francis Mukoome reported that, out of the seventeen established positions or cadres in the health department, only eight are filled and the remaining nine positions were still vacant (MPS, 2018). This means that, Mukono District Local government's Health Sector is still facing staffing challenges which may result to human exploitation and inefficiencies in service delivery. Therefore, this was the basis of commissioning this study to investigate and understand whether recruitment practices conducted in Mukono District has any contribution towards the quality of health services delivered.

1.2.2. The Theoretical Background

The study was underpinned by the Servqual Model of Quality Services. This Servqual Modular theory is an operational theory that aims at measuring the quality of services delivered using five (5) service quality dimensions such as assurance, empathy, reliability, responsiveness and tangibility. Servqual assumes that, delivery of quality services is about meeting or exceeding the customers'/ clients' expectations and perceptions about the service received. This statement implying that Service delivery should rhyme consistently with the customers' expectations. The model also assumes that, the quality of services delivered largely contributes to customers' satisfaction (Vasumathi, 2014). This explains how

customers measure and evaluate the processes and outcomes of the services delivered. If customers' expectations are greater than employee performance then the quality of services to be delivered are compromised hence, being unsatisfying to the customer and as well representing or calling for doom in an institution (Vasumathi, 2014).

Just as Rasel (2015) opined, the effectiveness and the efficiency of quality service delivery largely relies on the recruitment and selection of competent human resources. The recruitment process lays a very big foundation as a starting point in the employees' provision of quality services in terms of responsiveness, reliability, tangibility, assurance and empathy. Therefore, basing on the theoretical assumptions, it is clear that if there are good ethical recruitment practices in place in form of job profiling, candidate attraction methods and candidate selection processes, this can have an impact on the health service delivery.

1.2.3. Conceptual Background

The study was majorly guided by two concepts which included Recruitment practices as the Independent variable and Health services delivery as the dependent variable. First and foremost, according to Harky (2018), Recruitment is the process that encourages many people to apply for any advertised job anywhere. Onchari, Elijah and Iravo (2014) defines recruitment as a process that entails; job profiling in terms of having a clear job description and personal specifications in addition to attracting competent candidates through head hunting and advertising and as well having a transparent selection process of shortlisting and interviewing candidates plus awarding placements to successful best candidates. Karyeija, Murangira & Byabashaija (2015) emphasize that recruitment practices can be understood as; a process consisting of needs assessment, advertisement, short listing, selection and placement whereas Francis (2010) concurred that recruitment is a process of looking for, attracting and getting suitable competent candidates for the jobs with various candidate

attraction methods for example; newspapers, radios, transfers and internal promotion amongst others. With the help of the above views, Recruitment practices in this study was conceptualized to mean processes of searching for, job profiling, candidate attracting, selection processes of shortlisting, interviewing and bringing on board (placement) competent people to occupy available posts in the Health Sector of Mukono District Local Government.

On the other hand, service delivery, this study adopts the definition of Ssaser, Olsen & Wyckoff (1978) who defined Service as; a collection of goods and services disposed off, to the customer while Dean, Frant Chen & Kumar (2014) define service delivery as; the administering of principal resources that citizens depends on. Such basic resources may include; water, sanitation, housing, infrastructure, health and education among others. Health service delivery is a collation connecting customers' expectations and the performance of organizations/ service providers. Service delivery was measured using assurance, empathy, reliability, responsiveness and tangibility. Assurance in this study referred to a number of factors which includes competence, courtesy, credibility and security enabling employees to inspire trust and confidence among citizens, empathy meant, the act of giving customers/citizens care, access, and as well understanding the customer's needs, tangibility referred to the physical facilities, infrastructures and appearance of employees, reliability meant the ability to deliver the promised services accurately and dependably whereas Responsiveness referred to the willingness to help customers and provide necessary services according to their expectations. Health service delivery in this study meant all health workers' professional actions or ways of valuing customers' perceptions and expectations selflessly without favour or bias by providing timely quality health services to satisfy customer needs in terms of intangibility, heterogeneity and inseparability in Mukono District Local Government.

1.2.4. Contextual Background

The District Service Commission (DSC) with the help of the Health Service Commission (HSC) is obliged with the task of recruiting staffs into Mukono District Local Government health facilities. A report by Tidemand, Steffensen and Olsen (2007) shows that, many Health facilities in Uganda - Mukono District Local Government inclusive are characterized by poor service delivery in terms of assurance, tangibility, empathy, responsiveness and reliability which is believed to be brought about by critical limiting factors such as; under staffing and recruiting under qualified health workers with inappropriate skills into service. The same challenge is evidenced in the former District L.C V Chairman Francis Lukooya Mukoome's statement (2017). He said that, out of the 17 established positions or cadres in the health department, only 8 are filled and the remaining 9 positions were still vacant (BMAU, 2017). Some reports blame the inadequacies in skills and incompetence's of health workers on their institutions of learning, from where inadequate incompetent teachers and the curriculum used, fails to correspond with the existing skills' gaps (Ampurire, 2017). "Under-staffing" in Mukono District Local Government health sector is believed to be brought about by a number of factors which include; unethical recruitment practices full of mal practices such as corruption, nepotism, favoritism combined with lack of transparency, poor accountability, and compliance issues amongst others (Oketcho, et al., 2015). All these mentioned above have affected the recruitment practices and MDGL's human resource system as a whole hence leading to poor performance of the district and inefficiencies in health service delivery.

1.3. Statement of the Problem

Mukono District Local Government works through a framework under MOH and MPS with a clear policy regarding recruiting health workers. MDLG provides its workers with job descriptions, clear means of attracting candidates for a particular job and as well a clear

selection process whereby candidates are short listed, interviewed and given a job placement. However, in the past 3 years, Mukono District Local Government has never been ranked even in the first 25 best performing districts in Uganda in terms of providing quality maternal health care services (MPS, 2018). The district health sector has consistently failed to achieve its targets in delivering maternal health services. It is evidenced that the largest proportion of maternal and postnatal death occurs during the first 48 hours after child births (UBOS, Uganda Bureau of Statistics Statistical Abstract 2016/2017, 2017). Uganda Demographic and Health Survey (2016) showed that, maternal deaths were reportedly at 42% in 2015 and these were related to hypertension, postpartum Sepsis and obstructed labour. The worst performing indicators under coverage and quality of health care was reported in maternal health services, whereby service delivery in terms of assurance, empathy, tangibility, reliability and responsiveness was reportedly at 44% by 2017 (UBOS, Uganda Bureau of Statistics Statistical Abstract 2016/2017, 2017). Intake of intermittent presumptive treatment was recorded at 48% and attendance of antenatal care at 32.4% in 2017 (UBOS, Uganda Bureau of Statistics Statistical Abstract 2016/2017, 2017). Mukono District Local Government has adopted different measures to improve health service delivery such as; increasing on the workforce through recruitment practices (job profiling, candidate attraction methods and selection processes), reallocating and transferring staffs, building and enhancing capacities/competencies through timely trainings and provided incentives such as good salaries among others, but still the problem of poor health service delivery has persisted. This problem has resulted into a bad reputation and if not solved it is most likely to result into long term loss of trust from the public. Therefore, it was against this background that the researcher commissioned this study so that to find out whether Recruitment practices has had an impact on health service delivery in Mukono District Local Government.

1.4. Purpose of the study

The study aimed at investigating the influence of recruitment practices on health service delivery in Mukono District Local Government.

1.5. Specific objectives

The objectives of this study were;

- i. To find out the influence of job profiling on health service delivery in Mukono District Local Government.
- ii. To investigate the influence of candidate attraction methods on health service delivery in Mukono District Local Government.
- iii. To find out the influence of the selection processes on health service delivery in Mukono District Local Government.

1.6. Research questions

This study aimed at answering the following research questions;

- i. How does job profiling influence health service delivery in Mukono District Local Government?
- ii. How does candidate attraction methods influence health service delivery in Mukono District Local Government?
- iii. How does selection processes influence health service delivery in Mukono District Local Government?

1.7. Research hypotheses

The following hypotheses were used in analysing this study's data.

- i. Job profiling significantly influences health service delivery in Mukono District Local Government.
- ii. Candidates' attraction methods significantly influence health service delivery in Mukono District Local Government health department.
- iii. The selection processes significantly influence health service delivery in Mukono District Local Government.

1.8. Conceptual Framework

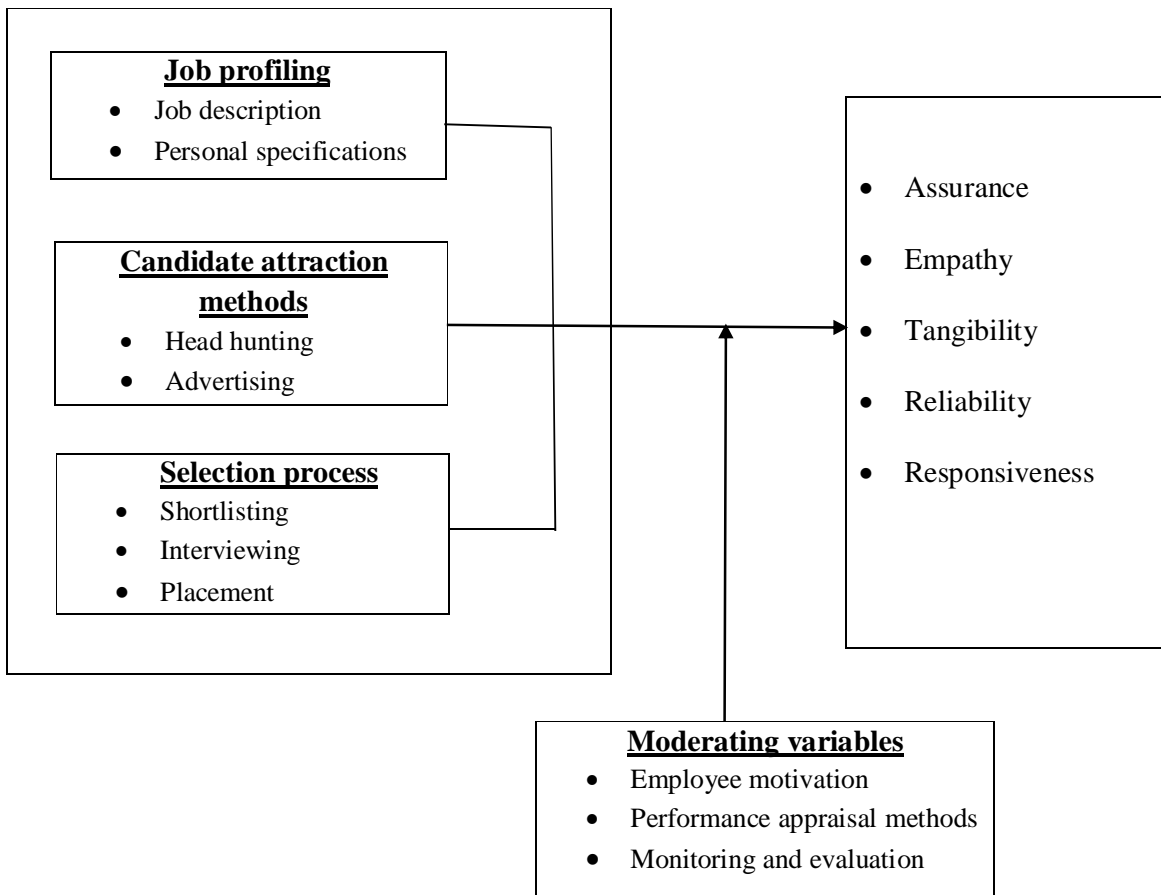
The conceptual frame work below presents the independent variable (IV) as the; “recruitment practices” and dependent variable (DV) as, “health service delivery”.

INDEPENDENT VARIABLE (IV)

DEPENDENT VARIABLE (DV)

Recruitment Practices

Health Service delivery



Source: Adopted from the ideas of Armstrong (2009) and modified by the researcher.

Figure 1.1: From the conceptual framework above, it was hypothesized that Recruitment practices significantly influences Health service delivery. If the recruitment practices of clear job profiling, standard candidate attraction methods and ethical candidate selection processes are in place and complied with, this can contribute to quality health service delivery in form of assurance, empathy, responsiveness, reliability and tangibility in Mukono District Local Government.

1.9. Justification of the study

Prior to conducting this study, there have been limited researches and literature available on the subject matter; therefore, basing on the literature reviewed, there was no conclusive investigation or evidence that the recruitment practices directly impact on the quality of health service delivery in Mukono District Local Government.

The study was conducted at the most appropriate time when the Local Government health sector had undergone many tremendous changes in their administrative and management structures yet the quality of services delivered was on a decrease. Therefore, this paused a big challenge calling for an immediate intervention of commissioning this study.

1.10. Significance of the study

The study informed all policy makers on the ideal process of recruitment in Local Governments. This can now help in identifying the loopholes in the existing recruitment policies in Local Governments hence, amending them and formulating good policies directly targeting improvement of health service quality.

It is highly hoped that this study produced highly valuable data and knowledge and now it can be used by all stake holders in the Mukono district in regards to the relationship between the recruitment practices and health service delivery.

The study stimulates further research in similar studies within the Human resource discipline thus can now be will be utilised to improve health service quality in Uganda.

This study provides new knowledge to other researchers, authors and scholars with interests of studying recruitment practices of health workers. This can help in extending and developing new knowledge in human resource/ personnel studies.

1.11. Scope of the study.

The scope of this study included; the geographical, content and time scope.

1.11.1. Geographical:

The study was carried out in the health sector of Mukono District Local Government. MDLG is located in the central region of Uganda 21 Kilometres (13miles) by road from Kampala. The geographical coordinates for MDLG are 00°28'50.0"N, 32°46'14.0"E (Latitude:0.480567; Longitude:32.770567), with an area of Land 1,875.1 km² (724.0 sq. mi) and an Elevation 1,200 m (3,900 ft). The study focused on all employees at the top, middle and down at the operational administrative levels in MDLG's health structures.

1.11.2. Content:

The study explored how the Recruitment practices influence Health service delivery in MDLG. It also analysed the different practices in the recruitment of employees, in addition to analysing their performance and quality of health services delivered by them in the last 3 years in the Health sector of MDLG.

1.11.3. Time:

The study focused on the time frame between 2015 -2017 when annual health sector performance reports were conducted in public Health sector entities and it was discovered that, there are gaps in the recruitment practices of MDLG just as evidenced in the shortage of numbers in human resources and the gap in the quality of services delivered (MPS, 2018).

1.12. Operational Definition

The researcher used a number of operational words during the study and their definitions are listed below.

Job profiling in this study referred to the detailing of the job in terms of candidate requirements, job activities and major responsibilities.

Candidate attraction methods in this study meant the different activities that solicit candidate inquiries.

Selection processes in this study referred to the processes of shortlisting, interviewing and placement of the best candidates.

Assurance in this study meant a positive declaration from health workers intending to give confidence, surety, trust, and courage to the clients.

Empathy in this study referred to the act of giving customers care, access, and as well understanding customers' needs.

Tangibility in this study meant; the physical facilities, infrastructures and appearance of health employees, health supplies and facilities.

Reliability in this study meant; the ability of health workers to deliver the promised services accurately and dependably to their clients.

Responsiveness in this study meant; “the willingness of health employees to help and provide necessary professional health services accordingly to the customers’ expectations.

The next chapter reviewed all the affiliated literature in this study.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

The purpose of literature review was to make clarifications on the research problem and as well to provide a theoretical foundation and basis for the study. This chapter deals with reviewing of the related writings/ literature on the two variables in the study. Literature review was done under different sub sections which included; Theoretical review, Job profiling, Candidate attraction, candidate selection processes and their influence on health service delivery. The purpose of the literature review was to identify any gaps that the study may fill using text books, journals, magazines, newspapers, internet, dissertations, articles and reports.

2.2. Theoretical review

The theoretical frame work of this study was adopted from the Servqual Model of quality services pioneered by Parasuraman, Zeithaml & Berry (1988). This theory was used to explain the causes of conflicts and biases in public health service delivery. The Servqual Model of Quality Service delivery focuses on the relationships between the services delivered and customers' perception about the service (Baffour, 2018). In addition to this, Parasuraman, Zeithaml and Berry (1988) defines service quality as, “a general evaluation of specific outcomes resulting from organizational performance and customers' expectations.

According to Parasuraman et al. (2005), the Servqual Model was developed at its genesis with 10 elements of service quality which included; tangibles, reliability, responsiveness, communication, credibility, security, competence, courtesy, understanding the customer, and access. Over the years, the 10 elements were lessened to 5 which consisted of; empathy,

assurance, tangibility, reliability and responsiveness which all relates well to the customers' expectations and perceptions about the quality of services delivered by health workers. (Nguyen, Nguyen, Nguyen, & Phan, 2018). The reason why the dimensions were diminished to 5, was that some dimensions were imbricating and these were; communication, credibility, security, competence, courtesy, understanding customers and access (Parasuraman, 2005).

Parasuraman, Zeithaml and Berry (1988) argue that, "a positive relationship between expectations and performance yields customer satisfaction; and a negative relationship, produces customer dissatisfaction". Hassanein 2018 opines that, in the past few decades, it has been confirmed that a strong impact of service quality is on organizational performance, customer satisfaction, customer loyalty and profitability (Hassanein, 2018). Good service quality should be one that meets or surpasses consumer's assumptions about the service (Parasuraman, 2005). This clearly shows that, "the quality of a service is about measuring, delivered services versus customers' expectations (Baffour, 2018). Hassanein (2018) and Nguyen et al. (2018) agree that, "good service delivery should be focused on; being empathetic to understand customer needs and expectations". This builds and strengthens customer confidence, trust and loyalty (Baffour, 2018).

Evaluations in service delivery are never based on service features but instead on the client's emotions or impression about the service delivered (Hassanein, 2018). This computation of quality service delivery is established on how best clients measure and judges the service delivery procedures and the outcomes of the service received (Parasuraman , Zeithaml, & Berry, A conceptual Model of Service Quality and its implications for futurereasearch, 2005). This shows service quality's nature of not being tangible as it cannot be quantified by indicators like its strength or number of flaws (Nguyen, Nguyen, Nguyen, & Phan, 2018). If visible evidence for assessing quality is absent, a client has to depend on other indicators like facilities, equipment and personnel (Nguyen, Nisar, Knox, & Prabhakar, 2018). "If a client

has a bad memory on the service provider's attitude, or his failure to be worked upon in time, then this will affect the client's judgment hence, negatively impacting on the quality of service rendered" (Baffour, 2018)

Therefore, basing on the theoretical assumptions in the literature above, it became clear that there's need for recruited health workers' to be reliable, responsive, presentable, empathetic, confident, efficient and professional in rendering equitable health services to their clients in MDLG.

2.3. Actual review

2.3.1. Job profiling and Health service delivery

Omisore & Okofu (2014) considers job description as a process of detailing the jurisdiction of the job, its location, tasks in addition to crucial duties that must be done to accomplish the job satisfactory within an organization. "Good starting, then everything is good" (Chen & Yu, 2009). This statement means that, the success of the recruitment process starts with formal employment planning and forecasting whereby an entity develops plans to meet organizational needs, from the talent available within and outside the organisation (Richardson, 1987). Organizations seeking recruits for vacant positions often require minimum qualifications and experience" (Richardson, 1987). A person's specification is defined in terms of; training, education, competences and qualification required for a job and this results in an abstract of the most crucial skills, knowledge and personal qualities required for a job on justifiable performance standards (Omisore & Okofu, 2014). Both Fraser (2008) and Omisore & Okofu (2014) agree that, "there is need for each candidate to first be assessed and analyzed according to their presented qualifications and that each candidate can possess a unique hidden skill different the other".

This literature indicates what entails in job profiling however, the loophole for conducting this study lies in the literature reviewed ignoring how clearly Job profiling influences service delivery in Mukono district Local Government Health sector. Therefore, this study was commissioned to find out and understand whether job profiling has an influence on health service delivery in Mukono District Local Government an area that seems to have been skipped by earlier studies.

2.4.2. Candidate attraction and health service delivery

Attraction refers to different activities that solicit candidate inquiries (Kennelly, 2012). This is mainly implemented through advertising vacancies with an objective of attracting candidates meeting the requisite criteria (Kennelly, 2012). Staffing of public sector health facilities is still a serious huddle for many public health sectors (Lindahl & Beyers, 1996). The success of candidate attraction largely depends on the organizational socio-economic, political and institutional settings (Lehmann, Dieleman, & Martineau, 2008). This makes candidate attraction to be a strategic coherent approach in managing staff within the broad Human Resource Management scope in an organisation (Lehmann, Dieleman, & Martineau, 2008).

In the recruitment process, it is very essential and simpler to attract candidates living within the health facilities' locality in the district (Lindahl & Beyers, 1996). This method of candidate attraction is very effective in cutting costs and as well very efficient in time management (Lindahl & Beyers, 1996). Lehmann, Dieleman & Martineau (2008) and Lindahl & Beyers (1996) concurs that, candidate attraction is usually influenced by both organizational and individual/ candidates' factors. From the organizational perspective; "the factors influencing candidates attraction include; national policies, socio-economic status, management styles and skills, organizational policy, local labour relations, work benefits and

influences exercised by key stake holders among others in an organisation others” whereas, on the individual side; “the influential factors may depend on a candidates personal characteristics, such as age, gender and marital status” (Lehmann, Dieleman, & Martineau, 2008). All these factors, help to selectively attract and retain better service workers competent in rendering good quality services to the public (Lynn, Kwortnik, & Sturman, 2011).

The literature reviewed above, shows that the authors concentrated on analysing what entails in the attraction process but left a gap in explaining how candidate attraction influences the quality of the service delivered. In addition to this, it is very clear that Mukono District Local Government health sector was ignored and it was on this ground that this study was conducted to fill these gaps.

2.4.3. Selection and health service delivery

In todays’ world, there has been increased competition between the public and private sector in giving out services (Ahsan, 2018). This means that, “recruiters in public service need to be more selective in their decisions as this can fail an organization to achieve its set objectives” (Ahsan, 2018). “Poor recruitment decisions affect organizational performance and service delivery” (Richardson, 1987). This has become chronic because the public sector is failing to identify and implement new effective hiring strategies (Richardson, 1987). “Any applicant to be recruited into any organization, he/she ought to have passed through a selection process of being interviewed (Omisore & Okofu, 2014). There must be confidentiality and secretiveness in order to shield (3rd) third parties from accessing the conversations between the applicant and the interviewer in interviews (Omisore & Okofu, 2014). Another key feature in the selection process is; “personality testing” which helps in identifying the most suitable candidate and good relevant skills according to the job scope (Ahsan, 2018). The outcome of a constructive and competent employee recruitment and selection, are good employee morale,

the depletion on labour turnover and better organizational execution of tasks (Harky, 2018) . In addition to this, Smith and Robertson in their book “personnel selection” opined that, “the more effectively and efficiently the searching phase is implemented, the easier and accurate the selection process will be in making decisions on which applicants to be selected” (Smith & Robertson, 1993).

The views presented in this sub section reveals that candidate selection processes significantly impacts on health service delivery. However, there was no effort undertaken to show what is happening in the health sector of Mukono District Local Government and this was enough evidence and reason for undertaking this study so as to close up on the gap.

2.5. Summary of literature review

In summary of the works reviewed (Ahsan, 2018), (Fraser, 2008), (Kennelly, 2012), (Chen & Yu, 2009), (Lindahl & Beyers, 1996), (Omisore & Okofu, 2014), (Richardson, 1987), there is enough evidence that there are numerous studies that were conducted which established the relationship between recruitment practices specifically in the areas of job profiling, candidate attraction and selection processes and service delivery world-wide. However, the literature failed to link specific influences of recruitment as regarding to job profiling, candidate attraction and selection process to specific organisations and this meant that there was no any single study that was conducted on the recruitment practices and health service delivery in Uganda. Besides the literature reviewed was reportedly conducted in the previous years. The concerns of authors in the literature reviewed were generally based on their organisations but not addressed to the health sector or health facilities. Their studies were as well conducted in the previous years. In addition to this, the authors failed to particularly show how job profiling affects the quality of health services delivered. Besides, all the authors did not use

specific similar research methods to come onto their conclusions. All this called for a study like this to test the literature reviewed empirically.

The next chapter presents the methodology that was used in the study.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

A “method” is defined as an orderly procedure way or manner for accomplishing or approaching something in a systematic established way (Rowley, 1945). Methodology refers to the detailed procedures to be followed to achieve the research objectives (Kothari, 2004). The study used both quantitative and qualitative research methods.

This chapter describes the methodology of this study and indicates how data for the study was collected, analysed and interpreted in order to answer the research questions or test the research hypotheses, thereby meeting the purpose of the study. Therefore, this chapter entails the research design, study area, study population, sampling design, methods and instruments of data collection, procedure for data collection and data analysis, and as well the ethical considerations.

3.1 Research Design

The study used a case study research design in order to diminish a very broad field of research into an easily researchable topic (Yin, 2014). This design was selected as the best ideal for this research because it is cost effective in terms of resources and time saving in collecting relevant data on the opinion from different respondents at one time about a particular situation.

This study employed qualitative approaches which involved the in-depth probe, inquiry and application of subjectively and objectively interpreted data so that to understand in-depth familiarity of human behaviour and its causes (Babbie, 2013). A quantitative approach was

also employed in order to ease the analysis of primary data from the field using statistical methods and analysis (Bhatti, 2014). The outcome of the analysis was represented by numbers that can be used to explain a solution of a particular research problem.

3.2 Study population

The study population consisted of 348 respondents and basically focused on Mukono District's Health Sector with clear emphasis on the recruitment practices and health service delivery (Mukono District Local Government Health Department, 2017). Mukono district was selected because it had been involved in numerous cases of poor service delivery within its health sector. This study targeted MDLG senior administrative officers like the CAO, Health department administrators for instance; DHO, DSC, Human resource personnel in addition to health centres' staff, among which included HC in-charges, doctors, nurses, clinical officers, mid wives and lab attendants. They were carefully selected because of their strategic key involvement in the recruitment practices and the roles they play in delivering health services to the public within the district. The CAO and DHO were selected because they are the overall managers of all public health employees in the district, hence being knowledgeable on the issues concerning health service delivery in the district. The DSC members and Human resource personnel were chosen because it is them who are in charge of recruitments of health employees in the district whereas the health centre in charges and other staffs were chosen because they have the mandate and expertise of offering maternal health services to the public.

3.3 Target Population

The target population of the study consisted of 181 respondents who were selected basing on the information provided by the district the DPO and DHO of Mukono District Local Government.

3.4 Sample size

The sample size was determined by Morgan and Krejci's table for determining sample size determination found in Appendix A (Amin, 2005). Therefore, out of the 348, a sample of 181 respondents was selected using this table. The sample sizes are depicted in Table 1

Table 1: Sample size distribution table

Category of respondents	Population	Sample population	Sampling method
CAO	01	01	Purposive Sampling
DHO	01	01	Purposive Sampling
DHC	10	06	Purposive sampling
Doctor/ Medical officers	26	09	Purposive sampling
Top Health centres' administrators	26	15	Purposive Sampling
Clinical officers	40.	17	Simple Random Sampling
Midwives	40	31	Simple Random Sampling
Nurses	40	25	Simple Random Sampling
Records keeper	20	10	Simple Random Sampling
Health assistant	27	15	Simple Random Sampling
Laboratory attendants	26	11	Simple Random Sampling
Pharmacists	26	12	Simple Random Sampling
Theatre Assistant	25	05	Simple Random Sampling
Support staff	40	23	Simple Random Sampling
Total	340	181	

Source: Mukono District Local Government Health Department (2017)

From Table 1, it can be observed that the researcher used a sample size of 181 respondents using a blend of purposive and simple random sampling techniques

3.5 Sampling Techniques

Panneerselvam (2006) defines sampling as a selection process of some part of a summation or totality on the basis of which a decision is made (number of items to be selected from the universe to fully constitute a sample). The researcher used simple random and purposive sampling techniques to select the samples from the population because it offers logic and power in selecting the respondents who are rich in relevant information for the study in order to avoid irrelevant information and time wasting. These respondents included top management officers of the local government and top hospital administrators while focus group sampling was used to access and collect information from nurses, midwives and other health facilities' employees who are many.

3.6 Methods of data collection

Onen (2008) defines interviews as; data collection techniques that enables the researcher to interact with the respondents on a number of items in relation to study. He also defined questionnaires as a data collection technique in which the respondents reply to the number of items in writing (Onen, 2008). The Researcher used both qualitative and quantitative data collection methods like Interviews and self-administered structured Questionnaires respectively.

3.6.1. Questionnaire survey method

Kothari (2004) defines a questionnaire as a short-printed form, with questions given to respondents to fill in order to collect data and often relating to the problem. The questionnaire was used as a major data collection tool for this study because it is cheap, efficient, easy to

apply, effective and it's the best form of acquiring data from the local government staff who are busy. The main aim of using questionnaires was to ease preliminary data analysis and presentation of tables, charts and graphs. Questionnaires were employed since the study was concerned with variables that cannot be directly observed such as views, opinions and expectations of the respondents. In this research, closed ended (self-administered) questionnaires were designed and distributed to all respondents selected in this study. The questionnaire of the study was split into four sections. These included; the overall respondents' characteristics, the three categories which will be directed by the specific objectives of this study and the health service quality standards. Questions in the three sections were guided by a Likert scale, whereby it was a necessity for respondents to give their individual ranking in terms of pronounced statements portraying their level of either consensus or variance on stated aspects. The Likert scale ranged from (SA) = Strongly Agree, (A) = Agree, (U) = Uncertain, (DA) = Disagree, (SDA) = Strongly Disagree.

3.6.2 Interview Method

The interviews conducted involved the demonstration of verbal stimuli and reply in terms of oral-verbal responses (Lucas, 2009). Interviews, specifically structured interviews were selected due to their flexibility to explore themes and topics that dig deeper for responses to the research question. Mugenda and Mugenda (2003) concurs that interviews provide in-depth data which cannot be accessible by use of questionnaires. This method made it easy for the researcher to fully understand the respondent's impressions, experiences and as well allowed new emerging ideas to be raised and range over in the due trail of the interviews. The choice to conduct interviews was based on practical reasons such as respondents' availability.

The interviews were structured, indicating that there was a list of pre-determined questions to be asked to the research respondents. This entailed both be face to face and oral interviews; the questions were the same and were asked in a way that ensures limited biasness in their response.

3.6.3 Documentary Review Method

Payne (2004) defines Documentary review method as; “the analysis of relevant documents that contain information about the phenomenon under study”. Payne (2004) further argues that documentary review as a technique is used to investigate, classify, identify, and expound the limitations of physical sources like human behaviour. Data collection included; reviewing of relevant documents to obtain secondary information that was employed in this study and these included; District Quarterly and Annual Reports, hospital annual reports, Journals, and other related published materials.

3.7 Data Collection Instruments

The Researcher used both quantitative and qualitative tools of data collection like Interviews guide, Questionnaires and documentary review checklist.

3.7.1 Interview guide

The researcher designed and applied a semi structured interview guide to facilitate interviews with the district top management administrators and top health facilities’ administrators of Mukono District Local Government. Interviews were chosen because they are regarded as a tool that collects in-depth data which is not attainable by using quantitative tools while conducting a particular research phenomenon (Mugenda & Mugenda , 2003).

3.7.2 Questionnaire

A questionnaire is a series of systematically structured questions that was employed to gather quantitative information from respondents (Amin, 2005). A questionnaire (Appendix 3) was used because study covered a large geographical area (Amin, 2005). This enabled the researcher to collect a wide range of information from a larger number of individuals (Sekaran, 2003) . As a significant research tool for collecting data, a questionnaire has its key function as measurement and is used to homogenize questions in order for these same questions can be repeatedly asked in the same way (Mugenda & Mugenda , 2003). It is the major data collection technique in surveys and results to quantitative data. Due to the use of open – ended questions, the questionnaire not only helped in obtaining quantitative but also was useful in gathering qualitative and exploratory data (Dornyei, 2001). The researcher developed and administered one set of structured questionnaires to collect data from the medical officers, midwives, nurses and other health facility employees. A close-ended set of questionnaires scored on five-point Likert scale ranging from 1= strongly agree, 2 = agree, 3 = not sure, 4 = disagree and 5= strongly disagree developed by the researcher was employed in this study.

3.7.3 Documentary Review Check List

Documentary review check list is a list of relevant documents that holds information about the issue under research (Bailey, 1987)`. The researcher developed a documentary review checklist to gather secondary data from records, relevant documents and sources of internet. In order to secure quantifiable data, the checklist contained all the items that were used and was restricted to only those that could be consistently secured from various history cases or other sources. Among other relevant documents that the researcher reviewed included; articles, district and hospital reports, published papers and Journals.

3.8 Quality control

The research instruments were piloted in the department and among supervisors that are not included in the sample of the study and modified to improve their validity and reliability.

3.8.1 Validity

Validity refers to the degree to which any assessment instrument quantifies what it is planned to measure (Thatcher, 2010). It is viable for a measurement to be genuine/ reliable but invalid. However, if a measurement is not reliable, then it cannot be valid (Thatcher, 2010). To establish validity, the constructed instruments were given to experts to measure the relevance of each element in the instruments according to the study objectives. The instruments drawn as per the study objectives were then presented to the research supervisor of Uganda Management Institute to clearly scrutinize and advice accordingly (Thatcher, 2010).

Table 2: Validity analysis

Items	Number of items declared valid (TNV)	Total number of items (TNQ)	CVI
Job profiling	7	8	0.88
Candidate Attraction methods	5	5	1.00
Selection processes	7	8	0.88
Health service delivery	8	9	0.89

Source: Primary data (2018)

Where:

CVI is the Content Validity Index, TNV is the Total Number of items rated as valid and TNQ is the total number of items on the questionnaires/interview schedule (instrument).

According to the Content Validity Index, the questionnaire was considered valid since all the coefficients in Table 3.2 were above 0.7 which is the least recommended CVI in survey studies (Amin, 2005; Gay, 1996). In the validity table 2 above job profiling had 0.88, candidate attraction methods had 1.00, selection processes had 0.88 and health service delivery had 0.89.

3.8.2 Reliability

Reliability refers to the degree to which a measuring tool produces stable and reliable results (Moskal, 2000). The researcher used internal consistency (Cronbach's Alpha) to scrutinize the reliability of the research instruments. A Cronbach Alpha is a measure used to assess the reliability or internal consistency, of a set of scale or test items. Leedy (2001) defines reliability as the consistence with which an evaluating instrument yields results when the entity being measured has not changed. In brief, reliability of any given measurements refers to the degree to which it is a consistent of a concept being studied is measured. The researcher used triangulation for checking the consistency of data sources and consistency of findings generated. The results are as on Table 3

Table 3: Reliability indices for the respective sections of the questionnaire

Variable	Cronbach's alpha
Job profiling	0.83
Candidate Attraction methods	0.79
Selection processes	0.85
Health service delivery	0.9

Source: Primary data (2018)

The reliability table 3 above shows the reliability of the questionnaires whereby Job profiling were at 0.83, candidate attraction methods were at 0.79, selection processes were at 0.85 and Health service delivery was at 0.9. All these figures qualified the tools to be reliable.

3.10 Procedure for data collection

The researcher wrote a proposal which was submitted for approval, after which questionnaires were developed for use in the study. The researcher obtained an introductory letter from the faculty which introduced him/her to the respondents. The questionnaire was then pre-tested to explore the wording and grammatical content, and this was done to establish its validity and reliability to improve the quality of the data collected (Zaza, et al., 2000). The appropriate number of copies of the research instrument were printed and made available to the respondents. After data collection, a questionnaires' data base was built, all the questionnaires' were entered, cleaned, and summarized for analysis (Zaza, et al., 2000).

3.11 Data Analysis

According to (Keppel, 1991), data analysis is a calculation of some measures alongside with searching for various designs of relations that is found among information groups. Processing implies coding, editing, classification and tabulation of data collected so that they are easily analysed.

During analysis, the data collected was edited to determine the information that sufficiently answered the research questions or objectives. The researcher used Statistical Package for Social Sciences (SPSS) in processing the data into frequency tables, pie charts, and graphs that represent the quantitative data collected.

Qualitative analysis of data is the ambit of systematic processes from which qualitative data that has been gathered is transformed into some form of understanding and explanation or interpretation of the individuals and issues under investigation. Qualitative data analysis is usually founded on an interpretative approach as stated by (Neuendorf, 2002). Qualitative data responses were coded, classified and sorted. The analysis was manually done and the responses were summarized and presentations of major findings of the study were done in a narrative form.

3.12 Measurement of variables

The independent variable in this study was recruitment practices (Job profiling, candidate attraction methods and selection processes) while the dependent variable was health service delivery (Assurance, reliability, empathy, tangibility and responsiveness). To measure these variables, the researcher developed a five-point Likert scale as suggested by (Mugenda O. M., 1999) to capture respondent's perceptions which were evaluated to represent respondent's responses: (strongly agree = 1, agree = 2, neutral = 3, disagree = 4, and strongly disagree = 5) that were applied in this study.

3.13 Ethical considerations

Confidentiality; each respondent was informed of the intention of the study, that every information and help rendered was meant for study purposes (Amin, 2005). In this manner, the researcher promised and guaranteed maximum confidentiality in all study matters that were discussed and this enabled the respondents to share openly their views, experiences and issues accordingly to the research variables and objectives.

Consent; the researcher ensured that before giving out questionnaires to the respondents', consent was first sought as a pre-request for interview in order to avoid resistance and harassment by the respondents during the research process. It was after their acceptance that questionnaires were given out to them to take part in the study. This meant that the respondents participated on their free will without being pushed or forced.

Privacy; the researcher ensured that all respondents were informed that their names or phone contacts were not required, besides they were never pressurised on giving their opinion (Mugenda & Mugenda , 2003). In addition, researcher ensured that all the respondents are given enough time to attempt to the questionnaires in their free time from any place of their convenience and this guaranteed them privacy to answer without any intimidation from anyone.

The researcher also ensured that he refrained himself from all forms of plagiarism by uploading the written thesis on Uganda Management Institute Turnitin System as a way of establishing whether the written report has ever been submitted before by another student and as well being within the required parameters of plagiarism.

The next chapter presents the presentations, analysis and interpretation of results/ findings of the study conducted.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS/ FINDINGS

4.1 Introduction

The chapter presents findings of the study which was conducted to evaluate the influence of recruitment practices on health service delivery in Uganda's local governments a case of Mukono District. The findings are presented according to the objectives of the study. In the first section, the social background of the respondents is given. In the second section, the empirical analysis of the study findings is analysed (that is finding out the influence of job profiling on health service delivery in Mukono District Local Government; the influence of candidate attraction methods on health service delivery in Mukono District Local Government and the influence of the selection processes on health service delivery in Mukono District Local Government) and the last section handles the correlation results. The response rate in the whole study is explained in the Table 4.

4.2. Response rate

Table 4: The response rate

Respondents	Sample size	Frequency	Percentage %
CAO	1	1	100%
DHO	1	1	100%
DHC	6	5	83.4%
Doctor/ Medical officers	9	4	44.4%
Top Health centres' administrators	15	8	53.4%
Clinical officers	17	17	100%
Midwives/ Nurses/ Health assistant	71	68	95.8%
Records keeper	10	6	60%
Laboratory attendants/ Technicians	11	6	54.6%
Counsellors (instead of pharmacists)	12	7	58%
Theatre Assistant	05	1	20%
Support staff	23	20	86.9%
Total	181	144	79.6%

Source: Primary data (2018)

Table 4 indicates that out of the 181 (100%) respondents that were set for the study for an investigation, 144 (79.6%) respondents were able to respond to the study. Some of the remaining 37 (20.4%) respondents could not attend to the researcher in the specified time while others were attending some training of Regional Data cleaning and Results based finance training which lasted for 5 working days each at Colline Hotel and Rider Hotel respectively. Other respondents had gone in the field for community outreach programmes in the District that they could not be accessed by the researcher. However, a few of the respondents filled the questionnaires wrongly. However, according to Amin (2005), 70% of

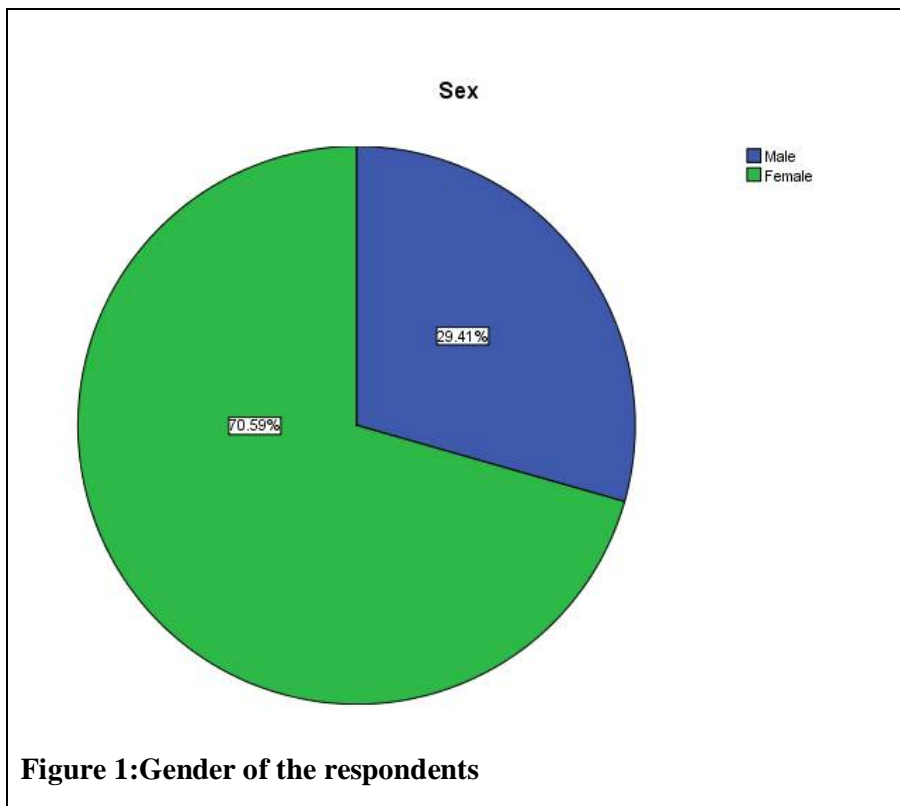
the respondents are enough to represent the sample size set for a study. This means that (144) 79.6% is satisfying for this study.

4.3 Background of the respondents

This tread handles the background information of the respondents used in the study. Among these elements included; gender, age, level of education, health facility, position/post, and respondent's duration/ time spent in service at the health facility in Mukono District Local Government.

4.3.1 Gender of the respondents

To understand the gender of the respondents, the researchers recorded their gender and below are the results that were recorded in Figure 1.



Source: Primary data (2018)

From figure 1, it is indicated that the study in Mukono Health sector was conducted mainly from the female respondents who constituted 70.6%, males on the other side were represented by 29.4 of the respondents. This directly shows that Mukono District local government recruits females more than males. Besides, no matter the percentage of the males or females who responded to the study, with the fact that both sexes attended to the study, the study was gender sensitive.

4.3.2 Age of the respondents

To establish the respondents' age, the respondents were asked to state their ages and below are the results that were recorded

Table 5: Respondents' Age

Age	Frequency	Percent %	Valid Percent %	Cumulative Percent %
Valid 20-29years	31	26.1	26.1	26.1
30-39years	60	50.4	50.4	76.5
40-49years	18	15.1	15.1	91.6
50 years and above	10	8.4	8.4	100.0
Total	119	100.0	100.0	

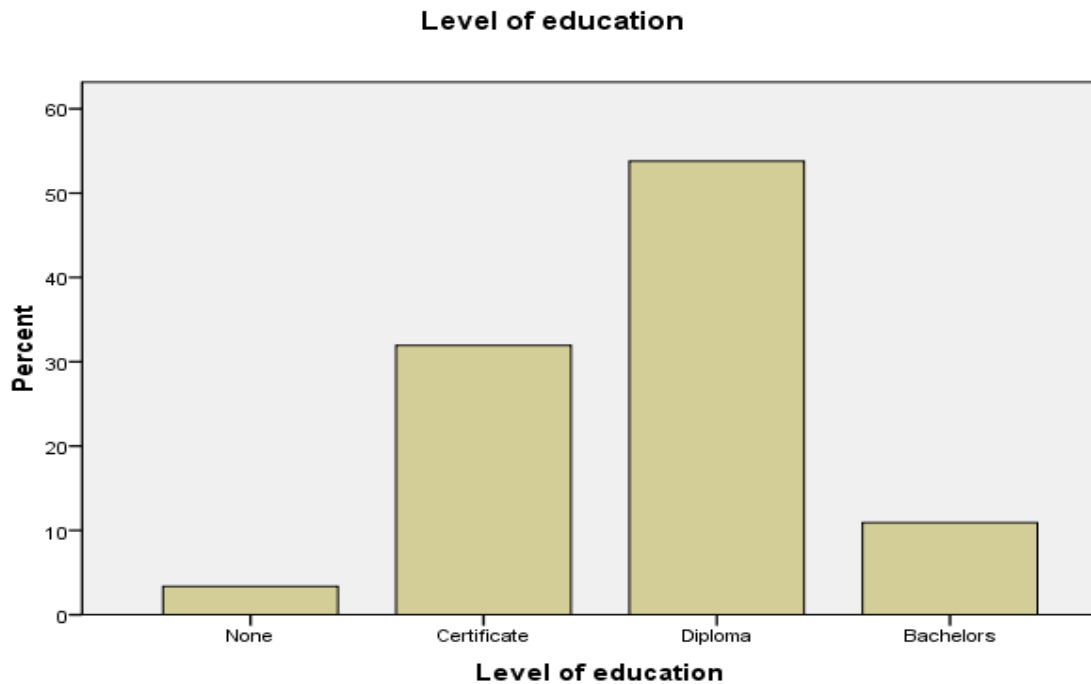
Source: Primary data (2018)

From Table 5, the study established that most of the employees in Mukono District health sector were between 30-39 years and these took the highest percentage of 60 (50.4%). Those who were in the category of 20-29years comprised of 31 (26.1%), 40-49 years had a representation of 18 (15.1%) and those who were above 50years were represented by 10 (8.4%). The above statistics tells us that the study was conducted mostly on the people who were between 30-39 years. These categories of years revealed that the recruitment panel

favours and recruits' people who are 30-39, because they exhibit a sense of maturity, commitment, a bit experienced and as well are still energetic just as needed in effective health service delivery.

4.3.3 Respondents level of education

The respondents were asked to disclose their education levels and most of them indicated that they had diplomas and certificates level of education as shown in Figure 2.



Source: Primary data (2018)

Figure 2: Respondents levels of education

Figure 2, indicates that some of the respondents among employees of the health sector in Mukono District had other forms of education such as no education, primary and secondary levels of education and these comprised of 4 (3.4%). 38 (31.9%) had certificates, 64 (53.8%) respondents had diplomas whereas 13 (10.9%) represented respondents with bachelor's

degrees. Basing on the above findings, it was revealed that the recruitment panel prefers to recruit people with diplomas as they seem to have enough qualification to work in the health facilities without asking or having high financial/ salary expectations. Meaning people with diplomas salaries can be within the limits of the available financial resources unlike those employees with Bachelor's degree who are few and very expensive. The statistics above also shows that during job profiling, diploma required posts were the most advertised ones in the district health sector.

4.3.4. Duration/ time spent at health facility

The respondents were asked to declare the time/ duration spent at their respective health facilities in Mukono District Local Government and their responses are what Table 6 indicates.

Table 6: Duration of respondents at current station

Duration	Frequency	Percent%	Valid Percent %	Cumulative Percent %
Valid Less than 3 years	69	58.0	58.0	58.0
4-6years	30	25.2	25.2	83.2
7-9years	14	11.8	11.8	95.0
10 years and above	6	5.0	5.0	100.0
Total	119	100.0	100.0	

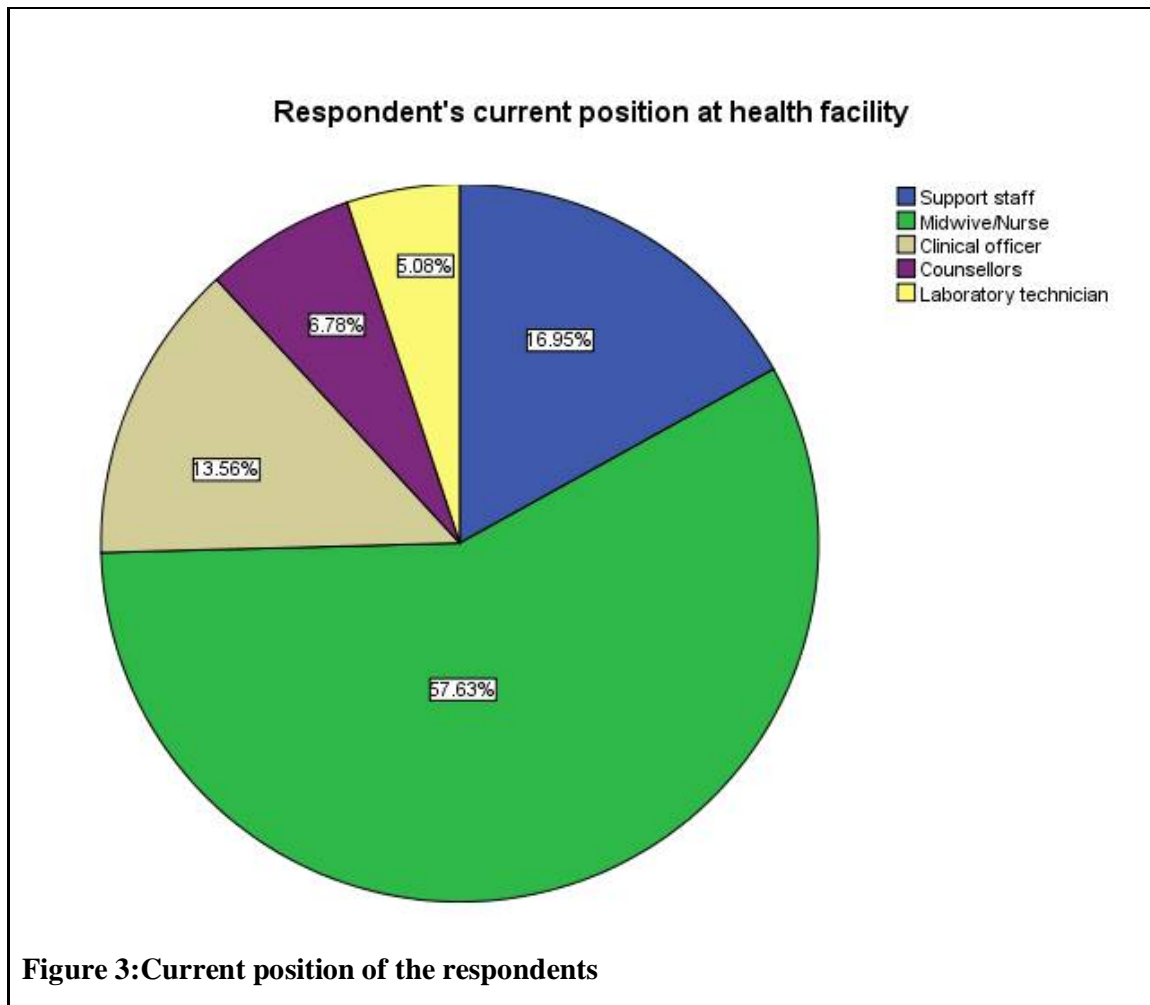
Source: Primary data (2018)

Table above indicates that most of the respondents had been posted at the health facilities for a shorter period of less than 3 years and these took 69 (58%) of the respondents. 30 (25.2%) had spent 4-6years, 14 (11.8%) constituted of respondent who had spent 7-9 years at the health facility whereas in the last category was 6 (5%) of respondents who had stayed 10years and longer at the work station. The above statistics revealed that most of the

employees in the health sector of Mukono District were employed in recent years of not more than 3 years back.

4.3.4 Respondents position

The respondents were also asked to state their current position at the workstation and below are the results that were recorded in Figure 3



Source: Primary data (2018)

From Figure 3, it is indicated that the study was mainly conducted on Midwives/ Nurses who constituted 57.63%. The support staff comprised of 16.95%, clinical officers made 13.56%, counsellors were represented by 6.78% and lastly the lab technicians/ attendants constituted of 5.08%. Although, initially the study mostly preferred Midwives, nurses and health

assistants who directly work with expectant mothers and as well have enough experience in the provision of quality maternal services as per the study purpose but from the statistics above, the study was inclusive of all employees in the health facilities and sector in Mukono district Local Government. This was a result of the fact that all health workers pass through the same procedures of recruitment practices to occupy their current positions and as well it is an obligation of all health workers to work as a team in rendering services to the public.

4.3.5 Health facilities

To understand the respondents' respective health facilities, the researcher recorded their respective Health facility and below are the results as displayed in Table 7.

Table 7: Respondent's health facility

Health facilities' name		Frequency	Percent %	Valid Percent %	Cumulative Percent %
Valid	Mukono HCIV	24	20.2	20.2	20.2
	Ggoma HC III	7	5.9	5.9	26.1
	Kyungu HCII	2	1.7	1.7	27.7
	Nantabulirwa HCII	2	1.7	1.7	29.4
	Mukono Police HCII	2	1.7	1.7	31.1
	Kauga Prison HCII	3	2.5	2.5	33.6
	Mpunge HCIII	11	9.2	9.2	42.9
	Nagojje HCIII	9	7.6	7.6	50.4
	Wagala HC II	1	.8	.8	51.3
	Katoogo HCIII	4	3.4	3.4	54.6
	Buliika HCII	2	1.7	1.7	56.3
	Kojja HCIV	16	13.4	13.4	69.7
	Kyampisi HCIII	7	5.9	5.9	75.6
	Bulam nba HCII	7	5.9	5.9	81.5
	Mbaliga HCII	6	5.0	5.0	86.6
	Nakifuma HCIII	4	3.4	3.4	89.9
	Kimenyedde HCII	7	5.9	5.9	95.8
	Mpooma HCII	2	1.7	1.7	97.5
	Bugoye HCII	2	1.7	1.7	99.2
	Nabalanga H	1	.8	.8	100.0
	Total	119	100.0	100.0	

Source: Primary data (2018)

Mukono district is constituted of 14 sub-counties namely; Kasawo, Ntenjeru, Mpata, Mukono Municipality, Nakisunga, Nabbale, Namuganga, Kyampisi, Ntunda, Kimenyedde, Mpunge,

Kome Island, Nagojje and Nama sub-county. All these sub-counties has 38 government/public health facilities at different levels of HCIIIs, HCIIIs and HCIVs. There are 2 HCIVs, 13 HCIIIs and 23 HCIIIs in Mukono District. Out of the 14 Sub- counties, the researcher managed to visit 8 sub counties which constituted 57.2% of the total number of sub- counties. 23 health facilities were visited and this made 60.5% of the total number of health centres in Mukono District. However, only 20 health facilities' respondents consented to answering the questionnaires and the other 3 facilities respondents preferred doing interviews which the researcher conducted with the facility in charges.

Table 4.4, above indicates that most of the health workers who responded to the study were from Mulago HCIV and these constituted 24 (20.2%), followed by Kojja HCIV with 16 (13.4%), Mpunge HCIII at 11 (9.2%), Nagojje HCIII at 9 (7.6%), Bulamba HCII, Kyampisi HCIII, Ggoma HCIII and Kimenyedde HCII at 7 (5.9%), both Katoogo HCIII and Nakifuma HCIII at 4 (3.4%), Kauga prison HCII at 3 (2.5%), then Nantabulirwa HCII, Kyungu HCII, Bugoye HCII, Mukono police HCII, Buliika HCII and Mpoma HCII at 2 (1.7%) and lastly Wagala HCII which was at 1 (0.8%) of the respondents. Therefore, the statistics in Table 7 shows that most of the respondents who took part in the study were from bigger health facilities at the level of HCIV's and HCIII'S and this was a result of the bigger population of health workers in these facilities in comparison to the ones in HCIIIs' level compared to the ones in the rural settings of Mukono District. The respondents from these urban centred health facilities seemed much more knowledgeable and experienced in the alignment of matters concerning recruitment practices in the health sector of Mukono District.

4.4 Empirical findings on the influence of recruitment practises on Health service delivery in Mukono District

In this section, the research findings are presented as per the dependent and independent variables used in the study. These findings were therefore obtained on the influence of job profiling on health service delivery in Mukono District; the influence of candidate attraction methods on health service delivery in Mukono District and the influence of the selection processes on health service delivery in Mukono District. In this case therefore, to understand whether recruitment practices have a relationship with health service delivery in Mukono district, the respondents were introduced to different pre-conceived statements as per each variable to listen to their views and below are the findings that were found on each dimension.

4.4.1. Findings on perceived Health service delivery in Mukono district.

According to the World Bank (2004) mission of poverty alleviation and the achievement of Millennium Development Goals (MDGs), a well-functioning worthy public sector agency, unit or entity is understood and defined as one that delivers quality public services which are consistent with the citizens' preferences. This clearly means that, the public sector is the ultimate guarantor of health as a right for all citizens (Humanrights, The Right to the Highest Attainable Standard of Health, 2001). To understand the prevalence of health service delivery in Mukono district Local Government, the respondents were introduced to differing items so that to have their say. The responses got from them were computed by making an aggregate of responses given by the respondents to the 5point Likert scale ranging from 1= strongly agree, 2 = agree, 3 = not sure, 4 = disagree and 5= strongly disagree which sought to measure the prevalence of job profiling in Mukono District Local government and these were categorised according to their counts and percentages just as follows in Table 8.

Table 8: Descriptive statistics on the perceived Health service delivery in terms of Assurance, reliability, responsiveness, empathy and tangibility in Mukono District.

	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
I have full understanding of the specific needs and problems of our clients.	91	76.5	18	15.1	2	1.7	5	4.2	3	2.5
I have clear knowledge about the facility's operation systems and processes.	76	63.9	33	27.7	4	3.4	2	1.7	4	3.4
My appearance does contribute towards customers satisfaction of health services.	17	22.7	27	14.3	8	6.7	39	32.8	28	23.5
Equity is about all customers paying equally for public health services.	14	11.8	27	22.7	26	21.8	37	31.1	15	12.6
Customers should motivate health workers with gifts	11	9.2	17	14.3	19	16.0	41	34.5	31	26.1
Nurses, clinical officers and support staff are responsible for health service quality standards.	88	73.9	22	18.5	2	1.7	5	4.2	2	1.7%
Timely appraisals are usually conducted to check my performance and skills.	68	57.1%	30	25.2%	6	5.0%	12	10.1%	3	2.5%
Health workers should be courteous with the patients.	17	14.3%	43	36.1%	26	21.8%	25	21.0%	8	6.7
The health facilities are renovated and provided with new working equipment each year.	5	4.2	16	13.4	12	10.1	22	18.5	64	53.8

Source: primary data

About the respondents having full understanding of the problems of their clients, 109 (91.6%) agreed to having a clear understanding with their client's problems, 8 (6.7%) disagreed. The respondents who were interviewed consented with these statistics were by it was clearly proven that all employees have clear job descriptions, they pass through a filter in the

selection process, in case of internal recruitments or promotions, the candidate names are forwarded by the facilities through their HODs and facility in charge, besides annual appraisals are conducted to check employee performance all this in place show that the respondents are confident, knowledgeable, competent and are aware of their clients' needs and problems however this doesn't guarantee empathy in their effectiveness service delivery to them. Because clients in the labour ward were over heard by the researcher and quoted asking a friend;

“huh ebintu nga byakyuuka dda wano, olowooza bano abasawo banakukwatako nga tolina sente leero nga lwamukaaga?” meaning; “huh things changed long time here, you think these nurses will work upon you well if you don't give them money today, yet it's a Saturday? (Respondent 14)

The respondents were asked to state whether they had clear knowledge about the health facilities' operation systems and processes to which some agreed by 109 (91.6%), others disagreed by 6 (5.1%) and those who were uncertain were 4 (3.4%). This was in line with the qualitative data were by all informants showed clear understanding of the facility and department processes and operation policies and this implies that all employees in the health sector of Mukono District are reliable, competent and comply with their facilities' policies, systems, values and chain of command.

On whether their appearance contributes on the satisfaction of customers about health services provided, 44 (37%) agreed, 67 (56.3%) disagreed and 8 (6.7%) were uncertain. These statistics was differing from the qualitative findings whereby almost all the respondents agreed that the employee's appearance is very vital and went ahead to show how health workers have clear understanding on their dress code. This means that the qualitative respondents who are at the same time in formal senior administrative posts were giving me

the ideal image of a health workers' appearance. So, this implies that many health workers poor selection process manifests itself in their failure to understand the benefits of having clean infrastructures, physical facilities and employee's appearance in terms of cleanliness, tidiness, dress code and general appearance. All this hindering the standards and quality of health services rendered to the customers and the general public as a whole.

About whether equity meant, all customers paying equally for public health services, 41 (34%) agreed, 52 (43.7%) disagreed and 26 (21.8%) were uncertain. These were also not tallying with the qualitative responses whereby by they emphasized that public health services should and are free of charge yet the statistics here implies that some health workers at the operational level agree that public health services are free of charge however these responses being below average, certifies that the other respondents have a thinking that clients should at least pay some money as long as there are no exceptional or favouritism of any client. This could be a result of the inadequacies in drugs and facility equipment and even the key informants were positive on this whereby that such situations prompts health workers to solicit money out of patients in order to buy medicine and the other things to use in the theatre and this means, NO MONEY, NO SERVICE, and no service may lead to the most commonly known 3Ds, " Delay at home, Delay on the way and delay at the facility" which are regarded as the most common causes of maternal death. This is so because the 3rd delay is obviously a case of failure to be worked upon on in time and this hinders quality service standards as the institution and the personnel are regarded as being unreliable, un professional and never courteous of the poor community.

On being asked whether Customers should motivate health workers with gifts, 28 (23%) agreed, 72 (60%) disagreed and 19 (16%) uncertain. Although many qualitative respondents corresponded with the statistics above of public services being free of charge, the story

changed once they started explaining the working environments of health workers in the district. According to one respondent;

*“Public services should be free of charge and as well we have ethical codes of conduct to limit such behaviours, however there are certain things which no one has any control of; like an individual character. This behaviour of expecting **“kitu kidogo”** some little something is even networked, because even when appraisals are conducted, no one whistles blows to report someone, so it is something that is not easy to bring out”. (Interview with Respondent 5)*

Besides, this could be as well a result of these health workers being charged money at recruitment and hence try their best to be compensated in this manner of commercialising the public health services. This contradicts with the service delivery quality dimension of being empathetic, a client from poor financial backgrounds are most likely to be affected and at times gets life threatening challenges resulting to death at times in this manner hence conceiving the service rendered poor and irrelevant.

About whether Nurses, clinical officers and support staff are responsible for health service quality standards, 110 (92.4%) agreed, 7 (5.9%) disagreed and 2 (1.7%) was uncertain. The responses from the interviews corresponded with these statistics and this showed that all health workers understand the values of teamwork in terms of assurance, empathy, tangibility, reliability and responsiveness.

On whether timely appraisals were normally conducted to check the employee's performance, 98 (82.3%) agreed, 15 (12.6%) disagreed and 6 (5%) were uncertain. The qualitative responses were affirmative with the statistical data above were by all said that performance appraisals are done every once in a year to all confirmed health employees and 2 time to the employees on probation with an in-between gap of 6months. However, the

process and criteria followed while conducting appraising these employees was regarded less effective to some. One respondent was quoted:

*Appraisals in our health centre facilities are no longer effective, currently it's no of help because they are conducted in a **VERY DISORGANISED MANNER**, take an example of the maternity staff who are appraised by the Head of OPD, sub county chiefs with no medical background to appraise IC of HCIII's who are qualified clinical officers. Besides, some people here work once in a week but how would you forward such a case yet she/he was appraised and everything was fine?" (Interview with Respondent 10)*

The respondents were asked to state whether Health workers should be courteous with the patients, 60 (50.4%) agreed, 33 (27.7%) disagreed and 26 (21.8%) were uncertain. On the qualitative side, the respondents agreed that it is mandatory and ideal for health workers to be courteous to their employees however, even them at the senior management levels they have been receiving complaints about nurses, mid wives amongst others to be rude, hostile, unfriendly and uncaring. Although, it was asserted that at times the client's character drives them to being rude as one respondent was quoted below;

"We all expect pregnant mothers to get prepared before child delivery, in terms of the baby clothing, polythene bag, and other basic necessities like cotton wool and gloves because we all know our public facilities usually face challenges with inadequacies in drugs and equipment. But you find an HIV positive mother, who never came for antenatal classes admitted without anything, and she starts behaving like a young girl who has never given birth yet she's having 4 or more children, as a human being, can you expect a fair sweet kind treatment to her?" (Interview with Respondent 4)

About whether the health facilities are renovated and provided with new working equipment each year, 21 (17.6%) agreed, 86 (72.3%) disagreed and 12 (10.1%) were uncertain. The qualitative responses all corresponded with the statistical data above with one respondent saying.

“With the many bureaucracies in the public sector whereby money is embezzled at all stages, this makes public funds limited to be sufficient, however some facilities’ in charges lobby donors to open up projects. For instance, DR. Kasirye of Mukono HCIV managed to get new buildings of OPD, the maternity new ward and the administration block which is still under construction. Besides that, most of our facilities’ buildings are still very old and rugged; the painting is peeling but we are still pushing.” (Interview with Respondent 3, 5, 9)

This implies that most of public health facilities are rarely renovated, the buildings are old, rugged and the paint is peeling.

Mukono district was not ranked among the best 25 best performing districts in rendering health services in Uganda from 2015 up to 2017 but this was denied by some key informants at the Health facilities who shifted the blame onto the technocrats at the senior administrative levels. One respondent was quoted;

“...the general health performance is good in Mukono district, because Health workers in the health facilities do their job well that’s why, Mukono HCIV had been the best performing facility among HCIVs in the whole county for the past consecutive 5years. However, our bosses deliver reports late to the MOH, yet even reporting is inclusive of the dimensions that account for good performance...” (Interview with Respondent 4)

The above information was corresponding with the reports and data reviewed from the District. For instance, Mukono HCIV had a number of targets in child deliveries health facilities whereby in 2015/2016 the total population for Mukono HCIV was 73,092, people, with a target of 6,322, 2016/2017 had 3,634 and 3,725 child deliveries. However, all the above stated targets were hit and surpassed with 7,690 in 2017/2018, 7,572 deliveries in 2016/2017 and 6,322 deliveries in 2015/2016, family planning new acceptors' performance were 1,852 for 2017/2018, 1,338 for 2016/2017 and 1,477 for 2015/2016. Caesarean sections conducted at Mukono HCIV were 1,533 for 2017/2018, 1,414 for 2016/2017 and 1,013 for 2015/2016. The numbers of maternal deaths were 3 in 2017/2018, 3 in 2016/2017 and 2 in 2015/2016. 4, 1 and 3 maternal deaths cases in 2017/2018 were reported at Kojja HCIV, Goma HCIII and Nakifuma HCIII respectively. However, it was reported that there were still very many other maternal deaths' cases in the community mostly with mothers who never seek for antenatal help and instead visit traditional birth attendants, commonly known as the "*Mulerwa*". Apart from that, the most commonly causes of maternal deaths reported were; early conception with a fresh C section, eclampsia, Anaemia, auto partum haemorrhage, post-partum haemorrhage and the famous 3Ds (Delay at home, Delay on the way and Delay at Health facility before referral).

From the qualitative interactions, it was noted by the researcher that the government through Mukono district in collaboration with the health department and facilities has come up with a number of measures so that to enhance service delivery standards. Among them included; formation of committees such as Health management committee which is composed of 9 members. Inclusive in this committee are the politicians in the area and health facility in-charges among others. Their goal is to communicate to the public about the available health services in place at the facility, communicating to the community about the challenges faced by the health facilities. Such communications are done through barazzas which are organised

once or twice in a month. In addition to this, it was reported that the district health department ensures that there is effective leadership and administration in the health facilities, conduct mentorships, hold review meetings every month to check on their performance through the use of score cards as a way of identifying the sectoral most stressing challenges and as well draw measures on the way forward, utilising Public- private partnerships and as well choose competent health personnel.

The quality of human resources is critical to the development of a country and this is the reason why Public sectors within African countries face challenges of professionalism in service delivery which is highly attributed to the context of the environment in which they operate in (O. E. Okeke-Uzodike, 2015). As Joshi (2010) and world Bank (2004) concurs that, “once there are poor public health services in access, quantity and quality, the people/citizens feel betrayed and often choose to go elsewhere, either to private practitioners of uncertain quality health care or decide not to go anywhere”. However, both in developed and developing countries, all the above can be effectively managed and attained with the help of quality human resources who are considered one of the critical factors for economic development. Many districts in Uganda, Mukono inclusive lack the financial and human resources for effective management of the health system. So, with that in mind and in comparison to the above statistics and descriptive findings from the study, this implies that if the policies regarding the recruitment practices are not revised, the citizens may be forced to seek help from the private sector.

4.4.2 Findings on perceived influence of job profiling on health service delivery in

Mukono district

Effective recruitment practices should entail different dimensions, of which job profiling is among the key players. To understand the prevalence of job profiling in Mukono district Local Government, the respondents were introduced to differing items so that to have their

say. The responses got from them were computed by making an aggregate of responses given by the respondents to the 5point Likert scale ranging from 1= strongly agree, 2 = agree, 3 = not sure, 4 = disagree and 5= strongly disagree which sought to measure the prevalence of job profiling in Mukono District Local government and these were categorised according to their counts and percentages just as follows in Table 9.

Table 9: Descriptive statistics on the influence of Job profiling (Job description and personal specifications) on health service delivery in Mukono District.

	Strongly agree-1		Agree-2		Uncertain-3		Disagree-4		Strongly disagree-5	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
There is a well-defined documented recruitment process approved by MOH and MPS.	83	69.7	26	21.8	6	5.0	3	2.5	1	.8
Health facility administrators are in charge of the recruitment practices.	16	13.4	17	14.3	14	11.8	48	40.3	24	20.2
The job requirements definition entails responsibilities.	45	37.8	64	53.8	5	4.2	5	4.2	0	.0
My job description matches well with my education qualifications.	51	42.9	48	40.3	4	3.4	12	10.1	4	3.4
The job requirements clearly highlight the outcomes required for a particular job.	36	30.3	65	54.6	8	6.7	9	7.6	1	.8
Each health employee has a clear job specification	38	31.9	44	37.0	12	10.1	20	16.8	5	4.2
The job specification identifies the essential skills required to execute the job.	38	31.9	52	43.7	16	13.4	12	10.1	1	.8
There is close supervision done during the recruitment processes	23	19.3	13	10.9	53	44.5	13	10.9	17	14.3

Source: Primary data (2018)

As to whether the recruitment process was well-defined, documented and as well approved by MOH and MPS in Mukono district, 109 (91.5%) of the respondents agreed, 4 (3.3%) disagreed. The above statistics proves that almost every health worker is aware of the fact that the recruitment process in Mukono District is well defined, documented and approved by the MPS and MOH. The above findings were further enhanced by the qualitative responses from the interviews with the District service commission officials linked to the recruitment practices of employees in the health sector of Mukono district, Significant among them was the DSC top management officer who said that although there are well defined, documented recruitment policies approved by MPS and the MOH, there are very many challenges faced which usually frustrates and antagonises the whole process. According to this respondent;

“...as the recruiters, many challenges are faced; for instance, matching the available posts versus the influx of applicants’ applications received. An example; were the recruitments done in January 2018 whereby 50 posts were advertised and 700 candidates applied. This is worsened by political interference from our bosses such as ministers, Heads of Departments and other top administrative officials in the country who calls and demand for favours on behalf of their candidates. Besides, some candidates apply when they are having all the necessary requirements but are beyond age for instance 55years aged candidates.” (Interview with Respondent 1)

The respondents were then asked whether the recruitment practices were managed by in-charges/ administrators of the Health facilities in Mukono district to which 33 (27.7%) respondents agreed, 72 (60.5%) disagreed and 14 (11.8%) were uncertain. The 33 (27.7%) below the average responses shows that recruitment is not usually practiced by health facilities’ administrators, this is in agreement with the qualitative responses whereby all key informants agreed that there are standard guidelines from MPS which guides the recruitment

of public health employees in Mukono district. However, it was noted that a few employees are recruited by the hospital administrators and these included; the askaris and office assistants/ tea girls. There were also other health employees in Mukono district health sector such as counsellors and data entrants amongst others who are recruited on contracts under the Makerere University Walter Reed Project (MURWP) and this explains the statistics of 33 (27.7%) who agreed and 14 (11.8%) who were confused on the variable.

As to whether the job requirements of health workers in Mukono district entailed a number of responsibilities, 109 (91.6%) agreed, 5 (4.2%) disagreed. This meant that there were a number of different responsibilities and tasks which health employees are obliged to. The 5 (4.2%) who disagreed and 5 (4.2%) who were uncertain on this could have been a result of the complexity of their job and unlimited workload encountered daily in their errands yet they were not defined or entailed in their appointments and this rhymes with the qualitative responses whereby almost all agreed that all health workers are required to do some duties and responsibilities accordingly to their education qualifications and expertise however things tend to change and the workload become ambiguous. According to one of the health facility in-charges;

“Well, we are all assigned to certain duties and responsibilities accordingly to one’s qualifications, skills and competencies. However, many health facilities (mostly here in the rural settings of Mukono district and HCIIIs) still face a challenge in inadequacies of staff. Due to the higher levels of client turn over, some of us are forced to attempt to them yet you not qualified to do.” (Interview with Respondent 1,4, 9,10)

According to another respondent,

“...Mukono district is currently under a ban in recruiting new staff, due to public financial inadequacies to facilitate the recruitment process...” (Interview with Respondent 6)

The respondents were asked whether their job description matched well with their education qualifications to which 99 (83.2%) agreed, 16 (13.5%) disagreed and 4 (3.4%) were uncertain. These findings corresponded with the qualitative responses which affirmatively proved that most of the health workers' daily work in Mukono District corresponds well with their education qualifications and this explains that most of the health workers in Mukono district are well qualified to deliver health services to the public.

As to whether the job requirements clearly highlighted the outcomes required for a particular job in Mukono District, 101 (84.9%) agreed, 10 (8.4%) disagreed. This means that the health workers are aware of the different things that contribute to good service delivery, these statistics are in line with the interviews' responses, however the key informants asserted that at times they deviate from what is required of them something that sabotages the outcomes of a particular. According to one key informant;

“Each one of us is awarded with an appointment letter which clearly stipulates what is required of each employee in his/ her work place. However, many employees here get off track not because they do not know the consequences or their job requirements but because it is the trend of vices in the facility where one is posted. Of which most of these are brought about by; administrative weaknesses of failure to make follow ups on newly recruited staffs and delays in salaries, ...”
(Interview with Respondent 3,5)

The above statement shows that despite having job requirements in place, the outcomes are being influenced more by the working environment and administrative loopholes in Mukono district's Health department.

They were also asked to specify whether each health employees in Mukono District Local government had a clear job specification, to which 82 (75.6%) agreed, 25 (21%) disagreed. These statistics clarifies that most of the health employees in Mukono district had clear job description which entails all what is required of them for good performance and service delivery in Mukono district. These findings corresponded with the key informants' comments who opined that all health workers have clear job descriptions and that everyone is aware of what she/he is meant to do at the health facility.

On whether the job specification of health workers clearly identified the essential skills required to execute their job, 90 (75.6%) agreed, 13 (10.9%) disagreed. This means that there are different special skills and talents which are considered while recruiting health personnel in Mukono District health sector. These statistics correlate with the interview information whereby almost all key informants answered in affirmative to this question showing that all employees have eligible qualifications that qualifies them to be suitable for respective their posts.

The respondents were then asked whether there was any close supervision done during the recruitment processes in Mukono district, to which 36 (30.2%) agreed, 30 (25.2%) disagreed and 53 (44.5) were uncertain of this. Such below the average responses clearly states that the respondents were not sure on whether the recruitment processes were supervised or not. The 30 (25.2%) who disagreed may have based their response on the fact that they witnessed no evidence of the recruitment processes being closely supervised and this coincided with many of the qualitative respondents who were not convinced of the equity, transparency neither supervision of the recruitment processes of employees for the health sector in Mukono district. This was mostly alleged on the committee/ panel's decisions who were criticised of harbouring unethical behaviours of soliciting money out of the candidates among other common mal practices heard in local governments. One qualitative respondent asserted;

*“I assume that in reality, if there is transparency and effectiveness in the recruitment of employees. Yes, job requirements can clearly stipulate the essential skills that requires one to successfully execute a given job. But that is not the case of Mukono district, **THERE IS NO FEAR**, I repeat this; **THERE IS NO FEAR** in Mukono district once it comes to recruiting staffs, anything can happen and this obviously affects our service delivery, but what can you do? No one should lie to you that there is fairness and equal employment opportunities here. Once the invisible hand is involved, things can change in just a micro second. We have eyes, we have ears, we know but for the sake of your own job security, you either shut your mouth or be evicted out of the system” (Interview with Respondent 5)*

Much as MPS, MOH, CAO, Mukono DSC, HR Department and District Health Department were proven to be inclusive in the recruitment processes in terms of carries out job analysis and planning of health employees’ job profiling in terms of their duties, skills, responsibilities and other qualifications required for a job, findings showed that many health workers in Mukono district have work responsibilities and duties which are not within their job specifications and description and as well many employees behave unethically outside their job descriptions and profession due to the influence they had at their entry. In fact, one respondent commented;

“...everyone has a clear job description but how are you sure that someone will comply and adhere to it? If the husband, mother or any relative helped an employee to be recruited, job descriptions are for formalities here and the recruitment in Mukono is done in a bogus way, and I have never seen the disciplinary committee functioning on some people...” (Interview with Respondent 1,2,8 and 10)

This implies that many times health workers behave in contrary to their ethics making them incompetent in performing their duties and responsibilities all which affects good health service delivery.

4.4.2.1. Correlations Results

From the above descriptive statistical findings, a correlation analysis was computed, examined and interpreted by the researcher using Pearson Correlation technique. This was one to test the first null hypothesis, “*Job profiling significantly influences health service delivery in Mukono District Local Government*”. The results were presented in Table 10.

Table 10: Correlation results on the influence of Job profiling on Health service delivery in Mukono district

		Job profiling	Health service delivery
Job profiling	Pearson Correlation	1	.012
	Sig. (2-tailed)		.898
	N	119	119
Health service delivery	Pearson Correlation	.012	1
	Sig. (2-tailed)	.898	
	N	119	119

**correlation is significant at 0.05 level (2- tailed)

Source: Primary data (2018)

Findings from the correlation analysis show a negligible positive correlation between job profiling and health service delivery in Mukono district as given by Pearson correlation coefficient $r=.012$ at $P \text{ value}=.898$ ($p<0.05$) and (p) is less than the recommended critical

significance. This indicates that the way job profiling for health workers is planned and conducted, determines the way the health sector in Mukono district as local government department performs its duties. The quantitative results in table 10 suggested that job profiling has a negligible relationship with health service delivery in Mukono District. However, this was contradiction with qualitative findings which clearly asserted that job profiling influences health service delivery in Mukono district. This implied that there is a relationship between job profiling and health service delivery in Mukono District Local Government.

4.4.2.2. Regression results for the influence of job profiling on health service delivery in Mukono District local government.

The findings above were further more explained using regression analysis results to establish the extent to which Job profiling influences health service delivery in Mukono district Local government. The effect was presented in Table 11.

Table 11: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.012 ^a	.000	-.008	4.47999

a. Predictors: (Constant), Job profiling

Source: Primary data (2018)

The model summary in Table 11 revealed that correlation coefficient (r), using the predictor Job profiling was .012. The coefficient of determination ($r^2 \times 100$) of $.012^2$ was equal to 0%. A coefficient of determinations indicates the proportion of variability of the dependent variable accounted by the independent variable in the regression model. For this particular

study, job profiling contributes 0% of variations in the health service delivery of Mukono district. This implies that a 100% of the variations in the health service delivery of Mukono District are explained by other factors.

Table 12: ANOVAb Results of the influence of Job profiling on Health service delivery in Mukono District.

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	.329	1	.329	.016	.898 ^a
	Residual	2348.225	117	20.070		
	Total	2348.555	118			

a. Predictors: (Constant), Job profiling

b. Dependent Variable: health service delivery

Source: Primary data (2018)

The analysis of variance (ANOVA) as shown in Table 12 indicated that the overall significance of regression with the degree of freedom (df) (1, 117), f value of .016. ANOVA showed the independent variable of job profiling to be significantly affecting health service delivery in Mukono District at p value of .898. After the establishment of the significance of the Model summary and ANOVA, the researcher therefore continued to present the summary of co efficient that were obtained as indicated in Table 13.

Table 13: coefficients of the influence of Job profiling on Health service delivery in Mukono District.

Coefficients ^a						
=Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	13.701	.922		14.858	.000
	Job profiling	.011	.086	.012	.128	.898

a. Dependent Variable: health service delivery

Source: Primary data (2018)

Coefficients in Table 13 clearly shows unstandardized β , the t value and the Sig. the results of regression and beta coefficient of .012 imply that job profiling does not significantly affect health service delivery in Mukono district. The coefficients above indicate that job profiling does not significantly contribute for predicting health service delivery in Mukono district ($y = a + bx$) where “ y ” is the dependent variable, “ a ” is the constant (intercept) and “ b ” is job profiling value. The intercept “ a ” =13.701 and the regression coefficient =.011. The p - value (.898) clearly reflects a statistically negligible effect of “ x ” (Job profiling) on “ y ” (Health service delivery). This relationship was reliable and could be used to make predictions and hence the influence of job profiling on health service delivery in Mukono district could be expressed as a regression model as follows; Health service delivery of Mukono district = 13.701+.898 (job profiling).

4.4.3. Findings on perceived influence of candidate attraction methods on health service delivery in Mukono district.

In order to fully attract competent candidates into any public entity or agency, there should be effective timely use of different candidate attraction methods in terms of head hunting and advertising. To understand the prevalence of attraction methods in Mukono district Local Government, the respondents were introduced to differing items so that to have their say. The responses got from them were computed by making an aggregate of responses given by the respondents to the 5point Likert scale ranging from 1= strongly agree, 2 = agree, 3 = not sure, 4 = disagree and 5= strongly disagree which sought to measure the prevalence of job profiling in Mukono District Local government and these were categorised according to their counts and percentages just as follows in Table 13.

Table 14: Descriptive statistics on the perceived influence of Candidate attraction methods (head hunting and advertising) on health service delivery in Mukono District.

	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
There are different sources through which health workers are recruited.	39	32.8	37	31.1	16	13.4	18	15.1	9	7.6
There is equal employment opportunity in the recruitment practices of health workers.	30	25.2	21	17.6	19	16.0	36	30.3	13	10.9
The sources used in the recruitment of health employees conform to the existing Ministry of Public service policies.	80	67.2	22	18.5	10	8.4	6	5.0	1	.8
New recruits are attracted by numerous adverts placed in the local media.	27	22.7	31	26.1	19	16.0	33	27.7	9	7.6
Radio advertising is the most commonly used attraction method of employees for the health facilities.	1	.8	5	4.2	8	6.7	30	25.2	75	63.0

Source: primary data (2018)

About whether there were different sources through which health workers in Mukono District are recruited, 76 (63.9%) agreed, 37 (22.7%) disagreed. This implied that at least there more than one source was used to attract and recruit health employees in Mukono District and this was tallying with the qualitative information whereby most of the respondents who were interviewed opined that;

“There are different candidate attraction sources such as; advertising with use of social media, electronic and the print media in form of newspapers (mostly on

Monday New vision and recently daily Monitor was included), electronic media such as the websites, peer to peer communications and pinning adverts on the district, sub-county and health facility noticeboards.” (Interview with Respondent 2,3,4,12)

Whereas another informant asserted that;

“Yes, adverts are run in the newspapers but still the adverts are hidden, advertising on Fridays and at times Saturday newspapers. They rarely post jobs on the websites of Mukono district and once they do, they post 1 day prior to the deadline. What does that mean?” (Interview with Respondent 5)

The above statement revealed that only people who can access these websites, newspapers and a few who can access the district, subcounty or health facility notice boards can be in position to have access on the available vacancy information. All these denies an equal chance for every citizen with the right qualifications to apply for a job in the health sector of Mukono district.

On whether there was equal employment opportunity in the recruitment practices of health workers in Mukono District, 51 (42.6%) agreed, 49 (41.2%) and 19 (16.0%) uncertain. This below the average response signifies that there are limited equal employment opportunities in the health sector of Mukono district. This corresponds with some of the key informants who asserted that there is a lot of politics and mal practices in the recruitment process in Mukono District which deprives off competent employees to be recruited into service. According to one of the key informants;

“If there is no transparency of the recruitment committee, how do you expect to have equality in the recruitment processes? It’s about how much money, it’s about

how close you are to the panellists or someone big in the district. Some colleagues pay huge amounts, just imagine paying 5M, others 2M for a job that will be paying Ugshs 800,000/= or less yet there are 100 or more candidates willing to pay for such job. What matters to them, is them being on the government payroll. As a human being, in that position of the panellist, would you talk and think about equality? Besides, if your boss takes the bribe and he give you orders, what do you expect to change? How would you even know? Of course, it's much annoying, very unprofessional and unethical but still in our local government's settings, that's way too normal and we are much used..." (Interview with Respondent 10 & 13)

The respondents were asked whether the sources (advertising and headhunting) used in the recruitment of health employees conformed to the existing Ministry of Public service policies, to which 102 (85.7%) agreed, 7 (5.8%) disagreed. This implies that the advertising sources used in recruiting health employees are in line with MPS policies and guidelines. This corresponded with the qualitative responses whereby all affirmatively agreed that most of the means usually used are in line with the policy and guidelines from the MPS.

On whether new recruits were attracted by numerous adverts placed in the local media, 58 (48.8%) agreed, 42 (35.3%) disagreed and 19 (16.0%) were uncertain of this. This below the average response implies that the number of adverts run or placed in the media is not effective to the majority but favourable to only those who have access to such information. This corresponded with the key informants who asserted that most of the adverts are run once and this is prior to the beginning of the recruitment process as one responded was quoted;

“Yes, an advert is run before starting the recruitment process and a grace period of 3 weeks is given to receive applications, then we call the short-listed applicants for interviews....” (Interview with Respondent 2)

About whether radio advertising was the most commonly used attraction method of employees for the health facilities in Mukono District, 6 (5%) agreed, 105 (88.2 %) disagreed and 8 (6.7%) were uncertain. These statistics implies that radio advertising is never used while recruiting employees for the health sector and health facilities in Mukono District. Theses quantitative findings were in accordance with the qualitative responses which all asserted that, radio advertising is never used in recruiting employees in the District.

Although there were different candidate attraction methods in place, in terms of advertising and headhunting which conforms to the MPS and MOH recruitment policies in regards to the recruitment of health employees in Mukono district, the findings showed that there are many gaps associated with this process such as the frequency of the adverts, secretiveness of the whole process and the most commonly used method of peer to peer and notice board advert pinning which favours only a few people who can access it. This implies that some influence peddling element may be the cause, something that doesn't favour, reflect merit or professional treatment of all competent job applicants.

4.4.3.1. Correlations Results

From the descriptive statistical findings, a correlation analysis was computed, examined and interpreted by the researcher using Pearson Correlation technique. This was done to test the first null hypothesis, *“candidate attraction methods significantly influence health service delivery in Mukono District Local Government”*. The results were presented in Table 15.

Table 15: Correlation Results of the influence Candidate attraction on health service delivery in Mukono District

		Candidate attraction methods	Health service delivery
Candidate attraction	Pearson Correlation	1	.098
	Sig. (2-tailed)		.289
	N	119	119
Health service delivery	Pearson Correlation	.098	1
	Sig. (2-tailed)	.289	
	N	119	119

**correlation is significant at 0.05 level (2- tailed)

Source: Primary data (2018)

Findings from the correlation analysis shown portrays a not so strong positive correlation between candidate attraction methods and health service delivery in Mukono district as given by Pearson correlation coefficient $r=.098$ at P value= $.289$ ($p \leq 0.05$) and (p) is less than the recommended critical significance. This indicates that the methods used in attracting suitable candidates into the vacant posts in the health sector of Mukono district, determines the performance levels of health workers in this local government. These quantitative results suggested that candidate attraction methods have a negligent relationship with health service delivery in Mukono District mainly through the recruitment practices policies. However, this was contardictin the qualitative findings collected from the informants in the senior administrative positions, who strongly concurred that candidate attraction methods have a significant role in attracting competent people to the health sector. This implied that candidate attraction methods significantly influence health service delivery in Mukono District Local Government

4.4.3.2. Regression results for the influence of Candidate attraction methods on health service delivery in Mukono District.

The findings were further more explained using regression analysis results to establish the extent to which candidate attraction methods influences health service delivery in Mukono district Local government. The effect was presented in Table 16.

Table 16: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.098 ^a	.010	.001	4.45875

a. Predictors: (Constant), Candidate attraction

Source: Primary data (2018)

The model summary in Table 16 revealed that correlation coefficient (r), using the predictor candidate attraction methods was .098. the coefficient of determination ($r^2 \times 100$) of .098² was equal to 10%. A coefficient of determinations indicates the proportion of variability of the dependent variable accounted by the independent variable in the regression model. For this particular study, candidate attraction methods contribute 10% of variations in the health service delivery of Mukono district. This implies that the remaining 90% of the variations in the health service delivery of Mukono District are explained by other factors

Table 17: ANOVAb results for the influence of candidate attraction methods on Health service delivery in Mukono District

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	22.544	1	22.544	1.134	.289 ^a
	Residual	2326.011	117	19.880		
	Total	2348.555	118			

a. Predictors: (Constant), Candidate attraction

b. Dependent Variable: health service delivery

Source: Primary data (2018)

The analysis of variance (ANOVA) as shown in Table 17 indicated that the overall significance of regression with the degree of freedom (df) (1, 117), f value of 1.134. ANOVA showed the independent variable of candidate attraction methods to be significantly affecting health service delivery in Mukono District at p value of .289. After the establishment of the significance of the Model summary and ANOVA, the researcher therefore continued to present the summary of coefficient that were obtained as indicated in Table 18.

Table 18: Coefficientsa of the influence of candidate attraction methods on Health service delivery in Mukono District.

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	12.573	1.229		10.233	.000
	Candidate attraction	.139	.130	.098	1.065	.289

a. Dependent Variable: health service delivery

Source: Primary data (2018)

Coefficients in Table 18 clearly shows unstandardized β , the t value and the Sig. the results of regression and beta coefficient of .098 implies that candidate attraction methods significantly affect health service delivery in Mukono district. The coefficients above indicate that candidate attraction methods significantly contribute for predicting health service delivery in Mukono district ($y = a + bx$) where “ y ” is the dependent variable, “ a ” is the constant (intercept) and “ b ” is candidate attraction methods value. The intercept “ a ” =12.573 and the regression coefficient =.139. The p -value (.289) clearly reflects a statistically significant positive effect of “ x ” (candidate attraction methods) on “ y ” (Health service delivery). This relationship was unreliable and could not be used to make predictions that the influence of candidate attraction methods on health service delivery in Mukono district could be expressed as a regression model as follows; Health service delivery of Mukono district = 12.573+.139 (candidate attraction methods). However, basing on the qualitative findings from the study, it was clearly evidenced that the way and methods used to attract candidate were full of loopholes something that impacts on the competency of employees recruited and these are reliable to be based on in making predictions that hence candidate attraction methods significantly influences the health service delivery in Mukono district.

4.4.4. Findings on perceived influence of the selection processes on the health service delivery of Mukono district.

According to Harky (2018), the outcome of a constructive and competent based recruitment and selection processes, are good employee morale, the depletion on labour turnover and better organizational execution of tasks, this means that “poor selection processes’ decisions can hugely affect organizational performance and service delivery” (Richardson, 1987). So, to understand the prevalence of the selection processes in Mukono district Local Government, the respondents were introduced to differing items so that to have their say. The responses got from them were computed by making an aggregate of responses given by the

respondents to the 5point Likert scale ranging from 1= strongly agree, 2 = agree, 3 = not sure, 4 = disagree and 5= strongly disagree which sought to measure the prevalence of the selection processes in Mukono District Local government and these were categorised according to their counts and percentages just as follows in Table 19.

Table 19: Descriptive statistics on the perceived Selection processes (Shortlisting, interviewing and placement) in Mukono District.

	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
Applications received are always compared with the key criteria in the job specifications.	61	51.3	23	19.3	32	26.9	3	2.5	0	.0
There are functional candidate shortlisting procedures in the recruitment processes of health employees.	36	30.3	36	30.3	39	32.8	7	5.9	1	.8
The candidate selection procedures in the human resource manual are up to date and are adhered to.	21	17.6	21	17.6	63	52.9	11	9.2	3	2.5
There is a selected panel in place to handle all health employees' selection process.	69	58.0	42	35.3	7	5.9	1	.8	0	.0
There are numerous ways of assessing the health sector applicants for a particular job.	34	28.6	36	30.3	35	29.4	13	10.9	1	.8
Oral interviews are part and used as a means of selecting the best candidate.	88	73.9	28	23.5	1	.8	2	1.7	0	.0
Practical interviews are used in selecting the best candidates.	4	3.4	7	5.9	18	15.1	55	46.2	35	29.4
Mukono district offers valid contracts to all health workers.	10	8.4	25	21.0	13	10.9	31	26.1	40	33.6

Source: Primary data (2018)

As to whether received applications were being compared with the key criteria in the job specifications, 84 (70.6%) agreed, 3 (2.5%) disagreed. This implies that many of the respondents believe that during the shortlisting phase, candidate applications received are compared with the key criteria in the job specifications. Partly some of the qualitative responses agreed that the applications received are usually compared with the key criteria in

the recruitment process. However, this was only responded to, by only the respondent in the HR positions and DSC members who are all connected with the recruitment of human personnel for the health department in Mukono District. This implies that there is a transparency gap in the recruitment process which leaves many outside the HR department ignorant of the professionalism, ethics and effectiveness of the committee.

About whether the recruitment process of health employees in Mukono District has functional candidate shortlisting procedures, 72 (60.6%) agreed, 8 (6.7%) disagreed. This implies that the recruitment process of health employees in Mukono district has and follows functional candidate shortlisting procedures. Although the 39 (32.8%) uncertain responses show that some respondents were not sure whether this is professionally and effectively done, the statistics above somehow were equating with the interview responses to all respondents in the HR department, however still those qualitative respondents who were outside had no response about this.

The respondents were asked to state whether the candidate selection procedures in the human resource manual were up to date and are adhered to, 42 (35.2%) agreed, 14 (11.7%) disagreed and 63 (52.9%) were uncertain. This implies that many of the respondents were not sure of this information as this can only be known by the Human resource personnel, and the recruiting panel/ DSC, even some of the qualitative respondents in the HR department and DSC seemed not so sure on this. This signifies that there is a possibility that the selection procedures were way too old to match up the ever-changing modern world.

On whether there was a selected panel in place to handle all health employees' selection process, 111 (93.3%) agreed, 1 (0.8%) disagreed and 7 (5.9%) were uncertain. These statistics were matching well with the responses from the qualitative respondents who all agreed that there is a panel in form of a committee that is responsible for the recruitment selection process of health workers/ employees in Mukono district. This panel consists of the

5 members of the DSC (2 ladies and 2 gentlemen and their secretary) in addition to the District health Officer; District HR officer, the Principal HR officer and another health worker from any key position in the District.

On being asked whether there are numerous ways of assessing new health sector applicants for a particular job in Mukono district, 70 (58.9%) agreed, 14 (11.7%) disagreed and 35 (29.4%) were uncertain. This implies that there are different ways through which new health sector candidates' competencies for a particular job are checked, however the methods used may not be satisfying which explains 35 (29.4%) and 14 (11.7%). On the qualitative side, the findings show that there are numerous ways through which new candidates are evaluated for the suitability of a particular job in the health sector of Mukono district, however it was only the respondents from the HR department and the committee members of the DSC who seemed more knowledgeable about this while others were querying the effectiveness of the methods whereby one respondent was quoted;

"I'm not satisfied by the use of aptitude tests as a way or methods of evaluating candidates' competencies and intelligence for a particular job, even the questions mostly asked are way too ambiguous and irrelevant to the given job to be applied for. The only advantage maybe is in cutting off the big number of candidates who apply." (Interview with Respondent 5, 10)

This was in line with another respondent

"Aptitudes are usually used to decrease on the bigger number of applicants; however who knows if the competent ones fail because after all, many times the questions are sold out to the highest bidders....." (Interview with Respondent 1, 7 &12)

About whether oral interviews being used as a means of selecting the best candidate, 116 (97.4%) agreed, 2 (1.7%) disagreed and 1 (0.8%) were uncertain. The statistics were much in

line with the interview findings which implies that oral interviews are the most commonly used method of selecting competent health workers in Mukono District.

The respondents were asked whether practical interviews being one of the methods used in selecting the best candidates, 11 (9.3%) agreed, 90 (65.6%) disagreed. From the qualitative respondents, it was asserted that there are no known practical interviews conducted as a method in evaluating the best suitable candidate in the Mukono district health sector.

On whether Mukono district offering valid contracts to all health sector employees, 35 (29.4%) agreed, 71 (59.7%) disagreed and 13 (10.9%) were uncertain. This below the average responses in quantitative statistics corresponds with the qualitative responses which stated that there are no contracts given to the public servants in the health sector of Mukono District. However, these interviewees concurred that although most of the health employees in Mukono district are were given appointments instead of contracts and are on government payroll, there are other workers in the health sector who were employed on contract under the Makerere University Walter Reed Project (MUWRP). So, these are awarded a valid contract of 1 year.

Although, Mukono District together with the different departments and bodies in charge of the recruitment of health employees try their level best making the selection processes favourable by checking file to file to shortlist and as well record minutes concerning the missing documents and requirements of the applicants, the findings showed that all this is done for formality as a way of avoiding the IGG's wrath. According to some respondents in senior administrative position commented the selection process should be made more transparent.

“.... don't talk of fairness in the selection process in local governments...,80% of the whole process of selection is not fair ...public service recruitment here means money, the processes are commercialised and many people book in advance...people apply when

half of the vacancies are already literally taken and occupied ...actually I'm disgusted with this Something must be done to avoid this madness and unfairness.....”

(Interview with Respondent 5, 9)

Another respondent made this comment;

“You cannot guarantee employment on merit or fairness in the selection processes, yet the DSC members are politically appointed...the recruitment here is politically driven...”

(Interview with Respondent 10)

And another respondent;

“Of course, very many unethical issues of corruption, sexual exchange and nepotism are common in the selection process..... if the aptitude tests are cheated and sold out, what about selling the interview questions? ...I can't deny it, this is eating up our local governments and as well affecting the employee's performance...not only here in Mukono but I'm sure even in other districts...” (Interview with Respondent 1, 3, 5 &10)

All these statements showed that there is a lot needed to be done so that to revive the selection and recruitment practices in the district, employment must be awarded on merit, this calls for an immediate intervention by the anti-corruption unit so that to ensure that the culprits are investigated and once found guilty be rewarded with the necessary punishments just as advised by some respondents.

On the private sector wing, the selection processes were also reportedly not 100% perfect as it was asserted, that Namirembe Hospital prefers employing candidates who were physically known to the recruiters whereas Nagalama Hospital recruitment committee also favors Catholics and candidates from catholic based institutions and schools. Apart from this, employment in the health private sector was reportedly on merit. So, in comparison to the private sector health institutions, public sectors find it more difficult to recruit the qualified

employees and the best match candidates with accordance with the job responsibilities (Ahsan, 2018).

4.4.4.1 Correlations

From the descriptive statistical findings, a correlation analysis was computed, examined and interpreted by the researcher using Pearson Correlation technique. This was done to test the first null hypothesis, “*selection processes significantly influence health service delivery in Mukono District Local Government*”. The results were presented in Table 20.

Table 20: Correlation results on the influence of Selection processes on health service delivery in Mukono District.

		Selection	Health service delivery
Selection	Pearson Correlation	1	.160
	Sig. (2-tailed)		.082
	N	119	119
Health service delivery	Pearson Correlation	.160	1
	Sig. (2-tailed)	.082	
	N	119	119

**correlation is significant at 0.05 level (2- tailed)

Source: Primary data (2018)

Findings from the correlation analysis show a positive correlation between the selection processes and health service delivery in Mukono district as given by Pearson correlation coefficient $r=.160$ at $P \text{ value} = .082$ ($p \leq 0.05$) and (p) is less than the recommended critical significance. This indicates that the manner in which the selection processes for health workers in the health sector of Mukono district are conducted and handled determines the way health employees are performing. These results suggested that selection processes have a

significant relationship with health service delivery in Mukono District mainly through the recruitment practices policy. This implied that selection processes influences health service delivery in Mukono District Local Government.

4.4.4.2 Regression results for the influence Selection processes on health service delivery in Mukono District.

The findings were further more explained using regression analysis results to establish the extent to which the selection processes influences health service delivery in Mukono district Local government. The effect was presented in Table 21.

Table 21: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.160 ^a	.026	.017	4.42268

a. Predictors: (Constant), Selection processes

Source: Primary data (2018)

The model summary in Table 21 revealed that correlation coefficient (r), using the predictor selection processes was .160. the coefficient of determination ($r^2 \times 100$) of $.160^2$ was equal to 26%. A coefficient of determinations indicates the proportion of variability of the dependent variable accounted by the independent variable in the regression model. For this particular study, selection processes contribute 26% of variations in the health service delivery of Mukono district. This implies that the remaining 74% of the variations in the health service delivery of Mukono District are explained by other factors.

Table 22: ANOVAb results of the influence of selection Processes on Health service delivery

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	60.020	1	60.020	3.068	.082 ^a
	besidual	2288.535	117	19.560		
	Total	2348.555	118			

a. Predictors: (Constant), Selection

b. Dependent Variable: health service delivery

Source: Primary data (2018)

The analysis of variance (ANOVA) as shown in Table 22 indicated that the overall significance of regression with the degree of freedom (df) (1, 117), f value of 3.068. ANOVA showed the independent variable of the selection processes to be significantly affecting health service delivery in Mukono District at p value of .082^a. After the establishment of the significance of the Model summary and ANOVA, the researcher therefore continued to present the summary of coefficient that were obtained as indicated in Table 22.

Table 23: Coefficients of the influence of the selection processes on Health service delivery in Mukono District.

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	11.764	1.234		9.530	.000
Selection	.184	.105	.160	1.752	.082

a. Dependent Variable: health service delivery

Source: Primary data (2018)

Coefficients in Table 23 clearly shows unstandardized β , the t value and the Sig. the results of regression and beta coefficient of .160 imply that selection processes significantly affect health service delivery in Mukono district. The coefficients above indicate that selection processes significantly contribute to the predicting of health service delivery in Mukono district ($y = a + bx$) where “ y ” is the dependent variable, “ a ” is the constant (intercept) and “ b ” is selection processes value. The intercept “ a ” =11.764 and the regression coefficient =.184. The p -value (.082) clearly reflects a statistically significant positive impact of “ x ” (Job profiling) on “ y ” (Health service delivery). This relationship was reliable and could be used to make predictions and hence the influence of job profiling on health service delivery in Mukono district could be expressed as a regression model as follows; Health service delivery of Mukono district = 11.764+.184 (11.764).

The next chapter presents the summary, discussion, conclusion and recommendations for this study.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary, discussion, conclusions and recommendations drawn from the findings of the study. The discussion and summary focused on the findings in relation to the objectives of the study. The conclusion and recommendations are made in regard to the study findings. The study was centred on, investigating the influence of job profiling, candidate attraction methods and selection processes on health service delivery in Mukono District Local Government. The researcher considered views from the District top administrators such as the CAO, Health Department top Officials, DSC members, Top Health facilities' administrators and health sector employees at all levels and all departments in this study.

5.1 Summary of the findings of the study

The research study tested a total of 3 research hypotheses and these included; *Job profiling significantly influences health service delivery in Mukono District Local Government, Candidates' attraction methods significantly influence health service delivery in Mukono District Local Government health department, the selection processes significantly influence health service delivery in Mukono District Local Government.* All of these have been supported by empirical evidence.

5.1.1. Job profiling and health service delivery in Mukono District local government.

In analysing how, job profiling of staff affects health service delivery in Mukono District, the study statistically showed a negligible positive correlation between the variables. The

regression analysis also showed that job profiling has a negligent impact on the health service delivery of Mukono District. This implies that the way job profiling is done and handled does not clearly determine the performance and health service delivery of employees in Mukono District. This was because the coefficient of determination 0% meant that there were no variations in health service delivery of Mukono district local government brought about or caused by Job profiling. However, all this was contradicting the key informants' information and qualitative findings which clearly asserted that job profiles are there but never utilised as guidelines to recruit staffs and this shows that job profiling significantly influences health service delivery in Mukono district.

5.1.2. Candidate attraction methods and health service delivery in Mukono District

Local Government.

In establishing the relationship between candidate attraction methods and Health service delivery in Mukono district Local Government, results statistically showed that candidate attraction methods have a significant positive relationship with health service delivery in Mukono District. The study revealed a weak but positive significant relationship of these variables of .098 with a significance value of .289 ($p \leq 0.05$). The study findings showed that the total variance of 10% in the variable of health service delivery in Mukono District was explained by the changes in the variable of candidate attraction methods but the other 90% could be explained by other factors. However, basing on the qualitative findings from the study, it was clearly evidenced that the methods and frequency of the adverts used to attract candidate were full of loopholes something that impacts on the competency of employees recruited and these are reliable to be based on in making predictions that candidate attraction methods significantly influences the health service delivery in Mukono district.

5.1.3. Selection processes and health service delivery in Mukono district Local

Government.

In assessing the impact of recruitment selection processes on the health service delivery of Mukono district, the study statistical findings showed a significant positive relationship between the two variables. The study revealed a strong relationship between these two variables of .160 with a significance value of .082 ($p \leq 0.05$). The study findings showed that the total variance of 26% in the variable of health service delivery in Mukono district was explained in the changes in recruitment selection processes but the remaining 74% variation could be explained by other factors. Although the quantitative findings showed a low variance of selection processes on health service delivery, somehow the qualitative results portrayed a very strong impact of the selection processes on the quality, competence and performance of the recruited staffs.

5.2. Discussion of Findings.

5.2.1. Job profiling and health service delivery in Mukono District local government.

In this study objective, the correlation analysis that was performed, where the correlation coefficient of .012 at P value = .898 ($p < 0.05$) was obtained revealing a negligible positive correlation. The regression analysis results revealed that job profiling is not a significant factor in the prediction of variation in the health service delivery of Mukono district, as it showed 0% extent of variation in the dependent variable. In the researcher's opinion however, the interpretation of the findings in this study, was that job profiling may not be too significant in the health service delivery of Mukono District but it lays a foundation on which other factors in that contributes to effective health service delivery base. Therefore, the researcher rejected all the null hypothesis of that state that *Job profiling significantly influences health service delivery in Mukono District Local Government* and upheld an

alternative hypothesis that Job profiling has no significant influence on health service delivery in Mukono District Local Government.

Without good job profiling of clear job descriptions and personal specifications, the recruitment practices will have no direction and meaning and this may lead to the recruitment of incompetent ineligible candidates into service. From the interviews, the results obtained also pointed out that for the past 6 months Mukono district is under a recruitment ban, meaning although there are staffing challenges in Mukono district, there have been no recruitment done in the past 6 months. Also, findings showed that candidates with higher levels of education apply for jobs requiring minimal education levels. Omisore & Okufu (2014) considers job description as a process of detailing the jurisdiction of the job, its location, and tasks in addition to crucial duties that must be done to accomplish the job satisfactory within an organization.

From the findings in the study, it was reported that depending on the available need, before recruitment, planning of the whole recruitment process is conducted according to the structure, posts, and the available financial resources to facilitate the whole process. This was reportedly done by the DSC on behalf of the MPS who forward their planning to the Principle Human resource personnel. After considering the wage bill, the Principle Human resource personnel prepares the process, and then forwards her report to the CAO who approves the process and then adverts are run. In case of any internal or recruitment or promotion done, the supervisors of the facility or institution always look at the available vacancies and then pin memos or advertise and people apply within the specific deadline.

Parameters are set basing on the job specifications whereby for instance for the post of being a nurse; a candidate must be Ugandan registered nurse with a valid practicing licence from the nurses' council and must present original and certified documents. Candidates' presenting of fake papers is still a big challenge however, the recruiters stick to the Ministry of Public

service guidelines and policies and as well, the DSC ensures that a qualified doctor sits on the panel to ensure the validity of the documents. It was also reported that health workers rank, job descriptions and specifications match accordingly to their education qualifications and standards and this is what determines one's rank or designations in the administration levels. For instance, in HCIV settings, presented in a funnel shape, doctors are degree holders and these are very few followed by other diploma holders who are lab technicians, clinical officers amongst others and certificate holders at the bottom doing mid-wifely and nursing. The study findings were in agreement with Richardson (1987) statement which stated that, the success of the recruitment process starts with formal employment planning and forecasting whereby an entity develops plans to meet organizational needs, from the talent available within and outside the organization and Chen and Yu (2009) statement of " Good starting, then everything is good" (Chen & Yu, 2009). The study established that job profiling is key to good recruitment practices; however, employees in Mukono district tend to deviate from their clear outlined job descriptions something that affects health service delivery standards.

There is need for each candidate to first be assessed and analyzed according to their presented qualifications and that each candidate can possess a unique hidden skill different the other" (Omisore & Okofu, 2014) (Fraser, 2008). This means that, during job profiling, certain unique skills should be considered and be integrated within the Job specifications.

The private health sector in Mukono district plays a very big role in health service delivery of the district. There were many private health facilities reported in Mukono district. However, the most prominent big private facilities were Nagalama Hospital which is on catholic foundation and Namirembe Hospital which is Anglican based. Unlike public health facilities with few doctors for instance Mukono HCIV and Kojja HCIV which was reportedly with 4 doctors and 3 doctors respectively yet their area coverage and clientele population is wider

and bigger than that of Namirembe and Nagalama hospitals. It was reported that Nagalama Hospital was having 9 doctors who included surgeons, Paediatricians and orthopaedic surgeon amongst other whereas Namirembe Hospital was having 5 doctors and these included an obstetrician, a Gynaecologist, an orthopaedic surgeon, a Physician/ neurologist and a paediatrician. Job profiling in the private sector wasn't any different from that of the public sector. However, unlike the public sector with permanent and pensionable employment, employment in the private sector differs and it was reportedly to be contract based. Here 1year contracts are awarded to health workers at Namirembe Hospital and 2year contracts are given to Nagalama Hospital health workers which are renewable accordingly to someone's commitment and performance. The only health workers on contract-based employment in Mukono District were reportedly under the Makerere University Walter Reed Project (MUWRP) who were given 1-year contracts. Work was reportedly done in shifts in the private sector facilities. For instance, in Nagalama, there was 3 shifts done and 2 shifts were reportedly in place at Namirembe Hospital. In comparison to the public health facilities in Mukono district public health facilities, this was unheard of, the health workers had no shifts arrangement.

5.2.2. Candidate attraction methods and health service delivery in Mukono district

Local Government.

In establishing the impact of candidate attraction methods on health service delivery in Mukono District, it was found that there was a significant relationship between the study variables. This was based on the obtained correlation coefficients of .098 significant at .289 ($p \leq 0.05$) which explains that candidate attraction methods have a weak positive relationship on Health service delivery in Mukono district, because of a weak positive correlation value. The regression results also showed that the coefficient of determination ($r^2 \times 100$) of .098²

was 10% which is a weak positive relationship. This means that candidate attraction should be a strategic coherent approach in managing staff within the broad Human Resource Management scope in an organisation. If good health service delivery is to be realised, candidate attraction methods should be observed and conducted in a professional manner.

In the recruitment process, it is very essential and simpler to attract candidates living within the health facilities' locality in the district (Lindahl & Beyers, 1996) and this was in line with the interview results which revealed that 10% of the health workers in Mukono district are residents and the remaining 90% which makes arrival at work hectic. It was also reported that healthy workers prefer working in urban centred facilities than rural areas due to tangibility factors, work life balance elements, easy communication and mobility factors amongst others. And this makes recruitment cheaper as it eases communication and employee turnover as there will not be long distance movements of health workers thus contributing to effective and timely health service delivery.

According to Lindahl and Beyers (1996), staffing of public sector health facilities is still a serious huddle for many public health sectors, such a statement matches well with the in interviews in Mukono District, where it was also reported that;

“some candidates may attend or apply for theses public jobs posted in Public Service, purposely with an aim of recovering their money from NSSF, after confirmation they receive their NSSF money and then they abscond” (Interview with Respondent 5).

However, if good candidate attraction methods are used such cases can easily be traced and avoided as many were reported to be a result of the applicants' internal connections and this will result into attracting only good competent employees into service.

In Mukono district the most commonly used candidate attraction methods were newspapers mostly New vision and daily monitor in addition to notice boards of the health facilities, local government headquarters and sub-counties in addition to peer to peer adverts. Some

respondents talked about website advertising, however, this was quashed by many and all these were corresponding with Kennelly (2012) statement which stated that advertising vacancies should be done with an objective of attracting candidates meeting the requisite criteria.

Unethical issues were reported to manifest themselves in the candidate attractions process, because although a few reported about website advertising, a bigger number asserted; *“I have never seen any advert for vacancies on the website of Mukono district”* (Interview with Respondent 15) and corruption is still there because the vacancies were reported to be few yet the graduates are many.

All these factors, help to selectively attract and retain better service workers competent in rendering good quality services to the public (Lynn, Kwortnik, & Sturman, 2011).

From the private sector candidate attraction in Nagalama Hospital was reportedly done through website advertising. As a catholic founded facility, Nagalama Hospital advertises job vacancies using the Uganda Catholic Medical Bureau (UCMB) which is commonly used by all catholic facilities in advertising vacancies and making formal communications regarding Human resources. On the other side of Namirembe Hospital, after identifying a gap, candidates were reportedly attracted through internal peer to peer advertising whereby the priest connected families were much more favoured and given first hand priority. However, they were currently changing from that old conservative tradition and now they had adopted newspaper candidate attraction method with New vision as their best option.

The above findings were supported by Lehmann, Dieleman and Martineau (2008) who emphasized that “the factors that influence candidates attraction include; national policies, socio-economic status, management styles and skills, organizational policy, local labour relations, work benefits and influences exercised by key stake holders among others in an

organisation others” whereas, on the individual side; “the influential factors may depend on a candidates personal characteristics, such as age, gender and marital status”.

From the correlation analysis, a strong positive correlation between candidate attraction methods and health service delivery in Mukono District was revealed at ($r=.098$ at P value= $.289$ ($p \leq 0.05$). This means that the methods used in attracting candidates play a very vital role in the future performance and competence of employees hence boosting or declining the quality standards of the health sector and its service delivery in, Mukono District.

5.2.3. Selection processes and health service delivery in Mukono district Local Government.

From the study, correlation coefficient indicated a significant positive relationship between the recruitment selection processes and health service delivery in Mukono district Local Government and was given by Pearson correlation coefficient of $r=.160$ at P value= $.082$ ($p \leq 0.05$). The regression results of the coefficient determination ($r^2 \times 100$) of $.160^2$ was equal to 26% which is a significant positive relationship.

The results obtained from the interviews conducted revealed that there is a panel in place in charge of the selection processes of health workers in Mukono District and this consists of the 5 members of the DSC, Principal Human Resource personnel and DHO. Raschke (2003) argues that it is normal for organizations to own search committees whose main task is to construct an overly detailed job description, attract candidates and select the most suitable competent candidate. The transparency of the recruitment selection process starts with the shortlisting of candidates which involves checking candidates’ documents and their originality corresponding them with the specified qualifications needed for the job advertised. After, interviews were reportedly to be the next in line activity after the shortlisting process whereby questions in line with the advertised job are set on a scale of 1-10. Here marks were

reportedly awarded and if a candidate failed to answer 8/10 questions, there he had failed the interviews. The ranking was in addition to the general observations done by the panel on the candidates. Among them included; general physical outlook and presentation and the dress code plus communication skills of the candidates which were reportedly to be key in the interview process and this was in line with Ahsan (2018) statement that qualified personality testing as a key feature in the selection process which helps in identifying the most suitable candidate and good relevant skills according to the job scope.

If one of the candidates was related to the committee members or any member at the panel, it was reported that her/his interest were declared in front of the other members and she was shielded from being part of the panel and if it was technical, then another HR comes in. However, the researcher failed to verify this information because other respondents were asserting that the selection processes and interviews were not transparent neither fair to everyone. Hence contradicting Aijala (2001) statement that emphasized on the application of correct recruiting strategies which include increasing transparency, opening the recruitment system, assessing leadership and other skills improves the public sector. And this was supported by a few health workers who confided to have been related to the panel members and that they had booked some 2 years back before their recruitment into service was done. In any case of a vacuum in service, contract-based employees were reportedly absorbed by the public sector and directly put on permanent and pensionable employment.

After the interviews and selection, the best proven applicant is notified and given a 3 weeks grace period and in case the candidate failed to appear the chance is diverted to the 2nd best candidate. In case the candidate appears, he writes an acceptance letter and given job placement and an appointment letter with a clear job description stipulating all his daily errands at the place of work. However, it was reportedly asserted that many people were recruited with their fake papers due to the committee's failure to make background checks on

the candidates, though this was more associated to the private sector and this was in line with the Richardson (1987) statement which called for identifying and implementing new effective hiring strategies in order to fight poor recruitment strategies.

According to some respondents, the selection process of employees in the health sector of Mukono district Local Government was reportedly not transparent and not fair consenting with Omisore's (2014) statement of selecting the right applicant being a difficult task, which may ruin the organizations' reputation just in case it is not handled well. Pursuing employment opportunities may depend on various factors which include the recruitment practices and attitudes of employers (Gore, 2005). It is vital that organizations get the process right the first time round, because resources are scarce, because if is done in a wrong way the reported unethical vices of absenteeism whereby health workers were reportedly conducting involving themselves in seasonal absenteeism; *“here **planned** absenteeism is the most common vice in our health workers whereby members absent themselves for one week, and another sits in for them to cover up, after then other members leave, while others stay....”* (Interview with respondent 5). This information and allegations were proven to be true by the researcher because during the days the on which was collecting data, most of health facilities physically had few employees compared to the total number reported. This was very common with the HCIIIs who were attended to by one health worker out of the reported 3, 4 or 5 health workers.

The situation was worse with the rural area-based health facilities whereby at one point the researcher found only 2 health workers and one lab attendant who was also dressed up in casual at a facility that was at the level of HCIIIs. After lunch all of them disappeared yet the maternity ward had some 3 patients and other clients were outside waiting for the pharmacist. Mistakes committed during the hiring decision are too costly; because they are usually

difficult or impossible to reverse in terms of time, resources, and service quality (Raschke, 2003). Among the other unethical dilemmas reportedly done by health workers which are linked to the selection processes include sexual harassment of female health workers by male bosses, commercialisation of the public health services as a way of compensating themselves to save their money spent in the bribing of the recruitment panel, late coming, failure to work upon the clients on time and misallocating of drugs to their private clinics which also contributes to the biggest challenge faced by public health facilities of drug shortages.

Due to increasingly high competition between both the public and private sector in giving out services, recruiters need to be more selective in their choices, since poor recruitment decisions can produce long-term negative effects. This can cause the organization to fail in achieving its set objectives.

Similar situations were reportedly cited in the selection practices of both Namirembe Hospital and Nagalama Hospital whereby the first one prefers employing candidates who they physically know whereas the latter favors Catholics and candidates from catholic based institutions and schools. Although, there are some segregations in their selection processes, employment in the private health sector was reportedly on merit in terms of unethical issues. So, in comparison to the private sector health institutions, public sectors find it more difficult to recruit the qualified competent employees and the best match candidates with accordance with the job responsibilities (Ahsan, 2018).

5.3. Conclusions

This study sought to investigate the influence of recruitment practices on health service delivery in Uganda. Conclusions were presented in respect to study objectives.

5.3.1 Job profiling and health service delivery in Mukono District local government.

The first objective was “to find out the influence of job profiling on health service delivery in Mukono District Local Government.” The research question was “How does job profiling influence health service delivery in Mukono District Local Government?” The researcher hypothesised that “Job profiling significantly influences health service delivery in Mukono District Local Government.” The quantitative findings of this study showed that job profiling negligently influence health service delivery. Meaning job profiling has little or no relationship with health service delivery. And as well the qualitative findings were in agreement with the quantitative results that concluded that there is a well detailed and clear job profiling system used in the recruitment process which is approved by the MOH and MPS. However, the job profiles are never utilized by the recruiters yet there are in place to help to shaping and guiding public health workers in Mukono District health sector in performing their duties. In conclusion this means that the way job profiling is done and conducted during the recruitment process significantly impacts on the employee service delivery.

5.3.2 Candidate attraction methods and health service delivery in Mukono District Local Government.

The second objective was “to investigate the influence of candidate attraction methods on health service delivery in Mukono District Local Government.” The research question was “how does candidate’s attraction methods influence health service delivery in Mukono District Local Government?” the researcher hypothesized that, “Candidates’ attraction methods significantly influence health service delivery in Mukono District Local Government health department.” The findings of this study showed that there was a positive relationship between candidate attraction methods and health service delivery in Mukono District Local

Government. Centered on the empirical results of this study, it is concluded that health workers were attracted using different methods which are impacting on their health service delivery. So, candidate attraction methods influence health service delivery in Mukono District Local government. The qualitative findings established that most of the health workers were attracted through back door and un ethical attraction methods. And as well practice interconnected planned unethical vices of absenteeism among other challenges that are negatively impacting on the quality and performance of the Health sector in Mukono District. All this concludes the study hypothesis hence proving that candidate attraction methods significantly influence health service delivery.

5.3.3 Selection processes and health service delivery in Mukono District Local

Government.

The third objective was “To find out the influence of selection processes on health service delivery in Mukono District Local Government.” The research question was “How does recruitment selection processes influence health service delivery in Mukono District Local Government? And the researcher had hypothesized that “The selection processes significantly influence health service delivery in Mukono District Local Government. The qualitative findings of this study established that the selection processes significantly influences the health service delivery of Mukono District local government. This means that the way the selection processes of shortlisting, interviews and job placements are conducted affects the service delivery of the district health sector.

Apart from staff, there are many other factors outside the recruitment practices that are reportedly influencing the health sector of Mukono district. Among these include; greed, corruption, low salaries, poor accommodation, weakness in carrying out monitoring and

evaluation of the health facilities, drug stock outs, personal characteristics and behaviour such as rudeness, absenteeism, under staffing and poor appraisal systems amongst others.

5.4. Recommendations

Based on the findings of this study, the following recommendations were made to the key education stakeholder in the government of Uganda.

5.4.1 Job profiling and health service delivery in Mukono District local government.

Job profiling in the recruitment practices of the health sector of Mukono district was characterised of clear well defined and documented processes] approved by the MOH and MPS which entailed a number of personal skills, qualities, tasks and responsibilities required to execute the job successfully. However, there is need to do background checks as method of fighting faking documents and Curriculum vitae which is rampant due to the technological advancements. This will help to detect even those candidates who are biologically related to the panellists hence avoiding conflict of interest issues. Writing to the candidates' former schools, education institutions and Universities could also be of help as a way of checking the validity of their academic documents. Although this may look to be time consuming but it saves the government from employing incompetent health personnel. In addition to this, the government plus the respective ministries, departments and commission should copy the health private sector and embark on adopting contract-based employment, as this will help in improving service delivery in the Health sector in Mukono District and other local Governments in Uganda.

5.4.2 Candidate attraction methods and health service delivery in Mukono District

Local Government.

Although candidate attraction is conducted using different attraction methods such as advertising in the newspapers like new vision and monitor, in addition to website, notice boards and peer to peer advertising, it has been reported that these methods are not effective in attracting all competent people. It was reported that only people in the circles of the people in charge of the recruitment practices get access to the information about the vacant post available. So, the government in collaboration with the respective ministries, departments and commission should first conduct a thorough analysis and come up with transparent effective attraction methods such as the radio and television adverts so that to cover a wider area and as well attract all competent employees to apply in order to improve service delivery in the health sector and public service in Uganda as a whole. Besides, there should be numerous adverts run and the policies regarding recruitment should be revised to banish Friday and weekend vacancy advertising as it was established from the study to be one of the tricks used in making recruitments secretive.

5.4.3. Selection processes and health service delivery in Mukono District Local

Government.

It was noted in the study that most of the mal practices in the recruitment practices of Mukono District were in the selection processes. To achieve appropriate levels and standards in the recruitment selection processes, there should be strict vigorous standard monitoring of the relevant persons in charge of the selection processes. Payment of adequate incentives and allowances to the recruiters should be a priority to shield them from behaving unethical or unprofessional hence driving them towards effective and efficient service delivery. This should be done in addition to timely trainings in terms of proper skills and some

competencies prior to the selection processes and recruitment as a whole so that to recruit health employees on merit.

5.5. Limitations of the study

Poor attitudes; recruitment and health service delivery seemed a very sensitive topic to many respondents in the area, whereby some misconceived the researcher for a government investigator, others were biased of the time to be wasted on filling the questionnaire tool. All this deprived off the study from accessing and exploring all respondents' views.

Past researchers; The study was challenged by the biased attitudes of the respondents who were no longer interested being part of any academic related research. This arose from their past encounters with some academicians who had failed to honour their ethical considerations and as well failed to share feedback to them after successfully conducting their studies. This was common mostly with the key informants. The study was affected, as some crucial information which would have added more weight on the study was intentionally left out by the respondents.

Commercialisation of the information; many respondents perceived the researcher to be conducting a study for big organisations such as United Nations affiliated organisations. This prompted them to request for money ranging from Ugshs 5,000/= to 15,000/= and then answer the questionnaires. Although the researcher tried talk and explained to some however, they insisted on being paid first, something that made the study too expensive than the initial budget. This as well affected the study in a way that the data collection process took longer than the expected period.

Trainings: There were two trainings which were taking place by time the researcher was conducting this study. And these included; the result based financial training at rider's Hotel where all in charges of Mukono district health facilities and department officials spent 5

working days and the other training of Regional data cleaning for data District health facility data entrants and health management information data focal personnel which also took 5 working days. This means that many respondents including the key respondents were hard to reach while others rescheduled their meetings with the researcher to late in the evening after 5pm or pushed the meetings to early morning before 8am whereas some were never met to be interviewed. This restricted the researcher from reaching all the proposed respondents' number, a thing that negatively impacted on the response ratings.

Scope of discussions: Due to the researcher's lack of experience in conducting research studies, the scope of the study seemed too wide and overwhelmingly challenging to the researcher to cover in such a short period of time. Mukono district has 38 health facilities from 14 sub counties in different geographical location in addition to having employees with differing perceptions on the qualities of person worthy to conduct a study on them. This limited the study in terms of mobility, communication and accessing data in such a short period of time.

5.6. Contributions of the study

After successfully conducting this study, the study will contribute to the body of knowledge for the policy makers in Uganda. This will help in identifying the different gaps in the available policies regarding recruitment practices in the health sector and hence coming up with better recruitment policies to strengthen and improve health service delivery in the country.

Through the ministry of Health, the health sector in Uganda mostly serves the public through implementing donor-funded, programmes, projects and activities. This study will most likely avail information concerning recruitment practices and health service delivery in the country. And the information generated from this study will be beneficial to the NGO world,

International donor countries and institutions in effective planning, budgeting, implementing monitoring and evaluating their funded project in Uganda.

One of the biggest challenges faced by the researcher was accessing the available literature that was related to the study. However, future researchers with similar studies will be lucky as this study will contribute information to which they will use in reviewing literature in their chapter 2 before conducting their studies.

5.6. Areas of further research

The study recommends the following areas for further research;

The research studied Recruitment practices and Health service delivery in Local Governments of Uganda however, there is need to conduct a study of a kind on performance appraisal systems and Health service delivery in Local Governments of Uganda.

Future studies on the working environment and service delivery in Mukono district health sector. This is because many of the respondents agreed that the working environment was not conducive for good service delivery.

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Appendix I: Sample Size Determination Table

N	S	N	S	N	S	N	S	N	338
10	10	100	80	280	162	800	260	2800	341
15	14	110	86	290	165	850	265	3000	246
20	19	120	92	300	169	900	269	3500	351
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	112000	278	4500	357
35	32	150	108	360	186	1100	285	5000	361
40	.36	160	113	.380	181	1200	291	6000	364
45	40	180	118	400	196	1300	297	7000	,367
50	44	190	123	420	:201	1400	302	8000	368
55	48	200	.127	440	205	1500	306	9000	373
60	52	210	132	460	210	1600	310	10000	375
65	56	220	136	480	214	1700	313	15000	377
70	59	230	140	500	217	1800	317	20000	379
75	63	240	144	550	225	1900	320	30000	380
80	66	250	148	600	234	2000	322	40000	381
85	70	260	152	650	242	2200	327	50000	382
90	73	270	155	700	248	2400	.331	75000	384
95	76	270	159	750	256	2600	335	10000	338

“N” is population and “S’ is the respective sample size

Source R.V. Krejcie and D.W. Morgan (1970) (Amin, 2005), Determining sample size for research activities, educational and psychological measurements, p.608, sage publications.

Appendix III: Questionnaires

Dear respondent,

I am a student at Uganda Management Institute undertaking a research on the topic “Recruitment practices and the quality of health services in Uganda (a case of Mukono District)”. This questionnaire has been developed to facilitate a study on how the recruitment practices influences the quality of health care services. You have been selected as a respondent. The responses that you will provide in this study will be treated with utmost confidentiality and only utilized for academic purposes. Please do not indicate your name on the questionnaire.

Thank you in advance.

Sincerely

.....

Marion Nakasanje (0772-222125/ 0759-417920)

Research participant

Section A: Background data. Please tick what you consider the most appropriate (✓)

1. Your sex

Male	Female
1	2

2. Your age groups

20-29 Years	30-39 years	40-49 years	50 years and above
1	2	3	4

3. Your level of education

Certificate	Diploma	Bachelors' Degree	Post graduate diploma	Masters' degree	Doctorate	None
1	2	3	4	5	6	0

4. How long have you worked at your current station?

Less than 3 years	4-6 years	7-9 years	10 years and above
1	2	3	4

5. What is your current position/ responsibility at work/ health facility?

Support staff	Mid wife/ nurse	Clinical officers
1	2	3

6. What is the name of the health facility you are placed in?

Name of health facility/ position

Section B: Recruitment practices and Health service delivery

Please tick an option you think is the most appropriate one in regards to the following statements at your work. Rate your responses according to the rates as provided from the lowest (1) to the highest 1= (SA- STRONG AGREE) 2= (A-Agree) 3= (U-Uncertain) 4= (D-Disagree) 5= (SDA-Strongly Disagree).

No.	Statement	Ratings 1-5				
		SA	A	U	DA	SDA
	Recruitment practices					
	Job profiling (job description and personal specifications)					
1.	There is a well-defined and documented recruitment process approved by MOH and MPS.					
2.	Health facility administrators are in charge of the recruitment practices.					
3.	The job requirements definition entails a number of tasks/responsibilities.					
4.	My job description matches well with my education qualifications.					
5.	The job requirements clearly highlight the outcomes of required for a particular job.					
6.	Each health employee has a clear job specification					
7.	The job specification identifies the essential skills required to execute the job.					
8.	There is close supervision done during the recruitment processes.					

No.	Statement	Rating 1-5				
	Candidates attraction methods (head hunting and advertising)	SA	A	U	DA	SDA
1.	There are different sources through which health workers are recruited.					
2.	There is equal employment opportunity in the recruitment practices of health workers.					
3.	The sources used in the recruitment of health employees conform to the existing Ministry of Public service policies.					
4.	New recruits are attracted by numerous adverts placed in the local media.					
5.	Radio advertising is the most commonly used attraction method of employees for the health facilities.					

No	Statement	Rating 1-5				
		SA	A	U	DA	SD
	Selection (shortlisting, interviewing and placement)					A
1.	Applications received are always compared with the key criteria in the job specifications.					
2.	There are functional candidate shortlisting procedures in the recruitment processes of health employees.					
3.	The candidate selection procedures in the human resource manual are up to date and are adhered to.					
4.	There is a selected panel in place to handle all health employee's selection process.					
5.	There are numerous ways of assessing the health applicants for a particular job.					
6.	Oral interviews are part and used as a means of selecting the best candidate.					
7.	Practical interviews are used in selecting the best candidates.					
8.	Mukono district offers valid contracts to all health workers.					

No.	Statement	Rating 1-5				
		SA	A	U	DA	SDA
	Health service delivery (Assurance, reliability, responsiveness, empathy and tangibility)					
	As a health worker					
1.	I have full understanding of the specific needs of our clients.					
2.	All staff have clear knowledge about the facility's operation systems and processes.					
3.	My appearance does not contribute towards customer's satisfaction of health services.					
4.	Equity is about all customers paying equally for public health services.					
5.	Customers should motivate health workers with gifts					
6.	Nurses, clinical officers and support staff are responsible for health service quality standards.					
7.	Timely appraisals are usually conducted to check my performance and skills.					
8.	Health workers shouldn't be courteous with the patients.					
9.	The health facilities are renovated and provided with new working equipment each year.					

Appendix IV: Interview guide

1. What is your comment about the recruitment process in MDLG?
2. Provide a general overview of the job specifications of health workers in Mukono district.
3. Comment about the numerous attraction sources used in employing health workers in Mukono district.
4. What are the internal means of recruitment in Mukono district health department?
5. What are the external means of recruitment in Mukono district health department?
6. Candidate selection process is on merit, comment.
7. Comment about the transparency of the recruitment committee/ panel.
8. Are all health employees given employment contracts?
9. Give an overview of health employees/ workers performance in Mukono District.
10. Comment about health employees' contribution towards the performance of MDLG.
11. How has MDLG health sector remained competitive in this ever-changing world?
12. Please give an overview on the commitment levels of employees in the provision of services to customers.
13. What could be some of the most related complaints from health workers?
14. How do you describe the working environment of health workers in Mukono District?
15. What are the most common challenges you experience in terms of ensuring ethics and quality of health services in MDLG?

Appendix V: Document review list

1. District Quarterly and Annual Reports
2. Hospital annual reports
3. Mukono health facilities' performance reports.
4. Registers
5. Journals,
6. Other related published materials

APPENDIX VI: BUDGET ESTIMATES

Serial No.	Item	Quantity	Unit cost (Shs)	Total cost(Shs)
1	<u>Stationary:</u>			
1.1	Ream of papers	2	16,000	22,000
1.2	Flash Disc	2GB	30,000	30,000
1.3	Pens	5	500	2,500
1.4	Pencils	5	200	1,000
1.5	Rubber	1	1,000	1,000
1.6	Ruler	1	1,000	1,000
1.7	Calculator	1	25,000	25,000
2	<u>Secretarial services</u>			
	Typing			
2.1	Printing	8copies	17,500	70,000
2.2	Photocopying	8copies	14,000	112,000
2.3	Binding	8copies	3000	24,000
3	Transport			100,000
4	Voice recorder	1	50,000	50,000
5	Lunch		2,000	42,000
5	Airtime			20,000
6	Miscellaneous		100,000	100,000
Grand Total				600,500

APPENDIX VII: Work Plan (Time Frame)

MONTH	FEB 2018	MARC H 2018	APRIL 2018	MAY 2018	JUNE 2018	JULY 2018	AUGST 2018	SEPT 2018	OCT 2018
Approval of research topic									
Proposal writing		XXX	XXX						
Submission of research proposal				XXX	XXX				
Data collection					XXX	XXX			
Data analysis						XXX	XXX		
Report writing						XXX	XXX	XXX	
Submission of research report									XXX

APPENDIX VIII: UMI introductory letter



UGANDA MANAGEMENT INSTITUTE

Telephones: 256-41-4259722 /4223748 /4346620
256-31-2265138 /39 /40
256-75-2259722
Telefax: 256-41-4259581 /314
E-mail: admin@umi.ac.ug

Plot 44-52, Jinja Road
P.O. Box 20131
Kampala, Uganda
Website: <http://www.umi.ac.ug>

Your Ref:

Our Ref: G/35

Please I/c of respecting facilities, kindly accord this request with necessary (if needed)

18th October, 2018

TO WHOM IT MAY CONCERN

MASTERS IN PUBLIC ADMINISTRATION DEGREE

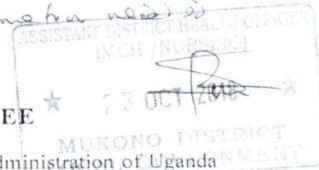
Ms. Marion Nakasanje is a student of the Masters in Public Administration of Uganda Management Institute 5th Intake 2015/2016, Reg. Number 15/MPA/KLA/WKD/0015.

The purpose of this letter is to formally request you to allow this participant to access any information in your custody/organization, which is relevant to her research.

Her Research Topic is: *Recruitment Practices and Health Service Delivery in Local Governments of Uganda: A case of Mukono District*.

Yours Sincerely,

Stella Kyohairwe (PhD)
HEAD, POLITICAL AND ADMINISTRATIVE SCIENCE



APPENDIX IX: Mukono District Letter



UGANDA MANAGEMENT INSTITUTE

Telephones: 256-41-4259722 /4223748 /4346620
256-31-2265138 /39 /40
256-75-2259722
Telefax: 256-41-4259581 /314
E-mail: admin@umi.ac.ug

Plot 44-52, Jinja Road
P.O. Box 20131
Kampala, Uganda
Website: <http://www.umi.ac.ug>

Your Ref:

Our Ref: G/35

to all Department heads
receive a assist
18th October, 2018

the bearer to come
OFFICE OF THE IN CHARGE
MUKONO HEALTH CENTRE
18 OCT 2018
2018/10

TO WHOM IT MAY CONCERN

MASTERS IN PUBLIC ADMINISTRATION DEGREE

Ms. Marion Nakasanje is a student of the Masters in Public Administration of Uganda Management Institute 5th Intake 2015/2016, Reg. Number 15/MPA/KLA/WICD/0015

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Yours Sincerely,

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HEAD, POLITICAL AND ADMINISTRATIVE SCIENCE