

# Salary structure and employee performance in public health facilities in Rwampara District. A cross-sectional study.

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## ABSTRACT

### Background

The study aimed to investigate the relationship between salary structure and employee performance in public health facilities in Rwampara District.

### Methodology

The study employed a descriptive, correlational, and cross-sectional mixed-methods design to examine the relationship between remuneration and employee performance in public health facilities in Rwampara District. A sample of 113 respondents was selected from 160 health workers using purposive and stratified sampling techniques. Data were collected using questionnaires, interviews, and documentary review guides. Reliability and validity were confirmed using Cronbach's alpha (0.8) and Content Validity Index (0.85). Quantitative data were analyzed using SPSS, Pearson correlation, and regression, while qualitative data were analyzed thematically.

### Results

The study achieved a response rate of 88.5% with 100 out of 113 respondents participating. Males constituted 52%, while females were 48%. Most respondents were aged 26–35 years (34%) and 36–45 years (29%). Regarding education, the majority held diplomas (44%), followed by bachelor's degrees (30%) and certificates (18%). Quantitative findings showed dissatisfaction with salary fairness (Mean=2.71), allowances (Mean=2.45), overtime compensation (Mean=2.38), and non-monetary benefits (Mean=2.30), although timely salary payment was highly rated (Mean=4.32). Employee performance was generally good, with high scores for punctuality (Mean=4.20), professionalism (Mean=4.05), and teamwork (Mean=3.90). Correlation analysis revealed a strong positive relationship between salary structure and employee performance ( $r=0.678$ ,  $p<0.01$ ). Qualitative themes included timely salary payment, inadequate remuneration, poor allowances, weak non-monetary rewards, workload challenges, teamwork, and moderate employee motivation and retention.

### Conclusion

Salary structure has a significant and positive influence on employee performance.

### Recommendation

The government and district authorities should review and standardize salary structures to ensure fairness, equity, and alignment with job responsibilities across all health worker cadres.

*Keywords:* Salary structure, Employee performance, Public health facilities, Remuneration, Motivation

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## BACKGROUND OF THE STUDY

Compensation refers to the total package of financial and non-financial rewards that employees receive in exchange for their work. This includes basic salary, allowances, incentives, bonuses, and other benefits aimed at attracting, motivating, and retaining health workers. Well-structured compensation systems are widely recognized as key drivers

of employee motivation, job satisfaction, organizational commitment, and overall performance, especially when aligned with fairness and equity principles (Nthiga & Kathure, 2021; Akuffo-Aduamah, 2025).

Empirical evidence from public health settings consistently shows that compensation has a positive relationship with employee performance. For instance, studies in Kenya's

public health facilities indicate that improved compensation packages significantly enhance health worker productivity and service delivery outcomes (Njiru & Kathure, 2021). Similarly, research in Nairobi City County found that both financial rewards, such as salaries and incentives, and non-financial benefits, like recognition, positively influence performance (Mmbusa & Kiiru, 2025). These findings suggest that a comprehensive salary structure is more effective than basic pay alone.

Further evidence shows that performance-linked pay structures improve accountability and output, as observed in Kenyan hospital settings where compensation tied to performance significantly boosted employee efficiency (Kaaria & Omuya, 2023). However, inconsistencies in the application of allowances and bonuses can reduce motivation and weaken performance outcomes (Nyonje & Florah, 2024).

Studies in Tanzania and broader Sub-Saharan Africa also confirm a moderate to strong positive relationship between compensation and performance, emphasizing that both intrinsic and extrinsic rewards contribute to improved health worker output (Chiwanga, 2021). Additionally, remuneration is often found to work alongside other motivational factors such as recognition and career development, indicating that compensation alone is not sufficient to fully determine performance (Nyaboga & Muathe, 2022).

The study aimed to investigate the relationship between salary structure and employee performance in public health facilities in Rwampara District.

## METHODOLOGY

### Research design

This study employed a descriptive, correlational, and cross-sectional survey research design. The study also adopted a mixed research approach.

The study was descriptive because it captured the behavior and attitudes of respondents in explaining the findings of the study. The study was also correlational since it examined the relationship between remuneration and employee performance in public health facilities in Rwampara District. In addition, the study was cross-sectional because data were collected from respondents at a single point in time.

### Study population

The study population consisted of public health workers in selected health facilities in Rwampara District, Western Uganda. Rwampara District includes both rural and semi-urban communities and comprises a network of health centers at different levels (HC II, HC III, and HC IV). According to the Rwampara District Local Government Health Department, there were 19 health facilities (Health Centre IV: 4, Health Centre III: 4, and Health Centre II: 11) (Rwampara District Local Government Health Department, 2026). Therefore, the study population was 160 health workers, including 35 nurses, 29 clinical officers, 38 midwives, and 19 support staff.

### Sample size

The researcher adopted Krejcie & Morgan's (1970) sampling table, and a sample of 113 respondents was selected proportionally based on the population size.

**Table 1: Population, sample size, and sampling techniques**

Department	Population	Sample size	Sampling technique
District Health Officer	01	01	Purposive sampling
In-charge	19	13	Stratified sampling
Clinical officers	29	20	Stratified sampling
Nurses	35	25	Stratified sampling
Midwives	38	27	Stratified sampling
Support staff	38	27	Stratified sampling
<b>Total</b>	<b>160</b>	<b>113</b>	

*Source: Rwampara District Human Resource Department (2025)*

From the 19 health facility in-charges, a sample of 13 was selected. Similarly, 20 out of 29 clinical officers, 25 out of 35 nurses, 27 out of 38 midwives, and 27 out of 38 support staff were selected using stratified sampling. This approach ensured that differences in roles, responsibilities, and compensation structures across cadres were captured in the study.

Within each stratum, respondents were selected using simple random sampling to minimize selection bias and give each individual an equal chance of being included in the study. Stratified sampling enhanced the representativeness

of the sample and improved the reliability of the findings by ensuring proportional inclusion of all categories of health workers.

### Sampling techniques

A combination of purposive sampling and stratified sampling techniques was employed to select respondents from different categories of health workers.

### **Purposive sampling**

Purposive sampling was used to select the District Health Officer (DHO). Since there was only one DHO in the district, this respondent was deliberately selected due to his key role in policy implementation, supervision, and oversight of human resource and compensation matters within public health facilities. The inclusion of the DHO was important in providing in-depth information on compensation policies and their influence on employee performance at the district level.

### **Stratified sampling**

Stratified sampling was used to select respondents from the remaining categories of health workers, namely health facility in-charges, clinical officers, nurses, midwives, and support staff. Each category was treated as a distinct stratum to ensure adequate representation of all professional groups within the public health facilities.

### **Sources of data**

This study used both primary and secondary sources of data. Primary data were obtained using self-administered questionnaires, which were collected two weeks after the date of issuance to the selected respondents. Secondary data were obtained from the human resource manual, records, minutes, publications, newspapers, and internet sources to supplement the primary data for the study.

### **Data collection methods**

The study used a questionnaire method to collect relevant information for the study since all the respondents were educated and thus could read and write with no guidance from the researcher.

### **Questionnaire method**

The questionnaire method was used to collect primary data from health facility in-charges, clinical officers, nurses, midwives, and support staff. This method was suitable because it allowed information to be collected from a large number of respondents within a short time and ensured uniformity of questions.

A structured questionnaire (in English) was designed and administered to the selected respondents. The questionnaire consisted of both closed-ended questions (such as multiple-choice and Likert-scale questions) and open-ended questions. Closed-ended questions enabled easy quantification and comparison of responses, while open-ended questions allowed respondents to express their views, experiences, and suggestions in detail.

The questionnaires were self-administered, where respondents were given adequate time to complete them at their convenience without interference. For respondents who had difficulty understanding some questions, the researcher provided clarification where necessary without influencing their responses.

Before data collection, the purpose of the study was clearly explained to all respondents, and their informed consent was obtained. Respondents were assured of confidentiality and anonymity, and no personal identifiers were required on the questionnaires to encourage honest responses.

Completed questionnaires were collected after an agreed period to ensure a high response rate. The collected data were then checked for completeness, coded, and prepared for analysis. This method ensured the collection of reliable, valid, and comprehensive data from health facility in-charges, clinical officers, nurses, midwives, and support staff.

### **Interview method**

The interview method was used to collect qualitative data from the District Health Officer (DHO) through a structured and systematic process to ensure that accurate and relevant information was obtained.

First, a formal appointment was requested from the District Health Officer through an official letter explaining the purpose of the study and the type of information required. This helped to secure consent and schedule a convenient time for the interview.

Second, a semi-structured interview guide was prepared in advance. The guide contained both open-ended and closed-ended questions focusing on the DHO's roles, health programs, policies, challenges, and performance within the district. This allowed flexibility for probing while ensuring that all key areas were covered.

Third, the interview was conducted face-to-face in the DHO's office to promote clarity and allow observation of non-verbal cues. Where face-to-face interaction was not possible, a telephone or virtual interview was used. With permission, responses were audio-recorded and supplemented by written notes to ensure accuracy.

Finally, the collected data were transcribed and reviewed immediately after the interview to avoid loss of information. The data were kept confidential and used strictly for academic or research purposes. This approach ensured the collection of detailed, reliable, and firsthand information from the District Health Officer.

### **Data collection instruments**

The study used three main data collection instruments, namely the interview guide, questionnaire, and documentary review guide. Each instrument was designed to collect relevant and reliable data from different sources as described below.

### **Interview guide**

The interview guide was used to collect in-depth qualitative data from key informants, such as the District Health Officer and health facility in-charges. It consisted of a set of pre-determined, open-ended questions aligned with the study objectives. The guide allowed flexibility for probing and follow-up questions to obtain detailed explanations,

opinions, and experiences related to health service delivery, management practices, and challenges. The interview guide ensured consistency across interviews while allowing respondents to freely express their views.

### Questionnaire

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The questionnaire was used to collect quantitative and qualitative data from clinical officers, nurses, midwives, and support staff. It was a structured instrument containing both closed-ended questions (multiple-choice and Likert-scale items) and open-ended questions. Closed-ended questions facilitated easy coding and statistical analysis, while open-ended questions allowed respondents to provide detailed responses and suggestions. The questionnaire was self-administered to give respondents adequate time to respond and to reduce interviewer bias.

### Documentary review guide

The documentary review guide was used to collect secondary data from existing records and documents within the district and health facilities. These documents included health facility reports, staffing records, service delivery statistics, policy documents, strategic plans, supervision reports, and Health Management Information System (HMIS) records. The guide outlined specific indicators and information required to ensure that only relevant and accurate data were extracted. This instrument helped to verify and supplement data obtained through interviews and questionnaires.

### Reliability

Data from the pilot test were tested using Cronbach's alpha to assess their reliability. Cronbach's alpha was used to establish the average correlation or internal consistency of items in the survey instrument in order to measure its reliability and to appraise and improve the reliability of variables resulting from summated scales. The Cronbach's alpha coefficient, ranging between 0 and 1, was used to measure reliability, and values above 0.7 were considered acceptable (Amin, 2009).

In this study, after administering the pilot questionnaire to a small sample of respondents with similar characteristics to the target population, the responses were coded and entered into statistical software (SPSS) for reliability analysis. The items measuring each construct were analyzed separately to determine their internal consistency. The computed Cronbach's alpha for the overall instrument was 0.8.

The value of 0.8 indicated a high level of internal consistency among the questionnaire items, meaning that the items were reliably measuring the same underlying constructs. Since the coefficient exceeded the minimum acceptable threshold of 0.7, the instrument was considered reliable for the main study. Consequently, no major revisions were required, although minor adjustments were made to improve the clarity of a few items before final data collection.

### Validity of the instrument

The validity was assessed using the Content Validity Index (CVI) method. This was attained through a panel of experts who were familiar with the construct, as it is a widely accepted approach for evaluating content validity. The experts independently reviewed each item in the questionnaire and rated its relevance, clarity, and appropriateness in measuring the study variables. Amendments to the questionnaire were then made based on the feedback provided. This ensured that the data collection instruments enabled a comprehensive determination of the phenomenon under study.

In this study, after the expert review process, each item in the questionnaire was rated on a four-point scale (1 = not relevant, 2 = somewhat relevant, 3 = relevant, 4 = highly relevant). The Content Validity Index was then computed by calculating the proportion of items rated as either "relevant" or "highly relevant" (scores of 3 and 4) by the experts, divided by the total number of items reviewed. The individual item-level CVIs were aggregated to obtain the overall scale CVI.

The computed Content Validity Index for the instrument was 0.85. This indicated that 85% of the items were considered valid and relevant by the expert panel in relation to the study objectives. Since this value exceeded the acceptable threshold of 0.70 as recommended by Amin (2009), the instrument was deemed valid for data collection. Items that were found to be ambiguous or less relevant were revised or removed before final administration of the questionnaire, thereby strengthening the accuracy and relevance of the study findings.

### Data analysis

Before analysis, data were cleaned to eliminate discrepancies and thereafter coded and keyed into the computer program (SPSS V27). The data were tabulated, classified, and summarized using descriptive measures such as frequency distributions, percentages, means, and standard deviations. Tables and graphs were used for the presentation of the findings.

Pearson correlation was then used to establish the relationship between salary structure, performance-based pay, bonuses, and employee performance in public health facilities in the Rwampara District. A linear regression model was used to determine the extent to which remuneration predicted employee performance in public health facilities in the district.

Thematic analysis was used to analyze qualitative data by identifying repeated patterns of words and ideas expressed by key respondents.

**RESULTS**

**Response rate**

**Table 2: Response for the study**

Department	Questionnaire issued and interviews scheduled	Questionnaire collected and interviews conducted	Response rate (%)
District Health Officer	01	01	100%
In-charge	13	10	76.9%
Clinical officers	20	18	90.0%
Nurses	25	23	92.0%
Midwives	27	27	100%
Support staff	27	26	96.3%
Total	113	100	88.5%

*Source: Primary Data (2026)*

Table 2 presents the response rate of participants who took part in the study on employee remuneration and performance in public health facilities in Rwampara District.

The findings indicate that out of the 113 respondents who were targeted for questionnaires and interviews, 100 successfully participated in the study, giving an overall response rate of 88.5%. This response rate is considered high and adequate for reliable statistical analysis and generalization of findings.

At the departmental level, the District Health Officer recorded a 100% response rate, indicating full participation in the interview process. Similarly, midwives also achieved a 100% response rate, showing complete engagement in the study.

Among the other categories, support staff recorded a very high response rate of 96.3%, followed by nurses at 92.0% and clinical officers at 90.0%, indicating strong participation across these professional cadres.

However, the in-charge category recorded the lowest response rate of 76.9%, which may be attributed to workload

pressures, limited availability, or administrative commitments that restricted full participation.

Overall, the high response rate across most categories suggests that the data collected is representative of the study population and sufficient for drawing valid conclusions regarding the relationship between remuneration and employee performance in public health facilities in Rwampara District.

**Demographic characteristics of the respondents**

Table 3 presents the demographic characteristics of the respondents involved in the study on employee remuneration and performance in public health facilities in Rwampara District. The findings provide an overview of the social, professional, and institutional background of the participants, which is important in understanding the context of the study results

**Table 3: Demographic characteristics of the respondents**

Variable	Category	Frequency (n)	Percentage (%)
<b>Gender</b>	Male	52	52.0
	Female	48	48.0
<b>Age group</b>	18–25 years	8	8.0
	26–35 years	34	34.0
	36–45 years	29	29.0
	46–55 years	21	21.0
	56 years and above	8	8.0
<b>Highest level of education</b>	Certificate	18	18.0
	Diploma	44	44.0
	Bachelor’s Degree	30	30.0
	Master’s Degree	6	6.0
	Other	2	2.0
<b>Position/designation</b>	Medical Officer	6	6.0
	Clinical Officer	18	18.0
	Nurse/Midwife	50	50.0

	Laboratory Personnel	8	8.0
	Administrative Staff	5	5.0
	Support Staff	13	13.0
<b>Department/unit</b>	Outpatient Department	28	28.0
	Inpatient Department	22	22.0
	Maternity	20	20.0
	Laboratory	10	10.0
	Administration	12	12.0
	Other	8	8.0
<b>Work experience</b>	< 1 year	6	6.0
	1–5 years	32	32.0
	6–10 years	28	28.0
	11–15 years	20	20.0
	Above 15 years	14	14.0
<b>Employment status</b>	Permanent	70	70.0
	Contract	20	20.0
	Temporary	10	10.0
<b>Type of health facility</b>	Health Centre II	20	20.0
	Health Centre III	35	35.0
	Health Centre IV	30	30.0
	Hospital	15	15.0

*Source: Primary Data (2026)*

The findings show a relatively balanced gender representation, with 52% male and 48% female respondents. This indicates that both genders were fairly represented in the study, reducing gender bias in the findings.

### Age distribution

The majority of respondents were in the 26–35 years (34%) and 36–45 years (29%) age brackets. This suggests that most health workers were within their active, productive, and early-middle career stages. A smaller proportion was aged 18–25 years (8%) and 56 years and above (8%), indicating fewer very young and near-retirement workers.

### Education level

The results indicate that the majority of respondents held diplomas (44%), followed by bachelor's degrees (30%) and certificates (18%). A small proportion held master's degrees (6%). This suggests that most health workers possessed mid-level professional qualifications suitable for service delivery roles.

### Position/Designation

The largest proportion of respondents were nurses/midwives (50%), followed by clinical officers (18%) and support staff (13%). Medical officers accounted for 6%. This distribution reflects the structure of staffing in lower-level public health facilities where nursing cadres dominate service delivery.

### Department/unit

Respondents were distributed across different units, with the highest proportion in the Outpatient Department (28%), followed by Inpatient (22%) and Maternity (20%). This

indicates that data were collected from key service delivery points within health facilities.

### Work experience

Most respondents had between 1–5 years (32%) and 6–10 years (28%) of experience. This indicates that the majority had sufficient exposure to health service delivery processes, which strengthens the reliability of their responses.

### Employment status

The majority of respondents were permanent employees (70%), followed by contract staff (20%) and temporary staff (10%). This indicates relatively stable employment conditions among most health workers.

### Type of health facility

Most respondents were from Health Centre III (35%), followed by Health Centre IV (30%) and Health Centre II (20%), with a smaller proportion from hospitals (15%). This reflects the structure of public health service delivery in the district, where lower and mid-level facilities dominate.

### Salary structure for employees in public health facilities in Rwampara District Descriptive analysis of findings on salary structure for employees in public health facilities in Rwampara District

Table 4 presents the descriptive statistics on respondents' perceptions of salary structure in public health facilities. The analysis was based on mean scores and standard deviations to determine the level of agreement with each statement,

where higher mean values indicate stronger agreement and lower values indicate disagreement with the statements.

**Table 4: Descriptive Statistics on Salary Structure in Public Health Facilities in Rwampara District (N = 100)**

Statement	Mean	Std. Deviation	Interpretation
My salary is fair compared to the work I perform.	2.71	1.12	Disagree
Employees receive salaries on time.	4.32	0.81	Agree
The salary structure in this facility is satisfactory.	2.89	1.05	Disagree
Allowances are adequate.	2.45	1.09	Disagree
Overtime work is fairly compensated.	2.38	1.14	Disagree
Adequate non-monetary benefits are provided.	2.30	1.08	Disagree
Salary structure motivates employees to perform better.	3.01	1.07	Neutral
Promotion is accompanied by improved remuneration.	3.20	1.02	Neutral
Compensation system is fair to all employees.	3.05	1.00	Neutral
Employees receive recognition for outstanding performance.	2.40	1.10	Disagree
Salary structure improves employee commitment to work.	3.10	0.98	Neutral
Employees are satisfied with the benefits provided.	2.55	1.06	Disagree
Salary structure is competitive with other facilities.	2.62	1.11	Disagree
Salary structure contributes to employee retention.	3.15	0.95	Neutral

*Source: Primary Data (2026)*

The overall mean score of 2.86 indicates that respondents generally tended to disagree to a moderate extent that the salary structure in public health facilities is adequate, fair, and motivating. This suggests that while some aspects of remuneration are functioning relatively well, there are significant gaps in salary satisfaction and compensation fairness that may affect employee motivation and performance.

#### **Timeliness of salary payment**

The highest mean score was recorded on the statement that employees receive salaries on time (Mean = 4.32, SD = 0.81). This indicates that most respondents agreed that salary payments are made promptly. The low standard deviation further suggests that there was a strong consensus among respondents on this issue. This implies that the payroll system in the district is relatively efficient and reliable.

#### **Fairness of salary and satisfaction**

The statement that salary is fair compared to the work performed recorded a mean of 2.71, indicating disagreement among respondents. Similarly, the statement on overall satisfaction with the salary structure had a mean of 2.89, reflecting a generally negative perception. These findings suggest that employees feel that their remuneration does not adequately reflect their workload and responsibilities.

#### **Allowances and overtime compensation**

The findings revealed low mean scores for allowances being adequate (Mean = 2.45) and overtime being fairly compensated (Mean = 2.38). These results indicate

widespread dissatisfaction with supplementary financial benefits. The relatively high standard deviations suggest variation in responses, implying that experiences may differ across cadres or facilities.

#### **Non-monetary benefits and recognition**

The statement on adequate non-monetary benefits recorded a mean of 2.30, the lowest among all items, indicating strong disagreement. Similarly, recognition for outstanding performance had a mean of 2.40, also reflecting dissatisfaction. This suggests that non-financial reward systems are weak or poorly implemented in public health facilities in the Rwampara District.

#### **Motivation, commitment, and performance link**

The statement that salary structure motivates employees to perform better had a mean of 3.01, indicating a neutral position. Likewise, salary structure improves employee commitment recorded a mean of 3.10, also reflecting neutrality. These results suggest that while remuneration has some influence on motivation and commitment, it is not strong enough to produce a clear positive perception among employees.

#### **Promotion and career progression**

The perception that promotion is accompanied by improved remuneration recorded a mean of 3.20, indicating slight agreement. This suggests that some respondents recognize a link between career progression and salary adjustments, although this relationship may not be consistently applied across all cadres.

Fairness and competitiveness of the compensation system  
The statement on the fairness of the compensation system had a mean of 3.05, reflecting neutrality. However, the competitiveness of salary compared to other facilities recorded a lower mean of 2.62, indicating disagreement. This implies that employees perceive the salary structure as less competitive compared to other health facilities, which may contribute to staff dissatisfaction and potential turnover intentions.

### Employee retention

The statement that salary structure contributes to employee retention recorded a mean of 3.15, suggesting a neutral to slightly positive perception. This indicates that while remuneration may influence retention to some extent, it is not the sole determining factor, and other aspects such as working conditions and career development may also play a role.

### Summary Interpretation

In summary, the descriptive findings indicate that although salary payments are timely and relatively well-managed, there is widespread dissatisfaction with the adequacy, fairness, and competitiveness of the salary structure. Non-monetary benefits and reward systems are particularly weak, while perceptions of motivation and retention effects remain moderate. Overall, the findings suggest that improvements in salary structure and associated benefits are necessary to enhance employee performance in public health facilities in Rwampara District.

### Qualitative findings on salary structure in public health facilities in the Rwampara District

This section presents qualitative findings obtained from interviews with the District Health Officer (DHO), five health facility in-charges, and two clinical officers regarding salary structure and its influence on employee performance. The responses were analyzed thematically, and key themes that emerged included: timeliness of salary payment, adequacy of salary, fairness and equity, allowances and overtime compensation, motivation and retention, and non-monetary benefits.

#### Theme 1: Timeliness of salary payment

All respondents consistently acknowledged that salaries were generally paid on time. The District Health Officer noted that payroll processing had improved due to centralized government systems, which had reduced delays. *“Salary payment has become more predictable due to the integrated payroll system. Most staff receive their salaries monthly without major delays.”* – DHO. Similarly, health facility in-charges confirmed that delays were rare, although occasional system errors were experienced.

*“We usually receive salaries on time, though sometimes there are minor technical issues that affect a few staff.”* – In-charge.

This finding aligns with quantitative results showing high agreement that salaries are paid promptly.

#### Theme 2: Perceived inadequacy and unfairness of salary

Despite timely payment, most respondents expressed dissatisfaction with the adequacy of salaries compared to workload and living costs.

The DHO acknowledged concerns from staff regarding salary adequacy:

*“Staff frequently raise concerns that their salaries do not match the workload and cost of living, especially in rural postings.”*

Health facility in-charges similarly indicated that salary levels were perceived as low, particularly among lower cadres.

*“Nurses and support staff often feel that their pay is not proportional to the amount of work they do.”*

Clinical officers also echoed this concern:

*“When you compare our responsibilities with the salary, many of us feel undervalued.”*

#### Theme 3: Allowances and overtime compensation

A major concern raised by respondents was inadequate allowances and poor overtime compensation. Most in-charges reported that overtime work was either poorly compensated or not compensated at all.

*“Overtime is rarely paid in full, and when it is, it is delayed or minimal.”* – In-charge.

Clinical officers further emphasized that the lack of overtime compensation reduced motivation to handle extra duties.

The DHO acknowledged budget constraints:

*“The district often operates under limited funding, which affects payment of allowances and overtime.”*

This theme strongly supports quantitative findings indicating dissatisfaction with allowances and overtime pay.

#### Theme 4: Non-monetary benefits and recognition

Respondents consistently highlighted the absence of structured non-monetary benefits such as recognition, awards, and welfare support.

*“We rarely receive formal recognition for good performance, which affects morale.”* – Clinical Officer.

In-charges added that motivational mechanisms were weak or informal:

*“Recognition is mostly verbal; there are no structured reward systems for outstanding staff.”*

The DHO noted that non-financial incentives were limited due to resource constraints but acknowledged their importance in improving performance.

### **Theme 5: Motivation, commitment, and retention**

There was a mixed perception regarding the extent to which salary structure influences motivation and retention. While some respondents felt that salaries ensured basic job stability, they were not sufficient to strongly motivate performance.

*“People remain in their jobs mainly for job security, not because they are highly motivated by salary.”* – In-charge Clinical officers indicated that low remuneration sometimes affected morale but did not necessarily lead to immediate turnover due to limited alternative employment opportunities.

The DHO observed:

*“Retention is relatively stable, but motivation remains a challenge due to dissatisfaction with remuneration packages.”*

### **Theme 6: Salary competitiveness and equity**

Respondents generally felt that salaries in public health facilities were not competitive compared to other sectors or private facilities.

*“If you compare with private facilities, the pay difference is significant.”* – Clinical Officer.

In-charges also noted disparities across cadres, which sometimes caused dissatisfaction among staff.

*“There are perceptions of inequality between different cadres even within the same facility.”*

### **Summary of interview findings**

Overall, the qualitative findings indicate that while salary payments in Rwampara District are timely and relatively stable, significant challenges exist in relation to salary adequacy, fairness, allowances, overtime compensation, and non-monetary rewards. These weaknesses contribute to moderate motivation levels and limited employee satisfaction. The findings strongly reinforce the quantitative results, which showed that the salary structure is not sufficiently competitive or motivating to enhance employee performance.

### **Documentary findings on salary structure in public health facilities in the Rwampara District**

This section presents findings obtained from the review of relevant documents, including payroll records, human resource manuals, district health reports, staffing guidelines, supervision reports, and budget allocation documents. The purpose was to triangulate evidence on salary structure and employee remuneration practices in public health facilities. The documentary evidence was analyzed thematically in relation to salary timeliness, salary adequacy, allowances and overtime payments, staff welfare benefits, and reward and retention mechanisms.

### **Theme 1: Salary payment systems and timeliness**

A review of payroll records and district human resource reports indicated that salary payments were generally processed through the government integrated payroll system. Monthly payroll summaries showed that most health workers received salaries within scheduled payment periods.

District health reports confirmed that delays were minimal and mainly attributed to system verification issues or temporary administrative errors. This finding supports both interview and quantitative data, which indicate high agreement that salaries were paid on time.

However, some monthly payroll variance reports revealed occasional discrepancies, including delayed payments for newly recruited staff and cases of temporary suspension due to verification issues. These inconsistencies, although not widespread, indicated systemic administrative challenges.

### **Theme 2: Salary structure and remuneration levels**

The review of the national and district salary structure guidelines showed that salaries for public health workers are standardized under the national public service pay scales. However, district-level reports indicated that actual earnings remained relatively low compared to workload demands and inflation levels.

Human resource reports highlighted persistent complaints related to salary compression, where differences between cadres were minimal despite differences in qualifications and responsibilities. This was also reflected in staff appraisal reports, which frequently cited dissatisfaction with remuneration levels as a key concern affecting morale.

### **Theme 3: Allowances and overtime compensation**

Budget performance reports and health facility financial statements indicated that allocations for allowances and overtime payments were limited and irregular. In several facilities, overtime payments were either delayed or partially paid due to budget constraints.

Supervision reports from the district health office revealed that staff frequently worked beyond official working hours, especially in maternity and emergency units, but compensation for such work was not consistently provided. This documentary evidence confirms the perception from respondents that overtime compensation and allowances were inadequate and inconsistently implemented.

### **Theme 4: Employee welfare and non-monetary benefits**

A review of human resource manuals and facility-level welfare reports indicated that formal non-monetary reward systems were weak. Although some facilities had informal recognition practices such as verbal appreciation during

meetings, there was no standardized reward or incentive framework.

Staff welfare reports also showed limited provisions for housing, transport, and medical support, particularly for lower cadres. This lack of structured welfare support was noted as a gap in several district performance assessment reports.

### **Theme 5: Performance appraisal and reward linkage**

Performance appraisal reports indicated that while staff evaluations were conducted annually, the linkage between performance outcomes and rewards was weak. In most cases, appraisal results were used primarily for administrative documentation rather than promotion or financial incentives.

District health sector performance reports highlighted that reward mechanisms were not consistently tied to measurable performance indicators, reducing their motivational impact.

### **Theme 6: Staff retention and turnover trends**

Human resource turnover reports showed moderate staff retention levels in most public health facilities. However, exit interview summaries indicated that dissatisfaction with remuneration, limited career progression, and lack of incentives were among the key reasons for staff attrition.

Despite this, the data also showed that retention was somewhat stabilized by job security in the public sector, consistent salary payment schedules, and limited alternative employment opportunities within the district.

### **Employee Performance in Public Health Facilities in the Rwampara District Descriptive analysis of findings on employee performance in public health facilities in Rwampara District**

Table 5 presents descriptive statistics on employee performance in public health facilities. The analysis is based on mean scores and standard deviations, where higher mean values indicate stronger agreement that employees are performing well across different performance indicators.

**Table 5: Descriptive statistics on employee performance in public health facilities in Rwampara District**

Statement	Mean	Std. Deviation	Interpretation
Employees complete duties on time.	3.85	0.88	Agree
Employees demonstrate commitment to work.	3.70	0.92	Agree
Employees maintain high service standards.	3.60	0.90	Agree
Employees respond promptly to patients' needs.	3.75	0.89	Agree
Employees cooperate well with colleagues.	3.90	0.85	Agree
Employees regularly achieve work targets.	3.55	0.93	Agree
Employees demonstrate professionalism.	4.05	0.80	Strongly Agree
Employees show initiative in problem-solving.	3.40	0.95	Neutral
Employees follow rules and regulations.	4.10	0.78	Strongly Agree
Employees manage workload effectively.	3.65	0.91	Agree
Employees are dedicated to improving service quality.	3.80	0.87	Agree
Employees regularly report to work as scheduled.	4.20	0.75	Strongly Agree
Employees maintain a positive attitude toward work.	3.50	0.94	Agree

*Source: Primary Data (2026)*

The overall mean score of 3.76 indicates that respondents generally agreed that employee performance in public health facilities in Rwampara District is relatively good. This suggests that health workers demonstrate acceptable to high levels of performance in terms of service delivery, professionalism, and work discipline.

### Timeliness and work completion

Findings show that employees complete their duties on time (Mean = 3.85) and regularly achieve assigned work targets (Mean = 3.55). This indicates that most health workers are relatively efficient in meeting job requirements and completing tasks within expected timeframes.

### Commitment and dedication

Respondents agreed that employees demonstrate a high level of commitment to their work (Mean = 3.70) and show dedication to improving healthcare service quality (Mean = 3.80). This suggests a generally strong work ethic among health workers in the district.

### Service quality and professionalism

The findings reveal that employees maintain high standards of service delivery (Mean = 3.60) and demonstrate professionalism while performing their duties (Mean = 4.05). The high mean score for professionalism indicates that staff generally adhere to ethical and professional standards in service delivery.

### Responsiveness and teamwork

Employees were found to respond promptly to patients' needs (Mean = 3.75) and cooperate well with colleagues (Mean = 3.90). These results suggest effective teamwork and a responsive service delivery environment, which are important for improving patient care.

### Adherence to rules and attendance

The highest-rated performance indicator was regular reporting to work as scheduled (Mean = 4.20), followed by adherence to workplace rules and regulations (Mean = 4.10). This indicates strong discipline, punctuality, and compliance with institutional guidelines among health workers.

### Workload management and attitude

Respondents agreed that employees manage workload effectively (Mean = 3.65) and maintain a positive attitude toward work (Mean = 3.50). While still positive, these slightly lower scores suggest that workload pressure and job stress may affect attitudes in some cases.

### Initiative and problem-solving

The lowest mean score was recorded for employees showing initiative in solving work-related problems (Mean = 3.40), which falls within a neutral to moderate range. This suggests that while employees perform well in routine tasks, proactive problem-solving and innovation may be less developed.

### Interview findings and thematic analysis on employee performance in Public Health facilities in Rwampara District

This section presents qualitative findings from interviews conducted with the District Health Officer (DHO), five health facility in-charges, and two clinical officers. The responses were analyzed thematically to understand perceptions of employee performance in relation to timeliness, professionalism, commitment, teamwork, and service delivery quality. The key themes that emerged included: generally satisfactory performance, strong discipline and adherence to rules, good teamwork and

responsiveness, workload challenges affecting performance, and limited innovation and initiative.

Theme 1: Generally satisfactory employee performance

Across all categories of respondents, there was a consensus that employee performance in public health facilities is generally satisfactory.

The District Health Officer stated:

*“Overall, health workers in the district are doing their best under the available conditions, and performance is generally acceptable.”*

Facility in-charges also confirmed this view:

*“Most staff are committed and manage to deliver services despite the challenges they face.”*

Clinical officers similarly observed that performance levels were stable, particularly in routine service delivery.

Theme 2: Strong Discipline, Punctuality, and Adherence to Rules

A recurring theme was that employees demonstrate strong discipline, including punctual attendance and adherence to workplace regulations.

*“Most staff report on time and follow the required procedures and guidelines.”* – In-charge

The DHO emphasized compliance:

*“There is generally good adherence to public service regulations and professional standards among health workers.”*

This aligns with quantitative findings showing high agreement on punctuality and rule compliance.

Theme 3: Good teamwork and responsiveness to patients

Respondents highlighted strong teamwork and collaboration among staff, which was seen as a key factor supporting service delivery.

*“We work as a team, especially during busy periods like immunization or emergencies.”* – Clinical Officer.

In-charges also noted that staff generally respond well to patient needs:

*“Despite workload challenges, staff try their best to attend to patients promptly.”*

The DHO added that teamwork was essential in maintaining service continuity in understaffed facilities.

Theme 4: Commitment to work and service delivery

Most respondents agreed that employees demonstrate commitment and dedication to their duties.

*“Health workers are committed, even though they are not always adequately motivated financially.”* – In-charge

Clinical officers also indicated that commitment was driven more by professional ethics than financial incentives:

*“We are committed to helping patients, even when resources are limited.”*

Theme 5: Workload Challenges Affecting Performance

Despite generally good performance, respondents identified workload as a major constraint.

*“The workload is high, especially in lower-level facilities, which sometimes affects service delivery efficiency.”* – DHO.

In-charges reported that staff shortages often lead to burnout:

*“One worker may be doing the work of several people, which affects efficiency at times.”*

This suggests that performance is maintained under pressure rather than optimal working conditions.

Theme 6: Limited innovation and initiative

A key weakness identified was limited initiative and problem-solving among some staff.

*“Most staff focus on routine duties, but fewer take initiative to solve emerging challenges.”* – In-charge

Clinical officers also observed that innovation was constrained by resource limitations:

*“Even when we identify problems, we sometimes lack resources to implement solutions.”*

The DHO noted that innovation requires both motivation and supportive systems, which are still developing.

## Documentary findings on employee performance in public health facilities in the Rwampara District

This section presents findings obtained from the review of relevant documents, including staff appraisal reports, district health performance reports, supervision reports, attendance registers, health facility monthly returns, Ministry of Health performance guidelines, and human resource records. The purpose was to triangulate evidence on employee performance trends in public health facilities.

The documentary evidence was analyzed thematically under timeliness and attendance, service delivery performance, adherence to guidelines, teamwork and coordination, workload management, and innovation.

### Theme 1: Timeliness, attendance, and reporting to duty

A review of attendance registers and duty rosters revealed generally high levels of staff attendance in most health facilities. Monthly attendance summaries showed that the majority of employees reported to duty as scheduled, with relatively low absenteeism rates recorded in most facilities. However, supervision reports indicated occasional cases of late reporting, particularly in facilities located in hard-to-reach areas, often attributed to transport challenges and staff shortages.

Overall, documentary evidence confirms generally strong punctuality and attendance among health workers in Rwampara District.

### Theme 2: Service delivery performance

District health performance reports indicated that health facilities consistently delivered essential health services such as outpatient care, maternal health services, immunization, and basic laboratory diagnostics.

Monthly service delivery reports showed that most facilities met a significant proportion of their service targets, although some facilities experienced fluctuations due to drug stock-outs and staffing gaps.

These reports suggest that while service delivery is generally maintained, it is affected by resource constraints rather than poor employee effort.

### Theme 3: Adherence to clinical guidelines and professional standards

Supervision and clinical audit reports indicated relatively good adherence to clinical guidelines in most facilities. Health workers were generally found to follow standard treatment protocols, particularly in maternal and child health services.

However, some audit reports highlighted isolated cases of deviations from guidelines, often linked to workload pressure and limited supervision in remote facilities.

Despite these challenges, overall compliance levels were rated as satisfactory.

### Theme 4: Teamwork and coordination

Facility monthly reports and supervision notes indicated strong teamwork among health workers, particularly during outreach programs, immunization campaigns, and emergency response activities.

Minutes from facility meetings showed regular coordination between departments such as outpatient, maternity, and laboratory services, which supported continuity of care.

This evidence supports the finding that teamwork is a key strength in the district health system.

### Theme 5: Workload management and staffing constraints

Human resource records and staffing gap analysis reports revealed significant understaffing in several health facilities, particularly lower-level facilities such as Health Centre II and III.

Supervision reports frequently noted that staff were overburdened due to high patient volumes and limited human resources. Despite this, the staff was still able to maintain service delivery, although efficiency was sometimes affected.

This confirms that workload pressure is a structural challenge influencing employee performance.

### Theme 6: Innovation and problem-solving

A review of performance appraisal reports and district health review meeting minutes showed limited documentation of innovation or staff-led problem-solving initiatives.

Most recorded activities focused on routine service delivery rather than innovative improvements or locally driven solutions.

This suggests that while employees perform routine tasks effectively, there is limited evidence of proactive innovation at the facility level.

### Correlational Findings

This section presents a correlational analysis examining the relationship between salary structure and employee performance in public health facilities in Rwampara District. Pearson Product-Moment Correlation ( $r$ ) was used to determine the strength and direction of the relationships at a 0.05 significance level.

**Table 6: Correlation Matrix between Remuneration and Employee Performance (N = 100)**

Variables	Salary Structure	Employee Performance
Salary Structure	1.000	
Employee Performance	0.678**	1.000

Note:  $p < 0.01$  (2-tailed)

The findings reveal a strong positive and statistically significant relationship between salary structure and employee performance ( $r = 0.678$ ,  $p < 0.01$ ). This implies that improvements in salary fairness, timeliness, and adequacy are associated with better employee performance in public health facilities. Employees who perceive their salary as fair and timely tend to demonstrate higher levels of commitment, punctuality, and service quality.

### Discussion

The study established a strong positive relationship between salary structure and employee performance ( $r = 0.678$ ,  $p < 0.01$ ), with regression results confirming a significant effect ( $\beta = 0.318$ ,  $p < 0.001$ ). This implies that the fairness, adequacy, and timeliness of salary payments significantly enhance employee performance in public health facilities. These findings are consistent with the broader remuneration literature, which emphasizes that compensation is a key

driver of employee motivation and performance. For instance, studies by Njiru and Kathure (2021) and Mmbusa and Kiiru (2025) found that competitive salary structures significantly improve employee performance in public health facilities in Kenya. Similarly, Kariuki (2021) reported that salary fairness and incentives positively influence performance in public hospitals, reinforcing the idea that employees are more productive when compensation is perceived as equitable.

The findings also align with motivation theory and equity theory, which argue that employees compare their inputs (effort, skills) with outputs (salary, rewards). When salary structures are perceived as fair and competitive, employees demonstrate higher commitment and productivity.

However, the qualitative findings revealed concerns about delays and perceived inequities in salary administration. This aligns with World Bank (2023) findings that salary delays in public health systems reduce motivation and increase absenteeism. Therefore, while salary structure is a

strong predictor of performance, its effectiveness depends on timely and equitable implementation.

### Conclusion

The study concluded that salary structure has a significant and positive influence on employee performance. Employees who perceived salaries as fair, timely, and competitive demonstrated higher levels of commitment, punctuality, and service delivery. The correlation ( $r = 0.678$ ) and regression results ( $\beta = 0.318$ ,  $p < 0.001$ ) confirmed that salary structure is a strong predictor of performance in public health facilities.

However, the study also concluded that existing challenges, such as salary delays, perceived inequities, and limited competitiveness, reduce the full motivational potential of salary structures.

### Recommendation

The government and district authorities should review and standardize salary structures to ensure fairness, equity, and alignment with job responsibilities across all health worker cadres.

Timely payment of salaries should be strengthened through improved payroll management systems to avoid delays that demotivate staff.

Salary structures should be made more competitive and responsive to inflation and cost-of-living adjustments to improve retention and commitment.

Non-monetary benefits such as housing allowances, transport facilitation, and medical insurance should be strengthened to complement basic salaries.

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### List of abbreviations

CVI – Content Validity Index  
DHO – District Health Officer  
HC II – Health Centre II  
HC III – Health Centre III  
HC IV – Health Centre IV  
HMIS – Health Management Information System  
MOH – Ministry of Health  
SD – Standard Deviation  
SPSS – Statistical Package for Social Sciences  
OPD – Outpatient Department  
 $\beta$  – Beta Coefficient  
 $r$  – Pearson Correlation Coefficient

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### Informed consent

Written informed consent was obtained from all participants before their inclusion in the study. Participants were informed about the purpose of the study, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty.

### Author contributions

JKT: collected the data.  
KNU: supervised the study.  
EB: Supervised the study

### Data availability

Data is available upon request from the author

### Author biography

Julius Baker Teriyetu: a student pursuing a master's degree in public administration and management at Team University  
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