

AN ASSESSMENT OF HUMAN RESOURCES FOR HEALTH POLICY INTERVENTIONS  
ON THE PERFORMANCE AND COMMITMENT OF HEALTHCARE WORKERS IN  
HARD-TO-REACH AREAS IN UGANDA:  
A CASE OF MOROTO REGIONAL REFERRAL HOSPITAL, KARAMOJA REGION.

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**DECLARATION:**

I, **THEOPISTA AKULLO**, declare that this research is my original work and that it has never been presented to any institution or university for the award of Degree or Diploma. In addition, I have referenced correctly all literature and sources used in this work and this work is fully compliant with the Dublin Business School's academic honesty policy.

Signed: theopista akullo

Date: 20<sup>TH</sup> AUGUST 2018

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## **THESIS ABSTRACT**

In contemporary Africa, health and healthcare is one of the fundamental development aspects of most governments. Providing sound healthcare for all Ugandan citizen is a key priority for the government of Uganda. However, in Uganda there is a lack of empirical research documenting how HRH policy interventions to improve performance by government and implementing partners is affecting service delivery, and crucially its effect on healthcare workers performance and commitment in hard-to-reach areas of the country. In public service institutions, there happens to be a gap between the intention and actual practice of Performance improvement Programs, attraction and retention strategies and staff deployment. The aim is most often subjective rather than objectivity which renders the interventions void of desired results. Using Moroto Regional Referral Hospital in Karamoja region as a case study, this study empirically examined the relationship between policy interventions and healthcare workers performance and commitment, and its influence on service delivery. Employing both quantitative and qualitative methods, data was collected in Uganda during 5 weeks of field work, where interviews were conducted with 5 key respondents (the hospital director and a medical officer in Moroto Referral Hospital, 2 district health officers of Nakapiripirit and Moroto districts and 1 assistant commissioner HR in the ministry of health). A survey was conducted with questionnaires distributed to a sample size of 108, and a response rate of 78.70% was attained. The study showed that policy interventions in relation to addressing healthcare workers performance and commitment is having some positive impact. However, much needs to be done and provided to enable healthcare workers carry out their work in a conducive environment. The interventions must be more distinct to fit the situations facing the healthcare workers in hard-to-reach areas with peculiar environmental consideration, general policies to address general conditions for service delivery in the entire health service system may not achieve desired levels of performance and commitment from the healthcare workers in the hard to reach areas.

### **Operational Definitions.**

**Performance:** this refers to the attainment of results through a set of measurable standards and indicators. It is also producing the results that you aim at achieving or record of outcomes achieved.

**Performance Management Practices:** In this study, it refers to performance planning, Performance monitoring and evaluation; reward and recognition of performance.

**Performance Appraisal:** This is an organizational system comprising of deliberate processes for determining staff accomplishments in order to improve effectiveness at work.

**Training:** Training refers to the imparting of specific skills, abilities and knowledge to improve current or future employee performance.

**Performance Planning:** this is setting performance expectation and goals for groups and individuals to channel their efforts towards achieving organizational objectives. It also includes measures that are used to determine whether expectations and objectives are being met.

**Feedback:** This refers to providing and receiving information about employee performance for improving performance and reward.

**Performance evaluation:** This is the periodic measurement of performance objectives, indicators and targets at the end of the period against actual achievement.

**Reward:** This relates to employee benefits and compensations. It is a scheme to support and reinforce desirable behavior, such as wage rate that increases with the productivity of the worker

**Commitment:** A promise or agreement to do a job to the best of one knowledge, skills and abilities.

**Hard-to-Reach Areas:** Areas stipulated by government as difficult to access and without standard social amenities.

## CONTENTS PAGE

### Table of Contents

DECLARATION: .....	2
ACKNOWLEDGEMENTS .....	3
THESIS ABSTRACT .....	4
Operational Definitions. ....	5
LIST OF TABLES .....	9
LIST OF FIGURES.....	10
CHAPTER ONE.....	11
INTRODUCTION .....	11
<b>1.1 Introduction</b> .....	<b>11</b>
<b>1.2 Background to the study</b> .....	<b>12</b>
<b>1.3 Purpose of the study</b> .....	<b>13</b>
<b>1.4 Objectives of the study</b> .....	<b>13</b>
<b>1.5 Research Question?</b> .....	<b>14</b>
1.5.1 How do the current Human Resources for Health policies intervention impact on the performance and commitment of Healthcare workers in hard-to-reach areas of Uganda, specifically Karamoja region, a case of Moroto regional referral hospital?.....	14
<b>1.6 Hypotheses of the study</b> .....	<b>14</b>
<b>1.7 Scope of the Study</b> .....	<b>15</b>
1.7.1 Content Scope .....	15
1.7.2 Geographical scope .....	15
<b>1.8 Limitations of the study</b> .....	<b>15</b>
<b>1.9 Justification of the Study</b> .....	<b>16</b>
<b>1.10 Significance of the Study</b> .....	<b>17</b>
CHAPTER TWO .....	18
LITERATURE REVIEW .....	18
<b>2.1 Introduction</b> .....	<b>18</b>
<b>2.2 Literature Review</b> .....	<b>19</b>
2.2.1 Theme one; Performance Management practices and Healthcare workers performance and Commitment. ....	19
2.2.2 Theme Two. Attraction and Retention Strategies and healthcare workers Performance and commitment. ....	25
2.2.3 Theme Three. Deployment and Health care Workers Performance and commitment. ....	30
<b>2.4 Literature Conclusion</b> .....	<b>31</b>
CHAPTER THREE.....	33
METHODOLOGY.....	33
<b>3.1 Introduction</b> .....	<b>33</b>
<b>3.2 Research Design</b> .....	<b>33</b>
3.2.1 Research Philosophy .....	34
3.2.2 Research Approach .....	34
3.2.3 Research Strategy .....	35
<b>3.3 Sampling - Selecting Respondents</b> .....	<b>35</b>

3.3.1 Sample Size and selection .....	36
<b>3.4 Data Collection.....</b>	<b>38</b>
3.4.1 Interview.....	38
3.4.2 Survey .....	39
3.4.3 Advantages of mixed methods of data collection.....	39
3.4.4 Reasons for rejection of alternative methods.....	40
<b>3.5 Validity and Reliability of Data collection Instruments .....</b>	<b>40</b>
3.5.1 Validity of data collection instruments .....	40
3.5.2 Reliability .....	41
<b>3.6 Data Analysis.....</b>	<b>41</b>
3.6.1 Qualitative data analysis.....	41
3.6.2 Quantitative data analysis .....	41
<b>3.7 Measurement of Variables .....</b>	<b>42</b>
<b>3.8 Research Ethics.....</b>	<b>42</b>
<b>3.9 Limitations of study Methodology.....</b>	<b>42</b>
<b>3.10 Methodology Conclusion.....</b>	<b>43</b>
CHAPTER FOUR.....	44
DATA ANALYSIS/FINDINGS .....	44
<b>4.0 Introduction.....</b>	<b>44</b>
<b>4.1 Data Presentation .....</b>	<b>44</b>
4.1.1 Bio data information .....	44
<b>4.2 Measurement of Variables.....</b>	<b>51</b>
<b>4.3 Measuring Relationships amongst the variables.....</b>	<b>73</b>
<b>4.4 Prediction model for Performance and commitment.....</b>	<b>74</b>
4.4.1 Model Summary .....	74
CHAPTER FIVE .....	76
DISCUSSION .....	76
<b>5.0 Introduction.....</b>	<b>76</b>
<b>5.1 Discussion.....</b>	<b>76</b>
5.1.1 Effect of Performance Management Practices on Performance and Commitment of healthcare workers. 76	
5.1.2 Extent to which attraction and retention strategies affect the performance and commitment of healthcare workers. ....	78
5.1.3 Effect of Deployment on the performance and commitment of healthcare workers.....	79
5.1.4 Measurement of Performance and commitment .....	80
CHAPTER SIX .....	82
CONCLUSIONS AND RECOMMENDATIONS .....	82
<b>6.0 Introduction .....</b>	<b>82</b>
<b>6.1 Conclusions .....</b>	<b>82</b>
<b>6.2 Recommendations.....</b>	<b>83</b>
REFLECTIONS ON LEARNING.....	86
BIBLIOGRAPHY .....	89
APPENDICES. ....	95
<b>Appendix 1 INFORMATION SHEET FOR PARTICIPANTS.....</b>	<b>95</b>
<b>Appendix 2 INFORMED CONSENT FORM .....</b>	<b>96</b>
<b>Appendix 3 – Primary Research Material.....</b>	<b>97</b>

<b>Questionnaire .....</b>	<b>97</b>
<b>Appendix 4 Interview Guide.....</b>	<b>105</b>

## LIST OF TABLES

Table 1: Gender.....	45
Table 2: Age of the respondents .....	46
Table 3: Marital status of the respondents .....	47
Table 4: showing the Title/Position held by the respondents .....	48
Table 5: Showing the departments where the respondents work .....	50
Table 6: responses on the human resource interventions being implemented and are beneficial in improving workers performance and commitment .....	50
Table 7: Showing the responses on variables of performance management.....	52
Table 8: showing the extent of implementation of performance appraisal in Moroto referral regional hospital.....	53
Table 9: showing whether career development opportunities improve performance and commitment of health workers.....	53
Table 10: showing to what extent training opportunities are being availed in Moroto regional referral hospital.....	54
Table 11: showing whether health workers can perform if the job design is line with competence .....	55
Table 12: showing whether daily attendance is an effective way of managing absenteeism .....	56
Table 13: showing whether daily attendance register was being implemented in Moroto regional referral hospital.....	57
Table 14: Showing the responses on variables of attraction and retention .....	58
Table 15: showing respondent opinion of selective hiring on improvement of performance of health workers in Moroto regional referral hospital .....	59
Table 16: showing how high compensation/reward for high performance motivate health workers and improve their commitment to service delivery .....	60
Table 17: showing what would motivate the health workers other than compensation/reward .....	60
Table 18: showing whether employment security is a factor that attracts workers to remain committed to performance .....	61
Table 19: showing whether promotional opportunities are availed as a reward for working in hard to reach areas .....	62
Table 20: showing reward other than promotion being availed in Moroto regional referral hospital .....	62
Table 21: Showing the responses on variables of Deployment .....	63
Table 22: Showing whether ancillary support/equipment influence performance of health workers.....	64
Table 23: Showing to what extent ancillary support available enhances health workers performance and commitment .....	64
Table 24: showing whether decentralized decision making to departments encourage health workers to perform.....	65
Table 25: showing whether reduced status differentials where health workers are deployed according to skills level and competences enhance performance.....	66
Table 26: showing how satisfied the respondents were with the current HRH interventions in regard to improving the performance.....	67

Table 27: showing what needs to be improved by respondents who were not satisfied with the current HRH interventions .....	67
Table 28: Showing areas the manager as a strategic business partner would introduce to improve performance .....	68
Table 29: showing other factors that can improve performance other than performance practices, attraction and retention and power deployment .....	69
Table 30: showing the performance of health workers in Karamoja region .....	70
Table 31: showing commitment of health workers in Karamoja region.....	71
Table 32: Correlations.....	73
Table 33: Model summary .....	74
Table 34: Coefficients(a) .....	74

### **LIST OF FIGURES**

Figure 1: Showing the gender of the responses .....	45
Figure 2: showing the age brackets of the respondents.....	47
Figure 3: Bar graph showing the marital status of the respondents .....	48
Figure 4: showing the extent training is being availed to staff of Moroto regional referral hospital.....	55
Figure 5: showing whether health workers can perform if the job design is line with competence .....	56

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Introduction**

This study is one of its kind in this area, it is meant to provide an understanding of performance issues related to healthcare workers working in hard-to-reach areas in Uganda, with a focus on Karamoja region. Uganda through direct funding and through implementing partners has invested in supporting healthcare workers to perform through provision of skills and equipment, but it has not assessed yet whether the interventions undertaken through policy frameworks enhance and motivate healthcare workers to perform and stay committed to provide effective and efficient services to this region. The WHO Global Strategy on Human Resources for Health: Workforce 2030, adopted at the World Health Assembly in May 2016, articulates one of its objectives around the linkage between investments in the health workforce and “improvements in health outcomes, social welfare, employment creation and economic growth”, arguing that the investment in human resources for health can deliver a triple return of improved health outcomes, global health, security and economic growth (WHO, 2016). Health is the cornerstone of economic growth, human development and global security. It is a US\$ 3.5 trillion industry contributing to 8% of the world’s GDP (WHO, 2017). Despite these pronouncements, Human Resources for Health crisis in low income countries remains an alarming issue and continues to be evident in Sub Saharan Africa. Sub-Saharan Africa (SSA) carries the greatest global health burden standing at 68% of HIV/AIDS (UNAIDS, 2010; 25) which calls for efficient health systems with performing and committed healthcare workers. Particularly in Uganda, the Human Resources for Health shortage and the “pro-urban distribution of healthcare workers is a major obstacle to access of quality health care in remote and rural areas. This trend threatens the realization of the Millennium Development Goals, as well as the delivery of the Uganda National Minimum Health Care Package. Guided by

contemporary scholars, this study was carried out to assess the effect of Human Resources for Health (HRH) policy interventions on the performance and commitment of healthcare workers in hard to reach areas of Uganda, a case of Moroto regional referral hospital in Karamoja region.

## 1.2 Background to the study

According to the Second National Health Policy (2010–2020) Ministry of Health (2014), the Ugandan health system is raked by dual management, where the management of urban facilities and tertiary hospitals is by the Ministry of Health. The district hospitals and health centers II, III, and IV are managed by district governments, yet, several districts lack the financial and human resources capacity for effective management of the health system. This implies that health centers are less often fully operational, often lacking necessary equipment or funds to either install or provide utilities like water, electricity and housing for health workers. Many health professionals find it challenging or even impossible to work under such conditions coupled with the remoteness of some of the hard-to-reach areas, this has contributed to high rates of absenteeism and poor performance. In addition to the performance gaps and low commitment is the issue of, attracting and retaining skilled health workers to these areas which has also proved difficult. This is mostly due to HR policy issues, for certain cadres affecting promotional opportunities contributing to attrition among critical public sector health workers, particularly in rural areas. Karamoja region is one of the remotest regions in the north east of the country, 968kms away from the city. The region has one regional referral hospital which serves 7 districts with great distances between them and lots of difficulty in accessibility. It is a hard-to-reach area by all standards and human resources for health service shortage is most acute and has had great negative impact on the population in this area, due to impacts of poverty and inadequate health service delivery. Most often healthcare workers are inclined to leave the area due to multiple factors or stay, with very minimal performance outputs. A study carried out in 2016 by the Capacity Project (CP) in Uganda showed that the level of satisfaction of health workers with their jobs, salaries and work environment was generally low. According to that study 24% of health workers planned to leave their jobs which affected the health sector performance. In addition to low levels of satisfaction, is the insufficient numbers of adequately performing health workers, willing and ready to work particularly in hard to reach areas. These coupled, has been identified as some of the most critical constraints to the

achievement of health and development goals. The situation compromises the health status of rural communities and slows economic growth. People with the greatest need for health care often live in rural areas, yet the performance and commitment of healthcare workers in these areas remains wanting in terms of the quality of services provided due to factors beyond their abilities to solve. Despite of this, organizations continue to rely on the performance of their employees as a way of gaining a competitive edge to survive and cope with the call to provide a service. Most employers realize that the road to success lies in a committed workforce that is highly efficient, productive, and dedicated to the organization (Nor, 2011)

Hence, the study aimed at assessing healthcare workers performance and commitment with a view of evaluating the effectiveness of HRH policy interventions currently being implemented. With a view to create an understanding of Karamoja's unique strengths and weaknesses in terms of human resource management practices required and the relevance of policies implemented to attract, retain, deploy and improve performance and commitment of healthcare workers in hard-to-reach areas.

### 1.3 Purpose of the study

The purpose of the study was to assess the effect of human resources for health policies intervention on the performance and commitment of healthcare workers in hard to reach areas of Uganda, specifically Karamoja region taking the case of Moroto regional referral Hospital.

### 1.4 Objectives of the study

The following objectives guided the study

1. To establish the effect of Performance Management Practices on the Performance and Commitment of healthcare workers in hard to reach areas
2. To examine the extent to which attraction and retention strategies affect the performance and commitment of healthcare workers in hard-to-reach areas
3. To assess the effect of Deployment on the performance and commitment of healthcare workers in hard-to-reach areas

## 1.5 Research Question?

1.5.1 How do the current Human Resources for Health policies intervention impact on the performance and commitment of Healthcare workers in hard-to-reach areas of Uganda, specifically Karamoja region, a case of Moroto regional referral hospital?

This was a general question which sought to find whether there was a linkage between the human resource for health policy interventions currently being implemented and health workers performance in relation to health service provision for hard to reach areas of Uganda, specifically Karamoja and the case of Moroto regional referral hospital as a unit. The three policies identified were Performance Management Practices, Attraction and Retention strategies and Deployment of healthcare worker. These three policies were discussed as independent variables for the study in relation to performance and commitment of healthcare workers as the dependent variables. To do this a problem-based approach was defined to establish a cause and effect relationship in the study. This ascertained the linkage between human resources for health policy intervention and the competencies of the workforce to processes and outputs of services delivery and the comprehensiveness of interventions in addressing Performance issues. Performance Management Practices, Attraction and Retention, and Deployment together addressed Policies, a best fit and best practice approach to solve the problem, necessitated actions across different levels of the health system: from the context of national policies and priorities, to a regional perspective serving a defined catchment area, and at the level of frontline health workers, at the very core of services delivery. The variables being addressed in the study are below stated in sub questions.

1. To what extent do Performance Management Practices affect and enhance the Performance and Commitment of Healthcare workers in hard-to-reach areas (Moroto regional referral hospital)?
2. How do attraction and retention strategies affect the Performance and Commitment of healthcare workers in hard-to-reach areas (Moroto regional referral hospital)?
3. What is the effect of Deployment on the performance and commitment of healthcare workers in hard-to-reach areas (Moroto regional referral hospital)?

## 1.6 Hypotheses of the study

The study tested the following hypotheses;

1. Performance Management Practices have a positive effect on the performance and commitment of healthcare workers
2. Attraction and Retention strategies significantly affects the performance of healthcare workers
3. Deployment positively impacts on the performance and commitment of healthcare workers

## 1.7 Scope of the Study

### 1.7.1 Content Scope

The study concentrated on three policy interventions in health aimed at improving the performance and commitment of healthcare workers, which included performance management practices, attraction and retention strategies and deployment. The study considered healthcare workers performance under the indicators of quantity/number of patients treated, quality offered, and timeliness of services offered. Commitment was considered in terms of affective commitment, which depicts a desire to follow a course of action or to perform a particular activity.

### 1.7.2 Geographical scope

The study covered the 7 districts of Karamoja region, this region is to the far north east of the country and with a very poor road network. It is 968 kms away from the capital city, the distance covered together with the remoteness justified it as a case study for the research. Interviews were conducted for the qualitative data with 2 DHO's, 2 MO's and 1 Assistant Commissioner for HR in the ministry of health. Quantitative data was collected from Moroto regional referral hospital which is one of the 11 Regional Referral Hospitals in Uganda serving the 7 districts of Karamoja region. The structure and staffing of Moroto Regional Referral Hospital was considered as being representative of the health system in Uganda and fit for a study to assess the effects of the HRH policy interventions on the performance and commitment of healthcare workers in hard-to-reach areas in Uganda.

## 1.8 Limitations of the study

Performance measurement is relative and dependent on an organization, which may make it difficult to achieve and measure a satisfactory standard. However standard performance measurements and tools provided by the ministry of public service were being used to assess the levels of performance and assessment reports were analyzed to measure service outcomes

according to set standards. It is important to note that some departmental heads were not well trained and did not know how to develop performance targets, indicators and outcomes. This made the situation difficult for the subordinates' who were to benefit from the exercise.

The researcher did not find any other works in relation to assessing the effects of policy interventions in Human Resources for Health and health workers performance in hard to reach areas of Uganda, particularly in Karamoja region. This is a challenge and limiting to the researcher, there may be studies conducted for hard to reach areas but not for Karamoja considering that Karamoja has its very unique challenges which cannot be equated to the simple challenges in other hard-to-reach areas which are closer to the city and have better access in terms of transport and other amenities.

### 1.9 Justification of the Study

The Government of Uganda (GoU) recognizes the importance of performance improvement in improving the delivery of public service. Through the ministry of health (MOH) and other development partners, government pursues a deliberate performance management policy that encompasses salary revisions, training, providing accommodation and other incentives for all healthcare workers (HSSP III 2010). It has also come up with several policy interventions to support and improve healthcare workers performance and commitment in hard to reach areas with no clear results indicating improvement in performance and service outcomes. However, the potential impact of these policy interventions, either singly or in combination, remains undetermined and unmeasured. Hence the need to assess the effect of these policies with an aim of determining whether the interventions are creating the desired outcomes of improved performance and commitment or other strategies have to be devised to have the health work force perform to the level expected with measurable results. It becomes therefore very important to view sector as a business entity with goals and thus making it very important to address the issues that bar the successful attainment of best practices that match the desired strategic direction of the health sector. As the global community continues to scale up health interventions for HIV/AIDS, tuberculosis (TB), malaria, and other priority areas, it is essential to understand the state of the health systems in which these services are being delivered in Uganda especially. With the numerous resources being put into the improvement of the health system through capacity development and infrastructure development, it is important to assess

if the interventions have yielded any results in terms of performance improvement and general health service delivery to the rural population. If not, then what has to be done must be sought from the healthcare workers on the ground in the hard-to-reach areas.

#### 1.10 Significance of the Study

Consequently, approaches and interventions that are evidence-based reached at through research will inform policy-makers as to which interventions are successful, under which circumstances, and for what groups of health workers. This will make the interventions more result oriented with target groups in mind other than blanket policies which address no clear issues among the different areas and categories.

Exploring the effects of human resources for health policy interventions on healthcare workers performance and commitment in hard-to-reach areas helps lay a foundation upon which health sector reform may be formulated and implemented towards addressing the national health workforce crisis and attainment of a local health coverage strategy for Uganda. It is therefore my hope that this research should contribute to finding a country and area specific solution which will produce more realistic strategies/interventions and results to addressing the performance of healthcare workers in hard to reach areas of Uganda and improve health service delivery across the country.

Chapter two addressed concepts, theories and models with relevance to assessing the effect of human resources for health policy intervention on the performance and commitment healthcare workers in hard-to-reach areas of Uganda, with a focus on Karamoja region.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### 2.1 Introduction

This chapter focuses on the review of literature as was written by other researchers and scholars with the purpose of assessing the effect of Human Resources for Health policy interventions on the performance and commitment of healthcare workers in hard to reach areas in Uganda, particularly Karamoja region. This chapter contains sub sections focusing on the review of the works of various relevant scholars, theories, models, concepts to inform the dimensions under study (Performance Management Practices, Attraction and Retention strategies and Deployment) in relation to healthcare workers performance and commitment. The study drew from contemporary theoretical perspectives on how organizations should ensure organizational practices that match the strategic direction, goals and objectives of the firm and putting to mind that human resources are the most important asset for a competitive advantage. The study has been reviewed based on various theories which emphasizes the benefits of increasing theory awareness in performance management with the potential to positively impact the process of selecting, developing and using performance management solutions for organizational growth. (SmartKpis.com, Performance update 2010). This involves all initiatives that managers undertake to guide and motivate high performance; such initiatives have traditionally focused on providing formal performance appraisals, rewards and recognition of high performance as well as taking remedial action to address performance deficiencies. (London, 2003). This is also with an aim of achieving a competitive advantage in firm productivity.

## 2.2 Literature Review

### 2.2.1 Theme one; Performance Management practices and Healthcare workers performance and Commitment.

USAID has supported the Ministry of Health to strengthen performance management through the five-year Strengthening Human Resources for Health project led by Intrahealth (2014–2019). The government has institutionalized individual performance planning, monitoring, and appraisal for all staff at health center levels III and IV and general hospitals. Performance is defined as the efficiency of actions, which is how organizational resources are consumed to produce value (Braz, et al 2013). According to Pilbeam and Corbridge, (2010, p. 317), Performance does not need managing. It needs encouraging, developing, supporting and sustaining in line with the organization and sector specific goals and objectives. This concurs with Armstrong (2017) who defines performance management as the continuous process of improving performance by setting individual and team goals which are aligned to the strategic goals of the organization. Performance management is the process of creating and providing a work environment or setting in which people are enabled to perform to the best of their abilities. It is a work system that begins when a job is defined as required and ends when an employee exits an organization. Souhrada (2016) shares similar sentiments and stresses that employees need to be developed continuously and should receive constant feedback and appropriate rewards. A crucial element in increasing job performance is employee commitment. While Mullins (2012; 731) proposes that employee commitment has a notion of attachment and loyalty, Nohria, et al (2010), suggest that commitment captures the extent to which employees engage in corporate citizenship. In the same vein, Sheverick et al (2009) refer to commitment as a measure of alignment of the employee's motivation and the organizations mission. Their study demonstrated a positive correlation between employee commitment and performance, low staff turnover, job satisfaction and employee effectiveness. In view the theory of goal setting and perceived organizational support theory, employees will only respond to a supportive work environment and goals aligned to the strategic objective of the organization. It is evident that the existing performance management systems (PMSs) though provide for use of appraisal and feedback mechanisms for administrative purposes, in real practice there is a missing link between the appraisal outcomes and subsequent design for developmental purpose. Pfeffer's best practice model seeks to make a major impact by linking human resource practices with improved competitive performance. However, Zachary et al,

(2018), postulates that performance management is a HPWP that facilitates the formation of different employee impressions of managements role, and it's a process contingent upon employee attributions of implementation intent. Even with policy interventions in place, performance management in health care and healthcare workers performance is as complex and elusive as ever (Chang, 2015; and Kelly et al., 2015). However, the international nonprofit organization Oxfam, in its report "Blind Optimism," concluded that "to achieve universal and equitable access to health care for the rural poor, the public sector must be made to work as the majority provider for health service provision since most rural people cannot afford expensive treatment from private providers" (Oxfam 2009). Hence, government should provide and ensure a suitable condition for effective performance. Performance management is inclusive of all efforts by the employer and the employee to ensure satisfactory outputs to the consumers. This consists of the activities such as: job evaluations, supervision, performance appraisals, continuous education, rewards and career development However, comprehensive performance-management systems are almost non-existent in developing countries and for those performance-management activities that do form part of a system, the tools are either outdated or poorly understood or managers lack the skills to implement them appropriately. An assumption is made that the practices support and mutually reinforce one another, and that contradictions between 'best practice' in one area and 'worst practice' in another will undermine the package. Employees, it is argued, soon notice differences between performance management practices in different areas and are quick to spot inconsistencies between policy statements and workplace practice across the range.

The measurement of performance is not without flaws, which could lead to significant adverse outcomes associated with the clumsy use of performance management systems in public services, particularly negative effects on staff morale. The lack of ready-made answers to performance management makes this task complex and demanding for public service managers. The people and performance model of Purcell emphasizes the role of individual behavior in delivering high performance by explaining that performance is a function of ability, motivation and opportunity which should be created by the organization and therefore Performance is determined by productivity, responsiveness and competence. However Total Quality Management advocates argue that "the organization is a system of interrelated parts and that employee performance is more a function of things like training, communication, tools, and supervision than of their motivation" (Dessler 2017, p.332). Dessler is supported by Herzberg's two factor theory, which

postulates that for employees to be motivated certain conditions have to be fulfilled external to the employee's efforts.

### *2.2.1.1 Sub theme one; Performance Appraisals, information sharing and the Performance and Commitment of Healthcare workers.*

The notion of information sharing, or employee involvement appears in one form or another in just about every description of, or prescription for, 'best practice' or high-commitment management. According to Arslan, et al (2014) who agree that employees' personal skills are significantly influenced by an organization's performance appraisal systems, thereby implying that a robust performance appraisal system helps in better understanding of employees' performance. This is through employee involvement in designing and deciding on action points to be taken to improve and address their performance gaps. Providing employees with constant and constructive feedback makes a huge impact on their ability to learn and grow as individuals and as employees. It is important to note therefore, that it's not just individual employees who benefit when the evaluation process effectively is effectively utilized. As a supervisor, you can create a work culture of teams and collaboration by building trust and enabling employees to meet and exceed departmental goals and objectives. Fakhimi and Raisy (2013) however assert that, performance appraisal satisfaction and behavioral outcomes such as work effort, affect organizational commitment, motivation improvement and turnover intention. He further argued that in order to strengthen the performance appraisal process, employee perspective should be incorporated and conducted jointly focusing more on objective criteria like performance results. Gupta and Kumar (2013), research exploring the effects of an Employee Performance Management system and performance appraisals has found significant correlations between employees' perceptions of fairness with the performance appraisal system and their participation in the system's development. Performance appraisal analyzes the achievements and shortcomings of employees and estimates whether they require training or promotions in the future. (Cascio, 2015). Thus, the primacy accorded to performance management systems is attributed to NPM thinking, in which managers have a tendency to legitimize audit culture focused on continuous assessment at the expense of collegiality and learning (Craig et al., 2014). In contrast, if the goal is to develop the employee and improve performance, the focus could shift to more subjective process elements like

job behaviors. Supervisors must provide regular feedback which can be delivered informally, or it may be more efficient and effective if it is scheduled bi - weekly or monthly in a one-to-one meeting. All supervisors and employees are encouraged to schedule a midpoint assessment to identify performance concerns and also to provide positive feedback. (Ferndale & Kelliher, 2013). However according to Armstrong and Taylor (2017, p. 62), “high performance is not just about practices; people performance links lies in their conjunction with a powerful and cohering organizational vision”. It should be noted that research in high-income countries shows, that "bundles of interlinked Human Resource practices" that are aligned to the strategy and mission of an organization are effective in enhancing workers' performance.

#### *2.2.1.2 Sub theme two; Professional Development, training and healthcare workers Performance*

Performance is typically associated with skills and training and indeed these factors are critical. However, effort is very essential, and in some cases determines performance more so than skill. Health workers often do less than what they can do, which leads to the assumption that elements influencing performance are intricately related to each other. Having recruited ‘outstanding human talent’, employers need to ensure that these people remain at the forefront of their field, in terms not only of professional expertise and product knowledge but also in getting the best of situations, for example as managers or as team members. Professional development as an aspect of performance management, plays a considerably important part to employees’ skills acquisition and applications for job performance, growth in career competencies and responsibilities, and contributes greatly to organizational health and mission achievement, (Fareed et al., 2016a). Lopper (2010), noted that an employee’s skills and abilities provide the foundation for strong work place performance. A study conducted in Uganda and Kenya in March 2007 indicates that the better career prospects that exist in the public sector attracts more workers there. The urge for further education is a motivator to joining the public service but fell short of providing empirical evidence on if training significantly contributed to employee performance and commitment in rural hospitals of Uganda. According Castellacci and Natera (2013), the development of innovation systems is strongly related to employee’s absorptive capacity in terms of knowledge, skills and attitudes developed. However, securing the right balance between the internal and external competences might prove to be difficult in reality. While employees are expected to take some initiative and ownership over their own personal growth, it is important for the supervisor to

observe, listen and provide the level of support necessary for each employee to achieve the goals that have been established, according to their job specifications. In the current environment, it is vital for business leaders to adopt practices that balance employees' need for career growth and their organization's need for committed performance (Wang et al., 2014). According to (McElroy & Weng, 2016), employees who experience career growth within their employing organizations have a positive influence on their total wellbeing, and even future career prospects outside the current organization.

Investing in the health workforce has contributed towards the agenda articulated by the 2030 Global Health Workforce Strategy. From this, whilst equitable distribution, availability, accessibility, competency, and motivation are priorities for health systems, this has also presented an opportunity to advance further towards more responsive human resource for health reform interventions in peri-urban areas. Supervision by top management points out to employees and provides a clear guide on how the vision of the organization will be achieved. According to Bateman and Organ (2013), who state that "... a person's satisfaction results from the efforts of organizational officials", Supervisor support creates "enabling relationships with others that make it easier for them to learn." In line with this thought, Wickramasinghe (2016), showed the importance of experienced friendliness and support, supervisor support is considered to facilitate employees' learning and development. Its effectiveness depends upon organizational support for learning, growth, commitment, and provisions of resources, particularly in terms of funds, technology, and opportunities for skills demonstration and feedback. As a result, when employees experience a lack of career growth opportunities within a firm, they tend to look for better opportunities elsewhere (Wang, et al 2014). According Castellacci and Natera (2013), the development of innovation systems is strongly related to employee's absorptive capacity in terms of knowledge, skills and attitudes developed.

Professional development is important for staff, but various learning approaches can be applied to learning for the benefit of staff. Examples include cost-effective methods for on-the-job training and at the workplace through supportive supervision, clinical meetings or peer support and through distance-learning schemes. Off-site training courses appear less effective, as implementation of new skills in the workplace is not guaranteed, nor are follow-up after training or an enabling environment. There is little doubt that there has been a growing recognition during the last decade

of the importance of training and development, and even learning, as a source of sustained competitive advantage as employers introduce more skills-specific forms of training and experience lessening skills shortages in some areas. Pfeffer cited by Armstrong (2016) sees this in terms of both the amount of training provided and the budget devoted to training, especially in lean times. Relevancy and cost of training cannot be underestimated, critical consideration has to be accorded to its value in terms of learning applicability even if the budget is available.

### *2.2.1.3 Sub theme three; Absence Management and healthcare workers Performance and commitment.*

Employee absenteeism is a very remarkable phenomenon that affects the productivity of all work sectors all over the world (Van den Oetelaar WF, et al 2016) According to Mudaly P, Nkosi ZZ (2015), absenteeism includes missing a day or many days of non-attendance to work, and other scholars have defined it as unplanned absence without excuse or warning. It's therefore then, crucial for employers to have a comprehensive attendance management policy in place if they are trying to curb employee absences (Den Hartog et al., 2013). A concise and clearly communicated policy helps to define company expectations and outlines the specific steps that will be taken if an employee does not meet these expectations. According to Taylor et al. (2014), the movement towards linking sickness absence to disciplinary policies, undermines linking attendance with commitment, workers should be allowed to be absent on sick leave to solicit their complete commitments when healthy. It is also worth mentioning that managing uncertainty which leads to anxiety and consequently absenteeism is a vital part of organizational culture, and subsequently it can be identified and dealt with by knowledge sharing (Alas & Mousa, 2016). The main consequences of an improper strategy which is practiced within the organization are reflected either in a high volume of absenteeism or, on the other hand - in the departure of employees, generating a fluctuation of the workforce of high negative impact, especially on small and medium sized enterprises, no matter what their field of activity is. According to Locke (2014), the prime objective of goal setting is that specific difficult goals lead to high performance than when people strive to simply do their best. By providing direction and a standard against which progress can be monitored, challenging goals can enable people to guide and refine their performance against set standards. The theory of goal setting directly relates to Kim's theory of organizational management which applies to performance management approaches of an organization, assessing progress

towards goals, identifying and adjusting factors which hinder progress and productivity. This theory like the goal setting theory is characterized by a proactive approach to promoting progress towards goal achievement which allows a recurring analysis of systems and makes improvement whenever possible with intention of avoiding performance gaps that may impact on the achievement of defined organizational goals.

While goal setting theory is analysed at the individual level and emphasizes a best practice approach, Kim's theory of organizational management looks at a best fit approach to employee performance management, but the goal setting theory principles are considered relevant at the organizational level too. Locke (2014), argues that goal setting is effective for any task when people have control over their performance. However, it should be noted that employees need to have a sense of direction created by management as a need for an organization to have a competitive advantage through good practices and policies to great productivity. Hence the theory may have some shortcomings in practice but if well designed with a strategic fit, it yields high results for improved employee performance. Song (2015) considers that the uncertainty is born and maintained in public sector organizations because of three aspects: negative image resulting from poorly presented objectives and goals, organization specific change that derives from leadership turnover, and finally an uncontrollable environment arising from changes in legislative support. Planned absences in terms of annual leave minimize the effect, and a mutual benefit or equitable distribution of gains may be secured (Whyman and Petrescu 2013).

### 2.2.2 Theme Two. Attraction and Retention Strategies and healthcare workers Performance and commitment.

In Uganda, healthcare worker commitment and retention are a huge problem, National Development Plan, (2010; 253), which manifests in low morale and poor performance. Retention of talented employees who have the necessary competencies to assure organizational survival and service outcomes is one of the key issues organizations face in attempting to gain a competitive advantage through their human resources. The inability to retain employees leads to employee turnover, which, in turn, has a direct impact on organizational costs, productivity and business performance. Brain drain has been very costly to the African continent in all sectors (Bloomfield,

2010). It is an efficient and productive advance towards the employee management who are considered to be 'greatest assets' to the company, (Bagga, 2013). Causes for retention are likely to be rooted in both personal and work-related factors; strategies must address these multiple causes simultaneously. Interventions can take place at the macro or health-system level, such as HR policy and planning, rural recruitment and bonding. But retention is even more important than hiring. Poor performance results from too few staff, or from staff not providing care according to standards and not being responsive to the needs of the community and patients. Most performance problems can be attributed to unclear expectations, skills deficit, resource or equipment shortages or a lack of motivation. These causes are rooted in a failing health system, low salaries, difficult working and living conditions and inappropriate training. In addition, staff shortages negatively affect the motivation of the remaining staff as they create increased workload, causing extra stress and the risk of more staff leaving or being absent from work. Employee retention involves taking measures to encourage employees to remain in the organization for the maximum period. Hiring knowledgeable people for the job is essential for an employer. In all the persuasive rhetoric on 'best practice' HRM, one element is noticeable by its absence – independent employee voice. Not only is this apparent at the workplace, since Pfeffer's notion of employee involvement is based on economic efficiency and problem solving rather than industrial democracy, hence healthcare workers in facilities should be given a voice on their wellbeing as an attraction and retention strategy.

#### *2.2.2.1 Sub theme one; Ancillary support and the performance of medical Workers*

Good performance by staff is enabled via a supportive working environment. This encompasses more than just having enough equipment and supplies. It also includes systems issues, such as decision-making and information-exchange processes, and capacity issues such as workload, support services and infrastructure (Potter & Brough, 2012). According to Schmitt, et al (2015), effects of time pressure depend on task characteristics such as unreasonable or unnecessary tasks. Similarly, Bakker and Sanz-Vergel (2013) found that job demands could evoke favorable or unfavorable effects depending on the occupational sector. Strategies appear to be implemented in isolation, and managers are reactive rather than proactive. Rewarding staff who take up posts in remote areas will make it more attractive to accept and remain at rural posts. Incentives to recruit and retain staff should be both non-financial and financial, and these can vary by type of institution.

Evidence on whether improving basic infrastructure and supplies in African countries affects the health services delivered is also limited (World Health Organization, 2006). An alternative explanation is that health workers lack necessary skills and knowledge (Dieleman and Harnmeijer 2011), but the evidence is mixed and cannot therefore be relied on. Employees' ability to meet performance expectations is also based on "the degree of support, processes, systems and resources made available by the organization, hence performance and health service outcomes must not be viewed in isolation to other factors of expected performance. This is postulated by the perceived organizational support theory which states that employees believe in an organization is to the degree to which employees believe that their organizations value their contributions and cares about their wellbeing. (Eisenberger et al, 2011, Rhodes & Eisenberger 2012). According to perceived organizational support theory, the social exchange theory highlights the importance of understanding employee motivation and its resultant effect on organizational performance and achievement of organizational goals. These approaches to organizational behaviour incorporate employees' motive to carry out specific activities within the mutual obligation of the employer and employee. The perceived organizational support theory and psychological contract assumes that employees increase their effort in executing organizational tasks to the degree that they assume the organization is perceived to be willing and able to reciprocate with desired personal and social-emotional resources. In view of the above, organizations must strive to seek a deeper commitment of their work force to tap the best from them as an invaluable resource through perceived organizational support. This can be done by the organization's readiness to reward increased work effort and meet social-emotional needs; employees develop a sense of perceived organizational support. However, it is important to note that treating employees well leads to high performance, but it is not guaranteed that well treated employees will perform to full potential in isolation of other HR bundles of best practice and strategic fit.

#### *2.2.2.2 Sub theme two; Motivation strategies and Healthcare Workers and Performance and commitment.*

Although we are extremely complex individuals, through the core of each one of us runs a single universal motivator. We are still striving for one thing and that is to feel good, and if we understand this as the heart of every human being, then we can start to get some perspective on what it is that drives not only ourselves but also those we work with and employ (Bagshawe, 2011). To create

organizational commitment and develop retention strategies, the factors that operate as motivators for retention, together with the value that they attribute to employees, must be identified (De Vos & Meganck, 2009:47). Motivation is defined as “an individual’s degree of willingness to exert and maintain an effort towards organizational goals” (Franco et al., 2012). Motivated human resources and good performance of healthcare workers are essential for any effective health system. Motivation and job satisfaction are two different things: when someone is satisfied with his or her job, he/she is not necessarily motivated to perform well. According to Mullins (2011), Herzberg’s seminal two factor theory of motivation postulated that satisfaction and dissatisfaction were not the two opposite extremes of the same continuum, but two separate entities caused by totally different facets of work, Herzberg categorized them as “hygiene factors” and “motivators”. He asserted that the theory could help management understand and effectively explain job dissatisfaction. According to Baron and Greenberg (2013), Herzberg’s two factor theory focuses on factors responsible for job satisfaction and dissatisfaction. The underlying concept being that there are factors which stimulate job satisfaction when present “motivators” and dissatisfaction “hygiene factors” when absent hence affecting performance either positively or negatively. The theory helps managers and organizations to further evaluate the applicability of these factors to enhance employee performance and productivity.

Although Herzberg’s model has substantially contributed to extending the frontiers of knowledge in the field of employee motivation and improving performance, it has been criticised for being a model that cannot be empirically proven with any reliability. It has also been criticized for not being measurable. The theory has had a longstanding and undecided debate as to whether hygiene factors really contribute to job satisfaction. The theory assumes that happy and satisfied employees produce more and yet job satisfaction does not necessarily imply a high level of performance and productivity. The theory does not further allow for individual differences and conflict, such as particular personality traits which affects individuals’ unique response to motivators and hygiene factors. Carol et al (2018), argue that the intentions underlying human resources practices often differ from how they are implemented by line managers or how they are ultimately perceived by followers, thus undermining the strength of the HR system in influencing organizational outcomes. However, job satisfaction does influence motivation and is related to turnover and absenteeism. Various theoretical models explain mobility of staff, Economic models are often used, such as the neoclassical wage theory, which states that workforce mobility is related mainly to labor market

issues of demand and supply, that workers move for financial and economic reasons. Weng et al. (2012) points out that healthcare workers form part of a public sector performance-related pay (PRP) system where income is based on position in the organizational hierarchy, the achievement of performance benchmarking (e.g. passing annual appraisals), the performance of organizational units in which workers reside, and additional subsidies depending on environmental circumstances. The aim of these financial incentives has been to motivate workers as earnings are related to performance. However, problems regarding misaligned incentives and unintended consequences of such arrangements have been documented with specific reference to how it affects healthcare worker motivation and morale. The main behavioral models used to explain job satisfaction and motivation are based on Maslow and Herzberg, who explain workforce mobility by looking at the complex process of making decisions according to needs. They distinguish between work satisfiers and dissatisfies, studies have shown a clear relationship between job satisfaction and employee performance. The more an employee is satisfied with his/her job, the more motivated to perform on their jobs very often and vice versa.

#### *2.2.2.3 Sub theme three; Rewards and Healthcare Workers Performance and commitment*

The World health report 2006 shows that in many countries the salaries of health workers are below the minimum living wage and that the pay levels of public sector workers are often unfair compared to others in similar jobs (WHO, 2006). Pilot projects using a pay-for-performance (P4P) approach, where health workers are paid based on the volume and/or quality of services provided, have rapidly expanded around the world, especially in low- and middle-income countries, yet without a similar growth in the empirical evidence base. Since equal pay will be hard to achieve in many countries, health workers will search for ways to supplement their low income, leading to a gap in productivity. Clearly, looking at the categories; it is evident that this type of health workforce moves out in search for greener pastures and cannot be retained unless the wages are satisfactory. High-compensation contingent on performance is another of Pfeffer's proposed High Performance Work Practices that influences perceived employer attractiveness and job-involvement. There are further potential contradictions between the different practices, especially in relation to the idea that compensation should be at relatively high levels and linked to performance. The reward system is one of the most under-utilized and mishandled managerial tools for driving organizational performance'; it must reward short as well as long-term

achievements, bearing in mind that ‘business must perform in the present to succeed in the future. One of the essential tenets of the team concept is that members should be encouraged to work together to solve problems, which is exhibited in terms of the tasks they undertake and see themselves as part of an organization which operates without major status differentials. There are clear contradictions if team members earn varying amounts, especially if they don’t find it difficult to see the rationale behind any differentials. Conceptual and empirical papers (Conroy et al., 2014) have linked pay satisfaction and turnover. The willingness of high performers to terminate their employment relationship will be further reduced when employees perceive that their high performance and their subsequent high compensation are embedded in the organization. Hence government and its patterns should strive to provide pay according to realistic expectations and motivating enough to keep medical workers in hard to reach areas. More generally, policy research needs to determine how targeted interventions might address the core issue of pay among healthcare workers, including the lack of disclosure of outcome and performance data for health workers; This has to be seen as a standard measure of accountability, public transparency and a vital sign of system performance (especially for those systems receiving public subsidies and a wage bill on the PHC component). Emphasis on accountability and public transparency will promote effective performance since the consumer or customer is aware of the rewards or remuneration of the employees.

### 2.2.3 Theme Three. Deployment and Health care Workers Performance and commitment.

Deployment is defined as the movement of staff from ones’ current assignment to another to meet operational needs. Mullins (2011) opines that performance as an indicator of an organization’s success is affected by many factors which include the human resources management program in an organization. He also notes that deployment practices affect the level of productivity, motivation, innovation quality, relations, and participation and communication patterns among other core human resources activities. Very few African countries have a truly effective policy that creates incentives for health workers to practice in rural areas; workers in urban areas usually earn more than their rural counterparts. Because of the importance to individuals of getting jobs in preferred locations (for personal or family benefit), implementation of the deployment system according to the stipulated rules may come under pressure (Lewis, 2009). In Pakistan deployment systems were not sufficiently robust to withstand the pressures of political patronage. In the

education sector in Ghana Hedges et al found that as well as manipulation of the posting system by those who had influence, many new teachers simply did not report to their postings if they did not like them. Tubman, (2005), describes deployment as that organization practice or activity of moving their human resources to new work stations either within new departments, new stations and providing them with enhanced responsibilities and duties (re-designation). However, he notes that when poorly dealt with, deployment has the potential to negatively affect employee performance. Which reflect in terms of employees being less effective, innovative, productive, flexible, loyal and develop negative behavioral attributes and practices such as high wastes and redundancies, negative mirroring of the organization, more conflicts and complaints and very low-quality output. Governments and donor communities should focus on rural deficiency and stimulate the production of health cadres most likely to serve the rural poor. These frontline workers are employed in understaffed and overstrained work environments that place excessive demands on their time and expertise. Taylor et al. (2013) offer a set of guidelines for researchers involved in long-term community-based deployments, suggesting better, more ethical ways to conclude deployments. As finances are only one of the many factors influencing staff choices for locations, behavior models are also used to distinguish between job satisfaction and performance (Lu et al., 2005). Despite several developments and interventions from various development partners in deploying voluntary Health Workers in rural communities, Uganda continues to face the challenge of integrating an appropriately trained cadre as part of the national primary health care system (Zachariah, et al 2009). Coordinative artifacts are also one of the original concepts identified in the method proposed by Doherty et al. (2010) as relevant to the analysis of mobility work in healthcare integrating self-managed teams as a means to increase team effectiveness. However, the problem of maldistribution is also exacerbated on the management side by ineffective deployment systems (Vujicic, 2009). Likewise, management may employ a mix of incentives to pull or attract staff to work in underserved areas. (World Health Organization, 2010). At the same time management should ensure there is a mandated period to stay in a hard to reach area before you can get transferred or apply for a study leave. (Frehywot, et al 2010)

## 2.4 Literature Conclusion

This chapter has reviewed relevant literature of Human Resources for Health policies interventions and builds an in-depth understanding for the theoretical implication on healthcare workers

performance and commitment in hard to reach areas of Uganda. There is a definite need for effective and efficient studies into the HR bundles used to enhance and improve employee performance in hard to reach areas. This is because the few available studies into employee performance, specifically healthcare workers performance paint a bleak picture of what really works to provide a competitive advantage in health service provision. Despite the very significant efforts by key actors within the public services and related agencies, there is no unanimity on what constitutes best practice and best fit for hard-to-reach areas, specifically Karamoja region to improve performance and commitment in such areas. This is during an uncertain environment in which traditional paradigms for public policy have experienced policy reverses (Coen and Roberts, 2012). Hence interventions to address the shortcomings should be comprehensive and multifaceted and must take place simultaneously and at different levels of the health system. While experiments have taken place using different types of interventions to improve performance of health workers, substantive evidence of their effectiveness is still limited. The literature review has addressed and reviewed specific interventions, but there is need to carry out research to ascertain what exactly would work for the improvement of health workers performance and a substantial improvement in health service outcomes for hard to reach areas. Conclusively, criterion-specific studies, such as that by Pfeffer, which outline a number of ‘best practices’ and suggest that the closer organizations get to this list the better their performance is most likely to be followed for the benefit of both the employer and the employee, but may not have the desired effect on employee performance and commitment. The idea of a bundle, by contrast, is additive, and generally speaking the more practices which are in place the better, provided some distinctive core exists. In addition, Guest (2010) points out that there may be room for variation between organizations to make allowance for specific internal and external circumstances particular to the organization and its management. In this case, the key might be to identify the key objectives and strategies of an employer, and then search for HR practices which might be appropriate in the circumstances. However, studies assessing the effect of in human resources for health policy interventions have not received proper attention. This study was therefore undertaken to fill the existing research gap and find the missing links healthcare workers performance and commitment to service delivery.

## CHAPTER THREE

### METHODOLOGY

Research methodology is a systematic way to solve a problem. It is a science of studying how research is carried out. Basically, the procedures through which researchers go about describing, explaining and predicting phenomena. Methodology is the process through which data is collected and analyzed to make meaning of information provided by respondents. It explains how research was undertaken and lays out the methods used to collect data. The “research onion” as visualized by Saunders *et al* (2015, p. 124) is used to represent the various aspects of research methodology. This ranges from the broad concept of research philosophy to research techniques and procedures. This was chosen according to what the researcher desires to achieve and the direction he/she wants to take to get the desired outcomes of the research.

#### 3.1 Introduction

This chapter describes the methodology that guided the researcher to carry out the study. It presents the research design, sample size and selection, data collection methods, data analysis techniques, validity and reliability, Research Ethics and limitations of methodology.

#### 3.2 Research Design

A research design is a systematic approach that a researcher uses to conduct a scientific study. This is the general plan of how the researcher plans to answer research questions and discuss issues related to methods of obtaining findings (Saunders *et al*, 2015, p. 163). It is the overall synchronization of identified components and data resulting in a plausible outcome. To conclusively come up with an authentic and accurate result, the research design should follow a strategic methodology, in line with the type of research chosen. The study adopted a case study design being a more in-depth research approach that answered the question what and how. A cross-sectional survey was adopted that enabled data collection to be carried out only once within the

data collection period. It also enabled the researcher to collect data from a small representative number of respondents (sample) drawn from many respondents' population. This enabled inferences to be made on the attributes of the entire population based on the sample data (Nesbary, 2012). The purpose of the survey was to estimate with precision, the attribute of the population by collecting data from a small portion sample of the total population.

### 3.2.1 Research Philosophy

Research philosophy enhances a researcher's understanding of the ways in which the research topic was approached. Philosophy refers to the "system of beliefs and assumptions about the development of knowledge" (Saunders *et al*, 2015, p. 124). Research philosophy is classified as ontology, epistemology and axiology. The philosophical approaches enable the researcher to decide on what approach to be adopted and why, this is derived from research questions (Saunders, et al, 2009). The important assumptions present in the research philosophy helps explain the researcher's' view regarding the world. These assumptions will determine research strategy and the methods of that strategy. Pragmatism recognizes that reality is complex (Creswell, 2013, p. 11) and places focus on problems, practices, and relevance, with expected results in mind. With pragmatism, research begins with a problem that needs addressing (Saunders *et al*, 2015, p. 143). An important aspect of positivism is the detachment and objectivity of the researcher. Researchers are viewed as being external to the data and play no role in shaping or altering data collected (Saunders *et al*, 2015, p. 137). For this research, pragmatism and positivism were used as guiding philosophies of the study.

### 3.2.2 Research Approach

The relevance of hypotheses to the study is the main distinctive point between deductive and inductive approaches. Deductive approach tests the validity of assumptions (or theories/hypotheses) in hand, whereas inductive approach contributes to the emergence of new theories and generalizations. Abductive research, on the other hand, starts with 'surprising facts' or 'puzzles' and the research process is devoted their explanation (Bryman & Bell, 2015). This study took a deductive approach to research. Interviews were conducted to evaluate the relationships between concepts and variables (Saunders *et al*, 2015, p. 145-146). This is practical

because, the variables of the study influence one another and can only be deduced to give real meaning to the circumstance.

### 3.2.3 Research Strategy

A research strategy conveys the researcher's plan for achieving the goal of their research (Saunders *et al*, 2015, p. 177). The research strategy chosen should ensure coherence and consistency with the research philosophy, approach, purpose, and resources available (Saunders *et al*, 2015, p. 178). Research strategy allows a researcher to answer the research questions or the elementary questions which shapes the flow and structure of the study. Therefore, the necessity of deploring a research strategy is based on the aims and objectives of the study. As Saunders *et al*. (2009) has emphasized that the choice of research strategy is guided by research questions and objectives. Similarly, the extent of existing knowledge, the availability of amount of time, as well as philosophical underpinnings are equally important. Survey research is one of the most important areas of measurement in applied social research. The broad area of survey research encompasses any measurement procedures that involve asking questions of respondents. A "survey" includes anything from a short paper-and-pencil feedback to an intensive one-on-one in-depth interview. The study was a detailed and intensive study of interventions in human resources for health aimed at improving health workers performance. The impact was assessed using a survey by getting feedback from participants on the effectiveness of the interventions.

### 3.3 Sampling - Selecting Respondents

Probability based sampling techniques were adopted in this study. Simple random sampling and purposive selection was adopted to ensure that all the different specialties like Technical advisors, administrative officers' medical officers, nursing officers, clinical officers, nurses and midwives based of their numbers. According to Ghauri & Gronhaug (2005), a sample is representative of a segment of the population that is selected for investigation. He argues that an optimum sample is one which fulfills the requirement of efficiency, representativeness and flexibility. Simple random sampling was done by generating a table of random numbers on the computer and assigning each number on the sampling frame, the numbers representing each of the names in the sampling frame were written on small pieces of paper folded and put in a tin, raffled and then picked one at a time

until the sample size was attained. Consensus involved considering the entire population of the elements in the sample like the mechanical officer and Procurement officer.

It was impossible to interview all health workers from this population in the limited time available. The chosen sample of medical officers and senior medical staff which was between 5 Out of 8 since others were not in station, this allowed me to infer how the rest of the healthcare workers thought and felt about Human Resources for Health policy interventions in enhancing their performance. This was supported by feedback from the questionnaires.

### 3.3.1 Sample Size and selection

Sekaran (2013) suggests that purposive sampling involves the choice of subjects mostly advantageously placed in the best position to provide rich information. Purposive sampling method was applied to groups for triangulation purpose and helped get respondents who were knowledgeable on the matter under investigation. Simple random sampling was used to pick other staff as a probability-based sampling method in which every unit of the target population has an equal opportunity of being selected. This technique enabled the researcher to select from each sub group equitable representation of the population in the sample, thus helping to raise external validity of the study.

The researcher chose to use the U S National Education Statistical table to determine the sample size which is the established method of Social Science research as expressed by the Krejcie and Morgan (1970). The formula determines the Small Sample Techniques published by National Education Association. The formula is  $s = \frac{x^2 N P (1 - P)}{d^2 (N - 1) + x^2 P (1 - P)}$ .

Description of the formula as provided below:

**S** = required sample

**x<sup>2</sup>** = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841)

**N** = the population size

**P** = the population proportion (assumed to be .50 since this would provide the maximum sample size)

**d** = the degree of accuracy expressed as a proportion (.05)

Krejcie and Morgan (1970) point out that there it is not necessary to have calculations, by using the formula above. To determine the sample size of given population, only the table has to be considered. Hence the accessible population at the time of study is used to determine the sample size.

**Table showing the accessible population and the sample size of the selected health staff by category.**

**Table 3.1**

**Sample size selection and sampling of healthcare workers.**

<b>Category</b>	<b>Accessible Population</b>	<b>Sample Size</b>	<b>Sampling Technique</b>
Top Management	4	2	Purposive Sampling
Doctors	07	4	Simple Random sampling
Nurses & Midwives	63	48	Simple Random sampling
Finance & Administration	12	8	Purposive Sampling
Allied Health Professionals	34	29	Simple Random sampling
Support Staff	30	17	Purposive Sampling
<b>Total</b>	<b>150</b>	<b>108</b>	

**Source: Moroto Regional Referral Hospital Records**

After determining the sample size of healthcare workers by category based on the Krejcie and Morgan table, the sample size of the study was One hundred and eight (108), 108 questionnaires were distributed among the healthcare workers in Moroto regional referral hospital. Out of these one hundred and eight questionnaires distributed, 85 questionnaires were received back. Hence,

the eighty-five questionnaires were selected for the final analysis with a response rate of 78.70 per cent.

### 3.4 Data Collection

Data was collected through both qualitative and quantitative methods. This was particularly using interviews for a purposively selected group of respondents and questionnaires to a randomly chosen group of healthcare workers. The researcher felt that a strong case can be made for including qualitative elements in the study in a complex social environment that has a bearing on the success of the programmes. To ignore the complexity of the background is to impoverish the evaluation. Similarly, when investigating human behavior and attitudes, it is most fruitful to use a variety of data collection methods. By using different methods at various points in the research, the researcher builds on the strength of each method and minimize the weaknesses of any single approach.

#### 3.4.1 Interview

According to Burns and Burns (2008, p.19) qualitative methods “capture expressive information not conveyed in quantitative data about perceptions, values, needs, feelings and motivation that underlay behavior at the individual level”. It allows the researcher to study subjects in the moment and in their natural setting. Such propinquity can reveal subtleties and complexities that could go undetected using more standardized measures. The use of interviews as a data collection method begins with the assumption that the participants’ perspectives are meaningful, knowable, and can be made explicit, and that their perspectives is very important in understanding the study. An in-person or telephone interview, rather than a paper-and pencil survey, is selected when interpersonal contact is important and when opportunities for follow up of interesting comments are desired. The 5 interviews out of 8 were conducted through a face to-face interface with key informants in the study. Non-directive and in-depth interviews were carried out, using an interview guide and covered broad thematic areas of the study. This method supplemented the other methods to improve on the quality of data that was collected.

### 3.4.2 Survey

The questionnaire was used in the survey since the variables like respondents' views, opinions, perceptions and feelings could not be observed (Amin 2005). Questionnaire surveys were used by the researcher because it was cost effective to collect data and encouraged respondents to freely answer questions and collect vast amounts of data in a short time. (Amin 2005). Surveys are typically selected when information is to be collected from many people or when answers are needed to a clearly defined set of questions. Surveys are good tools for obtaining information on a wide range of topics when in-depth probing of responses is not necessary, and they are useful for both formative and summative purposes. Frequently, the same survey is used at spaced intervals of time to measure progress along some dimension or change in behavior. The questionnaire was administered randomly to healthcare workers in all the units/departments in the regional hospital representative of the region. The combination of these two methods was anticipated to improve the overall attributes of the data that was collected through triangulation.

### 3.4.3 Advantages of mixed methods of data collection.

A multimethod approach to research increases both the validity and the reliability of data due to carefully designed mixed-method designs. The validity of results can be strengthened by using more than one method to study the same phenomenon. It validates triangulation which is often mentioned as very advantageous in the mixed-methods approach. Combining the two methods pays off for all data collection approaches and the combination sharpens the researcher's understanding of findings.

Mixed methods approach to collect data, facilitated an in-depth investigation of the relationship between human resources for health policy interventions and healthcare workers performance and commitment in hard-to-reach areas in Uganda, precisely Karamoja.

In-depth interviews encourage capturing interviewees' perceptions in their own words, which is a very desirable strategy in qualitative data collection. This allowed the researcher to present the meaningfulness of the experience from the interviewee's perspective. In-depth interviews are conducted with individuals or a small group of individuals, however in this study the in-depth interviews were conducted on a one-to-one. In-depth interviews are particularly appropriate for situations involving complex subject matter, detailed information, high-status respondents, and highly sensitive subject matter.

Surveys are typically selected when information is to be collected from a large number of people or when answers are needed to a clearly defined set of questions, which does not usually require in depth probing responses, yet a wide range of information can be accessed.

#### 3.4.4 Reasons for rejection of alternative methods.

##### 3.4.4.1 *Observation research*

Observation research has some problems associated with it. very importantly is in relation to the role of the observer/researcher and the probable effect he or she may have on the people and situations observed. Obviously, people behave differently when they know they are being observed, refer to the Hawthorne studies.

As a researcher, it's probably the most difficult thing to observe when one is immersed in a situation or culture, thus the research is could be dismissed as too subjective and reliant on personal opinions and sentiments.

Observation is very time consuming, which often comes with a cost of having to keep a researcher in an area to observe and study a situation.

##### 3.4.4.2 *Focused group discussions*

For sensitive topics, it can be hard to get honest insights from a focused group discussion. Some people are shy to speak the truth about a situation amidst many other people. Hence the facts may be missed out due to such a choice of data collection method.

Secondly is the fact that in some societies, some people are more vocal than the rest and may end up dominating the discussion even when they are not informative/knowledgeable enough to give a clear picture of what is being discussed.

### 3.5 Validity and Reliability of Data collection Instruments

#### 3.5.1 Validity of data collection instruments

Validity refers to the study instrument measuring what it is set to measure. This was done by the use of expert judgments of two individuals who are knowledgeable on the variables of the study by judging the relevance of the content and validity, computed by total number of valid questions. The researcher computed the content validity index as below

$$\text{Content Validity Index (CVI)} = \frac{\text{(Number of items declared valid)}}{\text{Total number of items}}$$

Face validity was also used to measure the validity of the questions by looking at them and judging at face value that the questions could measure well what was being studied according to the opinion of the respondent or non-expert.

### 3.5.2 Reliability

Reliability refers to the study instrument measuring consistently what it is meant /intended to measure under the same conditions. To ensure reliability, questionnaires were pretested on selected respondents with the same health background using a test retest method where instruments were tested twice on the same category of respondents in an interval of two weeks before it was taken out to the sampled respondents. The sample was correlated using the Cronbach's alpha analysis. This helped to ensure that the research instrument yielded consistent results and helped to identify questions that were vague and taken out of the instrument.

## 3.6 Data Analysis

### 3.6.1 Qualitative data analysis

For Qualitative data analysis, the researcher organized statements and responses to generate useful conclusions and interpretations on research objectives Sekaran 2003. Qualitative data analysis for the three objectives of the study was done using content analysis. Each interview response was reviewed, sorted and classified into themes that were related. Once the theme was established, data was evaluated and analyzed to determine consistency, credibility and usefulness of the information to support the qualitative data and make sense of information recorded.

### 3.6.2 Quantitative data analysis

The research survey instrument was used to collect quantitative data. When the questionnaires were returned, data was cleaned, sorted, edited and arranged into systematic comparable data for completeness, uniformity and comprehensiveness. They were coded before entry into SPSS, the statistical package for social scientist, computer software. Quantitative data was generated through data coding that yielded numbers; this was summarized to give descriptive statistics in terms of frequency, mode mean, standard deviation and percentages. Data was analyzed using correlation Pearson Product Moment Correlations and linear regressions to determine relationships between

items. Correlation analysis measures relationships between two variables, its based on the standard deviation of the x-values and the y-values representing the two items/variables about which relationship is being investigated. From the responses a general assessment of the effect of HRH policy interventions on the performance and commitment of healthcare workers was reached at.

### 3.7 Measurement of Variables

The study had two variables, the independent variable, Human Resources for Health policies and the dependent variable performance and commitment, nominal scales were used to obtain data on personal information amongst the respondents for example age gender, department where one works. Ordinal scale was used to measure variables for categories ordered according to preference. In which case statements were measured using the scales; strongly agree, agree neutral, disagree and strongly disagree

### 3.8 Research Ethics

Health workers have a code of ethics governing their profession and often they are not allowed to share information regarding their work conditions. I through their supervisors and top management who understood the purpose of the study and gave permission in written to obtain information rightfully from the healthcare workers.

The study was approved by the examination board and the Research and Ethics Committee of Dublin Business School. All participants were provided with a research information sheet about the study before the questionnaire was handed out or before commencement of interviews. Participants were asked to consider whether they were willing to participate in the study. Informed consent was signed by participants along with assurances that anonymity would be maintained by the researcher. Informed, signed consent was obtained from every respondent and all data and records were anonymized by using unique identity numbers and codes.

This study took into consideration confidentiality which was a pertinent ethical issue. Respondents were entitled to confidential treatment of all information they gave on personal matters/opinions.

The researcher took ethical concerns about the copy rights and respected the ownership of intellectual property to avoid plagiarism while referring to other people's studies.

### 3.9 Limitations of study Methodology

The generalization of these study results could have limitations because the sample size is considerably small as it is based on 7 districts out of 84 districts in hard to reach areas. The authenticity of information provided in the survey cannot be overemphasized as some respondents may have been conscious about the implications of their participation and could have withheld some important information. Some respondents did not seem to have enough knowledge and information on some factors in the instrument, which could probably affect the authenticity of the information provided.

### 3.10 Methodology Conclusion

Chapter three has summarized the methodology adopted for the present study including the tools and methods used for data collection and various statistical techniques used for data analysis and interpretation. It guided to reach the findings, discussions, recommendations and reaching the conclusion of the study.

## **CHAPTER FOUR**

### **DATA ANALYSIS/FINDINGS**

#### **4.0 Introduction**

This chapter presents the findings of the study as well as their interpretation and analysis. The findings relate to the analysis of the data collected on an assessment of the effect of human resources for health policy interventions on the performance and commitment of healthcare workers in hard-to-reach areas in Uganda: a case of Moroto regional referral hospital, Karamoja region.

The study was carried out with the major aim of answering the research questions using the methodology described in chapter three.

The research questions were; To what extent do Performance Management Practices affect and enhance the Performance and Commitment of Healthcare workers in hard-to-reach areas (Moroto regional referral hospital)?, How do attraction and retention strategies affect the Performance and Commitment of healthcare workers in hard-to-reach areas (Moroto regional referral hospital)? and What is the effect of Deployment on the performance and commitment of healthcare workers in hard-to-reach areas (Moroto regional referral hospital)?

#### **4.1 Data Presentation**

##### **4.1.1 Bio data information**

This section describes the characteristics of the respondents in the study as shown in the tables below:

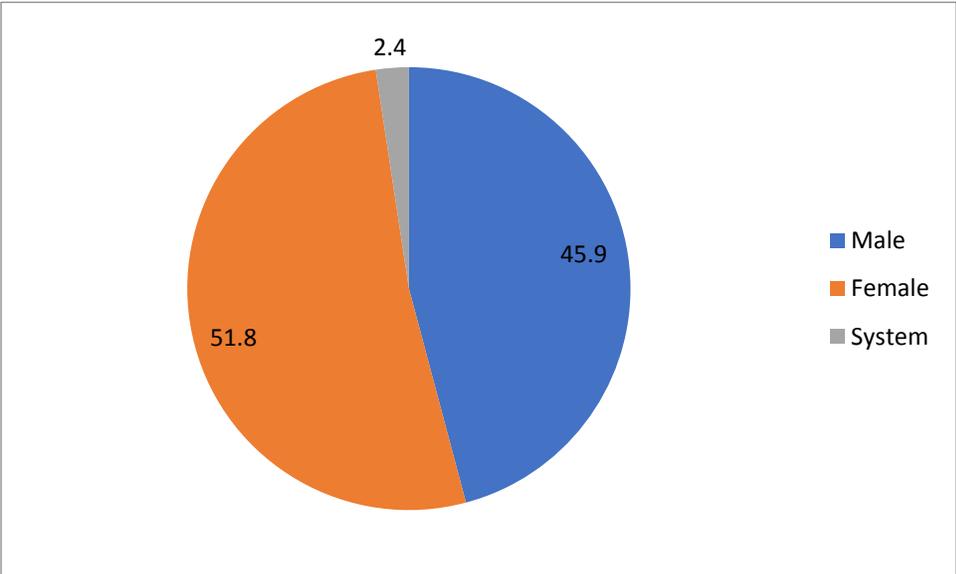
#### **Gender**

In data collection, emphasis was made to ensure that there was proper representation of the views of both male and female in the study. Overall, we saw that female were 51.8%, male were 45.9% while 2.4% did not indicate their sex. This therefore catered for gender inclusion and also guarded against any bias from responses due to differences in gender.

**Table 1: Gender**

Gender	Frequency	Percent
Male	39	45.9
Female	44	51.8
Sub Total	83	97.6
System	2	2.4
<b>Total</b>	<b>85</b>	<b>100</b>

This can also be presented as in the figure below



**Figure 1: Showing the gender of the responses**

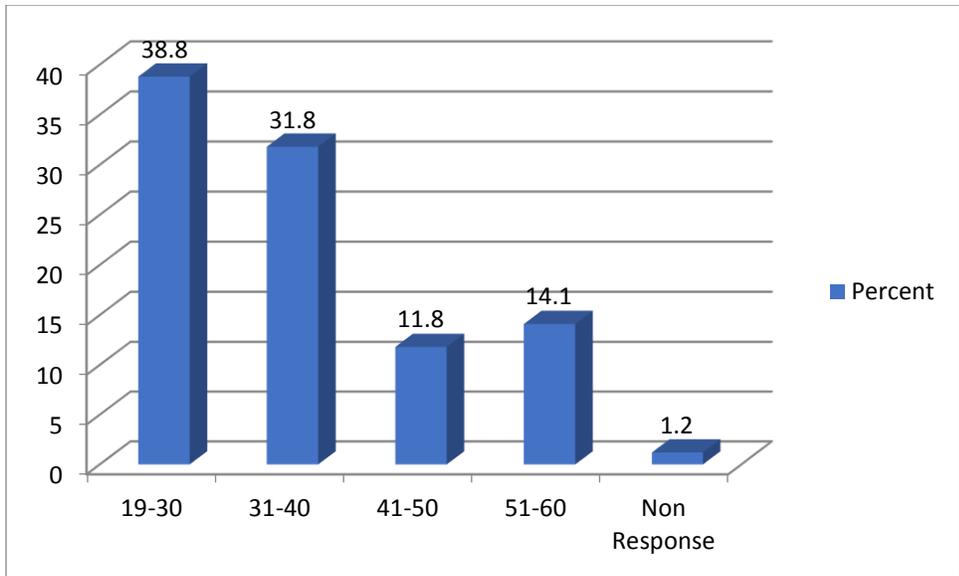
## Age

The table below indicates the age ranges of the respondents. It shows that majority of the respondents are between the ages of 19-30 years (33; 38.8%) followed by 31-40 years (27; 31.8%), 51-60 years (12; 14.1%) and 41-50 (10; 11.8%). This shows that the majority of the human resources for health working in Moroto Hospital are the youth (19-40 years; 70.6%). Which could also indicate vibrancy in performance and at the same time lots of expectations since it's the start of their careers.

**Table 2: Age of the respondents**

Age group	Frequency	Percent
19-30	33	38.8
31-40	27	31.8
41-50	10	11.8
51-60	12	14.1
Non Response	1	1.2
Total	83	97.6
System missing	2	2.4
<b>Total</b>	<b>85</b>	<b>100</b>

This can also be presented in the figure below



**Figure 2: showing the age brackets of the respondents**

**Marital status of the respondents**

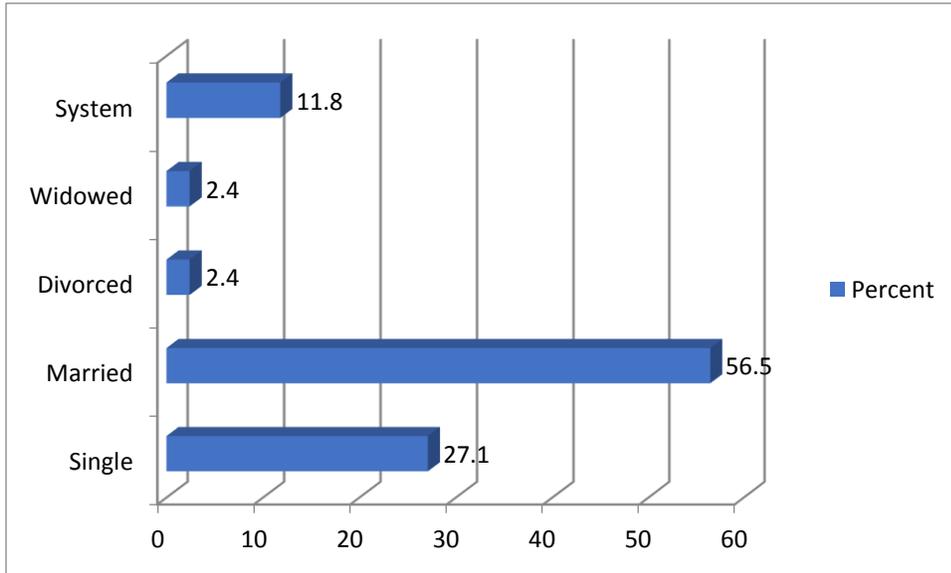
Marital status of the respondents was analyzed and the results are as shown in the table below

From the table, it is observed that majority (48; 56.5%) of the respondents were married followed by those who are single (23; 27.1%) and widowed and divorced at (2; 2.4%) each.

**Table 3: Marital status of the respondents**

Status	Frequency	Percent
Single	23	27.1
Married	48	56.5
Divorced	2	2.4
Widowed	2	2.4
Sub Total	75	88.2
System	10	11.8
Total	85	100

This can also be presented as in the bar graph below:



**Figure 3: Bar graph showing the marital status of the respondents**

### **Title/Position of the respondents**

The researcher wanted to find out the positions/titles held by the respondents and the findings is presented in the table below:

**Table 4: showing the Title/Position held by the respondents**

<b>Title</b>	<b>Frequency</b>	<b>Percent</b>
Enrolled Nurse	34	40
Counselor	2	2.4
Clinical officer	4	4.7
Dental Attendant	1	1.2

Equipment Maintenance technician	1	1.2
Social Worker	1	1.2
Electrician	1	1.2
Procurement	1	1.2
Driver	1	1.2
Laboratory Assistant	5	5.9
Mentor	1	1.2
Radiographer	1	1.2
Enrolled Midwife	1	1.2
Anesthetic officer	1	1.2
Dispenser	2	2.4
Clinical Officer	1	1.2
Data Assistant	2	2.4
Psychiatric Officer	1	1.2
Hospital Administrator	1	1.2
Human Resource Officer	1	1.2
Accounts Assistant	1	1.2
Procurement officer	1	1.2
Carpenter	1	1.2
Biomedical Engineer	1	1.2
Plumber	1	1.2
Sub Total	68	80
Mising System	17	20
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, majority of the respondents were enrolled nurses (34; 40%) and the rest of the positions range between 1.2-4.7%, this gave the research a wide view of the various cadres in health concerning the policies being implemented.

**Table 5: Showing the departments where the respondents work**

<b>Department</b>	<b>Frequency</b>	<b>Percent</b>
Mental Health	6	7.1
Antenatal	1	1.2
Surgical	6	7.1
Family Planning	1	1.2
Dental Unit	1	1.2
Equipment Workshop	5	5.9
Medical	10	11.8
Administration	11	12.9
Maternity	4	4.7
Casualty	3	3.5
Laboratory	7	8.2
Radiography/Imaging	1	1.2
Gynecology	1	1.2
Pharmacy	2	2.4
Pediatric	6	7.1
Eye clinic	1	1.2
Sub Total	66	77.6
Missing System	19	22.4
Total	85	100

The respondents were asked to indicate any two Human Resource Interventions currently being implemented and are very beneficial in improving healthcare workers performance and commitment towards improved service delivery in hard to reach area and Karamoja region in particular and their responses are as below.

**Table 6: responses on the human resource interventions being implemented and are beneficial in improving workers performance and commitment**

Human resource policy being implemented	Responses		Percent of Cases
	N	Percent	N
Performance Appraisal and feedback	66	40.7%	81.5%
Career development and extensive training	39	24.1%	48.1%
Absence Management	9	5.6%	11.1%
Improved working conditions (structures and equipment)	28	17.3%	34.6%
Financial reward	5	3.1%	6.2%
Non-financial reward	6	3.7%	7.4%
Promotion in service	9	5.6%	11.1%
<b>Total</b>	<b>162</b>	<b>100.0</b>	<b>200.0%</b>
		<b>%</b>	

From the table above, it is observed that the most important human resource policy that is being implemented to the satisfaction of respondents is performance appraisal and feedback (66; 40.7%) followed by career development and extensive training (39; 24.1%). The least is promotion in service (9; 5.6%)

#### 4.2 Measurement of Variables

The variables of the study were performance management practices, attraction and retention, deployment and the variables were performance and commitment as analyzed and measured as below

##### **Performance management**

The researcher looked at the major items under performance management and asked the respondents to rank how important the items are and their responses are analyzed and presented in the table below:

**Table 7: Showing the responses on variables of performance management**

<b>Response</b>	<b>Very Import ant</b>	<b>Import ant</b>	<b>Neutra l</b>	<b>Unimpor tant</b>	<b>Very Unimporta nt</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Performance Management and sharing Performance Information	68.3%	26.8%	4.9%	0.0%	0.0%
Extensive Training and career development	63.9%	31.3%	3.6%	0.0%	1.2%
Absence management	32.1%	35.9%	9.0%	11.5%	11.5%
Job design	35.4%	46.8%	10.1%	5.1%	2.5%
<b>Average</b>	<b>49.9%</b>	<b>35.2%</b>	<b>6.9%</b>	<b>4.2%</b>	<b>3.8%</b>

From the table above, it is seen that performance management is important in improving the performance and commitment of health workers (85.1%) while only 8% said that it is not important.

Notable are that extensive training and career development was the most important aspect of performance management (95.1%) followed by job design (92.2%), performance management and sharing information (85.1%) and lastly absence management (68%).

**To what extent are Performance Appraisals and sharing of performance Information, as an effective method of performance measurement, providing direction and guidance on performance improvement areas for healthcare workers being implemented in your organization**

The researcher wanted to find out to what extent performance appraisal and sharing of information is an effective method of performance measurement and the finding is as shown in the table below

**Table 8: showing the extent of implementation of performance appraisal in Moroto referral regional hospital**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
<b>Highly</b>	41	48.2
<b>Medium</b>	35	41.2
<b>Lowly</b>	6	7.1
<b>Total</b>	82	96.5
<b>Missing System</b>	3	3.5
<b>Total</b>	85	100

From the table above, it is seen that performance appraisal is being implemented highly (41; 48.2%) and moderately by (35; 41.2%). It can be concluded that in Moroto regional referral hospital implements performance appraisal.

Availability of career development opportunities, for example extensive training and professional development improves performance and commitment of healthcare workers in hard to reach areas. However, many of the healthcare workers used these opportunities as a venture to attain the training and were not committed to staying in the hard to reach area after training.

**Table 9: showing whether career development opportunities improve performance and commitment of health workers**

<b>Responses</b>	<b>Frequency</b>	<b>Percent</b>
Strongly Disagree	8	9.4
Disagree	7	8.2
Neither agree nor Disagree	2	2.4
Agree	27	31.8

Strongly Agree	40	47.1
Total	84	98.8
No Response	1	1.2
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, career development improved performance and commitment of health workers in Moroto regional referral hospital since (67; 78.9%) of the respondents agreed to the statement and only (15; 17.6%) disagreed on the same.

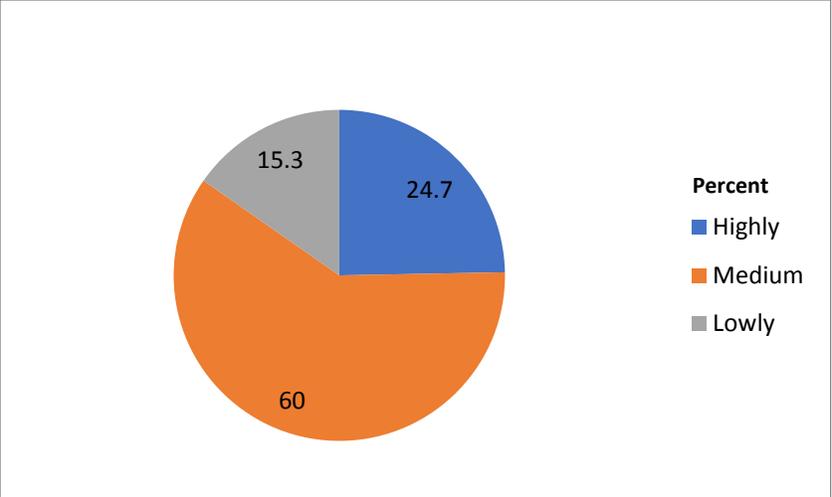
As far as training opportunities are concerned in Moroto regional referral hospital, the respondents were asked the extent to which training opportunities were being availed to health workers in your organization and their responses is as shown in the table below;

**Table 10: showing to what extent training opportunities are being availed in Moroto regional referral hospital**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Highly	21	24.7
Medium	51	60
Lowly	13	15.3
<b>Total</b>	<b>85</b>	<b>100</b>

From the table it is observed that training opportunities are being availed at a medium level (51; 60%) while (21; 24.7%) indicated that it is being availed at a high level. It can be concluded that training opportunities are being availed (72; 84.7%) in Moroto regional referral hospital. This was confirmed in the interviews too as available and others had opportunities to pay for themselves while others got scholarships.

This can also be presented in the figure as below;



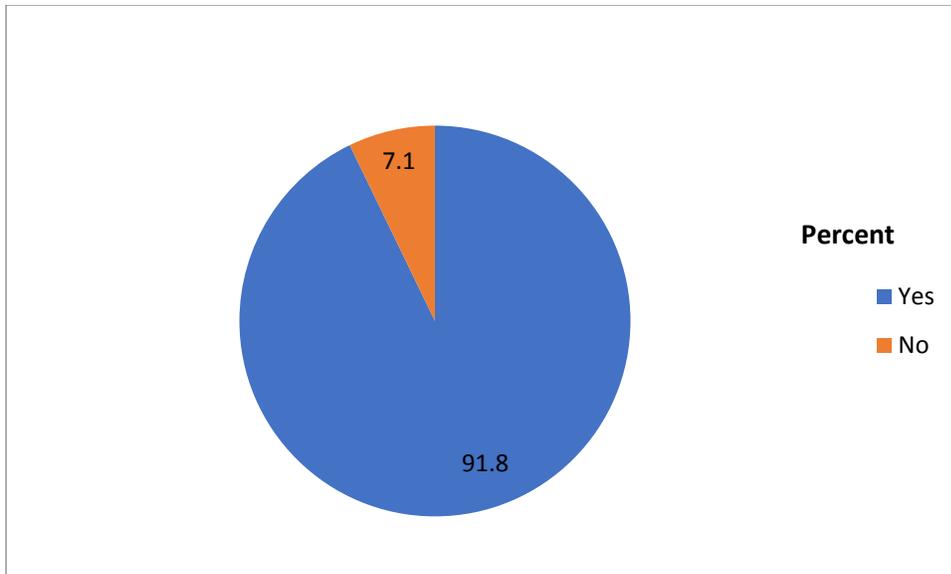
**Figure 4: showing the extent training is being availed to staff of Moroto regional referral hospital**

If a job design is in line with your competence, are you more likely to perform with commitment in regard to the organizational strategy and the sector strategic goals?

**Table 11: showing whether health workers can perform if the job design is line with competence**

Response	Frequency	Percent
Yes	78	91.8
No	6	7.1
Total	84	98.8
Missing System	1	1.2
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, it is seen that the health workers can perform better if the job design is in line with their competence since (78; 91.8%)



**Figure 5: showing whether health workers can perform if the job design is line with competence**

The study wanted to find out whether a daily attendance register is an effective way for managing absenteeism and unexplained absence from a duty station and performance and commitment to service delivery and the finding is as in the table below;

**Table 12: showing whether daily attendance is an effective way of managing absenteeism**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Strongly Disagree	8	9.4
Disagree	17	20
Neither agree nor Disagree	5	5.9
Agree	34	40
Strongly Agree	21	24.7
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, it is observed that daily attendance is an important tool in managing performance since (65; 64.7%) of the respondents agreed to it and only (25; 29.4%) disagreed to the same.

The researcher further wanted to know whether a daily attendance register as a tool for performance monitoring was being implemented in Moroto regional referral hospital and their responses were as below;

**Table 13: showing whether daily attendance register was being implemented in Moroto regional referral hospital**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Highly	44	51.8
Medium	29	34.1
Lowly	11	13
Sub Total	84	98.8
System	1	1.2
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, it is observed that daily attendance was being implemented in Moroto regional referral hospital since (73; 85.9%) of the respondents said that daily register was mediumly and highly implemented and only (11; 13%) reported that it was implemented at a low level. The absence management tools and methods accordingly, only monitored attendance and nothing beyond a health workers presence at a duty station. Whether they were productive was another element to be studied.

## Attraction and retention

**Table 14: Showing the responses on variables of attraction and retention**

Response	Very Important	Important	Neutral	Unimportant	Very Unimportant
	%	%	%	%	%
Selective Hiring of new personnel	24.7%	22.1%	20.8%	26.0%	6.5%
High Compensation/Rewards for effective Performance	54.3%	25.9%	16.0%	2.5%	1.2%
Employment Security	68.3%	28.0%	1.2%	0.0%	2.4%
Promotional Opportunities	69.5%	28.0%	1.2%	0.0%	1.2%
<b>Average</b>	<b>54.2%</b>	<b>26.0%</b>	<b>9.8%</b>	<b>7.1%</b>	<b>2.8%</b>

From the table above, it is seen that attraction and retention important in improving the performance and commitment of health workers (80.0%) while only 9.9% said that it is not important.

Notable are that 97.3% of the respondents said that promotional opportunities were important, 96.3% said that employment security was important and 80.2% said that high compensation/reward for effective performance was important.

Respondents could not say whether selective hiring of new personnel was important or not since 45.8% said the it was important and 62.5% said that it was not important.

The researcher wanted to find out the opinion of the respondents on selective hiring of new personnel based on required skills, personality and willingness to provide a service other than

academic excellence in the improvement of healthcare worker performance and the responses are as shown in the table below.

**Table 15: showing respondent opinion of selective hiring on improvement of performance of health workers in Moroto regional referral hospital**

	<b>Frequency</b>	<b>Percent</b>
Extremely Dissatisfied	6	7.1
Dissatisfied	14	16.5
Neither, nor Satisfied	13	15.3
Satisfied	35	41.2
Very Satisfied	14	16.5
Sub Total	82	96.5
Missing System	3	3.6
Total	3	3.5
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, it is observed that respondents were satisfied with selective hiring to providing service other than academic excellence in the improvement of healthcare worker performance since (49; 67.7%) of the respondents were satisfied and only (20; 23.6%) were not satisfied with the same. In the interviews, many agreed that selective hiring would improve performance only if the equipment's and supplies were in place for the health workers to be effective at their work.

The researcher wanted to know how High compensation/rewards for high performance motivate health workers and improve their commitment to service delivery in Hard to reach areas and the results is as indicated in the table below;

**Table 16: showing how high compensation/reward for high performance motivate health workers and improve their commitment to service delivery**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
TRUE	76	89.4
FALSE	7	8.2
Sub Total	83	97.6
Missing System	2	2.4
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, it is observed that compensation/reward for high performance motivate workers and improve their commitment and to service delivery as (76; 89.4%) of the respondents said that it is true that compensation/reward for high performance motivate workers and only (7; 8.2%) said that it was false. 89.4% agreed together with the top managers that rewards were very essential in improving performance and commitment. Unfortunately, the staff of Moroto regional referral hospital had no hard to reach allowances.

The researcher further wanted to know if the answer to the above was false, what would motivate health workers to perform effectively in heard to reach areas and the response is as shown in the table below

**Table 17: showing what would motivate the health workers other than compensation/reward**

<b>Effective motivation in hard to reach(a)</b>	<b>Responses</b>		<b>Percent of Cases</b>
	<b>N</b>	<b>Percent</b>	<b>N</b>
Allowance	6	46.2%	85.7%
Salary	1	7.7%	14.3%
Office Equipment	1	7.7%	14.3%
Sponsorship for training	1	7.7%	14.3%
Staff Training	3	23.1%	42.9%

Good work environment	1	7.7%	14.3%
<b>Total</b>	<b>13</b>	<b>100.0%</b>	<b>185.7%</b>

a Group

from the table it 15 above, it is seen that 7 respondents responded that compensation/reward was not a motivating factor in performance of health workers. From those who said false, 46.2% said that allowances was another factor that motivates health workers followed by staff training and salary, office equipment and sponsorship were among the factors mentioned here.

The researcher wanted know whether Employment security is a factor that attracts healthcare workers to remain committed to performance in the health sector in hard to reach areas and the finding is as in the table below;

**Table 18: showing whether employment security is a factor that attracts workers to remain committed to performance**

Response	Frequency	Percent
Strongly Disagree	12	14.1
Disagree	8	9.4
Neither agree nor disagree	2	2.4
Agree	26	30.6
Strongly Agree	37	43.5
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, it is seen that (63; 74.5%) of the respondents agreed that employment security was an important factor that attracts workers to remain committed to performance while only

The researcher wanted to know also whether promotional opportunities availed as a reward for working in a hard to reach area influences healthcare workers performance and commitment to effectively deliver services and the response is as in the table below;

**Table 19: showing whether promotional opportunities are availed as a reward for working in hard to reach areas**

Responses	Frequency	Percent
TRUE	78	91.8
FALSE	7	8.2
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, (78; 91.8%) of the respondents said that it is true promotional opportunities are availed as a reward for working in hard to reach areas whereas only (7; 8.2%) said that it is not true (False) that it is not availed

Of those who said that it was not true, 29.4% said that allowance is availed as a reward, 17.6 % said that salary or housing, 13.7% said that it was staff training. Others also mentioned included rewards, sponsorship for training, working environment, medical insurance and office equipment as seen in the table below;

**Table 20: showing reward other than promotion being availed in Moroto regional referral hospital**

Reward other than promotion(a)	Responses		Percent of Cases
	N	Percent	N
Allowance	15	29.4%	45.5%
Salary	9	17.6%	27.3%
Housing	9	17.6%	27.3%
Rewards	5	9.8%	15.2%
Office Equipment	1	2.0%	3.0%
Sponsorship for training	3	5.9%	9.1%
Staff Training	7	13.7%	21.2%

Good work environment	1	2.0%	3.0%
Medical Insurance	1	2.0%	3.0%
<b>Total</b>	<b>51</b>	<b>100.0%</b>	<b>154.5%</b>

a Group

From the table above, allowance (29.4%) is the other important reward that the health workers are availed with in Moroto regional referral hospital, follows by salary and housing (17.6%) respectively, staff training (13.7%). Others include reward (9.8%), sponsorship for training (5.9%), office equipment, good working environment and medical insurance (2.0%) respectively.

## Deployment

**Table 21: Showing the responses on variables of Deployment**

	<b>Very Important</b>	<b>Impor tant</b>	<b>Neut ral</b>	<b>Unimpo rtant</b>	<b>Very Unimportant</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Ancillary support/equipment	50.0%	42.5%	7.5%	0.0%	0.0%
Decentralized Decision making and self-managed teams	37.0%	48.1%	8.6%	4.9%	1.2%
Reduced Status Differentials	24.7%	37.7%	26.0%	9.1%	2.6%
<b>Average</b>	<b>37.2%</b>	<b>42.8%</b>	<b>14.0%</b>	<b>4.7%</b>	<b>1.3%</b>

From the table above, it is seen that deployment is important in improving the performance and commitment of health workers (80.0%) while only 6% said that it is not important.

Notable are that 92.5% of the respondents said that ancillary support/equipment were important, 85.13% said that decentralized decision making and self-managed teams were important and 62.4% said that reduced status differentials are important.

As far as ancillary support/equipment is concerned, (66; 77.7%) of the respondents agreed that it in terms of supplies and equipment together with the availability and access to social amenities in hard to reach areas they influence the performance and commitment of healthcare workers while only (11;12.9%) disagreed on the same as seen from the table below;

**Table 22: Showing whether ancillary support/equipment influence performance of health workers**

	Frequency	Percent
Strongly Disagree	7	8.2
Disagree	4	4.7
Neither agree nor disagree	8	9.4
Agree	43	50.6
Strongly Agree	23	27.1
<b>Total</b>	<b>85</b>	<b>100</b>

Respondents were asked to what extent ancillary support available was to enhance healthcare workers performance and commitment and their responses were as below

**Table 23: Showing to what extent ancillary support available enhances health workers performance and commitment**

	Frequency	Percent
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Adequate	38	44.7
Inadequate	44	51.8
Total	82	96.5
System	3	3.5
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, it is seen that ancillary support available was inadequate in enhancing health workers performance of health workers since (44; 51.8%) said that it was inadequate and only (38; 44.7%) said that it was adequate. The lack of equipment and supplies compromised service delivery standards and were a very critical component of performance improvement.

Respondents were also whether decentralized decision making to departmental heads and self-managed teams in health facilities encourages healthcare workers to perform much better and prompt them to be more committed to service delivery and their responses are as in the table below;

**Table 24: showing whether decentralized decision making to departments encourage health workers to perform.**

	Frequency	Percent
Strongly Disagree	10	11.8
Disagree	7	8.2
Neither agree nor disagree	7	8.2
Agree	42	49.4
Strongly Agree	19	22.4
<b>Total</b>	<b>85</b>	<b>100</b>

From the table, it is seen that (61; 71.8%) of the respondents agreed that decentralized decision making to departments encourage performance while only (17; 20%) disagreed that it enhances performance.

The respondents were further asked whether reduced status differentials where healthcare workers are deployed according to skills level and competencies without any titles and positions enhance performance and commitment in a hard to reach areas and their responses are as follows

**Table 25: showing whether reduced status differentials where health workers are deployed according to skills level and competences enhance performance**

	<b>Frequency</b>	<b>Percent</b>
Strongly Disagree	19	22.4
Disagree	30	35.3
Neither agree nor disagree	15	17.6
Agree	16	18.8
Strongly Agree	3	3.5
Total	83	97.6
System	2	2.4
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above it is observed that reduced status differentials where health workers are deployed according to skills level and competence does not enhance performance since (49; 57.7%) disagreed on the statement and only (19; 22.3%) agreed on the same.

The respondents were asked how satisfied they were with the current HRH interventions being implemented by Intra health and other development partners in the health sector with regard to improving the performance of health workers in hard to reach areas and their responses are as below;

**Table 26: showing how satisfied the respondents were with the current HRH interventions in regard to improving the performance**

	<b>Frequency</b>	<b>Percent</b>
Extremely Dissatisfied	2	2.4
Not Satisfied	18	21.2
Adequate	22	25.9
Satisfied	33	38.8
Very Satisfied	8	9.4
Total	83	97.6
System	2	2.4
<b>Total</b>	<b>85</b>	<b>100</b>

From the table above, it is observed that the respondents were neither satisfied nor dissatisfied that current HRH interventions being implemented by intra health and other development partners in the health sector with regard to improving performance of health workers since (41;48.2%) said that they were satisfied, (20; 23.6%) were dissatisfied and (22; 25.9%) said that it was adequate.

From those who said that they were not satisfied or extremely dissatisfied, they recommended that there should be improvement in allowances (53.8%), recruitment and staff training (15.4%) each, salary, retain staff at 7.7% each as shown in the table below;

**Table 27: showing what needs to be improved by respondents who were not satisfied with the current HRH interventions**

<b>Interventions for improvement(a)</b>	<b>Responses</b>		<b>Percent of Cases</b>
	<b>N</b>	<b>Percent</b>	<b>N</b>
Allowances	7	53.8%	70.0%
Salary	1	7.7%	10.0%
Retain staff	1	7.7%	10.0%
Recruitment	2	15.4%	20.0%
Staff training	2	15.4%	20.0%
<b>Total</b>	<b>13</b>	<b>100.0%</b>	<b>130.0%</b>

the researcher also wanted to know the best practices the human resource manager as a strategic business partner could introduce to improve performance of health workers in hard to reach areas and the respondents indicated the areas as indicated in the table below;

**Table 28: Showing areas the manager as a strategic business partner would introduce to improve performance**

Best Practice(a)	Responses		Percent of Cases	
	N	Percent	N	
Allowances	42	32.60%	57.50%	
Staff training	14	10.90%	19.20%	
Housing	12	9.30%	16.40%	
Promotion	10	7.80%	13.70%	
Salary	10	7.80%	13.70%	
Retain staff	9	7.00%	12.30%	
Rewards	8	6.20%	11.00%	
Recruitment	6	4.70%	8.20%	
Staff Appraisal	4	3.10%	5.50%	
Good working environment	3	2.30%	4.10%	
Proper Supervision	3	2.30%	4.10%	
Office equipment	2	1.60%	2.70%	
Proper Communication	2	1.60%	2.70%	
Performance Competition	1	0.80%	1.40%	
Staff Van	1	0.80%	1.40%	
Provision of meals	1	0.80%	1.40%	
Security of the places	1	0.80%	1.40%	
<b>Total</b>	<b>129</b>	<b>100.00%</b>	<b>176.70%</b>	

a Group

From the table above, it is observed that a manager as a strategic business partners should improve allowances (32.6%), staff training (10.9%), housing (9.3%), Promotion and salary (7.8%) each, retain the existing staff (7.0%), improve reward system (6.2%) and recruitment (4.7%) among others.

It is also important to note that the respondents identified staff appraisal, good working environment, proper supervision, office equipment, proper communication, performance competition, provide staff van, provide meals and ensure that the security of the places are safe

Any other factors which could improve the performance and commitment of health workers in hard to reach areas other than performance practices, attraction and retention strategies and power deployment are as follows;

**Table 29: showing other factors that can improve performance other than performance practices, attraction and retention and power deployment**

Factor to improve performance(a)	Responses		Percent of Cases	
	N	Percent	N	Percent
Allowances	22	18.2%	32.4%	
Staff training	21	17.4%	30.9%	
Housing	18	14.9%	26.5%	
Promotion	11	9.1%	16.2%	
Rewards	10	8.3%	14.7%	
Recruitment	9	7.4%	13.2%	
Salary	8	6.6%	11.8%	
Good working environment	6	5.0%	8.8%	
Proper Supervision	3	2.5%	4.4%	
Provision of meals	3	2.5%	4.4%	

Security of the places	3	2.5%	4.4%
Staff Van	3	2.5%	4.4%
Team work	2	1.7%	2.9%
Office equipment	1	0.8%	1.5%
Proper Communication	1	0.8%	1.5%
<b>Total</b>	<b>121</b>	<b>100.00%</b>	<b>177.90%</b>

a Group

From the table above, it is seen that allowances (18.2%), still is the most important other factor to improve performance followed by staff training (17.4%), housing (14.9%), promotion (9.1%).

Others include rewards, recruitment, salary, good work environment, proper supervision, provision of meals, security of places, staff van, team work, office equipment and proper communication

### Performance of health workers

**Table 30: showing the performance of health workers in Karamoja region**

Statement	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	No Response
	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %
The productivity of health workers is high	5.9%	18.8%	9.4%	42.4%	23.5%	0.0%

The health workers in Karamoja region are always happy	20.2%	32.1%	17.9%	21.4%	8.3%	0.0%
The health workers in Karamoja region are very hardworking	3.5%	1.2%	7.1%	40.0%	48.2%	0.0%
Health workers in Karamoja region enjoy what they do	8.2%	21.2%	10.6%	48.2%	9.4%	2.4%
The motivation level of health workers is high	50.6%	31.8%	4.7%	9.4%	2.4%	1.2%
The health workers in Karamoja region are proud of what they do	10.6%	8.2%	8.2%	54.1%	17.6%	1.2%
Health workers in Karamoja region are much satisfied with their job	20.0%	27.1%	8.2%	31.8%	12.9%	0.0%
<b>Average</b>	<b>17.0%</b>	<b>20.1%</b>	<b>9.4%</b>	<b>35.3%</b>	<b>17.5%</b>	<b>0.7%</b>

From the table above, health workers in Karamoja region are performing since 52.8% agreed that to the issues while 37.1% disagreed on the same.

Notable areas include; 67.9% agreed that the productivity of health workers in Karamoja is high, 88.2% agreed that the health workers in Karamoja are hard working, 57.6% agreed that health workers enjoy what they do and 71.7% agreed that health workers are proud of what they do.

On the other hand, 52.3% of the respondents disagreed that health workers in Karamoja region are always happy and 82.4% disagreed that the motivation level of health workers is high.

### **Commitment of health workers in Karamoja region**

**Table 31: showing commitment of health workers in Karamoja region**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not Sure</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>No Response</b>
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<b>Statement</b>	<b>Row N %</b>					
I would be very happy to spend the remainder of my career in this region	7.1%	14.1 %	7.1 %	54.1 %	16.5%	1.2%
I am proud to tell people that I work in Karamoja	3.5%	7.1 %	3.5 %	58.8 %	27.1%	0.0%
I feel a strong sense of belonging to this region	7.1%	8.2 %	3.5 %	51.8 %	27.1%	2.4%
I am not afraid of leaving this job even if I do not have another job offer.	21.2%	22.4 %	9.4 %	30.6 %	14.1%	2.4%
I feel comfortable working for this region	12.9%	12.9 %	3.5 %	48.2 %	21.2%	1.2%
I am proud to be working for this region	7.1%	12.9 %	3.5 %	52.9 %	20.0%	3.5%
I feel that Karamoja region is the right place for me to spend my time working.	20.0%	15.3 %	8.2 %	35.3 %	21.2%	0.0%
<b>Average</b>	<b>11.3%</b>	<b>13.3 %</b>	<b>5.5 %</b>	<b>47.4 %</b>	<b>21.0%</b>	<b>1.5%</b>

From the table above, health workers in Karamoja region are committed since 68.4% agreed that to the issues while 24.6% disagreed on the same.

Observably, 71.6% of the respondents agreed that they would be very happy to spend the remainder of their career in the region, 85.9% agreed that they are proud to tell people that they work in Karamoja, 78.9% agreed that they feel a strong sense of belonging to the region, 69.4% agreed that they feel comfortable working with the region, 72.9% agreed that they are proud to be working for the region and 56.5% agreed that they feel Karamoja region was the right place for them to spend their time working

### 4.3 Measuring Relationships amongst the variables

To measure the relationship amongst the study variables that is performance management, attraction and retention, deployment and performance and commitment, the Pearson Product moment correlation was used. Pearson correlation measures relationships that exist between two variables in terms of either a positive perfect relationship (+1) or a negative perfect relationship (-1) at either 95% level of confidence (0.05) or 99% level of confidence (0.01 significance level).

These relationships are as indicated in the table below:

**Table 32: Correlations**

		1	2	3	4
Performance Management	Pearson Correlation	1			
	Sig. (2-tailed)				
	N	83			
Attraction and Retention	Pearson Correlation	.096	1		
	Sig. (2-tailed)	.388			
	N	83	83		
Deployment	Pearson Correlation	.229(*)	.092	1	
	Sig. (2-tailed)	.037	.408		
	N	83	83	83	
Performance and commitment	Pearson Correlation	-.206	.073	-.136	1
	Sig. (2-tailed)	.062	.510	.219	
	N	83	83	83	85

\* Correlation is significant at the 0.05 level (2-tailed).

From the table above, we note that conceptually most variables presented no relationships amongst each other. However, performance management and deployment presented a significant relationship with deployment ( $r = 0.229$ ;  $p < 0.05$ ).

#### 4.4 Prediction model for Performance and commitment

In the study, coefficient of determination (Adjusted R square) is used to explain the variations in performance and commitment caused by the independent variables of performance management, attraction and retention and deployment as indicated in the model summary below:

##### 4.4.1 Model Summary

This uses coefficients of determination (R square) to explain the amount of variation in the dependent variable caused by the independent variables.

**Table 33: Model summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.247(a)	.061	.025	.57098

a Predictors: (Constant), Deployment, Attraction and Retention, Performance Management

From table, we observe that the variations in performance and commitment (dependent variable) is explained by the independent variables (performance management, attraction and retention and deployment) at the tune of only 6%. This means that a combined unit variation in the independent variable causes a 6% change in performance and commitment. Additionally, the individual predictions of performance and commitment are hereby explained by the coefficients in the Table below:

**Table 34: Coefficients(a)**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta	B	Std. Error
1	(Constant)	3.974	.296		13.420	.000
	Performance Management	-.174	.102	-.192	-1.710	.091
	Attraction and Retention	.090	.098	.101	.921	.360
	Deployment	-.095	.105	-.102	-.904	.369

a Dependent Variable: Performance and Commitment

From the table, the Unstandardized coefficient is used to explain the individual predictors of performance and commitment in our model.

Observably, the model indicates that all the variables are not good predictors of performance and commitment.

## CHAPTER FIVE

### DISCUSSION

#### 5.0 Introduction

In this chapter a summary of the major findings is made,

#### 5.1 Discussion

From the findings conceptually, most variables presented no relationships amongst each other. However, only performance management and deployment presented a significant relationship with deployment.

##### 5.1.1 Effect of Performance Management Practices on Performance and Commitment of healthcare workers.

The researcher looked at the major items under performance management as performance management and sharing, extensive training and career development, absence management and job design.

From an overview, it was established that performance management is important in improving performance and commitment of health workers especially in extensive training and career development, job design, performance management and sharing information and absence management.

The top management confirmed through the interviews that the healthcare workers extensively benefited from the trainings which were planned in a 5-year capacity building plan and everyone had a chance to attend training in line with their jobs. Training opportunities were also being given to health workers who served in the hard to reach areas with scholarships as an attraction and retention strategy to motivate the healthcare workers working in the hard to reach areas. This is an initiative by the council and ministry of health who lobby for scholarships from various partners to build capacity and also as a motivation strategy.

This influences their knowledge, skills and attitudes thereby improving their performances as agreed by Arslan, et al 2014. Career development improves performance and commitment of health workers in Moroto regional referral hospital, as training opportunities were highly being availed to healthcare workers.

Furthermore, it was found that performance appraisal was being implemented highly in Moroto regional referral hospital. This enables employees to develop continuously and enable them receive feedback on their performance as supported by Souhrada 2016. During the interviews, the supervisors acknowledged performance appraisal as a very important tool for performance management. Health workers identified their performance targets and indicators together with their supervisor, who later on during the financial year support them to achieve the planned outputs through monitoring and supervision.

The appraisal process also helped to identify areas of weakness and improvement strategies were arrived at in an appraisal meeting. The supervisors together with the appraisee would decide on either a short or long-term intervention to address the performance gap identified. In the interviews, it came out that most often, the health workers preferred short courses because they attracted allowances. This also indicated that perhaps the healthcare workers were more interested in the allowances than in the learning involved.

Healthcare workers can perform better if the job design is in line with their competence, the top management confirmed that carefully planned job specifications were in place and they were in line with the relevant qualifications of the healthcare workers. This are passed on to them by the ministry of health who revise it accordingly and are handed down to all healthcare workers to keep abreast with.

Absence management was highly appreciated as the staff endeavored to register their daily attendance in the arrival books provided. Another method used to monitor absence was the biometric machines used by health workers to cloak in on arrival and departure at the close of duty. These were the methods used to generally monitor attendance. However, it was noted that the methods kept the healthcare worker at duty station but there was no means to verify if they were actually working and not just passing time to come and tag out as they went home at the end of their duties.

### 5.1.2 Extent to which attraction and retention strategies affect the performance and commitment of healthcare workers.

Attraction and retention were found to be very important in improving performance and commitment of healthcare workers. This ensures organizational survival since the organization continues to employ skilled and productive staff as pointed out by We4. The specific areas that the study found very instrument in improving performance and commitment were promotional opportunities, employment security and high compensation/reward for effective performance.

Promotion of staff in service came out as very strong and it clearly is an attraction and retention strategy that could forever stand the test of time. All healthcare workers wanted to be promoted because promotion comes with an increased salary and this would make them stay longer. However, it was discovered also that currently the government has only allowed recruitment on a replacement basis which does not cater for many healthcare workers. Recruitment has a wage implication and it would mean more primary healthcare wages, hence a decision to freeze all recruitments, affecting promotions. This is very negative for the healthcare worker who feel, they are deserving of promotions.

On selecting and hiring of new personnel based on required skills, personality and willingness to provide a service other than academic excellence in the improvement of healthcare worker performance, it was found out that the healthcare workers were satisfied with selective hiring to providing service other than academic excellence in the improvement of healthcare worker performance. This allowed those who had the heart of service to the people to stay in the areas and be a positive impact on the people in these hard to reach areas. According to the managers, it was not being practiced since government follows guidelines in selection but selective hiring for certain categories of staff like nurses and midwives would improve performance and commitment in hard to reach areas.

The researcher found out that compensation/reward for high performance motivate workers and improve their commitment to service delivery. The findings also suggest that other extrinsic options should be explored in order to close the gap between worker performance and financial reward. The restructuring of salary scales to create benchmarks across the public sector represents

a possible option for policy makers to create greater transparency and openness about career progression.

On whether Employment security is a factor that attracts healthcare workers to remain committed to performance in the health sector in hard to reach areas it was found that employment security was an important factor that attracts workers to remain committed to performance.

Hard to reach allowance came out as a very important incentive for enhancing performance and commitment among the health workers, yet in Moroto hospital they were not earning the allowance because it is a municipality and therefore not deserving of the allowance. However, if government is to let go of their position on municipalities not deserving of hard to reach allowance, performance would be greatly improved.

#### 5.1.3 Effect of Deployment on the performance and commitment of healthcare workers.

Deployment decisions and actions were found to be important in improving the performance and commitment of health workers and particularly ancillary support/equipment, decentralized decision making and self-managed teams.

As far as ancillary support/equipment is concerned, it was found that supplies and equipment together with the availability and access to social amenities in hard to reach areas influence the performance and commitment of healthcare. The interviews with top management revealed that the lack of equipment was among the reasons why specialists and many doctors did not want to work in the hard to reach areas. Often the medical officers lacked equipment for many procedures hence rendering them redundant or even they made prescriptions and there were no medicines to give to the patients. This situation also affects the community attitude towards health service delivery and would prefer their traditional way of treatment which leads to occasionally loss of lives. This compromised service delivery standards and led to demotivation of staff since the means with which to perform is lacking.

It was also found that decentralized decision making to departmental heads and self-managed teams in health facilities encourages healthcare workers to perform much better and prompt them to be more committed. This is because they felt mandated and accountable for the resources under them, they made decisions together as the health unit team which also improved team spirit hence

increasing productivity. However, it is important to note that, these are small decision because major decisions are left to the top management to make on behalf of the whole health sub district.

It was noted that reduced status differentials where health workers are deployed according to skills level and competence without consideration to titles and ranks does not enhance performance. This was because the government system is structured in a manner that operations are centralized which comes with positions of who is responsible for who? Thus, reduced status differentials would not work for a public service institution because even where they are down played, it is only silent to achieve a purpose like team congruence yet alive and shouting at the back of the subordinates.

Any other factors which could improve the performance and commitment of health workers in hard to reach areas other than performance practices, attraction and retention strategies and power deployment Include allowances, staff training, housing, promotion, rewards, recruitment, salary, good work environment, proper supervision, provision of meals, security of places, staff van, team work, office equipment and proper communication.

#### 5.1.4 Measurement of Performance and commitment

##### **Performance of health workers**

The findings revealed that health workers in Karamoja region perform their duties in productively and their performance is high, health workers in Karamoja are hardworking, health workers enjoy what they do, and health workers are proud of what they do. On the other hand, though the healthcare workers perform well they are always not happy and the motivation level of health workers is low. This was as a result of lack of equipment and supplies which could not allow the health workers perform to their maximum expectation. They were also demotivated due to lack of allowances yet their fellow medical officers and nurses in other nearby health facilities for example Health center IVs were earning hard to reach allowances.

##### **Commitment of health workers in Karamoja region**

Health workers in Karamoja region are committed, this is because they would be very happy to spend the remainder of their career in the region, they are proud to tell people that they work in Karamoja, they feel a strong sense of belonging to the region, they feel comfortable working with

the region, they are proud to be working for the region and they feel Karamoja region was the right place for them to spend their time working. However, it is also important to note that this commitment perhaps is due to the high levels of unemployment in Uganda and many people do not have alternatives for greener pastures. Given an opportunity according to the in-depth interviews, many health workers would leave. Hence a need for consultative talks with health workers on interventions that are long lasting solutions.

## **CHAPTER SIX**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **6.0 Introduction**

In this chapter, a presentation of conclusions based on research findings are drawn, possible recommendations are made and areas for further research are suggested.

#### **6.1 Conclusions**

Conclusions derived from the study are presented here providing a general picture of the situation and what could be done better to improve performance and commitment of the healthcare worker in hard to reach areas.

Absence management can only improve performance if more proactive methods like monitoring and supervision by in charges is strengthened, other than the assumption that everyone registers their presence or tags in using the biometric machine and is productive throughout their day in the facility. It is therefore clear that management should come up with substitutional ways to ensure that not only attendance can be tracked but both attendance and performance, whereby performance is measurable on a daily basis through supervisor reports on the outputs of all health workers under them.

The researcher found out that the health care workers were neither satisfied nor dissatisfied with the current Human Resources for Health policy interventions being implemented by government, intra health and other development partners in the health sector regarding improving performance of health workers. The healthcare workers recommended to HR managers as strategic business partners that, there should be improvement in allowances, provide hard to reach allowance, lobby with ministry of health to open up recruitment and staffing positions , salary enhancements, improve staff housing and accommodation, retain the existing staff, improve reward system, and promote qualified staff in order to improve performance and commitment of healthcare workers.

It is also important to note that the respondents identified, good working environment, proper supervision, office equipment, proper communication, performance competition, provide staff van, provide meals and ensure that the security of the places is provided among the factors that

they felt could lead to improvement in performance and create affective commitment among the health care workers in hard to reach areas.

In the recent past, emphasis is on tackling the human resources for health crisis and scaling up the health workforce. However, the poor distribution of health workers and the associated difficulty of filling up health worker positions in hard to reach areas has been appreciated as a serious challenge to the equitable provision of healthcare and it hinders the performance of the health workers. Attraction strategies must be improved to ensure equitable distribution of the health workforce to ensure better service provision and performance.

## 6.2 Recommendations

### 6.2.1 Performance management and healthcare workers performance and commitment

Within performance management in public services there is silence on ‘management’ – what it is and what it means. Performance management in public services is more complex than in other settings such as non-profit or private sector organizations. Yet there is a presumption within existing literature that the ‘effective public manager’ exists and will deliver. This is a key part of performance management which merits careful research and analysis.

Within many public services there are many short-term pressures to deliver. There is scope for the receptivity and feasibility of longer planning horizons in future performance management modeling.

There is a longstanding issue within public services of remuneration, reward and incentives for exceptional performance. This is an important element of performance management and needs careful evaluation in work on public services. This will provide a deeper understanding of what needs to be done in terms of salary structures, because even with the salary enhancements, there is still discontent among healthcare workers.

Hard-to-reach allowance should be paid to the health workers in Moroto as a whole, moving to a payment of this allowance could also bring a range of ‘softer’ benefits through the creation of better working environments that promote greater collaboration and team working rather than competition and resource accumulation.

Other options for healthcare workers might include the introduction of a living wage; the creation of public sector benefit packages such as longer holiday; a review of current pension arrangements;

or the creation of reduced insurance contributions for healthcare workers like in the private sector. Alongside these extrinsic options, the researcher's findings suggest that significant work is needed to improve the intrinsic motivation of staff. Many of our interviewees expressed a commitment to their job but low morale caused by perceptions of low status and limited career options were clearly apparent to all the healthcare workers.

The human resource manager must be tasked to manage the "internal labor market" within the overall organization by a mix of push and pull policies to ensure equitable distribution of health workers without bias to anyone. For example, conditions of engagement of junior staff may be that they must spend an initial period of 5 years in their employment in an underserved area before they can be given a study leave.

The ministry of health must recruit substantive District health officers in all districts so as to avoid mediocracy in management. Most of the districts do not have substantive heads and that affects their decision-making abilities in terms of the planning, budgeting and even the rewards and sanctions procedures become compromised.

Healthcare workers are frustrated due to lack of promotional opportunities which suggests further work is needed to develop continuous career and professional development opportunities for all staff. A greater emphasis on human resource management (HRM) practices could provide practical options here in the promotion of training and development, the importance of teamwork, and the development of leadership for quality and service improvement. Such findings add further weight to the evidence obtained elsewhere that to achieve high performing work systems in healthcare requires investment in HRM practices that can recruit, develop, motivate and retain employees.

The poor health seeking habits of the communities in the hard to reach areas also affected the performance and commitment of the health worker to provide health services effectively. The researcher recommends that government comes up with methods to sensitize the population in these areas to embrace positive health habits. This will reduce disease incidence and prompt the health workers to be more committed to service delivery and motivated to perform maximally.

The leadership and governance style in the public service must be addressed if service delivery is to be effective. Strong Leadership gives direction to all the policies, right from the strategic, operational and to the lower level, even with the inadequate financing a lot can be done if the

leadership is strong and resources well managed. A strong leadership is committed to the success of a system, hence leading to owning up of the interventions by the development partners and strengthening the implementation modalities to achieve the best performance of the health workforce.

## **REFLECTIONS ON LEARNING**

When I joined the course, I had a lot of learning expectations more and above perhaps what I finally settled for. To me an MBA was a comprehensive course which should have embraced all aspects of business, in as much as my specialty was in HR I assumed that I was going to learn project planning, corporate finance, supply chain management, corporate governance and international business. It was a setback accordingly to me because my colleagues at UCD, TCD and Waterford and in the African Universities were having an opportunity to study all the above modules in their business courses. I doubted if I could meet my career goals with the current modules I was undertaking, this is because I was looking to be at a strategic level which required being knowledgeable in all business administration fields. I asked my sponsors to allow me change to the MBA general, but before they gave me a feedback I sent them an e-mail telling them that I would continue on the MBA Human Resources because that is the reason I had chosen to be at DBS.

Before I joined school in September of 2017, I had practiced HR for 3 years at a principal level in government. I realized that to be competent, I had to gain specialized knowledge and mastery in the field I had spent lots of time in. That would give me a clear-cut policy area to which I could claim superiority, I did not need to know or gain mastery of everything. With advice from my lecturers, I decided that I was going to do a dissertation in my area of specialization. It was a difficult choice in the beginning because my idea was to get into mainstream administration and abandon human resource management. But to be at a knowing angle of the learning I may miss, I bought books and watched video/tutorials in areas that I felt I could not do without as a manager particularly supply chain management since as a head of department in a local government, a very important role is contract management for which one cannot rely on anyone but knowledge in the area. This adjustment in thinking for me showed my ability to calm myself, be reasonable and look beyond the obvious. To begin with I had got an international opportunity to learn from and not just the in-class lectures alone. I encouraged 3 of my other colleagues on the same scholarship with me because to them it felt surely like a great loss, but the choice and reasons to do an MBA for me

did not change. I personally decided that I was going to get the best from this experience and benefit from the course with all its assumed cons.

I opened up and made more friends as a coping and exposure mechanism. In addition to that I volunteered on Sundays from 4pm to 6pm at St Vincent de Paul charity shop, next to DBS. I got to relax and met many interesting people, occasionally read inspiring novels I bought from that charity shop. I enjoyed my classes more and I realized that some of the lectures were not meant for the workplace alone but meant to enable one to be a better person even outside and in personal life. I learnt a lot in my HR class and in the PPD class, I asked myself if I were able to meet and have the kind of address I had if it was not for this choice to be at DBS. Perhaps I could or maybe not, but I was grateful I had got this opportunity to be in the right place.

Whenever a friend missed a class for whatever reason I would volunteer to take them through the lecture notes. This was so interesting; I realized I had the ability to improve my public speaking because I could talk to anyone without feeling afraid. During the interview session in class, a classmate pointed out that I was great with my knowledge and communication skills, but I needed to improve on my public speaking and I would be excellent. For that recommendation, I joined the public speaking class/society. This was one beautiful step where I attained a certificate of completion, i improved in my public presentation and it has been worth joining the society. With time class mates started to treat me as a personal friend and confidant, they shared their personal life challenges, i do not claim to have been very useful but they were grateful for the advice i offered. This experience made me feel relevant and happy to be relied on, I am a good counselor as I get to learn that not only here at level 9 has this skill come out but at work most often I seem ready and willing to listen. I have made great friends at DBS and I know God has made this an opportunity I will live to remember. Not only remember, but I will greatly benefit from.

There were times when I felt very miserable and home sick, especially back in my room. I asked myself a thousand times if I had made the right decision to come all the way to Dublin at the expense of a family and my responsibilities. At school I was happy but back in my apartment I made circles of mind regrets. As time passed, I have asked myself what it will mean to “gain the whole world and lose my soul”. Losing my soul in this situation meant failing on my course, yet I had gained a scholarship. I had to concentrate and work hard at achieving good grades in all my papers in order not to be a disappointment to myself, family, employer and the fellowship

Programme. The dissertation process was tough to mention the least, it is a very demanding process which required a lot of time and commitment. When I went back to Uganda to conduct primary data collection, I could not help but sacrifice everything to make sure I accomplished the task in the 5 weeks I had planned. However, as I come to the end of the dissertation process, I appreciate my efforts in ensuring that I did the best I could, hoping that one day I shall reap the fruits of this very hard work. Above all it is also clear that good things are earned through sacrifice, many people would love and want to be in my shoes, so I decided that I would not be an embarrassment by concentrating on a few challenges that I must overcome to first and foremost be the best I can. No knowledge or learning is ever a waste, this study experience will be most relevant and useful at a very important and opportune time in my career, that I will be very glad I met the challenges and joys which came with gaining the learning experience. I gained knowledge in research and I am sure I could do research in any area of my choice, my team working has also greatly been enhance with the study at DBS because of the many group assignments we did. I learnt to tolerate others and mind myself. I have improved on my presentation skills, for which credit goes to the learning methods in DBS

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## **APPENDICES.**

### **Appendix 1 INFORMATION SHEET FOR PARTICIPANTS**

#### **PROJECT TITLE**

*An assessment of Human Resources for Health policy interventions on Healthcare workers Performance and commitment to health service delivery in hard- to- reach areas in the Uganda: A case of Moroto Regional Referral Hospital, Karamoja Region*

I am Theopista Akullo, a student of Dublin Business School, carrying out the above stated research, with David Wallace as my research supervisor. The research proposal has been passed by the Dublin Business School Examinations Board and approved by the Research Ethics Committee

You are being asked to take part in a research study to assess the impact of human resources for Health policy interventions on the performance and commitment of healthcare worker in terms of performance improvement tools implemented such as training, performance appraisals and absence management. Other interventions include attraction and retention, recruitment and selection procedures, rewards, and deployment of health workers. The study aims to establish how these interventions lead to improved health workers performance and commitment towards improved service delivery.

#### **WHAT WILL HAPPEN**

In this study, you have been asked to provide an informed opinion from your perspective as a health worker on the perceived impact of the interventions mentioned in the questionnaire below in relation to improving health workers performance and commitment towards improved health service delivery.

#### **TIME COMMITMENT**

The study typically takes/ lasts for a maximum of 15 to 20 minutes, and your participation is only one session.

#### **PARTICIPANTS' RIGHTS**

You may decide to stop being a part of the research study at any time without explanation required from you. You have the right to ask that any data you have supplied to that point be withdrawn / destroyed.

You have the right to omit or refuse to answer or respond to any question that is asked of you.

You have the right to have your questions about the procedures answered (unless answering these questions would interfere with the study's outcome. If you have any questions as a result of reading this information sheet, you should ask the researcher before the study begins.

#### **CONFIDENTIALITY/ANONYMITY**

The data being shall not contain any personal information about you except the information that you provide as a respondent which shall be used strictly for purposes of fulfilling the requirements of the research and arriving at guiding results to improve health workers performance and commitment towards improved health service delivery. The data will be coded and no names shall be used in the report.

#### **FOR FURTHER INFORMATION**

I Theopista Akullo and David Wallace will be glad to answer your questions about this study at any time. You may contact my supervisor at david.wallace@mydbs.

## Appendix 2 INFORMED CONSENT FORM

### PROJECT TITLE:

An assessment of Human Resources for Health policy interventions on healthcare workers performance and commitment to health service delivery in hard-to-reach areas of the Uganda: A case of Moroto Regional Referral Hospital, Karamoja Region.

### PROJECT SUMMARY:

This is a research aimed at assessing the impact of the various HRH policy interventions which the government of Uganda through the Ministry of health and various partners have developed and implemented in the Districts of Karamoja, a case of Moroto Regional Referral Hospital to enhance and improve health workers performance and commitment towards effective and efficient service delivery.

Your input into this research as a health worker will provide a more informed view of how service delivery can be made better and more accessible to the rural poor through better performance improvement programmes and practices. This helps to device better practices which fit the goal of enhanced performance and commitment of the health work force towards improved health service delivery.

By signing below, you are agreeing that: (1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, (3) you are aware of the potential risks (if any), and (4) you are taking part in this research study voluntarily (without coercion).

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Participant's signature

Participant's Name (Printed)

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Student Name (Printed)

Student Name signature

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Date

## Appendix 3 – Primary Research Material

### Questionnaire

This Questionnaire is aimed at collecting data for the purpose of academic research. It is an assessment of human resources for health policy interventions on healthcare workers performance and commitment to improve health service delivery in hard to reach areas in the Ugandan; a case of Moroto Regional Referral Hospital, Karamoja region.

Every response will be treated with strictest confidentiality and will remain anonymous. It should take less than 15 – 20 minutes.

Thanks in advance for your cooperation.

- 1- Name (optional)  
.....
- 2- Tittle/Position .....
- 3- Age (Tick/Circle as appropriate)  
(a) 19 – 30    (b) 31 - 40    (c) 41 - 50    (d) 51- 60
- 4- Marital status    (a) Single    (b) Married    (c) Divorced    (d) Widowed
- 5- Gender            (a) Male            (b) Female
- 6- Department.....
- 7- Indicate by a tick/circle any two HRH policy interventions currently being implemented which are most important and has been very beneficial in improving healthcare workers performance and commitment towards improved service delivery.
  - a) Performance Appraisal and feedback
  - b) Career Development and Extensive Training
  - c) Absence Management
  - d) Improved working conditions (Structures and Equipment)
  - e) Rewards.    (i) Financial    (ii) Non-Financial
  - f) Promotion in Service

8. Rank according to relevance which in your view is important in improving the performance and commitment of healthcare workers in hard to reach areas in Public facilities.

*Circle the number under the initials that applies. 1 =Very Important (IV); 2= important (I); 3=Neutral (N); 4=Unimportant (U); 5=Very Unimportant (VU).*

Levels	Very Important	Important	Neutral	Unimportant	Very Unimportant
<b>Performance Management</b>					
Performance Management and sharing Performance Information	1	2	3	4	5
Extensive Training and career development	1	2	3	4	5
Absence management	1	2	3	4	5
Job design	1	2	3	4	5
<b>Attraction and Retention</b>					
Selective Hiring of new personnel	1	2	3	4	5
High Compensation/Rewards for effective Performance	1	2	3	4	5
Employment Security	1	2	3	4	5
Promotional Opportunities	1	2	3	4	5
<b>Deployment</b>					
Ancillary support/equipment	1	2	3	4	5
Decentralised Decision making and self-managed teams	1	2	3	4	5
Reduced Status Differentials	1	2	3	4	5

## Performance Management

9. To what extent are Performance Appraisals and sharing of performance Information, as an effective method of performance measurement, providing direction and guidance on performance improvement areas for healthcare workers being implemented in your organization
- a. Highly
  - b. Medium
  - c. Lowly
10. Availability of career development opportunities, for example extensive training and professional development improves performance and commitment of healthcare workers in hard to reach areas
- b. Strongly disagree
  - c. Disagree
  - d. Neither agree nor disagree
  - e. Agree
  - f. Strongly agree
11. To what extent is training opportunities being availed to health workers in your organization?
- a. Highly
  - b. Medium
  - c. Lowly
12. If a job design is in line with your competence, are you more likely to perform with commitment in regard to the organizational strategy and the sector strategic goals?
- a. Yes
  - b. No
13. A daily attendance register is an effective way for managing absenteeism and unexplained absence from a duty station and it enhances performance and commitment to service delivery
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree

14. To what extent is daily attendance register as a tool for performance monitoring being implemented in your organization?

- a. Highly
- b. Medium
- c. Lowly

**Attraction and Retention Strategy**

15. What is your opinion on selective hiring of new personnel based on required skills, personality and willingness to provide a service other than academic excellence in the improvement of healthcare worker performance?

- 5: Very Satisfied
- 4: Satisfied
- 3: Neither, nor satisfied
- 2: Dissatisfied
- 1: Extremely Dissatisfied

16. High compensation/rewards for high performance motivate health workers performance and improve their commitment to service delivery in Hard to reach areas?

- i. True
- b) False

If your answer is False, please state what would motivate you to perform effectively in a hard to reach area

- i. ....
- ii. ....

17. Employment security is a factor that attracts healthcare workers to remain committed to performance in the health sector in hard to reach areas.

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

18. Promotional opportunities availed as a reward for working in a hard to reach area influences healthcare workers performance and commitment to effectively deliver services

- a. True
- b. False

Please mention any other rewards other than promotions which could enhance your performance and improve your commitment towards better service delivery if your answer is false

- i. ....
- ii. ....

**Deployment**

19. Ancillary support in terms of supplies and equipment together with the availability and access to social amenities in hard to reach areas influence the performance and commitment of healthcare workers?

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

20. To what extent is ancillary support available to enhance healthcare workers performance and commitment?

- a. Adequate
- b. Inadequate

21. Decentralized decision making to departmental heads and self-managed teams in health facilities encourages healthcare workers to perform much better and prompt them to be more committed to service delivery.

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

22. Reduced status differentials where healthcare workers are deployed according to skills level and competencies without any titles and positions enhance performance and commitment in a hard to reach area

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

23. How satisfied are you with the current HRH interventions being implemented by Intra health and other development partners in the health sector with regard to improving the performance of health workers in hard to reach areas?

- 5: Very Satisfied
- 4: Satisfied
- 3: Adequate
- 2: Not Satisfied
- 1: Extremely Dissatisfied

24. If it is 1 Or 2, suggest/mention what you would like improved to make these interventions more effective in improving healthcare workers Performance in hard to reach areas

25. Suggest two best practices that you think the Human Resource Manager as a strategic business partner could introduce to improve the performance of healthcare workers in hard to reach areas

- i. ....
- ii. ....

26. Please give any two other factors which you think could improve the performance and commitment of healthcare workers in hard to reach areas other than performance management practices, attraction and retention strategies, and proper deployments.

- i. ....
- ii. ....

<p><b>Please tick the relevant box in measurement of performance and commitment of healthcare workers as labelled 1 to 5 (on the right)</b></p>			
<p><b>Key: 1 - Strongly Disagree, 2- Disagree, 3 - Not Sure, 4 - Agree and 5 – Strongly Agree.</b></p>			

		SD	D	NS	A	SA
	<b>Performance</b>					
1	The productivity of healthcare workers in Moroto Regional Referral hospital is high					
2	The healthcare workers in Moroto Regional Referral Hospital are always happy					
3	The healthcare workers in Moroto Regional Referral Hospital are very hardworking					
4	Healthcare workers in Moroto Regional Referral Hospital enjoy what they do					

5	The motivation level of healthcare workers in Moroto Regional Referral Hospital is high					
6	The health workers in Moroto Regional Referral Hospital are proud of what they do					
7	Health workers in Moroto Regional Referral Hospital are much satisfied with their job					
<b>Health workers Commitment</b>						
1	I would be very happy to spend the remainder of my career in Moroto Regional Hospital					
2	I am proud to tell people that I work in Moroto Regional Hospital					
3	I feel a strong sense of belonging to Moroto Regional Hospital					
4	I am not afraid of leaving this job even if I do not have another job offer.					
5	I feel comfortable working for in Moroto Regional Hospital					
6	I am proud to be working for Moroto Regional Hospital					
7	I feel that Moroto Regional Hospital is the right place for me to spend my time working.					

Thank you for your cooperation again

## Appendix 4 Interview Guide

This interview is aimed at collecting information for academic research. It is an assessment of the impact of HRH policy interventions on the improvement of health service outcomes and healthcare workers' performance in hard to reach areas of Uganda; A case of Moroto Regional Referral Hospital, Karamoja region.

Every response will be treated with strictest confidentiality and will remain anonymous. It should take a maximum of 25 – 45 minutes.

Thank you for your cooperation.

During the interview, I would like to share your views on the following topics: Performance management systems, attraction and retention strategies and deployment as HRH policy interventions in improving health workers performance.

- 1- What is your opinion in relation to performance management and information sharing in the improvement of healthcare workers performance in hard-to-reach areas?
- 2- Do healthcare workers have clearly defined job descriptions, designed in line with expected outputs which can be monitored and evaluated against a set standard of performance outcomes?
- 3- Unexplained absence cripples the effective provision of services and lowers the morale of other employees; does the health sector have a means of tracking performance through full attendance and do you consider it effective in managing healthcare workers performance?
- 4- Please tell me about any existing training and staff development opportunities targeting healthcare workers in Karamoja region to enhance performance and commitment and how selection is done for staff who get considered for these trainings opportunities?

- 5- Is the hiring and selection of new personnel into service based on required skills, personality and willingness to serve in a hard-to-reach area other than academic excellence? Is it effective in encouraging healthcare workers to perform and deliver quality health services?
- 6- In your experience, do you think financial rewards in terms of allowances motivate healthcare workers to perform or would you rather strengthen non-financial rewards such as promotions and recognitions in terms of certificates for best performing individuals and teams?
- 7- Does employment security according to your opinion motivate healthcare workers to perform and remain committed to work in hard-to-reach areas?
- 8- What motivation strategies' do you have in the health sector and in your opinion do you think motivation of healthcare workers has a direct positive on the way they perform at their work and could it influence healthcare workers to accept a deployment in a hard to reach area?
- 9- Does recruitment and selection of local people from within an area improve the commitment and performance of healthcare workers for better service delivery?
- 10- Do you think decentralized decision making and self-managed teams encourage healthcare workers to perform and remain committed to service delivery in hard to reach areas?
- 11- Does reduced status differentials where healthcare workers are deployed according to skills level and competencies without any titles and positions enhance performance and commitment in a hard to reach area?
- 12- Do you think that a health worker deployed in a hard to reach area should by such circumstances be eligible to a higher salary in consideration of the situation of these areas as a pull factor to strengthen their commitment and performance?
- 13- Does the Ministry/District have recruitment plans which have been developed based on succession plans and in line with skill gaps identified or recruitment is done as and when the public service experiences a skills shortage?
- 14- Is recruitment and selection in the public service specifically for health workers in Karamoja region done according to the job descriptions and person specifications laid down and how often does the region recruit critical staff for the jobs advertised.

- 15- In your point of view, do you think the medical healthcare workers in this region are sufficiently equipped and have the necessary ancillary support/ equipment and materials for them to effectively perform at their jobs?
- 16- How satisfied are you as top management with the current health policy interventions to improve performance being implemented by the ministry and the supporting partners with regard to its effectiveness in addressing performance issues for healthcare workers in hard to reach areas?
- 17- Suggest two best practices that you think the Human Resource Manager as a strategic business partner could introduce to improve the performance of healthcare workers in hard to reach areas
- 18- Are there any interventions not yet being implemented in the public service system that you would recommend to further improve the performance of healthcare workers in hard-to-reach areas of Uganda?

Thank you for your time and co-operation