

**INFLUENCE OF WORKING CONDITIONS ON EMPLOYEE COMMITMENT IN THE
PUBLIC HEALTH SECTOR IN UGANDA: A CASE OF WAKISO DISTRICT.**

BY

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DECLARATION

This is to declare that the work presented in this study report is the original work of the author. It has never been presented either wholly or in part to any university/institution for any award or publication.

I do hereby present this report to Kyambogo University School of Graduate Studies in partial fulfillment for award of the Degree of Master of Business Administration of Kyambogo University.


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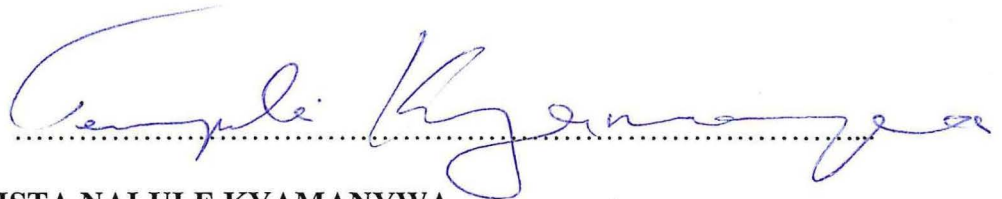
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SUPERVISORS' APPROVAL

This is to certify that this research report entitled, "Influence of Working Conditions on Employee Commitment in the Public Health Sector in Uganda: A Case of Wakiso District" has been conducted by DRILEBA Paul under our supervision and is now ready for submission.

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DEDICATION

I dedicate this work to the memory of Ms. Norah Winfred Ayimaru my mother. I regret that she did not live to see this accomplishment. I also invaluablely dedicate this book to my dear wife Ms. Wanican Joyce and our beloved children Vanessa, Benjamin and Emmanuel who I believe are proud of this achievement.

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ACRONYMS/ABBREVIATIONS

FY	Financial Year
GOVT	Government
PHP	Private Health Provider
PNFP	Private Not For Profit
MoH	Ministry of Health
WHO	World Health Organization

ABSTRACT

The purpose of the study was to assess the influence of work conditions on employee commitment in the public health sector a case for Wakiso District. The study was guided by these four objectives: (a) to examine the effect of remuneration,(b) to analyze the effect of physical environment, (c) to examine the effect of flexible working hours and also (d) to assess the effect of employee relations on commitment of the Health Workers in Wakiso District Health Units. The study took quantitative and qualitative approaches using cross sectional survey design involving 215 health workers filling questionnaires and 25 key informants interviewed. Data was collected and analyzed and presented as frequencies and descriptive summaries. Quantitative data was analysed using Statistical Product and Service Solutions (SPSS) software while qualitative data was analysed using the pragmatic content analysis (PCA).

The findings revealed that (a) close to half 49% of respondents expressed strong dissatisfaction with their salary and 49% of Health Workers were involved in other forms of employment to make ends meet; (b) 44% of the respondents disagreed with their current work conditions being conducive for effective performance; (c) 61% of respondents confirmed that work-family balance had been achieved; and (d) 60% of respondents thought they related well with management and colleagues at work.

It was therefore concluded that low pay and the deplorable work conditions seem to be some of the causes of Health Workers' dissatisfaction in the health sector. The study finally recommended that the right package of financial and non-financial incentives; and conducive physical work conditions be provided to enhance employee loyalty hence commitment to serve the population where they are located.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Countries throughout the world are seeking to improve access to quality health care for their populations. In 2006, the World Health Organization (WHO) launched the Health Workforce Decade that gave priority for countries to develop effective workforce strategies for healthy workplaces with committed health workers. This arose from evidence that healthy workplaces are known to improve recruitment and retention, employee well-being, quality of care and patient safety, organizational performance and societal outcomes (WHO, 2006a). The program recommended development of capable, motivated and supported health workers as components for overcoming bottlenecks to national and global health goals. In 2008, a global health workforce alliance declaration in Kampala pointed out the need to ensure adequate incentives and an enabling and safe working environment for committed health workers (Global Health Workforce Alliance, 2008). The document laid emphasis on health worker conditions and their motivation, pointing that health sector human resource management should be geared to having committed staff to provide good quality health care.

The health workforce is an important input to any health system. Fritzen (2007), in a strategic management of the health workforce in developing countries, noted a strong impact of the health workforce on the performance of health facilities. Many lesser-resourced countries are addressing key health workforce challenges known to inhibit access to health care for their populations. However, Liese and Dussault (2004), in their

study; the human resource for public health sector in sub-Saharan Africa, described the health sector situation as being in a crisis. Habte, Dussault and Dovlo (2004), in their study on the challenges confronting the health workforce in sub-Saharan Africa, found out that sub-Saharan Africa had the lowest health worker to population ratio in the world. Such conditions may likely affect the commitment of health workers. Commitment, according to Anderson and Martin (1995), is an employee's identification with and adoption of an organization's values, norms and traditions. Insights into public health workers' working conditions point out diverse aspects of the relationship between working conditions and motivation to work. A study by Clark, Clark, Day, and Shea (2000), on nursing staff retention identified dissatisfaction with the work environment and job-related stress/anxiety as two major reasons for turnover. World Health Organization defines working conditions as the combination of compensation, non-financial incentives and workplace safety (WHO; 2006b).

The health sector is a labour intensive sector and availability of a committed health work force is central in the achievement of objectives. Uganda has implemented several health sector reforms in an attempt to improve service delivery including decentralization, increase on the number of health workers by encouraging students to study science subjects and increasing the number of training institutions in the country. Other reforms such as the introduction of health sub-district have helped achieve the broader goal of bringing services nearer to the people. This, to a greater extent, has been successful considering a Ministry of Health Report in 2005 that showed the proportion of residents living within 5 kilo meter radius of a health facility stood at 72 per cent. Similarly, in the Ministry of Health annual health sector performance report released in November 2008,

it is indicated that 51% of approved positions at national level in the public sector were filled, though variations existed among districts (MoH, 2008a). In the Annual Health Sector Performance Report of 2011/12, the percentage of approved posts filled by health workers in public health facilities increased slightly from 56% in 2010/11 to 58% in 2011/12 (MoH, 2012). These changes though seemingly small, they are progressive and in the right directions for the country.

The government of Uganda, through the Ministry of Health, is set to reform the country's health systems in many other ways in an effort to achieve its public health goals more affordably and effectively. For example, it introduced an incentives scheme for human resource in hard-to-reach areas to get qualified staff to those locations. According to Ministry of Health, drug shortages will soon be no more. On average 28% of the health facilities in Uganda have had a constant supply of medicines and health supplies throughout the year (MoH 2008b). The number of health facilities in the public sector and the PNFPs has grown from 1,979 in 2004 to 2,301 in 2010.

Therefore, the Uganda human resource for health policy aims to develop and maintain a health workforce that is appropriately sized, structured, skilled, well balanced, distributed, resourced and committed to meet Uganda's health development targets within affordable resources. It is envisaged that these changes in the health system can impact positively on the care provided in the health facilities country wide. Some of these changes can be noticed, some of which are the 100% positions filled in some districts after pay rise and incentives, renovation of health facilities and construction aimed at housing key staff at the health facility premises. This study assessed the

influence of working conditions of the public health workers in relation to employee commitment to work in Wakiso District.

1.2 Statement of the problem

Uganda has witnessed industrial unrest by government health workers in the recent past which Lutwama (2012) attributed to poor pay. Other scholars attributed the unrest in the government health sector to the absence of medical resources such as syringes, cotton wool, medicines and poor infrastructure Pariyo, (2009). Despite the government efforts aimed at improving decades of neglect in the public health sector; the public health sector performance remains poor. According to the Ministry of Health, report for Human resource 2009, Waksio District only has 44% of its needed workforce positions in place compared to 100% for her neighbour Kampala District. One wonders what are these critical factors causing the state of affairs in the government health sector in Uganda; taking Wakiso District government health sector as a representative sample.

1.3 Research Purpose /Objectives

This study assessed the influence of working conditions on employee commitment in the public health sector in Uganda. Its focus was on Wakiso district.

1.4 Specific Objectives

1. To examine the effect of remuneration on employee commitment.
2. To analyze the effect of physical environment on employee commitment.
3. To examine the effect of flexible working hours on employee commitment.
4. To assess the effect of employee relations on commitment.

1.5 Research Questions

The study sought to address the following research questions:

1. What is the effect of remuneration on employee commitment?
2. What is the effect of physical environment on employee commitment?
3. What is the effect of flexible working hours on employee commitment?
4. What is the effect of employee's relation on employee commitment?

1.6 Scope of the Study

Conceptual scope

The study focused on the influence of working conditions on employee commitment in the public health sector a case for Wakiso District. It addressed remuneration, physical environment, flexible working hours and employee relations.

Geographic scope

According to the Ministry of Health Human Resource for Health Report 2009, Wakiso District is one of those districts in central region with only 44% of its health workforce in place; compared to 100% for her neighbour Kampala District. Both districts are located in the central region and similar benefits apply for all Health Workers in the Public Health sector in the region. The study covered public health workers who were duly employed and working in any of the Health facilities sampled in Wakiso District. Health facilities beyond the boundaries of Wakiso district were not included in the study.

Time scope

The study concerned itself with the period between 2009 and 2013. Using the Ministry of Health Human Resource for Health Report 2009, as a baseline, the researcher wanted to see if the situation had remained or changed in line with governments' efforts to revive the health sector in the country.

1.7 Significance

The findings of the study are expected to be beneficial to: -

- (1) Policy makers like members of parliament and District councilors as they will be made aware of how working conditions affect health workers' commitment.
- (2) Managers, supervisors, administrators, District Health Officers, Health Inspectors and Heads of Health Facilities will ensure proper work conditions are in place to achieve effective employee commitment.
- (3) Health sector workers may get committed to their jobs when working conditions are improved and managed well as a result of the study findings and recommendations. Future researchers may refer to the study to find out researchable areas or use the literature generated in this study.

1.8 Definition of Terms

Working Conditions refer to the characteristics of the health care workplace and workforce, including the physical environment, workforce staffing and organizational culture. It is not limited to such things as amenities, stress and noise levels, degree of safety or danger, and the like.

Health Care Worker refers to workers employed by the government who are in the direct care of patients in Health Care settings, including, but not limited to: Nurses, Physicians, Pharmacists, Physician Assistants, Nursing Assistants, and other Health Care providers.

Commitment is a state in which an employee identifies with a particular organization and its goals. Commitment can further defined as the desire on the part of an employee to remain a member of the organization. Commitment influences whether an employee stays a member of the organization (is retained) or leaves to pursue another job (turns over).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter examines reviews of scholarly literature about working conditions and employee commitment. Areas of remuneration, physical environment, work flexibility and relationships have been addressed in view of appropriate theoretical and conceptual frameworks.

2.2 Theoretical review

There are many theories of motivation but this study rhyme closely with the Herzberg's Two-Factor Theory of 1959 that is categorized into two; the content and process theories of motivation. The content theories sometimes referred to as need-based theories focus on the needs of the individual; explaining the different factors that contribute to either encouraging or halting a behavior within that individual.

The Herzberg's Two-Factor Theory considers motivation and job satisfaction as motivation factors and hygiene factors. According to the theory, motivating factors are the six job content factors that include achievement, recognition, work itself, responsibility, advancement, and possibility of growth. Also known as intrinsic motivators, they define things that people actually do in their work; their responsibility and achievements. These factors contribute greatly to the level of job satisfaction an employee feels at work (Ruthankoon and Ogunglana, 2003). While hygiene factors are

the job context factors, which include company policy, supervision, relationship with supervision, work conditions, relationship with peers, salary, personal life, relationship with subordinates, status, and job security. Also known as extrinsic factors, employees do not have much control over and they relate more to the environment in which people work than to the nature of the work itself (Schermerhorn and Hunt, 2003). They are the main sources for job dissatisfaction. According to the theory, the factors causing satisfaction are different from those causing dissatisfaction and therefore the two feelings cannot be treated as opposites of one another.

Some scholars such as Locke, (1976) criticized the propositions of motivator-hygiene theory like; there are different sources of job satisfaction and dissatisfaction and secondly that motivator-hygiene theory is parallel to dual theory of man's needs according to which physical needs work along with hygiene factors and psychological needs work with motivators.

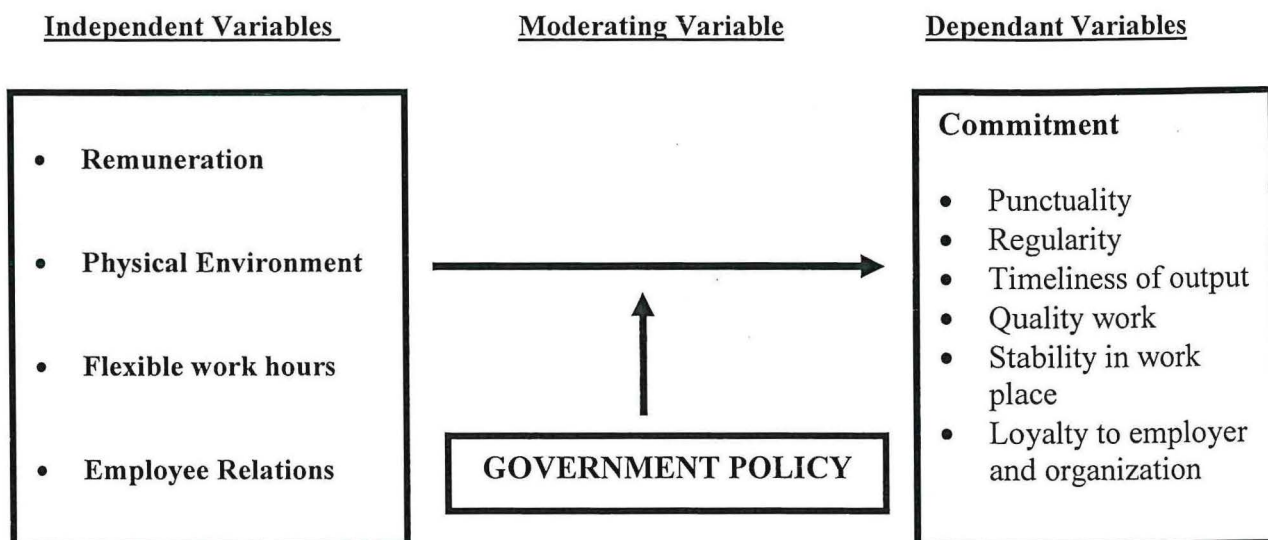
Another motivational theory that can be applied is the four drive model by Paul and Nohria in their book *Driven: How Human Nature Shapes Our Choices* Paul & Nohria (2002). The model has the drives to acquire (obtain scarce goods, including intangibles such as social status); bond (form connections with individuals and groups); comprehend (satisfy our curiosity and master the world around us); and defend (protect against external threats and promote justice). These drives underlie everything people do.

Nohria et al (2008) argue that these four drives underlie everything that we do and if an organization is able to meet these needs they will have a motivated work force in others words committed to their organizations. In a study carried out by Lawrence and Nohria (cited by Nohria et al, 2008); they found that “the ability to meet the four fundamental drives explains on average about 60% of employees variance on motivational indicators.” The average of previous models has only explained about 30% of the variance.

2.1 Conceptual Framework

The conceptual framework developed from existing literature as shown in Figure 2.1 below.

Figure 2.1: Conceptual Framework



(Source: Modified from Bauer & Erdogan 2009)

It illustrates the interplay of independent variables (IV) namely remunerations, physical work environment, flexible work hours, career development and dependant variable (DV) of employee commitment as well as the moderating variables like government policies.

2.2 Employee Commitment

Employee commitment has long been the main focus of study for those interested in the design and management of organizations. One reason that commitment is so well studied is that the impact of commitment is associated with work outcomes such as turnover, absenteeism, performance, motivation, and job withdrawal behaviors (Klein, Becker and Meyer, 2009) Commitment has been found to be related to a variety of attitudinal and behavioral consequences among employees, for example, motivation level, organizational citizenship, and turnover rates (Meyer & Allen, 1997). In turn, the positive benefits of a committed workforce are recognized as important determinants of organizational effectiveness. Committed employees who are highly motivated to contribute their time and energy to the pursuit of organizational goals are increasingly acknowledged to be the primary asset available to an organization (Pfeffer, 1998). Further still commitment is known to predict turnover, better than job satisfaction (Griffeth, Hom and Gaertner, 2000), therefore suggesting more research in area of commitment. In the public administration literature, there has been a long tradition that emphasizes the importance of public officials' personal commitment to their profession as the foundation of administrative responsibility (Friedrich, 1940; Gaus, 1936; Miller, 2000).

2.3 Remuneration

A high level of employee commitment in an organization can have beneficial consequences, resulting in lower absenteeism, higher performance and lower employee turnover (Mathieu and Zajac, 1990). This study that reviewed a meta-analysis of the antecedents, correlates and consequences of organizational commitment identified commitment as a consequence of personal variables, role clarity and supportive working environment. The research therefore concluded that an employee's salary affects his commitment to the company. Employees who are paid minimum wage or a small salary likely want to earn more money, either through a promotion or pay increase, or by looking for work elsewhere. They are less likely to be committed to the company, because the company has not invested as much money in them through their salary as it has in other employees. Employees who are paid handsomely are therefore more likely to be committed to the company because they do not want to lose their high-paying jobs.

Given the sizable gap between salaries in Uganda and those abroad, for example salaries in the United Kingdom are approximately thirteen times higher. McCoy, Bennett and Witter (2008) in a study on salaries and incomes of health workers in sub-Saharan Africa, concluded that it is critically important to begin to address compensation factors to avoid turnover and reduce incentives to leave the health sector or the country.

Earlier studies described pay and income as hygiene factors that affect motivation, performance, morale, and the ability of employers to attract and retain staff. Roenen, Ferrinho, Van Dormael, Conceicao, Van Lerberghe (1997) acknowledged in an

exploratory study on how African doctors make ends meet that when pay is low in absolute terms, health workers will moonlight to supplement their incomes. The health workers can do this by providing health-care services privately, engaging in other income-earning activities, extracting informal fees from their patients, or seeking per-diem payments by attending workshops and seminars. He concludes that employees will tend to remain with the organization when they feel their capabilities, efforts and performance contributions are recognized and appreciated. Davies, (2001) in a study on how to boost staff retention however suggested that although remuneration provides recognition, other forms of non-monetary recognition are also important for the core employee group.

2.4 Physical Work Environment

Good performance by staff is enabled via a supportive working environment. This encompasses more than just having sufficient equipment and supplies. It also includes systems issues, such as decision-making and information-exchange processes, and capacity issues such as workload, support services and infrastructure (Potter and Brough, 2004). The modern work physical environment is characterized by technology; computers and machines as well as general furniture and furnishings (Statt, 1994) which through incessant interaction bombard our brains with sensory information (Kornhauser, 1965; Sutherland and Cooper, 1990). To achieve high levels of employee commitment, organizations must ensure that the physical environment is conducive to organizational needs facilitating interaction and privacy, formality and informality, functionality and cross-disciplinarily. Consequently, the physical environment is a tool that can be

leveraged both to improve business results, employee well-being and commitment (Mohr, 1996; Huang, Robertson and Chang, 2004)

An organization's physical environment is also characterized by the design and layout of the office which can greatly affect employee behaviour in the workplace. Brill (1992) estimates that improvements in the physical design of the workplace may result in a 5-10 percent increase in employee productivity. For their part, Stallworth and Kleiner (1996) argued that increasingly an organisation's physical layout is designed around employee needs in order to maximize productivity and satisfaction. They argued that innovative workplaces can be developed to encourage the sharing of information and networking without regard to job being performed.

Ensuring adequate facilities are provided to employees is critical to generating greater employee commitment. The provision of inadequate equipment and adverse working conditions has been shown to affect employee commitment and intention to stay with the organization (Wiss, 1999; Wise, Darling-Hammond, and Berry, 1987) as well as levels of job satisfaction and the perception of fairness of pay (Bockerman and Ilmakunnas, 2006). From a safety perspective, Gyekye (2006) indicates that environmental conditions affect employee safety perceptions which impact upon employee commitment.

Hedge (1982) argues that open workplaces provide greater levels of flexibility and encourage greater team interaction as they offer interpersonal access and ease of communication compared to private enclosed offices. Nenonen (2004) maintains that the

physical environment can support a sense of space allowing for the creation of tacit knowledge and greater social interaction amongst individuals. A more innovative working environment is also associated with increased staff collaboration and higher productivity (Ilozor, Love, and Treloar, 2002) as well as more positive job attitudes and increased job satisfaction (Lee, 2006).

2.5 Flexible Work Hours

Flexibility is about an employee and an employer making changes to when, where and how a person will work to better meet individual and organizational goals. Flexibility enables both individual and organizational needs to be met through making changes to the time (when), location (where) and manner (how) in which an employee works. The concept of flexibilization has become a magic wand in modern organizational strategies. Practically all organizations try to organize their production in more flexible ways (Hakim, 1987). The reasons underlying this wave of flexibilization include: increased competitiveness, rapid fluctuations on the labour market, rapid changes in products made, and technological developments (Boekraad, Buitelaar and Vreeman, 1988).

The strategy of allowing employees flexibility in the hours they work is a growing trend at businesses because it has been found that allowing employees to choose their own schedules production is boosted. In many cases, this functional type of flexibility can lead to more control over the work environment, while individual growth will be seen as a positive effect that is accompanied by decreasing health complaints Nijhuis, Lendfers, and Bullinga (1990). Since this study is focused on non-traditional work schedules the element of functional flexibility will be left aside. Therefore flexible work arrangements

can reduce absences and company turnover which contributes to overall better production. Apart from flexibilization of working hours, flexible work schedules may also be achieved through more flexible appointments, namely part-time appointments, temporary appointments, having workers on call, etc.

2.6 Employee Work Relations

Work climate issues such as poor working environments, unfriendly colleagues, disorganized facility functions and ineffective supervision can hinder workers' performance and productivity and contributing to low retention. Therefore, providing the enabling environment for building good relationship with employees is the best way to close an employee's productivity gap. Only through good relationships combined with strong, sensitive leadership can a cohesive department be built. The quality of relationships constitutes the fabric of the department.

Lack of coworker and supervisor support contributes to perceived stress and resulting burnout. In one study of performance among nurses by Salyer (1995), a higher number of admissions to/discharges from a patient care unit in 24 hours had a negative impact on the self-rated quality of performance. While in a study by Oehler, Davidson, Starr and Lee (1991) on burnout, job stress, anxiety, and perceived social support in neonatal nurses showed that workload (number of emergency admissions), number of deaths on the ward, and number of menial tasks performed contributed to medical residents' perception of being overwhelmed and increased the number of reported minor medical mistakes. Lack of peer support, role ambiguity, and perceived stress were associated with job dissatisfaction and depression among residents (Revicki and Gershon 1996).

2.7 Summary of the Literature Review

In this chapter, the theoretical and literature study on employee commitment was discussed. Factors that influence work conditions and employee commitment were briefly explored to understand the influences of a variety of the work-related variables. The effect of remuneration, physical work environment, flexible work conditions and employee relations on commitment of the public health workers have been highlighted in this chapter. The benefits of appropriate work conditions have been pointed throughout in this chapter as important factors for employee commitment.

However, many of these studies were done in other countries where health care service delivery is provided as a business model to make profits rather than as a public utility. The few done in Uganda looked at the general picture of the situation in the various public sectors such as education, police among others.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter examines the methodology employed by the researcher in conducting the study. It covers the research design, study population, sampling procedure and sample size estimation. The key variables and their measurements, data collection methods, data processing and analysis procedures and techniques are highlighted in here as well.

3.2 Research Design

This was a cross-sectional survey design that employed both qualitative and quantitative methods of data collection. Cross-sectional survey designs aim at describing relationships between (issues or states) and other factors of interest in a specified population at a particular time, without regard for what preceded or precipitated the status found at the time of the study. It is also important for measuring frequencies of conditions and can demonstrate associations. Cross sectional survey designs allow for vital data to be collected from all respondents once and for all hence reducing on time and costs involved (Creswell, 2003). The study was correlative that is relating working conditions on public health sector workers' commitment (Amin, 2005). The research was based on Wakiso District because, according to the Ministry of Health report for Human resource 2009, there is notable laxity amongst Health Workers in the whole of the District.

3.3 Area of Study

The study was carried out in health facilities designated as HCIIIs, HCIIIs and HCIVs in all the four Health Sub Districts of Wakiso District. The district surrounds Kampala District and lies in the Central Region of Uganda. It borders districts such as Nakaseke and Luweero to the north, Mukono to the east, Kalangala in Lake Victoria to the south, Mpigi to the southwest and Mityana to the northwest. The district headquarters are approximately 20 Kilometers by road, northwest of Kampala, the capital of Uganda.

3.4 Target Population

The target population consisted of all qualified health workers on duty indicated as 489 workers in all the health units in the district according to (MoH, 2009). The various health facilities by level constituted the sampling units of the study. Table 1 below shows the distribution and ownership of government and private health facilities in Wakiso district.

Table 3.1: Distribution of Functional Health Units by Level and Ownership

WAKISO DISTRICT	HC IV			HC III			HC II			TOT
	GOVT	PNFP	PHP	GOVT	PNFP	PHP	GOVT	PNFP	PHP	
TOTAL BY OWNERSHIP	5	0	0	17	15	0	36	21	0	98

Source: Ministry of Health, Health Infrastructure Division, Health Facility Inventory-2006

Wakiso District has 36 HC IIs, 17 HC IIIs and 5 HC IVs. The staffing norms for government health facilities show that a HCII has 6 Staff that includes an enrolled nurse,

a midwife, two nursing assistants and a health assistant. While a HC III has a total of 18 staff led by senior clinical officer and at HC IV, a total of 48 staff including a senior medical officer and a doctor.

3.5 Sampling Technique and Sample Selection

The sample size of 242 respondents was calculated using the formula by Slovin (1960) which is given by

$$n = \frac{N}{1 + (N * e^2)}$$

Where: n = is the sample size; N = is the population size; e = is the margin of error and 1 = is a constant value

The Ministry of Health, Human Resources for Health Audit Report, May 2009 indicates that 44% (498) of health staff positions are filled in Wakiso district out of the norm 100% (1126). However, a more recent statistics available in the district indicated that 616 staff positions were currently filled as per Wakiso District Health Inventory 2012/2013. Therefore, for purposes of this study, the number of 616 health workers was used to calculate sample size. Using the formula above, the sample size n calculated from the estimated health workers population N (616) in Wakiso district was calculated while applying a 5% (0.05) margin of error e as shown here below: -

Substituting the figures into the formula, $n = \frac{616}{1 + (616 * 0.05^2)}$; sample size n is = 242.519. Therefore n is ~ 242 and to cater for non response to self administered

questionnaires an adjustment of 10% was made. The new sample size was therefore corrected to 267.

Wakiso District has seven health sub districts as shown in table 1 below. A complete list of government health facilities in the district was obtained from the Ministry of Health's Health Facilities Inventory.

Table 3.2: The Current Government Established Health Sub Districts

Health Sub District	Health Unity Location	Ownership
Busiro South	Wagagai	NGO
Busiro East	Wakiso	GOVT
Busiro North	Namayumba	GOVT
Kyadondo East	Kasangati	GOVT
Kyadondo South	Ndejje	GOVT
Kyadondo North	Namulongo	GOVT
Entebbe Municipal	Entebbe Hospital	GOVT

The HCIV facilities which are also the Health Sub District Units were purposively selected in the study. However, the other lower levels health facilities were selected using a simple random sampling method that resulted into 5HCIIIs and 5HCIIIs from each of the Health Sub Districts. Where numbers of the targeted health facilities were less in a health sub district, all the available facilities were included in the study. At each health facility, a list of health workers was obtained and using a simple random sampling technique, self administered questionnaires were handed to all the eligible respondents in the health facility and the filled questionnaires collected after a period of time.

3.6 Research Instruments

A questionnaire was used as the main instrument of data collection from the respondents. Other constructs of the study such as commitment were better obtained using appropriate Likert scales (See questionnaire in Appendix Three). The semi structure questionnaire and Likert scales are very simple, efficient and convenient ways of getting various data. An interview guide was used to collect data from the key informants in order to triangulate findings from the questionnaire. The instrument was pretested in two facilities in Kampala District to make sure that its flow was appropriate for the study.

3.7 Data Collection Procedure

The researcher obtained a letter of clearance to carry out the study from Kyambogo University, School of Post Graduate Studies introducing the researcher to the Wakiso District Health Officer. The researcher was given a go-ahead by the district health officials to access the study population and provided the researcher with an introductory letter to be presented to the various health facilities heads. At each facility, with the help of the health facility head/in-charge, the purpose of the study was explained to the health workers to obtain consent. The researcher handed the questionnaire to all the eligible respondents and this procedure was repeated in all the facilities sampled for the study. Key Informants were identified with the help of the District Health Officer and those who consented were interviewed by the researcher using an interview guide. Their views were recorded on a paper and a tape recorder and any available records will also be reviewed.

3.8 Data Analysis

The quantitative data was analysed using Statistical Product and Service Solutions (SPSS) software formally known as Statistical Package for Social Scientists. Frequencies were run for univariate analysis. Qualitative data was analysed using the pragmatic content analysis (PCA). The PCA method was used because it provides ways of discerning, examining, comparing and contrasting, and interpreting meaningful patterns or themes. Meaningfulness is determined by the particular goals and objectives of the project at hand. The PCA method also allows for the same data to be analyzed and synthesized from multiple angles depending on the particular research or evaluation questions being addressed.

3.9 Limitations of the Study

The health worker questionnaire was self administered and therefore information provided by respondents may have over or under rated their opinions in the absence of the interviewer. Secondly, although respondents were assured of confidentiality, it was possible that some either over- or under-reported their working conditions and their commitment to work. Thirdly, the findings of the study may not be generalized to health workers in other districts, since different environmental and prevailing administrative conditions in those health facilities may impact on working conditions and level of commitment to work.

CHAPTER FOUR

ANALYSIS, PRESENTATION AND INTERPRETATION OF RESULTS

4.1 Introduction

The general objective of this study was to assess the effects of working conditions on employee commitment in the public health sector in Uganda. The research was based in Wakiso District and the specific objectives of the study were: -

1. To examine the effect of remuneration on employee commitment.
2. To analyze the effect of physical environment on employee commitment.
3. To examine the effect of flexible working hours on employee commitment.
4. To assess the effect of employee relations on commitment.

In this chapter, data collected in the study has been presented in three sections. Section one, presents the background information on characteristics of the respondents in the study. Section two comprises of presentation, analysis and interpretation of results of the study by objectives using quantitative data and section three comprises qualitative information to provide complete results to the study.

4.2 Response Rate

The calculated sample size for this study was 242 respondents in the district. However, a total of 215 self administered questionnaire were received back from the respondents in the sampled health facilities in the district. The study achieved 88.8% response rate and

according to Mugenda and Mugenda (1999) a response rate of 85 percent and above is very good for a study. Denison (1996), previously asserted that a response rate should be at least 50 percent in order for the views raised in a study to be representative. Many of the health workers reside outside the health facility premises and these may have contributed to the achieved response rate.

4.3 Respondents Background Characteristics

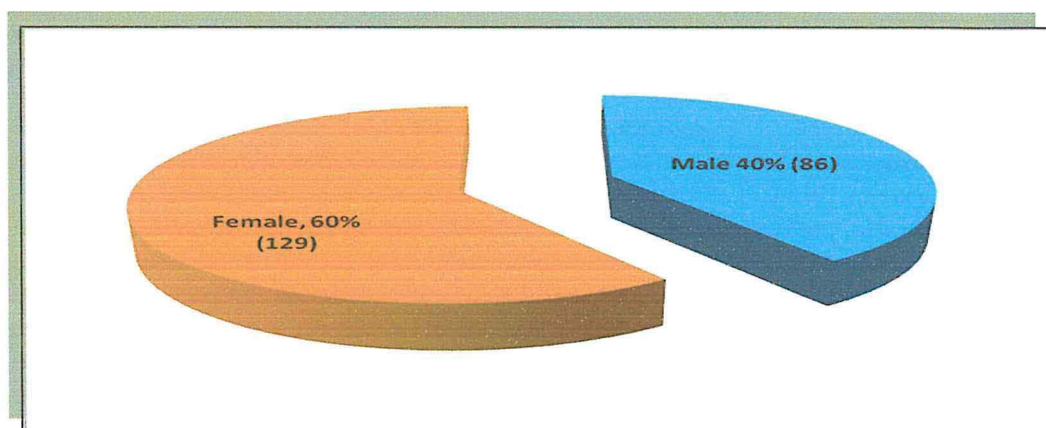
4.3.1 Gender

Majority, (60% 129) of the respondents in the study were female as shown in figure 4.1 below. In Uganda, nurses form the bulk of the Ugandan health work force and most times are female in relation to other cadres. This is attributed to that fact that nursing initially was a female dominated profession. It is only now that males have started to pursue careers in nursing.

Figure 4.1: Showing Gender of Respondents in the Study

The researchers wanted to know the gender composition of the respondents in the study.

Here below in figure 4.1 are the findings: -



4.3.2 Level of Education

Majority of the respondents 52.1% (112) had attained certificates in order to practice as health workers in the facilities as shown in the figure 4.2 below. The bulk of the Ugandan health work force is made up of nurses and according to the Ministry of Public Service, Scheme of Service for the Nursing Cadre (2012) the minimum qualification for Enrolled / Comprehensive Nursing is a Certificate from a recognized institution. An additional requirement to practice is to be registered with the Uganda Nurses and Midwives Council.

Figure 4.2: Level of Education of Respondents in the Study

The study sought to ascertain the level of education attained by the respondents in the study. Here presented in figure 4.2 below are the findings: -

Level of Education of Respondents		
Level attained	Number (N)	Percentage (%)
Certificate	112	52.1
Diploma	82	38.1
Bachelors	17	7.9
Masters	4	1.9
Total	215	100

Previously, almost all the nurse training institutions in Uganda produced graduates with the certificate level of education as the first qualification allowed for a nurse to practice in any health facility. However, from the early 1990's many nursing institutions began

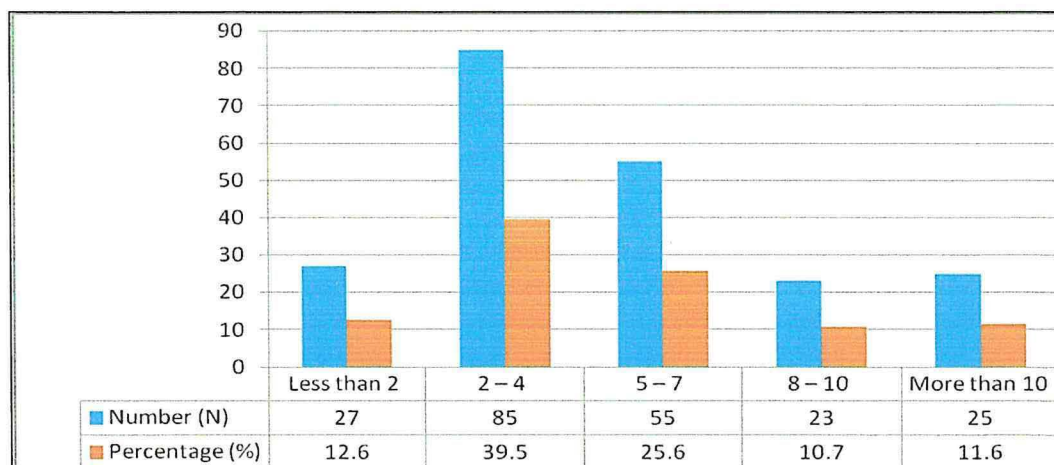
graduating higher level nursing cadres with diploma and bachelors as starting qualifications. Therefore there are qualified diploma comprehensive nurses and degree nurses practicing in many health facilities in Uganda.

4.3.3 Length of Service

Majority, 39.5% (85) of the respondents had served as health workers for a period between 2 – 4 years as shown in figure 4.3 below. In the recent past Uganda has experienced a challenged with retaining health workers in the rural health facilities with many either leaving the country of opting to work in urban locations. The Ugandan government however committed itself to attract more workers to the rural, hard-to-serve areas using various ways such as raising health workers’ salaries. This will hopefully relieve the alarming statistic found by a 2008 World Bank study which showed 80% of public sector medical workers in Uganda work in urban areas, where only 20% of the population lives.

Figure 4.3: Length of Service of Respondent in the Study

The study established the length of service of the respondents in the study. Here presented in figure 4.3 below are the findings: -



4.3.4 Age Bracket of Respondent

The majority of the respondents 84.2% (181) were in the age bracket 21- 40 years of age as shown in the table 4.1 below. However, it was clear that health workers above 40 years were few. Retirement for public servants is at 55 years but others may opt to retire earlier than the mandatory age of retirement. Health workers in Wakiso district are relatively young and this work force has the potential to go a long way in addressing the human resource gap in the sector but only if they are well motivated. However, health workers in many rural areas are likely to be working in the regions where they were born, except in areas or locations like Kampala which often attracts many people.

Table 4.1: Showing Age Bracket of Respondent in the Study

The study established the most common age bracket of the respondents in the study.

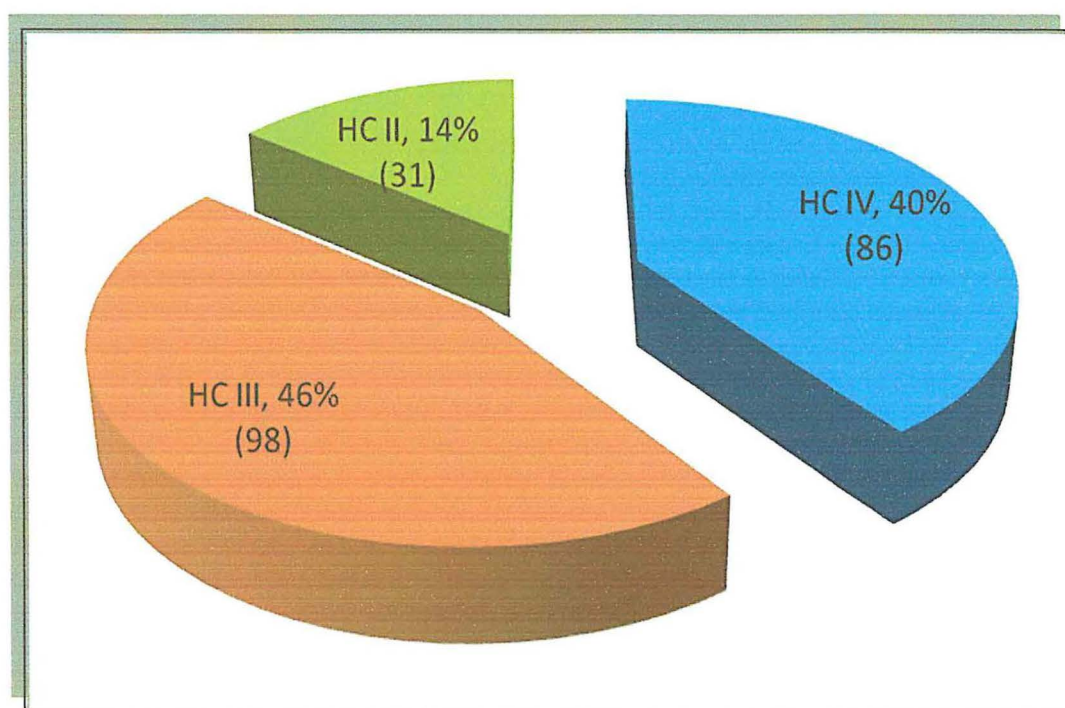
Here presented in table 4.1 below are the findings: -

Age of Respondent in Years		
Age Bracket	Number (N)	Percentage (%)
21 – 40	181	84.2
41 – 50	28	13.0
Greater than 50	6	2.8
Total	215	100.0

4.3.5 Number of Respondents per Health type

The majority, 46% (98) of the respondents sampled in the study worked in health facility level IIIs in the district as shown in the figure 4.4 below.

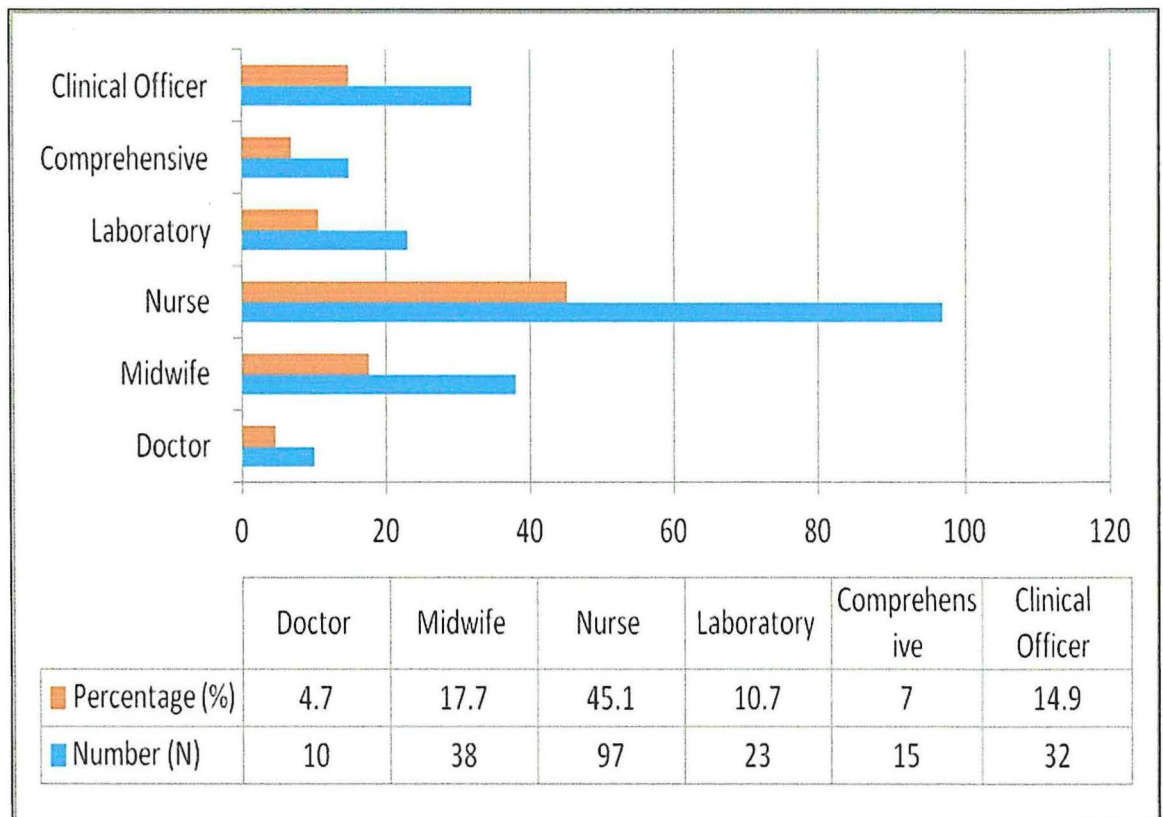
Figure 4.4: Number of Respondents per Health Facility type



Health Centre III interfaces with relatively a larger population because it is close to the people and provides almost all the necessary services for its population. The health centre IIs are limited in the type of services offered while Health Centre IVs are referral points for the health centre IIIs where more specialized services are offered.

4.3.6 Number of Respondents who participated in the Study

Figure 4.5: Title of Respondents who participated in the Study



Majority 45.1% (97) of the staff who responded to the self administered questionnaire were nurses who make up the largest population in the health facilities. The health facilities where the study was carried out have a primary health care mandate which emphasis the preventing disease occurrence rather that curative care. Nurses contribute the largest proportion of staff under the primary health care initiative in such facilities as shown in figure 4.5 above. Primary health care includes both health care activities and activities that lie mostly outside the traditional health care sector. The influence of primary health care services on equity in health is often greater in areas of social and economic disadvantage.

4.4 Results on the Substantive Objectives

Tables 4.2 – 4.6 show all the variables (questions/statements) under investigation in the study with the calculated frequencies in each category and the percentage out of the total number of respondents in the surveys.

4.4.1 Remuneration

Table 4.2: Summary Results for Remuneration

Remuneration	Strongly Disagree (N)	Disagree (N)	Neither (N)	Agree (N)	Strongly Agree (N)
Satisfied with salary	105	92	7	11	0
Take care using salary	82	103	10	15	5
Make savings from salary.	92	98	9	13	3
Make investments using salary.	103	88	7	12	5
Handle social obligations using salary.	64	92	14	42	3

Table 4.2 above shows that the five questions asked about remuneration revealed that majority of the respondents disagreed about being satisfied with their salary, taking care of themselves using their salary, making savings and investments from the salary and being able to handle their social obligations using their salary. Specifically 49% (105) of the respondents strongly disagreed that they were satisfied with the salary they received for the services they offered to their clients. Mayo not true name) Nurse Officer in a Health Centre III said that

“While drugs are now more available, and there are some health workers to help the community, the main problem of service delivery in the government health facilities are the poor salaries,”

44.2 Physical Environment

Table 4.3: Summary Results for Physical Environment

Physical environment	Strongly Disagree (N)	Disagree (N)	Neither (N)	Agree (N)	Strongly Agree (N)
Conditions conducive for effective performance	37	95	26	50	7
Work place has sufficient fresh air	23	60	16	86	30
Adequately facilitated with equipment.	40	102	19	37	17
Work space is adequate and pleasant	34	74	35	56	16
Ample natural and artificial lighting at work place	25	68	23	78	2

The questions asked about physical environment such as conditions for effective performance, adequate facilitation with equipments, adequate work space areas and natural and artificial lighting at places of work showed mixed responses from the respondents. However, 44% (95) of the respondents disagreed that work conditions were conducive for effective performance while 36% (78) of the respondents agreed that the work places had ample natural and artificial lighting as shown in table 4.3 above.

A District Health Administrator in Wakkiso District stated that

“It is now obvious that the government health system is improving from what it has been, as health units now have some equipment and drugs more available, but the main problem is with the attitude of some health staff to their work”

4.4.3 Work Flexibility

Table 4.4: Summary Results for Work Flexibility

Work Flexibility	Strongly Disagree (N)	Disagree (N)	Neither (N)	Agree (N)	Strongly Agree (N)
Happy with work schedule	12	30	17	128	28
Negotiate and get a flexible work arrangement	11	27	14	103	60
Handle personal issues despite work requirements	13	21	11	131	39
Work schedule does not interfere with family	18	28	26	102	41
Flexible work arrangements to peruse further studies	23	42	21	89	40

There seemed to be general consensus about the questions regarding work flexibility. Majority of respondents agreed that there was work flexibility at their places of service such as being happy with the work schedules, negotiable flexible work arrangements, being able to handle personal issues, possible work-family mix and pursuance of studies. However, while majority 61% (131) agreed that they were able to handle their personal issues despite work arrangements, another 60% (128) of the respondents reported that they were happy with their work schedules as shown in table 4.4 above.

Dr Kojo (not true name) disagreed that not all what is flexible is actually the true flexibility. For example

“The government pays health staff peanuts and as a result workers dedicate their time to working elsewhere as well. As a result many are usually absent from their workstations, and tend to give flimsy excuses to be away from work. Some refer this is a flexible work environment which is not true”

4.4.4 Employee Relations

Table 4.5: Summary Results for Employee Relations

Employee Relations	Strongly Disagree (N)	Disagree (N)	Neither (N)	Agree (N)	Strongly Agree (N)
Stress free environment.	17	54	24	81	39
Relate well with supervisors	9	15	17	118	56
I relate well with my colleagues.	10	9	15	107	74
I relate well with management.	6	12	18	128	51
I have a healthy working relationship with all the workers.	8	13	10	119	65
Conflicts at my work place are resolved without any hardships.	9	16	17	127	46

Of the questions asked about employee relations, there was general a positive agreement about employee relations. Majority of the respondents reported being in agreement with the six aspects of employee relations at their workplaces such as being in a stress free environment, relating well with supervisors, colleagues and management, as well as exhibiting a healthy working relationship with all the workers and resolving conflicts at

the workplace without any hardships. Specifically, 60% (128) of the respondents agreed that they related well with management at their places of work. Details are in table 4.5 above.

4.4.5 Employee Commitment

Table 4.6: Summary Results for Employee Commitment

Questions on commitment	Category	Number	Mean	Mean Standard Deviation
Never absent from duty without sound reason	Strongly Disagree	9	4.05	1.006
	Disagree	13		
	Neither	10		
	Agree	109		
	Strongly Agree	74		
Ensured tasks and responsibilities are handled on time	Strongly Disagree	10	4.13	0.993
	Disagree	9		
	Neither	6		
	Agree	107		
	Strongly Agree	83		
Endeavoured to produce quality work in time.	Strongly Disagree	4	4.19	0.839
	Disagree	9		
	Neither	8		
	Agree	116		
	Strongly Agree	78		
Provided timely services to clients.	Strongly Disagree	3	4.11	0.866
	Disagree	13		
	Neither	13		
	Agree	115		
	Strongly Agree	71		
Ensured no wastage of organizations resources.	Strongly Disagree	5	4.14	0.864
	Disagree	8		
	Neither	13		
	Agree	115		
	Strongly Agree	74		
Willingness to go an extra mile to fulfill	Strongly Disagree	7	4.02	0.974
	Disagree	15		

organizations obligations	Neither Agree Strongly Agree	12 112 69		
Strong sense of loyalty to the organization	Strongly Disagree Disagree Neither Agree Strongly Agree	5 13 15 117 65	4.03	0.904
Rarely think about leaving this organization to work somewhere else	Strongly Disagree Disagree Neither Agree Strongly Agree	22 44 22 70 57	3.45	1.349
Protect the organization from gossipers and bad mouth talks.	Strongly Disagree Disagree Neither Agree Strongly Agree	9 16 19 95 76	3.99	1.057
Have the opportunities to learn and grow	Strongly Disagree Disagree Neither Agree Strongly Agree	8 41 12 98 56	3.72	1.159
Have to work elsewhere in order to survive at this place.	Strongly Disagree Disagree Neither Agree Strongly Agree	35 61 14 55 50	3.11	1.455

From table 4.6, respondents agreed on the item that they never absent themselves from duty without sound reason 183 compared to 22 who disagreed, this suggests that a small proportion of employee are absent from duty without sound reason. On if respondents' ensured tasks and responsibilities were handled on time, 190 agreed compared to 90 who disagreed. This suggests that the employees on duty complete their tasks as required of them. On if respondents endeavoured to produce quality work in time 194 agreed compared to 13 who disagreed. This suggests that a small proportion of poor quality

work still exists in the health facilities. On respondents providing timely services to clients 186 agreed compared to 16 who disagreed. This also suggests that some employees do not offer services timely to the clients or patients. On if respondents ensured no wastage of organizations resources 189 agreed compared to 13 who disagreed. This suggests that some degree of wastage of resources at the facilities exists. On if respondents are willing to go an extra mile to fulfill organizations obligations 181 agreed compared to 22 who disagreed. This suggests that some employee may not help patients out of the normal duty schedules. On the issue of strong sense of loyalty to the organization 182 of the respondents agreed compared to 18 who disagreed. This is suggestive that some employees are not loyal to the health sector. On if respondents rarely think about leaving this organization to work somewhere else 127 agreed compared to 66 who disagreed. This suggests that fairly a considerable proportion of employees are contemplating leaving the organization. On the question about protecting the organization from gossipers and bad mouth talks 171 agreed compared to 25 who disagreed. This is suggestive that bad moth employees exist but not in greater numbers. On if respondents have the opportunities to learn and grow in the organization 154 agreed while 49 disagreed. Scholarships and promotions have been used by the sector to enlist commitment however some of the employees may not benefit from it. On the issue of having to work elsewhere in order to survive at their places of work 105 agree compared to 96 who disagreed. This suggests that more than half of the health sector workers are involved in a sort of dual employment schedules. Of all the questions asked about employee commitment, except for one, majority of respondents agreed that they exhibited commitment while executing their duties. Therefore there seemed to be a strong agreement about employee commitment among the employees.

However, Rudi (not true name) a clinical officer things otherwise;

“The government has its priorities wrong and we as health workers believe that workers should get a bigger share of what the government gets because we are contributing a lot to having a health population that is contributing this economy”

4.5 Qualitative Results of the Study

Results from key informant interviews were analyzed using the Pragmatic Content Analysis (PCA) method. Summary of qualitative results are present in Appendix A. The PCA method was used because it provides ways of discerning, examining, comparing and contrasting, and interpreting meaningful patterns or themes. Meaningfulness is determined by the particular goals and objectives of the project at hand. The PCA method also allows for the same data to be analyzed and synthesized from multiple angles depending on the particular research or evaluation questions being addressed.

Findings from qualitative results revealed that 12% of the District Officials reported that government had increased salaries for some level of health workers at certain facility levels. They also agreed that the physical environment was a lot better today than it was a few years ago. The District Officials also noted that because of the decentralized nature of the management of the health sector, medical equipment and consumables had altogether become more easily accessible for the local community. This has reduced or eliminated professional misconduct on the part of the health sector workers such as the theft of medicines and equipment. The District Officials agreed that all government health workers are given flexible work time that enables them to do other things for

personal development. The District Officials explained that health workers are deployed in the places they like. No staff is forced to go to a facility where their chances of leaving are high; for example a health worker will know that the job he or she is applying for is in such a location. Therefore they will be deployed in this location hence reducing the percentage of an employee's refusal to take up the positions, let alone the other.

However, the District Officials revealed that there are more opportunities in the job market outside government as a result of the presence of non-governmental organizations. Some public health workers may become less committed employees to their duties and responsibilities as a result. This is because the chances for finding a better or more satisfying job are fairly good and employees know it. If the job market is tight and the chances of finding another decent job are slim, employees tend to be much more committed to their current company or organization.

Medical doctors, 16% were concerned that salary reviews had been done and not much was seen as being implemented. They further agreed that infrastructural changes were taking place and they recommended that the pace of the changes needed to be faster than they were currently. Some of the places have better structures now while others are completely dilapidated. The Doctors explained that there is no issues regarding employee relations, however they asserted that they always encouraged communication in all directions for the staff so that the work at the facility flows smoothly for the benefit of the clients. Most often, all staff schedules address preferences for every staff at the facility. Special days to an employee are respected when they bring it out or if any

emergency happens someone will always step in for that employee. However the doctors stated that currently staff do their work as they are supposed to do because they really have many social problems.

The doctors however commented that things like promotional opportunities, pay raises and chances for cross-training and advancement all encourage commitment do not come so easily. They therefore believe that jobs or organizations where there are fewer opportunities for promotion, advancement, and education are most likely to have higher turnover and less satisfied employees.

Twenty percent of the Clinical Officers indicated that though there has been communication about staff salaries being improved; nothing has so far changed in their bank details. Some believe it may be applicable to staff in the northern or out of central Uganda. Other regions apart from the central region have been classified as hard-to-reach regions where a health worker were given hardship allowances to motivate them to stay and offers services to the community. This according to the clinical officers is what has been described as salary increments for the health workers. The changes in infrastructure were confirmed by the Clinical Officers who stated that these changes mostly targeted the patients' welfare but none for the health workers. They confirmed that the time for work is appropriate for the health workers to work and allows them to do what they think is good for their clients.

The nurses and midwives 32% indicated that salaries for the health workers had been increased but for those that are just joining the workforce. The nurses and midwives

further expressed that some of the places have good accommodation while others were in bad states. The good ones are where development partners contribute to support the district while others that do not have the external support are in bad states. The officials keep saying they have planned for the next financial year. The employee relations have remained good and we are in harmony to achieve the best despite the shortfall affecting the staff remain.

By adopting the appropriate leadership styles, leaders can affect employee job satisfaction, commitment and productivity in any sector. The staff indicated that they regularly participate in the monthly staff duty scheduling process. This confirms what the doctors had said about scheduling staff for a month. They confirmed that they have to do other extra work during their free time to make ends meet and they stated that they were still committed to their work. However, others felt that some of their colleagues take their free time so far by not reporting to duty immediately there time off expires. This therefore results into some days duties starting late or not taking place at all since the responsible employee is either late or is not available for work.

Twenty percent of the laboratory staff indicated that their salary was small to make any person satisfied and be committed to work. They stated that few efforts are done to improve laboratory conditions for them to effectively work, however they are a strong team in delivering service to the population. They also confirmed what other health workers were doing to make ends meet; that is working in other locations during their day offs.

CHAPTER FIVE

DISCUSSION, SUMMARY CONCLUSION, RECOMMENDATIONS AND SUGGESTIONS

5.1 Introduction

The study set out to assess the effects of working conditions on employee commitment in the public health sector in Uganda, a case for Wakiso district. Specifically it sought to examine the effect of remuneration, physical environment, flexible work hours and relations on employee commitment. Qualitative and quantitative research methods were used to gather empirical evidence from the health workers, district leaders and administrators to assess their views, perception and opinions on the above subject.

This study contributes to the several academic researches- on human resource management practices which suggest that high commitment human resource practices are likely to increase organizational effectiveness. Studies conducted by Opkara (2004) and Samad (2007) on job satisfaction and organizational commitment concluded that if workforce is satisfied with their job as well as the organizational environment including its colleagues, compensation, and leadership they, will be more committed with their organization as compared to when they are not satisfied. These studies confirm the argument that organizations are responsible for creating conditions where employees can become highly motivated and involved in organizational activities aimed at achieving organizational goals.

Therefore, to find meaningful effects of employee commitment and productive behaviors, researchers have suggested human resource managers to pay attention to various foci of employee commitment. Identifying various motivational bases of employees can enhance understanding for the behavior of interest and provide solutions as to how human resource managers can motivate people to achieve a high level of productivity.

While literature identifies several approaches for improving motivation of health workers through the use of incentives, there is a paucity of evidence on the efficacy of various incentives schemes in Uganda. Ensuring adequate incentives and habitable environments provided to employees can critically generate greater employee commitment. From a safety perspective, Gyekye (2006) indicates that environmental conditions affect employee safety perceptions which impact upon employee commitment. Opportunities to continue education, training and professional development have been identified as important motivating factors for health workers. Recent research by Whitener, (2001); suggests that high commitment human resource practices, such as employee development, affect organizational outcomes by shaping employee behaviors and attitudes. The nonmonetary factors that would positively motivate health personnel include improved staff welfare, managerial support for professional development and adequate availability of tools and equipment to work with. These have been known to enlist commitment from health personnel apart from salaries.

5.2 Discussions of major findings

5.2.1 Remuneration

A major finding in this research found out that remuneration was considered as a key element in enlisting commitment of the workers in the public health sector in Wakiso district. This was confirmed by 92% (197) of the respondents who in total strongly disagreed or disagreed that they were comfortable with the salary they received for services offered to the public. Health workers considered their current remuneration as unpleasant for one to be committed to a service. However, according to Herzberg, salary is a characteristic that is associated with job dissatisfaction; also called a hygiene factor; if this factor is adequately addressed, people will not be dissatisfied nor will they be satisfied. He therefore concluded that, if one eliminates dissatisfying job factors, they may create peace, but not necessarily enhance performance. Health workers expectations of remuneration is one that is fair, equitable and that it ought to provide them with tangible rewards commensurate with their skills and that it should provide them with a livelihood.

Health sector workers in Uganda alongside other public service workers like the police and teachers have been reported going without pay for several months at the time of this study. The research findings confirmed this, majority of health workers could not take care of themselves using their current salary, let alone make savings, investments or be able to handle their social obligations as is expected of them. A Nursing Officer, Mary (*not real name*) in a Health Centre II in Wakiso District noted that.

“I am working here not because, I will receive a salary at the end of the month but because I took an oath to do this job for humanity and probably there are no better alternatives to this work yet”

Such situations according to the health workers are frequent in the public health sector. Scenes such as these playing in the health sector have the potential to drive health workers to find alternatives ways of earning or may lead many into permanently leaving the sector. While others may keep around performing jobs during their day offs in order to receive additional income others may be involved in other unwanted practices such as reckless use of resources at their disposal. For example, Munene (*not real name*) a Clinical Officer told the researcher that and I quote:

“When we joined this facility, we were many, now we are left seven of us struggling with the workload of over fifteen people for the same usual pay that delays for many month before you get it to pay debts incurred during the many months. What do you expect one should do to survive?”

Remuneration is an important consideration and one of several factors that can enlist satisfaction hence commitment amongst the health workers in the public sector in Uganda. Though there could be many reasons why commitment is low amongst the public health sector workers, certainly the remuneration factor is compelling many health workers to move to the private health sector or get attracted to jobs they consider better alternatives. This assertion is supported in a report by Physicians for Human Rights (2004); that cited poor working conditions, poor remuneration, lack of equipment

and drugs, poor infrastructure; poor management and the possibility of contracting serious diseases as some of the reasons that contribute to health worker migration to more lucrative alternatives.

Pay seems to provide a strong incentive to public health sector workers in Uganda to either be highly committed or lose the zeal to work. A study in six African countries showed that most health workers intended to migrate for higher salaries. In Ghana, 70 percent of 1995 medical graduates had emigrated by 1999 (Awase, Gbary, and Chatora 2003). These researchers concluded that wage levels were predicted to have important commitment implications for the public health sector worker. Paying decent wages is a prime social responsibility of government that wants to improve service delivery for its population. Therefore, by offering wages in line with what the private sector offers in the same industry, government can improve employee commitment and retention in the sector.

A large majority of the key informants maintained that the salary health workers receive were not satisfactory. Their dissatisfaction was therefore related to both the perceived lack of parity between salary and workload as well as to the experience and frustration of the salary not covering the basic costs of living. Long working days and working outside the prescribed working hours were particularly commented upon by many. Although money is important to individuals, research has also shown that individuals who earn more are not necessarily more committed in their jobs (Spector 2008). This is however contrary to the results found in this study that seem to suggest that the health workers would get more committed to their work if they received a pay rise. Therefore,

there is need for the government to demonstrate its responsibility by paying wages that match the cost of living for the public health sector worker; a wage that will address an employee needs based on the actual costs of living in their community.

5.2.2 Physical Conditions

The research findings indicated that less than half 44% (95) of the respondents disagreed that the current work conditions were conducive for effective performance while another just below one quarter 36% (78) of them were in agreement that the work places had ample natural and artificial lighting for their work. The finding is similar to those by (Chen, Chu, Wang, Lin, 2008) while assessing turnover factors for nurses in Taiwan, found unsupportive practice environments and excessive physical and psychological demands as factors contributing to nurse vacancies and turnover.

The health facility infrastructure in Uganda is undergoing a change to make it more habitable for the health workers and for them to perform their duties effectively; however the pace of these renovations vary from one location and facility to another. There is great level of infrastructure mismatch in most the facilities; that is most of the infrastructure in many facilities do not match the level at which the facility is meant to operate. For example, facilities have been upgraded from a previous lower level such as Health Centre II to a higher level such as Health Centre III without the structural upgrade required for the higher level. This has been majorly due to the creation of new districts where geographical boundaries were altered resulting in the upgrade of health facilities in line with the geographical change.

Some of the facilities visited during the study had better physical conditions confirmed by more than a third 36% of the respondents who agreed that work places had ample natural and artificial lighting. For example Mrs. Musana (*not real name*) a District Official noted that:

“The government is renovating some health facilities and this is hoped to be completed in the near future. This is a great undertaking therefore an ongoing process and health workers just need to be patient”

Although convenient workplace conditions are requirements for improving productivity and quality of outcomes; the physical work conditions in many of the health facilities lacked safety measures and comfort issues such as improper lightening and ventilation and limited workspace areas. Present day researchers like Janakiraman, Parish and Berry (2011) in a study on the effect of the work and physical environment on hospital nurses' perceptions and attitudes have argued that features of work environment; the characteristics of hospital physical environment such as quality of patient areas, safety and quality of work spaces are positively associated with commitment. Similarly, Rousseau (1988) in an article titled the construction of climate in organizational research; an international review of industrial and organizational psychology pointed out that the perception of a work environment is an issue in many researches. Therefore, the work environment concept should be applicable to both organizational and managerial features and the factors applied to individual workers.

Health workers faced with such inconvenient working conditions are likely to end up with low performance and face occupational health diseases causing high absenteeism and low commitment to duties assigned to them. Patterson, Warr and West (2004) in a study on organizational climate and company performance confirmed that that behavior of employees was generally understood by the influence of working climate in the organization. They concluded that work environment with positive perceptions produced favorable responses among employees. Therefore, workplace conditions play a crucial role for the employees in the public health sector to remain committed to service for the population.

There are many organizations in which employees encounter work condition problems related to environmental and physical factors. Working conditions include equipment and supplies, infrastructure, support services, regulations at work and lines of authority and decision-making, all of which are important for employee commitment. Pech and Slade (2006) argue that employee disengagement is increasing and it becomes more important to make workplaces that positively influence the workforce. They argued that the quality of environment in workplace may simply determine the level of employee's motivation, subsequent performance and productivity. Good performance by staff is enabled via a supportive working environment. This may encompass more than just having sufficient equipment and supplies. It also includes systems issues, such as decision-making and information-exchange processes, and capacity issues such as workload, support services and infrastructure.

Providing good physical working conditions (e.g. cleanliness of the working place, lighting, adequate tools and equipment) enables employees to carry out their jobs easily, comfortably and efficiently. A study in Pakistan carried out by Zaidi (1986) amongst medical students showed that motivation to work in rural areas was linked to the presence or absence of suitable health facilities. The urgency to design and enforce a decent physical working environment for public health sector workers is long overdue. Therefore, it is critical that government enlists commitment of public health sector workers by making work conditions suitable in all facilities including those in the remote areas.

5.2.3 Work Flexibility

A key finding in this research revealed that more than half 61% (131) of the respondents were in agreement of being able to handle personal issues despite work arrangements. Similarly more than half 60% (128) also reported being happy with their current work schedules. Flexible work options include such things as being able to take time off to address family matters, to change arrival and departure times at work, to move between part-time and full-time work, and so forth. Studies show that the effect of flexibility at work on employee commitment is one of the most powerful components of the business case for flexibility. Though most of the studies look at typical profit making business entities, the government in its real sense can be referred to as a big business unit with various departments; the health sector being one of the departments.

Flexible work arrangements have been reported by some scholars to have positive impact on employee commitment. A study by Feldmann and Arnold (1985) about managing

individual and group behavior in organizations confirmed that working conditions such as flexible time, job sharing and shorter workweeks are quite valued by employees because they can facilitate value off the job activities such as pursuing hobbies. They concluded that commitment was higher and burnout was lower for employees who had access to flexibility at work compared with those who did not have it.

Organizations are under constant pressure to produce goods and services, of the right quality and the right price, as and when customers want them. In the health sector, studies on developing services to meet the Millennium Development Goals have emphasize the importance of making health sector workers with the appropriate skills available and appropriately motivating them; Jha and Mills (2002). By these goals, the government of Uganda and other governments are called upon to ensure that their citizens receive the right health care and services. One of the ways to achieve this is through engaging the health sector work force.

Kahn (1990) defined employee engagement as the harnessing of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances. Where the physical aspect of employee engagement concerns the physical energies exerted by individuals to accomplish their roles. Therefore an engaged employee will be concerned with producing quality work and will believe that she or he has a stake in the organization, hence is a committed employee.

Employees however have also been known to have their own reasons for preferring one pattern of working to another. For example, people with responsibilities to care for children, the sick or the elderly may not be able to work certain shifts, weekends or during school holidays. For example Ms. Kutosi (*not real name*) a midwife at a Health Centre III facility indicated that:

“I prefer to work at night so that I am able to do other things during the day. That includes working in a private health facility and this preference is honored by my supervisors. I like that so much.

5.2.4 Employee Relations

The research findings indicated that close to two thirds 60% (128) of the respondents were in good relations with the management at their places of work. Such work relations can result into a stress free environment which also means relating well with supervisors and colleagues. This finding is consistent with findings by Spector (1997) on job satisfaction that an immediate supervisor’s behaviour is a determinant of job satisfaction and ultimately a committed employee. He concluded that employee’s commitment to work and satisfaction is more likely to increase when the immediate supervisor is understanding, friendly, offers praise for good performance, listens to employees’ opinions and shows personal interest in their work.

On the other hand, according to Ghazzawi (2008) in a study on job satisfaction antecedents and consequences found that an employee’s coworkers, the groups they belong to, and the culture to which an individual is exposed all have the potential to

influence job satisfaction. In summary, how well employees get along with the organization can influence the employee's way of doing his or her duties, level of innovation and collaboration with other employees, absenteeism and ultimately time period to stay in the job; hence a committed employee. Happy employees create happy customers which produce business results. Employees will always want fair, respectful, healthy and democratic workplaces that value their participation. Therefore the key determinants of job quality may likely include; the pace of work and work stress; opportunities for input; job security; work-life balance; workplace relationships; individual development and physical working conditions as perceived by the employee.

The involvement of workers by managers/supervisors is widely believed to be central to the achievement of improved organizational performance across many dimensions, including that of effective health and safety management. Janakiraman, Parish and Berry (2011) in a study amongst hospital nurses' on service quality and commitment found that supervisor support and communication openness is positively associated with staff nurses commitment.

Similarly, many organizations do claim that worker involvement in their decision making and management can result into quantifiable benefits, such as improved change management, more responsive customer service provision, better dispute resolution, reduced labour turnover, and reduced sickness absence. This finding is similar to a study by Butt and Murtaza (2011) that measured customer satisfaction with respect to the restaurant industry in Bahawalpur. The two researchers concluded that service quality can be improved if there is effective communication and collaboration among the

employees; however though this study was conducted in the restaurant industry, effective communication and collaboration amongst health workers can result in better outcomes for the clients/patients. The clinical health workers in this study felt that their inputs were never taken into consideration by the administrators of the sector. It is therefore, important to state that employee relations such as supervisor support, communication openness, conflict resolution at work and teamwork have a relationship with health sector worker commitment.

5.2.5 Employee Commitment

The research findings indicated that slightly over half 54% (116) of the respondents always endeavored to produce quality work in time for their clients. The research also found out that though 53% (115) of respondents provided timely services to clients and ensured no wastage of organization resources, 28% (61) of the respondents offered their services to other employers. Employee commitment can be considered to reflect the general reaction of the employee towards the organization with the common values and objectives. In other words, organizational commitment is an important aspect of organizational effectiveness, productivity and job performance and impacts on absenteeism from duty.

The public health sector's ability to create a committed workforce is undoubtedly crucial to its success in providing services to the populace. McElroy (2001) summarized that for the sector to create committed employees the management needs to understand the concept of organizational commitment; specifically know what it is, how it operates, and

most importantly, the behaviour exhibited by committed employees. Though this study involved a medium sized Finnish company, the basic principles in managing organizational commitment through human resource practices are applicable in any sector including the large public health care service in Uganda.

According to Herzberg, if motivators are missing, employees will probably not be satisfied with their work in that case not committed to their duties. The factors associated with the work itself or motivation factors include the following (1) the work itself, (2) achievement, (3) recognition, (4) responsibility, and (5) opportunity for advancement (Herzberg et al., 1959). Some of the five factors have been mentioned by key informants during interviews.

Taking responsibility for the client was indicated by 56% (121) of the respondents in the study. Such behaviour according to Mowday, Porter, and Steers (1982) is associated with high levels of organizational commitment; it includes those behaviors associated with or demonstrating the willingness of the individual health worker to exert considerable effort on behalf of the organization. This willingness may probably manifest as commitment behaviors as working more hours than the organization formally requires or at times not typically associated with the job in question. For example for a health worker, if one is committed to the organization, and there is work that needs to be done, one would be inclined to stay to finish that work that is continuing to work even after the shift has expired.

Financial incentives and rewards are known to positively affect employee commitment or loyalty. A theoretical rationale for explaining employee commitment is also found in social exchange theory (SET). SET argues that obligations are generated through a series of interactions between parties who are in a state of reciprocal interdependence. A basic principle of SET is that relationships evolve over time into trusting, loyal, and mutual commitments as long as the parties abide by certain rules of exchange as asserted by Cropanzano and Mitchell (2005). They further stated that such rules tend to involve reciprocity or repayment rules, so that the actions of one party lead to a response or actions by the other party. For example, when individuals receive economic and socio-emotional resources from their organization, they would therefore feel obliged to respond in kind and repay the organization; such behaviors exhibited can therefore be referred to be as from one who is committed or not committed to the organization.

The argument here is that the health workers will repay their organization through their level of commitment. In other words, health workers will choose to engage themselves to varying degrees and in response to the resources they receive from the government. The research indicated that over two thirds 72% (154) of the respondents in total agreed and strongly agreed to have the opportunity to pursue further studies while working. Based on the above argument, it is important for government to maintain the relationship with the health workers in such manners which will increase their loyalty and commitment to the health sector.

The use of rewards would go a long way in increasing employee commitment in the sector however poor incentives for rural deployment of highly skilled human resources

may most largely be responsible for the unfavorable staffing patterns of the primary health care network that serves the majority of the population in Uganda. Many health facilities had positions whose staff were on study leave. Though, health workers would most likely choose to train and increase their skills if the rewards of doing so exceed the cost, for the case of the health sector workers in Wakiso District, there seemed to be no great benefit since those who had completed studies remained in their pre-qualification states with not benefits or promotions in effect.

Organizational commitment develops during employment in the organization. Meyer and Herscovitch (2001) developed some propositions that encompass the development of the different mindsets. According to them, the mindset of desire (affective commitment) develops when an individual becomes involved in, recognizes the value-relevance of, and/or derives his or her identity from, association with an entity or pursuit of a course of action. There is also the mindset of perceived cost (continuance commitment) which develops when an individual recognizes that he or she stands to lose investments, and/or perceives that there are no alternatives other than to pursue a course of action relevant to a particular target. And finally the mindset of obligation (normative commitment) which develops as a result of the internalization of norms through socialization, the receipt of benefits that induces a need to reciprocate, and/or acceptance of the terms of a psychological contract.

5.3 Summary

There is a large body of research demonstrating the benefits of commitment for employers. The results of the research reviewed here suggest that commitment also has

benefits for employees, making it a potential win-win situation. Higher salaries and compensation benefits may seem the most likely way to attract employees in the current public health sector. If this is addressed, the health workers are less likely to use other sources of income to supplement their formal pay. However, quality of the physical workplace environment may also have a strong influence on the public health sector's ability to recruit and retain talented people especially for locations that are considered rural or remote. Some key factors in enlisting employee commitment are employee's engagement, productivity, morale, comfort level etc. both positively and negatively.

5.4 Conclusion

To enlist total commitment for improved service delivery in the public health sector, efforts are required to address the causes of health worker dissatisfaction which currently is associated with pay and seems to greatly influence health worker commitment to their assigned duties. The public health sector worker is most likely to be motivated by a feeling of financial achievement, working in an environment of mutual reliance in which differences are dealt with in a team spirit and working in the appropriate infrastructure where working conditions are conducive for providing the required services for the population. The challenges in maintaining a committed health sector workforce requires sustained efforts and innovative strategies such as incentive packages for motivating, retaining and enlisting total commitment of public health workers in most resource-constrained settings in the District.

Providing flexible work arrangements and time off to take care of personal and family needs can help limit unscheduled absenteeism from work. However, this has not reduced

the unscheduled absenteeism and improved on employee productivity. Staff retentions and recruitment imbalances are visible in most of the health facilities and this is more likely to result into the low levels of employee satisfaction and commitment seen in the sector. Employee relations amongst colleagues and supervisors in the facilities are generally positive however; this does not translate into high productivity and commitment on the part of the employees. Some of the employees seem to cultivate the good relationship with the supervisors in a bid to get away with mistakes such as unscheduled absenteeism from work.

It is often stated that public sector employees are lower on organizational commitment compared to their counterparts in the private sector, thereby resulting in a lower level of performance and commitment in the public sector (Buchanan 1974b; Gortner, Mahler, and Nicholson 1987). However, when viewing employee commitment as having multiple dimensions, one can argue that this general statement may not be true. Despite the constant barrage of negative images, superficial criticism, and minimal public support, public health sector employees have a strong willingness to improve productivity and a proactive attitude toward the government and the population well being if only the necessary steps are addressed by government.

5.5 Recommendations

5.5.1 Increase pay and provide other incentives for public health sector workers

One solution for enlisting commitment of the public health worker that is gaining prominence in human resource for health is to increase pay levels and non monetary

incentives for the health workers. It is important to determine the right package of financial and non-financial incentives in order to develop and maintain a qualified and motivated workforce. Thus, increase in financial incentives and other non monetary incentives such as promotions are likely to enhance employee loyalty hence commitment to their assigned duties. The policy suggestion here is for government to improve the salary package for health workers.

5.5.2 Fasten the pace of changing the physical conditions for health workers.

One alternative is to improve working and living conditions in the facilities where the public health workers provide services to the population. Although there has been heavy investment by both the government and other development partners in the health sector, it is evident that most health workers will continue to dread their work in the health sector if funds are not earmarked to change the physical work conditions for the health workers. Therefore, the policy suggestion here is for government to improve the working environment in public health facilities which should include staff accommodation.

5.5.3 Address gaps in the current work flexibility issues at facility level

By implications, all stakeholders need to work together to support the performance of health workers if the desired health sector outcomes are to be realized. The current levels of flexibility at the health facilities vary greatly due to the varying number of staff at the facilities. However, it would be important that the Ministry of Health continues to recruit and retain staff in the facilities to acceptable levels. Addressing the staffing gaps is more

likely to reduce staff laxity at the various places of work. The lack of performance indicators at a facility level may be contributing to the laxity hence the lack of commitment exhibited in the facilities.

5.5.4 Employee relations

Commitment at one's job can affect not only motivation at work but also career decisions, relationships with others and personal health. Though interpersonal relations were conducive for the health workers in the study, the leadership style limits participation of the lower level cadres in the decision making process. A policy suggestion is that the government initiates a more participatory system where health workers are involved through a cooperative team approach that allows deliberations on ways to improve level of job satisfaction in the facility hence commitment to their duties.

5.5.6 Employee commitment

Government needs to enlist the needed commitment amongst her workers and one key strategy is to improve the monetary and non- monetary incentive frameworks faced by health personnel (e.g. continuous training, continuous supervision, appropriate equipment) to improve motivation and thus the productivity and quality of the health workforce. Therefore, if health sector workers are committed at work, they would be more reluctant to exit from their current job duties.

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APPENDICES

APPENDIX A: QUALITATIVE DATA PRESENTATION

Category of the Key Informant interviewed

Type of Cadres	Numbers N	Percentage (%)
District Officials	3	12
Doctors	4	16
Clinical Officers	5	20
Nurses and Midwives	8	32
Laboratory staff	5	20

Data display matrix of the results of responses concerning influence of working conditions as determinants of employee commitment in Wakiso District.

What is done to address Employee Commitment					
Respondent Group	(a) Remuneration	(b) Physical Environment	(c) Employee Relations	(d) Flexible Schedules	(e) Employee Commitment
District Officials	# Gov't has increased salaries for some health workers at certain levels	#Infrastructure upgrade is underway e.g. health units, staff houses	# Facility administration is decentralized for easy management but we refer professional misconduct	# Health workers have flextime to work and do other things	# Health staff are sent to places that they like to operate in & those who don't work are removed from the payroll
Doctors	# Salary reviews done are done though not implemented	# Structures are changing for better but pace is slow to reach other areas	# We encourage communication in all directions for the staff	# Schedules address preferences for every staff at the facility	#Staff do their work as they are to supposed to do
Clinical	# Our salary is	# There are	# Team work	#Time is	# We do what

Officers	to be improved but nothing has changed yet	new changes in structure for patients & some health workers	is encouraged amongst staff	appropriate for us to work	we can based on what is at hand
Nurses & Midwives	#Salary is increased but others not for all	# Some places have good accommodation while others are in bad states	# We work together and are happy with that	#We plan how we want to work for each month	#We have to do other work to survive
Laboratory staff	#Salary is small to make any person satisfied	#Few efforts are done to improve laboratory conditions	#We are a team of health workers at a facility	# We plan how we want to work for each month	# We do what we can based on what is at hand

APPENDIX B: QUESTIONNAIRE

STUDY TOPIC: The influence of working conditions as determinants of employee commitment in the public health sector in Uganda: A case of Wakiso District.

I am a student of Kyambogo University carrying out research on work condition and employee commitment. This is in partial fulfilment for the award of a Masters of Business Administration (MBA). I will be grateful if you spend a few minutes completing this questionnaire. Your insights and responses may assist in improving working conditions for the public health sector workers. Please answer all questions honestly and for confidentiality you do not have to indicate your name. The information gathered is strictly for education purposes only and will confidentially handled.

SECTION A: BACK GROUND INFORMATION

Please make a (Tick) in the box to indicate your response to each question.

1 Gender:

(i) Male		(ii) Female	
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2 Highest level of education:

(i) Masters		(ii) Bachelors		(iii) Certificate		(iv) Doctorate	
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3. Length of service:

(i) Less than 2 years		(ii) 2 – 4 years		(iii) 5 – 7 years		(iv) 8 – 10 years		(v) Over 10 years	
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4 Age bracket:

(i) 21 – 30		(ii) 31 – 40		(iii) 41 – 50		(iv) Over 50	
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6. Please indicate your qualification below (E.g. (Clinical Officer).....

7. Level of this Health Facility

(i) HC IV		(ii) HC III		(iii) HC II	
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SECTION B: Work Conditions and Employee Commitment

The statements below describe situations that may affect work condition at this health facility. You are requested to encircle the number (1/2/3/4/5) which best describes your

attitude towards a particular statement. Please tick the number that best describes your opinion about the statement.

Part A: Remuneration		Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
		[SDA]	[DA]	[N]	[A]	[SA]
A1	I am satisfied with my salary.	1	2	3	4	5
A2	I am able to take care of myself using my salary.	1	2	3	4	5
A3	I am able to make savings from my salary.	1	2	3	4	5
A4	I am able to make investments using my salary.	1	2	3	4	5
A5	I am able to handle some social obligations using my salary.	1	2	3	4	5

Part B: Physical Environment		Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
B1	The physical working conditions are conducive for effective performance.	1	2	3	4	5
B2	My work place has sufficient fresh air	1	2	3	4	5
B3	I am adequately facilitated with sufficient equipment.	1	2	3	4	5
B4	My work space is adequate and pleasant	1	2	3	4	5
B5	I have ample natural and artificial lighting in my work place.	1	2	3	4	5

Part C: Work Flexibility		Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
C1	I am happy with my work schedule	1	2	3	4	5
C2	I am able to negotiate and get a flexible work arrangement.	1	2	3	4	5
C3	I am able to handle personal issues despite my work requirements.	1	2	3	4	5
C4	My work schedule does not interfere with my family ties.	1	2	3	4	5
C5	Flexible work arrangements at my office enable me to peruse further studies.	1	2	3	4	5

	Part D: Employee Relations	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
		[SDA]	[DA]	[N]	[A]	[SA]
D1	I work in a stress free environment.	1	2	3	4	5
D2	I relate well with my supervisors.	1	2	3	4	5
D3	I relate well with my colleagues.	1	2	3	4	5
D4	I relate well with management.	1	2	3	4	5
D5	I have a healthy working relationship with all the workers.	1	2	3	4	5
D6	Conflicts at my work place are resolved without any hardships.	1	2	3	4	5

	Part E: Employee Commitment	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
E1	I can never absent myself from duty without any sound reason	1	2	3	4	5
E2	I always ensure that my tasks and responsibilities are handled on time	1	2	3	4	5
E3	I endeavour to produce quality work in time.	1	2	3	4	5
E4	I always ensure to provide timely services to our clients.	1	2	3	4	5
E5	I ensure no wastage of organization resources.	1	2	3	4	5
E6	I am willing to go an extra mile in order to fulfill the organizations obligations.	1	2	3	4	5
E7	I feel a strong sense of loyalty to this organization	1	2	3	4	5
E8	I rarely think about leaving this organization to work somewhere else.	1	2	3	4	5
E9	I always protect the organization from gossipers and bad mouth talks.	1	2	3	4	5
E10	I always have the opportunities to learn and grow	1	2	3	4	5

Thank you very much.

APPENDIX C: INTERVIEW GUIDE FOR KEY INFORMANTS

Interview guide for Wakiso District officials and Technical/political personnel in the district

1. What can you say about staff salaries for the health workers? Do you think it is appropriate or reasonable? (Probe if amount is sufficient for them? Can savings be made from that? Can they invest from that amount? Can they handle other social obligations using their salary? Etc)
2. What is your comment about the physical environment under which health workers operate? Do you consider it conducive for effective performance? (Probe for sufficient fresh air? Adequate facilitation with sufficient equipment? Adequate and pleasant space? Ample natural and artificial lighting at the work place. Accommodation for health workers, Etc)
3. What is your view about the work schedule for the health workers? (Probe for flexibility in work hours? Negotiation and getting flexible work arrangement? Can they handle personal issues despite the work requirements? Do you think work schedules interfere with their family ties? Are they able to pursue further studies amidst their work arrangements? Etc)
4. What can you say about relations of the employees? Probe for stress free environment? Relation with supervisors; colleagues; management; all employees? How are conflicts being addressed amongst the health workers? Have there been any hardships encountered? Etc)
5. What is your view about commitment of health workers to their duties? (Probe for absenteeism from duty without permission? Are tasks handled on time? Are services provided to clients on time? What about wastage of resources – pilferage, expiry of drugs? How often do you see staff that do or go an extra mile in their work? Comment about their loyalty to service provision? Are there staff working here and elsewhere concurrently – what numbers or %? What percentage of staff have the opportunity to learn and grow in the organization? What is this proportion)
6. Which of the above commitment issues have you addressed? How did you do it?

Thank you very much.

APPENDIX D: LETTER OF AUTHORIZATION



P. O. BOX 1 KYAMBOGO
Tel: 041 - 285001/2/285037 Fax: 256-41-220464
Website: www.kyu.ac.ug
Kyambogo University Graduate School

20th May, 2013

To Whom It May Concern

RE: LETTER OF INTRODUCTION


This is to introduce DRILEBA Paul Registration Number 2011/17351/MBA who is a student of Kyambogo University pursuing a Master Degree in Business Administration.

He intends to carry out research on *The Influence of Working Conditions as Determinants of Employee Commitment in the Public Health Sector in Uganda. A Case study of Wakiso District* in partial fulfillment of the requirements for the award of the Degree of Master Business Administration of Kyambogo University.

This is to kindly request you to grant him permission to carry out this study in your organization.

Any assistance accorded to him will be highly appreciated.

Yours Sincerely


Dr. M.A. Byaruhanga Kadoodooba
Dean, Graduate School



PPD
Please give all the necessary cooperation assistance and information
11/6/13
CHIEF ADMINISTRATIVE OFFICER
WAKISO DISTRICT

To Health Facility In-charge
Please, give the necessary assistance to the bearer of this letter. Thank you.
Sr. [Signature]
17/6/2013

6.0 EXPECTED OUTPUT