AN EXAMINATION OF THE CONTRIBUTION OF MOTIVATION STRATEGIES TO STAFF PERFORMANCE: A STUDY OF HEALTH WORKERS IN BUNDIBUGYO DISRICT, UGANDA

BY

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DECLARATION

I Bamwonjobora Celia hereby declare that this dissertation is my original work and has never been submitted for any academic ward in any institute or university. Due acknowledgement has been made for the work of others in this report.

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LIST OF ABREVIATIONS

AMREF	African Medical Research Foundation
GHWA	Global Health Workforce alliance
GRP	Gross Domestic Product
HC	Health Centers
HSD	Health Sub-District
HSSP	Health Sector Strategic and Investment Plan
HSSP	Health Sector Strategic Plan
LMIC	Low and Middle Income countries
MDG	Millennium Development Goals
MoH	Ministry of Health
MTR	Mid Term Review
OPD	Out Patient Department
PMFP	Private for Profit
PSRP	Public Service Reform Programme
PSRRC	Public Service Review and Reorganization Commission
TCMP	Traditional and Complementary Medicine Practitioners
UCP	Uganda Capacity Project
WHO	World Health Organization
HSSIP	Health Sector Strategic and Investment Plan

ABSTRACT

Motivation is crucial for organizations to function; without motivation employees will not put up their best and the company's performance would be less efficient. The situation is even more serious in developing countries where working conditions are unattractive. It is in view of this that this study was conducted to examine the contribution of motivation strategies to staff performance in the public sector: a case study of health workers in Bundibugyo district. The case-study approach was adopted for the study with both qualitative and quantitative techniques such as stratified sampling and simple random sampling techniques were employed. Key informant interviews and questionnaires were the methods of data collection for the study and STATA software was used to analyse data collected from the field. The study found that, motivation packages for the health staff of Bundibugyo district were inadequate. This was evident in inadequate salaries and allowances, poor working and living conditions, inadequate supervison and limited opportunities for career growth and development. The implementation of "hard to reach" policy leaves out staff of the urban centres and yet the district is '"hard to reach"'. The results also show that motivation is affected by both monetory and non-monetory strategies. The study therefore concludes that there is the need to strengthen health systems to ensure effective service delivery and improved health outcomes. This can be achieved by addressing salary issues, staffing gaps, improving the living and working conditions and intensifying support supervision. The "hard to reach" policy should also be introduced in urban areas to ensure that all health staff are motivated. Government policies and guidelines should be implemented instead of being shelved.

CHAPTER ONE:

INTRODUCTION

1.1 Introduction

This study was designed to assess the contribution of motivational factors to employee performance of health workers in Uganda with special focus on Bundibugyo District and to explore more on contribution of motivation strategies to staff performance.

1.2 Background to the study

The role of the Human Resource Manager is evolving with the change in competitive market environment and the realization that Human Resource Management must play a strategic role in the success of an organization. Organizations that do not place emphasis on attracting and retaining talents may find themselves in dire consequences, as their competitors may be outlaying them in the strategic employment of their human resource.

With the increase in competition, locally and globally, organizations must become more adaptable, resilient, agile and customer-focused to succeed. In addition, within this change in environment, the HR professional has to evolve to become a strategic partner, an employee sponsor or advocate, and a change mentor within the organization. In order to succeed, HR must be a business driven function with a thorough understanding of the organization's big picture and be able to influence key decisions and policies. In general, the focus of today's HR manager is on strategic personnel retention and talent development. Motivation is an effective instrument in the hands of managers for inspiring the work force and creating confidence in it. By motivating the work force, management creates 'will to work' which is necessary for the achievement of organizational goal (Chhabra, 2010; Cole 2004).

The issue of employee dissatisfaction and related attitude towards work is assuming alarming rate worldwide. The situation is even more serious in developing countries where working condition are unattractive.

This study highlights on how motivation can meet the challenge of work place diversity, how to motivate employees through gain sharing and executive information system through proper planning, organizing, leading and controlling their human resources.

Studies carried out by Eilish etal (2008) conclude that the Human resource problem in the Sub Saharan Africa has reached crisis proportion in many countries, though the gravity varies across the region. Findings indicate that approximately 37 of the 47 Sub-Saharan countries have less than 20 Doctors per 100, 000 people. Researchers assert that the sub Saharan average was 15.5 physicians for 100,000 people, 73.4 nurses per 100,000 people, 30.9 midwives per 100,000 people, and 1.1 pharmacists per 100,000 people. In contrast, the average among the Organization for Economic Cooperation and Development (OECD) countries was approximately 311 Physicians, 737.5 Nurses per 100,000 people in 2002. On Average African Countries had about 20 times fewer physicians and 10 times fewer nurses than developed countries. Sub-Saharan African numbers are strikingly low. For India, Korea and Singapore, and Vietnam, the average number of Physicians per 100,000 people was 106.3 while for the nurses the ration was 220.4 (Liese 2004.) Evidence available further indicates that inadequate Human Resource is not limited to doctors alone but cuts across all cadres of Health workers (Eilish etal 2008.) Data available from World Health Organization (2002) indicates that most African Countries did not meet the WHO minimum standards for nurses and midwives to population ratios.

Uganda is ranked (WHO Report 2006) among the 57 countries world wide with a critical shortage of health providers defined as Doctors, Nurses, Midwives and other allied Health professionals. The Health workforce numbers and population ratios are low.

Analysis of the number and density of health personnel (MOH 2008) reveals that a national doctor to population ratio stands at 1:36,045, the nurse to population ratio is 1:5,190 while the Midwife to population ratio is 1:10,107. There are district variations, ranging from Kampala with doctor to nurse ratio of 1:8 and doctor to population ratio of 1:26,432, nurse to population ratio of 1:23,128 and midwife to population ratio of 1:20,003, to much bigger districts such as Ntugamo, Bushenyi, Kaliro and Moroto.The doctor to population ratio for Ntungamo District for example stands at 1:218,200; nurse to population ratio is 1: 3,862, while midwife to population ratio is 1: 9,698 (MOH Bi-Annual Report 2010). When the health workforce falls critically short

as is the case today, diseases spread rapidly, and with the absence of cure and care, a large disease burden, a high mortality rate and a low life expectancy will result.

The poor workforce situation is aggravated by the extreme degree of mal-distribution of the already scarce human resources for health. In Uganda for example 70% of Medical Doctors and 40% of Nurses and Midwives are based in urban areas serving only 12% of the population (AMREF 2007). The low capacity at such levels is a crucial barrier to good health amongst the poor and "hard to reach" communities. Further more the attraction and retention of graduates who are willing to work in remote areas has always been a challenge.

The lack of support both financial and non financial incentives like accommodation, training opportunities, promotional opportunities are also significant factors that need serious intervention. Helping the workforce to perform better must be a key priority. Strategies to improve performance of workers must ensure that adequate support is given to enable them carry out their work effectively.

In addition, there is weak management and support supervision system and inefficient collaboration between public and private sectors together with inadequate coordination of development partners that have resulted in fewer outcomes than would be expected from available resources.

In the past, the Uganda Health sector was characterized by highly centralized management and authority. This problem has now been partly addressed by devolving powers to Local Governments and within Districts to Health Sub Districts each level with defined roles and responsibilities. This however remains a challenge because Health Service delivery has not shown marked improvement despite decentralization. This is because the roles and responsibilities have not been internalized; there are inadequate logistics and limited supervision from both the District and the Centre.

It is important for employers to ensure that the performance of employees is of a high standard or else service delivery will be compromised. It is also of importance to improve the level of

performance of first line health workers or those who are continuously in contact with clients, community and partners at levels of health care.

The Ministry of Health in Uganda together with the Development partners in health have the same concern which is to ensure that a well functioning healthy system is available to promote the health and social well being of Ugandans.

1.2.1 Theoretical Review

The research was based on different motivational theories; Fredric Herzberg's "Motivation and Hygiene" the Expectancy theory and Equity theory.

According to Herzberg, Hygiene factors cannot motivate employees but can minimise dissatisfaction if handled properly. These include company policies, supervision, salary, interpersonal relations and working conditions. Hygiene factors according to Herzberg create satisfaction by fulfilling individual needs for meaning and personal growth. These include issues such as achievements, recognition, responsibility and advancement. Once the hygiene factors are addressed, said Herzberg, the motivators will promote job satisfaction and encourage production. Although hygiene issues are not the source of satisfaction, they must be dealt with first to create an environment in which employee's satisfaction and motivation are possible. It is important to note that employee satisfaction affects every aspect of a medical practice, from patient satisfaction to overall productivity. If Hygiene factors are neglected, employees are likely to be generally unhappy and this would be apparent to the patients.

Herzberg concludes by saying that once the Hygiene issues have been addressed, the motivators create satisfaction among employees. By creating an environment that promotes job satisfaction, employers develop employees who are motivated, productive and fulfilled (http://www.mindtools.com/pages/article/newTMM_74.htm).

In the expectancy theory by Victor H (1964) contends that people will be motivated to do things to obtain a goal if they believe in a worth of that goal and if they can perceive that. What they do

will help them in achieving it. This theory contents that motivational force is a function of value of money multiplied by the subjective estimate that equitable amount will be forthcoming should he perform in a desired way.

In the equity theory of motivation study (Adams 1967) says that some individual's subjective judgement about the fairness of the rewards she receives relative to inputs such as efforts, experience and education, in comparison with the rewards of others who fall under the same group. If the relationship is not equal, then inequality shall be perceived and will reduce the morale of the affected employee. Important to note is that employees should balance between intrinsic and extrinsic types of motivation as they deal with employees and one should first find out, what particular motivation practice will motivate a given employee as advanced by Maslow (1943) in the hieracy of needs theory.

1.2.2 Conceptual background.

Employee motivation is defined as acomplex forces, needs, drives or other mechanisms with in us that will create and maintain voluntary activity directed towards the achievements of personal goals (Neely etal 2012). It can also be defined as using both tangible and non-tangible rewards to keep employees enthusiastic, loyal and interested in continual improvement. Motivation strategies are a plan of action aimed at achieving a major or overall aim.

Motivation and productivity at the place of work go hand in hand. Employee motivation has always been a central problem for leaders and managers. Unmotivated employees are likely to spend little or no effort in their jobs, avoid the work place as much as possible, exit the organization if given an opportunity and produce low quality work.

On the other hand employees who feel motivated to work are likely to be persistent, creative and productive, producing out high quality work that they willingly undertake. The reality is that each employee has a different way of becoming motivated. Employers need to get to know their employees very well and use different tactics to motivate each one of them based on their personal wants and needs (Alfred Wamurubu, 2013) in a report on motivation ,employee sartisfaction and performance.

1.2.3 Contextual background

The study examined the contribution of motivational strategies to staff performance in Bundibugyo District. The study informs the literature how monetory and non monetory strategies influence performance of individuals. It further analyses the impact of the hard to reach" policy in the health sector performance.

The Ugandan Public Service has often ensured that its employees are motivated to perform their duties. This has often been done through ensuring adequate staffing , providing opportunities for furher training and career advancement, ensuring job security, providing staff allowances to supliment on staff salaries and ensuring proper performance programs .

In the health sector the Ministry of Health in Uganda together with the Development perttners in health have tried to ensure that there's a well functioning health system available to promote the health and social well being of Ugandans.There is adequate funding of the health sector through health programmes that are aimed at ensuring proper health outcomes.However the sector still faces a challenge of the detoriaraing trends in the performance of the Human Resources in the Health Sector.

1.3 Statement of the Problem

The mid-term review (MTR) of the Health Sector strategic plan carried out in March 2008, identified poor workforce performance characterised by absenteeism, low productivity, negative attitudes towards patient care, rampant dualism and high turnover as major constraints to the achievement of the HSSP 11, whose overall aim was to attain a good standard of health for all people in Uganda in order to promote a healthy and productive life. The report recommended that Ministry of Health should develop a comprehensive health workforce motivation, and retention strategy for the health sector as a government initiative to improve performance. The strategy is in place but is not yet fully implemented. The impact of this is yet to be felt.

The labour front of Uganda over the past decade has witnessed a number of industrial unrests particularly among public sector workers. For instance, in most of the years, health workers

have gone on strike despite government refusing to cater for their demands. In addition, there has been high turnover of health workers in "hard to reach" and stay districts, while others have failed to attract health workers to fill the existing positions. In response, the government initiated a strategy of providing incentives to Health Workers in such areas, but the strategy has been characterized by a number of other challenges including its sustainability. Because of this, performance of health workers has remained in balance. It is for this reason that this study aimed at exploring the contribution of motivation to performance of health staff in Bundibugyo district was conducted.

1.4 General objective of the Study:

The study seeks to examine the contribution of motivation to performance of health staff in Bundibugyo district.

1.5 Specific objectives of the Study:

The study was guided by the following objectives:-

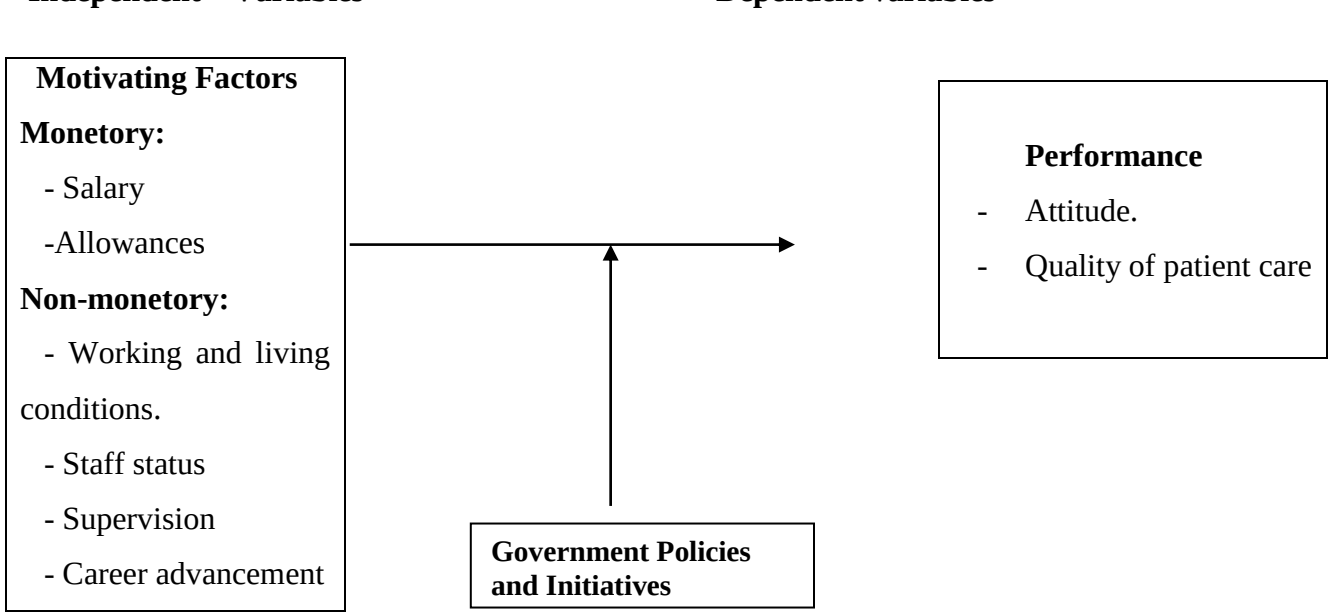
1. To establish the contribution of monetory strategies to employee performance.
2. To examine the contribution of non monetory strategies to employee performance
3. To determine the impact of the "hard to reach" policy on employee performance.

1.6 Research Questions:

1. What is the contribution of monetory strategies to employee performance?
2. What is the relationship between non monetory strategies and performance?
3. What is the impact of the "hard to reach" Policy on health work performance?

1.7 Conceptual framework: Relationship between Motivation and Performance.

The following framework is developed to guide the study.



Source: Schoo etal (2005)-as quoted by Bananuka(modified)

The conceptual framework above illustrates that the performance of Health workers is influenced by monetory factors like salary and staff allowances.It is reported that salary increases and other improvements in compensation for example may indeed contribute to improved performance.

While accepting the notion that financial incentives may be important determinants of work motivation, it may seem that they alone are not able to resolve all work motivation problems.

If Health workers were well motivated, they would improve on service delivery, by reporting on time for duty, optimally utilizing their time and would more likely develop a positive attitude towards work. Issues like absenteeism and dualism wouldn't arise if Health workers were well motivated. Evidence has shown that motivated workers come to work more regularly, work more diligently, and are more flexible and willing (Bennett, 1999).

It should however be noted that besides this, the role of Policy and other Government initiatives towards performance improvement should not be underrated as they also play a key role by improving performance at various levels.

1.8 Significance of the study

The research work will contribute to knowledge and existing literature on motivation and performance of staff in Uganda especially in the health sector. It will also help to improve human resource related problems in organizations that are battling over appropriate ways of encouraging workers to improve work out put.

The research will also bring to light factors or unknown conditions that demotivate workers from putting up their best in the fulfillment of the health sector objectives.

The study will also extend the literature on human resource management and thus, contribute to the growth of management as a discipline.

1.9 Justification of the study

Though research has been carried out worldwide and in Uganda, limited research has been carried out in the "hard to reach" areas especially in the health sector. The findings of this research will be not only be a basis for further research in the health sector, but also other sectors. The research will further aid the district to monitor its workers in evaluating the core values of providing hope, healing and restoration. The outcome is intended for use in identifying the root causes of the job problems and find soulutions for improvement with an accurate percipective to improve staff motivation and commitment, improve overall satisfaction and boost productivity.

1.10 Scope of the Study

This chapter presents the geographical, content and time scope.

1.10.1 Geographical

This study was carried out in Bundibugyo District a "hard to reach and Stay area". Bundibugyo District is located in the Western Region of Uganda. The district is bordered by the Districts of

Kibale in the North- East, Kabarole in the East and South East and to the west by the Democratic Republic of Congo. To the North it shares its boundary with Lake Albert. The District covers an area of 2,338sq.km. The study covered the district hospital, and health centres II, III, and IV in the district.

1.10.2 Content

The study examined the contribution of motivation strategies to staff performance in Uganda with Bundibugyo district as a case study. Focus was put on how the monetory and non monetory strategies and their impact on employee performance. It also looked at the impact of "hard to reach" policy on health sector performance.

1.10.3 Time

The study focused on the period from 2008-2013, this is the time when the health sector was facing a challenge with the performance of its employees following the pubic out cry about the deteriorating health service. During the same period the "hard to reach" Policy had been launched and hence the need to evaluate its impact.

1.11 Operational Definitions

Health workers: Trained health professionals involved in the delivery of health services.

"Hard to reach": Places that are far away from major towns in the country. In such places, transport is unreliable and the terrain is bad.

Motivation: Internal and external factors that make employees to be continuously interested and commited to a job or role.

Performance: What an employee demonstrates in carrying out a task.

Workload: Amount of work done compared to the ideal

Skill: Ability to perform a task

Nurse: A person who offers Nursing care and treatment to a patient.

Midwife: A person who offers midwifery services to the community

Client: An individual family, group or community with whom the Health Worker interacts

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction:

This chapter examined relevant literature from works that have already been done on the topic. The literature review was structured in the following form: theoretical review of motivation, concepts and nature of motivation and then the motivating factors in relation to performance and the role of the "hard to reach" policy and other Government initiatives. The literature review therefore looked at the performance of staff from a general perspective.

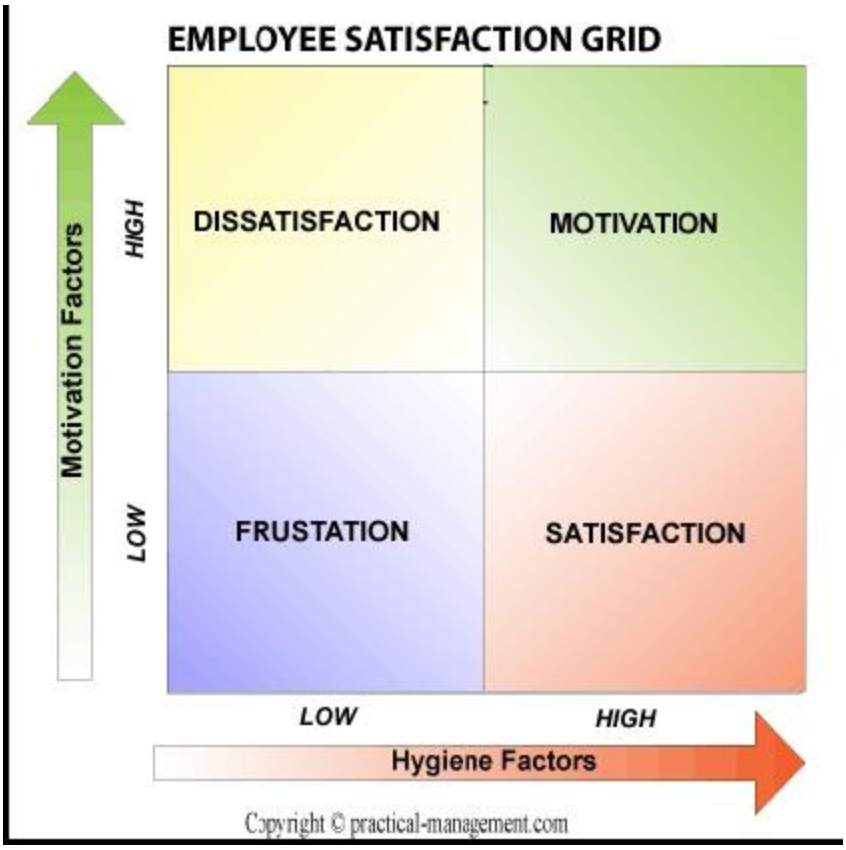
2.2 Theoretical review

The study was mainly based on the motivational theories of Fredric Herzberg's motivation theory, Equity Theory and Expectancy Theory.

2.2.1 Fredric Herzberg's Motivation Theory.

The two dimensions in the Herzberg's Theory, "Motivation and Hygiene" According to Herzberg, Hygiene factors cannot motivate employees but can minimise dissatisfaction if handled properly. These include company policies, supervision, salary, interpersonal relations and working conditions. Hygiene factors according to Herzberg create satisfaction by fulfilling individual needs for meaning and personal growth. These include issues such as achievements, recognition, responsibility and advancement. Once the hygiene factors are addressed, said Herzberg, the motivators will promote job satisfaction and encourage production. Although hygiene issues are not the source of satisfaction, they must be dealt with first to create an environment in which employee's satisfaction and motivation are possible. It is important to note that employee satisfaction affects every aspect of a medical practice, from patient satisfaction to overall productivity. If Hygiene factors are neglected, employees are likely to be generally unhappy and this would be apparent to the patients (http://www.mindtools.com/pages/article/newTMM_74.htm).

Herzeberg further argued that an employee satisfaction can be formulated using the hygiene motivators along the edges of a grid as shown in the figure below:



Frustration - When the Job is neither able to meet basic necessities nor offers any hope for the future, the employees are bound to feel discouraged and depressed.

Dissatisfaction - When the Job promises a lot for the future but fails to provide competitive salary or good work environment. Employees will be disillusioned and discontented with the job.

Satisfaction - Although the job provides basic necessities like good salary but only promises stability in long term association with the organisation, the employee will be satisfied but not motivated to perform more than expected.

Motivation - When both motivation factors and hygiene factors are adequately present in the job the employee is highly motivated.

In addition hardworking employees who get jobs elsewhere are likely to leave if they ae not moivated. Motivators like recognition, responsibility and advancement are very important because they create satisfaction among employees. For example, employees will be more

motivated to do their job if they have ownership of their work. Individuals should receive regular and timely feedback on how they are performing.

Herzberg concludes by saying that once the Hygiene issues have been addressed, the motivators create satisfaction among employees. By creating an environment that promotes job satisfaction, employers develop employees who are motivated, productive and fulfilled. This in turn will contribute to higher quality patient care and patient satisfaction (Ashim Gupta 2011).

2.2.2 Equity Theory

The basis of Equity Theory, in a work context, is that people make comparisons between themselves and others in terms of what they invest in their work (inputs) and what outcomes they receive from it. As in the case of Expectancy Theory, this theory is also founded on people's perceptions, in this case of the inputs and outcomes involved. Thus, their sense of equity (i.e. fairness) is applied to their subjective view of conditions and not necessarily to the objective situation. The theory states that when people perceive an unequal situation, they experience "equity tension", which they attempt to reduce by appropriate behaviour. This behaviour may be to act positively to improve their performance and/or to seek improved rewards, or may be to act negatively (Adams 1967) as quoted by Bananuka (2010).

Thus, part of the attractiveness (valence) of rewards in a work context is the extent to which they are seen to be comparable to those available to the peer-group. Such thinking, however, is best applied to extrinsic rewards, such as pay, promotion, pension arrangements, company car and similar benefits, since they (a) depend on others for their provision, and (b) have an objective truth about them. Equity theory cannot apply in the same way to intrinsic rewards, such as intrinsic job interest, personal achievement and exercise of responsibility, which by their very nature are personal to the individual, entirely subjective, and therefore less capable of comparison in any credible sense.

In today's turbulent, often chaotic environment, commercial success depends on employees using their full talents. Yet, in spite of the myriad of available theories and practices, managers often view motivation as something of a mystery. In part, this is because individuals are motivated by different things and in different ways

2.2.3 Expectancy Theory

Workers expectation of returns or rewards for efforts put on a job has become part and parcel of the motivation of employees in every organizational establishment and it will therefore be inappropriate to discuss motivation of the public sector motivation without taken a cursory look at the Expectancy Theory. This theory was developed by V.H. Vroom in 1960s. A key point of his theory is that an individual‟s behaviour is formed not on objective reality but his or her subjective perception of that reality. Vroom proposes that motivation is a function of value of effort-performance and performance rewarded relationships. Expectancy theory emphasizes the role of individual perceptions and feelings (expectations of particular results) in determining motivation and behaviour. Also the expectancy theory does not specify which outcomes are relevant to individuals in any situation (Enoch, 2005). The core of this theory relates to how a person perceives the relationships between three things that is effort, performance and rewards. Vroom (1964) proposes that people are motivated by how much they want something and how likely they think they are to get it. He suggests that motivation leads to efforts and the efforts combined with employees‟ ability together with environmental factors interplay to determine performance. This performance in turn leads to various outcomes, such of which has an associated value called valence. The three key factors are based on the individual‟s perception of the situation. These are:

Expectancy; which is the extent of the individual‟s perception, or belief, that a particular act will produce a particular outcome.

The instrumentality is the extent to which the individual perceives that effective performance will lead to desired rewards and

Valence which is the strength of the belief that attractive rewards are potentially available (Gole, 2004).

It is important to note that Vroom distinguishes „valence‟ from „Value‟. He does so by defining the former in terms of the anticipated satisfaction the individual hopes to obtain from the outcome or reward, and by defining „value‟ in terms of the actual satisfaction obtained by the individual. According to Vroom the three factors that is, Expectancy, Instrumentality and Valence combine together to create a driving force, which motivates an individual to put in an

effort, achieve a level of performance, and obtain rewards at the end. Despite the criticism, Expectancy Theory is still one of the useful for predicting employee behaviour (Aamodt et al 2007).

It is prudent to note that, effort alone may not necessarily lead to effective performance. Other factors are involved, such as the individual's own characteristics (personality, knowledge and skills) and the way in which he perceives his role. For example, the prospect of promotion could be seen by a newly appointed employee as an attractive prospect (valence), but his expectancy of gaining promotion could be low, if he perceives that promotion is attained primarily on length of service. In such a situation, performance does not lead to rewards, so effort in that direction is not seen as worthwhile. These analyses clearly show that individual worker"s expectancy of returns for a job performed vary and which has become a problem of management as to which is the satisfactory way of motivating workers for a good job done.

2.3 Conceptual Review

Motivation in the work context can be defined as an individual's degree of willingness to exert and maintain an effort towards organizational goals. Health sector performance is critically dependent on work motivation with service quality, efficiency and equity or directly mediated by worker's willingness to apply themselves to their tasks.

While financial incentives may be important determinants of work motivation they alone cannot and have not resolved all work motivation problems. Work motivation is a complex process and and crosses many boundaries including economics, sociology, human resource management and others.

Work motivation is affected by health sector reforms which potentially affects organizational culture reporting structures, human resource, channels of accountability, interactions with clients and communities. Therefore the health sector reforms should be linked to have an impact on performance of the various cadres of health workers if an impact is to be felt (Wamurubu 2013).

2.3.1 The Concept of Public Employee

The composition of the public workforce has to reflect the nature of the work in the public sector by attracting employees who desire greater opportunities to fulfil higher-order needs and selflessness motives by performing public service. It is these individual characteristics that are often touted as the key to motivating behaviour because "understanding the values and reward preferences of public managers is essential in structuring organizational environments and incentive systems to satisfy those preferences" (Wittmer, 1991). In fact, it is believed that the importance public employees place on the opportunities thought to be more readily available in the public sector, such as performing altruistic acts or receiving intrinsic rewards, compensates for the low levels of extrinsic rewards associated with the public sector and explains why no differences have been found between public and private employee work motivation (Baldwin, 1984).

2.3.2 Motivation of employees

According to Dubin (2002), "Motivation is the complex of forces starting and keeping a person at work in an organization. Motivation is something that puts the person to action, and continues him in the course of action already initiated". Motivation refers to the way a person is enthused at work to intensify his desire and willingness to use his energy for the achievement of organization's objectives. It is something that moves a person into action and continues him in the course of action enthusiastically.

Motivation is a complex phenomenon, which is influenced by individual, cultural, ethnic and historical factors. Motivation can be defined as "a series of energizing forces that originate both within and beyond an individual's self". These forces determine the person's behaviour and therefore, influence his/her productivity (Jackson, 1995). According to De Cenzo *et al* (1996), people who are motivated use a greater effort to perform a job than those who are not motivated. In other words this means that all thinkable factors of physical or psychological aspects that we interact with, leads to a reaction within our self or of the entire organization.

According to Latham and Ernest (2006) motivation was in the beginning of the 1900s thought only to be monetary. However, it was discovered during the 20th century that to motivate employees, there are more factors than just money. In their view, employees' satisfaction with

their job is an important indicator for a good job performance and happy employees are productive. To them, motivation is a psychological factor and is affected by the workers' mental attitude and health. Therefore, in order to be motivated, a person needs to have certain basic needs fulfilled. If these needs are lacking, a person's self-esteem and self-actualization cannot develop. This could result in lack of interest to progress and develop, both professionally and personally. There are several theories of human needs, which are the foundation of motivation.

The familiar notion that people leave managers, not organizations, suggests that the organizations concerns, were subjected to failure for holding managers responsible to understand their role in motivating people and to manage performance as effectively as they can. The biggest challenge for HR managers is to push line managers to manage and develop people.

2.4 Literature related to variables

Uganda's health system comprises of the Public sector (government), the private sector and the community Volunteers. The private sector comprises of the Private Not for Profit organisations (PNFP), Private Health Practitioners (PFP) and the Traditional and complementary Medicine Practitioners (TCMP). The PNFP account for 42% of all, hospitals and 28% of the lower level units in the country. These provide mainly primary level and limited secondary level services. Their contribution to the national health care is about 2% (MOH Bi – annual report). The present number of health staff (Doctors, Nurses, and Midwives) available in the country including the PNFP amounts to about 40,000. Of these it is estimated 22% is contracted by PNFP while 21% by the Private Sector.

The Human Resource Inventory (MOH 2004), Indicate that there 953 doctors, working in Government and PNF facilities in Uganda, 2,074 clinical officers , 3,061 Midwives and 6,449 Nurses.

Health care in developing countries is a Multi-billion dollar endeavour. Yet the systems for managing and supporting people on the front lines of this work remains weak and dysfunctional (Ummuro Adono 2008.) The human resources crisis in the health sector in low and middle income countries (LMIC) is receiving increased global attention .Policy makers and planners are realising that it is simply not possible to achieve the Millennium Development Goals (MDG'S) if health worker's availability and performance are not addressed more effectively. Poor

performance leads to inappropriate care, which contributes to reduced health outcomes. Problems relating to health workers poor performance have been documented in various articles and reports but there is a dearth of evidence on "what works" to improve health workers performance.

A number of factors have been isolated by various researchers and academicians in Human Resource Management and Development. The instability and low motivation of health workers are largely related to low job satisfaction, poor terms and conditions of service, and poor living conditions at the work place. To support good performance, health workers need up to date knowledge and skills, adequate equipment and supplies, constructive feedback and caring supervisors.

2.4.1 Monetory strategies

Salaries:

Remuneration levels are potentially the most influential factor in service delivery. In Africa and in particular sub-saharan region due to the dire political and economic situation, health workers like any other public servants are poory paid inspite of working in poor conditions. This has forced many to abandon public service work and concentrate on private practice ot seek for greener pastures. A 2002 survey led by Tim Martineau listed monthly salaries for physicians that range from US $ 50 in Sieraleone to US & 1,242 in South Africa compared to wages in Canada and Australia that have shown the total earnings for a junior doctor from all sources may come to US $ 1,600 per month (Matsiko 2005). However Government of Uganda was paying around US $ 300. This quite inadequate to make some one cater for the basic requirements and leads to low moral of the worker as a result the warning signs of performace decline that include absentism, misconduct, late coming, moodness and stress begin to emerge.Other health workers have resorted to theft of Government drugs and supplies. In Kiruhura a health worker bluntly stated that the low salary in the Health Sector is the main reason for drug theft (Medicines and Health Supplies Report 2010).

Salaries paid to health workers in the Public sector are extremely low compared to their counterparts in the Private Sector, as documented in Table 1.

Table 1: Disparity in the pay between government and Private

No	Cadre	Public sector Salary Per Month	Private Sector Average Salary/month
1.	Medical Officer Special Grade	1,263,368	2,500,000
2.	Senior Medical Officer	958,268	1.600,000
3.	Clinical Officer	551,354	1,350,000
4.	Nursing Officer	425,893	970,500

Source: Revised Cabinet Memorandum CT (2009)59

In Uganda today, health workers are poorly remunerated. Attracting and retaining adequate numbers of skilled, efficient and motivated staff in Public Health facilities has not been possible over the years and as a result, the delivery of quality services has remained elusive.
Regional and International comparisons of Health workers remuneration confirm that the health workers in Uganda are lowly paid. This is demonstrated in the table below.

Table 2: Country Remuneration Package in US Dollars

Health Cadre	Uganda	Kenya	Tanzania	Rwanda	South Africa
Medical Consultant	790	2,824	3,200	1,186	4,500
Medical Officer Special Grade	580	1,918	900	890	3,100
Medical Officer	354	959	550	645	2,150
Senior Clinical Officer	400	1,547	-	309	-
Senior Nurse/Midwife	341	1,384	630	645	1,000
Nurse/Midwife	107	335	-	419	1,200

Source: Revised Cabinet Memorandum CT (2009)59

The remuneration/pay system in an organisation must above all fit the human relations climate of the organisation. Low paying organisations will always loose employees to those who can afford good pay **(**Bananuka 2010). William H. David's Pager and Myers (1981) observed that there is no single factor that does more to break down morale, encourage absenteeism, increase labour turn over, hamper production than un just inequalities in wages paid to different individuals.

Beach (1983) asserts that when compensation is done correctly, employees are likely to be satisfied, but when employees perceive their compensation to be inappropriate, performance, motivation and satisfaction may decline drastically, causing loss of employees, absenteeism, grievances and low attractiveness of the job.

Allowances:

To effect the performance of the health workers, the inputs should be equitable to outputs. Staff allowances accompanied by other interventions such as organisational changes increased the average number of deliveries significantly from 319 to 585 per month and the average bed occupancy rate from 50.7% to 69.7%. It is evident that allowances may indeed contribute to improved performance. Eilish Et al (2008) reports that in a recent study in Ethiopia the physicians indicated that the health personnel will not leave if they are adequately remunerated. It is seen by behavioural modification theorists that employees perform positively if the environment is favourable which is made by pay rewards, democratic leadership styles and many others.

In Canada, Physicians are given the following incentives to relocate or remain in under serviced areas; subsidized incomes, or guaranted minimum incomes, return of subsidies and grants, funded rural area on call coverage, student loans, grants and bursaries (Blythe, Baumann 2006).

In both Kenya and Benin, various types of allowances are paid to medical doctors and Nurses to keep them in the rural areas practicing their professions (Inke Ingo 2006).

2.4.2 Non-Monetory strategies and their impact on performance

Working and Living Conditions:

A good working environment is one where facilities are functional with good access to equipment and supplies. When working conditions are poor and the workload is high, health workers are likely to become de-motivated and frustrated. They are unable to satisfy their professional conscience and distance themselves emotionally from their work, reducing their commitment and motivation. Flanegen etal (1994) stress the motion of a healthy working environment as the responsibility of an organisation which should create and provide conditions conducive to good health and high performance. This takes into consideration of whether they have the means to achieve.

Eilish etal (2008) asserts that poor working conditions and lack of basic equipment and supplies contribute to disillusionment of African Health workers. This is in line with findings of the study carried out in Uganda by Matsiko (2005) where a substantial proportion of health workers (25%) were dissatisfied with their jobs due to lack of requisite equipment. In a recent study in Tanzania, health workers described the lack of laboratory facilities as gambling with patients lives as this forced them to treat patients by trial and error (Eilish 2008). Referral procedures are not adequate or effective and occasionally they lose patients because of lack of adequate referral facilities like transport. In Zimbabwe the inability to offer effective care for patients due to lack of equipments, appropriate drugs and supplies was the reason cited most frequently, by respondents for resigning from the government (Zimbabwe MHCW 1999).

In a study in Zambia, it was found out that primary care patients could not be referred to higher facilities because of lack of stationary for prescription and referral letters, fee revenues are unrecorded for lack of receipt books, drug supplies cannot be managed because of lack of registers among others (UNZA 1995).

In reality most health units lack basic equipment and supplies. Some of the available equipment has broken down and has not been repaired. Lack of basic supplies like sundries, gloves has put most health workers at risk of occupational hazards. As a result patients have been neglected.

The physical infrastructure is also part of the working environment. This includes buildings, transport and water supply. Hospitals and health units are more than medical care to the sick; they contribute to diagnosis and prevention of illness, signal early warning of communicable diseases and serve as Resource Centres. The physical infrastructure far exceeds the impact of delayed treatment of trauma and injuries. The hidden impact is difficult to quantify and often over looked. Suitability of facilities and structural lay out are very important aspects. Health workers can perform if key resources are available, functional and safe. Lack of maintenance has led to many existing health care facilities being in devastative state of disrepair. Some hospitals are totally down and in a sorry state. Most systems have collapsed. This automatically causes a big negative impact on the performance of the health worker in relation to productivity (Human Resource Bi-Annual Report 2009).

There hazards and risks associated with health work place which need to be addressed. Safety and Health at the work place has improved in the developed countries over the past twenty to thirty years. However the situation in developing countries is largely unclear because of inadequate accident and disease recognition, record keeping and reporting mechanisms. It is estimated that at least 250 Million workplace accidents occur annually worldwide and majority of these are in developing countries (MOH occupational Health and Safety Policy, 2009). High levels of occupational risks and hazards contribute to a feeling of insecurity and a desire among health workers to move to a safe and more protected environment. International Labour Organisation (ILO) as stated by Maitineau suggests that health work is one of the most dangerous jobs with many risks ranging from violence, sickness and death. Statistically health care has to be classified among the most dangerous professions. As economic and working conditions in African countries continue to deteriorate, health workers are aware of the increased hazards in their work places and a perceived lack of occupational protection may influence decisions to leave.

According to the Ministry of Health Motivation and Retention strategy (2008,) most health workers are not officially housed. This makes it difficult to speedily respond to the challenges regarding the nature of their work for example accidents. Absence of housing near the health facility means a Medical Officer must live a distance away from the health facility and will therefore not respond to emergencies. Lack of affordable and climatically appropriate housing is a common reason for people not wanting to live in remote locations (Mackenzie 2007). This as a result impacts on service delivery since attendance to duty becomes irregular and late coming and absenteeism becomes the order of the day.

Space to accommodate the client numbers in wards, the number of beds is inadequate. The long term impact of the loss or insufficiency of this infrastructure far exceeds the impact of delayed treatment of trauma and Injuries etc. The hidden impact is difficult to quantify and often overlooked yet the relationship between performance and space is quite crucial; think about a nurse giving an injection in a small room, the possibility of injecting herself are high. The issue of space has increased the risk of acquiring occupational hazards that would be controlled. The work space should be easy and safe to work in. With distractions and inconveniences, performance inevitably suffers.

Research has shown that a positive working environment is an important element in efforts to recruit and retain staff (Buchan 1999, Gibson etal 2004.) This includes providing a safe working environment for staff and patients, and proactively responding to emerging risks as well as creating a positive working organisational culture. In this respect, all staff and patients can play a role in providing a positive environment where people will want to work (Buchan 1999)

Similarly a poor organisational and management environment can act as a strong de-motivating force (Gibson etal 2004), most countries in east and southern Africa have improved working conditions or have developed plans to do so. Measures include better facilities, equipment and security for workers (Dambisya 2007). The working environment has a strong influence on job satisfaction. All workers require adequate facilities and conditions to do their work properly.

Staff status and performance

The Public Service establishes a job structure that determines the number and kind of positions authorised at each facility. The structure according to Ministry of Health Report (2009) limits the number and cadre of staff that can be recruited. Worse still most of the approved positions due to inadequate wage bill are not filled. This has created a big strain on the existing staff.

Eilish etal (2008) indicated that workload and staff shortages are contributing to burn out, high absenteeism, stress, depression, low morale and demotivation. Sanders and Lioyd (2004) also indicated that the pressure of having too many patients increases daily stress levels and leads to poor quality of care. Understaffing and high workload was a major demotivating factor for health workers in Tanzania (Manongi 2006). Similarly in Botswana and Malawi, it was reported that fear of contracting AIDS and burnout from workload may be a contributing factor to losses from health sector workforce (Manongi 2006).

Workload increases in Africa's health sector are partly due to shortage of health workforce as a result of migration, death and increase in workload created by the AIDS pandemic is a major contributory factor. As health workers leave or die, and with more cases of AIDS to care for, facilities become more understaffed and the remaining health workers become overworked (Palarath etal 2003).

According to a report conducted by Peter Ngatia etal (2004) it is said that there are significant gaps between the established posts and posts filled especially in the districts. The countrywide staff audit exercise 2008 established the proportion of approved positions filled by health workers at national level was at 51% in the Public sector with some variations among districts. Shortage of critical staff has greatly compromised service delivery.

Support Supervision.

Supervision deals with evaluating the effectiveness of performance of employees within an organisation. It includes aspects like planning measuring, problem solving, communication, guiding leading, and instruction, advising and encouraging work done by subordinates (Jooste1996 as quoted by Magdalene Hilda Awases.) In professional health care setting, the focus of supervision depends on the discipline of a unit or institution. For example with clinical education, and managerial supervision, employees ensure to provide safe patient care.

Poor supervision especially at lower level facilities is a major management shortcoming. According to the Medicines and Health Services Delivery Report 2010, there is insufficient support supervision at all levels of government health centres and this has rendered offices on ground to act carelessly and unprofessionally. According to the National Health Policy, Area teams, District Health teams and Health Sub district teams Supervise service delivery at different levels. However challenges exist. Supervision and monitoring visits are irregular and poorly documented, lack of human resource especially in the newly created districts to conduct supervision, lack of requisite supervisory skills at district and health sub district and the lack of reliable transport for supervisory and monitoring visits may hinder the supervision processes (Area team Report 2009).

Good supervision and management including adequate technical support and feedback, recognition of achievement, good communication, clear roles and responsibilities, norms and codes of conduct are critical to the performance of health systems and quality of care. Weak support supervision and management are factors in job dissatisfaction.

Career Growth and Advancement

Individuals select occupations/ jobs and organizations provided they see long term career opportunities leading to their growth, advancement and development. The Public Services Review and Reorganization Commission (PSRRC) (1999) also observed that management of the career of civil servants was a primal factor behind brain drain, demotivation and poor performance. Beach (1980) asserts that one of the reasons for adopting a career development program is to retain well motivated and output oriented personnel. An efficient and effective health care delivery system largely depends on availability of "Carefully planned, effectively trained, equitably distributed, and optimally utilised health workers. This means an optimal balance in employee numbers, skill mix, staff distribution, deployment and career progression to enhance staff motivation, performance and maximum productivity.

Dovlo (2002) identified career development as another major reason for the movement and migration of health workers. Continuing professional development programmes to update knowledge and skills in order to respond to new and rapidly evolving challenges of health care are poorly developed in sub Saharan African Countries. Training capacity is extremely low and often does not equip workers. For example according to the AMREF report 2008, the total trained health work force in South Sudan was estimated at 4,600, far below the 17,300 required to deliver health care for the population of approximately 11 million. Two thirds of Sub-Saharan African Countries have only one medical School and some have none. Moreover medical training has often focused on tertiary facilities and not the skills needed to work at primary health facilities and community level where they are needed most. As a result many health workers therefore find themselves ill equipped and unsupportive to deliver services.

In a recent study in Mali (Dieleman etal 2006) only 22% of those interviewed had received in service training in the previous year. The situation is similar in Ethiopia where health workers mentioned lack of continuous training as a major demotivating factor for the health workforce (Lindelow and Serneels 2005).

Individuals select occupations/jobs and organisations provided they see long term career opportunities leading to their growth, advancement and development. Bowey (1978) observes

that employees who are highly career oriented may change their jobs in order to move to jobs considered as step up in their career leaders.

On the other hand Professional development and in service training of health workers is problematic. Many training interventions are not leading to improving performance (Ministry of Health B1 Annual Report 2010). Employers are especially concerned about the declining quality of the recently qualified candidates, the root cause being unresolved issues related to the transfer of health training institutions to the Education Sector. Strategies to improve performance of health workers must ensure that they are provided with sufficient training and supports to enable them carry out their work effectively.

Furthermore it is conceptualised that an effective management system needs to have capacity to regularly assess the performance of health workers and the engagement of new trained managers. Health Services Managers must be familiar with management principles and practices. There is need to develop leaders at district, sub-district and facility levels. According to Margaret More House (2007) one of the obstacles to the success of health programs is the lack of management and supervisory skills among health managers. Weak leadership and management at all levels is one of the most frequently cited causes of inadequate work force performance.

2.4.3 Performance

Attitude

According to the report by Ministry of Health on "Mapping Human resources Management Processes in Uganda 2008" bad attitude or lack of discipline includes staff coming late and leaving early, staff absenteeism and staff shouting at patients. All these suggest an erosion of the bonds between the health worker and the patient. Health care providers perform best as teams. When some segments of the health workforce don't play its role with diligence, the team is affected and some services cannot be effectively provided. According to the "Ministry of Health Retention Motivational Strategy", negative attitude, unethical behaviour and lack of professional responsibility have permeated the health sector. In the same report it is said that the senior professionals are not mentoring and providing adequate guidance to the junior colleagues. This

state of affairs translates into poor quality of care, erodes the public image of the health professionals and discourages utilisation of health services.

While it is tempting to blame the health workers, it is more useful to think about what conditions would lead to the kind of behaviour described. Presumably people enter the health field with a wish to be of service, to heal and care for the sick and disabled. The question remains, what happens?

Quality of patient care

Despite significant investments and reforms, health care remains poor for many in Africa and Uganda in particular. Clare et al (2013) concluded that that achieving aspirations for qualities valued in health care will require a genuine reorientation of focus by health workers and their managers toward patients, through renewed respect and support for these providers as professionals.

2.4.4 Government Policies, Plans and Initiatives

One of the main aims of the health policy in developed countries is to guarantee equal access to health care throughout the country (WHO 2006). The objectives are both providing an adequate level of care, and a satisfactory distribution in quantitative terms of general practitioners and specialists, clinical and non clinical professionals, role and task sharing, in terms of distance and waiting time for care.

According to Chantal (2006) Public Policy aims to influence choices made by professionals concerning the conditions of practice. The policies are informed by research studies. Policy formulation and plan development are important factors in Human Resource Management process. The role of policy and government initiatives and their impact on performance cannot be underrated and they are important in this study.

However there severe weaknesses in the development and approval of policies, their consolidation in regulation and legislation as well as in implementation enforcement and review. These weaknesses lead to considerable delays in improving the production, performance and productivity.

The key policies in Uganda highlighted in this study included; the 1995 Constitution and the Local Government Act (section 56 and 65) that gives the mandate to all local government to handle all human resource matters in the district including health workers. It is through this mandate that local governments should ensure motivation of health workers that will lead to rentation and performance of health workers.

In the third National Poverty Eradication Plan (PEAP) 204, the govenrmnet of Uganda reaffirmed its commitment to achieving the Millenium Development Goals (MDGs) which are seen as being fully consistent with the national priorities. Health continues to be an important element of the human development pillar of the PEAP, but cannot be achieved if human resource issues including motivation are not addressed

The "hard to reach" Policy

In Thailand special hardship allowance, non-private practice allowance, work load related payment for non official hour services were paid in addition to the basic salary to attract doctors to rural work. A special incentive scheme was developed based on the hardship of professional and on the hardship of their work places (Noree et al 2005). Such incentives which turned around the situation in Thailand seem to be lacking in Uganda or where available are ineffectively applied.

According to Circular Standing Instruction No. 2 of 2010, one of the major objectives of the Public service Reform Programme (PSRP) is to attract and retain adequate numbers of skilled and capable Personnel in the Public service. It further observes that there some areas in Local Government that have failed to attract and retain skilled and capable personnel, leading to inadequacies and gaps in service delivery. Such areas are characterised by remoteness, insecurity and poor infrastructure. A "hard to reach"framework has been developed in order to attract and retain workers in "hard to reach" areas. This includes payment of 30% hardship allowance for officers working in designated "hard to reach" areas. Payment excludes Public Officers working in the Municipalities, Town Council, and headquarters of the designated "hard to reach" District. Such government initiatives need to further be analysed and their impact on performance noted.

2.5 Summary of the Literature review

Performance of employees as highlighted in the literature by various studies varies from individual, contextual and environmental factors. There is still growing concern about the deteriorating performance of health workers even though the government endeavours to advocate for improved quality of services. The issue of performance is not adequately addressed in Uganda. It is therefore necessary to generate relevant evidence through a detailed study to guide the sector and other Health Partners to develop strategies for improved performance. This therefore requires a number of interventions as evidenced by the different scholars in the literature.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the research design that was used, the study population and accessible population from which the study was selected, sample size and selection and sampling techniques and procedures. It describes the data collection instruments that were used. It also presents the methods of assessing and analyzing data that was collected. To be able to contribute to an understanding of the factors affecting health worker's performance, a combination of qualitative and quantitative research methods were used.

3.2 Research Design:

In this case a combination of a case study and a survey was conducted. According to (Amin 2005), Case studies make an investigation on the complex facts that contribute to the individuality of a social unit. They emphasize detailed contextual analysis of a limited number of events or conditions and their relationships. By so doing case studies bring about an understanding of a complex issue and can extend experience or add strength to what is already known through previous research. The study was on the Performance of Health Workers in Bundibugyo District.

In this research, the deductive approach was used. Since it utilizes a wide range of existing theories and to find answers from existing research and findings about motivation and employees enhancement, which formed the basis to compare, analyse and investigate the findings of the research. The investigation began with a sample questionnaire and the researcher analysed the results of the questionnaire by arranging the motivational factors perceived by employees towards their performance.

3.3 Study Population

According to Amin (2005) a population is a complete collection (or Universe) of all the elements (Units) of interest in a particular investigation. Pilot and Hungler (1989) also describe a population as an entire aggregation or eligible group from which a sample can be drawn. The study population in this regard are the Health Workers that is Doctors, Nurses, Midwives and Allied Heath Professionals in Bundibugyo Distict.

This study focused on health staff of Bundibugyo District Local government in selected Government and Private Not for Profit health units. The researcher concentrated on staff of the General Hospital, All Health centres IV's in the district, Health centres 111's and all Health Centres 11's in the District. Key health staffs at the district were also informants in the study.

3.4 Determination of the Sample size:

In order to avoid bias and prejudice in the selection process, the sample size was calculated using Kish-Leslie formula and thus employing the sample size for

estimated proportion approach;

$$n = \frac{z_{\alpha/2}^2 p(1-p)}{e^2}$$

where;

n =the sample size

$z_{\alpha/2}$ =the number relating to the degree of confidence anticipated in the result; in this case 90% confidence interval (α =0.05 and $z_{\alpha/2}$ =1.65 which is the abscissa of the normal curve)

p =an estimate of the proportion of people falling into the group in which we are interested

e = proportion of error we are prepared to accept (sampling error; 10% anticipated error).

Table 3: Sampling respondents

Satff Facility	Population (N)	Sample size (n)
District Office	15	5
District service commission	10	4
General Hospital	176	49
Health Centre IV	87	28
Health Centre III	69	22
Health Centre II	92	29
Total	**449**	**137**

A total population size of 449 made of the study area and based on Cochran formula, the researcher selected 137 respondents to administer Questionnaire. This selected sample size gave true reflection of the research findings and fair representative of the respondent views.

3.5 Sampling techniques procedures:

A sample should be a representation of the population (Amin,2005). According to him sampling ensures completeness and a high degree of accuracy due to a limited area of operation. In dealing with a sample the volume of work is reduced and carefully execution of field work is possible. The private not for profit health centres that receive direct government support were also randomly selected depending on their location especially where there were no government health units to serve the population.

Stratification was used to divide the health worker into homogeneous subgroups before sampling. Stratified sampling was applied to divide the district into stratas that is health units, District office, District service commission and District Hospital, the size of each strata was determined. After that a number of cases were then randomly selected from the the accessible population of 449. Stratification was adopted in this study to ensure that the inclusion of the different health levels (health center II-V).

A staff list was requested from the district office representing the number of health workers from each health centre and from these the researcher selected the subjects to take part in the study using a simple random sampling . This is according to Mugenda and Mugenda 1999 ensures that each individual in the defined accessible population has an equal chance of being included in the study.

Simple random sampling was applied to select the health workers to be interviewed from each stratum using the random number table.

3.6 Data Collection methods

3.6.1 Primary Data

There are two main procedures to collect relevant data, theoretical and empirical. Theoretical refers to secondary data, which will be collected by earlier research where the purpose of that data was relevant to the study. On the other hand, empirical data is primary, which the writer of the thesis was able to directly investigate the specific problem. This type of information was sourced from the field. To find suitable information, the researcher used relevant resources in the University and its literature concerning motivation and existing theories within the subject.

Primary data was collected through Participatory Rural Appraisal (PRA) tools. These included individual questionnaire, and key formant interviews. The individual questionnaire was administered to all 137 categories of staff in the health centres that were ear marked for the purposes of the research. That aside, key formant interview Guide also was used and solicited the views of the District Health officer and Chief administrative Officer (CAO) on their opinion on work related motivation issues. This assisted in validated contradictory statements in the data analysis.

Key Informant Interviews: This was used to further enhance and validate data collected through other means. This category included the District Health officer and Chief administrative Officer (CAO) of the district. This method was adopted because of its richness in exploring a number of issues using open ended questions.

Individual Questionnaire: These were made up of open-ended and closed-ended questions. The pre-coded ones had many tick boxes for respondents to fill in, whereas open questionnaires had a few open questions and spaces for people to make responses in their own words. A total of 137 questionnaires were administered to individuals and who were selected . The method was

adopted to enable collection of data including individuals demographic characteristics as well and their opinions on the study topic.

3.6.2 Secondary Data

Secondary information was sourced from national and district documents relating to Health workers were reviewed. Data from the documents supplemented the primary data collected from the respondents. Secondary data was preffered because it helps to enahce primary data collected from respondents.

3.7 Data collection instruments.

3.7.1 Questionnaires:

Aquestionnaire (see appendix 1) was designed and administered to the targeted respondents. The questionnaire included both closed and open ended questions. Each selected staff was given ample time to answer the questionnaire and return to the research assistant on completion.

3.7.2 Interview guide

The interview guide (see appendix ii) cosnsting of open ended questions was employed to conduct in-depth interviews. The interview guide was more flexible than the questionnaire and also allowed getting on spot responses.

3.8 Quality Control

To ensure Quality control, the following tasks were accomplished:-

- Pre-testing of questionnaires. This was done to test the suitability of the instrument to collect the required data.
- Field assistants were comprehensively trained before data collection. During training the objectives of the study was clearly spelt out, interviewing techniques and recording of responses clearly demonstrated.
- Data cleaning and editing to the dataset was done regulary.

3.9 Procedure of data collection

An introduction letter was issued by the institute which enabled the researcher to be allowed by the district officials to conduct the research. The respondents were required to first fill a concent form before participating in the research. Self administered questionnaire were filled by participants with help of a research assistant .

3.10 Data Analysis

Data was extracted from EPIDATA and analysed in STATA 12. Descriptive statistics (mean, standarddeviation, percentages, frequency distribution) were used to analyse quantitative data to determine central tendency and variation of the data. The overall proportion of health workers' response was established. In addition these proportions were broken down per demographic. Qualitative data helped to bring out the general picture i.e opinions and emotions of the respondent in regard to performance. On the other hand qualitative data was transcribed and summarised based on the study objectives, themes and emerging trends.

CHAPTER FOUR

RESEARCH FINDINGS

4.0 Introduction

This chapter presents findings of the study that was conducted among health workers in Bundibugyo district. It begins with distribution of characteristics of the respondents, and then presents findings on the factors affecting the performance as per the study objectives. A total of 137 health workers were interviewed from sampled health facilities across the district. The characteristics of the respondents are summarized in table below;

4.1 Response Rate

Out of the 449 health workers 137 were sampled to participate in the study. Based on the study the 137 respodents sampled, all filled the self administered questionnaires and returned them to the researcher. This means that the response rate was 100%.

4.2 Characteristics of the respondents.

These were characterized into age, sex and educational background.

4.2.1 Sex Distribution of Respondents

As in Table 2 below, out of 137 health workers interviewed, 51.8% were males and 48.2% were females. This normality suggests that decisions and policies concerning motivation were normal since all staffs almost participated equally in the research. On the other hand, morale for health workers is equally distributed.

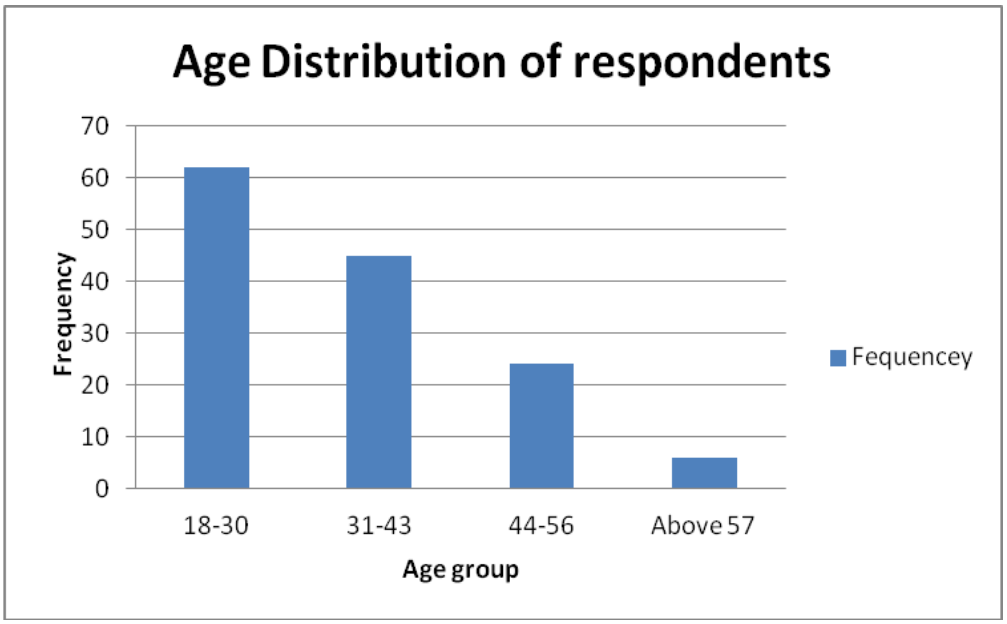
Table 4: Sex Distribution of Respondents

Sex	Frequency	Percentage
Male	71	51.8
Female	66	48.2
Total	**137**	**100**

4.2.2 Age of respondents

The age distribution of the respondents ranged from 18-30 years to above 57 years. From the data collected most of the respondents fell within the ages of 19-30. This constituted 45.3% of the staff interviewed. Figure 4.1 below shows the age distribution of respondents.

Figure 2:Age Distribution of Respondents



From the Figure above very few respondents of the health staff in the range of 57+ years and above. One per cent of the respondents fell within this category.

4.2.3 Educational background

The successful development of any institution depends on capabilities of her human resource base. The educational level of the people determines to a large extent the nature of responses and their understanding of the issues at stake. The ability of workers to combine different methods especially modern technology improves their performance at work and hence their output will be very high. Data gathered from the field indicate that out of the 137 people interviewed, 90 health workers had atleast a diploma and above qaulifications hence their ability to analyze issues may be high. Health institutions need staffs that are competent in their field to be able to carry out effective assessment of patients.

In proportion, the statistics showed that 65.7% of the health workers interviewed have university/

tertiary that enable to handle difficult task. Few of the respondents had secondary education i.e. 34.3%.

Table 5: Educational back ground

Education back ground	Frequency	Percentage
Primary	0	0
Secondary	47	34.3
University/tertiary	90	65.7
Total	**137**	**100.0**

Table 4 below shows that most of the health workers 29.2% had stayed at the facility for a period less than one year while an average number of health workers 16% had stayed at the facility for a period of 13 years and above. This shows that there is an average motivation of workers to stay at the facility.

Table 6: Duration in the institution

Years	Frequency	Percentage
<1 year	40	29.2
1-3 years	26	19.0
4-6 years	26	19.0
7-9	11	8.0
10-12	12	8.8
>13 years	22	16.0
Total	**137**	**100**

4.3 Rating of the current health system

This study explored the health workers rating of the current system by asking questions on the current behavior of health workers, the health system and the salary paid to health workers. Results showed that overall the current health system was rated low as presented in the table below;

Table 7: Rating of the current health system and behavior of health workers

Variable	Frequency	Percentage
How do you rate the behavior of health workers		
Excellent	14	10.2
Very good	28	20.4
Good	50	36.5
Fair	32	23.4
Poor	13	9.5
How do you rank the current health system		
Excellent	13	9.5
Very good	19	13.6
Good	43	31.4
Fair	35	25.5
Poor	27	20.0
How do you rate your current salary		
Adequate	8	5.8
Not adequate	117	85.4
Not sure	12	9.8

From table 5 above, only 20.4% of the health workers rated the behavior of health workers as very good, and 10.2% as excellent. In addition, 85.4% of the health workers reported that the current salary is not adequate. Low salaries were found to be particularly de-motivating as health workers felt that their skills were not valued. These findings imply that the current earning of health workers is not sufficient enough to match with the cost of living and this obviously affects their motivation and service delivery. These findings were further suggested that cost of living (50.8%) and personal/ family demands (14%) were the key reasons that they regard the current salary inadequate.

Table 8: Impact of an enhanced Salary

	Frequency	Percent
An organization		
None	55	40.1
Improved output	18	13.1
Improved performance	19	13.9
Improved service delivery	45	32.9
Individual		
None	55	40.1
Personal development	30	21.9
Improved performance	18	13.1
Improved standards of living	10	7.3
Motivation to work	24	17.5

When asked about the importance and contribution of an adequate salary for the workers in an organization, the results indicated that 32.7% and 13.1% of the health workers said that adequate salary Improves service delivery, and Improves performance at work respectively. On the other hand, it was reported that adequate salary to an individual improves motivation (17.5%) and Personal development (21.9%). A bigger percentage of 40.1 had no comment for both individual and organization.

4.4 Motivation and monetory strategies affecting performance of health workers

Table 9: Incentives apart from salary that enhance health workers' performance

Variable	Frequency	Percentage
None	61	44.5
Housing	31	22.7
Further training	18	13.1
Workshops	14	10.2
Allowances	13	9.5

It is evident from the table above that there are no sufficient incentives in the various health facilities to motivate and improve performance of health workers. While a few mentioned housing (22.7%) and training 13.1%), these incentives were noted to be limited to a few facilities and to specific health cadres, and this was partly responsible for the inadequate staffing at the health facilities. However, a big number of 44.5% of the health worker did not know other incentives that can improve performance.

4.4.1 Salary

Salaries were reported to be a major factor affecting the performance of health workers in the district. It was noted that the salaries currently paid to the health workers was inadequate making most health workers unable to meet their basic needs. Responses to the statements relating to salaries showed that few health workers agreed to the statements as presented in table seven below.

Table 10: Percentage of respondents that agreed to statement on salaries/ incentives

Statement	Freq.	%
Salaries are paid promptly at the end of every month	47	34
The salary I get is comparable to other colleagues working in the private sector	22	16
There are automatic salary increments	07	5
There are always chances for promotion in case there is an existing vacancy	48	35
The health workers in the facility are well facilitated in terms of transport, housing, lunch to enhance their performance	52	38
There are other allowances paid to staff of my institution apart from salary	56	41
Leave days or days off are granted	112	82
Performance Appraisal system is in place and adequately followed.	75	55
Best performers at my work place are rewarded	10	7
Staff are entitled to loan facilities granted by the administration	84	61
I and my family have free access to free medical care.	71	52
Funds are easily accessible for departmental requirements.	88	64

It is evident from the table seven above that overall there is no automatic salary increment, allowances, rewards and that the current earnings of health workers are not comparable to that of their colleagues in the private sector. It is also evident that health workers have no other benefits like free medical care for them and their families besides having no funds for other departmental requirements. 41% of the staff agreed that they receive consolidated and health allowances while the rest were not sure . These findings send mixed feelings on the management of allowances in that a reasonable number of staff seem to be getting allowances while others were not getting.

In the absence of the above incentives, health workers reported that their productivity is always affected because they find it hard to cope with their current salary bearing in mind the increasing high cost of living as one of the health workers had this to say: " *We would not mind to work if our salaries were increased*" Female Health worker.

Therefore, monetory strategies were found to be a big factor in affecting the performance of health workers in the district. These findings concur with other studies: Bananuka (2010) who found that remuneration levels and other incentives are potentially the most influential factors in the performance of workers.

4.5 Motivation and non-monetory strategies affecting performance of health workers

4.5.1 Working and living conditions

Besides salaries, working and living conditions were another factor reported to be affecting the performance of health workers in the district. Good performance by staff is enabled through a supportive working environment. Results however showed that the current working and living conditions of the health workers are appalling and therefore affects the workers inputs. For example a number of respondents reported that they lack the major supplies, equipment and investigative technology, while other revealed that staff houses, water, communication, amenities and work environment was not supportive as one of the respondents said:

" *Some of the equipment especially in the laboratory have broken down, sometimes diagnosis is done based on experience, one is not sure whether he is treating malaria or typhoid and this is real discouraging"* Male Health worker

The summary of their responses are presented in table eight below indicating only those that agreed to the statements.

Table 11: Percentage of respondents that agreed to statements on working conditions

Statement	Freq.	Percentage
The working conditions in this facility are favorable for me to carry out my duties.	84	61
I have all the Supplies/Equipment required to do my job well.	12	9
There is access to modern technology in carrying out investigational procedure	23	17
Facilities, laboratories and theatres are well equipped to perform the required investigations.	69	50
Space in Wards is adequate to accommodate the number of patients.	21	15
Referral procedures in this facility are adequate	49	36
There is adequate Stationary in this facility to allow me carry out my duties well.	23	17
There is regular servicing of equipment at the facility.	23	17
There is access to clean and safe water.	71	52
Issues of occupational health and safety are a priority in this facility.	27	20
There is adequate and habitable staff housing.	15	11
Staff stays far away from the health facility.	63	46
There is a good road Network in the district.	25	18
There are good schools within a walk able distance from the health facility	40	29
There are enough recreational facilities in the district	25	18
This area is considered “hard to reach and stay” by other health workers.	88	64

From the table above, it can be observed that most of the respondents reported that the area is a “hard to reach”, with no enough facilities, minimal investigative equipment and almost no staff

housing. Only 11% of the respondents reported that there is adequate and habitable staff housing and a small percentage of 9% reported to have all the Supplies/Equipment required to do my job well. On average 61% reported that the working conditions in this facility are favorable. The absence of a supportive working and living environment has led to increased absconding from duty stations, absenteeism, while those who have persisted to the conditions have not performed optimally. Therefore, working and living conditions of the health workers were found to have a significant bearing to their performance.

Staffing status

Poor performance is as result of health staff not being sufficient in numbers. This study found that the current workload for most of the health workers is too much and therefore unmanageable. This was attributed to inadequate staff and high attrition rate in the district. Results further showed that most of the approved positions in the facility were not filled, but those existing staff agreed that they are committed to their duties. For example it was noted that Bundibugyo district Hospital has only one Medical officer instead of the seven(7) recommended in the approved structure. Nyahuka Health Centre IV and Kikyo Health Centre IV have no Medical Officer and only Karugutu Health Centre IV has one Medical Officer instead of two. This gives a total gap of twelve Medical Officers in the whole district. These Table below shows the percentage of respondents tha agreed to statements on work load and staffing status.

Table 12: percentage of respondents that agreed to statements on workload and staffing status

Statement	Freq.	%
The workload is manageable	23	17
The staffing status for this facility is adequate.	25	18
All the approved positions in this facility are filled by competent employees	45	33
Staff of this facility is committed to their duties.	86	63

As earlier mentioned, a small number of respondents (17%) agreed to the statement that the workload is manageable, and that the facility has adequate staff (18%). This implies that most health workers have to put in extra energy to meet the rising number of patients that seek care

from the various facilities. It further implied that some facilities do not have certain categories of health workers since 33% admitted to the fact that not all approved positions are filled by competent employees making those available to perform tasks that were not actually trained for. All these contribute to their performance since the patient health worker ratio is always high. Despite the shortage of staff 63% are still committed to performing their duties.

Supervision

Besides workload and staffing level, inadequate support supervision was reported as another factor affecting health workers performance. It was revealed that supervision from the center and the districts was not regular and this makes some staff act irregularly. However, it was noted that most health workers easily communicate to their superior easily, but most the superiors referred to are those based in the same workstation. The results on supervision are presented in table ten below.

Table 13: Percentage of respondents that agreed to statements on supervision

Statement	Freq.	%
There is adequate supervision in this facility.	63	46
Officers from the Centre and the District supervise us regularly.	41	30
Some staff of this facility act carelessly and unprofessionally due to lack of supervision.	53	39
I can easily communicate to my Supervisor about my problems.	95	69

The results above shows that , an average number of 46% responded that there is adequate supervision within the facility for the health workers. Only 30% agreed to the fact that there is regular supervision from the district. Lack of support supervision imply that most health workers miss out on the importance of supervision such as mentoring, coaching guiding, problem solving, encouraging and others. Because the health workers do not get these, it greatly affects their performance.

Career advancement

Health worker career advancement was another factor affecting health workers performance. This was because a significant number of health workers reported that they have the requisite skills and knowledge, have been given the needed training and are encouraged by their

employers to go for further training. In addition, most of them indicated that their jobs matched with their skills and experience as summarized in table fourteen below.

Table 14: Percentage of respondents that agreed to statement on career advancement

Statement	Freq.	%
Staff of this facility has the requisite knowledge and skills in managing clinical work.	115	84
I have been given the training needed to succeed in my position.	90	66
Employees have the opportunity to attend courses to enhance their skills.	82	60
Employees are encouraged to go for further training.	90	66
My job matches with the skills and experience.	129	94
Monitoring and coaching are encouraged in this facility.	81	59
All Managers and Supervisors are competently trained in Management	52	38

From the table above, it is evident that most of the health workers were in agreement with most of the statements relating to career advancement. Because most of the health workers said that they have the requisite skills and knowledge implied that they are conversant with their work, and this has a significant bearing to improved performance. It was however observed that there is still a gap in regard to health systems management since only 38% agreed to the fact that supervisers are competently trained in management. This points to inefficiency in managing the health systems.

4.6 Performance of employees

4.6.1 Attitude

Attitude was another factor found to affect health workers performance during the study. Positive attitudes also influence job satisfaction and performance. Results however showed that some health workers are not satisfied with their job, others do not care about their work, while most health workers have part-time jobs. Those that take on second jobs to supplement their incomes often find themselves overworked and unable to provide adequate care according to standards and nor being responsive to the needs of the community and the patients they serve as indicated in table eleven below.

Table 15: Percentage of respondents that agreed to statements on attitude

Statement	Freq.	%
Staff of this facility is always on time for duty.	81	59
There is a client charter available at the facility.	64	47
Patients are satisfied by the services provided at the facility.	56	41
Most health workers are dissatisfied with their jobs.	66	48
Staff at the facility do not care much about their work.	33	24
A good number of Health Workers in the district have part time jobs.	23	17

The 17% of respondents that have part time jobs shows that some of the employees are not satisfied with the salary and thus the no motivation for work. On contrary an average number of 59% reported they reach the facilities for duty on time. The results suggest that this nature of attitude could be influenced by other factors like salaries, working conditions and workloads among others.

4.6.2 Quality of care

Quality of care on duty in time is another factor that affects performance. Staff who report on time and are on duty whenever they are supposed to are likely to meet their outputs compared to those who do the contrary. This study found that there is regular attendance by staff in some facilities, this however does not translate into meeting clients' expectations and health workers targets within the agreed period as presented in table:15 below.

Table 16: Percentage of respondents that agreed to statements on quality of care

Statements	Freq.	%
There is regular attendance to clients by the Staff on duty.	110	80
Patients are attended to as soon as they arrive at the facility.	97	71
There is prompt provision of services at the facility.	73	53
The set targets are always accomplished within the agreed period.	49	36
The service providers meet patients' expectations.	62	45

It is worth noting from the table above that the majority of the health workers agreed that there is regular attendance to the clients (80%) , but clients' expectations are not met. This could probably be due other factors like inadequate supplies and working conditions among others. These findings suggest that for effective performance, all factors affecting staff performance are interdependent.

4.7 Government policies and initiatives

Government policies were reported to be governing the operations of the health workers in the district. Results showed that most of the health workers follow the set guidelines, although they again reported that they are not conversant with the policies and plans that govern the health sector as presented in table thirteen.

Table 17: Percentage of respondents that agreed to statements on government policies and initiatives

Statements	Freq.	%
Employees are governed by organizational policies to do their jobs	105	77
Health Workers always follow the set guidelines.	105	77
I am well conversant with the existing policies and plans that govern the health sector.	67	49
I am not aware of the existing policies and plans governing the sector.	56	41

Overall, findings showed that an average proportion of health workers were aware and conversant with the existing policies and plans that govern the health sector (49%) and 77% of the health workers follow the set guidelines. On the contrary (41%) seem to follow what they are not sure of. This is likely to affect the implementation of these guidelines.

4.7.1 The "hard to reach" Policy

In this study the "hard to reach" was considered as the distance from the capital city, remoteness and accessibility.

Table 18: The percentage of respondents that agreed to the statement on the "hard to reach" policy.

Statements	Frequency	Percentage
Iam knowledgeable about the "hard to reach" policy	112	82
The "hard to reach" policy cater for all health staff of the district	63	46
My work place is very far from the district	105	77

The table above shows that respondents had knowledge about the "hard to reach" policy (82%). However the Government doesn't implement the policy to suite the health worker working in the "hard to reach" areas. Based on the study, most of the health workers come far away from the district (77%) and therefore benefit from the "hard to reach" allowance. However (46%) who are the staff at the district and Urban councils do not benefit from this and therefore felt the policy is seggregative since the entire district is "hard to reach" in terms of distance, remoteness and accessibility.

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

The study examined the contribution of motivation strategies to staff performance of health workers in Bundibugyo district. The variables studied included; the motivating factors (salary and allowances), working and living conditions, workload and staffing status, supervision and career advancement. It also looked at the impact of the "hard to reach" policy on performance. The chapter therefore provides conclusions and recommendations based on the study findings.

5.1 Summary of Finding

This chapter summurises the objectives of the study.

5.1.1 The contribution of monetary strategies to employee performance

The first objective was to find out the contribution of monetary strategies to employee performance. The overall findings indicate that the monetary factors are basic derteminant in attacting workers to stay in an organization or quit the job offered to them. Of the Health workers interviewed, most of them agreed to the fact that salary is an important motivator. In regard to allowances the result indicate that (41%) of the staff do not get allowances. This affects productivity of the workers and hence performance is compromised.

5.1.2 The contribution of non monetary strategies to employee performance

The second objective was to examine the contribution of non monetary strategies to employee performance. Results indicate that indeed Bundibugyo District is "hard to reach" and with out enough facilities, minimum investigative equipment and almost no accommodation.

In regard to staffing only (17%) agreed to the statement that the work load is manageable and the facility has adequate staff. Futher more an average number felt that there is adequate supervision within the facility though external supervision from the centre and the district to some lower health units is still minimal.

All the above non monetary factors it was observed are great contributers to improved performance and unfortunately there is a lot to be desired. The absence of a supportive work environment in Bundibugyo district has negatively affected Health service outcomes.

5.1.3 Impact of the "hard to reach" policy on employee performance

The third objective was to find out the impact of the "hard to reach" policy on employee performance. The study found out that the "hard to reach" iniative is a good policy since it motivates staff of the district to work in "hard to reach" areas. However most of the health staff in municipalities, Town councils and headquaters were not contented with the way the allowance is paid since they do not benefit from it. The analysis therefore concludes that there is need to look into this incetive to benefit all health staffs in the district if positive health outcomes are to be realized.

5.2 Discussion of the research findings

In this section the researcher presents a discussion of the study findings in relation to the objectives of the study. It therefore looked at the contribution of monetary strategies to the employee performance, examined the contribution of non monetary strategies to employee performance and the impact of the "hard to reach" policy

5.2.1 Contribution of monetory strategies to employee performance

In every organizational establishment, there are certain incetives that motivate an individual to work. Monetory strategies were recognized by the workers interviewed as the main motivators. These incetives include staff salaries and allowances (health consolidated and lunch). The study noted that these incetives are basic determinants in attracting workers to stay in an organization or quit the jobs offered to them.

Of the health workers interviewed most of them agreed to the fact that salary is an important motivator. However (16%) of the respondents agreed to the fact that the salaries they get are adequate. This means majority of the staff are discontented with he pay. This makes it difficult for the staff to cope with their current salary, bearing in mind the increase in the cost of living

and such demotivated staff are most likely not perfom to their best. The renumeration / pay system in an organization must fit the human relations climate of the organization. This is in congruence with the findings of J.Bananuka 2010 which states that low paying organizations will always loose employees to those who can afford good pay

Coupled with salary are staff allowances. Results indicate that (41%) of the staff seemed not to be getting other allowances apart from lunch and consolidated health allowance that is consolidated on salary whereas others are getting. This affects the productivity of health workers. Further still, such allowances can be counterproductive if not available to all staff of the district and as a result performance is compromised. Williams .H.Davis in Pigors (as cited by J.Bananuka) observes that there's no single factor that does more to break morale , encourage absenteeism, increase labour turn over and hamper production than unjust inequities in the wage rates paid to different individuals.Therefore when designing performance programmes emphasis should be put on ensuring maximum performance.

5.2.2 Contributions of Non Monetory strategies to employee performance

There are non monetory rewards that play a central role on work motivation and performance in the public sector.

Working and living conditions

Employees are individuals that come from different backgrounds. They have different educational back ground with different experiences and their different family class are all important factors within which their needs can be located. This therefore means that even if workers are given more monetory rewards without maintaining a good work atmosphere, it will not yield high performance at work. According to the study 61% respondent argued that work atmosphere largely determines work performance in the organization though other factors are equally important since they play a complementary role. Only 9% agreed to the fact that hey have all the supplies and equipment required to do the jobs. The absence of a supportive work environment has negatively affected health service outcomes. These findings were similar to other earlier studies (Gibson 2004), Dambisya 2007) who found that positive working and supporting environment is an important element in motivating staff. According to Robert (2000), the manager` should ensure that work done through employees is possible.

Staffing status

Having the right people with the right qualifications at the right time for an organization is very important for an organistaion. According to table eleven only (17%) of the respondents agreed that the workload is manageable and that the facilities have adequate staff. Some categories of health workers are missing and with the increased burden of diseases and the growing number of patients, the few Health workers become stressed and this leads to burn out and as a result client sartisfaction is compromised. Similar findings were reported by Eilish (2008) who reported that workload and staff shortages are contributing to burn out, high absenteeism, stress, depression, low morale and demoralisation. Similar findings were reported by Lundstorm et al (2003) states that understaffing especially during peak occupancy is associated with adverse outcomes among workers and patients.

Supervision

Good supervision and management are critical to performance of the health care system and quality of care, whereas weak support supervision and management are factors of job dissatisfaction. Accoding to the study findings (46%) agreed to the fact that there is average supervision within the facility whereas only (30%) agreed to the fact that there is supervision from the district and the centre. This lack of supervision makes Health workers miss out on mentoring, coaching, guiding and problem solving which greatly impacts on the outputs. Similar findings were reported by the medicines and health services delivery report (2010) which states that there is insurficient support supervision at all levels of Government health centres and that this has rendered officers on ground to act carelessly and unprofessionally.The area team visits by ministry of health in their reports identified that lack of supervisory skills and lack of transport for supervision may hinder the process. This as a result hampers on the quality of care.

Career Advancement

The study noted that the majority (84%) of the staff have the requisite qualifications to perform their duties and advance in their careers. This has a positive bearing to improved attitude and provision of better care since they practice what they know.

Related findings were reported by Beach (2010) who argued that career development programmes enhances retention of staff and output oriented personnel, also Misha (2008) whose study indicated that health workers take pride and are motivated when they feel that have the opportunity to progress.On the contrary the report observed a gap in health systems management that needs to be bridged if proper health out comes are to be achieved. Similar findings are reported by Margaret More House (2007) who states that one of the obstacles to the success of health programmes is the lack of management and supervisory skills among health management. Weak leadership and management at all levels is one of the most frequently cited causes of inadequate wok force performance.

5.2.3 The "hard to reach" policy and its impact on employee performance.

The study forund out that the majority of the staff (82%) were knowledgeable about the "hard to reach" policy. However its implementation is in such a way that it only benefits staff working in the rural settings.This compromises the entire district performance since some staff are left out. At the same time many of them opt to move to rular settings to benefit from the policy leaving the urban centres unmanned which in its self is good since it benefits the lower communities but disadvantageous since it robes the urban councils of the required staff

5.3 Conclusions

The study made the following conclusions in relations to the specific study objectives.

5.3.1 Contributions of monetary strategies o employee performance.

The study concluded that monetary strategies are important motivators and basic derteminants in boosting productivity and making employees perform in an organization.

5.3.2 Contribution of non monetory strategies to employee performance

The sudy concluded that the most effective motivators of workers are non monetory.This is because they foster team spirit ,include recognition,responsibility and career advancement.

Therefore acombination of monetary and non monetary strategies may indeed boost productivity of employees. Management should therefore take these issues into consideration in their human resource planning . If workers are well motivated, good performance is guaranteed. Whereas demotivated workers end up disillusioned and discontented with their jobs.

5.3.3 Impact of the "hard to reach" Policy on employee performance.

The sudy concluded that the "hard to reach" policy is an important motivator towards employee performance for the staff of the "hard to reach" districts since it helps the districts to attract and retain staff. However the policy should be reviewed to capture all staff of the "hard to reach" districts.

5.4 Recommendations.

Management needs to reward workers properly since it will motivate them to do a better job. The following recommendations will therefore help to create a conducive atmosphere and good conditions for workers to peacefully remain in their work place.

5.4.1 Contribution of monetary strategies to staff performance

- From the analysis of the data gathered on the study, the major problem facing employees' especially junior staff is that, there are inadequate salaries and allowances, the researcher therefore recommends that government should enhance the salaries of health workers and provide them with extra work allowance like over time and extra duty in addition to their salaries. When these allowances are added to their salaries they will be committed to work and productivity will increase.

5.4.2 Contribution of non-monetary strategies to staff performance

- The study noted that there are inadequate staff in the health units visisted compared to the workload and population they serve. Therefore the research concludes that , government should address this issue; this could be through comprehensive recruitment and retention strategies such as improving the working and living conditions of health workers and proper implementation of "hard to reach" policy.

- It was noted that support supervision from the Centre to the District and from the District to the lower health units is not effective. Therefore support supervision and monitoring should be intensified. Performance assessment should also be implemented.
- The study also revealed that accommodation is one of the main challenges facing staff. The point is that, good accommodation for workers to a large extent also contributes or motivates workers to put up their best. The researcher recommends that government should provide residential dissent accommodation for health workers. Additionally, Management can also develop proposals to some donor agencies and development partners to assist in this direction.
- Other intervention to improve performance should be based on local problem analysis and should be developed jointly with health workers to maximize ownership and empowerment which contributes to increased staff satisfaction and motivation.
- Based on the study findings health workers need continuous medical education and other training like administration and management to acquaint themselves with skills and use of medical technology.

5.4.3 The impact of "hard to reach" Ploicy on employee performance

- The findings of the study indicated that 82% of the health workers are well conversant with the had to reach policy but seemed ignorant about the other Government policies . Therefore the centre should ensure that there is a roll down of policies so that health workers can effectively have them operationalised. The "hard to reach" policy should also be implemented to benefit all staff in the district bearing in mind that it's a "hard to reach" district.

- All in all, more research is needed to validate the findings and ensure that the recommendations produce the results required for both workers and patients.

5.5 Contribution of the study

The study contributed to the knowledge base on employee motivation and performance. It will also contribute to decision making among human resource managers especially in the health sector.

5.6 Limitations of the study

Logistical support was a challenge to the study since the research was funded solely by the researcher. However, by self-sacrifice and support from friends and family members, the researcher was able to overcome this challenge. This led to the completion of the research work. In the process of the research, the main researcher felt sick and this delayed the completion of the report.

Even though, the researcher encountered difficulties in some of the respondents' attitude towards responding to the questionnaires, this did not discourage the researcher as she was able to use her rich experience in convincing the respondents to fill in the questionnaires. Due to resource constraint, the researcher was not able to cover the entire staff of the health centres in the district.

5.7 Areas for further research

The study also noted the imbalances in the implementation of the "hard to reach" policy, and this requires research in the baariers to the implementation of the "hard to reach" policy.

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APPENDIX

Questionnaire on the factors affecting performance of Health Workers; a Case Study of Bundibugyo District

SECTION A:

Instructions to Respondents

Dear Respondent

This Questionnaire is intended to facilitate a Study on Factors affecting performance of Health Workers in Uganda; A Case Study of Bundibugyo District leading to an award of a Masters Degree in Management Studies (Human Resource Management).

I therefore request you for your participation in this study by completing the attached Questionnaire for the success of my research.

All the information you give will be kept confidential. Please take your time and answer carefully.

SECTION B: Please tick or enter where applicable

1. Age
   a) Below 18 years
   b) 19 – 30 years
   c) 31 – 43 years
   d) 44 – 56 years
   e) Above 57 years

2. Sex
   a) Male
   b) Female

3. Religious Affliation
    a) Protestant
    b) Catholic
    c) Moslem
    d) SDA (Seventh Day Adventist)
    e) Others (specify) ……

4. Marital Status
    a) Married
    b) Single
    c) Divorced
    d) Widowed
    e) Separated

5. Educational Background
    a) Primary
    b) Secondary
    c) University/Tertiary
    d) Others (Specify) ……

6. How long have you worked in this Institution?
    a) Less than one year
    b) 1-3 years
    c) 4-6 years
    d) 7-9 years
    e) 10-12 years
    f) 13 years and above

7. When did you qualify from training?
    a) Less than one year
    b) 2 years
    c) 3 years

d) 4 years
e) 5 years
f) 6 and above

8. How do you rate the behavior of Health Workers in executing their duties?
   a) Good
   b) Excellent
   c) Very Good
   d) Fair
   e) Poor

9. How do you rank the current system of service delivery
   a) Good
   b) Very Good
   c) Excellent
   d) Fair
   e) Poor

10. Is your Current Salary adequate?
   a) Yes
   b) No
   c) Not sure

11. If No please explain further.

   ……

   ……

12. In your opinion, what do you think is the Impact of an enhanced Salary to:-
   a) An Organization……..
   b) An Individual ……

13. What other incentives apart from Salary are in place to retain Health Workers in this Facility?

……

……

14. What do you think stops some of the patients if any from accessing your services?

……

15. Are there adequate Staff in this facility?

a) Yes
b) No
c) I don't know

16. If No what do you think are some of the reasons for this critical shortage?

…….....

17. In your view, what can be done to address the above?

……..

18. Comment on the Current System of service delivery in this facility.

……..……

……..

19. (i) Are there any reward policies at your Work place?

a) Yes
b) No
c) Not sure

(ii) If Yes, please specify

……

……..……

20. What do you like most about working for this facility?

…….

21. What do you like least about working for this facility?

…….

22. What are some of the aspects that need to be improved or changed?

...……

..…….

23. (i) Are there any future plans to improve performance of Health Workers in the District?

a) Yes

b) No

(ii) If yes, please explain in details.

……..

……

SECTION C

Under this Section, use the rating below to select an opinion you agree with. Tick your respective answers.

These range from 1 Strongly Agree 2 Agree 3 Disagree 4. Strongly Disagree

5. I don't know.

Salary and Other Benefits	**1 Strongly Agree**	**2 Agree**	**3 Disagree**	**4 Strongly Disagree**	**5 I don't know**
1. Salaries are paid promptly at the end of every month.					
2.The Salary I get is comparable to other colleagues working in the Private sector					
3. There are automatic Salary Increments					
4. There are always chances for promotions in case there is an existing vacancy.					
5. Health Workers in the facility are well facilitated in terms of transport, housing, lunch to enhance their performance					
6. There are other allowances paid to staff of my organization apart from					

Salary					
7. Leave days or day offs are granted					

Salary and fringe Benefits	**1 Strongly Agree**	**2 Agree**	**3 Disagree**	**4 Strongly Disagree**	**5 I don't know**
8. Performance Appraisal system is in place and adequately followed.					
9. Best performers at my work place are rewarded					
10. Staff are entitled to loan facilities granted by the administration					
11. I and my family have free access to free medical care.					
12. Funds are easily accessible for departmental requirements.					
Working and Living Conditions					
13. The working conditions in this facility are favourable for me to carry out my duties.					
14. I have all the Supplies/Equipment required to do my job well.					
15. There is access to modern technology in carrying out investigational procedure					
16. Facilities, laboratories and theatres are well equipped to perform the required investigations.					
17. Space in Wards is adequate to accommodate the number of patients.					
18. Referral procedures in this facility are adequate					

19. There is adequate Stationary in this facility to allow me carry out my duties well.					
20. There is regular servicing of equipment at the facility.					
21. There is access to clean and safe water.					
22. Issues of occupational health and safety are a priority in this facility.					
23. There is adequate and habitable staff housing.					
24. Staff stay far away from the health facility.					
25. There is a good road Network in the district.					

	1 Strongly Agree	**2 Agree**	**3 Disagree**	**4 Strongly Disagree**	**5 I don't know**
26. There are good schools within a walk able distance from the health facility					
27. There are enough recreational facilities in the district					
28. This area is considered "hard to reach" and stay by other health workers.					
Staffing Status and performance					
29. The workload is manageable					
30. The staffing status for this facility is adequate.					

31. All the approved positions in this facility are filled by competent employees					
32. Staff of this facility are committed to their duties.					
Supervision					
33. There is adequate supervision in this facility.					
34. Officers from the Centre and the District supervise us regularly.					
35. Some staff of this facility act carelessly and unprofessionally due to lack of supervision.					
36. I can easily communicate to my Supervisor about my problems.					
Career Growth and Advancement					
37. Staff of this facility have the requisite knowledge and skills in managing clinical work.					
38. I have been given the training needed to succeed in my position.					
39. Employees have the opportunity to attend courses to enhance their skills.					
40. Employees are encouraged to go for further training.					
41. My job matches with the skills and experience.					

	1 Strongly Agree	**2 Agree**	**3 Disagree**	**4 Strongly Disagree**	**5 I don't know**

42. Monitoring and coaching are encouraged in this facility.					
43. All Managers and Supervisors are competently trained in Management					
Government Policies and Initiatives					
44. Employees are governed by organizational policies to do their jobs					
45. The “hard to reach” policy cater for all health staff of the district					
46 I am knowledgeable about the “hard to reach” policy.					
47. I am not aware of the existing policies and plans governing the sector.					
My work place is very far from the district					
48. The facility has appropriate plans that enable it cope with emergencies.					
Quality of patient care					
49. There is regular attendance to clients by the Staff on duty.					
50. Patients are attended to as soon as they arrive at the facility.					
51. There is prompt provision of services at the facility.					
52. The set targets are always accomplished within the agreed period.					
53. The service providers meet patients expectations.					
Attitude					
54. Staff of this facility are always on time for duty.					
55. There is a client charter available					

at the facility.					
56. Patients are satisfied by the services provided at the facility.					
57. Most health workers are dissatisfied with their jobs.					
58. Staff at the facility do not care much about their work.					
59. A good number of Health Workers in the district have part time jobs.					

Thank you very much for your corporation.