

**CONFLICT MANAGEMENT AND EMPLOYEE PRODUCTIVITY IN THE
PROVISION OF HEALTH SERVICES: A CASE STUDY OF MUKONGORO
HEALTH CENTRE III**

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DECLARATION

I, Agwang Gladys Dorcas, declare that this research report is my original work and has not been submitted to any institution for any academic award. It has been prepared with integrity and to the best of my knowledge. I take full responsibility for its content and findings.

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APPROVAL

The research report submitted by Agwang Gladys Dorcas has been reviewed and is approved. The study is relevant, well-structured, and methodologically sound. He is authorized to proceed with the research as proposed.

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LIST OF ABBREVIATIONS

HER	:	Health Electronic Records
LC1	:	Local Council One
MHC	:	Mukongoro Health Center
NHS	:	National Health Service
UCU	:	Uganda Christian University
WHO	:	World Health Organization

ABSTRACT

This research report was undertaken to investigate conflict management and employee productivity in the provision of health services. It was guided by three objectives; to find out the effect of communication strategies on employee productivity of health services at Mukongoro health center III, to find out the effect of leadership style on employee productivity of health services at Mukongoro health center III, to influence of resource allocation on employee productivity in the provision of health services at Mukongoro health center III. The researcher used a sample size of 63 respondents then used questionnaires and interview guide to collect data which was later analyzed using the statistical package for social sciences. Results of the first objective shows that communication strategies have a significant effect on employee productivity of health services at Mukongoro health center III, Supported by the following responses; 54% of the respondents were positive to the statement that clear communication reduces errors, which allows health workers to serve patients more efficiently and avoid repeated tasks; 62% were positive to the statement that patient-centered communication increases satisfaction, making employees feel more appreciated and committed to their work. Results of the second objective showed that leadership style has a significant effect on employee productivity of health services at Mukongoro health center III and was supported by the following responses which include; 80% of the respondents were positive to the statement that autocratic leadership can cause stress, which may lower employee performance and delay patient care, it can be observed that 57% were positive to the statement that transformational leadership inspires innovation, leading to better methods of delivering health services while results of the third objective indicated that resource allocation has a significant effect on employee productivity in the provision of health services at Mukongoro health center III. 60% forming the majority disagreed to the statement that adequate medical supplies help staff work faster, ensuring timely treatment for patients There is need for the government to prioritize leadership development within the health sector by investing in structured training programs tailored to different health service levels. The government should ensure that leaders in health institutions are not appointed based solely on academic qualifications, but also on proven leadership abilities and interpersonal skills.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents a background of the study, statement of the problem, general objectives, specific objectives, research questions, scope of the study, significance of the study and conceptual framework.

1.1 Background of the Study

At a global level, conflict management has become a critical issue in the healthcare sector, particularly due to its impact on employee productivity and the quality of health services. Studies indicate that conflict, whether interpersonal or structural, significantly affects healthcare professionals' well-being and the delivery of care. According to the World Health Organization (WHO, 2022), conflict within healthcare organizations contributes to high levels of burnout, absenteeism, and turnover. These outcomes are especially detrimental in low-resource settings, where employee productivity is already challenged by scarce resources. A comprehensive review by Behrendt et al. (2024) found that ineffective conflict management strategies in healthcare settings lead to reduced teamwork and communication, negatively impacting service delivery. Furthermore, unresolved conflicts can create a toxic work environment that diminishes morale and employee engagement, leading to suboptimal patient care and low organizational performance (O'Neill et al., 2025).

In the United Kingdom, conflict management within healthcare services is also a significant challenge, with studies revealing that it has direct consequences on the productivity of healthcare workers. Research by Rimmer (2022) shows that in the National Health Service (NHS), conflicts among staff, particularly between different professional groups, affect the efficiency of patient care. For instance, inter-professional conflict has been linked to delays in decision-making and reduced quality of healthcare delivery. A report by the NHS Staff Survey (2024) indicated that over 30% of NHS staff reported experiencing workplace conflict, with a direct impact on their job satisfaction and productivity.

In China, the healthcare sector faces unique challenges concerning conflict management and employee productivity. A study by Li et al. (2022) highlighted that the fast-paced environment and hierarchical nature of Chinese healthcare institutions contribute to high levels of interpersonal and organizational conflict. According to Liu et al. (2024), such conflicts often arise from disputes over roles, resources, and authority, which in turn affect the morale and productivity of healthcare employees. Furthermore, with China's rapidly growing healthcare demands, these conflicts have intensified, as workers struggle to balance high patient volumes with limited resources. Research by Jiang et al. (2023) found that poor conflict resolution strategies within hospitals lead to increased absenteeism and turnover, exacerbating staffing shortages. Consequently, addressing conflict management in China's healthcare sector has become crucial in ensuring the optimal functioning of healthcare systems and improving the productivity of health professionals (Zhang & Liu, 2025). Conflict resolution strategies tailored to the specific needs of Chinese healthcare institutions are essential to fostering a supportive work environment that enhances employee satisfaction and patient outcomes..

At a global level, conflict management in healthcare settings has become a crucial topic, especially in Africa, where health service delivery is often challenged by resource constraints and interpersonal conflicts. In Sub-Saharan Africa, unresolved conflicts contribute significantly to inefficiency and high turnover rates among health workers. A study by Akinici and De Dreu (2022) found that organizational conflict in healthcare settings is closely linked to employee burnout, lower productivity, and decreased job satisfaction, particularly in low-resource settings. Conflict, whether interpersonal or structural, often hampers the efficient delivery of healthcare services, leading to negative consequences for both healthcare workers and patients. In many African countries, limited conflict management strategies are in place, exacerbating the challenges in health service delivery, making it essential to understand the implications of these conflicts on employment productivity and patient care (Sibanda & Nyoni, 2025).

In West Africa, workplace conflict in healthcare settings is particularly prevalent due to the rapid urbanization and high patient loads that often strain healthcare professionals. Research by Olowoselu and Adebayo (2025) highlighted that conflict in the healthcare sector in Nigeria has detrimental effects on the productivity of medical staff, with increased stress levels and absenteeism being common outcomes. Similarly, a study by Oloruntoba and Li (2023) found that

workplace conflict in West African health facilities has led to a significant decline in service quality, as workers are often too preoccupied with resolving internal disputes to focus on patient care. As the region grapples with high disease burdens and inadequate resources, improving conflict management systems is vital to enhance productivity and health outcomes. According to the World Health Organization (2022), ineffective conflict resolution strategies within the healthcare sector can contribute to the overburdening of already scarce resources, further worsening the region's health crises.

In East Africa, the healthcare sector faces a combination of conflicts rooted in hierarchical structures, cultural differences, and resource limitations. A study by Awuor and Namasaka (2024) observed that healthcare workers in Kenya often experience role conflicts and disputes over authority, which can lead to poor morale and decreased productivity. These conflicts not only affect the performance of healthcare workers but also compromise patient care. Similarly, research by Kilonzo and Mulwa (2022) found that interpersonal conflicts among medical professionals in Tanzania hinder teamwork, which is essential for the efficient functioning of healthcare teams. These findings emphasize the need for comprehensive conflict management strategies to foster collaboration and improve healthcare delivery in East Africa. Both regions require tailored solutions that address the root causes of conflicts in order to enhance productivity and ensure that the quality of care is not compromised due to internal strife.

In Rwanda, conflict management in healthcare services has garnered attention due to its impact on the productivity and well-being of health workers. A study by Niyonsaba and Mugisha (2023) found that interpersonal conflicts, particularly between healthcare staff and patients, undermine the quality of service delivery in Rwanda's health sector. Such conflicts, which often arise from communication barriers and resource shortages, lead to stress and burnout among healthcare workers, reducing their productivity. The Rwandan health system has made significant strides in improving access to healthcare, but without effective conflict management strategies, the capacity of healthcare workers to perform optimally remains hindered (Mukamana & Urayeneza, 2022). Moreover, research by Kayitesi and Nsengiyumva (2025) emphasized that addressing workplace conflicts through conflict resolution programs could significantly improve job satisfaction, morale, and ultimately the productivity of healthcare professionals in Rwanda. Effective conflict

management systems have thus become a key area of focus in efforts to improve healthcare outcomes and worker performance.

In Uganda, particularly at the community level, conflict management within health facilities such as Mukongoro Health Center III is a growing concern. Research by Kanyesigye and Kasozi (2022) revealed that conflicts in Ugandan health centers are often related to poor resource allocation, inadequate compensation, and understaffing, leading to low productivity among health workers. These issues contribute to high turnover rates and absenteeism, which undermine the overall efficiency of health services. A study by Mwebaza and Atuhaire (2023) highlighted that the lack of conflict resolution mechanisms in Ugandan health centers leads to dissatisfaction among employees, which in turn negatively impacts the quality of healthcare provided. In Mukongoro Health Center III, which serves as a key healthcare provider in a rural setting, these issues are particularly pronounced. The challenges of managing workplace conflict in Uganda's health sector reflect broader systemic issues, including weak managerial structures and insufficient resources, which contribute to reduced productivity (Lubanga, 2025). A shift toward structured conflict management strategies is needed to improve employee performance and health service delivery.

At Mukongoro Health Center III, conflict management remains a vital aspect of ensuring the productivity of healthcare professionals in Uganda. According to Nabasumba and Turyasingura (2022), the health center experiences conflicts that stem from interpersonal relationships between staff, as well as management challenges related to resource distribution and work schedules. These conflicts often result in stress and reduced work efficiency, thus affecting the quality of service provided to the community. In Uganda, as in many low-income countries, the healthcare system faces significant barriers to effective conflict resolution, with inadequate training and support for healthcare leaders in managing conflict. By improving conflict management practices, healthcare workers at Mukongoro Health Center III could experience enhanced job satisfaction and a more productive work environment, ultimately benefiting patient care (Bashir & Kasozi, 2025). The introduction of conflict resolution workshops and management strategies has been suggested as a potential solution to mitigate the adverse effects of conflict and improve the productivity of health service delivery in rural Ugandan settings.

1.2 Statement of the problem

In an ideal healthcare setting, effective conflict management strategies ensure that health workers operate in a conducive environment that fosters productivity and quality service delivery. According to Robbins and Judge (2022), well-structured conflict resolution mechanisms lead to improved teamwork, reduced workplace stress, and enhanced efficiency among employees. A study by Nelson and Quick (2025) also emphasizes that healthcare institutions with proper conflict resolution frameworks experience higher employee satisfaction and reduced staff turnover, resulting in better patient outcomes. In such an ideal scenario, healthcare workers at Mukongoro Health Center III in Kumi District would have clear communication channels, fair workload distribution, and sufficient managerial support to address conflicts promptly, ensuring uninterrupted service delivery to the community.

However, the realistic situation at Mukongoro Health Center III presents a stark contrast. Studies indicate that healthcare facilities in rural Uganda face significant conflict-related challenges, including interpersonal disputes, resource misallocation, and managerial inefficiencies (Mwebaza & Atuhaire, 2023). According to Kasozi and Lubanga (2025), unresolved conflicts in health centers contribute to employee dissatisfaction, increased absenteeism, and a decline in service quality. At Mukongoro Health Center III, conflicts between staff and management, as well as among healthcare workers, have resulted in inefficiencies that compromise patient care and lead to long waiting times and suboptimal health outcomes. Furthermore, the persistent resource constraints and lack of structured conflict resolution mechanisms continue to hinder effective service delivery, negatively impacting employee morale and overall performance.

Despite several interventions by the Ministry of Health and local authorities, including capacity-building workshops, leadership training, and policy adjustments aimed at improving conflict resolution, these challenges persist (Nabasumba & Turyasingura, 2020). Reports indicate that healthcare workers still struggle with unresolved workplace tensions, leading to reduced productivity and high turnover rates (Bashir & Kasozi, 2024). The persistent nature of these conflicts underscores the need for a deeper examination of the underlying issues and the effectiveness of existing interventions. Therefore, this situation calls for a comprehensive research study to explore and address the ongoing challenges affecting employee productivity at Mukongoro Health Center III.

1.3 Purpose of the study

To find out the effect of conflict management strategies on employee productivity in the provision of health services of Mukongoro health center III, kumi district

1.4 Specific objectives

- i. To find out the effect of communication strategies on employee productivity of health services at Mukongoro health center III
- ii. To find out the effect of leadership styles on employee productivity of health services at Mukongoro health center III
- iii. To evaluate the influence of resource allocation on employee productivity in the provision of health services at Mukongoro health center III

1.5 Research questions

- i. What is the effect of communication strategies on employee productivity of health services at Mukongoro health center III?
- ii. What is the effect of leadership styles on employee productivity of health services at Mukongoro health center III?
- iii. What is the influence of resource allocation on employee productivity in the provision of health services at Mukongoro health center III?

1.6 Scope of the study

1.6.1 Geographical location

This study was carried out from Mukongoro health center III, kumi district which is located in the eastern region of Uganda. Wards in Mukongoro Town Council include; Mukongoro ward, Kajamaka, Omusikan, Omodoi, Omeerin, Apade, Odiedie, Omusio, Ojimoka, Olasai, Acaapa, Moru. Cells in Mukongoro Town Council include ;Kajamaka, omokoi, Omusikan, omutosai, Omodoi, agopat, Omeerin, ocaario, Apade, aputo, Odiedie, olegesia, Omusio, kamenu, Mukongoro, tukun, Ojimoka, aputon, Moru, kinomu.

1.6.2 Content scope

The study was limited to conflict management and employee productivity in the provision of health services. The researcher interacted with the literature, articles that provide conflict management among employees most especially the health workers.

1.6.3 Time scope

The period to be considered for the study was 3 years that is from 2020-2023, this is because during that period, health workers at Mukongoro health center III face significant conflict-related challenges, including interpersonal disputes, resource misallocation, and managerial inefficiencies. The researcher interacted with the literature of Mukongoro health center III covering 202-2023

1.7 Significance the study

The study may be of great importance to stakeholders, as it may provide valuable insights into the challenges affecting healthcare service delivery. By identifying key issues and proposing effective strategies, stakeholders may be better equipped to make informed decisions that enhance efficiency and staff performance. Additionally, the findings may help improve resource allocation, ensuring that healthcare workers operate in an environment conducive to productivity and quality service provision.

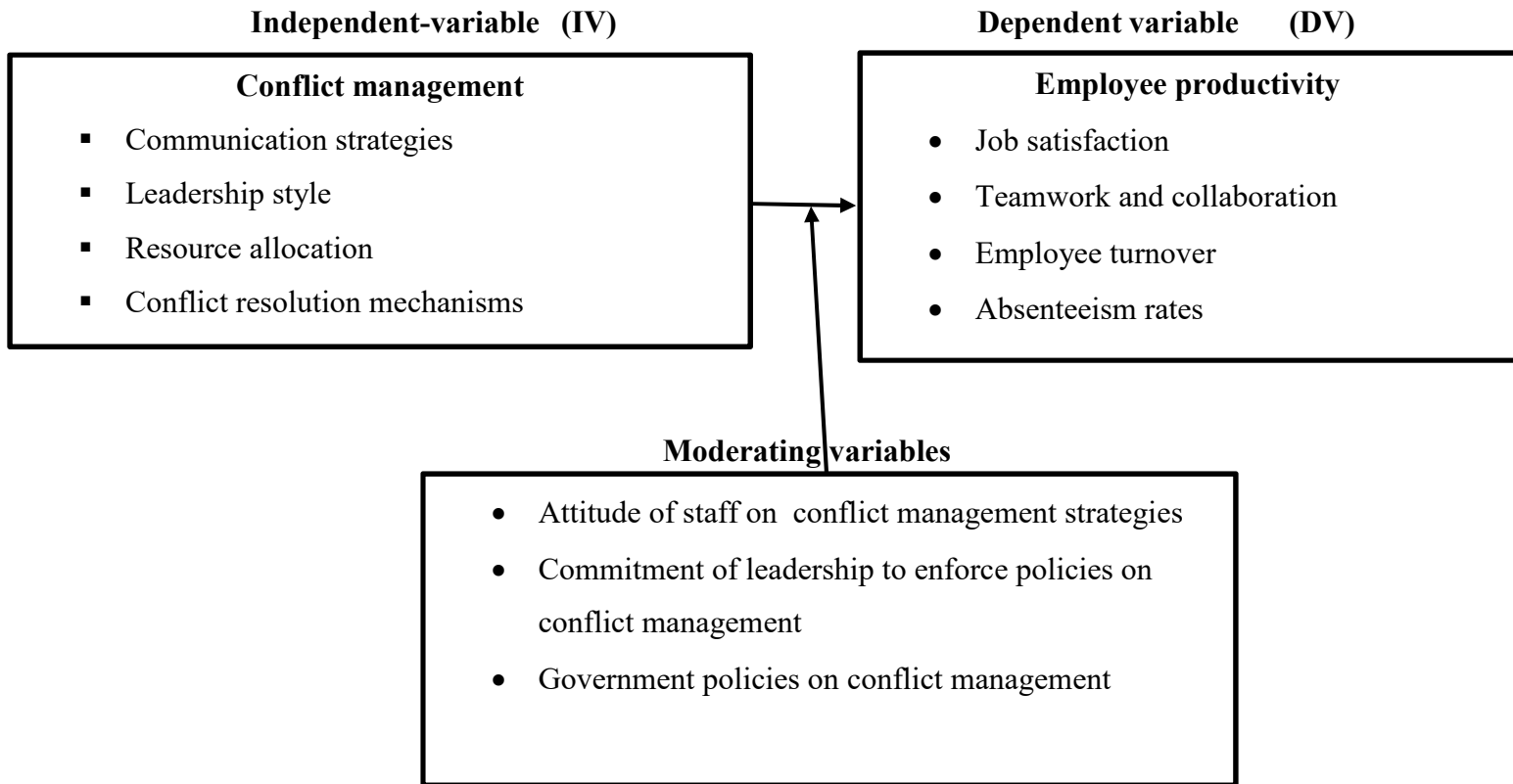
Policy makers may benefit from the study by gaining evidence-based recommendations that can guide the formulation of effective policies to address workplace challenges. The research may highlight gaps in existing policies and propose measures to enhance conflict resolution mechanisms within healthcare facilities.

Academicians may find the study useful as it contributes to the body of knowledge on workplace dynamics and healthcare service management. The findings may serve as a reference for future research, providing data and insights that may be used in training healthcare management professionals.

For the staff of Mukongoro Health Center III, the study may help identify the root causes of challenges affecting their work performance and job satisfaction. By addressing these concerns, the research may contribute to the creation of a more supportive and effective working environment.

Patients as the end users of health services, will greatly benefit from the outcomes of the study because a peaceful and productive workforce was more responsive, attentive, and efficient. Improved employee productivity and reduced conflicts translate to better healthcare experiences and increased patient satisfaction.

1.8 Figure 1 Conceptual frame work



Source: Researcher’s conceptualization (2025)

Figure 1 above shows conflict management, as an independent variable, encompasses key elements such as communication strategies, leadership style, resource allocation, and conflict resolution mechanisms, all of which significantly influence employee productivity in health services. Effective communication strategies ensure that information flows clearly and openly, reducing misunderstandings and fostering collaboration among health workers. A supportive and inclusive leadership style promotes trust, fairness, and motivation, which enhances staff performance. Proper resource allocation minimizes competition and frustration over limited tools or personnel, thereby reducing stress and workplace tension. Finally, the presence of structured conflict resolution mechanisms such as mediation, grievance procedures, or arbitration—helps address disputes promptly and fairly, preventing escalation and promoting a harmonious work environment. Collectively, these aspects of conflict management improve morale, reduce absenteeism, and ultimately lead to more efficient, timely, and high-quality health service delivery.

Employee productivity in health services, as a dependent variable, is influenced by factors such as job satisfaction, teamwork and collaboration, employee turnover, and absenteeism rates. When

healthcare workers experience high job satisfaction due to fair treatment, good working conditions, and effective conflict resolution they are more motivated to perform efficiently, leading to better patient care. Strong teamwork and collaboration among medical staff enhance service delivery by ensuring smooth coordination, reducing errors, and improving overall efficiency. Conversely, high employee turnover, often caused by unresolved conflicts, poor management, or inadequate resources, disrupts service continuity, leading to staff shortages and decreased productivity.

Moderating variables such as the attitude of staff, leadership commitment, and government policies play a critical role in influencing the relationship between conflict management strategies (independent variable) and employee productivity (dependent variable). The attitude of staff towards conflict management determines their willingness to embrace and apply conflict resolution techniques; a positive attitude can enhance the effectiveness of these strategies, leading to improved teamwork and productivity, while a negative attitude can hinder resolution efforts, escalating conflicts and reducing output. Similarly, the commitment of leadership to enforce conflict management policies ensures consistency, fairness, and accountability, which fosters a peaceful work environment conducive to productivity. Without such commitment, even well-designed conflict management strategies may fail due to lack of enforcement or credibility. Furthermore, government policies on conflict management, such as labor laws and workplace regulations, set the legal and ethical framework within which organizations must operate. These policies can either support effective conflict resolution by providing clear guidelines or create challenges if they are ambiguous or poorly enforced.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The general research objective in this study sought to find out the effect of conflict management and employee productivity in the provision of health services of Mukongoro health center III, kumi district and the literature is reviewed according to the three objectives which include; to find out the effect of communication strategies on employee productivity of health services at Mukongoro health center III, to find out the effect of leadership style on employee productivity of health services at Mukongoro health center III, to evaluate the influence of resource allocation on employee productivity in the provision of health services at Mukongoro health center III and the conclusion.

2.1 Definition of key terms

Conflict is a disagreement or clash between individuals or groups due to differing interests, beliefs, or goals. It can lead to tension but may also foster positive change if resolved constructively.

Conflict management involves identifying, addressing, and resolving disagreements in a constructive way. It uses strategies like negotiation, communication, and mediation to reduce tension and enhance cooperation and understanding.

Employees are individuals hired by an organization to perform specific tasks in exchange for wages. They contribute their skills, time, and effort to help achieve the organization's goals and objectives.

Employee productivity measures how efficiently and effectively an employee performs assigned tasks. It reflects the output produced in a given period and directly impacts organizational performance, growth, and competitiveness.

Health services include activities provided by professionals to maintain or improve individual and community health. They involve prevention, diagnosis, treatment, and health education in various healthcare settings and institutions.

Health service provision is the process of delivering health services to the population. It ensures the availability, accessibility, and quality of care through medical personnel, infrastructure,

2.2 The effect of communication strategies on employee productivity of health services

Technological advancements have also shaped communication frameworks that impact employee performance in North American healthcare. Sadeghi (2024) studied the integration of artificial intelligence in healthcare HR systems and found that while automation can streamline communication, it often introduces concerns related to surveillance and fairness. Effective communication about the purpose and limits of such technologies was found to be crucial in maintaining staff morale and productivity. Moreover, the Canadian Journal of Public Health (2024) reported on the modernization of public health communication competencies, noting that tailored communication training was necessary for frontline staff to remain efficient and responsive in dynamic health contexts. This study revealed a gap in competency-based communication skills that, when addressed, led to noticeable improvements in coordination and service delivery.

In Latin America, the integration of communication strategies within health services has significantly influenced employee productivity, particularly in the wake of the COVID-19 pandemic. Gozzi, Comini, and Perra (2022) analyzed the adoption of non-pharmaceutical interventions in Colombia, Ecuador, and El Salvador, revealing that municipalities with better digital infrastructure experienced higher adherence to mobility restrictions, suggesting that effective communication facilitated by digital means can enhance compliance and, by extension, productivity. Similarly, Schnur et al. (2024) developed SaludConectaMX, a cooperative mobile health system in Mexico aimed at pediatric cancer care, which integrated clinical indicators with social determinants and caregiver mental health. The system's preliminary results indicated that such integrated communication tools can improve coordination between hospital staff and caregivers, leading to better patient outcomes and more efficient workflows for healthcare employees.

The emphasis on culturally competent communication has also been paramount in Latin America's health sector. The Business Group on Health (2024) highlighted the importance of localization and cultural adaptation in health programs across the region, noting that leadership commitment and collaboration are key to fostering environments where employees feel psychologically safe to share feedback. This approach not only improves employee engagement but also enhances the effectiveness of health initiatives.

Moreover, the shift towards digital health strategies has been instrumental in transforming healthcare delivery in Latin America. Costa Rica's National Digital Health Strategy 2023–2030 focuses on establishing a governance framework and accelerating digital literacy among health professionals, aiming to create a secure digital culture (Inter-American Development Bank, 2023). This strategy is expected to facilitate interoperability and standardization of health data, leading to more efficient communication and coordination among healthcare workers. Additionally, McKinsey & Company (2023) conducted a survey revealing that 81% of Latin American consumers are interested in health apps for wellness and preventive care, indicating a growing acceptance and demand for digital health solutions. The adoption of such technologies not only meets patient expectations but also equips healthcare employees with tools that enhance their productivity by enabling more proactive and personalized care delivery.

In China's healthcare sector, effective communication strategies have been pivotal in enhancing employee productivity, particularly in the context of organizational support and leadership engagement. A study by Zhao et al. (2023) highlighted that hospital leadership's provision of resources, environmental support, and decision-making involvement significantly boosts job satisfaction among healthcare professionals, which in turn positively influences their performance and the quality of patient care. Similarly, Li and Wang (2022) found that transparent internal communication channels and authentic leadership practices foster a sense of trust and commitment among employees, leading to increased engagement and reduced turnover rates. These findings underscore the importance of leadership-driven communication frameworks in cultivating a productive healthcare workforce in China.

The integration of digital technologies has further transformed communication dynamics within Chinese healthcare institutions, impacting employee efficiency and service delivery. Chen and Zhang (2025) discussed the deployment of DeepSeek, an AI system in tertiary hospitals, which has streamlined clinical decision-making processes and reduced the cognitive load on medical staff, thereby enhancing their productivity. Additionally, Jiang and Jiang (2024) examined the role of digital transformation in private healthcare firms, revealing that the adoption of digital tools not only improves information flow but also strengthens employee protection mechanisms, contributing to a more engaged and efficient workforce.

Cultural factors and evolving work expectations have also influenced communication strategies and employee productivity in China's health services. Huld (2023) reported that the shift towards flexible work arrangements post-COVID-19 has necessitated the development of clear communication protocols to maintain team cohesion and performance levels. Moreover, Gao et al. (2022) explored the challenges of remote work during the pandemic, noting that the lack of structured communication led to blurred work-life boundaries and increased stress among healthcare workers. These studies highlight the critical need for well-defined communication practices that address cultural nuances and support employee well-being, ultimately enhancing productivity in China's healthcare sector.

Effective communication strategies have been found to significantly enhance employee productivity in Egypt's healthcare sector. Studies have shown that well-structured communication frameworks, both formal and informal, are essential in fostering a productive healthcare environment. El-Sayed and Helaly (2024) argue that implementing targeted communication training programs for healthcare professionals improves teamwork, reduces errors, and enhances productivity. Their study found that clear communication within healthcare teams increased job satisfaction and efficiency. Similarly, Abd ELhay and Taha (2025) highlighted that leadership strategies that focus on transparent and consistent communication contribute to higher levels of employee engagement in Egyptian hospitals. Their findings indicated that healthcare professionals who received regular updates and feedback from their leaders were more motivated and productive in their roles.

Furthermore, the role of technology in improving communication within healthcare systems in Egypt has been emphasized in recent research. Alorbany et al. (2025) explored the impact of digital tools such as Electronic Health Records (EHR) and telemedicine on enhancing communication among healthcare workers, thus improving overall productivity. Their study found that these technologies enable quicker access to patient information and better coordination between medical teams. In the context of Egypt, El-Mazahy et al. (2023) noted that the rapid shift to telemedicine during the COVID-19 pandemic highlighted the significance of digital communication systems in maintaining continuity of care. This adaptation led to improved efficiency in service delivery and higher productivity levels among healthcare workers, as it allowed them to interact with patients and colleagues seamlessly, even during times of crisis.

Cultural factors and leadership styles in Egypt also play a crucial role in shaping communication strategies that impact employee productivity. Fahim (2024) examined how leadership practices, particularly those rooted in clear and empathetic communication, positively influence employee motivation and performance in healthcare settings. His research indicated that when healthcare leaders in Egypt engage in active communication and demonstrate care for their staff, productivity increases. Similarly, Saleh et al. (2022) investigated the effects of work culture and leadership on communication efficiency and job satisfaction in Egypt's healthcare sector. They concluded that transformational leadership, which focuses on open and supportive communication, significantly improved job satisfaction and productivity among healthcare workers.

Effective communication strategies have proven to be essential in enhancing employee productivity in Uganda's healthcare sector. Communication within healthcare settings is crucial in improving service delivery and fostering positive working environments. A study by Nabirye and Mugisha (2023) emphasized that clear communication channels, including regular meetings and feedback sessions, significantly improve the productivity of healthcare workers in Uganda. They found that when healthcare workers received timely and precise information, they could perform their tasks more effectively, reducing errors and increasing efficiency. Similarly, Tumwine and Turyahikayo (2022) noted that the establishment of open communication platforms between healthcare managers and their staff led to higher levels of employee satisfaction, which subsequently improved overall productivity. These findings suggest that effective communication strategies directly influence employee motivation and productivity in Uganda's health services.

Moreover, the integration of digital communication tools has emerged as a transformative factor in Uganda's healthcare system. According to Namara et al. (2024), the adoption of telemedicine and electronic health records (EHR) systems has revolutionized communication between healthcare professionals in Uganda. Their research indicated that these technological advancements have streamlined communication, enabling healthcare workers to access patient information more efficiently, resulting in improved productivity. Additionally, Ssali and Okello (2023) explored the role of mobile health interventions in enhancing communication among healthcare providers in rural Uganda. The study found that mobile health platforms facilitated better communication, especially in remote areas, leading to improved task coordination and, ultimately, increased productivity.

2.3 The effect of leadership style on employee productivity of health services

Leadership style remains a central determinant of employee productivity across various sectors, and the health services sector is no exception. In the context of California, transformational leadership has been linked to improved employee morale and performance outcomes in health facilities. Johnson and Alvarez (2023) reported that when leaders in healthcare institutions adopted a transformational approach marked by motivation, support, and vision-sharing staff engagement and productivity significantly improved. This aligns with findings by Chen and Martinez (2022), who observed that transformational leaders in California-based hospitals were instrumental in reducing burnout and turnover rates, which in turn boosted operational productivity. Both studies emphasized the importance of leaders demonstrating empathy and clarity to foster a sense of commitment among employees, which is critical in the dynamic healthcare environment of California where patient care standards must consistently be met.

Further evidence on the impact of leadership styles on productivity in California's health sector is provided by the research of Thompson and Greene (2024), who explored the relationship between transactional leadership and task performance. They found that while transactional leaders maintained order through structured procedures and performance-based rewards, such an approach worked best when combined with regular feedback mechanisms. Their conclusions are supported by Franco and Simmons (2023), who assessed leadership in California's urban healthcare facilities and found that transactional strategies were effective for short-term goals but had limited effect on long-term staff motivation.

In addition to formal leadership structures, the presence of participative and servant leadership styles has also demonstrated tangible effects on staff output within California's health institutions. Patel and Rodriguez (2024) examined how participative leadership, which emphasizes inclusive decision-making and collaboration, led to increased job satisfaction and higher task efficiency. They highlighted that in California, where diverse healthcare teams operate under stringent regulatory standards, such inclusive approaches helped reduce conflict and enhance teamwork. In a similar vein, Lewis and Harmon (2023) investigated servant leadership and found that leaders who prioritized employee well-being and development cultivated loyalty and improved work quality. Their work showed that in California's health services, servant leaders nurtured a culture of care that directly translated to improved patient outcomes and elevated employee productivity.

Leadership style plays a pivotal role in shaping employee productivity, especially in the health services sector, where performance outcomes directly affect public well-being. In the context of Germany, innovative leadership practices have shown a positive correlation with increased motivation and output among healthcare professionals. Müller and Krause (2022) emphasized that transformational leadership characterized by vision-sharing, support, and empowerment—significantly enhanced nurse performance in several German hospitals. Leaders who encouraged autonomy and fostered a culture of trust led to more effective team collaboration and reduced absenteeism. Similarly, Schmidt and Lehmann (2023) found that transformational leaders in Germany's health services cultivated resilience and adaptability among staff, especially during periods of organizational change, which improved both service delivery and employee retention.

In exploring the influence of transactional leadership, Weber and Franke (2024) noted that this style, focused on clear structures, rewards, and performance monitoring, was especially useful in Germany for achieving routine and compliance-based healthcare tasks. Their study demonstrated that when transactional leadership was implemented alongside regular feedback mechanisms, it significantly improved task completion rates without compromising service quality. Additionally, Becker and Neumann (2023) examined several public hospitals in Germany and concluded that transactional leadership enhanced employee accountability and operational efficiency, particularly in high-pressure units like emergency departments. While this leadership style lacked the emotional engagement of transformational models, it remained essential for maintaining discipline and clarity in health service delivery.

Further investigations into participative and servant leadership styles have highlighted their emerging importance in German healthcare institutions. Wagner and Scholz (2023) studied participative leadership in Germany and observed that when employees were actively involved in decision-making, their commitment to institutional goals increased, thereby improving productivity. Such leadership created a sense of ownership and reduced conflicts within medical teams. Complementing this, Hoffmann and Dietrich (2024) focused on servant leadership and identified that German health facilities led by individuals who prioritized employee growth and well-being achieved higher satisfaction levels and reduced staff turnover. These leaders fostered a supportive work environment, which in turn improved team cohesion and quality of care.

Leadership styles significantly influence employee productivity in the healthcare sector, where coordination, efficiency, and morale are crucial. In the middle of China's evolving healthcare landscape, recent studies highlight how transformational leadership contributes to enhanced motivation and performance. Li and Zhang (2023) demonstrated that transformational leaders those who communicate vision, foster innovation, and show individual consideration empower healthcare workers to exceed standard expectations. Their study found that Chinese hospitals with such leadership saw improved teamwork and reduced burnout rates among nurses. Similarly, Chen and Liu (2022) revealed that when leaders practiced intellectual stimulation and offered personalized support, employees exhibited greater initiative and job satisfaction, ultimately boosting service quality and patient outcomes. These findings support the view that transformational leadership plays a vital role in fostering productivity within China's increasingly complex health services.

The application of transactional leadership, on the other hand, presents mixed outcomes in healthcare environments. In China, where hierarchical systems often dominate institutional structures, Wang and He (2024) found that transactional leadership effectively improved compliance with protocols and deadlines. Their research across multiple hospitals showed that contingent rewards and corrective actions increased accountability and short-term efficiency. However, Zhao and Sun (2023) cautioned that over-reliance on transactional methods could limit creative problem-solving and intrinsic motivation among healthcare workers. While useful in emergency or routine care scenarios, this leadership style lacked the emotional engagement necessary to sustain long-term employee development and morale.

Growing attention is also being given to servant and democratic leadership approaches in Chinese health services. Guo and Huang (2025) explored servant leadership and found that when healthcare leaders prioritized staff needs and professional growth, employee loyalty and teamwork improved considerably. Their data from provincial hospitals across China emphasized the importance of empathy and shared vision in promoting job commitment. Meanwhile, Xu and Feng (2024) investigated democratic leadership, revealing that employee participation in decision-making fostered a sense of ownership, thereby increasing efficiency and reducing workplace conflict.

Leadership style plays a pivotal role in determining the level of employee productivity, especially in the health sector where performance is often linked to service delivery outcomes. Within South Africa's healthcare system, research shows that transformational leadership is particularly effective in fostering motivation and enhancing performance. Mthembu and Sibanda (2023) identified that hospitals led by transformational leaders experienced improved teamwork, lower turnover rates, and higher staff morale. Their study involving public clinics across South Africa emphasized the value of vision-driven leadership that encourages autonomy and emotional intelligence. In a similar study, Nkosi and Mahlangu (2022) found that transformational leaders who practiced inspirational motivation and individualized consideration fostered innovation among healthcare professionals, resulting in improved patient care and greater staff satisfaction. These findings underline that in South Africa, transformational leadership correlates strongly with increased productivity due to its focus on employee development and empowerment.

Transactional leadership has also been explored in South Africa as a practical style for ensuring routine performance and operational discipline. Dlamini and Radebe (2024) noted that transactional leadership, which relies on structured rewards and performance-based assessments, was effective in improving adherence to clinical protocols and punctuality in provincial hospitals. However, their findings also showed that while productivity increased, long-term staff commitment and creativity were limited. Supporting this, Mokoena and Naidoo (2023) reported that employees working under purely transactional leaders in South Africa often felt disengaged, especially in high-stress environments such as emergency care units. Their data suggested that a blend of transactional efficiency and transformational inspiration would better sustain productivity while meeting healthcare goals.

Recent studies have further explored servant and democratic leadership as alternatives with long-term potential in South Africa's health services. Zulu and Khumalo (2025) found that servant leadership, where leaders prioritize staff well-being and development, led to stronger organizational loyalty and improved staff collaboration in district hospitals. Their findings indicated that by fostering a culture of service and empathy, leaders helped staff feel more valued, boosting performance even under resource constraints. In parallel, Pillay and Gwala (2024) examined democratic leadership and found that involving employees in decision-making increased transparency, job satisfaction, and overall productivity.

Employee commitment and motivation are essential components that influence performance outcomes in the healthcare sector, and in Uganda, these have been significantly shaped by the type of leadership exercised. Tumwine and Kaggwa (2022) emphasized that in regional referral hospitals, productivity improved when leaders practiced participative approaches that allowed staff to contribute to planning and decision-making. Their research found that such inclusive practices reduced absenteeism and enhanced a sense of ownership among employees. Similarly, Nambatya and Mugisha (2023) highlighted that health facilities in Uganda that fostered open communication through democratic leadership approaches reported higher levels of employee engagement and job satisfaction. These findings suggest that in Uganda, leaders who promote mutual respect and dialogue tend to positively impact health service delivery by boosting worker morale and involvement in institutional objectives.

Team performance in medical environments often depends on how empowered the employees feel, which is largely influenced by leadership behavior. Within Uganda, a study by Ainebyoona and Okello (2024) discovered that transformational leaders who acted as role models and encouraged professional development created resilient and adaptive teams, especially during post-pandemic recovery phases. These leaders inspired creativity and commitment, leading to notable increases in departmental output. Furthermore, research conducted by Nabirye and Kasule (2023) established that health workers under supportive supervision and mentorship performed more efficiently and showed stronger adherence to medical protocols. In the Ugandan health context, particularly in district hospitals, productivity was heightened when leadership styles fostered psychological safety, enabling staff to voice concerns without fear and focus on delivering patient-centered care.

Sustainability of high performance in the Ugandan healthcare sector also hinges on the alignment of institutional goals with leadership values. Kibuuka and Namagembe (2025) reported that servant leadership, which centers on empathy and the well-being of workers, helped create cohesive teams and improved the retention of skilled personnel in rural health units. Their findings underscored that in Uganda, such leadership fosters trust and dedication, particularly where resources are scarce.

2.4 The influence of resource allocation on employee productivity in the provision of health services

Efficient distribution of resources has been shown to directly impact staff performance and productivity within health services, particularly where complex operational demands exist, as seen in California. In their study, Lee and Gonzales (2023) demonstrated how financial planning and budgetary alignment to staffing needs significantly improved motivation and task completion rates among hospital personnel. The authors emphasized that when hospitals allocate sufficient funds for employee training, equipment, and support services, performance indicators such as timeliness and care quality are noticeably enhanced. Similarly, Ramirez and Walton (2022) highlighted how logistical resource distribution, including proper medical supply management and reduced shift overloads, positively affects job satisfaction and employee retention. Their findings pointed out that health workers in California hospitals reported higher engagement levels when resource allocation considered actual work demands and minimized unnecessary administrative burdens.

Workforce productivity in the healthcare sector has been further shaped by infrastructural investments and responsive planning, particularly within the context of California's dynamic public health systems. According to research by Patel and Mendoza (2024), the presence of well-resourced infrastructure, including adequately staffed departments and ergonomic workspaces, contributed to measurable increases in healthcare worker output and service reliability. They also observed that resource allocation strategies which involved employees in planning processes generated a greater sense of ownership and accountability, leading to improved team collaboration. Supporting this, Collins and Blake (2023) investigated hospital systems across California and found that productivity is maximized when resources such as transportation, clinical tools, and support staff are aligned with departmental workflows.

Resource availability and strategic deployment have also contributed to stronger institutional performance and employee-driven outcomes across California's healthcare facilities. Bennett and Zhang (2025) reported that equitable resource distribution across units helped reduce perceived favoritism and encouraged a culture of transparency and teamwork. This sense of fairness, combined with consistent access to operational resources, motivated healthcare workers to meet institutional goals more effectively.

Balanced and strategic resource distribution plays a pivotal role in boosting the performance of health service workers, especially when aligned with institutional needs and employee capacity. In an analysis centered on public health institutions within Germany, Klein and Brunner (2022) revealed that when financial, human, and material resources were proportionately allocated across departments, healthcare workers demonstrated increased motivation and reduced turnover. Their findings showed that a clear alignment between staffing needs and budget priorities resulted in greater job satisfaction and better patient outcomes. In a related investigation, Becker and Hoffmann (2023) emphasized that resource allocation strategies that included periodic needs assessments improved both workload management and employee efficiency.

Integrated management systems and targeted resource planning have been shown to significantly affect service delivery, particularly in countries such as Germany where healthcare systems are complex and highly structured. Fischer and Neumann (2024) evaluated hospital networks and found that operational efficiency increased when leadership prioritized not only the volume but also the relevance of resources assigned to various departments. Their study documented a significant correlation between timely resource provision and clinical performance outcomes. In another study conducted in specialized medical units, Weber and Lange (2023) noted that resource allocation processes that considered departmental performance metrics and patient demand fostered a culture of accountability and collaboration among staff. Within Germany's evolving healthcare framework, their research highlighted how real-time resource adjustments based on service requirements promoted adaptability, reduced procedural delays, and enabled health workers to focus on core medical tasks without logistical barriers.

Health service organizations in Germany have also leveraged structured budgeting and transparent procurement systems to increase frontline productivity and workplace morale. Müller and Schmid (2025) explored public hospital operations and concluded that consistent availability of essential supplies and fair resource distribution among medical staff minimized internal competition and improved teamwork. Their study emphasized the positive impact of resource transparency on employee trust and output. Complementing this, Braun and Vogel (2024) observed that organizations that invested in consistent resource flow monitoring through monthly reviews and staff feedback mechanisms witnessed significant gains in efficiency and reduced service interruptions.

Effective deployment of financial and human resources significantly enhances the capacity of health workers to meet performance standards. In a recent investigation centered on public hospitals across urban regions of China, Zhang and Liu (2022) reported that when hospitals implemented resource allocation frameworks based on service demand forecasts, health professionals demonstrated heightened engagement and efficiency. Their data illustrated that departments with equitable distribution of staff, funds, and supplies exhibited superior patient handling times and lower burnout rates. Similarly, Wang and Zhao (2023) observed that in secondary health institutions, increased staff productivity emerged when leadership structures aligned resource distribution with performance metrics and departmental workload.

Resource prioritization has also been linked to improved collaborative efforts and workflow management among health professionals. Chen and Ma (2024) analyzed community health centers and noted that when resource planning involved staff input and operational transparency, employee commitment and teamwork improved substantially. Within China's expanding healthcare infrastructure, the authors found that periodic resource assessments and inclusive planning processes minimized wastage and allowed medical teams to operate with clarity and mutual support. Complementary findings were presented by Hu and Lin (2023), who investigated rural health service delivery and concluded that increased resource consistency especially in medical equipment and staffing led to better service quality and staff retention. Their study emphasized that in China, success in health service delivery often depended not solely on quantity of resources, but on their strategic and need-based deployment across different geographic settings.

Reinforcing these observations, strategic budget management and supply chain efficiency have played a central role in empowering healthcare workers and improving operational output. In an assessment of tertiary health institutions, Li and Feng (2025) identified that budgeting processes that included detailed analysis of service delivery needs and operational gaps significantly improved employee accountability and reduced internal bottlenecks. In China's more populated provinces, their findings showed that departments receiving timely funding and technical tools were able to meet service targets more consistently. Furthermore, Zhou and Tang (2023) reported that regular audits and resource feedback loops encouraged hospitals to fine-tune their allocation practices, leading to increased staff morale and reduced systemic inefficiencies.

Proper allocation of financial, human, and material resources remains a cornerstone for effective health service delivery, particularly where resource scarcity challenges service sustainability. In examining public health facilities, Otieno and Mwangi (2022) discovered that structured distribution of resources based on service demand indicators led to enhanced worker motivation and reduced absenteeism. Their study emphasized that in Kenya, health centers that regularly adjusted budgets and supply chains to match patient volumes saw a corresponding rise in employee productivity and service quality. Moreover, Ndungu and Wambua (2023) noted that the equitable deployment of resources such as personal protective equipment, essential drugs, and technical staff allowed for streamlined workflows and better task specialization among staff. By identifying and addressing disparities in resource allocation across counties, Kenya has improved the efficiency of primary health services while enhancing the morale of healthcare professionals involved in service delivery.

The integration of workforce planning into resource allocation systems has also contributed significantly to operational improvements in the health sector. A study by Chege and Kamau (2024) found that the inclusion of health workers in resource planning decisions resulted in higher job satisfaction and reduced staff turnover. In the context of Kenya, where staffing shortages and resource limitations frequently constrain productivity, involving employees in resource use decisions created a sense of ownership and increased their output. Similarly, Mutua and Gichuki (2023) observed that consistent supply of tools and training materials, particularly in maternal and child health programs, positively influenced service coverage and improved the speed of care provision. These findings highlight the extent to which transparency and regular evaluation in resource distribution can strengthen performance outcomes in Kenyan healthcare institutions.

Operational effectiveness has further been tied to the frequency and timeliness of resource replenishment, which enhances reliability in service continuity. Ochieng and Otieno (2025) explored health management information systems and concluded that timely updates of inventory records allowed facilities to proactively plan and meet staffing and equipment needs. Their results showed that in Kenya, hospitals that employed real-time tracking mechanisms for resources experienced fewer delays and saw improved productivity among nurses and clinical officers.

Strategic deployment of resources within health facilities has shown a notable influence on employee productivity, particularly in systems constrained by limited supplies and funding. In a study focusing on resource distribution frameworks, Kabagambe and Atuhairwe (2022) emphasized that aligning financial allocations with departmental performance indicators improved job satisfaction and task efficiency. Mid-level health workers in Uganda, especially in government facilities, were more motivated when operational budgets were predictable and aligned with essential service needs. Similarly, Nansubuga and Kafeero (2023) observed that predictable allocations of pharmaceuticals and medical equipment contributed significantly to reducing delays in service delivery, minimizing employee stress, and enhancing focus on patient care.

Integrating capacity-building initiatives with material resource availability has also played a role in boosting productivity among healthcare workers. For instance, Tumusiime and Nandutu (2024) explored how periodic staff training combined with timely access to logistics contributed to better patient management outcomes and higher task completion rates. In several regional hospitals in Uganda, staff were more engaged and efficient when continuous professional development was supported by the provision of tools required to implement acquired skills. Likewise, Okello and Mirembe (2023) revealed that when staffing plans and payroll expenditures were harmonized with actual workload assessments, absenteeism dropped, and team collaboration improved. Within Uganda's decentralized health system, this harmonization ensured more equitable deployment of human resources, reducing pressure on individual workers and enhancing their ability to perform consistently under resource constraints.

Timeliness and consistency in resource flow have emerged as key determinants of productivity levels among healthcare staff, especially in primary health facilities. A study by Byamugisha and Kyomuhendo (2025) underscored the critical role of timely disbursement of operational funds in ensuring uninterrupted healthcare delivery. Their findings indicated that in Uganda, health workers demonstrated increased morale and service quality when they had dependable access to logistics, medical supplies, and utility services. Additionally, Baluku and Nabirye (2024) identified a strong link between health facility infrastructure development and employee performance, noting that workers in well-equipped facilities were more proactive, punctual, and motivated to meet their service targets.

2.5 Conclusion

Despite various studies on communication strategies in the health sector, there remains a limited understanding of how specific communication approaches influence employee productivity in health service settings, particularly in low-resource environments. Many past studies have focused on patient-centered communication rather than internal staff communication effectiveness. The gap lies in understanding the direct link between communication strategies such as feedback channels, clarity of instructions, and interpersonal communication on staff performance. There is also insufficient data on how tailored communication affects motivation and coordination among healthcare workers. This study addresses this gap by exploring internal communication structures and their measurable impact on productivity. It offers insights into how communication enhancements can improve health service delivery outcomes.

While leadership style has been widely researched, few studies have explicitly examined how different leadership styles affect employee productivity in public and private health service institutions. Most existing literature generalizes the impact of leadership without addressing the unique context of health service delivery, which demands both managerial efficiency and emotional support. Additionally, research has not adequately considered how leadership behavior influences factors like staff morale, task commitment, and retention in overstretched health systems. This study seeks to fill that gap by examining which leadership styles most effectively drive productivity in healthcare facilities. The findings will guide human resource and health service management in selecting and training effective leaders.

Although resource allocation is a core component of healthcare management, existing research often emphasizes financial sustainability or patient care outcomes, overlooking the effect on health workers' productivity. There is a lack of in-depth analysis on how the distribution of human, material, and financial resources affects employee performance metrics such as service efficiency, absenteeism, and job satisfaction. Moreover, prior studies do not fully explore how inequitable or untimely resource distribution creates operational stress and inefficiencies among staff. This study addresses this research gap by linking resource allocation decisions with employee output and work quality. The results will help decision-makers implement fair and performance-driven resource allocation strategies.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents research design, area of study, sources of information, population and sampling techniques, variables and indicators, measurement levels, data collection procedures, data collection instruments, quality control, data processing and analysis, ethical considerations,

3.1 Research design

The study employed a descriptive research design using a mixed-methods approach, combining both qualitative and quantitative techniques to provide a comprehensive understanding of the phenomena under investigation. Quantitative data was collected through structured questionnaires distributed to selected respondents, while qualitative data was obtained through interviews to capture detailed personal experiences and perceptions. Purposive sampling was used to select key informants such as supervisors and managers who possess specific knowledge relevant to the study, while simple random sampling was applied to ensure each employee in the target population has an equal chance of being selected, promoting representativeness and reducing bias.

3.2 Area of study

This study was carried out from Mukongoro health center III, kumi district which is located in the eastern region of Uganda. Wards in Mukongoro Town Council include; Mukongoro ward, Kajamaka, Omusikan, Omodoi, Omeerin, Apade, Odiedie, Omusio, Ojimoka, Olasai, Acaapa, Moru. Cells in Mukongoro Town Council include ;Kajamaka, omokoi, Omusikan, omutosai, Omodoi, agopat, Omeerin, ocaario, Apade, aputo, Odiedie, olegesia, Omusio, kamenu, Mukongoro, tukun, Ojimoka, aputon, Moru, kinomu.

3.3 Sources of information

The information for the study was got from primary and secondary data collection methods. Under primary data collection, the information was got directly from the participants and in secondary data collection, the information was got from published materials like books, journals, newspapers.

3.4 Study population

The study involved a total target population of 75 individuals from seven key categories within the health service delivery structure. These included 1 clinical officers, 11 nurses, 2 midwives, 1 laboratory technicians, 5 records officers, 23 support staff (including cleaners, security personnel, and porters), and 32 regular patients from outpatient department (OPD) register. These groups were identified based on their active participation in daily health facility operations, with both technical and non-technical personnel represented, alongside service users who interact frequently with the facility. This distribution reflects the typical human resource composition at a Health Centre III in Kumi District.

3.5 Sample size determination

The study used a sample size of 63 respondents which was selected using both simple random sampling and purposive sampling techniques. Specifically, 1 clinical officers, 10 nurses, 2 midwives, 1 laboratory technicians, and 4 records officers was selected through simple random sampling to ensure each individual has an equal chance of selection. From the support staff category, 17 individuals was selected randomly to represent their role in facility operations. Additionally, 28 patients or community health service users were purposively selected based on their frequent interaction with the facility and ability to provide relevant feedback. This breakdown ensures a representative and inclusive sample that captures a wide range of experiences and perspectives. The sample size was determined using Krejcie and Morgan (1970) table as shown below;

The sample size was determined using Krejcie and Morgan (1970) table as shown below;

Table 3.1									
<i>Table for Determining Sample Size of a Known Population</i>									
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

Therefore from the sample size calculation above, the sample size was 63 respondents

Table 1 showing sample size determination

Respondents	Population	Sample size	Sampling procedures
clinical officers	1	1	Simple random sampling
nurses	11	10	Simple random sampling
midwives	2	2	Simple random sampling
laboratory technicians	1	1	Simple random sampling
records officers	5	4	Simple random sampling
support staff	23	17	Simple random sampling
regular patients from (OPD) register	32	28	purposive sampling
Total	75	63	

Sampling techniques

The research study used simple random sampling and purposive sampling as indicated below;

Simple random sampling

Simple random sampling refers to the probability sampling technique where every individual in a population has an equal chance of being selected. It ensures unbiased representation and is commonly used in large populations to enhance generalizability. This was comprised of clinical officers, nurses, midwives, laboratory technicians, records officers and support staff.

Purposive sampling

Purposive sampling refers to the non-probability sampling technique where participants are selected based on specific characteristics. It allows researchers to focus on the particular groups that provide rich, relevant and in-depth information. This consisted of regular patients.

3.7 Data collection procedure

The data collection procedure commenced with the research supervisor reviewing and approving the research report. Once approved, a data collection authorization letter was obtained from the Head of the Department of Social Sciences. This letter was presented to the Local Council One (LC I) chairperson of the designated area to seek permission and endorsement for the study. After gaining clearance at the community level, the researcher proceeded to the offices of Mukongoro Health Centre III, Kumi district to formally request permission from the relevant authorities to conduct the study. Upon receiving approval, the researcher was then engage with the identified participants, explain the purpose of the study, obtain informed consent, and begin the data collection process.

3.8 Data collection instruments

The research study used a structured questionnaire, interview guide to collect information.

3.8.1 Interview guide

The interview guide was used to collect qualitative data through in-depth, face-to-face interactions with selected key informants especially the staff. It consisted of open-ended questions designed to explore complex issues, gain deeper insights, and understand underlying motivations or concerns. The guide ensured that all interviews cover the same key areas while allowing flexibility for follow-up questions based on the respondents' answers. This approach provided a richer, more

nuanced understanding of the participants' perspectives and supplement the data obtained from the questionnaires.

3.8.2 Questionnaire

The questionnaire served as a primary data collection tool aimed at gathering quantitative data from respondents in a structured manner. It consisted of closed-ended questions designed to measure specific variables such as individual experiences, perceptions, and levels of satisfaction. The questionnaire was self-administered to allow participants adequate time to respond accurately and honestly and these includes regular patients. Likert-scale questions was used to assess attitudes and opinions, while multiple-choice and demographic questions helped classify respondents for further analysis. The use of questionnaires ensured consistency in responses and allow for easy coding and statistical interpretation.

3.9 Data control: validity and reliability of data

3.9.1 Validity

Validity ensured that the study accurately measures the intended concepts by using well-structured research instruments and verified data sources. Triangulation of data from multiple respondents enhanced accuracy and minimize biases. Establishing content and construct validity helped in drawing meaningful and applicable conclusions.

3.9.2 Reliability

Reliability was ensured by maintain consistency in data collection through standardized procedures and repeated measurements. Pre-testing research tolls and training data collectors reduced errors and enhance uniformity. Using dependable sources and statistical tests strengthened the credibility of the findings.

3.10 Data processing and analysis

Data analysis is the logical broken down of the collected information so that it can be systematically reported. Data analysis depends on whether it is qualitative or quantitative.

3.10.1 Qualitative data analysis

Qualitative data was analyzed using thematic analysis where responses from interviews and focus group discussion was transcribed and carefully examined to identify common patterns and emerging themes. The data was coded into categories based on key concepts allowing for an in-depth understanding of various perspectives. Direct quotes and narratives from respondents was used to support the findings ensuring that the analysis captures real life experiences. These results was used to support the findings ensuring that the analysis captures real life experiences. The results were interpreted in relation to existing literature and contextual factors highlighting significant insights while maintaining objectivity.

3.10.2 Quantitative data analysis

Quantitative data was analyzed using statistical package for social sciences (SPSS) software version 23 to identify trends, relationships and patterns within the collected information. Descriptive statistics such as frequencies, percentages, and means was used to summarize the data making it easier to interpret. Inferential statistical tools such as correlations and regression analysis was applied to establish the relationships between the two variables.

3.11 Ethical considerations

Participants were fully informed about the purpose, procedures and significance of the study before the data collection begins. Their consent was sought voluntarily ensuring they understand their right to participate or withdraw at any stage without facing any negative consequences. No individual was coerced into taking part and their willingness to contribute was respected.

Confidentiality was maintained by ensuring that personal information and responses are kept private and secure. Identifiable details was anonymized and access to collected data was restricted to authorized researchers. Findings was presented in a way that does not reveal individual identities, protecting participants' privacy and ensuring their safety.

Respect for all individuals was upheld through the study regardless of their background, social; status or level of education. Participants was treated with dignity and their opinions was valued. No form of discrimination, bias or undue influence was exercised during interactions ensuring a fair and inclusive research process.

Measures were taken to prevent any harm whether physical, emotional, or psychological to those involved in the study. Questions were framed carefully to avoid distress and sensitive topics were handled with professionalism. If participants express discomfort, they had an option to skip questions or end their participation at any time without explanation.

Honesty and transparency was maintained in all aspects of data collection, analysis and reporting. The research process was conducted with integrity ensuring that findings are presented accurately without frustration or manipulation. Any limitations or challenges encountered during the study were acknowledged maintaining credibility and ethical standards.

Acknowledgement of contributions was ensured by properly citing sources, recognizing the support of institutions and crediting individuals who contributed to the study. This was to uphold academic integrity and prevent plagiarism.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents the findings on the conflict management and employee productivity in the provision of health services. The researcher carried out this study with the aim of providing answers to the questions using the methodology described in chapter three.

4.1 Response rate

The sample size of the population was 63. Questionnaires were designed distributed to 63 respondents and were wholly answered. This implies that the response rate was outstanding.

4.2 Bio Data

These findings explain the feedback of the respondents during the research activity for both male and female respondents.

4.2.1 Gender of respondents

Table 2 showing the Gender of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	20	32.0	32.0	32.0
Valid Females	43	68.0	68.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

The table 2 above shows that, 32% were male while 68% were female. This implies that the views of females were more represented in the study findings than those of the males and it also implies that the study involved more females with 68% than males at 32% in Mukongoro health center III.

4.2.2 Marital status of respondents

Table 3 showing marital status of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Single	12	19.0	19.0	19.0
Married	30	48.0	48.0	67.0
Valid Divorced	8	13.0	13.0	80.0
Widowed	13	20.0	20.0	100.0
Total	63	100.0	100.0	

Source: Primary data (2025)

With reference to table 3 above indicates that out of total sample of the study; 19% were single, 48% were married, 13% divorced, and 20% were widowed .this implies that Mukongoro health center III employs the majority of its employees who are married with 48% which shows that they are responsible enough to carry out the tasks being assigned to which can improve on the performance of the entity.

4.2.3 Age of respondents

Table 4 showing Age group of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
21-30 years	12	19.0	19.0	19.0
31-40 years	22	35.0	35.0	54.0
Valid 41-50 years	10	16.0	16.0	70.0
Above 50 years	19	30.0	30.0	100.0
Total	63	100.0	100.0	

Source: Primary data (2025)

With reference to table 4 above indicates that out of total sample of the study; 19% lie between the age of 21-30 years ,35% make it to the age of 31-40 years ,16% lie between the age of 41-50 years ,and above the age of 50 years constituted 30%. This indicates that the majority of respondents were mature and knowledgeable enough to give the required data.

4.2.4 Qualification of respondents

Table 5 Showing academic qualification of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Secondary	11	17.0	17.0	17.0
Certificate	8	13.0	13.0	30.0
Diploma	25	40.0	40.0	70.0
Bachelor's	14	22.0	22.0	92.0
Masters	5	8.0	8.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

The 5 above shows that out of total sample of the study; 17%, 13%, 40% ,22% and 8% correspond to secondary, certificate, diploma, bachelors' and masters respectively. This indicates that all respondents who participated in giving out information in Mukongoro health center III had attained certain level of education with the majority of the respondents corresponding to 40% who are mainly of diploma holders.

4.2.5 Years of working

Table 6 showing years of working by respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 1 year	15	24.0	24.0	24.0
1-2 years	38	60.0	60.0	84.0
Above 3 years	10	16.0	16.0	100.0
Total	63	100.0	100.0	

Source: Primary data (2025)

Table 6 above shows that 24%, 60%, and 16%, correspond to less than 1 year, 1-2 years, and above 3 years respectively, This however implies that Mukongoro health center III employs experienced workers who have had reasonable numbers of years of experience with 40% such that the goals formulated by the entity can be achieved well besides this it also implies that majority of the respondents had served for a considerable period which indicates that most of the respondents had vast knowledge which could be relied upon by this study.

4.3.0 Research question one: Finding out the effect of communication strategies on employee productivity of health services at Mukongoro health center III

4.3.1 Clear communication reduces errors, which allows health workers to serve patients more efficiently and avoid repeated tasks

The table 7 Showing whether clear communication reduces errors, which allows health workers to serve patients more efficiently and avoid repeated tasks

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	19	30.0	30.0	30.0
Agree	15	24.0	24.0	54.0
not sure	11	17.0	17.0	71.0
Disagree	6	10.0	10.0	81.0
strongly disagree	12	19.0	19.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

Table 7 above indicates that 54% (30%, 24%) were positive to the statement that clear communication reduces errors, which allows health workers to serve patients more efficiently and avoid repeated tasks, while 29% (10%, 19%) forming the minority of the respondents were negative to the same statement, 17% were not sure hence implying that clear communication reduces errors, which allows health workers to serve patients more efficiently and avoid repeated tasks.

4.3.2 Regular team briefings improve coordination, helping employees understand their roles and speed up service delivery

The table 8 Showing whether regular team briefings improve coordination, helping employees understand their roles and speed up service delivery

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	3	5.0	5.0	5.0
Agree	9	14.0	14.0	19.0
not sure	4	6.0	6.0	25.0
Disagree	18	29.0	29.0	54.0
strongly disagree	29	46.0	46.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 8, above it can be seen that minority of respondents 19% (5%, 14%) were positive to the statement that regular team briefings improve coordination, helping employees understand their roles and speed up service delivery while 75% (29%, 46%) of the respondents were negative to the same statement while 6% of the respondents were not sure. This concurs with the research carried out by Krahn GL (2013) intimated that regular team briefings improve coordination, helping employees understand their roles and speed up service delivery there by implying that regular team briefings improve coordination, helping employees understand their roles and speed up service delivery.

4.3.3 Effective feedback systems boost motivation, encouraging health workers to perform better and respond promptly to patient needs

Table 9 Showing whether effective feedback systems boost motivation, encouraging health workers to perform better and respond promptly to patient needs

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	7	11.0	11.0	11.0
Agree	14	22.0	22.0	33.0
not sure	8	13.0	13.0	46.0
Disagree	20	32.0	32.0	78.0
strongly disagree	14	22.0	22.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

Table 9 above shows that minority of respondents 33% (11%, 22%) were positive to the statement that effective feedback systems boost motivation, encouraging health workers to perform better and respond promptly to patient needs, 54% (32%, 22%) had negative responses to the same statement, 13% were not sure. This is an indication that effective feedback systems boost motivation, encouraging health workers to perform better and respond promptly to patient needs.

4.3.4 Patient-centered communication increases satisfaction, making employees feel more appreciated and committed to their work

Table 10 Showing whether patient-centered communication increases satisfaction, making employees feel more appreciated and committed to their work

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	21	33.0	33.0	33.0
Agree	18	29.0	29.0	62.0
not sure	10	16.0	16.0	78.0
Disagree	2	3.0	3.0	81.0
strongly disagree	12	19.0	19.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 10 above, it can be seen that 62% (33%, 29%) were positive to the statement that patient-centered communication increases satisfaction, making employees feel more appreciated and committed to their work, 22% (3%, 19%) were negative to the same statement while 16% of the respondents were not sure. This was in accordance to Tsui AO, Brown (2011) pointed out that patient-centered communication increases satisfaction, making employees feel more appreciated and committed to their work.

4.3.5 Use of digital communication tools saves time, enabling faster patient updates and smoother workflow

Table 11: Showing whether use of digital communication tools saves time, enabling faster patient updates and smoother workflow

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	30	48.0	48.0	48.0
Agree	8	13.0	13.0	61.0
not sure	9	14.0	14.0	75.0
Disagree	14	22.0	22.0	97.0
strongly disagree	2	3.0	3.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

Table 11 above indicates that 61% (48%, 13%) of the respondents were positive to the statement that use of digital communication tools saves time, enabling faster patient updates and smoother workflow, 25% (22%, 3%) were negative to the same statement forming the majority of the respondents while 14% of the respondents were not sure, this is an indication that use of digital communication tools saves time, enabling faster patient updates and smoother workflow.

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4.4.0 Research question two: Finding out the effect of leadership style on employee productivity of health services at Mukongoro health center III

4.3.1 Supportive leadership increases morale, making health workers more willing to go the extra mile for patients

Table 14 Showing whether supportive leadership increases morale, making health workers more willing to go the extra mile for patients

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	22	35.0	35.0	35.0
Agree	13	21.0	21.0	56.0
not sure	2	3.0	3.0	59.0
Disagree	20	31.0	31.0	90.0
strongly disagree	6	10.0	10.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 14 above, it can be seen that 56% (35%, 21%) of the respondents were positive to the statement that supportive leadership increases morale, making health workers more willing to go the extra mile for patients, 41% (31%, 10%) were negative to the same statement while 3% of the respondents were not. These findings were in line with Pratap N (2011) stresses that supportive leadership increases morale, making health workers more willing to go the extra mile for patients.

4.4.2 Autocratic leadership can cause stress, which may lower employee performance and delay patient care

Table 15 Showing whether autocratic leadership can cause stress, which may lower employee performance and delay patient care

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	21	33.0	33.0	33.0
Agree	30	47.0	47.0	80.0
not sure	8	13.0	13.0	93.0
Disagree	1	2.0	2.0	95.0
strongly disagree	3	5.0	5.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

Table 15 above indicates that 80% (33%, 47%) of the respondents were positive to the statement that autocratic leadership can cause stress, which may lower employee performance and delay patient care while 13% of the respondents were not sure. This concurs with the research carried out by Abern, (2016) intimated autocratic leadership can cause stress, which may lower employee performance and delay patient care implying that autocratic leadership can cause stress, which may lower employee performance and delay patient care.

4.4.3 Democratic leadership encourages participation, helping staff feel valued and work more efficiently

Table 16 Showing whether democratic leadership encourages participation, helping staff feel valued and work more efficiently

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	4	6.0	6.0	6.0
Agree	9	14.0	14.0	20.0
not sure	15	24.0	24.0	44.0
Disagree	27	43.0	43.0	87.0
strongly disagree	8	13.0	13.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 16 above, it can be seen that 20% (6%, 14%) were positive to the statement that democratic leadership encourages participation, helping staff feel valued and work more efficiently, 56% (43%, 13%) of the respondents were negative to the same statement and 24% of the respondents were not sure. This is an indication that democratic leadership encourages participation, helping staff feel valued and work more efficiently.

4.4.4 Transformational leadership inspires innovation, leading to better methods of delivering health services

Table 17 showing whether transformational leadership inspires innovation, leading to better methods of delivering health services

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	16	25.0	25.0	25.0
Agree	20	32.0	32.0	57.0
not sure	6	10.0	10.0	67.0
Disagree	8	13.0	13.0	80.0
strongly disagree	13	20.0	20.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 17 above, it can be seen that 57% (25%, 32%) were positive to the statement that transformational leadership inspires innovation, leading to better methods of delivering health services, 10% of the respondents were not sure while 33% (13%, 20%) were negative to the same statement making the minority of the respondents. This is an indication that transformational leadership inspires innovation, leading to better methods of delivering health services.

4.4.5 Poor leadership creates confusion, which slows down services and affects patient satisfaction

Table 18 showing whether poor leadership creates confusion, which slows down services and affects patient satisfaction

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	22	35.0	35.0	35.0
Agree	10	16.0	16.0	51.0
not sure	6	10.0	10.0	61.0
Disagree	14	22.0	22.0	83.0
strongly disagree	11	17.0	17.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

Table 18 above indicates that the majority of the respondents 51% (35%, 16%) were positive to the statement that poor leadership creates confusion, which slows down services and affects patient satisfaction, 39% (22%, 17%) were negative to the same statement while 10% of the respondents were not sure. These findings were in line with Agbaje MA (2016) pointed out poor leadership creates confusion, which slows down services and affects patient satisfaction. This is an indication that poor leadership creates confusion, which slows down services and affects patient satisfaction.

4.5.0 Research question three: Finding out the influence of resource allocation on employee productivity in the provision of health services at Mukongoro health center III

4.5.1 Adequate medical supplies help staff work faster, ensuring timely treatment for patients

Table 19 showing whether adequate medical supplies help staff work faster, ensuring timely treatment for patients

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	5	8.0	8.0	8.0
Agree	13	21.0	21.0	29.0
not sure	7	11.0	11.0	40.0
Disagree	18	29.0	29.0	69.0
strongly disagree	20	31.0	31.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 19 above, it can be seen that 29% (8%, 21) were positive to the statement that adequate medical supplies help staff work faster, ensuring timely treatment for patients, 60% (29%, 31%) were negative to the same statement while 11% of the respondents were not sure. This concurs with the research carried out by Noble JA. (2014) postulated that adequate medical supplies help staff work faster, ensuring timely treatment for patients.

4.5.2 Fair distribution of resources reduces stress, allowing employees to focus more on patient care

The table 20 Showing whether fair distribution of resources reduces stress, allowing employees to focus more on patient care

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	24	38.0	38.0	38.0
Agree	15	24.0	24.0	62.0
not sure	11	17.0	17.0	79.0
Disagree	4	6.0	6.0	85.0
strongly disagree	9	15.0	15	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

Table 20 above shows that the majority of the respondents 62% (38%, 24%) were positive to the statement fair distribution of resources reduces stress, allowing employees to focus more on patient care, 21% (6%, 15%) were negative to same while 17% of the respondents were not sure. this agrees with the research carried out by birdsall n (2016) asserted that fair distribution of resources reduces stress, allowing employees to focus more on patient care hence implying that fair distribution of resources reduces stress, allowing employees to focus more on patient care.

4.5.3 Lack of equipment delays services, forcing staff to take longer with each patient

Table 21 Showing whether lack of equipment delays services, forcing staff to take longer with each patient

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	14	22.0	22.0	22.0
Agree	18	29.0	29.0	51.0
not sure	10	16.0	16.0	67.0
Disagree	9	14.0	14.0	81.0
strongly disagree	12	19.0	19.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

Table 21 above shows that the majority of the respondents 51% (22% , 29%) had a positive response to the statement that lack of equipment delays services, forcing staff to take longer with each patient, 33% (14%, 19%) of the respondents were negative to the same statement meanwhile 16% of the respondents were not sure. This is an indication that lack of equipment delays services, forcing staff to take longer with each patient.

4.5.4 Proper staffing improves service delivery, since more hands make work easier and quicker

Table 22 Showing whether proper staffing improves service delivery, since more hands make work easier and quicker

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	34	54.0	54.0	54.0
Agree	13	21.0	21.0	75.0
not sure	1	2.0	2.0	77.0
Disagree	11	17.0	17.0	94.0
strongly disagree	4	6.0	6.0	100.0
Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 22 above, it can be seen that 75% (54%, 21%) were positive to the statement that proper staffing improves service delivery, since more hands make work easier and quicker, 23% (17%, 6%) respondents were negative to the same statement while 2% of the respondents were not sure. This was in accordance to Finnigan (2012) intimated that proper staffing improves service delivery, since more hands make work easier and quicker. This is a manifestation that proper staffing improves service delivery, since more hands make work easier and quicker.

4.5.5 Insufficient funding limits operations, making it hard for workers to meet patient needs efficiently

Table 23 Showing whether insufficient funding limits operations, making it hard for workers to meet patient needs efficiently

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	27	43.0	43.0	43.0
Agree	16	25.0	25.0	68.0
not sure	8	13.0	13.0	81.0
Disagree	10	16.0	16.0	97.0
strongly disagree	2	3.0	3.0	100.0
Total	63	100.0	100.0	

Source: primary data (2024)

With allusion to table 23 above, it can be observed that the majority of the responds 68% (43% ,25%) had a positive response to the statement that insufficient funding limits operations, making it hard for workers to meet patient needs efficiently, 19% (16%, 3%) were negative to the same statement while 13% of the respondents were not sure hence implying that insufficient funding limits operations, making it hard for workers to meet patient needs efficiently.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction.

In this chapter the researcher gives a summary of findings, conclusions and recommendation in line with the research questions and objectives.

5.1 Summary of findings.

The researcher provided a summary of findings in line with the objectives as follows;

5.1.1 Research Question one: Findings on the effect of communication strategies on employee productivity of health services at Mukongoro health center III

The study investigated into the effect of communication strategies on employee productivity of health services at Mukongoro health center III. Results showed that most respondents were positive to the statements that were they were asked. For example; majority of respondents constituting 54% of the respondents were positive to the statement that clear communication reduces errors, which allows health workers to serve patients more efficiently and avoid repeated tasks; 62% were positive to the statement that patient-centered communication increases satisfaction, making employees feel more appreciated and committed to their work; 61% of the respondents were positive to the statement that use of digital communication tools saves time, enabling faster patient updates and smoother workflow.

On the other hand, 75% constituting the majority were negative to the statement that regular team briefings improve coordination, helping employees understand their roles and speed up service delivery, 54% were negative to the statement that effective feedback systems boost motivation, encouraging health workers to perform better and respond promptly to patient needs.

It can be concluded that communication strategies have a significant effect on employee productivity of health services at Mukongoro health center III.

5.1.2 Research Question two: Findings on the effect of leadership style on employee productivity of health services at Mukongoro health center III

The study investigated into the effect of leadership style on employee productivity of health services at Mukongoro health center III. Majority of the respondents 56% of the respondents were positive to the statement that supportive leadership increases morale, making health workers more willing to go the extra mile for patients, 80% of the respondents were positive to the statement that autocratic leadership can cause stress, which may lower employee performance and delay patient care, it can be observed that 57% were positive to the statement that transformational leadership inspires innovation, leading to better methods of delivering health services, 51% were positive to the statement that poor leadership creates confusion, which slows down services and affects patient satisfaction while 56% of the respondents forming the majority were negative to the statement that democratic leadership encourages participation, helping staff feel valued and work more efficiently. Basing on the above results, it can be concluded that leadership style has a significant effect on employee productivity of health services at Mukongoro health center III.

5.1.3 Question three: Findings on the influence of resource allocation on employee productivity in the provision of health services at Mukongoro health center III.

The findings revealed that 62% forming the majority of respondents were positive to the statement that fair distribution of resources reduces stress, allowing employees to focus more on patient care, 51% had a positive response to the statement that lack of equipment delays services, forcing staff to take longer with each patient, 75% were positive to the statement that proper staffing improves service delivery, since more hands make work easier and quicker, 68% had a positive response to the statement that insufficient funding limits operations, making it hard for workers to meet patient needs efficiently. On the other hand, 60% forming the majority disagreed to the statement that adequate medical supplies help staff work faster, ensuring timely treatment for patients. Results according to probable statistics, it can be concluded included that resource allocation has a significant effect on employee productivity in the provision of health services at Mukongoro health center III.

5.2 Conclusion

Basing on the research objective one which was to find out the effect of communication strategies on employee productivity of health services at Mukongoro health center III, it can be concluded that communication strategies have a significant effect on employee productivity of health services at Mukongoro health center III and can be enhanced by ensuring clarity, timeliness, and consistency in communication, health workers are more likely to remain focused, motivated, and aligned with organizational goals. Health service providers can adopt both formal and informal communication channels, such as structured meetings, emails, and team briefings alongside open dialogue sessions to promote feedback and collaboration. Leadership should practice active listening and engage staff in decision-making to build trust and morale.

With reference to the research objective two which was to find out the effect of leadership style on employee productivity of health services at Mukongoro health center III. It can be concluded that leadership style has a significant effect on employee productivity of health services at Mukongoro health center III and can be enhanced by promoting participatory leadership, where employees are involved in decision-making, leaders create a sense of ownership and accountability among staff. Transformational leaders who mentor, recognize achievements, and encourage innovation often see improved morale and commitment. Regular feedback, open communication, and appreciation of staff efforts further boost productivity. Leaders should also exhibit emotional intelligence understanding staff needs, managing conflicts, and responding empathetically to challenges.

With allusion to the third objective which was to evaluate the influence of resource allocation on employee productivity in the provision of health services at Mukongoro health center III, it can be concluded that resource allocation has a significant effect on employee productivity in the provision of health services at Mukongoro health center III. This can be enhanced by providing essential medical supplies, functional equipment, and adequate staffing reduces workload pressure and increases service quality. Timely disbursement of salaries and allowances motivates employees and improves morale. Equitable distribution of tasks based on staff strength and specialization also enhances performance. Continuous assessment of resource needs through regular audits ensures that gaps are quickly identified and addressed.

5.3 Recommendations

There is need for the government to strengthen health sector communication by formulating national policies that promote structured communication systems within health institutions. The government should invest in modern ICT infrastructure, including reliable internet connectivity and electronic health record systems, to facilitate timely data sharing and coordination among health workers. Capacity-building programs, such as workshops and online training, should be rolled out to enhance staff communication skills at all levels. Government should also establish clear guidelines on internal communication standards, ensuring transparency, confidentiality, and responsiveness. Creating dedicated communication offices in hospitals and district health centers can help manage communication flows and provide support during emergencies or crises

There is need for the government to prioritize leadership development within the health sector by investing in structured training programs tailored to different health service levels. The government should ensure that leaders in health institutions are not appointed based solely on academic qualifications, but also on proven leadership abilities and interpersonal skills. Through the Ministry of Health, leadership standards and frameworks should be developed to guide practices across all public and private health facilities. Government-funded leadership workshops, mentorship initiatives, and exchange programs can expose managers to best practices and diverse leadership approaches. In addition, the government should establish monitoring and evaluation systems to assess the impact of leadership styles on employee performance and patient care outcomes.

There is need for the government to strengthen the planning and implementation of resource allocation policies within the health sector to enhance employee productivity. The government should conduct comprehensive needs assessments in health facilities before allocating funds and materials, ensuring that allocations are based on actual service demands and workforce requirements. A standardized framework for equitable distribution of resources must be established to avoid disparities across regions. The Ministry of Health should invest in digital systems for tracking and managing health resources, promoting transparency and real-time decision-making. Regular training of health administrators in budgeting, procurement, and resource utilization is also necessary.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Dear respondent;

I am Agwang Gladys Dorcas carrying out research on the topic “conflict management and employee productivity in the provision of health services.” as a partial fulfillment for the award of bachelors degree of social work and social administration at Uganda Christian University .The questionnaire is designed to help me collect relevant information and therefore I kindly request you to participate in responding to the questions that was asked .However the information given was treated confidential and will only be used for academic purpose.

SECTION 1: DEMOGRAPHIC DATA

(Tick in the box provided)

1. Gender distribution of the respondent

a) Male b) Female

2. Marital status of the respondent

a) Single b) Married Divorced Widowed

3. Age bracket of the respondent (years)

a) 20-30 b) 31-40 c) 41-50 C) 50 and above

4. Academic qualification of respondent

a) Secondary b) Certificate c) Diploma d) Bachelors' e) Masters

5. Years of working by the respondents.

a) Less than 1 year b) 1-2 years c) 3 years and above

Section A: To find out the effect of communication strategies on employee productivity of health services at Mukongoro health center III

. This section aims at finding out the effect of communication strategies on employee productivity of health services at Mukongoro health center III. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree**

No		1	2	3	4	5
1	Clear communication reduces errors, which allows health workers to serve patients more efficiently and avoid repeated tasks.					
2	Regular team briefings improve coordination, helping employees understand their roles and speed up service delivery.					
3	Effective feedback systems boost motivation, encouraging health workers to perform better and respond promptly to patient needs					
4	Patient-centered communication increases satisfaction, making employees feel more appreciated and committed to their work.					
5	Use of digital communication tools saves time, enabling faster patient updates and smoother workflow.					

Section B: To find out the effect of leadership style on employee productivity of health services at Mukongoro health center III

This section aims at finding out the effect of leadership style on employee productivity of health services at Mukongoro health center III. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Supportive leadership increases morale, making health workers more willing to go the extra mile for patients.					
2	Autocratic leadership can cause stress, which may lower employee performance and delay patient care.					
3	Democratic leadership encourages participation, helping staff feel valued and work more efficiently.					
4	Transformational leadership inspires innovation, leading to better methods of delivering health services.					
5	Poor leadership creates confusion, which slows down services and affects patient satisfaction.					

Section C: To evaluate the influence of resource allocation on employee productivity in the provision of health services at Mukongoro health center III

This section aims at evaluating the influence of resource allocation on employee productivity in the provision of health services at Mukongoro health center III. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Adequate medical supplies help staff work faster, ensuring timely treatment for patients.					
2	Fair distribution of resources reduces stress, allowing employees to focus more on patient care.					

3	Lack of equipment delays services, forcing staff to take longer with each patient.					
4	Proper staffing improves service delivery, since more hands make work easier and quicker.					
5	Insufficient funding limits operations, making it hard for workers to meet patient needs efficiently.					

APPENDIX II: INTERVIEW GUIDE

First research objective: To find out the effect of communication strategies on employee productivity of health services at Mukongoro health center III

1. How would you describe the way information is shared between management and staff in your facility, and how does this affect your productivity?
2. How clearly are job expectations, responsibilities, and performance feedback communicated to you?
3. Can you share an example where effective communication improved teamwork or helped resolve a work challenge?
4. What challenges do you experience with communication at your workplace, and how do they affect your ability to serve patients efficiently?

Second research objective: To find out the effect of leadership style on employee productivity of health services at Mukongoro health center III

1. How would you describe the leadership approach used by your supervisor or manager, and how does it affect your daily performance?
2. How do leaders handle conflicts or performance issues, and how does this affect the overall team productivity?
3. Do you feel your efforts are recognized and appreciated by your leaders? How does this influence your work?
4. What changes in leadership behavior or style would make you more productive in your role?

Third research objective: To evaluate the influence of resource allocation on employee productivity in the provision of health services at Mukongoro health center III

1. How does the availability of medical equipment, drugs, and supplies affect your ability to deliver health services effectively?
2. How does the number of staff available in your department influence your workload and productivity?
3. Are financial and logistical resources sufficient to support your daily operations? If not, how does this affect your work?
4. What are the common resource-related challenges you face, and how do you usually deal with them?

MAP SHOWING MUKONGORO HEALTH CENTRE III





Office of the Academic Registrar

To INCHARGE MUKONGORO
HEALTH CENTRE III

Dear Sir/Madam,

Re: Academic Research

Christian greetings!

We are honored to introduce to you Mr. Mrs./Miss AGWANG GUSTI SORAF
Of Registration Number: T23/mu/8510/019 pursuing a Masters'
Degree/Postgraduate Diploma / Bachelor's Degree BSCWA

He/ she is required to carry out an academic research on the topic
CONFLICT MANAGEMENT AND EMPLOYEE
PRODUCTIVITY IN THE PROVISION OF HEALTH SERVICE

and thereafter produce a well bound hard cover research report (MARDON) in color for undergraduate and three (BLACK) copies for Postgraduate students as a University requirement for the award of a degree/diploma in the academic discipline that he / she is pursuing.

We shall be grateful for the help you may offer to him or her accordingly.

Thank you.

Yours faithfully,



Mr. Akampurira Timothy
Academic Registrar