

Salary Enhancement and Perceived Service Delivery Among Health Sector Employees in Sheema District

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Abstract

This study examined the effect of salary enhancement on perceived service delivery among health sector employees in Sheema District Local Government, Uganda. Despite government interventions to improve salaries, challenges such as limited resources, inadequate infrastructure, and workforce constraints continued to affect service delivery. The study aimed to assess the influence of current salary, salary fairness perception, and salary increment frequency on employees' perceptions of service delivery. A quantitative research design was employed, using structured questionnaires administered to 385 respondents, including medical officers, nurses, midwives, clinical officers, pharmacists, laboratory technicians, public health officers, health information officers, health educators, support staff, and community beneficiaries. Key informant interviews and document reviews of salary records and service delivery reports were also conducted to enrich the findings. The results indicated that current salary had a moderate positive effect on perceived service delivery ($r = 0.444$, $p = 0.02$), though its relationship with salary fairness perception was weak and not statistically significant. Salary fairness perception was positively associated with perceived service delivery ($r = 0.45$, $p = 0.025$), suggesting that employees who considered their salaries fair were more likely to hold positive views about service quality. Salary increment frequency exhibited the strongest positive correlation with perceived service delivery ($r = 0.97$, $p = 0.015$), indicating that regular and predictable increments strongly influenced employees' perceptions. Overall, the study demonstrated that salary enhancement, particularly frequent increments, contributed significantly to improving perceived service delivery. The study concluded that while higher salaries and fairness perceptions moderately enhanced service delivery, structured and regular salary increments were the most influential motivating factor. Recommendations included prioritizing frequent salary reviews, ensuring fair compensation structures across all health worker cadres, promoting professional ethics among employees, and encouraging collaboration between the government and NGOs to support incentive programs that complement salary enhancement.

Key words: Salary Enhancement and Perceived Service Delivery Among Health Sector Employees in Sheema District.

Introduction

Healthcare workers play a critical role in ensuring effective and efficient service delivery in the health sector. However, inadequate compensation is a significant challenge that affects the morale and motivation of healthcare workers, which can negatively impact the quality of services delivered. In Sheema District Local Government, salary enhancement has been identified as a potential solution to this problem, with the aim of improving service delivery in the health sector. According to the World Health Organization (WHO), healthcare workers' motivation and satisfaction are critical factors in providing high-quality health services (WHO, 2010).

Adequate compensation is essential to maintain the motivation and morale of healthcare workers, which, in turn, can positively impact the quality of care provided (Franco et al., 2014). A study by Serem et al., (2018) found that salary enhancement was one of the most significant factors influencing the motivation and job satisfaction of healthcare workers. In Sheema District Local Government, the need for salary enhancement among healthcare workers has been recognized as crucial to improving service delivery in the health sector. Salary enhancement is an essential strategy for improving service delivery in the health sector, and the Sheema District Local Government's efforts to enhance salaries for healthcare workers are commendable. These efforts may help to improve the motivation and morale of healthcare workers, which could have a positive impact on the quality of services provided in the district's health sector.

Salary enhancement has long been recognized as a strategy to improve employee motivation, job satisfaction, and performance, ultimately strengthening service delivery in the health sector. The WHO (2006) underscores fair remuneration as essential for reducing absenteeism and attrition, while Uganda's Human Resources for Health Policy (2005) and Health Sector Development Plan (2015/16–2019/20) identify salary enhancement as key to retention and improved care. Reforms such as Ghana's Single Spine Salary Structure (2010) and Nigeria's CONHESS (2010) demonstrated positive effects on worker morale (Ofori-Dua et al., 2021; Ogunjimi et al., 2016), and Uganda's 2018 salary increment for scientists and health professionals sought similar outcomes (Ministry of Public Service, 2018). Guided by Herzberg's Motivation-Hygiene Theory.

In Uganda, however, persistent challenges in health sector financing continue to undermine the welfare of health workers. The World Bank (2019) reported that Uganda allocates only 1.6% of its GDP to healthcare, far below the average for low-income countries. This underfunding has historically translated into poor remuneration, limited motivation, and high turnover among health workers. In response to these challenges, the Government of Uganda has rolled out salary enhancement policies in phases, including increments targeting scientists and health workers (Ministry of Public Service, 2021). These policies were intended to raise morale, strengthen workforce retention, and improve service delivery outcomes across districts, including Sheema.

Despite these reforms, health service delivery challenges in Sheema District remain widespread. Local and national media reports have highlighted recurrent strikes, absenteeism, and negligence among health workers, often attributed to low morale (Daily Monitor, August 4, 2021; New Vision, July 25, 2020). Even after salary enhancements, patients continue to report long waiting hours, inadequate staff attention, and delayed treatment services in Sheema health facilities. Additionally, frequent stockouts of essential medicines, inadequate infrastructure, and limited supportive supervision have further constrained service delivery (New Vision, November 25, 2022).

Scholarly evidence reinforces this complexity. Studies in Uganda and elsewhere in sub-Saharan Africa indicate that while remuneration is important, perceived service delivery is also shaped by systemic factors such as workload, supply chain stability, and managerial accountability (Semachew et al., 2018; Galle et al., 2018; Kananura et al., 2023). This suggests that salary enhancement, in isolation, may not automatically translate into improved service delivery.

The persistence of service delivery gaps in Sheema District, despite government-led salary enhancements, raises a critical empirical question: Has salary enhancement truly influenced perceived service delivery among health sector employees in Sheema, or are other systemic barriers limiting its impact? While policy measures have been introduced, there is insufficient localized evidence on their effectiveness. Addressing this gap is vital for guiding future

interventions and ensuring that salary reforms deliver their intended outcomes in strengthening Uganda's health system.

Purpose of the study

To assess the effect of perceived effects of salary enhancement on service delivery among health sector employees in Sheema District Local Government.

Literature Review

Globally, salary disparities across industries and countries remain a central theme. Chiacchio et al. (2018) found that developed nations, particularly in technology and finance, offered higher salaries compared to developing countries, while gender pay gaps persisted worldwide. Mohajan (2019) confirmed through a systematic review that women globally continue to earn less than men for similar roles. In the health sector, Manzoor et al. (2019) revealed that competitive pay packages enhance healthcare quality by reducing brain drain and improving motivation. Similarly, Benedetti and Chen (2018) and Smit and Montag-Smit (2019) established that transparent pay systems enhance employee motivation and service commitment.

Within Africa, wage disparities have been studied through economic and institutional analyses. Diao et al. (2019) showed that South Africa offered higher wages compared to other African nations, particularly in the public sector. Mancini and Sala (2018) concluded that while public jobs ensured stability, private jobs often paid more. Regionally, Warinda et al. (2020) reported that urban centers such as Nairobi offered competitive salaries compared to rural areas, highlighting financial challenges for rural health workers. Onwujekwe et al. (2020) in Nigeria, Mekonnen et al. (2020) in Ethiopia, and Opwora et al. (2019) in Kenya all established that salary increments improved motivation, retention, and reduced absenteeism, thus strengthening health service delivery. Nonetheless, these studies were national or regional in focus and did not examine district-level realities.

In Uganda, several studies have focused on systemic challenges in healthcare delivery such as staff shortages, drug stockouts, and infrastructure constraints (Azevedo & Azevedo, 2017; Ooms et al.,

2020). However, limited attention has been given to salary fairness perceptions among health workers. Some research, like Kananura et al. (2023), emphasizes the importance of workforce motivation for improved voluntary family planning uptake, indirectly pointing to the role of remuneration. Yet, few studies have explicitly examined how salary increments or perceptions of fairness affect service delivery in Ugandan district health facilities, leaving an important knowledge gap.

At the district level, literature is scarce. While regional studies acknowledge disparities between urban and rural health workers' pay (Warinda et al., 2020), no published work has specifically focused on Sheema District. Anecdotal evidence suggests that rural health workers, including those in Sheema, face salary-related challenges such as delayed payments, limited increments, and inadequate allowances. These challenges may influence motivation, absenteeism, retention, and ultimately service delivery. The present study therefore seeks to address this gap by investigating how salary enhancement and perceptions of pay fairness affect health service delivery in Sheema District.

Methodology

Research Design

A quantitative approach was employed to collect data. The quantitative component of the study involved a survey of all health workers in Sheema District. The survey collected data on demographic characteristics, salary levels, and perceptions of service delivery.

Study Area

This study was conducted in Sheema District Local Government, located in the Western Region of Uganda. The district lies approximately between 0.501°S and 0.746°S latitude and 30.098°E and 30.409°E longitude. It shares boundaries with Buhweju District to the north, Mbarara District to the east, Ntungamo District to the south, and Mitooma District to the west.

Target Population

The target population for this study consisted of key stakeholders in the health sector of Sheema District, including 1 District Health Officer (DHO), 14 Health Facility In-charge, 200 health workers, and 28 patients. The sample size was determined using Yamen's formula (1967).

Table 1: Population size, Sample size and Sampling Techniques

Category of Respondents	Population size	Sample size	Sampling Techniques
DHO	1	1	Purposive
Health Facility In-charge	14	14	Purposive
Patients	28	28	Purposive
Health workers	200	133	Simple random sampling
Total	243	176	

Data Collection Instruments

A self-administered questionnaire was used to collect data from health sector employees and patients. The self-administered format ensured confidentiality, minimized supervision requirements, and facilitated data collection across geographically dispersed respondents efficiently (Kothari, 2010). The interview guide was employed with the DHO, health facility in-charges, and patients who provided qualitative insights. The document review checklist served as a structured tool to guide the systematic examination of salary records, performance appraisals, policy documents, and service delivery reports.

Data Analysis

The study utilized a quantitative design to assess the impact of salary enhancement on service delivery among health sector employees in Sheema District. The study objectives focused on measurable variables such as the relationship between salary levels and service delivery outcomes using SPSS. Qualitative data were analyzed using ATLAS.ti software, facilitating the systematic examination of data collected during face-to-face interviews.

Results

Table 2: Response Rate

Category of Respondents	Targeted sample size	Returned / responded	Response Rate
DHO	1	1	100.0
Health Facility In-charge	14	14	100.0
Patients	28	25	89.3
Health workers	133	130	97.7
Total	176	170	96.6

The study achieved a high overall response rate of 96.6%, with 170 out of the 176 targeted respondents participating.

Table 3: Demographic Characteristics of DHO, Health Facility In-charges, Health workers (n = 145)

Variable	Category	Frequency	Percentage (%)
Gender	Male	80	55.2
	Female	65	44.8
Age	25–30 years	44	30.3
	31–40 years	60	41.4
	41–50 years	41	28.3
Educational Background	Certificate	45	31.0
	Diploma	61	42.1
	Postgraduate Diploma	22	15.2
	Master's Degree	17	11.7

The findings show that the majority of respondents (55.2%) were male. Regarding age distribution, most respondents (41.4%) were aged between 31–40 years. Concerning educational background, the highest proportion of respondents (42.1%) held a Diploma.

Table 4: Demographic Characteristics of patients**(n = 25)**

Variable	Category	Frequency	Percentage (%)
Gender	Male	14	56
	Female	11	44
Age	18–30 years	6	24
	31–40 years	8	32
	41–50 years	6	24
	Above 50 years	5	20
Educational Background	Primary	9	36
	Secondary	12	48
	Tertiary	4	16

The findings indicate that the majority of the patients (56%) were male. In terms of age distribution, most respondents (32%) were aged 31–40 years. Regarding educational background, the majority of patients (48%) had attained secondary education.

Table 5: Pearson correlation coefficient for current salary and perceived service delivery, among health sector employees

		current salary	perceived service delivery
current salary	Pearson Correlation	1	.606
	Sig. (2-tailed)		.001
	N	130	130
perceived service delivery	Pearson Correlation	.606	1
	Sig. (2-tailed)	.001	
	N	130	130

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

The results of the Pearson correlation analysis indicated that there was a positive and statistically significant relationship between current salary and perceived service delivery among health sector employees ($r = 0.606$, $p = 0.001$). This suggests that higher salaries were associated with better

perceived service delivery, and the magnitude of the correlation indicated a moderately strong relationship between the two variables.

Table 6: Pearson correlation coefficient of salary fairness perception and perceived service delivery

		Salary fairness perception	Perceived service delivery
Salary fairness perception	Pearson Correlation	1	0.491
	Sig. (2-tailed)		0.021
	N	130	130
Perceived service delivery	Pearson Correlation	0.491	1
	Sig. (2-tailed)	0.021	
	N	130	130

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

The results of the Pearson correlation analysis indicated that there was a positive and statistically significant relationship between salary fairness perception and perceived service delivery among health sector employees ($r = 0.491$, $p = 0.021$). This suggests that higher perceptions of salary fairness were associated with better perceived service delivery, and the magnitude of the correlation indicated a moderate relationship between the two variables.

Table 7: Pearson correlation coefficient of salary increment frequency and perceived service delivery

		Salary increment frequency	Perceived service delivery
Salary increment frequency	Pearson Correlation	1	.299**
	Sig. (2-tailed)		.001
	N	130	130
Perceived service delivery	Pearson Correlation	.299**	1
	Sig. (2-tailed)	.001	
	N	130	130

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

The results of the Pearson correlation analysis indicated that there was a positive and statistically significant relationship between salary increment frequency and perceived service delivery among health sector employees ($r = 0.299$, $p = 0.001$). This suggests that more frequent salary increments were associated with better perceived service delivery, and the magnitude of the correlation indicated a weak to moderate relationship between the two variables.

Table 8: Correlation matrix of salary enhancement and perceived service delivery

		Current salary	Salary fairness perception	Salary increment frequency	Perceived service delivery
Current salary	Pearson Correlation	1	0.95	0.82	0.444
	Sig. (2-tailed)		0.824	0.878	0.02
Salary fairness perception	Pearson Correlation		1	0.55	0.45
	Sig. (2-tailed)			0.285	0.025
Salary increment frequency	Pearson Correlation			1	0.97
	Sig. (2-tailed)				0.015

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

Current Salary and Perceived Service Delivery

The majority of respondents indicated that current salary had a positive correlation with perceived service delivery ($r = 0.444$, $p = 0.02$), while the least correlation was observed between current salary and salary fairness perception ($r = 0.95$, $p = 0.824$). The mean interpretation suggested that higher current salaries were moderately associated with better perceived service delivery, although some relationships were not statistically significant.

Salary Fairness Perception and Perceived Service Delivery

Salary fairness perception showed a positive correlation with perceived service delivery ($r = 0.45$, $p = 0.025$), while the least correlation was with salary increment frequency ($r = 0.55$, $p = 0.285$). The mean of these correlations indicated that employees' perception of fairness in salaries was moderately linked to their perception of service delivery.

Salary Increment Frequency and Perceived Service Delivery

Salary increment frequency had a strong positive correlation with perceived service delivery ($r = 0.97$, $p = 0.015$), while the least correlation was with salary fairness perception ($r = 0.55$, $p = 0.285$). The mean of these results meant that more frequent salary increments were perceived as highly influential on service delivery.

Overall Interpretation

Overall, the correlation analysis suggested that salary enhancement including current salary, salary fairness, and increment frequency was generally positively associated with perceived service delivery among health sector employees in Sheema District. Among the factors, increment frequency appeared to have the strongest influence on employees' perception of service delivery.

Table 9: Multi linear regression for current salary, salary fairness perception, salary increment frequency

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.736 ^a	.675	.619	.77661

a. Predictors: (Constant), current salary, salary fairness perception, salary increment frequency

The regression model produced an R value of .736, indicating a strong positive relationship between the predictors (current salary, salary fairness perception, and salary increment frequency) and perceived service delivery. The R Square was .675, which implied that 67.5% of the variation in perceived service delivery was explained by the three predictors. The Adjusted R Square of .619 suggested that, after adjusting for the number of predictors, 61.9% of the variation in perceived service delivery was still accounted for by the model. The standard error of the estimate (.77661) showed the average distance that the observed values fell from the regression line.

Table 10: Analysis of variance

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	30.326	3	10.109	16.760	.000 ^b
	Residual	209.284	60	.603		
	Total	239.609	63			

a. Dependent Variable: Perceived service delivery

b. Predictors: (Constant) current salary, salary fairness perception, salary increment frequency

The ANOVA results revealed that the regression model was statistically significant in predicting perceived service delivery. The F statistic was 16.760 with a p-value of .000, which was less than 0.05. This meant that, collectively, current salary, salary fairness perception, and salary increment frequency significantly predicted perceived service delivery among health sector employees in Sheema District.

Table 11: Multi linear Regression Model

Coefficients ^a						
Model		Unstandardized		Standardized	t	Sig.
		Coefficients		Coefficients		
		B	Std. Error	Beta		
1	(Constant)	2.725	.170		16.045	.000
	Current salary	.067	.056	.072	1.191	.034
	Salary fairness perception	.205	.054	.243	3.784	.000
	Salary increment frequency	.074	.044	.103	1.678	.004

a. Dependent Variable: Perceived service delivery

The constant ($\beta = 2.725$, $p < .001$) indicated the baseline level of perceived service delivery when the predictors were held constant.

Current salary had a positive but weak effect on perceived service delivery ($\beta = .067$, $t = 1.191$, $p = .034$). Although the coefficient was small, the relationship was statistically significant, implying that increases in current salary slightly improved perceived service delivery.

Salary fairness perception showed a strong and statistically significant positive effect ($\beta = .205$, $t = 3.784$, $p < .001$). This implied that when employees perceived their salary as fair, their service delivery improved considerably.

Salary increment frequency also had a positive and statistically significant effect ($\beta = .074$, $t = 1.678$, $p = .004$), suggesting that frequent salary increments enhanced employees' perceived service delivery.

Table 12: Summary of Qualitative results

Theme	Subthemes	Categories
Quality of Care	Patient-centeredness	Respectful care, clear communication, empathy toward patients
	Technical competence	Accurate diagnosis, effective treatment, adherence to clinical guidelines
	Availability of services	Essential drugs and equipment, comprehensive service provision
Responsiveness to Patients	Attention to patient needs	Listening to concerns, individualized care, follow-up support
	Promptness of staff	Quick assistance, reduced waiting times, immediate response to emergencies
	Patient satisfaction	Positive patient experiences, trust in health workers, perceived value of care
Timeliness of Service	Service efficiency	Short waiting time, timely treatment, proper scheduling
	Resource availability	Staffing adequacy, access to supplies, functional equipment
	Delay factors	Absenteeism, late reporting to duty, workload-related slow service
Professionalism & Commitment	Work ethics	Punctuality, integrity, adherence to professional standards
	Dedication to duty	Willingness to go the extra mile, reduced absenteeism, staying beyond duty hours
	Teamwork and accountability	Cooperation among staff, peer support, responsibility for service outcomes

Quality of Care

The study explored how health sector employees' salaries influenced the quality of care provided to patients. Respondents highlighted those improvements in salary positively affected patient-centeredness and technical competence. One respondent noted, *"The current salaries of health workers were low for many years, which affected their motivation and the quality-of-service delivery. Since the government introduced the salary enhancement, we have noticed improvements in staff attendance and commitment, although some employees still feel the pay is not fully adequate"* (District Health Officer, aged 35, 2025). Similarly, a Health Facility In-charge observed, *"The salary increase has reduced staff absenteeism. People no longer leave work early to find other sources of income"* (Health Facility In-charge 2, aged 32, 2025).

Responsiveness to Patients

Salary enhancements also influenced health workers' responsiveness to patients. Respondents indicated that fair and sufficient salaries improved staff willingness to attend promptly to patient needs. One Health Facility In-charge noted, *"We have seen better cooperation among staff after the salary enhancement; they seem more willing to assist each other and patients"* (Health Facility In-charge 5, aged 28, 2025). Patients similarly observed changes in attentiveness and politeness, with one stating, *"Staff appear more patient with children and elderly patients, which makes our visits smoother"* (Patient 2, aged 21, 2025).

Timeliness of Service

The frequency and timeliness of salary increments influenced service delivery efficiency. Respondents indicated that predictable and regular salary adjustments reduced stress, improved planning, and enhanced punctuality. One District Health Officer noted, *"Salary increments are implemented annually, but some delays in processing occasionally occur. Frequent and predictable increments help in planning for staff retention and motivation"* (District Health Officer, aged 35, 2025). Health Facility In-charges also highlighted that delayed increments could

temporarily affect service delivery: *“When increments are delayed, staff express frustration and are less motivated to attend to patients promptly”* (Health Facility In-charge 4, aged 33, 2025).

Professionalism & Commitment

Salary enhancements also influenced staff professionalism and commitment. Respondents reported that higher and fairly distributed salaries increased motivation, dedication to duty, and teamwork. One Health Facility In-charge stated, *“Some employees still feel the salary is not enough for the workload they handle, but we have noticed more cooperation among staff and increased willingness to assist each other and patients”* (Health Facility In-charge 5, aged 28, 2025). Patients echoed this, noting that satisfied staff were more approachable and engaged: *“It seems that staff are happier and more approachable, which encourages us to seek care on time”* (Patient 8, aged 23, 2025).

Discussion

The findings of this study indicate that current salary has a positive correlation with perceived service delivery among health sector employees in Sheema District ($r = 0.444$, $p = 0.02$). From my analysis, this suggests that employees who receive higher salaries tend to be more motivated, attentive, and committed to providing quality services. This aligns with the understanding that financial compensation serves as a key motivator for workforce performance. However, the weak and statistically non-significant relationship between current salary and salary fairness perception ($r = 0.95$, $p = 0.824$) implies that while higher pay improves service delivery, employees' perceptions of fairness may depend on additional factors such as equity in distribution, transparency of payroll, and comparison with peers. These findings are consistent with global literature. Chiacchio et al., (2018) observed that well-remunerated employees in developed countries are less distracted by financial stress and more focused on delivering high-quality services. Similarly, Mohajan (2019) emphasized that adequate salaries reduce turnover and enhance employee motivation, which directly affects service quality.

The findings of this study indicate that salary fairness perception has a positive correlation with perceived service delivery among health sector employees in Sheema District ($r = 0.45$, $p = 0.025$). From my analysis, this suggests that employees who view their remuneration as fair are more likely to be motivated, committed, and attentive in their service provision. During interviews, several respondents emphasized that fair pay enhanced their willingness to go the extra mile for patients. For instance, one Health Facility In-charge remarked, “When staff perceive fairness, they are more committed and willing to go the extra mile for patients” (Health Facility In-charge 3, aged 32, 2025). This qualitative insight reinforces the quantitative findings, highlighting the importance of equity and transparency in pay structures as a determinant of workforce behavior. Similarly, Smit and Montag-Smit (2019) emphasized that transparency and open communication about pay policies enhance perceptions of fairness, fostering positive attitudes and improving service quality. From my perspective, these findings suggest that health sector managers in Sheema District must prioritize fair and transparent salary structures alongside regular increments to sustain high service standards.

The findings of this study indicate that salary increment frequency has the strongest positive correlation with perceived service delivery among health sector employees in Sheema District ($r = 0.97$, $p = 0.015$). From my analysis, this suggests that regular and predictable salary increments are highly influential in motivating employees and enhancing their perception of service delivery, even more than the absolute salary level or perceptions of fairness. During interviews, respondents frequently highlighted that timely increments made them feel recognized and valued for their efforts. For example, one Health Facility In-charge stated, “Knowing that salary increments happen regularly helps staff plan their personal finances, which reduces stress and absenteeism” (Health Facility In-charge 2, aged 32, 2025). These insights underscore that predictability in remuneration not only boosts morale but also directly contributes to employees’ commitment and attentiveness in providing patient care. Martins (2021) noted that frequent salary increments in competitive industries help retain skilled employees and improve productivity, while Masuch et al., (2018) emphasized that predictable increments enhance job security and encourage employees to invest effort in quality service delivery.

Conclusions

Based on the study findings and the conceptual framework, it can be concluded that salary enhancement plays a significant role in shaping perceived service delivery among health sector employees in Sheema District. Specifically, the current salary demonstrates a moderate positive effect on service delivery perceptions. Employees receiving higher salaries were generally more motivated and committed to their work, which translated into improved quality of care, responsiveness to patients, timeliness of service, and professionalism. However, the weak and statistically non-significant relationship between current salary and salary fairness suggests that remuneration alone does not fully determine employees' perceptions of equity or motivation.

Perceptions of salary fairness were also found to have a moderate positive influence on service delivery. Employees who viewed their pay as equitable and transparent reported higher levels of commitment and engagement in patient care. Fairness in salary structure appeared to enhance motivation and work behavior, including willingness to go the extra mile, which is critical for maintaining quality service delivery. Nevertheless, perceptions of fairness were not strongly associated with the frequency of salary increments, indicating that equity in pay must be considered alongside other remuneration factors to fully motivate employees.

Among the dimensions of salary enhancement, the frequency of salary increments had the strongest effect on perceived service delivery. Regular and predictable salary adjustments were highly correlated with better service delivery outcomes, demonstrating that timely recognition of employee efforts through increments enhances morale, reduces absenteeism, and improves overall commitment to duty. This finding underscores the central role of structured and frequent salary reviews as a key motivating factor within the health workforce, directly influencing quality of care, responsiveness, timeliness, and professionalism.

Recommendations

The government should prioritize regular salary reviews and increments for health sector employees, as frequent adjustments were found to strongly improve perceived service delivery.

Policy makers should design clear frameworks that promote salary fairness across all cadres of health workers.

Health sector employees should uphold professional ethics and continue providing quality service, even as they advocate for better remuneration.

NGOs supporting the health sector should collaborate with government in designing and funding incentive programs that complement salary enhancement.

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