UGANDA MANAGEMENT INSTITUTE

INSTITUTIONAL CHALLENGES TO INPATIENTS HEALTH SERVICE DELIVERY IN REGIONAL HOSPITALS IN UGANDA

A CASE OF FORT PORTAL HOSPITAL

BY

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09/MBA/1/035

A DISSERTATION SUBMITTED TO HIGHER DEGREE DEPARTMENT IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER OF BUSINESS ADMINISTRATION OF UGANDA MANAGEMENT INSTITUTE

FEBUARY, 2014

DECLARATION

I declare that this work is my own. It has not been submitted to any higher institution of learning or university for any academic award.

Signed: ....   Date: ....

Joseph Kisubi

APPROVAL TO SUBMIT

This dissertation has been submitted with the approval of my supervisors.

Supervisor: Dr. Muhenda Basaasa Mary

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Signature…………………………………………

Date………………………………..

DEDICATION

This dissertation is dedicated to my late parents, mother and father who saw me up to this great height. May their souls rest in eternal peace.

To my loving wife Rosemary Ataliba Kisubi, children Barron, Stuart, Hilda, Bitu and Yafesi and to my brothers, David, James Mande, Julius and my sisters, Sarah, Rose, Lillian, Rhona and Margret. And to my uncles, John, Gasta and Mugabi. And auntie Jane. And Isaiah

I salute my family for accepting any inconvenience my academic task might have caused them.

ACKNOLEDGEMENT

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LIST OF ACRONYMS

HCIV   Health Centre Four

HCIII   Health Centre Three

WHO   World Health Organization

RRH   Regional Referral Hospital

FRRH   Fort Portal Regional Referral Hospital

MoH   Ministry of Health

MPS   Ministry of Public Service

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ABSTRACT

This study investigated the institutional challenges to inpatient health service delivery in Regional Referral Hospitals in Uganda with a major emphasis on Fort Portal Regional Referral Hospital.

The study specifically investigated; The effect of financial resources, medical infrastructure and human resources management on the inpatients health service delivery at Fort Portal Regional Referral Hospital

The study was a cross sectional design with a sample size of 184 and employed purposive sampling, stratified random sampling and simple random sampling techniques. Data was collected using; questionnaires, interview guides , focus group discussion guide and observation check list . Data analysis used both the qualitative and quantitative approach.

The study found out that there exists inadequate funding, inadequate medical infrastructure and low staffing which affects operations and health workers' morale.

Recommendations included; the need to recruit more staff as provided for in the establishment, to reduce too much work load due to the large number of inpatients. There is need to increase staff remuneration in order to boost their morale. There is also need to renovate and expand on the inpatient medical infrastructure, procurement of more medical equipment and to increase the funding bulk for the inpatient department of the hospital.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study examined institutional challenges to inpatients health service delivery in Regional Referral Hospitals in Uganda using a case of Fort Portal Regional Referral Hospital. Institutional challenges were the independent Variable while inpatient health service was the dependent variable. This chapter l presents the background to the study, statement of the problem, General objective, specific objectives, Research questions, Hypotheses of the study, the conceptual framework, significance of the study, justification of the study, scope of the study and the operational definitions.

1.1 Background to the study

Globally, it is estimated that the world population was slated to grow at an average of about 1.8% between 2005 and 2050 from 6.55 Billion to 10.5 billion people due to the high population growth rate in the developing countries despite a downward trend in some developed countries (United States Census Bureau). An increase in the world population would call for an increase in the social services. Yet there tends to be a mismatch between what the global population requires in terms of social services and what is and how it is actually delivered (WHO, 2000). The mismatch could be because of institutional challenges that impinge on the delivery of social services.

One of the major components of social services is that of health services (Wafula, 2007). The developed world offers high quality and adequate health services to both the inpatients and the

outpatients (WHO, 2000). The healthy services in most of the developed countries rely more on the medical insurance schemes than on the government coffers (WHO, 2000). United States of America, Germany, France, Italy, Britain, Netherland and Japan to mention but a few, have their health services dependant on the insurance schemes. The insurance corporation can be private or public but the private ones tend to dominate. Citizens and other residents living in the above mentioned countries can seek for health services in any medical facility (private or public) within their respective countries and then their respective insurance corporations would meet the cost. This has led to the development of highly capable medical facilities that offer high quality health services within those countries. Generally, in the developed world, the number of patients per doctor is low, the necessary infrastructure is in place and the technology is quite modern in addition to the medical sundries and drugs being available at all the health units.

However, not all the developed world enjoys good health service delivery. In Canada, the government mandated the citizen centered service network to carry out a survey on public service delivery in 1998 (Treasury Board of Canada, 1998). The findings were that Canadians were dissatisfied with the government health service delivery and access to public services. This was traced to institutional challenges faced by the health units (WHO, 2000) In another undertaking, Dale & Shipman (1996), as quoted by Waaler (2008), conducted a research in a District in East London with a population of 700,000 people. They discovered widespread

dissatisfaction of the public service health delivery. This indicates that there are challenges in the delivery of health services

In Africa, although both the inpatients and the outpatient's health services are available, they operate at low ebb generally, given the weak economies of these countries on which the health

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services rely. In these less developed countries the delivery of health services is the onus of government and its dependant on government contribution which in turn is dependent on the strength of the economy. Unfortunately, the economies are usually weak since they depend on low taxation rates and narrow taxation base. Weak economies have a negative impact on social service delivery (Ola. 2009).

The other alternative way of supporting the health services in Africa would be by the insurance schemes. However, its feasibility in the developing economies is low given the fact that the tertiary sector falls below 20% of the economy generally (WHO, 2009). However, donor countries and communities, time and again, offer supplementary support to these countries health sectors (Ministry of Health, 2009). However, prioritizing amongst the needs of the less developed countries is also a big challenge. The challenge is how to allocate the scarce resources amongst the unlimited competing demands. If the appropriate portion due for the health sector is not allocated, certainly it would result into poor performance of the sector (Wafula, 2007).

In Uganda, both the inpatients and outpatients health services are offered but the country experiences more serious deficits and inefficiency in the inpatient health services, (Ministry of Health, 2000). The country cannot ably support the health services whose demand has increased due to the high population growth. It calls for more facilities, medicines, personnel and tools and equipment. There is a mismatch between what the population expects of the health services and what is actually offered (Wanume, 2002). In Uganda, the onus of offering health services is that of the Ugandan Government. The Ugandans expect an efficient and effective health services from the government with human resources that are adequate in skills and size, modern infrastructure and adequate funding with adequate drugs and medical sundries (Wanume, 2002).

In a bid to improve on the health service delivery, the Government of Uganda has come up with several initiatives. Notable among these is the referral system and creation of 13 Regional Referral Hospitals (Ministry of Health, 2000). The Regional Referral Hospitals that were created include the hospitals of; Jinja, Mbale, Arua, Masaka, Gulu, Lira, Kabale, Mbarara, Soroti, Moroto, Mubende, Hoima and Fort Portal Regional Referral Hospital that will be the focus of our study.

Figure 1: The current referral system in Uganda, created by the Ministry of Health**,** is shown by the figure below:

National referral hospitals

↑

Regional Referral Hospitals

↑

General hospitals

↑

Lower Healthy Units
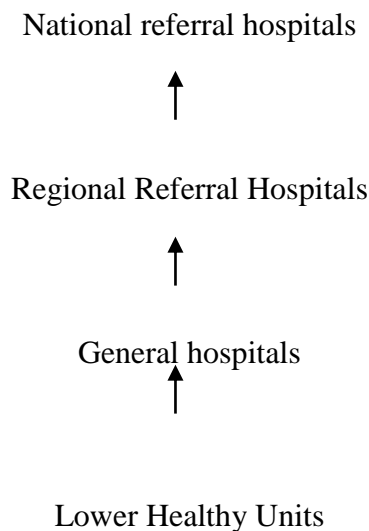
Source: Ministry of Health (2010)

In case of need, it is expected that the Lower Healthy Units refer to the General Referral Hospitals which are meant to refer to Regional Referral Hospitals and which in turn refer to the National Referral Hospitals. Prior to the referral system, all health units referred to the national referral hospital directly. This led to congestion of the inpatients department at Mulago, the only national hospital by then. It was for decongesting Mulago National Referral Hospital that the Ministry of Health came up with the 13 Regional Referral Hospitals to which the patients could

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be referred by the General Referral Hospitals and Lower Healthy Units instead of the National Referral Hospitals.

Despite such initiatives, there are inadequacies in the health service. Patients feel they receive inadequate treatment and attendance. They complain of dilapidated infrastructure, congestion at some health units and generally inefficient and ineffective health services being offered in the health units, generally (Wafula, 2007). The Sunday Vision of the 20th November, 2011 reported thus: "Inpatient die as power cuts rise. At least one patient has died in the hospital ward due to power cuts and many others are feared to have died as a direct result of load shedding. Several upcountry hospitals have suspended or reduced surgical operations because they cannot afford to run generators during black outs. In a number of hospitals, blood is going bad and vaccines are getting spoilt because refrigeration facilities cannot be run continuously"

All the above point to the fact that there could be institutional challenges that impinged on the heath service delivery in the Regional Referral Hospital and it was the aim of this study to explore such challenges with a particular focus on the inpatient department using Fortpotal Regional Referral Hospital as a case study.

1.1.1 Historical overview

The inpatients health service delivery dates back to the time of the introduction of western medicine in Uganda by the early missionaries, with the first hospital established by Sir Albert Cook at Mengo in 1897 (Ola 2009).

Later during the colonial times, more hospitals were established. Hospitals during that time were meant to provide treatment to the colonial workers, indians and some of the africans under the outpatient department, at first. But with the passage of time and the occurrence of complicated diseases such as small pox, sleeping sickness and cholera that could spread and which needed close monitoring of patients by the health workers, the establishment of the inpatient's department became inevitable. Consequently, all the hospitals established had both the outpatient and inpatient departments operational. Notable among these was Mulago hospital, also first established by Sir Albert Cook in 1913 as a treatment centre for venereal diseases and sleeping sickness (Ministry of Health, 2008).

By the eve of independence, all the hospitals in the country had been established by the missionaries or churches for that matter. They offered both the outpatients and inpatients health services. After the attainment of independence, the Post Colonial Government embarked on the expansion of health services countrywide. Accordingly, many Government or Public hospitals were established. Also, some of the health institutions that had been established in various kingdoms during the period before independence were taken over by the government for expansion or development, including Fort Portal (Wambete, 2008). It was first established in the former Tooro Kingdom in the 1930's courtesy of the Buganda Kingdom

missionaries at the request of the King of Tooro. Later it was taken over by the central Government that led to its expansion (Wafula, 2007).

The post colonial Government embarked on the establishment of more health units throughout the country (with both inpatients and outpatient health services departments). Policies were developed that supported the establishment of hospitals directly or indirectly, leading to the

development of public and private health units. This led to the increase in the number of hospitals in the country (Ministry of Health, 2008). Currently, there are 53 public hospitals, 44 private and not for profit hospitals (NFP), 6 private and for profit hospitals (FP), bringing the total number of hospitals with inpatients department to 103 (Ministry of Health, 2010). Further, there are 198 public health centers, 57 private and not for profit health centers and 8 private for profit health centers, bringing the total number of health centers with inpatient health services to 263 units (Ministry of Health, 2010).

After 1985, the Government came up with many health sector reform programmes. In that of 2000, the Government sought of a way of offering specialized health services in the public hospitals. Accordingly, a classification of hospitals into the National Referral, Regional Referral, and General Referral hospitals was effected. This led to the coming up with 13 Regional Referral Hospitals in the country viz: Jinja, Mbale, Arua, Masaka, Gulu, Mbarara, Soroti, Kabale, Lira, Mubende, Moroto, Hoima and Fort Portal.

Like any of the other 12 regional hospitals, Fort Portal Regional Referral Hospital runs an inpatient health service department. It has a bed capacity of 280 (Ministry of Health, 2010). Fort Portal Regional Referral Hospital served as a focus of this research.

1.2 Statement of the problem

The Government of Uganda has sought for and expects effective and efficient inpatient departments in the Regional Referral Hospitals in order to satisfy the community demand for health services. Government has sunk a lot of effort in the health sector to that effect (Ministry of Health, 2010).Capital development fund have been rolled out to Regional Hospitals, there has

been construction of theatres at Health centers and more training of health workers. Despite the several initiatives above, the inpatient health service delivery is far below the communities expectations. There have been several complaints and protests from the community about the health service delivery. At Fort Portal Regional Referral Hospital, the inpatients of the surgical ward/ orthopedic ward protested against inability to receive expected services in a timely manner. With the help of their attendants, patients pulled their beds out of the wards to the verandas as was reported in the Daily Monitor of 2nd February (2011). Around the month of May 2011, at Fort Portal Regional Referral Hospital, there had emerged a misunderstanding between the hospital authority the family of Mr Basaliza Adolf that had lost its family member who had been admitted for delivering but had died allegedly due to negligence of hospital staff, a clear indication of inefficiency and ineffectiveness (Rwenzori Anti Corruption Network, 2011).

The dissatisfaction with inpatient is dotted countrywide and is reported elsewhere in the government hospitals. Consequently, many inpatients shun Government hospitals and the rate of inpatient runaway is alarming (Fort Portal Regional Referral Hospital, 2011). If this trend of challenges is not documented and dealt with, service delivery will be affected. Could this mismatch be related to the financial resources, medical infrastructure and human resource management? Against this background, the study investigated the relationship between institutional challenges and inpatients health service delivery.

1.3 General Objective

The general objective of the study was to explore the institutional challenges to the impatient health service delivery in Regional Referral Hospital in Uganda in a case of Fort Portal Regional Referral Hospital.

1.4 Specific Objectives

i) To examine the effect of financial resources on the inpatients health service delivery at Fort Portal Regional Referral Hospital.

ii) To assess the effect of medical infrastructure on the inpatient health service delivery at Fort Portal Regional Referral Hospital.

iii) To establish the extent to which the human resources management affect the inpatients health service delivery at Fort Portal Regional Referral Hospital

1.5 Research questions

i) What is the effect of financial resource on the inpatients health service delivery at Fort Portal Regional Referral Hospital?

ii) What is the effect of medical infrastructure on the inpatients health service delivery at Fort Portal Regional Referral Hospital?

iii) To what extent does the human resource affect the inpatients health service delivery at Fort Portal Regional Referral Hospital?

1.6 Hypotheses of the study;

The following hypotheses were proposed for the study.

i)   Financial resources have a significantly relationship with the inpatients health service delivery.

ii)   There is a positive relationship between the health infrastructure and quality of inpatients health service.

iii)   Human resource management impact significantly on the delivery of impatient health
service delivery.

1.7 Conceptual framework

Figure 2: Conceptual framework: Institutional challenges to inpatient's health service delivery

Independent variable   **Dependent variable**

| Institutional challenges |

| Inpatient health service delivery |

| **Financial Resources**

. Level of funding

. Regularity |

| **Effectiveness**

• Availability of services

• Accessibility of services |

| **Infrastructure**

. Medical structures

. Medical equipment |

| **Human Resource Management**

. Level of staffing

. Motivation |
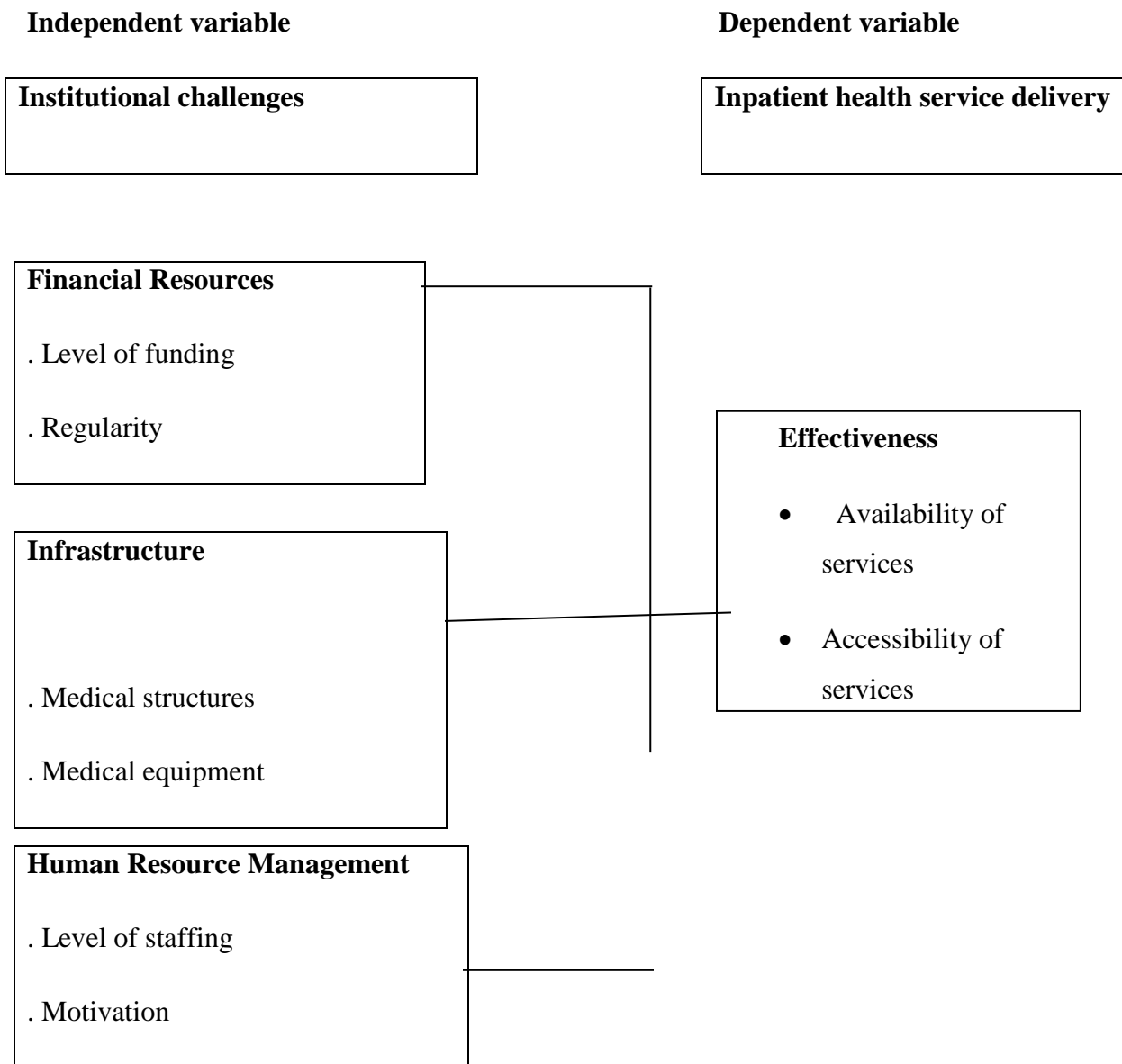
The conceptual framework presented the relationship between institutional challenges (the independent variable) and the inpatient health service delivery (the dependent variable). The conceptual framework is indicated in figure 2 above. It was a modification of the model that was developed by Robbins (2001). The model assessed the organization's performance (effectiveness and efficiency) in relation to funding, (financial resources) infrastructure and the human resource. The report provided that services depended on the infrastructure, management, training and motivation of staff (Human Resource Management) and the level, size and availability of funding. Our study model proposed that, the inpatients health service delivery was determined by the financial resources, the infrastructure and the human resources management.

1.8 Significance of the study

This study that examined institutional challenges to inpatients health service delivery has come up with practical recommendations that may be of use to the policy makers and healthy managers. The study findings could be of use for benchmarking by the rest of the 12 Regional Referral Hospitals in the country, to various stakeholders of Fort Portal Regional Referral Hospital, that include the members of the Hospital Management Board, the administrators, doctors, nurses, paramedics and the support staff. The study will improve their level of awareness regarding the inpatient health service delivery. To the inpatients, the study may be a whistle blower to their suffering and a basis for solutions. To the government, the study may prove of use in identifying institutional challenges to inpatients health service delivery and identifying the requirements for improvement. Meanwhile, the various issues that have been raised from the secondary information of this study will help future scholars in undertaking other surveys.

1.9 Justification of the study

One of the social services expected of government by the community, is that of health.The Majority of Ugandans live in poverty and are heavily reliant on the government health services (especially the impatient health services). There is therefore a dire need to provide an intervention in the provision of quality health services that will lead to a healthy population, which will in turn lead to a stronger economy that will provide quality health services (the inpatient health services inclusive). Therefore, an intervention study to identify challenges that hinder improved inpatient health service delivery was necessary. Although much research had been done in other areas of health worldwide, limited research had been done in the field of inpatients health service delivery in Uganda.

1.10 Scope of the study

1.10.1 Geographical scope

This study was be conducted on the inpatients department of Fort Portal Regional Referral Hospital.

1.10.2 Content scope

It specifically focused on the institutional challenges as reflected in the financial resources, medical infrastructure and human resource.

1.10.3 Time scope

The study was confined to information of health services and hospital records and information for the period from January 2000 up to Nov 2011. In this period, there had been much government intervention in the health sector.

1.11 Operational Definitions

Challenges: Hindrances and Limitations of Optional Quality service

Health unit: Any facility where patients seek health services.

Inpatient: A Patient admitted in the health unit and being accommodated using hospital facilities like beds.

Service delivery: The implementation and administration of a service.

Staffing: Refers to the numbers of health workers.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents a review of literature on challenges to health service delivery. Although there is much related literature, this one focuses only on: the financial resources, medical infrastructure and human resources management, in line with the objectives and conceptual framework of the study as shown in the subsequent subheadings of this chapter. The chapter is preceded by the theoretical review which is later followed by the actual review categorized into: financial resources, medical infrastructure and human resources management. Much of the literature has been obtained by reading of text books, circulars, newspapers, records of Ministries of Finance and Health, records of Fort Portal Regional Referral Hospital and studies related to health that were undertaken before.

2.1 Theoretical review

There are several theories that have been advanced and relate to service delivery. Our study will be based on the goal achievement model and the user satisfaction model. The two models are applicable to civil organizations (like the public hospitals) in which competition for the resources and struggle for the market within a particular environment are not important (Hall & Wadell, 1997). Some of the dimensions of the two models namely that of: financial resources, the facilities (infrastructure) and human resources management will form the basis of our exploration of the institutional challenges to the inpatients health service delivery, as reflected in the conceptual framework of the study.

2.1.1 The goal attainment model

The model suggests that an organization is effective to the degree to which it achieves goals, which are part of the defining characteristics of organizations (Hall, 1997). According to this model, organization success is only achievable through integration and management of the organization functions, processes, resources, facilities and addressing institutional matters such as human resources management, organizational development, culture, etc, in order to achieve the objectives and goals. The model points out that any of the above aspects can form a challenge to the achievement of the organization's goals. Similarly in my study, I intend to explore the institutional challenges regarding the financial resources, human resource management and facilities (medical structure) and how they impinge on the effective and efficient inpatient health service delivery which is the goal of the Regional Referral Hospitals. In other words, in a bid to meet the desires of the community and that of the Government, the goal of a public hospital is basically the delivery of effective and efficient health services but the degree to which this is achieved is reliant on the integration and management of the hospital functions (Curative, preventive, health education and promotion and rehabilitation) processes (such as diagnostics, prescription, treatment and nursing), resources (finance, medical equipment and structures) and addressing institutional matters such as human resources, hospital development and culture among others. Yet there could be institutional challenges that impinge on the above stated factors. It is such institutional challenges and their direction and intensity of impingement on the health service delivery, that the study seeks to explore.

In support of the model, Banerject (1995) asserts that since organizations are put in place for a purpose, this is the most natural and logical approach. However, Campbell (1997) argues that to use the goal approach, "the goals must be few enough in number to be manageable and can be

identified well to be understood". I concur with the above point of view and the study will only examine the institutional challenges regarding the financial resources, facilities (infrastructure) and human resource management in the delivery of inpatients health services, as these are conspicuous in the case of Regional Referral Hospital and given the time bond of our study.

2.1.2 The user or participant satisfaction model

The model emphasizes the satisfaction gained by the user or participant from an organization. "Only if the users or clients of an organization's services were satisfied with the quality of the services, could the organization continue to operate and if the customers or clients weren't satisfied, then they would "vote with their feet" and the importance of the organization would deteriorate and eventually, if the conditions are not checked, the organization would perish". (Hall, 1997).According to this model, in order to meet customers satisfaction, there should be an apple-pie interaction of the resources in use by the organization and good management, in additional to other factors. Factors such as efficiency and productivity are necessary for the organization's survival and not an end in themselves (Hall, 1997). Cummings (1997) asserts that "an effective organization is one where the biggest percentage of participants perceive themselves as free to use the organization and its subsystems as instruments for their own ends". I agree with the view of the model and relating it to inpatients health service delivery, no user (patient) would opt for poor such services if there were other affordable alternatives.

Our study shall examine institutional challenges to the inpatients health service delivery based on some of the factors spelt out by the model as being necessary for the success of the organization. The study will explore institutional challenges regarding the financial and human resources

management and the facilities (medical infrastructure) of the Regional Referral Hospitals and their impact on the inpatients health service delivery.

2.3 Financial resources and the inpatient health service delivery

The review focused on only two aspects viz: the funding level and funding reliability as reflected in the conceptual framework.

2.3.1 Funding level

There are several submissions regarding the funding level and its impact on the delivery of health service. Ministry of Health, (2007) quoted in Kyamanywa, (2008) and Kateguya, (2006) asserts that adequate funding is a major tool in the delivery of health service. The study observes that every good or service that a hospital consumes has a cost and that hospitals utilize consumables like medical drugs and sundries in addition to utilities which have to be procured. Therefore, in order to achieve an effective and efficient inpatient health service delivery, there is need for adequate funding levels. In support of the above view, Wanume (2002) presents problems that resulted from the banning of the user charge fee that was being levied on the patients. The report points out that, the ban deprived the public health units of supplementary funding that had hitherto increased funding level to the advantage of the service delivery. The report asserts that consequently, there was deterioration in the health service delivery. This implies that there is need for a steady and adequate funding level if the health service delivery is to be effective and efficient. Kyamanywa, (2008) contends that government determined the level of funding of Regional Referral Hospitals according to the national resource envelope and not according to what the hospitals required. The study further points out that as a result, what is allocated falls far short of what is required and that this leads to deficiency in the health service

delivery. So there is need to explore the funding level of Regional Referral Hospitals and how it impacts on the health service delivery. The above studies showed a positive correlation between the funding level and health service delivery, Mbabazi (2009) asserts that vices such as corruption, embezzlement of public funds and general financial indiscipline, can compromise the level of funding and negatively affect the health service delivery. The report contends that, unless such vices are checked, increase in the funding level may have no positive impact on service delivery.

Similarly, Munyarangwe (2000) was of the view that much as adequate funding was important in the delivery of health services, lack of prioritization of activities and lack of efficient and effective use of the financial resources that ensures value for money, could negatively affect the health service delivery. Ola (2009) is in agreement. He contends that the health services of Kuwait are not commensurate to the country's economy. He reports that although the economy is strong ,the health services delivery is in "shambles and squalors", Further, contrary to that argument of level of funding, in his speech to the Ministers, Permanent Secretaries, Heads of Departments and District Chairpersons, the former Vice President, Prof. Dr. Gilbert Bukenya, at the National Budget workshop, delivering His excellence the presidents' speech, noted that while funding for all public sectors had increased, there was no improved services delivery in the infrastructure, Health, agriculture and other sectors. Therefore if ineffective and efficient health service is to be achieved, the funds must put to the intended use. My study intends to explore the impact of funding on the health service delivery by the Regional Referral Hospitals.

2.3.2 Funding Reliability

Kateguya (2006) asserted that the challenges to health service delivery lay not on adequate financing alone but also on the reliability of the fund. He observed that generally, Uganda relies on donor funds (more especially) that can be curtailed as and when the donors please and that whenever this funding outrage is done health services are negatively affected. So there is need to have reliable funding for health service delivery.

Relatedly, the New Vision of 18th April 2011 reported how the Health Ministry cut its budget to refund about shs 2 billion on behalf of individuals who embezzled Global fund money for immunization of children and financing the health facilities in the country. The directive followed failure by the government to recover the billions embezzled from the Global Alliance for Vaccine and Immunization (GAVI) from the suspects". Such scenarios are reported to have affected the health services delivery. Similarly, a study by Ssemakula (2007) asserts that the fluctuating hospital budget ceiling brings about a mismatch between what has been planned for and the availed resources, to the detriment of the health service delivery. The report observed that this leads to the freezing of hospital operations as not all the programmed activities are affected. Therefore, funding should be reliable for effective and efficient health service delivery to be achieved.

Further, in agreement with the above point of views, the unreliability of funding is further echoed by Munyarangwe (2000) who contends that lack of preparedness for windfall health crisis such as the breakout of Ebola that had not been planned for and led to the re-allocation of resources, makes the health sector funding unreliable and hence affect the health service delivery. While all the above views showed a positive correlation between the funding reliability

and the effectiveness and efficiency of the health service delivery none of them was on the inpatient health service delivery in the context of Regional Referral Hospital and hence the justification for this research.

2.4 Medical infrastructure and the inpatients health services delivery.

Infrastructure refers to the basic systems and services that are necessary for a country or an organization for example, buildings, transport, water and power supplies and administrative systems. (Oxford Advanced Learners Dictionary). Meanwhile, medical structures include the buildings and fixed installations. Equipment comprise items for use in the hospital directly or in support of the health services delivery such as x-ray, diagnostic equipments, surgery forceps, scissors and beds (Ministry of Health, 2007). The role of infrastructures and its impact on the delivery of health services is reviewed here below in the sub themes of medical structure and medical tools and equipment.

2.4.1 Medical structures.

Ministry of Health (2007) asserts that for effective health service delivery, there is need for adequate medical structures. The report further contends that if there is no increase in the structures that is commensurate to the increase in population, then there is prone to occur congestion as the existing health facilities. In support, Wafula (2007) established that the Government undertook to expand medical infrastructures by building HCIVs and HCIIIs in a bid to decongest the Regional Referral Hospitals. Relatedly, Bwenene (2006) was of the view that there is need to streamline the referral system to avoid congestion at Regional Referral Hospitals which can lead to inpatient floor cases. Further in agreement, Mulindwa (2007) contends that

there is a strong evidence to suggest that lack of adequate ward space has led to ward floor cases and the poor quality of inpatients health services.

Hitima (2009) contends that, besides the hospital words, hospitals host many public health reference laboratories, diagnostic structures, centers for public health education and research

stations. But the adequacy of these hospital physical infrastructures far exceeds the effects of the delayed treatment of trauma, injuries and the like. The hidden impingement is difficult to quantify and consequently often overlooked.

However, while the above studies showed a positive correlation between the medical structures and health service delivery, Bwayo (2010) citing the Ministry of Health (2007) reports that an increase in medical structures parse may not lead to improved health service delivery. The report further established that many of the newly constructed HCIVs and HCIIIs theaters in the country were none operational due to lack of the required personnel. The initiative could not lead to decongestion of the Regional Referral Hospitals which was intended. Therefore infrastructure is meaningful where it can be put to proper use. None of the above studies was specifically conducted in the context of inpatient health service delivery.

2.4.2 Medical equipment.

A study conducted by Wafula (2007) asserted that the management of inpatients is heavily reliant on the medical equipment. The study pointed to the effect that lack of equipment were prone to lead to inaccurate diagnosis and treatment. Similarly, studies conducted at Mulago by Wanume (2002) indicated that although inpatients appreciated cleanliness, their main satisfaction came from having proper examination, availability of diagnostic facilities and good beds. Mbabazi (2009), citing the Ministry of Health (2007), observed that in order to improve on the

health service delivery, the government of Uganda embarked on procuring equipments for health units. Essential laboratory equipment and their consumables, x-rays and scanners were procured, the report asserts. Therefore, medical tools and equipments are essential in effecting health service delivery.

However, while the above studies showed a positive correlation between the medical equipment and health service delivery Bwenene, (2006) contends that the procurement of equipment alone without commiserate training of the personnel to operate tools and equipment would not add much value to the health service delivery. He further asserts that it's not the number of the equipment that counts but how and when they are put to use. The report observed that in some health facilities their exits functional but not used medical equipment. Meanwhile, the above literature did not consider the role of the medical equipment in the context of health service delivery in Fort Portal Regional Referral Hospital.

2.5 Human resources management and the inpatients health service delivery.

There is much literature relating human resources management to the delivery of health services. This section aims at reviewing some of such literature. The review is categorized into the staffing level and motivation.

2.5.1. Staffing level

Kirya (2007) observes that for good delivery of health services, there was need to have the right number of personnel at the right place, at the right time and with the right skills. The report asserts that as hospital services expand in scope and operations, there was need to increase the size of the workforce proportional to the workload. However, the report adds that there is a need to ensure routine supervision of the human resource. The report asserts that for every 10

inpatients, there is need for one competent and skilled health worker. In a similar study conducted by Waaler (2000) in the Solomon Islands, he established that the low staffing in most health units negatively affected the health service delivery. He recommended that the right

number of health workers be hired for the smooth running of the health services. Therefore, staffing level should be at the optimum level for efficient and effective health service delivery.

However, Mbabazi (2009), though appreciating the importance of the level of staffing, introduced the level of the technology in use as an additional factor to the level of staffing. He was of the view that high technology could lead to the need for less health workers. The report point of view therefore, was that efficiency and effectiveness of the health delivery was more to do with the level of technology than the number of staffing, the researcher concurs to this.

2.5.2 Motivation

Robbins (2001), defined motivation as being the impelling of people to act towards the direction that one wants in achieving the goals of any organization. Hertzberg at el, (1972), quoted in Ssemakula (2007) writes in his two factor theory study that he conducted on engineers and accountants, of the demotivators (hygiene sector) and motivators. He states the need for workers to be motivated in a bid to effectively provide a service. Mulindwa (2003), citing Abraham Maslow in the 1960's stressed the rationality of motivation in the effort to gain the organization goals. According to Wanume (2002), the public sector by 2002 had demotivated health workers who received low remuneration to the detriment of the service delivery. The study further indicates that at Mulago hospital the workers were rude to patients due to motivation. Studies conducted in Morogoro Tanzania, indicated a poor patient's health worker relation due to demotivation (Kenko, 2004).

Whereas the above studies show a positive correlation between the human resource management and the health service delivery, none of them was on Fort Portal Regional Referral Hospital and in the context of inpatient health service delivery.

2.6 Summary of the literature review

The literature reviewed above reflects that many scholars have held several studies regarding the service delivery in various institutions, countries and regions. Generally, the literature indicates a positive relationship between the financial resources, human resources management and the infrastructure and the level of service delivery. Although much has been researched on the general health service delivery, not much is specifically on the inpatients health service delivery that caters for the ill and in the context of Regional Referral Hospitals. This study will be conducted to find out the institutional challenges (the independent variable) faced in the delivery.of inpatients health service (the dependent variable) with specific references to Fort Portal Regional Referral Hospital.

CHAPTER THREE

METHODOLOGY

3.0 Introductions

The purpose of this study was to establish the institutional challenges to inpatient health service delivery of Regional Referral Hospitals in Uganda in a case study of Fort Portal Regional Referral Hospital.

This chapter focused on the methods and procedures by which the study was conducted. It therefore contains; the research design that was used, the study population, the sample size and how it was selected, sampling technique and procedures, data collection instruments, validity and reliability testing, procedure of data collection and data analysis used for this study. It also outlines the steps that were undertaken during the study.

3.1 Research design

The research was a case study that adopted a cross sectional survey research using Fort Portal Regional Referral Hospital as a case study. Data was collected across the service providers and inpatients to examine the relationship between variables (Bryman, 2001)

Sought for were opinion, attitude preference and practices of a cross section of the population about the subject under investigation (Amin, 2005).

Both qualitative and quantitative research approaches were used because each supplemented the other (Bryman, 2001). The qualitative method provided the in-depth explanation, while the

quantitative method provided the hard data that was needed to meet the required objectives and to test the hypotheses. Further, still both methods were used to avoid such bias in that each method was used to check the other during the study under investigation. For example, the subjectivity associated with qualitative research was minimized by the objectivity of quantitative research (Amin, 2005). The findings derived from one approach validated the other. Elements of correlation were measured

3.2 Study population

The study population was drawn from Fort Portal Regional Referral Hospital. The study covered the administrative staff, health workers of the inpatients department and the inpatients that were present by the time of the study. The respondents categories are shown in table 1 below;

Table 1; Respondent categories

Respondent category	Accessible population	Sample size	Sample techniques
Administrative staff	3	3	Purposive sampling
Inpatient health workers	100	80	Stratified random sampling
Inpatients (Average)	150	108	Simple random sampling
TOTAL	**253**	**191**	

 Source: Primary Data

The administrative staffs are the immediate representative of the ministry of health (the ministry responsible for Health service delivery in the entire country). They understand the

implementation of Government programmes and do the coordination, make strategic planning in addition to conducting monitoring and evaluation. So, they are in a better position to know the institutional challenges to inpatient health service delivery.

The inpatients health workers are (the technical officers) people who are at the fore front of health service delivery and capable of understanding the grass root institutional challenges.

The inpatients are the users (beneficiaries) of the inpatient health services. They are at the point of exist (dispensation) of the service delivery and most probably could be abreast with the grass root institutional challenges to the inpatients health service delivery.

3.3 sample size and selection

The sample size was 191 comprising; 3 administrative staffs, 80 inpatients health workers and 108 inpatients. The sample size was arrived at by the use of statistical table for determining sample size for research activities by Krejcie and Morgan (1970)

3.4 Sampling techniques and procedure.

Three categories were involved in the targeted population of this study.

3.4.1 Purposive sampling.

The sample size for the administrative staffs was 3. These respondents were purposively selected because of their key positions in the management of the hospital that gives them the advantage of having an in depth information about institutional challenges to inpatients health service delivery. Only the core administrative staffs were interviewed. The information sought for was about the institutional challenges to health service delivery.

3.4.2 Stratified random sampling.

 The sample size for inpatients health workers was 80. These respondents sample was arrived at by use of a stratified random technique as this allows stratification even on more than one variable (Mugenda & Mugenda, 1999). Only those that had worked in the inpatients department for over 2 years were randomly selected.

3.4.3 Simple random sampling.

The sample size for inpatients (108) was arrived at by use of the stratified random technique. The technique was used because of its high generalisibility of finds within a given stratum (Amin, 2008). Male and female strata were established and respondents that could understand English in each stratum were randomly interviewed. Information pertaining to institutional challenges to the health service delivery was sought for.

3.5 Methods of data collection

In the collection of data, the techniques included using self administered questionnaires, interviewing, holding focused group discussions and observation.

3.5.1 Use of Survey Questionnaires

Questionnaires were administered by the researcher and two research assistants to respondents of the inpatients health workers to collect primary data on the institutional challenges to inpatient health service delivery. The researcher used this method because the respondents knew how to read and write. In addition a no bias nature from the researcher was avoided and the method covered a wide area of the sample selected (Sekaran, 2003).

3.5.2 Interviews

Interview guides were used to collect data from the selected inpatients. This was an oral administration of the respective interview schedule in a face to face encounter. This method was used because the researcher wanted to get complete and detailed understanding of the issues from the respondents through probing and clarifications (Odiya, 2009).

3.5.3 Focused group discussions

A focused group discussion was used to collect information from the administrative staffs. In the discussion the researcher introduced the topic on institutional challenges to inpatients health service delivery and asked open ended questions to participants to obtain all the relevant information. This method was used because of its capability to capture real life data in a social environment (Odiya, 2001).

3.5.4 Observation

Observation occurred during the study by the guidance of the observation list. The medical infrastructure, the medical equipment in use by then, the inpatient health workers conduct and their relationship with the inpatients and the stock of medical drugs and sundries were observed. The observations were used to compliment responses from other data collection methods and enhanced accuracy of the study (Mugenda & Mugenda, 1999)

3.6 Data collection instruments.

Instruments that were used included; the questionnaires, interview guides and observation check list.

3.6.1 Questionnaire

The researcher collected data from the inpatients health workers respondent by the use of questionnaire forms on the institutional challenges to inpatients health service delivery.

The researcher selected this instrument because of its confidentiality nature, saves time and above all information was collected from a large sample (Mugenda & Mugenda, 2003). Besides, all the inpatients health workers to whom it was applied understood English in which language the research was conducted.

The Questionnaire forms bore sections rhyming with the dimensions of both the independent and dependent variables. Some sections were structured but one was open ended. The researcher developed the structured section of the questionnaire form on a Likert scale with a five response continuum; strongly agree, agree, undecided, disagree and strongly disagree.

There were 80 questionnaire forms administered to the inpatients health workers to enable the researcher to describe respondents attitude to the statements. The respondents were weighed from scale 1 to 5. According to Amin (2005), Likert scales are very flexible to be constructed for attitude scales.

3.6.2 Interview guide

Interview guides were used by researcher to collect data from the inpatients. The data collected from the respondents pertained to the institutional challenges to health service delivery. The researcher used this instrument because of its flexibility to measure certain characteristics which are not possible by developing scales (Mugenda & Mugenda, 2003).

The interview guide had a list of question that had been recorded down in a logical and coherent order, rhyming with the objectives and hypothesis of the study (Amin, 2005). The interview guide gave direction to the face to face encounter with the respective interviewee. The recording of the responses followed a similar partner.

3.6.3 Focused group discussion guide.

The focused group discussion was held with the administrative staffs. This tool was used because it's fairly low in cost and can be conducted rapidly and tends to produce rich information due to the fact that it has "synergistic effect", where one person builds on what another has said (Descombe, 2000). Besides, it's equally flexible, allowing an in depth exploration of different points related to the topic under study. Further, the tool may provide many possible answers (Odiya, 2009).

The researcher developed a series of open ended questions which focused on specific issues regarding the institutional challenges to health service delivery. Questions were asked by the researcher and responses were recorded. Sometimes, verbatim records were recorded in addition to quoting respondents. Clarification was sought for from the respondents where necessary.

3.6.4 Observation check list

An observation check list had been developed. It comprised a detailed list of behaviors. Each behavior was checked off on being observed. The tool was chosen because of its simplicity and as it complements the other tools (Amin, 2005). The tool can also lead to discovering valuable data which cannot easily be obtained through other instruments (Denscombe 2000).

3.7 Data quality control

Prior to the data collection, measures were undertaken to ensure validity and reliability of the data collection instruments.

3.7.1 Validity

The researcher used face and content validity. Research instruments were drafted and sent to the supervisors for comments regarding sentence construction, wording and relevance of questions to ensure face validity.

The draft questionnaires were presented to 10 members of the research team of the inpatients health department of Hoima Regional Referral Hospital. The responses from the 10 officers were subjected to content validity test by use of the co-efficiency of validity ratio (CVR) as follows;

$$CVR = \frac{n - N/2}{N/2}$$

n - representing the number of respondents that said yes to the validity of the instruments

N-representing the total number of respondents

$$CVR = \frac{10-5}{5} = 1$$

Therefore the validity test was based on the above formula and the results showed validity figure of 1 which is above 0.7. This implied that the tools were valid for data collection (Sekaran, 2003).

3.7.2 Reliability.

Reliability measures the degree to which a researcher's instrument yields constant data after repeated times (Mugenda & Mugenda, 2003). To ensure reliability the researcher presented the questionnaire instrument once on 10 inpatients health workers at Hoima Regional Referral Hospital. This was intended to determine the internal consistence of the instrument. (The internal consistence technique). The scores obtained from the pre-test were then correlated using s

Cronbach's coefficient Alpha since multiple responses items were involved. The results were as shows here below;

Table 2 Reliability index

Variable	Reliability index
Financial Resources	0.90
Infrastructure	0.80
Human resource	0.90
Inpatient health service delivery	0.80
Overall reliability	0.85

Source: Primary Data

The overall reliability of the instrument showed cron Bach's Alpha value of 0.85

Cron bach's Alpha value greater than 0.60 is acceptable (Hattie et al 1997). The higher the reliability co-efficiency the better the stability of the measure (Sekaran, 2003).Therefore, the researcher proceeded to collect data using the instrument.

3.8 Data collection procedure

An introductory letter was obtained from Uganda management institute and later permission to carry out the research was sought for from the Fort Portal Regional Referral Hospital authority and it was granted.

The researcher indentified two research assistants and trained them in techniques of administering questionnaires and conducting interviews. The trained research assistants were needed to meet the large number of respondents and collect high quality data with efficiency and effectiveness.

Prior to the survey, the consent of the respondent was sought. With the help of the research assistant, the researcher administered the questionnaire to the inpatient health workers with clear instructions. The questionnaires were collected from 73 inpatients health workers after five days upon confirmation that all the questions had been answered.

The researcher together with the two research assistants interviewed all the 108 inpatients. This was done in a bid to cover the big number of interviewees easily. After seeking for consent and acceptance of each of the interviewee, the researcher, built a rapport first and following the interview guide, questions were asked. Clarifications were made wherever necessary and responses were noted and recorded.

The researcher held a focus group discussion with the 3 administrative staff that had programmed it on the afternoon of the fifth day of the research. Clarifications were made during the discussion and data was collected. Meanwhile, the researcher concurrently made observations during the 5 days of research and the information was recorded. The entire exercise took 5 days.

3.9 Data analysis

3.9.1 Qualitative analysis

Content analysis for the qualitative data was done manually. The researcher transcribed interviews and focused group discussions. The field notes were typed and read and re-read by the researcher. A general sense of information regarding the institutional challenges to impatient health service delivery was obtained by the researcher. The data was organized into themes and analyzed to establish the relationship. Verbatim quotations were used to portray certain experiences where it was necessary. The researcher made an interpretation of the data.

3.9.2 Quantitative analysis.

The raw data that was collected by use of the questionnaires was first edited to rid it of mistakes and the responses were grouped according to their categories. The data was coded and the independent variables were analysed against the dependent variable. The results were summarized using descriptive statistics and presented using percentages for comparisons. Spearman rank correlation was used to test if variation in the opinions of the respondents was significant (Amin, 2005). Conclusion was drawn depending on the views of the respondents with the highest percentages.

3.10 Measurement of Variables

In studies that are quantitative in nature, measurement of data is very important. In this study, three levels of measurement were used viz; the nominal, ordinary and interval scale (Mugenda & Mugenda, 2003).

In normal scale the researcher indicated the frequencies, grouped subjects into categories particularly, the background variables.

In the ordinary scale the researcher used Likert scale with 1 for strongly disagree,2 for disagree,3 for I don't know,4 for agree and 5 for strongly agree, to measure the extent to which a respondent agreed or disagreed with a statement.

The interval scale was used to compute the mean and the standard deviation of the responses (Sekaran, 2003).

PRESENTATION, ANALYSIS AND INTERPRETATION OF THE RESULTS.

4.0 Introduction

This chapter presents the findings of the study, its analysis and the interpretation of the results. The researcher presents these findings following the research objectives. The chapter is structured under; Response rate, Background information or respondents, Empirical research findings, suggested solutions and other comments.

Response rate

The study intended to collect data from 191 respondents but only184 responded. This implied a response rate of 97%. The response rate is show in table 3 here below.

Table 3: Response rate

Category	Target sample	Actual sample	Response Rate
-Administrative staff	3	3	100%
-Inpatient health workers	80	73	91.25%
-Inpatients	108	108	100%
Total	191	184	97% (Total average)

Source; primary data

Out of 80 questionnaires sent, only 73 were returned. Regarding the interview, all those that had been slated for the interview (108), were all interviewed. Meanwhile, all the 3 administrative staff that had been slated for the focused group discussion, attended. Therefore, a total of 184

respondents out of 191 that had been slated for response, participated in the three methods used for data collection in this study. This represented a response rate of 96.3%. This is considered as being adequate by Mugenda & Mugenda (2003) who urges that a response rate of 50% and above is adequate.

4.2; Background information of respondents

In this study, the researcher considered gender, age, marital status and level of education. The information pertaining to the background is embedded in table 4 here below.

Table 4; Summary of findings from the background information

Character of background	Attribute	Frequency	Percentage	Cumulative frequency
Sex	Male	30	41.1	41.1
	Female	43	58.9	**100**
Age	18-24 years	9	12	12
	25-31	15	21	33
	32-38	17	23	56
	39-45	14	19	75
	46-52	13	18	93
	53-58	4	6	99
	59-65	1	1	**100**
Marital status	Married	36	49	49
	Single	33	45	94
	Widowed	3	4	98
	Divorced	1	2	**100**
Education level	Ordinary level	22	30	30
	Advanced level	11	15	45
	Cert. level	18	25	70
	Diploma level	9	13	83
	Bachelors	6	8	91
	Post graduate	3	4	95
	PHD	0	0	95
	Others	4	5	**100**

Gender was considered important because men and woman have disparity in responsibility and values MPS (2007).

The researcher considered age because different age groups have different contribution to and requirement from the social service. According to Wafula (2007), the youthful are less committed to work due to their life style (social life). According to the Ministry of public service (2011), the old have a reputation to protect and therefore tend to have good conduct in the provision of service. Education background was important because an adequate level of education is a pre-requisite for better understanding of the service delivery. According to the MPS (2005), there is needed to have the right people with the right knowledge level and skills, in order to have good service delivery.

Marital status was focused to be important as it impacts on the degree of responsibility which in turn impacts on the service delivery. According to the reform strategic work plan (2005/6-2009/10) Kampala, the married seek for more health services and have much to do with its existence. Table 4 shows that there were 41.1% male and 58.9% female respondents, thus the female dominated. This is in agreement with Wafula (2009) who contented that the majority of the health workers and patient in hospitals are female. Wanume (2008) contended that the women and children seek for health service more than males. Relatedly, MoH (2008) reported that the majority of the Health workers are female. Table 4 further shows that out of the 73 respondents who provided information by questionnaire, the majority (23%), are in the age bracket of (32-38) followed by (25-31) with 21 and 39-45 years (18 %). This could mean that the majority are in the middle level age, prime for good performance in the delivery of health services. The above finding is in line with the new job description and person specification of the health service commission (2011) which presents most of the staff jobs from 20 years to 45 years of age requirement.

Table 4 further indicates that out of the 73 respondents 8% had degrees,13% diplomas, 25% certificates from training institution 4% post graduate,30% ordinary level,15% advanced level,5% did not have any of the above qualifications. There was no respondent who had a PHD. This implied that the majority of the respondents had the required knowledge and skills for the health service delivery. This finding is in line with the staff establishment norm (2005) for public service which has most traditional post for Degree and Diploma holders.

4.3 EMPIRICAL RESEARCH FINDINGS

In this part of the study, the researcher presents the descriptive statistics regarding the respondent's opinion on the institutional challenges and inpatients health service delivery as obtained from the self administered questionnaires and interviews of the key informants. The researcher also presents the observation findings. Further, the researcher tests hypotheses to determine the relationship between the independent variable and the dependent variable. Findings were then analyzed, presented and interpreted according to the objectives of the study.

4.3.1 What is the effect of financial resources on the inpatients health service delivery?

The researcher asked several questions regarding financial resources as an institutional challenge to the inpatient health service delivery. The respondents expressed their opinion whether they were either in agreement or disagreement with the statements regarding financial resources of the Hospital. The scores obtained were later recorded. The results are presented in table 5 here below

Table 5; summary of descriptive statistics on the financial resources.

QUESTION	SA		A		N		D		SD			
	F	%	F	%	F	%	F	%	F	%	X	S.D
1.The funding level affects inpatient health service Delivery	60	82.2	8	11	2	2.7	2	2.7	1	1.4	5	1
2.The impatient department receives adequate funding	2	2.7	6	8.2			39	53.4	26	35.6	2	1
3.The funding is regular	4	5.5	9	12.3			38	52	22	30.1	2	1
4.The funds received are properly utilized on the intended use	1	1.4	2	2.7			37	50.7	33	45.2	2	1
5.Employees participate in budgeting	5	6.8	8	11	10	13.7	32	43.8	18	24.7	2	1
6.Funds are easily accessible for departmental requirements	3	4.1	17	23.3			45	61.6	8	11	2	1

From table 5 above, when respondents (73) were asked whether the funding level affects the inpatients health service delivery, the majority 68 (93.2%) of respondents agreed to it. While the minority 3 (4.1%) disagreed. Meanwhile, 2 (2.7%) were non committal. The majority could imply that there is an optimum level of funding required to achieving good health service delivery. Members of the focused group discussion held a similar view. This further, suggests that the smooth delivery of the inpatient health service is dependent on the financial resources. The table also shows that the majority 65 (89%) disagreed that the inpatient department received

adequate funding. The 8 (11%) agreed. Since the majority disagreed, this could suggest that the funding is inadequate yet the service depends on the financial resources. And since the funding is inadequate, it depicts poor inpatients health service being provided. The focused group discussion had a similar view. One of the respondents cited the view of the 19th Parliament of the Republic of Uganda, that urged government to increase the health sector funding in order to improve health service delivery. The Hospital Director had this to say, *"the biggest challenge faced by this hospital is that of inadequate funding against the skyrocketing patients requirements".* This further, suggests that the financial resources are necessary for health service delivery, Yet they are inadequate. However, some of the inpatients interviewed were of the opinion that the funds were adequate but it was being embezzled by the hospital administrative staff.

Regarding the regularity of funding, the majority 60 (82.2%) disagreed that the funding was regular. The minority 13 (17.8%) agreed that it was regular. Since the majority disagreed, this could mean that there is irregular funding which could impacts negatively on the health service delivery. The minority may not have been in the know. The Focused group discussion also pointed out that the irregularity of funding could be a contributory factor to the ineffectiveness of the inpatient health service delivery. The Hospital Director had this to say "a lot was desired but the funds availed were inadequate yet irregular and the irregularity exacerbates the prospects of proper planning and deters having effective and adequate health service delivery". This further depicts that the health sector is dependent on the financial resource as already suggested in items number 1 and 2 above but because it is irregular the inpatients health service are inadequate and inefficient.

The table 5 also shows that regarding whether the funds are properly utilized on the intended use, the majority 70 (95.9%), (unlike members of the Focused group discussion) disagreed. Whereas the minority 3 (4.1%) agreed. This could imply a misallocations of the funds meant for health service delivery leading to poor services being provided. Funding is expected to boost service delivery but the funds allocated must be put to the intended use and properly utilized. Otherwise, lack of this may have no positive impact as was the case with the Global fund that the Ministry of Health received for the treatment of AID/HIV, TB and Malaria but which were massively embezzled and mismanaged living the health sector without commensurate positive impact MOH (2009).Meanwhile, the focused group discussion submitted that the money is put to proper use. it is possible that there is no transparency in financial resource utilization.

When the respondents were asked whether the employees participated in the budgeting for the inpatient sections, the majority 50(68.5%) disagreed while a minority of 13 (17.8%) agreed. The majority consent could imply that there is poor budgeting for the inpatient department since the process is not inclusive. Meanwhile, the 10 (13.7%) that were non committal, could imply their lack of knowledge regarding the budgeting process. If the budgeting process is not inclusive of the majority employees, it means it's not effective. Many desired items could be left out rendering the service delivery inefficient. Besides, the employees are demoralized by being left out of the budgeting process. Therefore, the hospital budget is not owned by the employees. The budget then, is an ineffective and inefficient tool for planning, without the necessary input by the employees. The above also implies that embezzlement is eminent for reasons that there is no transparency..

Table 5 also shows that whereas the minority of 20 (27.4%) agreed, 53 (72.6%) the majority, disagreed that the funds were easily accessible for Departmental requirements. This could

suggest that all the requirement of the inpatients department were not easily attained hence leading to poor inpatients health service delivery. It may also imply that the funds could be spent on non crucial items. This is emphasized by the non involvement of all employees in the budgeting process which makes the employee not aware of what has been provided for. The above also implies that embezzlement is eminent. For reasons that there is no transparency.

4.3.1.1 There was a significant relationship between the financial resources and inpatients health service delivery.

The first hypothesis of this study was financial resources and inpatient service delivery. It was derived as follows;

Financial resources have a significant relationship with the inpatients health service delivery.

The variables of financial resources were measured using the Likert scale to see whether there was agreement or disagreement with the statements. The results obtained were computed to establish the relationship between the two variable using spearman rank correlation. The results are presented in table 6 below;

Table 6: Summary of correlation between financial resources and inpatients health service delivery.

			Financial resources	Inpatients Health service delivery
Spearman's rho	Financial resources	Correlation Coefficient	1.000	.270
		Sig(2 -tailed)		
		N	73	73
	Inpatients Health service delivery	Correlation Coefficient	.270	1.000
		Sig(2 tailed)		
		N	73	73

Table 6 shows that there is a positive though weak relationship between financial resources and inpatients health service delivery. To determine the effect of financial resources on the inpatients health service delivery ,coefficient of determination (r) was derived .Regarding this , the row squared was (.270) which implies that financial resources accounts for 27% variation on the inpatients health service delivery. Hence the researcher's hypothesis that financial resource have a significant effect on the service delivery was upheld.

4.3.2 To what extent does medical infrastructure affect inpatient health service delivery?

The researcher asked several questions regarding the medical infrastructure and its relationship with the inpatients health service delivery. The respondents expressed their opinion whether they were either in agreement or disagreement with these statements. The results are presented in table 7 below;

TABLE 7; Summary of descriptive statistics on medical infrastructure.

QUESTION	S.A		A		N		D		SD		x	S.D
	F	%	F	%	F	%	F	%	F	%		
7. The size and state of the medical infrastructure affect the health service delivery	10	13.7	30	41.1	3	4.1	10	9.6	20	27.4	3	1
8. Generally the inpatients medical structures are in good condition					3	4.1	52	71.2	8	11	2	1
9. There is overcrowding in the inpatients structures	12	16.4	28	38.4	4	5.5	8	11	21	28.8	3	1
10. The inpatients department is fully equipped with medical equipment					4	5.5	57	78	12	16.4	2	1
11. The equipment maintenance is done regularly	5	6.8	10	13.7	3	4.7	43	59	12	16.4	3	1
12. The equipment is always in good working condition					6	8.2	51	69.9	16	22	2	1

From table 7 above, when the respondents (73 were asked whether the size and state of the medical infrastructure had an effect on the health service delivery, the majority 40 (54.8%) agreed to the statement, whereas, the minority 30 (41%) disagreed and 3 (4.1%) were non committal. Since the majority agreed, it implies that the medical infrastructure is of considerable importance to the health service delivery. The minority may have been subjective and those that were none committal may have had no idea of the relationship. Table 7 further shows that the

majority 60 (82.2%) disagreed that the medical infrastructure was in good condition. During the focused group discussion, it was expressed that indeed the majority of Hospital medical infrastructure was dilapidated and ancient. On observation, it was conspicuous that the Hospital medical infrastructure were in a sorry state. MoH emphasized the need for medical infrastructure. This means that medical infrastructure is very important in the health service delivery and hence the sorry state of it implies poor inpatients health service. Regarding whether there was overcrowding in the inpatients structures, the majority 69 (94.5%) agreed that the inpatients structures were overcrowded. The interview also concurred, respondents pointed out that some inpatient facilities were congested. This was visible in the children's ward and in the obstetrics and gynecology ward. During the focused group discussion, the Principal Nursing Officer reported instances when some inpatients at times had to sleep outside the wards due to lack of space. The above finding is in support of number 7 item which states that the size of the medical structure affects the service delivery. The implication is that infrastructure is inadequate and this has had a negative impact on the inpatients hence service delivery. It points out the need to increase the medical infrastructure.

Asked whether the inpatients department was fully equipped with the required medical equipments the majority 69 (94.5%) of the respondents disagreed and 4 (5.5%) were non committal. Since the majority disagreed, it could mean that the inpatients department may be lacking supporting equipment yet these form the basis of functions like diagnosis that lead to accurate prescription. During the interview, one of the respondent wondered whether there was any bother by the Government to equip the Hospitals with the necessary equipment.

During the group discussion the Hospital Director observed that lack of equipment in the Hospital was a big challenge. It was observed that the few available equipment were old. The

Ministry of Health (2008) concern was that the lack of medical equipment was a major problem in most government health units. The above findings further imply a low diagnostic capacity hence, a poor health service delivery. Further, regarding whether the servicing of the equipment is done regularly, the majority 55 (95.9%) of the respondents disagreed while 3 (4.1%) were non committal. During the interview the majority of the respondent had no idea regarding the maintenance of the equipment but some were of the view that there was no maintenance.

On observation, there were many equipment seen that appeared non functional. During the focused group discussion, the Senior Hospital Administrator reported that there was a workshop for the medical equipment maintenance and repair but it lacked the right personnel. If then the medical equipment lack the required maintenance, then its prone to break down quite often thus interfering with the service delivery. Besides, such equipment may not be accurate thus leading to false diagnosis.

The ministry of health emphasizes the need for accurate diagnostics which is said to be the basis of accurate prescription. Ministry of Health (2008) report asserted that if the equipment are not serviced then accurate diagnosis   cannot be achieved. It implies high prospect of wrong diagnosis leading to wrong prescription which in turn lead to mortality. Hence, an inefficient and ineffective inpatients health service delivery. This is in support of item number 10 above. That indicates lack of equipment. It's possible that lack of servicing of the medical equipment could have led to the breaking down of some medical equipment. Further, table: 7 shows that the majority 67 (91.8%) of the respondents disagreed that the equipment was always in good working condition. 6 (8.2%) were non committal.

During the focused group discussion, the Principal Nursing Officer consented to the fact that most of the equipment was not in good working condition which she attributed to old age and lack of proper maintenance. On observation, the medical equipment seemed to be dilapidated in the main. The above findings are in support of items number 10 and 11 above. The findings depict an inefficient and ineffective service delivery

4.3.2.1 There was a significant relationship between medical infrastructure and inpatient health service delivery.

The second hypothesis was medical infrastructure and inpatient health service delivery. It was derived as follows;

There is a positive relationship between the health infrastructure and quality of inpatient health service.

The variables of medical infrastructure and inpatient health service delivery were measured using the Likert scale to see whether there was agreement or disagreement with the statement raised. The results obtained were computed to establish the relationship between the two variables using Spearman rank correlations. The results are presented in table 8 here below;

Table 8: summary of correlation between medical infrastructure and inpatients health service delivery

			Medical infrastructure	Inpatients Health service delivery
Spearman's rho	Medical infrastructure	Correlation Coefficient	1.000	.270
		Sig(2 -tailed)		
		N	73	73
	Inpatients Health service delivery	Correlation Coefficient	.270	1.000
		Sig(2 tailed)		
		N	73	73

Table 8 shows that there is a positive but insignificant relationship between the medical infrastructure and the inpatient health services. Therefore, the medical infrastructure has a positive significant effect on the inpatient health service delivery.

To determine the effect of medical infrastructure on the inpatient service delivery, coefficient of determination (r) was derived. In this case, the row squared was (.270). This means that, medical infrastructure account for 27% variable on the service delivery. Therefore, the hypothesis was upheld.

4.3.3 To what extent does Human resource management affect the inpatients health service delivery?

The researcher asked several question on Human Resource management for the respondents to express their opinion whether they were either in agreement or disagreement with these statements. The scores are presented in table 9 below;

Table 9: Summary of descriptive statistics on Human resource management

QUESTION	S.A		A		N		D		SD			
	F	%	F	%	F	%	F	%	F	%	x	S.D
13.The level of staffing is adequate			4	5.5	2	2.7	44	60.2	18	24.6	2	1
14.The staff regularly attend to their work	3	4.1	9	12.3			51	69.9	11	15	2	1
15.The staff are happy with the terms and conditions of work.							4	5.5	69	94.5	1	1
16.The relationship between the health workers and inpatients is good.	3	4.1	17	23.3	2	2.7	48	65.8	3	4.3	3	1
17.The work load is manageable.	2	2.7	3	4.1			53	72.6	15	20.5	2	1
18.The staff are involved in decision making					3	4.1	61	83.6	9	12.3	2	1
19.There are some under table payments in the inpatients department.	5	6.8	27	37	33	45	6	8.2	2	2.7	3	1

From table 9 above, when respondents (73) were asked whether the level of staffing was adequate, the majority of 62 (85%) of respondents disagreed and 4 (5.5%) agreed. Meanwhile, 2 (2.7%) were non committal. The disagreement of the majority could imply that the staffing level is inadequate and therefore the health workers are overloaded with work which could be demotivating on their side hence lowering their performance.

During the focus group discussion, the Hospital Director pointed out that the entire hospital staffing level was at 55%. This could translate to overload for the inpatient Health workers.

The ministry of health report (2008) highlights the importance of adequate level of staffing for efficient and effective health service delivery. This is in line with the Ministry of Public service that stressed the need to have the right numbers of employee at the right time in the right place for effective and efficient service delivery. Therefore, low staffing level negatively affects service delivery. So the implication is of a poor inpatients health service delivery.

Table 9 indicates that when 73 respondents were asked whether the staff regularly attended to their work, the majority 62 (84.9%) disagreed and a minority of 11 (15%) agreed. Since the majority 84.9% disagreed, it could imply that the staffs do not regularly attend to duty. The minority could represent the few staff that may be committed despite the prevailing conditions. On observation, the number of staff on duty appeared small in comparison to the entire inpatients department. During the focus group discussion, the principal nursing officer observed that absenteeism was choking the service delivery. This suggests inadequate dispensation of health services as inpatients are not attended to promptly. This could contribute to the runaway of patients. This can also be a contributory factor to disease resistance amongst the patients as the patients do not receive the treatment regularly. It's possible that absenteeism contributes to the

factor above. Further, keeping patient admitted but withoust being attended to by the health workers renders the inpatients health care useless. Without being attended to would culminate to escalation of the sickness and eventually death would occur. No wonder, the mortality rate to of Uganda is 20% which is high (Min of Health, 2008).This also contributes to the runaways.

Regarding whether the staff are happy with the terms and conditions of service, the majority of 73 (100 %) disagreed. This implies a demotivated work force. During the focused group discussion, the senior Hospital Administrator said that staff were demotivated by the terms and conditions of service and there was need to improve on them. This is in line with the parliament of the Republic of Uganda that demanded that the terms and conditions of the Health worker be improved for better health service delivery.

The Ministry of Health (2008) pointed out that there was a high labour turnover in the Government Health institutions due to the poor terms and conditions offered to the Health workers. Therefore, the terms and conditions of workers are vital for service delivery where they are good, the workers tend to have a high morale and service delivery is good, Yet that of the inpatient health workers is not good thus, leading to poor service delivery.

When asked whether the relationship between the Health workers and the inpatients was good, the majority 51 (69.9%) disagreed. 20 (27.4%) were agreeable and the 2 (4.1%) were non committal. This shows that the inpatients are not happy with the service providers. It implies poor service delivery. The minority imply that not every health worker is bad or has a bad interpersonal relationship. During the interview, the respondent said the health workers were rude.

The above finding is in support of item number 15 which tells of bad terms and conditions of work. If the health workers are demoralized, there are high chances that their relationship with the clients may not be good. So, no wonder that it's the case in the inpatient department of Fort Portal Regional Referral Hospital. This could also be a contributory factor to the staff absenteeism as seen in the item above.

Better service delivery calls for a good relationship between the health worker and inpatients. MoH (2008). Since its lacking in Fort Portal Regional Referral Hospital, it implies that the inpatients service delivery is poor because the clients are not at par with the service providers

When the respondents were asked whether the workload was manageable, the majority 68 (93.1%) disagreed, while 5 (6.8%) agreed. This further suggests that the staffing is inadequate. The minority could depict that the work load may not be fairly distributed and a few may not be overloaded.

During the focused group discussion, the Principal Nursing Officer is quoted to have expressed concern over the overload of most of the nurses. It was also reported that there were many cases of erective surgery pending operation due to the overload of staff.

The Hospital Director is quoted to have said that there was need to carry out massive recruitment and deployment of health workers in public Health institutions to avoid staff overload. Heavy work load may deter efficiency and effectiveness of inpatient health service delivery.

Table 9 further indicates that, when the respondents were asked whether the staff were involved in decision making, the majority 70 (95.9%) disagreed while 3 (4.1%) were non committal and

since the majority disagreed this could mean that the decision made for the inpatient health service may not be the best and the decision making process is poor and may lack legitimacy.

Meanwhile, during the focused group discussion the Hospital Directors submitted that the staffs were always invited to decision making meetings but they were reluctant to attend. This supports items numbers 5, 14 and 15. However, he said it was important to get them involved for team work building and better service delivery. This further indicates that decision making is not inclusive and hence it may not be the best.

Table 9 further indicates that when the respondents were asked whether there were some under-table payments in the inpatients department, 32 (43.8%) were agreeable to it. However, 33 (45.2%) were non committal, while 8(11%) disagreed with the statement. The percentage that was agreeable to the statement was big (43.8%) and quite considerable, indicating that the vice exists. The percentage of those none committal could be a result of them fearing to consent to the vice. However, this depicts that those that cannot afford the bribe are left to rot. The findings support the fact that there exists a bad relationship between Health workers and patients. Further, it indicates that the terms and condition of the Health worker are bad, driving them into indulging in corruption.

4.3.3.1 There was significant relationship between Human resource management and inpatient health service delivery.

The third hypothesis of this study was Human resource management and inpatient health service delivery. It was derived as follows;

Human resources management impacts significantly on the inpatients health service delivery. The relationship between Human resource management and inpatients health service delivery were measured using the Likert scale to see whether there was agreement or disagreement with the statements.The results obtained were computed to establish the relationship between the two variable using Spearman rank correlation. The results are presented in the table 10 below;

Table 10; Summary of correlation between Human resource management and inpatients service delivery

			Human resource management	Inpatients Health service delivery
Spearman's rho	Human resource management	Correlation coefficient	1.000	.300
		Sig(2 -tailed)		
		N	73	73
	Inpatients Health service delivery	Correlation coefficient	.300	1.000
		Sig(2 tailed)		
		N	73	73

Table 10 shows that there is a positive but weak relationship between Human resources and inpatients health service delivery. To determine the effect of Human Resource Management on inpatient health service delivery, coefficient of Determination (r) was derived. In this case, the row squared was (.300). This means that Human resources management accounts for 30% variation in inpatients health service delivery. Therefore, the research hypothesis that Human resource management has a relationship with inpatients health service delivery was upheld.

4.3.3.2 To what extent is inpatients health service delivery efficient and effective?

The researcher asked several question regarding inpatients service delivery and pertaining to its two dimensions of effectiveness and efficiency. The score obtained are presented in table 11 below;

Table 11; summary of descriptive statistics on inpatients health service delivery

QUESTION	S.A		A		N		D		SD			
	F	%	F	%	F	%	F	%	F	%	x	S.D
20.The required services for inpatients are fully provided			3	4.1	2	2.7	51	69.9	17	23	2	1
21.The inpatients receive the services they deserve.					6	8.2	60	82.2	7	9.8	2	1
22.The inpatients are attended to as required					9	12.3	64	87.7			2	1
23.The inpatients health workers are punctual	2	2.7	17	23.3			50	68.5	4	5.5	2	1
24.There is a considerable number of run-away patients	6	8.2	67	91.8							4	1
25.Patients buy their own drugs and sundries quite often	7	9.6	63	88.3	3	4.1					4	1

Table 11 indicates that out of (73) respondents, the majority 68 (93.2%) disagreed that the required service for inpatients are fully provided. The minority of 3 (4.1%) agreed. 2 (2.7%)

were non committal. Going by the majority who disagreed, this could mean that the service are inadequate. If the inpatient services are to be efficient, then all the required service should be in place. Hence the lack of these required services in the inpatient implies that there is inefficiency and ineffectiveness.

Table 11 also shows that when the respondents were asked whether the inpatients received the service they deserved, the majority 67 (91.8%) disagreed and 6 (8.2%) were non committal. Since the majority 67 (91.8%) disagreed, it could further indicate inadequacies in the inpatient health service delivery that tantamount to inefficient and ineffective service.

During the focus group discussion the Hospital Director observed that due to lack of adequate staff and funds not everything that the inpatients deserved was offered. The Senior Hospital Administrator intimated the group discussion that meals could no longer be given to the inpatients, among other deserved requirements.

Table 11 shows that when the respondents were asked whether the inpatients are attended to as required, 64 (87.7%) disagreed while the minority of 9 (12.3 %) were non committal. The majority indicate inadequate inpatients health service delivery. The minority could indicate that they did not know. During the interview, many respondents reported that they were rarely attended to. This could be due to the lack of adequate staffing already looked at earlier. It could also be a result of the absenteeism of health workers as reported. This further adds to the fact that the disease resistance can be increased leading to a high mortality rate as earlier indicated. Regarding whether the inpatient Health workers are punctual, the majority of the respondents 54 (74%) disagreed and a minority of 19(26%) agreed. Since the majority disagreed it could point out ineffectiveness.

During the interviews the majority of the respondents complained of waiting for long to see the health workers, saying it was worse over the weekend. The Principal Nursing Officer also indicated that punctuality of the health workers was a problem in the entire Hospital. The WHO (2008) report, contends that failure to adhere to the treatment schedule can lead to resistance among the diseases pattern in many developing countries.

So the unpunctuality among the health workers can have a diverse impact on the effectiveness and efficiency of the inpatient health service delivery as the inpatients may fail to have treatment on schedule.

Table 11 indicates that when the respondents were asked whether there was a considerable number of runaway patients, all the respondent 73 (100%) agreed.

The runaway of patient are in support of the item that indicates that the inpatients do not receive all that they deserve. Hence, the need to relocate. Running away reflects dissatisfaction with the inpatient health service delivery. It means that the inpatient health service delivery is poor.

Further table 11 indicates that when the respondents were asked whether the inpatients buy their own drugs and sundries, the majority 70 (95.9%) agreed, while 3 (4.1%) were non committal.

The focused group discussion members also held a similar view. They agreed that not every required item for inpatient health service was in stock. The Hospital Director said that some

drugs once prescribed have to be bought by the patients themselves. He gave examples of drugs for Hypertensive patient, the Diabetics and sickle cell patients. During the interview, many respondents reported that they bought much of their own drugs and sundries, this could depict an inefficient and ineffective service delivery. Failure to provide drugs and medical sundries by the

Hospital, for the public health institutions, depicts ineffectiveness in the service delivery. It means no treatment or service for the poor.

4.4 Suggested Solutions

Respondents were asked to suggest solutions to the institutional challenges pertaining to finance resources, medical infrastructure and human resource management. The findings are recorded in table 12 below;

Table 12; suggested solutions

Institutional challenge	Suggested solution	Frequency
Financial resources	-Government should increase funding of Regional Referral Hospitals - income generating activities	54 4
Medical infrastructure	-Renovation of Medical Structure -Construction of more medical infrastructure -Procurement of enough & relevant medical equipment.	9 10 10
Human resource management	-recruit more staff -Train the health workers in customers care -Create clients chatter	17 12 2

4.5 Responses from the inpatients

Interview guides were presented to 108 inpatients and their responses are presented in table 13 below:

Table 13 Responses from inpatients

Item	Frequency	percentages
Items prescribed yet out of stock	108	100%
Inadequate medical structure	81	75%
Inadequate and bad medical equipment	81	75%
Low staffing level	81	75%
Poor attitude of the workers towards the inpatients	88	81%
Other institutional challenges	0	0%

Solution suggested:

-increase of the number of health workers

-increase of health workers salaries

-ensure required drugs are available at all times

-procurement of new and better medical equipment

-expansion of medical structures

The results in table 13 indicate that 100% of the respondents indicated that the inpatients have to buy for themselves some of the items or services prescribed. This supplements the earlier point that there were inadequate financial resources. Further, 75% of the respondents pointed out that there were inadequacies of medical structure and medical equipment with a low staffing level. Meanwhile, 81% indicated that health workers had a poor attitude to the inpatients.

Suggested solutions included: increasing salaries of health workers, buying of more drugs and the procurement of new and modern medical equipment. The results compliment the earlier findings presented from the health workers.

4.6 Responses from administrative staff

A focused group discussion involving three administrative staff was held by the researcher and the responses are presented in table 14 below:

Table 14 Responses from the administrative staff

Item	Challenge	Solution
Financial resources	inadequate funding	-increase funding -government release funds promptly
Medical infrastructure	inadequate medical structure inadequate medical equipment	-increase medical structure -renovate old structures -procure new and modern medical equipment
Human resource management	low staffing level demotivated staff	-increase staffing level -increase health workers' salaries

The findings in table 14 above indicate that there are inadequacies regarding financial resources, medical infrastructure and human resources. Solutions suggested included scaling up of funding, medical infrastructure and human resources. Although there was a provision for the respondents to give any other related comment, nothing was raised, save for the Hospital Director who pointed out during the focused group discussion, that there were some health workers that were alleged to be corrupt. He said many health workers were alleged to be soliciting for bribes from patients before attending to them. He said the Hospital authority had tried their level best to fight the vice but the burden of proof had always been a problem as the patients fear to come up and testify against the corrupt health workers. Complaints were usually made in the corridors. This

implies that those that cannot afford to pay corruption cannot easily access the service they may desire.

4.7 Observation findings

During the survey, observations were made by the researcher guided by an observation check list and the following results were noted and recorded as shown in table 15 below:

Table 15 Observation findings

Item	Observation noted
Stock of supplies	Inadequate supplies
Adequacy of medical equipment in use	Few in number
Condition of medical equipment	Dilapidated and others not functional
Number of health worker at work at a given time	Few health workers
Mood of the health workers	Not good/rude
Attitude of health workers to inpatients	Poor attitude

The findings of the observations as shown in table 15 also supplement other results presented by other research tools. The findings depict inadequacies of supplies, medical infrastructure and health workers. This could be hinged on inadequate financial resources. The demotivated health workers with a poor attitude towards the inpatients could be a result of poor working conditions. All in all, the findings reflect poor inpatients service delivery. This could be due to the challenges identified. Therefore, there is need to find solutions to the institutional challenges to the inpatients service delivery.

CHAPTER FIVE

Summary, Discussion, Conclusion and Recommendation

5.0 Introduction

The purpose of the study was to establish the institutional challenges to the inpatients Health service delivery of Regional Referral Hospitals in Uganda in a case study of Fort Portal Regional Referral Hospital. The researcher conceptualized the financial resource, medical infrastructure and the Human resources as being the potential challenges to the inpatient Health service delivery. The study was guided by three objectives namely: to examine the effect of Financial resources on the inpatients Health service delivery at Fort Portal Regional Referral Hospital, to assess the effect of medical infrastructure on the inpatients health service delivery at Fort Portal Regional Referral Hospital and to establish the extent to which Human resource management affect the inpatient health service delivery at Fort Portal Regional Referral Hospital. In this chapter the researcher presents the summary, discussion, generate the conclusion and recommendation.

5.1 Summary of findings

- There is a positive relationship between the Financial resources and the inpatients Health service delivery.

- There is a positive relationship between the Medical infrastructure and the inpatient Health service delivery.

- There is a positive relationship between the Human resource management and the inpatients health service delivery.

5.2 Discussion

It's organized according to the objectives,

5.2.1Financial resources and inpatients Health service delivery

This revealed that the financial resources are a pre requisite for good inpatient health service delivery. Good health service delivery is dependent on adequate funding which is reliable.

This is in agreement with WHO (2003) report which revealed that in Brazil, China, India and Southern Korea there was an improvement in the quality and quantity of health service delivery following an improvement in those countries' respective economies. Similarly, Anguzu (2006) revealed that there had been an improvement in the health service delivery of ST. Lucia due to an increase in the funding of the health sector. Further, the legislature of Uganda 2012 was of the view that the improvement of the health services in Uganda can be achieved by increasing the health sector funding. There has been a serious beckoning of the government to increase the funding of the health sector by government and hence improve the health service delivery Hansard, (2012).

On the other hand, Barasa (2011) and Bwenene (2009) are not consistent with the study finding. Barasa revealed that the increase in funding can not alone improve the efficiency and effectiveness of the health service delivery. He cites an example in Uganda of the Global Fund. He says the fund which was meant for the treatment of HIV/AIDS. TB and malaria did not realize the anticipated results. Relatedly, Bwenene (2009) was of the view that increment in funding of the health sector for purposes of improvement of the health service delivery cannot be achieved unless money is put to the right priorities. However, the latter two studies did not consider the level of operation and the prevailing circumstances then. They were conducted in a

different environment setting quite distinct from the environment of a Regional Referral Hospital. Thus a strong association exists between the level of financial resources and the inpatient service delivery. Where funding is inadequate, there is prone to be inefficient and ineffective inpatient health service delivery as all that is required by the inpatients cannot be issued to them yet the majority of inpatients are poor and are dependent on hand outs from government. Failure to issue to inpatients what is required would imply no complete services offered. This would then affect the health of the country's population. It will be an unhealthy population leading to a weak economy.

5.2.2 Medical infrastructure and inpatients Health service delivery

This reveals that there is a positive relationship between the medical infrastructure and the quality of inpatient Health service delivery. It was implied that to have quality (effective and efficient) inpatient Health Service delivery, there is need to have adequate and proper medical structures and medical equipment and tools to support the service delivery.

This is in agreement with the MoH (2006) report which revealed that there was needed to construct more medical infrastructure such as theatre and wards in Health centre's IVs, in order to improve on the Health services delivery. In the same report, it was reported that the ministry undertook to procure major medical equipment and tools to all the existing public Health units. Relatedly, the WHO (2009) report urged individual countries to ensure uplifting their diagnostic capability by acquiring adequate and modern medical equipment. There was a call also to increase on the medical structure.

On the contrary, wanume (2002), wrote of the half backed personnel in the majority of the diagnostics departments of the health institution in the country which he blamed for the

inefficiency and ineffectiveness. The study revealed that there was an availability of several new equipments that are non operational due to lack of skilled personnel to operate them. His opinion was that it is the personnel to run the equipment that was lacking and not the medical infrastructure. Similarly, Oyingi (2002), wrote of the "square pegs in round holes" a phenomenon he attributed to inadequacy in the training curriculum particularly of health workers. Further, Ssemakula (2008) indicated that there was need to upgrade the personnel running laboratories and Radiology department of the public health centre. The report showed that 95% of the above categories of staff were certificate and Diploma holders. He blamed the personnel and not the equipment for the inefficiency and ineffectiveness.

The latter trial did not take into account the basic level of medical infrastructure which is a pre-requisite for minimum health service delivery. The level of personnel and medical infrastructure go hand in hand. None-the-less, the efficiency and effectiveness of the health service delivery is also reliant on the diagnostics being accurate, so there is need to improve on the adequacy and reliability of the medical equipment and tools. When there is inadequate medical infrastructure there is poor inpatients health service delivery. Further, there is need to increase medical structure since there is a constant growth in population more so, in Uganda. Therefore, there is a strong association between the medical infrastructure and the level of inpatients health service delivery expected.

5.2.3 Human Resource management and inpatients Health service delivery

Results revealed that the Human resource management has an impact on the inpatient health service delivery. For an effective and efficient service delivery there is need to have an adequate level of staffing and the staff should as well be motivated. This is in agreement with the Uganda

Medical workers (2011) annual report that revealed that the health service delivery was appalling due to a demoralized work force. However, the report did not consider the improvement in the working condition that Regional Referral Hospitals are undergoing through the country. More infrastructure is being constructed to accommodate the Health workers. This could contribute to their welfare and hence motivation. Also in support, in a study conducted in the Solomon island, it was found out that the improvement in the skills and knowledge of the health workers was cardinal in the effectiveness and efficiency of the health service delivery. Similarly, the MoH (2010) report emphasized the need for continuing medical education (CME) in order to foster efficiency and effectiveness in the delivery of health services. Further, the WHO (2009) report revealed that the low levels of skills of the health workers was one of the causative factor for less effective service delivery in most less developed countries

On the other hand, ACODE (2007) found out that the health service delivery was not dependant on the level of staffing and their motivation alone but on the relevancy of their training to the pertaining conditions. These findings revealed that it's the technology that determined the adequate level of staffing and that since technology was constantly changing the alleged optimum level of staffing level was bound to change over time and a situation of overstaffing or understaffing could set in. None the less with a given level of technology, there must always be an optimum level of staffing with the required skills and level of knowledge that would lead to the most efficient and effective inpatient health service delivery. Therefore, there is a strong association between human resource management and the level of health service delivery.

5.3 Conclusion

5.3.1. Financial resources and inpatients health service delivery

There is a positive significant relationship between financial resource and the inpatients health service delivery. However, there are challenges of utilizing the Fund for the intended purpose and also of embezzlement of public fund as felt by some of the inpatients community. These two issues tend to undermine the relationship between financial resources and the inpatient health service delivery. None the less financial resources are necessary for an efficient and effective inpatient health service delivery.

5.3.2 Medical infrastructure and inpatients health service delivery

There is a positive relationship between the Medical infrastructure and inpatients health service delivery. However, there is the challenge of proper utilization of the medical infrastructure which undermines this relationship between the medical infrastructure and inpatients health service delivery at Fort Portal Regional Referral Hospitals. However, adequate medical infrastructure is necessary for an effective and efficient inpatients service delivery.

5.3.3 Human resource and the inpatients health service delivery

There is a significant relationship between Human resource management and the inpatients Health service delivery though, there is the level of technology, skills and knowledge that needs constant upgrading and tends to undermine the relationship between the Human Resource Management and inpatient health service delivery at Fort Portal Regional Referral Hospital. New technology requires new skills, so there is need for continuous medical education by all health workers in order to catch up with the new technology for effective and efficient health service delivery

5.4. Recommendations

Having assessed the discussion and conclusion from the study, the following are submitted as recommendations;

5.4.1 Financial resources and inpatient health service delivery

Funding should be increased. The government should increase the funding of the Regional Referral Hospitals to enable these hospitals procure the required goods and services and smoothly run the Regional Referral Hospital. The cash flow should be made regular by government releasing the funds regularly. The increase in financial resources if put to the intended use and properly monitored would boost the effectiveness and efficiency of the inpatients service delivery.

5.4.2 Medical infrastructure and inpatients health service delivery

- There is need to expand on the inpatients medical infrastructure. Let government avail to the Regional Referral Hospitals adequate capital development funds for purposes of constructing and expansion of the inpatients infrastructure.

- The lower health units should beef up their capacity to handle more cases instead of referring even minor cases to the Regional Referral Hospitals.

- To mitigate the shortage of medical equipment, modern medical equipment should be procured and put to use as these would boost the diagnostic capacity of Regional Referral Hospital and hence enhance effectiveness and efficiency of the inpatients health service delivery. This calls for capital development funds to be released to the Regional Referral Hospitals.

5.4.3 Human Resource and the inpatients health service delivery.

- The low staffing level could be mitigated by the recruitment and selection of more health workers. Let the health service commission recruit numbers commensurate to the optimum level. However, this relies upon funding for the above exercise.

- There is need to raise the health workers terms and conditions. The workers' salaries and wages should be revised upward to a meaningful level. Facilitation allowance should be put in place and effected whenever there is need.

- Decent accommodation should be availed to the health workers. All these may contribute to a better working environment and hence boost the morale of the health workers and ultimately enhance efficiency and effectiveness.

- The need to train the health workers in customers care to enable them improve on the quality of inpatients service delivery.

5.5 Areas for future research.

The study examined the institutional challenges experience in the execution of the inpatients health service delivery. The inpatients division is just one of the many divisions of the Hospital. It could be suggested that the other division may have their specific institutional challenges that may not have come out during the research. It's therefore suggested that future studies can be undertaken in such other divisions to examine any other institutional challenges that may

impinge on those divisions.

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APPENDIX 1

WORK PLAN AND TIMEFRAME

Activity	Duration	Dates
Literature review	2 weeks	19th – 31st December 2011
Proposal writing	1 week	2nd – 7th January 2011
Proposal polishing	1 week	7th – 14th January 2012
Submission of proposal	1 week	16th – 21st January 2012
(proposal) defense	1 week	2nd - 4th February 2012
Correcting the proposal	2 weeks	12th – 25th June 2012
Data collection	1 week	26th June-2nd July 2012
Writing dissertation	17 week	3rd – 30th October 2012
Submission of dissertation	1 week	1th – 16th November 2012
(Dissertation) Viva	1 week	17th – 23rd November 2012

APPENDIX 2

RESEARCH QUESTIONNAIRE FOR INPATIENTS HEALTH WORKERS

Dear respondents,

I humbly request you to answer this questionnaire. This is done in partial fulfillment of the requirements for the award of UMI Masters of Business Administration. Your responses to the questionnaire presented will be treated with utmost confidentiality.

Joseph Kisubi (MBA Candidate)

SECTION A: Demographic characteristics

Please tick the most appropriate response

(a) Sex   Male   ▭   Female   ▭

(b) Age

18 – 24 years   ▭

25 – 31 years   ▭

32 – 38 years   ▭

39 – 45 years   ▭

46 – 52 years   ▭

53 -58 years   ▭

59 – 65 years   ▭

(c) Marital status   single ▭   Married   ▭   widowed   ▭   Divorced ▭

(d) Highest level of education

    (i)   Ordinary level   ▭

    (ii)   Advanced level   ▭

    (iii)   Certificate course   ▭

    (iv)   Diploma   ▭

    (v)   Bachelors degree   ▭

    (vi)   Postgraduate   ▭

    (vii)   PHD   ▭

    (viii)   Others   ▭

INSTITUTIONAL CHALLENGES

INSTRUCTIONS

In each of the statements below, for sections B, C, D and E show your level of agreement by tick or circling the most appropriate option using the 5 point scale. The numbers represent the following responses.

1 – Strongly disagree

2 – Disagree

3 – I don't know

4 – Agree

5 – Strongly agree

To what extent do you agree with the following statements ?

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

SECTION B: Financial resources

1	The funding level affects the inpatient heath service delivery	5	4	3	2	1
2	The inpatients department receives adequate funding	5	4	3	2	1
3	The funding is regular	5	4	3	2	1
4	The funds received are properly utilized on the intended use	5	4	3	2	1
5	Employees participate in the budgeting for the inpatient sections	5	4	3	2	1
6	Funds are easily accessible for Departmental requirements	5	4	3	2	1

SECTION C: Medical infrastructure

7	The size and state of the medical structures affect the health services delivery	5	4	3	2	1
8	Generally, the inpatient medical structures are in a good state	5	4	3	2	1
9	There is overcrowding in the inpatient structures	5	4	3	2	1
10	The inpatient department is fully equipped with medical equipments	5	4	3	2	1
11	The medical equipment maintenance is done regularly	5	4	3	2	1
12	The equipment is always in good working condition	5	4	3	2	1

SECTION D: Human Resource Management

13	The level of staffing of the entire hospital is adequate	5	4	3	2	1
14	The staff regularly attend to their work	5	4	3	2	1
15	The staff are happy with the terms and conditions of work	5	4	3	2	1
16	The relationship between the health worker and Inpatients is good.	5	4	3	2	1
17	The work load is manageable	5	4	3	2	1
18	The staff are involved in decision making	5	4	3	2	1
19	There are some undertable payments in the inpatient department	5	4	3	2	1

SECTION E: Inpatients health services

20	The required services for inpatients are fully provided	5	4	3	2	1
21	The inpatients receive the services they deserve	5	4	3	2	1
22	The inpatients are attended to as required	5	4	3	2	1
23	The inpatients health workers are punctual	5	4	3	2	1
24	There is a considerable number of run away patients	5	4	3	2	1
25	Patients buy their own drugs and sundries quite often	5	4	3	2	1

SECTION F: Solutions

26. What would you suggest as being solutions to the institutional challenges (financial resources, medical infrastructure, and human resource management) tackled above ?

Institutional challenges	Solutions
Financial resources	
Medical infrastructure	
Human resource management	

27. Any comment

………
……

Thank you

APPENDIX: 3

INTERVIEW GUIDE FOR INPATIENTS

1. Age   Sex   Male ☐   Female   ☐

2. Marital status

3. Highest academic qualifications

4. For how long have you been admitted?

5. Are there some commodities or services that the Health work could have prescribed

    yet it is out of stock and you were supposed to buy it for yourself?

6. Do you think the medical structures are adequate for inpatients?

7. What is your opinion about the medical equipment of this hospital are they enough and

    good?

8. Is the level of staffing of the inpatient department adequate?

9. What is the attitude of health workers to you inpatients?

10. Are there some institutional challenges you have faced in the inpatient department?

11. What do you suggest as solutions to those institutional challenges?

Thank you very much

APPENDIX 4

Focused group discussion for Administrative staff

INSTITUTIONAL CHALLENGES

1. What institutional challenges do you encounter regarding the financial resources of the inpatient department?
2. What do you suggest as solutions to the above institutional challenges you have mentioned
3. What institutional challenges do you encounter that are to do with the hospital medical structures?
4. Do you have the necessary medical equipment in this hospital to support your operation in the inpatient department?
5. What would you suggest as possible solutions to the institutional challenges regarding the medical structure and equipment mentioned above in numbers 3 an 4 ?
6. What institutional challenges are experienced regarding the Human Resource of inpatient department?

7. What would you suggest as possible solutions to the challenges stated above regarding the Human resource?.
8. Is there any other challenges that could be affecting the Hospital inpatient department
9. If there is, what do you suggest as solutions?

   Thank you very much.

APPENDIX 5

Observation checklist

1. Are supplies in stock?

2. What is the state of the inpatient medical structure?

3. Are there medical equipment in use?

4. What is the visible condition of the medical equipment in use?

5. What is the number of Health workers on the ground?

6. What is the mood of the health workers

7. What is the observable relationship between the health workers and the inpatients?