

**CONTRIBUTION OF INCENTIVES ON THE PERFORMANCE OF HEALTH  
WORKERS IN BUKEDEA HEALTH CENTER IV**

**MIRAM BYAKIKA**

**WS21/MUC/BPAM/030**

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL  
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A BACHELOR OF  
PUBLIC ADMINISTRATION AND MANAGEMENT OF UGANDA CHRISTIAN UNIVERSITY**

**October, 2024**




**UGANDA CHRISTIAN  
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## Declaration

I Byakika Miriam declare that this work is my original piece of work and has never been submitted to any University or any higher institution of learning in Uganda or elsewhere in the world for an award of any academic qualification or assignment. And the Works of other scholars used in this study have been acknowledged.

Sign  .....

Date 15<sup>th</sup> / October / 2024 .....

### **Supervisor's Approval**

This is to affirm that this research report entitled “Contribution of incentives on the performance of health workers in Bukedea health center 1V” has been conducted by Byakika Miram under my supervision and is approved for submission as part of the requirements for the award of a bachelor degree of Public Administration and Management of Uganda Christian University.

Signature:

A handwritten signature in blue ink, appearing to read "Odongo Joseph".

Date: 1<sup>st</sup> /10/2024

**Mr. Odongo Joseph (Supervisor)**

## **Dedication**

I dedicate this research work to my son Samuel Mandu who has been my inspiration in life and in my academic endeavors. Thank you so much for making me happy.

## **Acknowledgement**

I would like to acknowledge the efforts of my dear supervisor Mr. Odongo Joseph for the great mentorship offered throughout my research process, my lecturers of Uganda Christian University, Mbale University college. I acknowledge D.H.O Bukedea district, for allowing me conduct this study in Bukedea, the medical staff of Bukedea for accepting to participate in this research as respondents.

My classmates for your inspiration and encouragement to complete the course

My special thanks to go my family members Dr. Sarah Byakika, Samuel Mandu, for their patience during my studies.

Blessings to you all!

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## Acronyms

DHO	District Health Officer
DV	Dependent Variable
HDDDP	Health department District development plan
I.V	Independent Variable
HMIS	Health Management and Information System
KII	Key Informant Interviews
MOH	Ministry of Health
RAs	Research Assistants
S/C	Sub County
SSA	Sub- Saharan Africa
SDGs	Sustainable Development Goals
UNICEF	United Nations International Children's Education Fund
WHO	World Health Organization

## Abstract

Improvement of health has become a global commitment where governments and other development partners have all risen to ensure its attainment. This study sought to establish the influence of incentives on the performance of health workers in Bukedea health center IV.

The key predictors to employee performance were ; the role of monetary incentives in motivating health workers' performance, the role of support supervision in motivating health workers' performance and the challenges Bukedea health sector faces in motivating health workers in Bukedea Health center IV,

The Methods used were drawn from both quantitative and qualitative approaches. Descriptive and case study research designs were used to come up with qualitative and quantitative data from the 60 respondents who were either health workers deployed in Bukedea health centre IV or politicians serving the supervisory role in Bukedea district local government. A purposive and simple random sampling technique was used to identify the respondents. Purposive random sampling was used to get the actual respondents to be interviewed.

Results; Using thematic analysis, the researcher came up with the following findings: The employer provides monetary incentives to the health workers however the employees feel the financial incentive is low and has affected their performance. 74% of the respondents emphasized that monetary incentives have not increased efficiency and improved their customer service 78% also responded that monetary incentives have not led employee satisfaction. As for support supervision, 59% of the nurses agreed that they receive support supervision, while 29% dis-agreed. Of those who disagreed, they were asked to explain why they were not getting that support supervision, their responses were; lack of recruitment of senior cadres, some supervisors have retired, too much workload from supervisors.

The concluded that monetary incentives given to health workers in Bukedea district are very limited, There is low support supervision given to lower cadres, supports supervision in principle is a necessary and a very important tool that needs to be promoted in the medical fraternity. The power holders in the ministry of health and Bukedea district local government need to come out and try to create and consistently strengthen a good motivation environment for health workers, but most especially the lower cadres.

## **CHAPTER ONE**

### **1.0.Introduction**

This chapter presents: the background of the study, statement of the problem, general objective of the study, specific objectives, research questions of the study, conceptual frame work, justification of the study and key terms.

### **1.1 Background of the study**

The challenge of health has become a global concern and governments and other development partners have all risen to address these concerns. Sustainable goal number three provides the need for concerted effort to "Ensure healthy lives and promote well-being for all at all ages" (Markus Loewe and Nicole Rippin,2015) This makes health care to be one of the key development concerns world over, it is a bigger challenge in the developing countries found in the Sub Saharan Africa (SSA).

The world health Organization health policy (2018)emphasizes that addressing health workforce shortage, mal-distribution and performance challenges is essential for progress towards all health-related goals, including universal health coverage and that the health sector has the potential to be a driver of economic growth through the creation of qualified employment opportunities.

The global challenge of motivating health workers to appropriately ensure there is effective and efficient health service delivery is clearly articulated in the sustainable development goals and the continental level, Africa's performance in health service in health service delivery and motivation of health workers is still a challenge. (Kok MC, Broerse JE, Theobald S, Ormel H, Dieleman M, Taegtmeier M, 2023)

In the case of Uganda, there exist critical challenges that affect delivery of basic health services to its people especially human resource shortages and this in turn has affected health sector performance as evidenced by critical health indicators like HIV/AIDS, mortality rates, disease incidence etc that have been persistently poor. (WHO Cooperation Strategy Uganda, 2022).

Although a majority (over 75%) of the disease burden in Uganda is preventable, ministry of health acknowledges that provision of health services is affected by several factors including inadequate staffing of human resource, infrastructure and budget constraints among others (NDP, 2022).

According to the UNICEF report (2022), provision of health and social services in Uganda is severely constrained by the lack of qualified service providers, especially at the district level and rural areas. Staff levels at most districts are far below the Ministry of health norms and standards and the distribution of personnel among districts is inequitable. (UNICEF report, 2022)

An estimated 10% of the districts are severely underserved. There are major human resource gaps in: doctors; nurses; lab technologists; dispensers; and counselors ... outreach services at community level are often limited because of lack of staff;... Only 57% of health providers are qualified. Volunteer community – based resource persons are often poorly trained and lack incentives to provide service on a long term basis. (Ibid)

The limited capacity of pre- service and in- service training institutions poses a serious long term threat to developing and maintaining a qualified health staff. Most of the health training schools lack tutors; some have only 50% of the staff needed to teach the courses offered. Insufficient funds and supplies, and poor working conditions all contribute to the demoralization of staff.

Overall health staff feel overworked, underpaid ill-appreciated and poorly supervised. At sites outside of urban areas health workers may find that accommodations are limited, schooling choices for children may be inadequate; security is an issue; and prospects for further education and professional development are restricted. It has been reported that up to 40% of the staff hired do not show up to their work places. (Ibid)

In Bukedea district, the deployment level for health workers is estimated at 41.5%.Several factors have been noticed to be affecting the performance of the health sector in the district. Some of the factors include; inadequate qualified health staff, medical supplies, transport and infrastructure and work overload are some of the underlying factors (Health department District development plan (HDDDP) 2023-2024)

Although motivation of health workers has been recognized as a key factor affecting performance at National level, the extent to which this factor exists and affects performance of the health sector in Bukedea District has not been well documented as noticed in the District five year development plan. This calls for a scientific investigation.

## **1. 2. Statement of the Problem**

Bukedea is one of the districts known to have low performance in the provision of health services; this is evidenced from the health indicators most of which are worse than the national averages. For example HIV prevalence is at 7%, malaria accounts for over 42.7% of outpatient attendance and family planning contraceptive rate is at 28% . There is also a human resource challenge where only 41% of the approved positions in the health sector have been filled in Bukedea district hence resulting in to poor provision and access of health services in Bukedea. (Bukedea District Development Plan, 2023/2024).

Bukedea district local government has tried to responsive to the health challenge, the district has tried to increase on the budgets of the health sector, sourced and recruited more health workers, provided allowances to health workers and implemented the policy of deployment of village health teams in every village.

Despite all these incentives, the researcher observed that health workers in Bukedea health center 1V remain de- motivated and their performance was far from what is expected of them. One wonders why this situation continues to exist. The purpose of this research was to find out the influence of incentives provided by Bukedea district local government on the performance of health workers in Bukedea health center 1V.

The researcher wanted to find out specifically how far availability and un- availability of different incentives motivate or de-motivate health workers in the performance of their duties and what could be done to improve on the performance of the health workers serving in Bukedea health center 1V.

### 1.3. Objectives of the Study

To establish the influence of incentives on the performance of health workers in Bukedea health center IV.

### 1.4 Specific Objectives

1. To find out the role of monetary incentives in motivating health workers' performance in Bukedea health center IV
2. To establish the role of support supervision in motivating health workers' performance
3. To find out the challenges Bukedea health sector faces in motivating health workers in Bukedea Health center IV.

### 1.5 Research Questions

1. What is the role of monetary incentives in motivating community health workers' performance in Bukedea health center IV?
2. What is the role of support supervision in motivating community health workers' performance?
3. What challenges does Bukedea health sector face in motivating community health workers working in Bukedea health center IV?

### 1.6. Scope of the study

**Geographical scope:** The study was carried out in the Eastern part of Uganda, in Bukedea district. The focus was in the health sector and specifically in Bukedea health center IV. This research was conducted in Bukedea town council covering Bukedea Ward, Okungurwo parents ward, Okungurwo complex, Oswapai ward, Kide ward, Emokori ward, Kacabuli and Tamula wards.

**Content scope;** This research focused on information and data from different authors relating to different types of motivation and the associated performance of health workers. It looked at the motivating and de-motivating factors that are inherent among health professionals. The researcher looked at secondary data available that helped to explain the primary data collected from respondents.

**Time Scope;**The researcher interacted with the health sector national and district health reports, information and data generated and available as at 2020 to 2024. This helped in analyzing the findings recorded in this study. This research targeted mainly health technical staff performance in the period between 2020-2024.

### **1.7. Significance of the study**

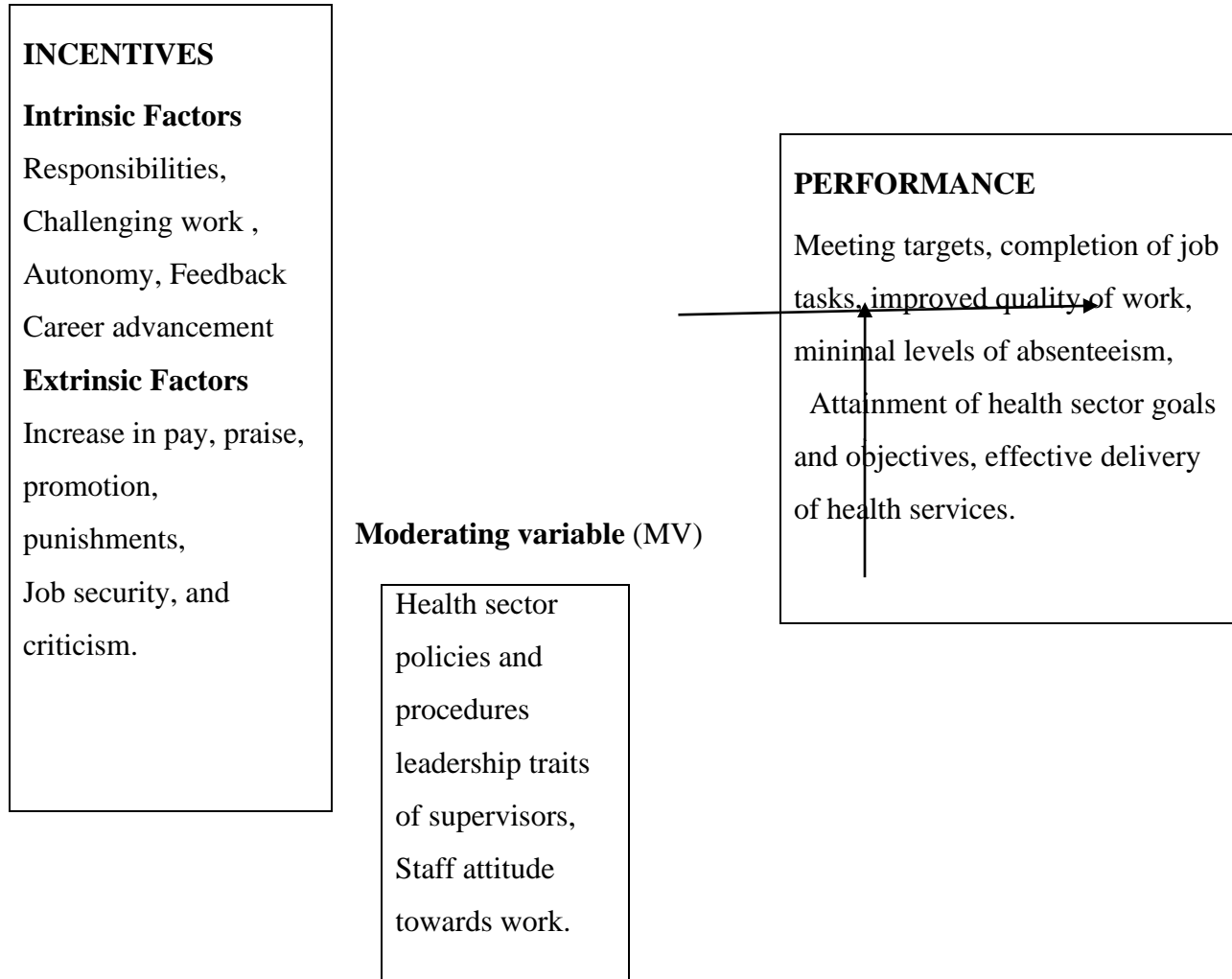
- The study will guide Bukedea district local government leadership to streamline the motivation issues of health workers. It will help leaders and supervisors in Local government to understanding the major de motivators at work and how best they can be managed.
- The study will also be important to the upcoming researchers as it will be a point of reference for future research by other academicians intending to carry out similar studies.
- The study will help the researcher to increase on his knowledge and understanding of the effect of motivation on the performance of health workers especially in an urban setting like Bukedea town council.

### **1.8. Conceptual Framework**

Below is the diagram for the conceptual framework:

**Independent Variable  
(I.V)( D.V)**

**Dependent Variable**



**Figure 1:** Conceptual framework of the study

This study focused on incentives provided as an independent variable (I.V.). These incentives when adequately provided produce an outcome of improved health worker's performance as a dependent variable (D.V.).

These incentives manifest themselves in form of intrinsic factors ( Responsibilities held, Challenging work , Feedback, Career advancement autonomy, feedback etc.) and extrinsic factors (Increase in pay,

praise, promotion, punishments, Job security, and criticism, commitment to supervisors and peers, and other fringe benefits etc.).

In order for incentives to bring about an improvement in health workers' performance, a moderating variable will have to determine that effect. i.e. how much incentives will influence performance of health workers. for example health sector policies, laid out work procedures leadership traits of supervisors, Staff attitude towards work all impact on how much the given incentives affect and influence health workers' performance.

Existence of good policies and work procedures, good personality traits of supervisors, positive attitude towards work leads to high employee performance. This may be characterized by understanding the job, being committed, and innovative, completing tasks on time, being available and serving the clients well, working as a good team member and effectively communicating with clients and the supervisors. Thus achieving the desired outcome.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0. Introduction

This chapter presents information from different backgrounds and sources on motivation, incentives and employee performance. The literature reviewed will aim at providing a comprehensive picture on the study problem and will focus on the theories, methods used, gaps that exist and key conclusions from various studies and reports. Different theories about motivation will be presented and factors influencing employee performance analyzed.

#### 2.1. Definition of Key Terms

##### **Incentives:**

**Motivation:** is a combination of a person's desire and energy arising from psychological processes. It is characterized by behavior, purpose and direction.

**Health worker:** An individual who has undergone any form of training in health care and is employed to provide health services.

**Performance:** the degree to which the expected tasks are done. It includes quantity and quality of work.

**Health sector:** Includes the systems and resources (human and non-human) established to provide health services to the population

**Public health facility:** A center or institution established by the government to provide health services to a population in a given area.

#### 2.2. Motivation: Definitions

Many scholars have put forward various definitions of motivation depending on how they studied the concept, Motivation has been generally defined as an individual's inner force, internal drive or will which leads him/her to achieve unmet needs or goals commonly referred to as a purpose. Motivation is derived from the word motive which is also derived from the Latin word 'emovere' which means to move or to activate (Gaurav, 2018).

Li H, Yuan B, Wang D, et al. (2018) defines Work motivation as an individual's degree of willingness to exert and maintain an effort towards organizational goals. He goes on to state that it plays a crucial role in changing the behaviour of health providers and that it has been demonstrated that work motivation can influence job satisfaction, hence influencing job performance.

All these definitions have two common points i.e. something inside a person (psychological drive, internal drive and will) and its outcome (behavior, purpose and achieving a need). Therefore motivation is about peoples' behaviors resulting from some form of internal forces. However, what produces the internal forces or process may vary depending on the individual environment etc. Therefore motivation is both psychological and sociological because it about human behavior and relations controlled by human needs, desires and expectations (Gaurav, 2018).

Five theories have been studied in explaining people's motivation (Linder, 1998). Maslow (1943) urges that peoples' motivation is related to satisfaction of their needs. He categorized these needs in five hierarchical levels i.e. physiological, safety, social, ego and self-actualizing. His argument is that the lower level needs have to be satisfied first before the next level needs in order to motivate an individual.

Herzberg (1959) and his colleagues urge that motivation is determined by two factors i.e. intrinsic and extrinsic. They called intrinsic factors as motivators which include achievement and recognition. They argue that intrinsic factors produce job satisfaction. On the other hand, extrinsic factors were called Hygiene factors and include pay and job security. They argue that extrinsic factors produce job dissatisfaction. Vroom (1964) linked motivation to performance and rewards. He argued that positive rewards resulting from good performance will motivate people to work better and negative rewards resulting from poor performance will demotivate employees.

Therefore positive rewards lead to good motivation and negative rewards leads to poor motivation. Adams (1965) links motivation to equity. His theory states that employees strive to achieve equity such if employees of the same level of input have similar outcomes, then they become motivated. Skinner (1953) combines Adam and Vroom's theories by arguing that behavior becomes repetitive if it has positive outcomes and that behavior that has negative outcomes is less likely to be repetitive.

## **2.2. The role of monetary incentives in motivating health workers' performance**

It can be a rewarding and motivating experience to lead people when each individual is contributing to the success of the whole team. However the challengefacing managers/ supervisors is how to adequately team members to deliver to their best. It is important to identify and deal with poor performance and enhance good performance. One way of effecting this is by use of monetary incentives, Setting clear and agreed objectives, assessing and evaluating performance against those objectives, Providing feedback on performance and planning, prioritizing and agreeing on the way forward(Williamson Christine, 2023).

There is an assertion that people work because they are looking for money. that once there is money, people should automatically be motivated. However, Gaurav, (2022) explains that money is but not the main motivating factor. He categorizes motivators into monetary and non-monetary factors. The monetary factors include attractive salaries and wages, allowances, bonuses, liberal monetary incentives, and special incentives. The non-monetary incentives include job security, job enrichment, fair treatment, recognition of good work, self and carrier development, delegation of authority, working conditions, helpful attitude of management, opportunities for promotion, participative management (inclusive decision making), designation and status.

Li H, Yuan B, Wang D, et al. (2020) asserts that work conditions, payment and the mandatory workload were considered as significant factors of health workers' satisfaction.

InkeMathauer et al (2017) contends that there is a serious human resource crisis in the health sector in developing countries, particularly in Africa. One of the challenges is the low pay of health workers. He goes on to say that evidence suggest that any comprehensive strategy to maximize health worker motivation in a developing country context has to involve a mix of financial and non-financial incentives.

Benin, Alihonou, (2018) suggest introducing non-financial incentives while also improving structural conditions will serfice. He gave an experience of Zimbabwe's health workers based in remote areas, where improvement of financial incentives and working conditions led to the improvement in the performance of health workers in question. He traces this motivation to good leadership and supportive management, among other factors. His analysis suggests that certain non-

financial incentives can have a beneficial effect on motivation, even under adverse conditions of insufficient pay and equipment, understaffing, etc.

In a review of the above discussion, Dolea and Adams (2020) equally stress the importance of non-financial incentives. They assert that low motivation has a negative impact on the performance of individual health workers, facilities and the health system as a whole. Moreover, it adds to the push factors for migration of health workers, both from rural areas to the cities and out of the country .

It is therefore important for human resource managers in the health sector to strengthen the motivation of health workers by providing both financial and non financial incentives so as to register higher performance among health professionals. The researcher observes that financial incentives are important, and the problem of low salaries must be addressed, especially in situations where income is insufficient to meet even the most basic needs of health professionals and their families.

It is also noted that people around an individual may positively or negatively impact on the individual's performance. Effective communication, positive encouragement, proper appreciation and inspiration from others especially the supervisors are important external elements that could enhance a person's motivation and performance (Gaurav, 2018).

However, the other challenge according to the German Technical Cooperation report (GTZ), (2019) is that increased salaries are by no means sufficient to solve the problem of low motivation. More money does not automatically imply higher motivation. The report suggests that any comprehensive strategy to maximize health worker motivation in a developing country context has to involve a mix of financial and non-financial incentives.

The presentations of GTZ, Gaurav, Dolea and Adams, and Benin, Alihonou seems to agree with Fredrick Herzberg's two factors theory which explains that the absence of the maintenance / hygiene factors would result in dissatisfaction of an employee and that a dissatisfied employee is always demoralized and his/her performance is ever low/ poor. Yet on the other hand if employees are satisfied with their work, automatically their morale will be high as well as high performance is realized.

It is upon this back ground that the researcher sought to conduct this investigation and find out the role of monetary incentives in motivating health workers' performance in Bukedea district

### **2.3. The role of support supervision in motivating health workers' performance**

Supervision is often mentioned as an important programme element to increase health workers motivation and performance (Lehmann and Sanders, 2007; Bhutta et al., 2010 ; Palazuelos et al., 2013; Kok et al., 2014 ; Naimoli et al., 2014 ; Ludwick et al., 2018 ) as quoted by Kosu Maryse (2018)

Definitions of and approaches to implementing supervision, however, vary within the health system and across different contexts. Generally, supervision involves processes of 'directing and supporting staff so that they may effectively perform their duties' (Marquez and Kean, 2002, p. 4). Although most definitions of supervision imply support, recently, more emphasis has been placed on the importance of 'supportive supervision' (Bailey et al., 2016).

According to Kosu Maryse (2018), Marquez and Kean (2002) describe supportive supervision as a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and the resolution of problems and helping to optimize the allocation of resources. Here, supportive supervision is distinguished from 'traditional' supervision, whereby supportive supervision contains the notion of humanized support, as opposed to managerial control (Herna'ndez et al., 2014). Supportive supervision can happen in (a combination of) various forms: individual or group supervision between health worker(s) and supervisor, peer supervision and supervision through community structures; and it is often combined with other modalities, including self-assessment (Hill et al., 2014).

Because of its benefits, supportive supervision has become such a critical tool in the health services management and delivery. It is very much cherished tool that ensures improvement in health service delivery (Dealy and Bass, 2017)

Lindner, (2016) discusses that although an individual may have his/her personal goals that drive them to work, some conditions at the work place may encourage or discourage the individual from working hard to achieve personal and organizational goals. This may be the supervision received,

effective communication, trusting relations, shared goals, Organizational values among others and a positive culture at the work place. He stresses that all these promote motivation of employees.

(Maltais, 2020) also emphasizes the role of supervision in improving performance. He adds that institutions that have supportive systems will motivate people towards positive change. And as such there is need for Organizations to promote skill variety, task identity, task significance, autonomy and task feedback among supervisors.

Dealy and Bass (2017) discuss that there are several factors that would affect nurses performance levels. These include professional advancement, work load, availability of supportive supervision medical supplies and equipment and interaction with professional bodies and colleagues.

#### **2.4. The challenges associated with motivating health workers**

Health workers can be motivated by their employers through provision of either monetary or non monetary incentives or both. According to African Strategies for Health report (2021), Financial incentives may be direct or indirect. Direct financial incentives include pay (salary), pension and allowances for accommodation, travel, childcare, clothing and medical needs, and mark up or performance payments based on medicines sold.

Indirect financial benefits to health workers include subsidized meals, clothing, transport, childcare facilities, and support for further studies. These monetary factors can contribute as an incentive if they are considered as satisfactory remuneration by the health worker and if there is a possibility of future paid employment.

On the other hand, they may be a disincentive for the health workers if they are considered to be inconsistent with expected remuneration or a change from tangible incentives, or if there is an inequitable distribution of incentives among different types of health workers.

Nonfinancial incentives, such as badges, uniforms, special kits, community recognition, preferential access to health services, regular supervision and training, can give volunteers health workers who work only a few hours a week a sense of appreciation needed to stay motivated to continue their work. (Ibid)

These incentives function to not only improve health workers performance by influencing determinants of performance such as improved attitudes, motivation, and self-esteem (Ibid)

However, the challenge that is noted is the prioritization and the procedural issues associated with provision of financial and non financial incentives to health workers.

Some of the specific challenges according to African Strategies for Health report (2021) are Excessive workload which resulted in lowered job satisfaction, motivation, and Community Health Workers' performance in Malawi. In a related development.

In china for example, Li H, Yuan B, Wang D, et al. (2018) asserts that the primary health workforce is confronted with serious challenges such as low education level, lack of qualifications, ageing, high turnover and poor working performance.

There are several inhibitors that are specific to the Ugandan socio-economic conditions in as far as motivating health workers to deliver health services effectively. According to Ndejje et al., (2022). There are remarkable challenges affecting the Uganda health sector; lack of adequate financial commitment from government and other development partners, corruption and acute shortage of the needed human resources and contribute a great deal.

Lack of appropriate remuneration relative to the assigned workload has also led to poor quality of services, loss of motivation, and attrition. Nonfinancial incentives such as lack of refresher trainings or inadequate supervision of health facility staff members. (African Strategies for Health report, 2015)

## **2.5. Conclusion**

Health workers are key stakeholders in improving health service provision in Uganda's health sector, their motivation to do that is very much sought for by government and beneficiaries.

In the process of executing their work, they go through a lot operational and institutional challenges as explained by Ndejje, et al (2022). This research seeks to find out the role of monetary incentives in motivating health workers' performance, establish the role of support

supervision in motivating health workers' performance and the challenges Bukedea health sector faces in motivating their health workers to perform better.

Much as a lot has been presented by different scholars on the challenges the health sector faces in providing health services, there seems to be information gap in the area of role of support supervision in motivating health workers to perform better. This research seeks to bridge that information gap by making a contribution in to understanding how far and how much the support supervision function motivates or de-motivates health workers to deliver health services better.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0. Introduction**

This chapter presents the approaches and methodology to be used in this research. It will constitute the research design, area of study, instruments that will be used in collecting, compiling, analyzing and presenting the data and the ethical issues that were followed in the research process.

### 3.1 Research Design

Both quantitative and qualitative approaches were used in this study. Descriptive and case study research designs were used to come up with qualitative and quantitative data. A descriptive research design was used so as to give respondents opportunity to openly state their opinions about the phenomena under study. And a quantitative approach was adopted because numerical meanings and implications were used in this study.

### 3.2. Area of Study

The study was carried out in the Eastern part of Uganda, in Bukedea district in an urban setting. It covered Bukedea town council, an area served by Bukedea health center 1V. The area study comprised of Bukedeaward, Okungurwo parents ward, Okungurwo complex, Oswapai ward, Kide ward, Emokori ward, Kacabuli and Tamula wards.

### 3.3. Study Population

The population under study included health workers employed in Bukedeadistrict, Bukedea town council and deployed in Bukedea Health center 1V. Both male and female health professionals and politicians working in Bukedea town council became part of the study.

Only employees working in Bukedea health center 1V and politicians working in Bukedea town council and have worked for a minimum of one year qualified to be part of the population under study. The population under study is described below:

**Table 1: Summary of category the population under study, proposed sample size and sampling techniques.**

<b>Category of Respondents</b>	<b>Target Population</b>	<b>Sample Size</b>	<b>Sampling Technique</b>	<b>Research tool</b>
District health officers	14	9	Purposive	Interview guide

Medical doctor	2	2	Purposive	Interview guide
Clinical officers	4	4	Purposive	Interview schedule
Nurses and lab staff and medical social workers	40	36	Simplerandom sampling	Survey Questionnaire
Politicians	23	15	Purposive	Interview schedule
<b>Total</b>	<b>83</b>	<b>66</b>		

**Source, Primary Data, 2024**

### **3.4 Sample Size**

To determine the sample size, the Researcher used Krejcie and Morgan table, (1970) as cited by Amin, (2005) (Appendix A). The total population for the study was 83 persons; the Researcher took a sample size of 66 respondents. This constituted both male and females politicians and health professionals working in Bukedea town council and Bukedea health center IV respectively.

The sample population was divided in to two strata, the first strata comprised of the health professionals and the second one comprised of politicians working in Bukedea town council.

### **3.5. Sampling techniques and procedures**

A purposive and simple random sampling technique was used to identify the respondents. purposive random sampling was used to get the actual respondents to be interviewed.

The Researcher worked closely with the district health office of Bukedea district to obtain a list of health professionals working in Bukedea health center. The researcher also collaborated with the officers in- charge of the health center IV to obtain the actual respondents that have already been identified.

### **3.5. Instruments of data collection**

#### **3.5.1 Key Informant Interview Guide (KII)**

In this case, Key informants comprised of people presumed to have an adequate understanding

and experience on the issues concerning motivation and use of different incentives to make health workers perform better.

An interview guide was used to collect qualitative data from Key Informants.

### **3.5.2. Document Reviews**

Document review as a tool for data collection was used by reviewing relevant information obtained from the reports and other literature in the district health office of Bukedea, and Health Management Information System (HMIS). The documents to be reviewed included annual reports, policy statements, Press releases and related books, registers and research works related to the topic under study.

Relevant data from reviewed documents was photocopied for further use in the study.

### **3.6. Data collection procedures**

The Researcher did a pilot study in Kumitown council in order to pre-test the research instruments. The pre-test was used to check for duration of interview, estimate possibility of fatigue, comprehension of questions, and procedures for conducting interviews.

Based on the feedback from the pre-test, slight adjustments were made in the questionnaires, interview guides in order to increase clarity of the field questions. The researcher sought for an introduction letter from the department of social sciences to introduce him to the field during data collection.

### **3.7. Quality control**

The researcher ensured validity of the questionnaire by selecting questions that have been proven to provide the responses that explain the role of monetary incentives in motivating health workers' performance and the role of support supervision in motivating health workers' performance. These questions were reviewed by colleagues and the research supervisor for purposes of refining them.

To ensure reliability, the questionnaire and interview guides were administered in an interview session by the Researcher himself .

For some questions, the researcher asked probing questions for clarification in order to obtain reliable and accurate responses. The researcher also ensured that all questions are completed and the needed clarifications are made before closing the interview session.

The researcher also got through the questionnaires and all the other responses generated so as to ensure their completeness, consistency and accuracy before they were entered into a database. Once entered into a database, data cleaning was done to further ensure that information is consistent, accurate and complete.

### **3.8. Data presentation and analysis**

The qualitative data that was collected through key informant interviews was analyzed using thematic analysis, where recurrent ideas were categorized and grouped according to the research objectives in order to identify key patterns in the respondents' views. The regression method was also applied to generate quantitative data by use of numerical meanings and implications

### **3.9. Ethical concerns**

Throughout the planning, collection and analysis of data, the researcher followed the Uganda Christian University research guidelines and adhered to ethical standards. The seeking of respondents consent was done each time the interview exercise was being done.

The respondents were also be made to know that their participation is voluntary and one is free to withdraw from the study at any time or may not answer questions they are not comfortable with.

Permission to conduct this investigation was formally sought from the department of social sciences of Uganda Christian University Mbale University college.

The researcher also formally sought permission from the District Health Office of Bukedea for purposes of having access to the district health information, documents, materials and staff for interview.

The principles of privacy, anonymity, confidentiality and respect was sought throughout the research process.

## **CHAPTER FOUR**

### **DATA PRESENTATION AND ANALYSIS**

#### **4.0.Introduction.**

This chapter presents the findings, discusses their implications in relation to the research objectives which enabled the researcher to arrive at logical conclusions. The findings are presented in tables and descriptions to have a clear understanding and appropriate interpretation of the data.

#### **4.1. Demographic Characteristics of Respondents**

##### **4.1.1. The Distribution of Respondents by Age**

During the field study, respondents were required to state their age and their responses were as here presented in table1 below:

**Table2: Showing the distribution of respondents by age**

<b>Age</b>	<b>Frequency</b>	<b>Percentages %</b>
18- 25	10	16
26- 30	20	34
31- 49	25	42
50-59	5	8
<b>Total</b>	<b>60</b>	<b>100</b>

**Source: Primary Data, 2024**

From table1 above, 10 (16)% of the respondents were young adults, 34% were mature youth, while 42% comprised of employees in their middle age and 8% were elderly employees. From this representation, it's clear that majority of respondents were employees in their middle age who are associated with numerous motivation factors that may make them stable of unstable at the workplace and can easily be motivated to perform best.

##### **4.1.2. The Distribution of Respondents by Sex**

The researcher also wanted to find out the gender composition of the respondents participating in this study, respondents were required to state their sex and their responses are presented in table 3 below:

**Table3: Showing the Distribution of Respondents by Sex**

<b>Gender</b>	<b>Frequency</b>	<b>Percentages %</b>
Male	38	63
Female	22	37
<b>Total</b>	<b>60</b>	<b>100</b>

**Source: Primary Data, 2024**

The table 3 above shows that 63% of the respondents were male and 37% were female. This presents a position that a majority of respondents were men dominating the medical profession in Bukedea district as well as the political positions.

#### **4.1.3. The Distribution of Respondents by their Education Level.**

**Table 4: Showing Distribution of Respondents by Education Level.**

<b>Education level</b>	<b>Frequency</b>	<b>Percentages %</b>
Degree and above	15	25
Diploma	20	33
Certificate	25	42
<b>Total</b>	<b>60</b>	<b>100</b>

**Source: Primary Data, 2024**

The results in table 4 above show that 25% of the respondents were degree holders, 33% possessed diplomas while 42% were certificate holders. This is clearly indicates that the

researcher tried to engage more of the lower cadres in the health sector who seem to be less motivated. One wonders whether their education level has an influence on it or not.

#### **4.1.4 The Distribution of Respondents by Occupation.**

**Table 5: Showing Distribution of Respondents by Occupation.**

<b>Profession</b>	<b>Frequency</b>	<b>Percentages %</b>
Doctors	2	3
Paramedics	11	18
Nurses	34	57
Politicians	13	22
<b>Total</b>	<b>60</b>	<b>100</b>

**Source: Primary Data, 2024**

The distribution of respondents by profession reveals that 3% were doctors, 18% were paramedics, 57% were nurses and 22% were politicians who are involved in the supervision and monitoring function of health services in Bukedea district.

#### **4.1.5 The Distribution of Respondents by length of service.**

**Table 6: Showing Distribution of Respondents by Years of Service.**

<b>Profession</b>	<b>Frequency</b>	<b>Percentages %</b>
1-4 years	10	17
5- 9 years	20	33
10 and above years	30	50
<b>Total</b>	<b>60</b>	<b>100</b>

**Source: Primary Data, 2024**

The table above shows that all the respondents are those that have worked for a minimum of one year; this means that all the respondents are those that are exposed to work experiences and are knowledgeable motivation and performance issues at work. 17% have worked for less than five years, 33% for less than 10 years and 50% for more than 9 years.

#### **4.1.7. The Distribution of Respondents by Marital Status.**

**Table 7: Showing Distribution of Respondents by Marital Status**

<b>Marital status</b>	<b>Frequency</b>	<b>Percentages %</b>
Single	20	33
Married	28	47
Widow	12	20
Divorced	0	0
<b>Total</b>	<b>60</b>	<b>100</b>

**Source: Primary Data, 2024**

From the table above, 33% respondents are single, and 47% are married and 20% are widowed this reveals that a majority of the respondents are married and hence one would expect more employee stability in the health sector of Bukedea district local government.

#### **4.2. The role of monetary incentives in motivating health workers' performance**

One of the objectives of this study was to find out the role of incentives in motivating health workers performance, to achieve this objective, the respondents were asked to respond to respond to the following questions.

The monetary incentives provided to health workers according to the respondents include the following; salaries which are regular, allowances (Result Best Fund-RBF, PHC) which are irregular and reaching to specific officers in the health sector. And there are not incentives "in kind" received in the health facility,

All the respondents interviewed presented that they are paid low salaries compared to the work done. And that government needs to increase their pay

As to what mostly motivates them to work or de-motivates them, the major responses are listed below:

##### **Motivators**

The teamwork, Salary increments, the profession, appreciation from clients, the love of Christ, serving my community, the good leadership I am working under,

##### **Demotivators**

Inadequate medical supplies, Low pay, Epidemics and natural calamities, lack of staff accommodation, dirty working environment, drug stock outs, Poor condition of equipment, work overload, interference from politicians, false accusations, harsh politicians, corrupt leadership, high taxes on salary, staffing gaps.

The data presented above shows that medical workers in Bukedea district are de-motivated than motivated to deliver health services. There are more de-motivators given and they range from non-availability of intrinsic and extrinsic motivators. The employer (government) needs to look into this change and try to reduce on the de-motivating factors given above, so as to improve on health service delivery in Bukedea district.

**Table 8: Showing the role of monetary incentives in motivating health workers' performance**

Question/ Item	Responses in percentages			
	Strongly Agree	Agree	Disagree	Strongly disagree
Monetary incentives provided to health workers have led to employees becoming more involved in decision making	-	20	46	34
Monetary incentives have led to reduced employee turnover	-	25	44	31
Monetary incentives have emphasized on the new values of teamwork and cooperation	-	27	45	28
Monetary incentives have increased efficiency and improved customer service	-	26	45	31
Monetary incentives have led to employee satisfaction	-	22	48	30
Monetary incentives have led to the attainment of targets and goals of Bukedea health center 1V	5	10	20	25

**Source: Primary Data, 2024**

The results are presented in table 8 above reveal that Incentives play a role in Employee Performance in that the Incentives currently given to medical workers has not led to employees becoming more involved in decision making with an 80% response.

Incentives has led to reduced employee turnover; only 25% of the respondents agreed with the statement while the 75% disagreed with the statement. This means that the incentives currently given to medical workers in Bukedea are not adequate enough to reduce employee turn- over rates.

In one of the interviews conducted with one of the longest serving health professional, she explained that

It is the scarcity of jobs in Uganda that is keeping most of us in this work but not the pay or other incentives given by government. Some people have established their private business and that is what is largely keeping them around... we are among the least paid staff in public service yet we are an essential work force and sector...

People's motivation to work is low; there is a lot of work with inadequate provision of equipment and supplies. That also discourages us from giving our best.(Sarah pseudo name, personal communication, July, 30<sup>th</sup>, 2024).

27% of the respondents agreed with the statement that "Incentives has emphasized on the new values of teamwork and cooperation" while 73% did not agree with the statement. This means that teamwork and cooperation among staff is not to a large extent caused by incentives provided by the employer but other factors motivate staff to cooperate and work as a team.

26% respondents agreed that the Incentives given to them has increased efficiency and improved customer service. While another 74% were in disagreement. This could still be associated with the de- motivating factors that the employees mentioned above. Their comments such as Inadequate medical supplies, Low pay, Epidemics and natural calamities, lack of staff accommodation, dirty working environment, drug stock outs, Poor condition of equipment, work overload, interference from politicians, false accusations, hash politicians, corrupt leadership, high taxes on salary, staffing gaps, could be some of the reasons associated with inefficiency lack of improved customer service in the Bukedea health sector.

As a result of the incentives provided by the employer, 22% employee satisfaction was registered among the respondents while 78% disagreed with the statement. This is something that government needs to look in to and invest in. For medical workers to deliver to their best, the quality and quantity of incentives needs to be improved.

On the part of targets, 15% of the respondents agreed that monetary incentives have led to the attainment of targets and goals in the Bukedea health sector. 85% of them disagreed with the statement. This could be the reason as to why Bukedea district local government is not performing well nationally in as far as health service provision is concerned as explained in one of their district development plans.

Bukedea is one of the districts known to have low performance in the provision of health services; this is evidenced from the health indicators most of which are worse than the national averages.

For example HIV prevalence is at 7%, malaria accounts for over 42.7% of outpatient attendance and family planning contraceptive rate is at 28% . There is also a human resource challenge where only 41% of the approved positions in the health sector have been filled in Bukedea district hence resulting in to poor provision and access of health services in Bukedea. (Bukedea District Development Plan, 2023/2024).

Over all, these results indicate that majority of the respondents had a positive perception that incentives leads to good employee performance. These results is supported by Davison (2000) who states that the application of re-engineering process and employee incentives is intended to have a positive impact in the organization and cause it to have quantum leaps in turnover.

Appropriate application of employee incentives results to employees becoming more involved in decision making, steps in re-engineering process are performed in a natural order and several jobs.

Gaurav, (2018) also asserts that money is but not the main motivating factor. He categorizes motivators into monetary and non-monetary factors. The monetary factors include attractive salaries and wages, allowances, bonuses, liberal monetary incentives, and special incentives. The non-monetary incentives include job security, job enrichment, fair treatment, recognition of good work, self and carrier development, delegation of authority, working conditions, helpful attitude of management, opportunities for promotion, participative management (inclusive decision making), designation and status. And thus governments (Central and local governments) need to consider these motivation factors so as to improve employee performance in the health sector.

### 4.3. The role of support supervision in motivating health workers' performance

Evidence in the field of human resource management shows that supportive supervision is a (management) intervention that could increase health worker motivation and performance (Chen et al., 2004 as quoted by Kok MC, (2017)

The researcher preferred to first engage the politicians who are charged with the function of supervising the health workers and find out their opinion as to whether health workers are happy with their work and also find out if they receive support supervision at their work workplace. Some of the responses from politicians were as follows:

To a large extent, I do not see nurses happy with their work, In fact, I observe most of them keep complaining about us politicians as witch-hunting them instead of providing supportive supervision. This has discouraged them so much so that their morale to serve is low....

As for their immediate supervisors, the support supervision they receive from them is commendable and there is relatively a lot of cooperation and adequate support received from the clinicians and medical officers. From the nursing side still, these supervisors seem to be also over stretched with unbearable workload. This has affected the amount of time and the frequency given by the technical supervisors to provide support supervision to the lower cadres in Bukedea health centre 1v.

(Grace pseudo name, personal communication, July, 30<sup>th</sup>, 2024).

The submission made by the political representative was further affirmed by the lower cadre staff when they were asked to explain if they receive support supervision at their workplace. Their responses were as follows:

**Table 9: Showing whether lower cadre staff receive support supervision**

Response	Frequency	Percentages %
Yes	20	59

Not Sure	4	12
No	10	29
<b>Total</b>	<b>34</b>	<b>100</b>

**Source: Primary Data, 2024**

59% of the nurses agreed that they receive support supervision, 12% were not sure while 29% dis-agreed that they do not receive support supervisor. The researcher probed further and tried to find out from those who felt they were not receiving support supervision. They were asked to explain why they were not getting that support supervision, they gave the following responses: The cadres who are supposed to supervise us at our lower levels are not yet recruited; Some of these senior cadres who are supposed supervise us have retired and replacement has not been done yet; some of our supervisors are on acting position and thus are not substantive staff to cause to happen the required supervision; the existing workload does not allow some of our leaders to provide the needed support supervision; but, overall, support supervision in principle is a necessary and a very important thing to be promoted in the medical fraternity.

For those who received support supervision from their supervisions, the frequency for support supervision also became very critical. The general responses recorded are that the supervision was not as frequent as expected especially looking at the fact that the staffing levels in the medical sector is still low.

Some of the respondents attested that they last received support supervision at the beginning of the quarter as opposed to mandatory weekly and monthly support supervision.

The respondents were also asked to explain how support supervision has influenced performance at work. According to the respondents, they said that whenever support supervision has occurred, the following has often happened: They get reminded of the best practices in the medical profession, their responsiveness and performance improves, better attention to clients is given, encouragements are given to staff for purposes of causing improvement.

The findings also reveal that there is a Significant change in job satisfaction whenever support supervision from ministry of health has been extended to health workers in Bukedea health centre 1V .

This means that job satisfaction were significantly higher when support supervision is given than when medical workers perform their duties without it.

Respondents were also asked as to tell what they desire their supervisorsto do in order to make them perform better than now. Their responses were as follows: Lobby government to increase pay, increase the teamwork spirit, improve on the state of the staff quarters, protect us from the witch-hunting of politicians, Improve on the staffing levels in the medical facility, and provide good leadership.

The above proposed modes of motivation put across by the respondents are both financial and non financial, they also tally with what was submitted by the same respondents when they were required to explain what motivates them to work. This needs to be noted by the supervisors in the medical facility in question so as to improve on staff performance as well as quality of health service delivery.

**4.4. The challenges Bukedea health sector faces in motivating health workers**The interviewees were asked to describe the challenges that the health sector faces as it tries to motivate health works, their responses were grouped as institutional and Human Resource related challenges described below:

#### **Institutional related challenges**

From the responses, institutional related challenges pose as a threat to the motivation of medical staff in Bukedea health centre 1V. These institutional challenges range from inadequate funding, late releases of funds, low pay, inadequate equipment; Inadequate monitoring mechanisms of staff while on duty, the policy provisions on staffing and motivating employees in the health sector are very clearly laid out but with the biggest challenge on enforcement.

#### **Human resource related challenges**

The health workers face many challenges that end up negatively affecting the rolling out of health services in Bukedea district. The respondents provided these challenges as: Inadequate/ under staffing, Low morale to work due to workload and low pay, occupational hazards

appearing as stress, depression , lack of refresher courses; these health facilities do not provide the continuous professional education, negative attitude by clients.

From the ongoing discussion, there are many challenges affecting the administration of health services in Bukedea district, there are individual and institutional challenges and are caused by both the service providers and the service users. This has brought in an assumption that there is poor delivery of health services in Uganda. The findings reveal that there is poor delivery and monitoring of health services in Bukedea district.

This means that solving these challenges calls for a multifaceted approach where some interventions have to be designed and implemented while targeting the service users- while others should target the health these professionals.

Most specifically, government needs to increase the financial support to the health sector in its totality. This will be of great importance and will turn things round in as far as access, and management of health services in Uganda is concerned.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction:**

This section of the report presents a summary of the key findings based on the data presented in section four. The conclusions drawn from the findings are also presented in light of the objectives of the study. This section also makes some recommendations to bring about the desired outcomes better motivation of health workers.

#### **5.1 Summary of Findings:**

The study found out that health workers are generally not happy about their work environment. This research has also found out that that increasing financial incentives is very important approach to improve on the motivation and performance of medical workers. The problem of low salaries needs to be addressed, especially among the lower cadres. But the evidence suggests that increasing salaries is not the most outstanding solution to solve the problem of low motivation of medical workers as more money does not automatically imply higher motivation.

This research has also found out that motivators such as promotion of teamwork, Salary increments, appreciation from clients and provision of good leadership will improve on staff performance to deliver health services . But the demotivators; in adequate medical supplies, low pay, epidemics and natural calamities, lack of staff accommodation, dirty working environment, drug stock outs, Poor condition of equipment, work overload, interference from politicians, false accusations, hash politicians, corrupt leadership, high taxes on salary, staffing gaps have negatively impacted on the performance of health workers in Bukedea district.

This implies that medical workers in Bukedea district are de- motivated than motivated to deliver best health services. Central and local governments need to look into this change and try to reduce on the de- motivating factors given above, so as to improve on health service delivery in Bukedea district.

## **5.2. Conclusions:**

Basing on the above findings, a number of conclusions have been drawn from the study which can be related to the research objectives. The researcher has come up with the following conclusions:

**5.2.1 The role of monetary incentives in motivating health workers' performance** The monetary incentives given to health workers in Bukedea district are very limited. I.e salaries and a few allowances Employees are more concerned about the non financial incentives than the financial ones, employers then need to focus more on the non financial incentives if they have to improve on health workers' motivation and performance in Bukedea district local government.

The above conclusion agrees with Williamson Christine, (2018) when she submitted one way of effecting outstanding performance is by use of monetary incentives, Setting clear and agreed objectives, assessing and evaluating performance against those objectives, Providing feedback on performance and planning, prioritizing and agreeing on the way forward

It also agrees with Gaurav, (2018) submission about money that money is but not the main motivating factor. He categorizes motivators into monetary and non-monetary factors. The monetary factors include attractive salaries and wages, allowances, bonuses, liberal monetary incentives, and special incentives. The non-monetary incentives include job security, job enrichment, fair treatment, recognition of good work, self and carrier development, delegation of authority, working conditions, helpful attitude of management, opportunities for promotion, participative management (inclusive decision making), designation and status.

The conclusion given by Inke Mathauer et al (2017) also affirms what the conclusion being given by the researcher about provision of both financial and non financial incentives to health worlrs. He emphasizes that there is a serious human resource crisis in the health sector in developing countries, particularly in Africa. One of the challenges is the low pay of health workers. He goes on to say that evidence suggest that any comprehensive strategy to maximize health worker motivation in a

developing country context has to involve a mix of financial and non-financial incentives. Benin, Alihonou, (2018) suggest introducing non-financial incentives while also improving structural conditions will serfice when he was giving the Zimbabwe's health workers experience.

**5.2.2 The role of support supervision in motivating health workers' performance** The findings reveal that health workers are not happy and are not performing better due to the infrequency of support supervision in Bukedea health centre 1V. Support supervision is not being adequately being provided because of various reasons. This includes: the cadres who are supposed to supervise us at our lower levels are not yet recruited; Some of these senior cadres who are supposed supervise us have retired and replacement has not been done yet; some of our supervisors are on acting position and thus are not substantive staff to cause to happen the required supervision; the existing workload does not allow some of our leaders to provide the needed support supervision.

The health workers have generally agreed that support supervision in principle is a necessary and a very important thing to be promoted in the medical fraternity. Whenever support supervision has occurred, performance has tended to remarkably improve.

This is in tandem with Chen et al., (2004) as quoted by Kok MC, (2017) who asserts that supportive supervision is a (management) intervention that could increase health worker motivation and performance.

This conclusion also agrees with (Maltais' 2017) emphasis on the role of supervision in improving performance. He adds that institutions that have supportive systems will motivate people towards positive change. And as such there is need for Organizations to promote skill variety, task identity, task significance, autonomy and task feedback among supervisors.

It also agrees with Dealy and Bass' (2017) conclusion that there are several factors that would affect nurses' performance levels. These include professional advancement, work load, availability of supportive supervision medical supplies and equipment and interaction with professional bodies and colleagues.

**5.2.3 The challenges Bukedea health sector faces in motivating health workers** Upon analyzing the responses from the interviewees, a conclusion is hereby made that the challenges that the health

sector faces as it tries to motivate health workers are both institutional and Human Resource related challenges. The institutional challenges range from; inadequate funding, late releases of funds, low pay, inadequate equipment; Inadequate monitoring mechanisms of staff while on duty, the policy provisions on staffing and motivating employees in the health sector are very clearly laid out but with the biggest challenge on enforcement.

While Human resource related challenges include Inadequate/ under staffing, Low morale to work due to workload and low pay, occupational hazards appearing as stress, depression , lack of refresher courses; these health facilities do not provide the continuous professional education, negative attitude by clients. All these challenges have ended up negatively affecting the rolling out of health services. This has caused poor delivery and monitoring of health services in Bukedea district local government. Bringing these challenges at bay calls for a multifaceted approach involving all the major stakeholders to development. This means involvement of central government, local government, private sector, and the donor community.

This conclusion agrees with Ndejje (2022) conclusions about Uganda's health workers. He contends that there are several inhibitors that are specific to the Ugandan socio-economic conditions in as far as motivating health workers to deliver health services effectively. According to Ndejje et al., there are remarkable challenges affecting the Uganda health sector; lack of adequate financial commitment from government and other development partners, corruption and acute shortage of the needed human resources and contribute a great deal.

The findings of African Strategies for Health report, (2021) and the findings of this research all conclude that there still lingers in the Uganda's health sector challenges of lack of appropriate remuneration relative to the assigned workload has also led to poor quality of services, loss of motivation, and attrition. Nonfinancial incentives such as lack of refresher trainings or inadequate supervision of health facility staff members is still inherent in Uganda's health sector

### **5.3. Recommendations**

1. The health sector should streamline policy implementation adherence and monitoring, as well as building more skills of health professionals along the current policy and guidelines on staffing, remuneration and supervision/ monitoring.
2. Low motivation has a negative impact on the performance of individual health workers, health facilities and the general health system. Therefore, the power holders in the ministry of health and Bukedea district local government need to come out and try to create and consistently strengthen a good motivation environment for health workers, but most especially the lower cadres.
3. In order to boost health workers' motivation, supervisors need to involve a mix of financial and non-financial incentives and most importantly the local government of Bukedea needs to get more of the non financial incentives on to their motivation package and consistently implement it.
4. Following the effect of low motivation of health workers on the health sector, there is a call for government to evaluate the process upon which staffing is done, how salary grades are determined being administered and rethink of better ways of incentivizing health workers in Uganda. It calls for increasing budgetary allocations, re- training of staff and facilitating adequate and routine supervision to the health sector especially the health center IV facilities and promotion of public private partnerships .

**5.4. Areas for further research**In light of this research, there is need for more research to be carried out in the following areas;

1. Role of non financial incentives on support supervision in district hospitals.
2. The role of financial incentives on employee motivation in private health facilities.
3. The relationship between employee Career advancement and employee performance.

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## APPENDICES

### Appendix A: Sampling frame table

#### TABLE FOR DETERMINING SAMPLE SIZE OF A KNOWN POPULATION

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*

**Appendix B: Questionnaire for Nurses and Lab staff and Medical Social Workers**

**Unique identifiers:**

District: ..... Town council: .....

**Section A: Demographic data of respondents**

1. Age group in years

- a) 15-24 years  b) 25-34 years  c) 35-44 years  d) 45 and above years

2. Gender of respondent

- a) Male  b) Female

3. Marital Status

- a) Single  b) Married  Separated  d) Divorced  e) Widowed

4. Level of education

- a) Secondary  b) certificate  c) Diploma  d) Degree and above

5. Profession: .....

6. Years of Service: .....

**Section B: The role of monetary incentives in motivating health workers' performance in Bukedea health center 1V**

3. What monetary incentives does the health sector provide to health workers in your health facility?

4. Are you paid a regular salary? a) Yes b) Not sure c) No

5. What comment do you give in regard to the salary paid to you vice- a vie workload?

.....  
.....

6. Do you receive any incentives "in kind" in your health facility, which ones have you recently received? .....
7. If yes, who provides these incentives? .....
8. How much do you believe you deserve to be compensated for your work? (Give current salary range ..... and the desired salary range ..... )
9. What is that which motivates you to work most?  
.....  
.....
10. What de-motivates you to work?  
.....  
.....  
.....

Question/ Item	Response			
	Strongly Agree	Agree	Disagree	Strongly disagree
9. monetary incentives provided to health workers have led to employees becoming more involved in decision making				
10. Monetary incentives have led to reduced employee turnover				
11. Monetary incentives have emphasized on the new values of teamwork and cooperation				
12. Monetary incentives have increased efficiency and improved customer service				
13. Monetary incentives have led to employee satisfaction				
14. Monetary incentives have led to the attainment of targets and goals of Bukedea health center 1V				

**Section C: The role of support supervision in motivating health workers' performance**

15. Do you receive support supervision at your work workplace? Yes  Not sure  No

16. With what frequency do you receive support supervision from your immediate supervisor?

.....

17. When was the last time you received a supervision visit from your supervisor?

.....

18. How has support supervision influenced your performance at work? (Explain and give examples)

.....  
.....  
.....

19. What would you desire your supervisor to do in order to make you perform better than now?

.....  
.....  
.....

**Appendix C: Interview guide for district health staff, medical officer, clinical officers**

District: ..... Town council: .....

**Section A: Demographic data of respondents**

1. Age group in years

- a) 15-24 years  b) 25-34 years  c) 35-44 years  d) 45 and above years

2. Gender of respondent

- a) Male  b) Female

3. Marital Status

- a) Single  b) Married  Separated  d) Divorced  e) Widowed

4. Level of education

- a) Secondary  b) certificate  c) Diploma  d) Degree above

4. What monetary incentives does the health sector provide to health workers in your health facility?
5. What comment do you give in regard to the salary paid to you vice- a vie workload?
6. Apart from monetary incentives, what else motivates you to work best?
7. How much do you believe you deserve to be compensated for your work? (Give current salary range ..... and the desired salary range ..... )
8. What is that which motivates you to work most? What de-motivates you to work?
9. What personal Challenges do you face at work while executing your work
10. What institutional challenges does Bukedea health sector face in motivating health workers to perform better at Bukedea Health center IV?
11. How can these challenges be solved?

#### **Appendix D: Interview guide for Bukedea District Politicians**

1. Are health workers happy at their place of work and do they receive support supervision at your work workplace
2. Are you satisfied with the performance of health workers in providing health services in Bukedea Health center 1V?
2. What technical challenges do health workers face as they provide health services in Bukedea health center 1V?
3. What institutional challenges do health workers face in Bukedea health center 1V
4. How can health workers be supported to perform better at work in Bukedea health center 1V?