

**SALARY ENHANCEMENT AND PERCEIVED SERVICE DELIVERY AMONG
HEALTH SECTOR EMPLOYEES IN SHEEMA DISTRICT**

BY

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DECLARATION

I, Tashobya Daniel Kamugisha, do hereby declare that the work contained in this dissertation is my original work and has never been submitted to any other University or institution for any award.

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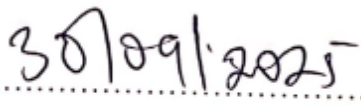
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APPROVAL

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DEDICATION

I dedicate this study to my entire family members for their unwavering love, support, and encouragement throughout my academic journey. Their belief in my abilities and continuous motivation inspired me to persevere and complete this research successfully. May God Bless You Abundantly.

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LIST OF ACRONYMS

BSU:	Bishop Stuart University
CBA:	Collective Bargaining Agreement
CONHESS:	Consolidated Health Salary Structure
CVI:	Content Validity Index
HSSP:	Health Sector Strategic Plan
ILO:	International Labour Organization
LGPDPR:	Local Government Pay Reform Program
SPSS	Statistical Package for Social Scientists
SSSS:	Single Spine Salary Structure
WHO:	World Health Organization

OPERATIONAL DEFINITIONS

Current Salary: This refers to the amount of money an employee receives as compensation for their work at a specific point in time.

Service Delivery: Service delivery refers to the quality, efficiency, and effectiveness of services provided by health sector employees to the public.

Health Sector Employees: Health sector employees are individuals working in the healthcare system, including doctors, nurses, clinical officers, laboratory technicians, pharmacists, and other support staff working in hospitals, health centers, and clinics within Sheema District Local Government.

Salary Fairness Perception: This refers to an employee's subjective assessment of whether their salary is fair compared to the level of work they perform, their qualifications, and the pay of others in similar roles.

Salary Increment Frequency: This refers to how often health sector employees experience increases in their salaries.

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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.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents background of the study, statement of the problem, purpose of the study, research questions, objectives of the study, research hypothesis, scope of the study, justification of the study and conceptual framework.

1.1 Background of the Study

1.1.1 Historical Perspective

Globally, the concept of health service delivery has evolved over time and is central to health systems worldwide. It refers to the provision of essential health services preventive, promotive, curative, and rehabilitative through organized efforts to meet the health needs of populations (WHO, 2007). Donabedian (1980) emphasized service delivery as a cornerstone of health system performance, highlighting the link between resources (inputs, including human resources) and outputs (quality and efficiency of services). The quality of health service delivery has been associated not only with infrastructure and medical supplies but also with the motivation and welfare of health workers, among which salary compensation is critical. Globally, the issue of salary enhancement emerged as part of broader labor movements in the early 20th century, when workers began demanding fair wages and better working conditions (Hagedorn et al., 2016). Evidence shows that inadequate pay demotivates health workers and leads to absenteeism, brain drain, and compromised quality of care (Sarwar & Abugre, 2013).

In Africa, health service delivery was historically shaped by both missionaries and colonial administrations. Missionaries were the first to introduce organized medical care, establishing mission hospitals and dispensaries that combined evangelism with health services. Later, colonial governments institutionalized health delivery to protect their administrators, soldiers, and laborers rather than the indigenous population (Iliffe, 1998). In the post-independence era, African governments expanded health systems but continued to struggle with low remuneration and poor motivation of health workers, challenges that directly affected service delivery. Various reforms have since been introduced to improve pay and welfare. For instance, Nigeria launched the Consolidated Health Salary Structure (CONHESS) in 2010, while Ghana adopted the Single Spine Salary Structure (SSSS) the same year to harmonize and raise public-sector pay (Ofori-Dua et al., 2021). Similarly, Kenya's 2013 Collective Bargaining Agreement and Tanzania's Health Sector Strategic Plan (2015) recognized salary enhancement as a tool to improve staff motivation and service delivery outcomes (Mubyazi et al., 2017; Oyaya et al., 2018).

In East Africa, missionaries such as the Church Missionary Society and the Catholic White Fathers pioneered Western medicine in the late 19th century, establishing facilities like Mengo Hospital in Uganda (1897), Rubaga Hospital (1899), and Kitovu Hospital (1902) (Iliffe, 1998). Colonial administrations expanded these efforts by setting up hospitals and health centres to control epidemics such as smallpox and sleeping sickness. However, the facilities were underfunded and unequally distributed, with greater focus on urban and settler communities. Salary enhancement for health workers has remained an issue in East African countries, with recurrent strikes and health worker migration attributed to poor pay and working conditions (Mubyazi et al., 2017).

In Uganda, the colonial administration established Mulago Hospital in 1913 as the main treatment facility for Africans, alongside rural health centres and dispensaries. Post-independence, Uganda inherited a dual system of mission and colonial health facilities and later adopted a tiered structure of Health Centres I–IV, general hospitals, and referral hospitals (Kisakye et al., 2016). However, the sector has been characterized by underfunding, staff shortages, and poor remuneration. The government introduced several salary reforms, including the 2018 salary enhancement for scientists and health workers, intended to improve motivation and reduce turnover (Ministry of Public Service, 2018). Yet, health workers continue to face irregular pay, limited allowances, and inadequate resources, leading to absenteeism and reduced patient satisfaction (Kisakye et al., 2016).

In Sheema District, located in Western Uganda, the situation mirrors national challenges but is compounded by rural health system limitations. The district depends on public health facilities such as Health Centre IIIs and IVs, which are often understaffed and overstretched. Reports by the Ministry of Public Service (2017) indicated that many health workers in local governments, including Sheema, earned below the national living wage. This has contributed to low morale, high absenteeism, and in some cases, negative attitudes toward patients' factors that undermine perceived service delivery. Although salary enhancement initiatives have been rolled out nationally, anecdotal evidence suggests that health workers in Sheema still experience challenges of inadequate pay, affecting both their job satisfaction and the community's perception of health service delivery (Sarwar & Abugre, 2013). This study therefore sought to investigate how salary enhancement affects perceived service delivery among health sector employees in Sheema District, bridging gaps in understanding the local realities within a global and regional framework.

1.1.2 Theoretical Perspective

The study is anchored on Herzberg's Two-Factor Theory of Motivation, developed by Frederick Herzberg in 1959 and published in *The Motivation to Work* (Herzberg, Mausner, & Snyderman, 1959). The theory posits that job satisfaction and motivation are influenced by two distinct sets of factors: hygiene factors and motivators. Hygiene factors are basic conditions necessary to prevent employee dissatisfaction. These include adequate salary, safe working conditions, job security, and organizational policies. While their presence does not inherently motivate employees, their absence can lead to dissatisfaction. Motivators, on the other hand, are factors that actively enhance job satisfaction and motivation, such as recognition, achievement, opportunities for career advancement, and the meaningfulness of work.

In the context of the health sector, salary enhancement functions as a hygiene factor. Adequate and fairly distributed salaries prevent dissatisfaction, reduce turnover, and encourage employees to focus on service delivery. Meanwhile, aspects of health service delivery, including professionalism, responsiveness to patients, quality of care, and timely service, can serve as motivators, as improvements in these areas reinforce job satisfaction and intrinsic motivation. When employees perceive that their financial compensation is fair and that their work has impact, they are more likely to exhibit higher levels of engagement and commitment to delivering quality health services.

Several scholars have applied Herzberg's theory in healthcare and public sector studies. For instance, Al-Khalifa et al., (2018) used the theory to explore the impact of financial and non-financial incentives on healthcare workers' motivation in Saudi Arabia, finding that both salary and recognition significantly influenced performance. Similarly, Onyango et al., (2020) applied Herzberg's framework to assess the determinants of motivation among nurses in Kenyan hospitals,

revealing that hygiene factors such as pay and working conditions were critical in preventing turnover, while motivators such as professional development and recognition drove higher quality service delivery. These studies highlight the relevance of Herzberg's theory in understanding the dual role of financial and non-financial factors in healthcare motivation and performance.

Despite these applications, a theoretical gap remains in linking salary enhancement directly to perceived service delivery in specific local contexts, such as Sheema District. While previous studies have addressed general motivation and performance, they often do not explicitly explore how variations in current salary, perceptions of salary fairness, and salary increment frequency interact to shape employees' perceptions of service delivery outcomes. By applying Herzberg's theory in this study, the research addresses this gap, offering insights into which compensation-related factors prevent dissatisfaction and which motivate higher performance, thereby providing a framework for policy interventions aimed at improving health service delivery at the district level.

1.1.3 Conceptual Perspective

The conceptual perspective for this study examines the interplay between salary enhancement and perceived service delivery among health sector employees in Sheema District. Salary enhancement is conceptualized as a multidimensional construct, encompassing current salary, salary fairness perception, and salary increment frequency. Each dimension interacts with different aspects of service delivery to influence overall health sector performance.

Current salary directly affects employees' ability to meet personal and professional needs, which in turn influences their motivation, engagement, and commitment to providing quality care. Salary fairness perception reflects employees' views on equity and transparency in pay structures. When

employees perceive their compensation as fair relative to peers and workload, they are more likely to exhibit positive work behavior, including responsiveness to patients and professionalism. Salary increment frequency represents the regularity and predictability of salary adjustments, which reinforces employee morale, reduces absenteeism, and fosters sustained commitment to timely and effective service delivery.

Health service delivery in this study is conceptualized through four interrelated dimensions: quality of care, responsiveness to patients, timeliness of service, and professionalism and commitment. Quality of care is influenced by employee motivation and competence, which can be enhanced by adequate and fair remuneration. Responsiveness to patients reflects the willingness of employees to address patient needs promptly, an attitude reinforced by perceptions of salary fairness and recognition. Timeliness of service is affected by the level of engagement and punctuality, which salary enhancements and regular increments can improve. Professionalism and commitment emerge from both intrinsic motivation and extrinsic rewards, linking financial incentives directly to ethical practice, accountability, and dedication to patient care.

In this conceptual framework, the independent variable, salary enhancement, is posited to positively influence the dependent variable, perceived health service delivery, while acknowledging that other contextual factors, such as working conditions, resource availability, and management support, may moderate this relationship. By integrating these variables, the study demonstrates that salary enhancements interact with employee perceptions and behaviors to drive improvements in service delivery, making the relationship both dynamic and context-sensitive (Eijkenaar, 2012; Mosadeghrad, 2013).

1.1.4 Contextual Perspective

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.

1.2 Statement of the Problem

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.

1.3 Purpose of the study

The purpose of this study is to assess the effect of perceived effects of salary enhancement on service delivery among health sector employees in Sheema District Local Government.

1.4 Objectives of the Study

- (i) To determine the effect of current salary on perceived service delivery among health sector employees in Sheema District Local Government.
- (ii) To determine the effect of salary fairness perception on perceived service delivery among health sector employees in Sheema District Local Government.
- (iii) To establish the effect of salary increment frequency on perceived service delivery among health sector employees in Sheema District Local Government.

1.5 Research Questions

- (i) What is the effect of current salary on perceived service delivery, among health sector employees in Sheema District Local Government?
- (ii) What is the effect of salary fairness perception on perceived service delivery, among health sector employees in Sheema District Local Government.
- (iii) What is the effect of salary increment frequency on perceived service delivery, among health sector employees in Sheema District Local Government?

1.6 Scope of the Study

1.6.1 Content Scope

The study examined the level of service delivery before salary enhancement among health sector employees in Sheema District Local Government. Therefore, the content scope covered objectives of the study, the effect of current salary on perceived service delivery, the effect of salary fairness perception on perceived service delivery, and the effect of salary increment frequency on perceived service delivery, among health sector employees.

1.6.2 Geographical Scope

The study was carried out in Sheema District Local Government. Sheema District Local Government is a local government administrative unit in Uganda located in the Western Region of the country. The district was established in 2010 and is one of the newest districts in the country, covering an area of approximately 841 square kilometers. The district is bordered by Mbarara District to the south, Bushenyi District to the west, Buhweju District to the north, and Ntungamo District to the east. The district's population is estimated to be over 240,000 people, with the majority living in rural areas. The district has a high prevalence of poverty, with over 50% of the population living below the poverty line. Agriculture is the main economic activity in the district, with crops such as coffee, bananas, maize, and beans being grown. In terms of health, the district faces several challenges, including inadequate healthcare infrastructure, a shortage of healthcare workers, and inadequate medical supplies and equipment. However, the district government has made efforts to address these challenges, including the establishment of new health facilities and the recruitment and deployment of additional healthcare workers.

1.6.3 Time scope

The study was conducted in the year 2025; however, it reviewed literature and secondary data covering a ten-year period from 2013 to 2023. This time frame is chosen to capture trends and developments both before and after the implementation of salary enhancement for health workers. By analyzing this period, the researcher aims to understand the broader context and potential long-term effects of salary enhancement on healthcare service delivery in Sheema District, including aspects such as staff motivation, retention, and patient satisfaction.

1.7 Justification of your study

This study examined the impact of increased compensation on healthcare quality. In 2022, the Ugandan government implemented a significant salary enhancement for health workers, with consultants' salaries rising from UGX 6 million to UGX 12 million per month. However, despite these increases, challenges persist; for instance, authorized absenteeism among health workers averages 38%, leading to reduced patient access to care. Additionally, health workers in Sheema District earn an average annual salary of UGX 10.3 million, with variations based on experience and education (New Vision, November 25, 2022). Investigating how these salary enhancements influence service delivery in Sheema District provided valuable insights for policymakers aiming to improve health outcomes through effective compensation strategies.

1.8 Significance of the study

To the government

The study's findings would help to inform the government's policies and decisions regarding healthcare worker salaries and perceived service delivery in the health sector.

The government would use the study's findings to allocate resources and develop strategies that will enhance the motivation and job satisfaction of healthcare workers, ultimately leading to improved service delivery and better health outcomes for the population.

The study's findings would inform the Ministry of Labour's policies and decisions regarding healthcare worker salaries, employment, and working conditions.

The Ministry would use the study's findings to develop and implement policies that would improve healthcare workers' job satisfaction and motivation, leading to better retention rates and improved service delivery in the health sector.

To future researchers

The study would provide a valuable contribution to the existing body of literature on healthcare worker salaries and perceived service delivery in the health sector.

Future researchers would build on the study's findings and explore other factors that influence healthcare workers' motivation and job satisfaction.

To employees in health sector

Employees would use the study's findings to advocate for better salaries and working conditions, which could lead to improved job satisfaction and motivation.

1.9 Conceptual frame work

Independent Variable

Salary Enhancement

- Current salary
- Salary fairness perception
- Salary increment frequency

Dependent Variable

Health Service Delivery

- Quality of care
- Responsiveness to patients
- Timeliness of service
- Professionalism and commitment

Source: Adapted from Ansong-Tornui et al., (2019) and modified by the researcher

The conceptual framework for this study illustrates how salary enhancement affects perceived service delivery among health sector employees in Sheema District. Salary enhancement is conceptualized through three dimensions: current salary, salary fairness perception, and salary increment frequency, while service delivery is measured in terms of quality of care, responsiveness to patients, timeliness of service, and professionalism and commitment.

The current salary of health workers significantly affects their financial stability and ability to meet personal and family needs. Adequate salaries enhance motivation, reduce financial stress, and allow employees to focus fully on patient care. As a result, higher current salaries are associated with improved quality of care, greater responsiveness to patients, and stronger professionalism and commitment. In contrast, low salaries can lead to reduced morale, absenteeism, and compromised service delivery outcomes.

Salary fairness perception also plays a crucial role in shaping employee attitudes and behavior. When health workers perceive that pay is equitable and transparent, they are more likely to feel valued and motivated to perform their duties diligently. Fair compensation encourages employees to go the “extra mile,” which positively influences responsiveness, timeliness of services, and overall service quality. On the other hand, perceptions of inequity or unfairness in pay can diminish motivation and weaken service delivery.

The frequency of salary increments influences motivation, planning, and retention among health workers. Regular and predictable salary increments reinforce positive behavior, improve employee commitment, and encourage consistent performance. Health workers who receive timely and frequent increments are more likely to provide timely services, maintain high-quality care, and

uphold professional standards. Conversely, delayed or infrequent salary adjustments can lower morale and negatively affect service delivery outcomes.

Overall, salary enhancement affects perceived service delivery by influencing health workers' motivation, morale, and engagement. Each dimension current salary, fairness perception, and increment frequency directly impacts how employees perform their duties, interact with patients, and maintain professional standards, thereby shaping the quality and efficiency of health services in Sheema District.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents related literature review to the study as it was given by other scholars and researcher according to objectives of the study.

2.1 The effect of current salary on perceived service delivery among health sector employees

Several studies have examined the relationship between salary levels and employee performance using different research designs. Chiacchio et al., (2018) conducted a global comparative analysis using secondary data to examine salary trends across industries and countries. Their findings revealed that developed nations, particularly in technology and finance, offered higher salaries compared to developing countries, while gender pay gaps persisted globally. Similarly, Mohajan (2019), through a systematic literature review, confirmed that women worldwide continue to earn less than men for similar roles. However, these studies were global in scope, and neither specifically investigated the health sector in Uganda, leaving a gap in understanding how salaries influence service delivery in local contexts such as Sheema District.

In Africa, scholars have applied economic modeling and institutional analyses to study wage disparities. Diao et al., (2019) used cross-country economic modeling and found that South Africa offered higher wages compared to other African nations, particularly in the public sector. Likewise, Mancini and Sala (2018) employed a comparative institutional analysis, concluding that while public sector jobs in Africa provided more stability, private sector jobs often offered higher pay. Although insightful, these studies did not explore how such salary structures affect health worker motivation or service delivery, creating a knowledge gap in local health systems research.

Regionally, studies have highlighted salary disparities between urban and rural areas. Warinda et al., (2020) employed a regional labor market survey in East Africa and established that Nairobi offered the most competitive salaries, while rural and smaller towns lagged behind, particularly in the health sector. These findings suggest rural health workers face more financial challenges, yet the study did not assess whether salary disparities affect service delivery, an issue directly relevant to rural districts like Sheema.

Employee perceptions of fairness and transparency in pay structures have also been widely studied. Benedetti and Chen (2018), through a global employee perception survey, found that transparent salary systems enhanced perceptions of fairness and motivation. Similarly, Smit and Montag-Smit (2019), using a cross-sectional study of multinational organizations, reported that clear communication of compensation policies improved satisfaction and service commitment. However, both studies focused on corporate rather than public health sectors, leaving uncertainty about their applicability in Uganda's district health facilities.

Context-specific case studies in Africa have further demonstrated how perceptions of salary fairness shape employee attitudes. Arya (2019), in a South African case study, found that gender inequality and limited upward mobility reduced morale and performance. Similarly, Maingi (2019) applied a mixed-methods study in East Africa and reported that education level, cost of living, and years of experience strongly influenced perceptions of pay fairness. Jean et al., (2017) also confirmed through a survey-based comparative analysis that East African employees valued competitive salaries, recognition, and career growth. While these studies highlight important dimensions of pay perceptions, they stop short of linking them to service delivery outcomes in public health facilities.

Globally, structured salary increment systems have been associated with employee retention and improved perceptions of fairness. Martins (2021), in a sectoral analysis, observed that competitive industries offered frequent increments, while Masuch et al., (2018), through a policy review in Europe and North America, showed that structured increment systems fostered trust and satisfaction among employees. Yet, these studies were conducted in developed economies, limiting their direct application to Uganda's health sector.

In Africa, the situation is more inconsistent. Oleribe et al., (2019) found through a survey of African organizations that most countries linked increments to performance appraisals, though implementation was inconsistent due to economic instability. Similarly, Nxumalo et al., (2018), using a regional employment practices survey, reported that East African organizations often provided annual increments, but these were influenced by organizational finances and cultural factors. Despite these insights, the studies largely focused on the mechanics of increments without assessing their perceived effect on health service delivery outcomes.

The existing literature shows that while salary levels, fairness perceptions, and increment structures significantly influence employee satisfaction and performance globally and regionally, limited evidence directly connects these salary-related factors to perceived service delivery in Uganda's health sector. This creates a critical knowledge gap, particularly in rural settings such as Sheema District, where salary enhancement policies have been rolled out but their effect on health workers' service delivery remains underexplored.

2.2 The effect of salary fairness perception on perceived service delivery among health sector employees

A systematic review of literature requires moving from general studies to specific contexts, as well as from methodological considerations to thematic discussions. In this section, the review begins by highlighting the research designs and methodological approaches applied by different scholars, before systematically linking their findings to the concept of salary fairness perceptions and service delivery.

Global studies have often relied on large-scale reviews and secondary data. For instance, Abbas et al., (2021) conducted a global review using secondary healthcare data and observed that advancements in medical technology and public health systems improved recovery rates worldwide. However, their study did not consider motivational and human-resource-related variables such as salary fairness perceptions, which remain critical in influencing service delivery. Similarly, Yeganeh (2019) used a global health systems analysis and emphasized structural drivers of hospital admissions, but omitted staff-level determinants like remuneration fairness. Both studies highlight a methodological focus on systemic outcomes rather than human resource perceptions, creating a gap that the present study addresses.

African regional studies employed documentary analyses, cross-sectional surveys, and case studies. Azevedo and Azevedo (2017), through documentary analysis, noted recovery improvements in malaria and HIV/AIDS but emphasized infrastructural challenges rather than motivational factors. Charnley et al., (2021) applied a case study approach in East Africa, highlighting the role of community-based healthcare and NGO support in improving service outcomes. While valuable, both studies did not consider whether employee perceptions of fair pay

shape the effectiveness of these interventions. This limitation is directly addressed in the present study by exploring fairness perceptions among health workers in Sheema District.

Admission-related studies in Africa have relied heavily on cross-sectional and survey-based methods. Geleto et al., (2018) used a cross-sectional design in African health facilities, attributing high admission rates to systemic barriers such as disease burden and poor infrastructure. Bwire et al., (2022), using a regional survey in East Africa, further confirmed that admissions were driven by both communicable and non-communicable diseases, compounded by staff shortages. While these designs captured important supply- and demand-side constraints, they overlooked staff motivation factors, particularly perceptions of pay fairness, which the present study incorporates.

Drug stockout studies have also been prominent. Olaniran et al., (2022) conducted a global policy analysis, while Hwang et al., (2019) used survey methods across African facilities, both finding that drug stockouts undermined health outcomes. Similarly, Ooms et al., (2020) applied a regional study in East Africa, noting procurement and storage challenges. While these studies focused on systemic supply chain issues, they did not evaluate how health workers' perceptions of fair pay influence their handling of shortages or their commitment under resource constraints—a gap addressed by the current study.

Wait-time studies often relied on comparative and multi-country analyses. Dong et al., (2019), using global hospital data, found average wait times to be 30 minutes, with longer delays in developing countries. Egbujie et al., (2018) applied a multi-country survey in Africa, associating rural wait times with staff shortages. Mussie et al., (2022), using a regional East African survey, also highlighted rural-urban disparities. However, none of these studies analyzed how salary fairness perceptions influence staff motivation to manage waiting times more efficiently. The present study integrates this motivational dimension.

Vaccination coverage studies illustrate a similar gap. Causey et al., (2021) conducted a global review, while WHO (2020) used administrative health data in Africa, both reporting moderate progress in coverage. Adetifa et al., (2018), using household surveys in East Africa, revealed disparities in coverage between countries. Yet, none considered how health worker perceptions of salary fairness influence their willingness to engage in outreach and immunization campaigns. This gap is filled by the present study in the Ugandan context.

The existing literature applies diverse research designs ranging from global reviews and policy analyses to case studies, surveys, and cross-sectional studies. While these approaches provide valuable insights into systemic and infrastructural determinants of health service delivery, they rarely integrate the human-resource dimension, particularly how salary fairness perceptions influence health workers' motivation and performance. This leaves a critical gap that the present study seeks to address by focusing specifically on health workers in Sheema District, Uganda.

2.3 The effect of salary increment frequency on perceived service delivery among health sector employees

Researchers have employed different study designs to investigate the relationship between salary increments and service delivery in the health sector. At the global level, Manzoor et al., (2019) conducted a cross-sectional study in Pakistan that examined the link between salary enhancement and service delivery. Their findings revealed a strong correlation between improved remuneration and higher job satisfaction, motivation, and retention among healthcare workers. The study also showed that competitive pay packages reduce brain drain, ensure continuity of care, and enhance healthcare quality. However, the study was conducted at a national level and generalized across countries, without focusing on subnational contexts such as district-level health facilities. The

present study fills this gap by examining how the frequency of salary increments influences perceived service delivery in Sheema District.

In Africa, Onwujekwe et al., (2020) adopted a mixed-methods approach in Nigeria and found that salary increments improved health workers' motivation and performance, translating into better patient care. Similarly, Mekonnen et al., (2020), through a quantitative study in Ethiopia, reported that increments enhanced motivation, reduced absenteeism, and strengthened service delivery. In Kenya, Opwora et al., (2019) used a survey design and established that salary enhancement significantly improved retention of healthcare workers in rural areas while also reducing absenteeism. These studies demonstrate that salary increments are an important determinant of motivation, retention, and reduced absenteeism. However, they primarily highlight outcomes at national or regional levels, overlooking the role of increment frequency in shaping service delivery perceptions at the district level.

Within East Africa, Wangwe et al., (2020) employed a case study design in Tanzania and found that salary enhancement increased motivation and performance among health workers, thereby improving service delivery outcomes. Likewise, Oluoch-Aridi et al., (2021) conducted a survey in Kenya and revealed that salary increments were associated with reduced absenteeism, improved motivation, and higher quality of healthcare. Despite these positive findings, both studies broadly assessed the impact of salary enhancement without critically examining how employees at grassroots facilities perceive the frequency of salary increments as a factor in service delivery. The current study therefore addresses this gap by focusing on the perceptions of health sector employees in Sheema District, where contextual realities may differ significantly from national averages.

Evidence from global, African, and East African contexts demonstrates that salary increments enhance employee motivation, reduce absenteeism, improve retention, and strengthen service delivery outcomes. However, existing studies largely focus on the effect of salary levels or general increments without paying attention to how the frequency of increments influences perceptions of service delivery at the subnational level. This creates a gap that the current study seeks to fill by examining the role of salary increment frequency in shaping health workers' perceptions of service delivery in Sheema District.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter deals with the description of the methods applied in carrying on the research study. It is organized under the following sections; research design, study population, sample size and selection, sampling techniques, data collection methods, data collection instruments, procedure of data collection, reliability and validity of instruments, data analysis and measurement of variables.

3.1 Research Design

The research design refers to the overall strategy the researcher used to integrate the different components of the study in a coherent and logical way. It constituted the blueprint for the collection, measurement, and analysis of data. 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.

3.2 Study Area

A study area refers to the geographical location from which data is collected and analyzed (Orodho, 2015). 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.

Sheema District is characterized by a diverse topography of rolling hills, valleys, and plateaus typical of the Ankole sub-region. The terrain is generally moderate, with some areas featuring

steeper slopes. The district's elevation ranges from approximately 1,300 to 1,600 meters above sea level. Vegetation is predominantly grasslands and savannah, supporting agricultural activities such as the cultivation of bananas, coffee, tea, and other food crops. The district experiences a tropical climate with two main seasons: the rainy season (March to May and October to November) and the dry season (December to February and June to September). Average annual rainfall ranges between 1,000 and 1,500 millimeters, providing favorable conditions for agriculture.

This study specifically focused on selected health facilities within Sheema District to assess the effect of salary enhancements on service delivery. The facilities included two Health Centre IVs: Kabwohe and Shuuku; ten Health Centre IIIs: Kigarama, Mabale, Kyangyenye, Kashozi, Bugongi, Kitagata, Kasaana, Muzira, Kyeihara, and Rugarama; and two Health Centre IIs: Masyoro and Karugorora. These facilities were selected due to their role in providing primary and secondary healthcare services across the district and their relevance in examining employee perceptions of salary and service delivery outcomes.

Sheema District has, in recent years, experienced notable staff concerns regarding salary, remuneration fairness, and working conditions, making it a pertinent location for studying the impact of salary-related factors on health service delivery.

3.3 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 DHO was included because of his/her central role in the overall supervision, planning, and coordination of health services in the district, thus providing insights into policy implementation and its effect on service delivery. The Health Facility In-charge was targeted due to his/her responsibility in overseeing daily operations, managing staff, and ensuring

that salary enhancement policies are practically implemented at facility level. Health workers, who directly provide services to patients, were included as the primary beneficiaries of salary enhancement, and their perceptions were essential in determining its effect on motivation and service delivery. Patients, as the final recipients of health services, were included to provide feedback on the quality of care, responsiveness, and overall service delivery following the salary enhancement.

3.4 Sample Size Determination

A sample is a set of respondents selected from the target population for purposes of a survey (Kombo and Tromp, 2006). It is a sub-set of the total population that could be studied. Gupta and Gupta (1986) opine that an appropriate sample size should increase as the variation in the respondents increases and the greater the degree of accuracy required the larger the sample size.

Table 3. 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	

The sample size for health workers was determined using Yamen's formula (1967). Local Government Authorities in given as $n = N/[1 + N(e^2)]$

where;

n= sample size

N =population size (200)

e = marginal error (0.05)

Therefore $n = 200 / [1 + 200 (0.05)^2]$

$n = 200 / [1 + 200 (0.05)^2]$

$= 200 / 1.5$

$= 133$ health workers.

3.5 Sampling Techniques and Procedures

A sampling technique refers to the specific process by which participants are selected to be part of a study (Morgan, 2013). In this study, both purposive and probability-based sampling techniques stratified random sampling and simple random sampling were employed to ensure representativeness, fairness, and reliability of the data collected.

3.5.1 Purposive Sampling

Purposive sampling is a non-random technique where participants are deliberately selected due to the unique qualities or knowledge they possess (Amin, 2005; Tongco, 2007). This technique was applied to three categories of respondents in the study. The District Health Officer (DHO) was purposively selected because of their central role in planning, coordination, and supervision of health services at the district level. Health facility in-charges, totaling fourteen, were also purposively selected as they oversee daily facility operations, manage staff, and directly influence service delivery outcomes. To ensure relevance, only patients aged 18 years and above, who had received services in Sheema District health facilities within the last six months and consented to participate, were included. Critically ill patients and minors without parental or guardian consent

were excluded. This deliberate selection ensured that the study captured rich, context-specific information from individuals with critical roles and experiences in the health system.

3.5.2 Stratified and Simple Random Sampling

To select health workers, the study employed stratified random sampling combined with simple random sampling. Stratification ensured proportional representation across different cadres, including doctors, nurses, midwives, clinical officers, laboratory staff, and support staff. Each cadre was treated as a stratum, and the number of participants drawn from each stratum reflected its proportion in the overall workforce of Sheema District. Within each stratum, simple random sampling was applied, whereby a complete list of health workers was compiled, unique identifiers were assigned, and participants were randomly selected using a computer-generated random number system. Out of 200 health workers, a total of 133 were sampled through this method. This two-step approach minimized selection bias, ensured inclusiveness across professional categories, and enhanced the validity and generalizability of the study findings.

3.6 Inclusion and Exclusion Criteria

3.6.1 Inclusion Criteria

Health workers employed in public health facilities within Sheema District at the time of the study. Staff who have served for at least one year before and after the salary enhancement policy implementation.

Health workers from all professional cadres, including clinical and non-clinical staff.

Participants who provide informed consent to participate in the study.

3.6.2 Exclusion Criteria

Health workers on leave or not actively practicing during the data collection period.

Newly recruited staff with less than one year of service at the time of the study.

Health workers in private or non-governmental facilities.

Individuals unwilling or unable to provide informed consent.

3.7 Data Collection Methods

Data for this study were collected using three complementary methods: a questionnaire survey, interviews, and document review. Each method was applied to specific target populations to ensure relevance and accuracy of the data collected.

Questionnaire Survey: The questionnaire survey was employed to collect quantitative data from health sector employees. This method involved directly asking participants about their perceptions and experiences regarding salary enhancements, salary fairness, and perceived service delivery. The questionnaire for employees comprised close-ended questions, facilitating efficient data collection from a relatively large sample and allowing for straightforward statistical analysis (Saris & Gallhofer, 2014). For patients, the questionnaire included open-ended questions to capture detailed feedback on the quality of services received. The use of English as the language of administration ensured that respondents could easily understand and respond to the questions, given their proficiency in the language. The questionnaire survey was considered appropriate for collecting standardized data efficiently across a wide sample of participants.

Interviews: Interviews provided qualitative data and were conducted with the District Health Officer, health facility in-charges, and selected patients. This method enabled the researcher to gather in-depth insights into the experiences, perceptions, and attitudes of key stakeholders

regarding salary enhancements and service delivery. Open-ended questions encouraged respondents to elaborate on their viewpoints, providing rich qualitative data that complemented the quantitative findings from the questionnaires (Edwards, 2013). Interviews were particularly valuable for engaging high-ranking officials such as the DHO and facility in-charges, who may not have had the time or inclination to complete a questionnaire but whose perspectives were critical to understanding service delivery dynamics.

Document Review: The document review method involved systematic examination of existing records, including employee salary records, performance appraisals, service delivery reports, and relevant policy documents. This method provided objective data that helped triangulate findings from the questionnaires and interviews. By analyzing these documents, the researcher could verify salary enhancements, assess performance trends, and contextualize the primary data collected, thereby enhancing the credibility and reliability of the study findings.

3.8 Data Collection Instruments

Questionnaire: A self-administered questionnaire was used to collect data from health sector employees and patients. This instrument consisted of structured and interrelated questions designed to address the study objectives (Amin, 2005). For employees, close-ended questions allowed for quantifiable responses, while for patients, open-ended questions enabled the collection of detailed perspectives. The self-administered format ensured confidentiality, minimized supervision requirements, and facilitated data collection across geographically dispersed respondents efficiently (Kothari, 2010).

Interview Guide: The interview guide was employed with the DHO, health facility in-charges, and patients who provided qualitative insights. This tool consisted of open-ended questions that

encouraged respondents to provide detailed explanations and personal experiences related to salary enhancement and service delivery (Orodho, 2009; Picho, 2014). The guide was particularly useful for gathering data from respondents with limited availability, ensuring that critical information was captured in a structured yet flexible manner.

Document Review Checklist: 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. It included categories such as salary information, staffing data, service outcomes, and relevant policies, ensuring comprehensive coverage of the documents. This instrument enhanced consistency, minimized the risk of overlooking critical details, and enabled the researcher to triangulate findings from questionnaires and interviews, thus improving the validity of the study outcomes.

3.9 Data Quality Control

Validity of Instruments: Validity Mazaki (2009) refers to the extent to which an instrument measures what it is supposed to measure and whether it measures it accurately. To ensure validity, the research instrument covered all the dimensions of the phenomenon under study as clarified in the conceptual framework. The questionnaire was discussed with colleagues and the supervisors to assess its structure, contents, clarity, consistency and relevancy in relation to the research objectives.

The level of accuracy of the instruments were determined through computation of content validity index (CVI), an indicator of level of accuracy of the instrument. The inter-judge coefficient of validity was applied for each item in the instrument (number of judges declared instrument valid)

/ (total number of judges) and an average was computed for the 88 overall instrument (Amin, 2005). The CVI formula by Amin (2005) was applied;

$$\text{CVI} = \text{Number of items declared valid} / \text{total Number of items.}$$

After computing the CVI as a way of determining the level of accuracy of the instrument, the researcher interpreted the CVI on the basis of George and Mallery's (2003) rule of thumb; (A) 1 - 0.9 = Excellent (B) 0.89 – 0.80 = Good (C) 0.79 – 0.70 = Acceptable (D) 0.69 – 0.60 = Questionable (E) 0.59 – 0.50 = Poor (F) 0.49 – 00 = Unacceptable. If the CVI is found to be 0.70 or above, the instruments were considered valid.

Reliability of Instruments: Amin (2005) opines that reliability is the extent to which an instrument consistently measures whatever it is measuring. Mugenda and Mugenda (2003) consider reliability as the extent to which a research tool gives consistent results after repeated trials. To ensure reliability, the researcher constructed a questionnaire with appropriate wording that is simple, direct and familiar to the respondents. Items in the questionnaire and interview guide was double-barreled, leading and based on assumptions were avoided. At the same time, the schools and respondents were selected without bias. The research tool was pre-tested in a pilot study in one of the schools that is not selected for the study but within a similar environment to the schools participating in the study.

The level of consistency was then computed through a reliability coefficient which ranges between 0 and 1, and results were interpreted on the basis of George and Mallery's (2003) scale. Necessary adjustments were made on the questionnaires following the results of questionnaire from the pilot study. After piloting the total instrument, the items were divided into two comparable sub-sets; all odd items in one half and all the even items in the other half. Computation of each group's score

was based on two halves since each group ended up with a score for the odd items and a score for the even items and then two sets of scores were correlated. A reliability Coefficient was computed using Spearman-Brown prophecy formula (estimates the reliability for whole test based on the correlation for ½ the test).

$$r_{xx'} = \frac{2r_{oe}}{1 + r_{oe}}$$

Where, r_{oe} = correlation between odd and even items. $r_{xx'}$ = estimated reliability for full test. If reliability coefficient is found to be 0.70 or above, the instruments were regarded as reliable. As noted earlier the results of the computed reliability coefficient were then interpreted on the basis of George and Mallery's (2003) rule of thumb: (A) 1 - 0.9 = Excellent (B) 0.89 – 0.80 = Good (C) 0.79 – 0.70 = Acceptable (D) 0.69 – 0.60 = Questionable (E) 0.59 – 0.50 = Poor (F) 0.49 – 0.00 = Unacceptable.

Data Pretesting: Data pretesting was an essential step in the research process, involving the testing of data collection tools on a small sample before the main study to identify and address any issues such as unclear questions, inappropriate response options, or data recording problems. Pretesting was conducted with a small group of health sector employees and patients who were not part of the main sample. A pretest of the data collection tools was conducted at selected public health facilities in Bushenyi District, which borders Sheema District and shares similar demographic and healthcare characteristics. This helped assess the clarity, reliability, and relevance of the questionnaire and interview guides. It allowed for feedback on the clarity and relevance of the instruments, enabling necessary adjustments to improve data accuracy and consistency. The justification for pretesting lay in its ability to enhance the quality and reliability

of the data, minimize errors, improve the validity of research tools, and ensure an efficient data collection process, ultimately contributing to more credible and robust research findings.

3.10 Data Collection Procedure

Data collection procedure referred to the process of gathering and measuring data, information, or any variables of interest in a standardized and established manner that enabled the collector to answer or test hypotheses and evaluate outcomes of the particular collection (Maxwell, 2012). The researcher obtained an introductory letter from the Directorate of Graduate Studies, Research and Innovations, which was submitted to the Research Ethics Committee of BSU for approval of the research proposal to collect data from the field. The researcher wrote an accompanying letter assuring the respondents that any information they provided would be kept confidential and used for academic purposes only. A good relationship with the respondents and the researcher was established by informing the respondents about the purpose of the study, and they were guided on how to fill the questionnaire. Appointments were made with the district health officer on when to conduct the interview.

3.11 Data Management and Analysis

Data analysis referred to the process of examining what had been collected in a survey and making deductions and inferences (Kothari, 2010). It involved scrutinizing the acquired information and searching for patterns of relationships that existed among the data groups (Kombo and Tromp, 2006; Kothari, 2010). The researcher employed both quantitative and qualitative research paradigms in data analysis for purposes of methodological triangulation to enhance the validity and reliability of the study findings (Amin, 2005).

Quantitative 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. Data were collected using structured surveys, and statistical analysis was conducted to identify patterns, correlations, and significant differences. The study primarily relied on numerical data to evaluate how salary enhancement affected the quality and efficiency of health services provided and perceived service delivery.

Qualitative Data Analysis: Qualitative data were analyzed using ATLAS.ti software, facilitating the systematic examination of data collected during face-to-face interviews. The analysis was conducted through thematic content analysis. To ensure an efficient and effective analysis, the researcher employed a quick impressionist summary approach. This method involved summarizing the key findings by documenting the most frequent responses related to various themes discussed during the interviews. This technique was selected due to its efficiency and cost-effectiveness, allowing for timely insights without requiring significant resources.

3.12 Measurement of variables

Measurement of variables referred to the process of assigning numbers to various degrees of observations, opinions, and attitudes about variables, with the level of measurement determined by the rules under which the numbers were assigned (Kothari, 2010). For the questionnaire in this study, the variables “salary enhancement and perceived service delivery” were measured using an ordinal scale, employing a 5-point Likert scale format (Strongly Disagree = 1; Disagree = 2; Undecided = 3; Agree = 4; Strongly Agree = 5) adopted from Firdaus (2006) and modified according to the objectives of this study. The Likert scale technique was used to assign a scale value to statements (indicators of the chosen dimensions of welfare), which measured the

respondent's favorableness toward the given point of view. The Likert-type scale of measuring variables was chosen because it was easy to construct, took less time, was considered more reliable as respondents answered each statement included in the questionnaire, and allowed the use of statements that may not have had a direct relationship to the attitude being studied (Kothari, 2010).

In analyzing the responses from the Likert scale of the questionnaire, means and standard deviations generated through the SPSS package were obtained, and an appropriate scale to interpret the means was used. Interpretation of results from the ordinary least square regression analysis was based on the standard regression (0.05).

Service delivery was specifically measured using key indicators such as health worker availability (attendance and punctuality), responsiveness to patients, waiting time for services, patient satisfaction levels, completeness of medical records, and adherence to clinical guidelines. These indicators reflected the processes and quality of service delivery rather than just health outcomes. Secondary data from facility records and relevant reports were also reviewed to supplement primary data.

3.13 Ethical Considerations

Ethical considerations referred to norms or standards for conduct that distinguished between right and wrong. Ethical considerations helped determine the difference between acceptable and unacceptable behaviors (Rossi, 2009). During the planning, collection, and processing of data, the researcher followed a number of research guidelines to maintain ethical standards, including seeking informed consent from the respondents and making it known that their participation was voluntary and that they were free to withdraw from the study at any time or not answer questions they were uncomfortable with. The researcher accorded due respect to the respondents' privacy

and confidential treatment. The names of the participants and their schools were not identified; respondents remained anonymous. Approval and permission to conduct the study were sought and obtained from the Research Ethics Committee of Bishop Stuart University. The researcher also sought and obtained permission from the district health officer to gain access to health workers in Sheema District Local Government (Amin, 2005; Nsubuga, 2008). The researcher ensured a high level of confidentiality with data collected from the respondents by maintaining anonymity and seeking informed consent before administering data collection instruments.

3.14 Community Engagement Plan

For the successful execution of this study, community engagement was essential, especially considering the involvement of health sector employees and the impact of service delivery on the wider public. The study actively involved key stakeholders in Sheema District, including district health officers, facility in-charges, health workers, and local government representatives. Sensitization meetings were conducted to explain the purpose and significance of the research, ensuring transparency and encouraging participation. Engagement with community leaders and health facility management helped address misconceptions and build trust in the study process. Furthermore, clear communication through posters and community radios was used to inform the general public, especially where community-based data collection was necessary. This engagement promoted stakeholder buy-in, ease of access to health facilities, and authentic responses from participants, ultimately enriching the quality and relevance of the findings.

3.15 COVID-19 and Ebola Risk Management Plan

Given that the study involved direct interaction with health workers and visits to health facilities within Sheema District, a COVID-19 and Ebola risk management plan was crucial. The research

team adhered to all public health guidelines provided by the Ministry of Health and WHO. All fieldwork activities involved strict use of personal protective equipment (PPE), including face masks and hand sanitizers. Researchers maintained physical distancing, conducted temperature checks, and limited group meetings to recommended sizes. Health workers and respondents were sensitized on the importance of infection prevention during the research process. In the event of a suspected COVID-19 or Ebola case, a clear referral and reporting pathway was followed in coordination with district health officials. These precautions aimed to protect both the research team and the participants, ensuring the study proceeded safely without contributing to the spread of infectious diseases.

3.16 Dissemination of Results

At the end of the study, findings were shared with key stakeholders in Sheema District. A dissemination meeting was held for health workers, district health officials, and facility administrators. Results were presented through slides, summary briefs, and handouts. Policy briefs with key recommendations were shared with the Ministry of Health and other relevant bodies. Findings were also submitted to peer-reviewed journals and shared at academic conferences. A simplified version was shared with participating health facilities and aired on local radio to reach the wider community. This helped ensure the findings informed policy and improved service delivery.

3.17 Limitations

The study depended on what health workers reported, which might not have always been accurate because they may have feared getting in trouble or given answers they thought were expected. To address this, they were informed that their responses would be kept confidential and their names

would not be shared. Second, there might not have been enough funds to visit all health facilities. To mitigate this, the study focused on the most important facilities and used more cost-effective methods of data collection.

There might not have been enough time to explore every detail. A clear plan and timetable were followed to make the best use of the available time.

Since the study was conducted only in Sheema District, the results might not have been generalizable to other areas. Nevertheless, the findings were considered useful for settings with similar conditions and could help inform future studies.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPREATION

4.0 Introduction

This chapter presents, analyzes, and interprets the findings of the study on “Salary Enhancement and Perceived Service Delivery among Health Sector Employees in Sheema District.” The data collected from respondents are organized and presented using tables, frequencies, and percentages, guided by the study objectives and research questions. The analysis highlights the demographic characteristics of respondents and examines the relationship between salary enhancement and service delivery, with interpretations made in line with existing literature to provide a clear basis for the discussions, conclusions, and recommendations in the subsequent chapter.

4.1 Response Rate

Table 4. 1: 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. All the District Health Officer (DHO) and all Health Facility In-charges fully responded, representing a 100% response rate in both categories. Among patients, 25 out of 28 responded, giving a response rate of 89.3%, while among health workers, 130 out of 133 responded, yielding a response rate of 97.7%. According to Mugenda and Mugenda (2003), a

response rate above 70% is considered adequate for analysis and reporting. Therefore, the high response rates obtained in this study indicate that the findings are both reliable and representative of the target population.

4.2 Demographic characteristics of respondents

Table 4. 2: 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, while 44.8% were female. Regarding age distribution, most respondents (41.4%) were aged between 31–40 years, followed by those aged 25–30 years (30.3%), while the least (28.3%) were aged 41–50 years. Concerning educational background, the highest proportion of respondents (42.1%) held a Diploma, followed by those with a Certificate (31.0%), Postgraduate Diploma (15.2%), and Master’s Degree (11.7%). This indicates that the majority of the health sector employees had attained at least a diploma level of education, reflecting a fairly well-trained workforce in Sheema District.

Table 4. 3: 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, while 44% were female. In terms of age distribution, most respondents (32%) were aged 31–40 years, followed by those aged 18–30 years (24%) and 41–50 years (24%), while the least (20%) were above 50 years. Regarding educational background, the majority of patients (48%) had attained secondary education, followed by those with primary education (36%), and the fewest (16%) had tertiary education. These results suggest that the patient population was relatively young to middle-aged and predominantly had a basic to secondary level of education, which could influence their understanding and perceptions of health service delivery.

4.3 The level of perceived service delivery, among health sector employees in Sheema District

Table 4. 4: Descriptive statistics for service delivery among health sector employees (n=130)

Statement	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	Mean Score
Sheema District health sector delivers high-quality service	8%	10%	12%	36%	34%	3.78
Employees show professionalism and competence	4%	6%	8%	26%	54%	4.24
Effective communication ensures patient needs are met	12%	16%	12%	18%	42%	3.62
Service reflects commitment to patient well-being	4%	10%	6%	50%	30%	3.92
Employees demonstrate empathy	8%	10%	12%	40%	30%	3.74
Service practices lead to positive health outcomes	16%	10%	14%	34%	26%	3.44
Adherence to professional standards is consistent	18%	14%	10%	34%	24%	3.32
Dedication and hard work are evident	8%	8%	14%	24%	46%	3.92
Confidence in employee abilities is high	10%	10%	18%	30%	32%	3.64
Service contributes to community well-being	8%	10%	12%	40%	30%	3.74
Overall mean score						3.74

1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree.

The majority of respondents (54%) reported that employees showed professionalism and competence, while the least (4%) strongly disagreed with this statement. The mean score of 4.24 indicated that, overall, respondents agreed that health sector employees demonstrated professionalism and competence. Regarding the delivery of high-quality service, the majority (36%) agreed that Sheema District health sector delivers high-quality service, whereas the least (8%) strongly disagreed. The mean of 3.78 suggested that respondents generally perceived the service as above average in quality. For effective communication ensuring patient needs were met, the majority (42%) strongly agreed, while the least (12%) strongly agreed or disagreed. The mean score of 3.62 reflected a positive perception of communication effectiveness among employees.

Service reflecting commitment to patient well-being was agreed upon by the majority (50%), while the least (4%) strongly disagreed. The mean score of 3.92 indicated that respondents generally viewed services as committed to patient welfare.

On employees demonstrating empathy, the majority (40%) agreed, whereas the least (8%) strongly disagreed. The mean of 3.74 suggested that empathy was perceived as consistently present among health workers. Concerning service practices leading to positive health outcomes, the majority (34%) agreed, while the least (10%) disagreed. The mean score of 3.44 indicated a moderately positive perception of the contribution of service practices to health outcomes. Adherence to professional standards was agreed upon by the majority (34%), while the least (10%) strongly agreed. The mean of 3.32 suggested that respondents moderately perceived consistency in professional standards. Dedication and hard work were evident according to the majority (46%), whereas the least (8%) strongly disagreed. The mean score of 3.92 reflected a strong perception of employees' dedication and effort. For confidence in employee abilities, the majority (32%) strongly agreed, while the least (10%) strongly disagreed. The mean of 3.64 indicated that respondents generally had confidence in the abilities of health sector employees.

Service contributing to community well-being was agreed upon by the majority (40%), while the least (8%) strongly disagreed. The mean score of 3.74 suggested a generally positive perception of the broader impact of health services. Overall, the mean score of 3.74 indicated that health sector employees in Sheema District were generally perceived to provide effective, professional, and community-oriented services.

4.4 The effect of current salary on perceived service delivery, among health sector employees in Sheema District Local Government

Table 4. 5: Responses regarding the effect of current salary on perceived service delivery, among health sector employees (n=130)

Statement	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	Mean Score
My current salary reflects my value in health sector work	10%	16%	18%	34%	30%	3.66
Higher salaries could boost morale in Sheema District's health sector	12%	22%	22%	16%	28%	3.26
Adequate compensation fuels my motivation for quality service	6%	10%	20%	34%	30%	3.72
My salary matches my level of responsibility	4%	6%	24%	20%	46%	3.98
Better salaries attract skilled professionals to Sheema's health sector	4%	10%	12%	34%	40%	3.96
Salary satisfaction links to my service commitment	8%	8%	14%	24%	46%	3.92
Adequate pay retains experienced health sector staff	10%	12%	6%	30%	42%	3.82
My salary influences my willingness to excel	10%	12%	6%	30%	42%	4.08
My salary is competitive in other districts	4%	6%	8%	26%	54%	4.24
Current salary adjustments boost satisfaction and retention	4%	10%	12%	34%	40%	3.96
Overall mean score						3.86

Whereby 1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree

The findings on the effect of current salary on perceived service delivery among health sector employees in Sheema District Local Government were analyzed based on the majority and least responses, along with mean scores. The majority of respondents (34%) agreed that their current salary reflected their value in health sector work, while the least (10%) strongly disagreed. The mean score of 3.66 indicated that, overall, respondents moderately agreed that their salary reflected their value. Regarding the potential of higher salaries to boost morale, the majority (28%) strongly

agreed, while the least (12%) strongly disagreed. The mean of 3.26 suggested a moderately positive perception that increased salaries could improve morale.

For adequate compensation fueling motivation for quality service, the majority (34%) agreed, whereas the least (6%) strongly disagreed. The mean score of 3.72 indicated that respondents generally felt motivated to provide quality service when adequately compensated. On whether their salary matched their level of responsibility, the majority (46%) strongly agreed, while the least (4%) strongly disagreed. The mean score of 3.98 showed that respondents largely perceived their salary as appropriate for their responsibilities. Better salaries attracting skilled professionals to Sheema's health sector was strongly agreed upon by the majority (40%), while the least (4%) strongly disagreed. The mean of 3.96 suggested a strong perception that competitive pay is key to attracting skilled personnel.

Concerning salary satisfaction linking to service commitment, the majority (46%) strongly agreed, while the least (8%) strongly disagreed. The mean score of 3.92 indicated that respondents generally associated satisfaction with their salary to commitment in service delivery. Adequate pay retaining experienced staff was strongly agreed upon by the majority (42%), while the least (6%) disagreed. The mean of 3.82 suggested that respondents recognized the role of adequate pay in retaining experienced health workers.

On the influence of salary on willingness to excel, the majority (42%) strongly agreed, whereas the least (6%) disagreed. The mean score of 4.08 indicated that respondents generally felt their performance and dedication were influenced by their salary. For competitiveness of salary compared to other districts, the majority (54%) strongly agreed, while the least (4%) strongly disagreed. The mean score of 4.24 reflected a strong perception that salaries in Sheema District were competitive.

Regarding current salary adjustments boosting satisfaction and retention, the majority (40%) strongly agreed, while the least (4%) strongly disagreed. The mean score of 3.96 suggested that respondents felt salary adjustments positively affected their satisfaction and willingness to stay. Overall, the mean score of 3.86 indicated that salary enhancements were generally perceived to have a positive effect on service delivery among health sector employees in Sheema District.

Table 4. 6: Pearson correlation coefficient for current salary and perceived service delivery, among health sector employees

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

4.4 The effect of salary fairness perception on perceived service delivery, among health sector employees in Sheema District Local Government

Table 4. 7: Responses regarding the effect of salary fairness perception on perceived service delivery, among health sector employees (n=130)

Statement	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	Mean Score
Fair salary distribution boosts my motivation for quality service	10%	6%	10%	46%	28%	3.76
Fairness in salaries uplifts morale in Sheema District's health sector	8%	10%	12%	40%	30%	3.74
Salary fairness links directly to dedication to service delivery	14%	18%	16%	24%	28%	3.34
Salary fair structures create harmony among health sector colleagues	2%	4%	14%	52%	28%	4.00
Fairness fosters trust and cooperation among health sector colleagues	12%	12%	10%	28%	34%	3.68
Fairness in pay enhances commitment in service delivery	6%	12%	14%	34%	30%	3.74
Fairness encourages excellence in service delivery	16%	12%	10%	42%	20%	3.38
My perception of fairness influences collaboration in service delivery	18%	10%	10%	34%	24%	3.40
Fairness improves retention in health sectors	8%	8%	14%	24%	46%	3.92
Overall mean score						3.66

Whereby 1 = Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree

The findings on the effect of salary fairness perception on perceived service delivery among health sector employees in Sheema District Local Government were analyzed based on the majority and least responses, along with mean scores. The majority of respondents (46%) agreed that fair salary distribution boosted their motivation for quality service, while the least (6%) disagreed. The mean score of 3.76 indicated that respondents generally felt motivated by fair salary distribution.

Regarding the effect of fairness in salaries on morale, the majority (40%) agreed that salary fairness uplifted morale in Sheema District's health sector, while the least (8%) strongly disagreed. The mean of 3.74 suggested a generally positive perception of salary fairness on staff morale. For salary fairness linking directly to dedication to service delivery, the majority (28%) strongly agreed, while the least (14%) strongly disagreed. The mean score of 3.34 indicated a moderate perception of the relationship between salary fairness and dedication.

Concerning fair salary structures creating harmony among colleagues, the majority (52%) agreed, whereas the least (2%) strongly disagreed. The mean of 4.00 suggested that respondents largely perceived fair salary structures as promoting workplace harmony. On fairness fostering trust and cooperation, the majority (34%) strongly agreed, while the least (10%) were undecided. The mean score of 3.68 indicated that respondents generally felt fairness enhanced trust and cooperation among colleagues.

Regarding fairness in pay enhancing commitment in service delivery, the majority (34%) agreed, whereas the least (6%) strongly disagreed. The mean of 3.74 suggested that respondents generally associated pay fairness with stronger commitment to service delivery. For fairness encouraging excellence in service delivery, the majority (42%) agreed, while the least (10%) were undecided. The mean score of 3.38 indicated a moderate perception that fairness motivated excellent service.

On the influence of fairness perception on collaboration, the majority (34%) agreed, whereas the least (10%) were undecided. The mean of 3.40 suggested that respondents moderately perceived fairness as influencing collaboration in service delivery. For fairness improving retention in the health sector, the majority (46%) strongly agreed, while the least (8%) strongly disagreed. The mean score of 3.92 indicated that respondents largely felt that fair salaries contributed to staff

retention. Overall, the mean score of 3.66 indicated that perceptions of salary fairness were generally positively associated with motivation, commitment, collaboration, and retention among health sector employees in Sheema District.

Table 4. 8: 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.

4.5 The effect of salary increment frequency on perceived service delivery, among health sector employees in Sheema District Local Government

Table 4. 9: Responses regarding the effect of salary increment frequency on perceived service delivery, among health sector employees (n=130)

Statement	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	Mean Score
Regular increments boost my service motivation	16%	18%	14%	34%	18%	3.20
More frequent raises improve morale in health sectors	10%	4%	28%	20%	2%	2.64
Regular raises encourage professional growth	10%	10%	18%	30%	32%	3.64
Increment frequency affects fairness perception in service delivery	24%	16%	22%	20%	18%	2.92
Frequent adjustments encourage extra effort in service delivery	8%	10%	6%	36%	40%	3.90
Increment frequency affects responsibility acceptance	12%	12%	10%	46%	20%	3.50
Regular increments foster loyalty in service delivery	8%	10%	12%	40%	30%	3.74
Overall mean score						3.36

1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree.

The findings on the effect of salary increment frequency on perceived service delivery among health sector employees in Sheema District Local Government were analyzed based on the majority and least responses, along with mean scores. The majority of respondents (34%) agreed that regular increments boosted their service motivation, while the least (14%) were undecided. The mean score of 3.20 indicated a moderate perception that regular salary increments positively influenced motivation.

Regarding the effect of more frequent raises on morale, the majority (28%) were undecided, while the least (2%) strongly agreed. The mean of 2.64 suggested that respondents had a relatively low perception of frequent raises improving morale. For regular raises encouraging professional growth, the majority (32%) strongly agreed, whereas the least (10%) strongly disagreed. The mean

score of 3.64 indicated that respondents generally felt that consistent raises supported professional growth.

On whether increment frequency affected fairness perception in service delivery, the majority (24%) strongly disagreed, while the least (18%) strongly agreed. The mean of 2.92 suggested that respondents perceived salary increment frequency as having a moderate effect on fairness perception. Concerning frequent adjustments encouraging extra effort in service delivery, the majority (40%) strongly agreed, while the least (6%) were undecided. The mean score of 3.90 indicated that respondents largely felt that frequent salary adjustments motivated extra effort.

Regarding increment frequency affecting responsibility acceptance, the majority (46%) agreed, whereas the least (10%) strongly agreed. The mean of 3.50 suggested that respondents generally perceived a positive relationship between increment frequency and acceptance of responsibilities. Finally, on regular increments fostering loyalty in service delivery, the majority (40%) agreed, while the least (8%) strongly disagreed. The mean score of 3.74 indicated that respondents generally felt that regular salary increments contributed to loyalty in service delivery. Overall, the mean score of 3.36 suggested that salary increment frequency had a moderate influence on service motivation, professional growth, effort, responsibility acceptance, and loyalty among health sector employees in Sheema District.

Table 4. 10: 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.

4.4 Correlation matrix of salary enhancement and perceived service delivery among health sector employees in Sheema District

Table 4. 11: Correlation matrix of salary enhancement and perceived service delivery

		Current salary	Salary fairness perception	Salary increment frequency	Perceived service delivery
Current salary	Pearson	1	0.95	0.82	0.444
	Correlation				
	Sig. (2-tailed)		0.824	0.878	0.02
	N		130	290	290
Salary fairness perception	Pearson		1	0.55	0.45
	Correlation				
	Sig. (2-tailed)			0.285	0.025
	N			130	290
Salary increment frequency	Pearson			1	0.97
	Correlation				
	Sig. (2-tailed)				0.015
	N				130

*. 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.

4.5 Regression Analysis

Table 4. 12: 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 4. 13: 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 4. 14: Multi linear Regression Model

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		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.

4.5 Qualitative findings

The qualitative data were collected through interviews with the District Health Officer (DHO), Health Facility In-charges, and patients to explore perceptions of salary enhancement and its effect on service delivery. The responses were organized around three main themes: current salary, salary fairness perception, and salary increment frequency.

Table 4. 15: 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).

Patients corroborated these findings, noting that staff had become more attentive and willing to provide explanations during consultations. One patient stated, *"Before, some staff would rush consultations, but now they spend more time explaining treatment"* (Patient 4, aged 25, 2025), while another added, *"I feel the service has improved compared to last year, especially in how staff handle complaints"* (Patient 7, aged 26, 2025). These responses suggest that salary enhancement has contributed to better technical performance, patient-centered communication, and overall improvements in care quality.

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).

Salary fairness was reported as a key factor in responsiveness. A respondent observed, *“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). Patients also linked staff satisfaction with responsiveness, noting, *“Fairly treated staff are more polite and helpful”* (Patient 2, aged 21, 2025), and *“Overall, we get better service when staff feel they are treated fairly”* (Patient 5, aged 26, 2025). These findings demonstrate that both the adequacy and perceived equity of salaries play a critical role in staff responsiveness.

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).

Patients confirmed that timely payment affected service speed and attentiveness. One patient mentioned, *“Timely payment makes a difference in how nurses and doctors interact with patients”* (Patient 5, aged 26, 2025), while another noted, *“Consistent salary increments seem to improve*

the overall quality of care we receive” (Patient 8, aged 23, 2025). These responses suggest that salary increment frequency directly impacts service timeliness, patient waiting times, and overall efficiency in care delivery.

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).

The perception of salary fairness was especially important for fostering commitment. A Health Facility In-charge mentioned, *“We have encouraged open discussions about the salary structure, and this has helped staff understand the fairness in increments”* (Health Facility In-charge 2, aged 32, 2025). Another added, *“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). Collectively, these findings indicate that current salary, salary fairness perception, and timely salary increments strengthen professionalism, reduce absenteeism, and enhance dedication to service delivery.

Overall, the findings suggest that salary enhancements, including improvements in current salary, perceptions of salary fairness, and timely salary increments, play a critical role in shaping health sector employees’ motivation, professionalism, and performance in Sheema District. Higher and

fairly distributed salaries, together with predictable increments, lead to better quality of care, improved responsiveness to patients, enhanced timeliness of services, and stronger commitment among staff. Addressing salary-related issues is therefore essential for strengthening the health workforce and ensuring effective service delivery in the district.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the discussion of findings, conclusions, and recommendations of the study on Salary Enhancement and Perceived Service Delivery among Health Sector Employees in Sheema District. The discussion interprets the results in relation to the study objectives, existing literature.

5.1 Discussion

5.1.1 The effect of current salary on perceived service delivery among health sector employees in Sheema District Local Government

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.

In interpreting these findings, it is evident that salary enhancement contributes directly to motivation, which in turn affects service delivery outcomes. As a researcher, I observed during

interviews that employees reported increased attentiveness, reduced absenteeism, and greater willingness to assist patients following salary enhancements. This supports the quantitative results and underscores the importance of adequate remuneration in health workforce management. For instance, one Health Facility In-charge noted, “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). Such qualitative evidence highlights that salary improvements not only affect technical performance but also influence interpersonal aspects of service delivery, including responsiveness and patient-centered care.

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. In the African context, Diao et al., (2019) demonstrated that salary variations significantly influence worker productivity and service outcomes, with higher salaries linked to better performance. In East Africa, Warinda et al., (2020) similarly found that competitive salaries in urban health facilities led to superior service delivery compared to rural facilities with lower pay scales.

From a contextual perspective, this study extends these insights to Sheema District, showing that employees respond positively to salary enhancements even within a predominantly rural setting. However, my findings also suggest that salary alone is not the sole determinant of service quality. Mancini and Sala (2018) argued that job stability and security, common in public sector positions, can partially compensate for lower pay. Consistent with this, interviews indicated that employees valued not only salary levels but also recognition, job security, and working conditions. This

nuanced understanding is critical for policymakers, as interventions aimed at improving health service delivery must consider both financial and non-financial motivational factors.

Importantly, linking these findings to the Sustainable Development Goals (SDGs), the study demonstrates how salary enhancement contributes to SDG 3 (Good Health and Well-being) by improving the availability, quality, and responsiveness of healthcare services. Ensuring motivated and fairly compensated health workers strengthens health systems, enhances patient care, and indirectly supports SDG 8 (Decent Work and Economic Growth) by promoting fair employment conditions. As a researcher, I argue that targeted salary interventions in districts like Sheema not only improve local service delivery but also contribute to national efforts in achieving equitable and quality healthcare for all.

5.1.2 The effect of salary fairness perception on perceived service delivery among health sector employees in Sheema District Local Government

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.

Interestingly, salary fairness perception showed its weakest correlation with salary increment frequency ($r = 0.55$, $p = 0.285$), implying that employees value the fairness and equity of their current salary more than the timing or frequency of adjustments. This observation resonates with global literature. Benedetti and Chen (2018) noted that even when salaries are moderate, perceived fairness relative to effort, qualifications, and peer comparison significantly influences motivation and productivity. 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.

In the African context, Arya (2019) reported that income inequality and perceived unfairness often reduce employee commitment, adversely affecting service delivery in the health sector. This aligns with my observations in Sheema District, where employees explicitly linked perceptions of fairness to their level of engagement and quality of care provided. Additionally, Maingi et al., (2019) found that East African employees frequently compare their remuneration to regional benchmarks, and equitable compensation enhances morale and performance. In interviews, patients also noted the indirect effects of perceived fairness, stating, “Fairly treated staff are more polite and helpful” (Patient 2, aged 21, 2025). This highlights the broader implications of pay fairness on patient experiences and outcomes.

Linking these findings to the Sustainable Development Goals (SDGs), fair compensation in the health sector directly contributes to SDG 3 (Good Health and Well-being) by fostering a motivated workforce capable of delivering quality healthcare. It also supports SDG 8 (Decent Work and Economic Growth) by promoting equitable and fair employment practices, which enhance national

workforce stability and performance. From my standpoint, addressing salary fairness in Sheema District not only improves local health service delivery but also contributes to national objectives of equitable, efficient, and high-quality healthcare. This reinforces the need for policy interventions that ensure both fair pay structures and transparent communication about remuneration within Uganda's health sector.

5.1.3 The effect of salary increment frequency on perceived service delivery among health sector employees in Sheema District Local Government

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.

Interestingly, the study found that salary increment frequency had the weakest correlation with salary fairness perception ($r = 0.55$, $p = 0.285$), implying that while increments strongly motivate staff, they do not automatically resolve concerns about equity or internal fairness in pay. This suggests that health managers need to balance both the frequency of increments and transparency in salary structures to maximize employee satisfaction and service outcomes. From my

perspective, focusing solely on regular pay adjustments without addressing perceptions of fairness may lead to temporary motivation that could wane over time.

These findings align with global research. 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. In the African context, Oleribe et al., (2019) observed that annual increments tied to performance appraisals significantly boost morale and reduce turnover among health workers. Similarly, Nxumalo et al., (2018) highlighted that predictable salary adjustments in East Africa strongly motivate staff in resource-constrained settings. In Sheema District, my analysis confirms these observations, showing that timely increments are critical for sustaining motivation, reducing absenteeism, and improving patient-centered service delivery.

Linking these findings to the Sustainable Development Goals (SDGs), predictable salary increments directly support SDG 3 (Good Health and Well-being) by ensuring a motivated and efficient health workforce capable of delivering high-quality care. Additionally, this practice contributes to SDG 8 (Decent Work and Economic Growth) by promoting fair, structured, and consistent employment practices, which enhance workforce stability and national productivity. From my standpoint, implementing structured salary increment policies in Sheema District not only improves local service delivery but also contributes to nationwide health sector development and equitable workforce management.

5.2 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.

5.3 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.

5.4 Areas for further Research

Future studies could examine the long-term impact of salary enhancement on employee retention and overall health system performance in Sheema District and beyond.

Further research is needed to explore the relationship between non-monetary incentives and perceived service delivery among health sector employees.

Comparative studies across different districts or regions could provide insights into whether the effects of salary enhancement on service delivery are consistent across various health settings in Uganda.

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APPENDICES

APPENDIX 1: INFORMED CONSENT FORM



BISHOP STUART UNIVERSITY

RESEARCH ETHICS COMMITTEE

P.O. Box 09 Mbarara-Uganda Tel: +256 485433468 E-mail:
rec@bsu.ac.ug

INFORMED CONSENT FORM

**Study title – SALARY ENHANCEMENT AND PERCEIVED SERVICE DELIVERY
AMONG HEALTH SECTOR EMPLOYEES IN SHEEMA DISTRICT**

Principal Investigator(s): TASHOBYA DANIEL KAMUGISHA

Introduction

What you should know about this study:

1. You are being asked to join a research study.
2. This consent form explains the research study and your part in the study.
3. Please read it carefully and take as much time as you need.
4. You are a volunteer. You can choose not to take part and if you join, you may quit at any time. There will be no penalty if you decide to quit the study.

Brief background to the study

After salary enhancement the service delivery in health sector in Sheema District remains a problem. Patients Complain of long wait times at health facilities. Health Facilities face severe stockouts of essential medicines (New Vision, November 25, 2022). If the problem is not urgently addressed there will lead to citizens delaying or not seeking care for preventable and treatable diseases. This can lead to worsening health conditions, complications, and even death.

Purpose of the research project

The purpose of the study is to examine the relationship between salary enhancement and perceived service delivery among health sector employees in Sheema District Local Government

Why you are being asked to participate?

Your participation in this study is essential as it will contribute to a comprehensive understanding of the factors influencing service delivery in the health sector. Your insights and experiences will provide valuable data that can be used to inform policies and strategies aimed at enhancing healthcare services in Sheema District.

Procedures

As a participant, you will be required to provide information through interviews, surveys, or other data collection methods. Your input will be crucial in generating meaningful findings that can inform decision-making processes related to salary enhancement and perceived service delivery in the health sector.

Risks or discomforts

There are minimal risks or discomforts associated with participating in this study. However, it is important to note that confidentiality and privacy will be maintained throughout the research process to ensure your safety and security.

Benefits

By participating in this study, you will contribute to advancing knowledge in the field of healthcare service delivery. Your input will help identify potential areas for improvement and contribute to the development of strategies aimed at enhancing service delivery within the health sector.

Incentives or rewards for participating

Participants may receive incentives or rewards for their involvement in the study. These could include compensation for time, travel expenses, or other forms of recognition for their valuable contributions.

Protecting data confidentiality

All data collected during this study will be treated with strict confidentiality. Measures will be put in place to ensure that your personal information remains secure and protected from unauthorized access.

Protecting subject privacy during data collection

Your privacy will be safeguarded throughout the data collection process. Any information provided will be anonymized and used solely for research purposes, with strict adherence to ethical guidelines.

Right to refuse or withdraw

You have the right to refuse participation or withdraw from the study at any time without facing any consequences. Your decision will be respected, and you will not be penalized for choosing not to participate or for discontinuing your involvement.

What happens if you leave the study?

If you choose to leave the study, any data collected from you up to that point may still be used unless you explicitly request otherwise. Your decision to withdraw will not impact your rights or benefits as a participant.

Who do I ask/call if I have questions or a problem?

If you have any questions or encounter any problems during the course of this study, you can contact: Tashobya Daniel Kamugisha at 0782771625 for assistance and clarification.

What does your signature or thumbprint on this consent form mean? Your signature on this form means

- You have been informed about this study's purpose, procedures, possible benefits and risks
- You have been given the chance to ask questions before you sign
- You have voluntarily agreed to be in this study

Name of adult participant	Signature of participant or representative	Date	Legally authorized
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Name of person obtaining consent	Signature	Date
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Print Name of witness	Signature or thumbprint or mark	Date
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APPENDIX 2: QUESTIONNAIRE FOR HEALTH SECTOR EMPLOYEES

Instructions: You are required to tick the best alternative answer or fill in the spaces provided

Section A: Demographic characteristics

1. Gender

i. Male ☐

ii. Female ☐

2. Age

i. 18-30 years ☐

ii. 31-40 years ☐

iii. 41-50 years ☐

iv. Above 50 years ☐

3. Educational Background

i. Certificate ☐

ii. Diploma ☐

iii. Postgraduate diploma ☐

iv. Master's Degree ☐

v. Others.....

4. Years of Experience in Healthcare

i. Less than 1 year ☐

ii. 1-5 years ☐

iii. 6-10 years ☐

iv. 11-15 years ☐

v. 16 or more years ☐

5. Specialization

- i. Medical Doctor ☐
- ii. Nurse ☐
- iii. Midwifery ☐
- iv. Administrative/Support Staff ☐
- v. Other (please Specify).....

Section B: The effect of current salary on perceived service delivery, among health sector employees in Sheema District Local Government

How do you rate the effect of current salary on perceived service delivery, among health sector employees in Sheema District Local Government. Whereby 1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree.

No.	Statement	1	2	3	4	5
1	My current salary reflects my value in health sector work.					
2	Higher salaries could boost morale in Sheema District's health sector.					
3	Adequate compensation fuels my motivation for quality service.					
4	My salary matches my level of responsibility.					
5	Better salaries attract skilled professionals to Sheema' health sector.					
6	Salary satisfaction links to my service commitment.					
7	Adequate pay retains experienced health sector staff.					
8	My salary influences my willingness to excel.					
9	My salary is competitive in other districts.					
10	Current salary adjustments boost satisfaction and retention.					

Section C: The effect of salary fairness perception on perceived service delivery, among health sector employees in Sheema District Local Government

How do you rate the following statements concerning the effect of salary fairness perception on perceived service delivery, among health sector employees in Sheema District Local Government. Whereby 1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree.

No.	Statement	1	2	3	4	5
1	Fair salary distribution boosts my motivation for quality service.					
2	Fairness in salaries uplifts morale in Sheema District's health sector.					
3	Salary fairness links directly to dedication to service delivery.					
4	Salary fair structures create harmony among health sector colleagues.					
5	Fairness fosters trust and cooperation among health sector colleagues.					
7	Fairness in pay enhances commitment in service delivery.					
8	Fairness encourages excellence in service delivery.					
9	My perception of fairness influences collaboration in service delivery.					
10	Fairness improves retention in health sectors.					

Section D: The effect of salary increment frequency on perceived service delivery, among health sector employees in Sheema District Local Government

How do you rate the level of The effect of salary increment frequency on perceived service delivery, among health sector employees in Sheema District Local Government. Whereby

1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree.

No.	Statement	1	2	3	4	5
1	Regular increments boost my service motivation.					
2	More frequent raises improve morale in health sectors.					
4	Regular raises keep employees committed.					
5	Regular raises encourage professional growth.					
6	Increment frequency affects fairness perception in service delivery.					
7	Frequent adjustments encourage extra effort in service delivery.					
8	Increment frequency affects responsibility acceptance.					
9	Regular increments foster loyalty in service delivery.					

Section E: The level of perceived service delivery, among health sector employees in Sheema District

How do you rate the level of perceived service delivery, among health sector employees in Sheema District. Whereby 1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree.

No.	Statement	1	2	3	4	5
1	Sheema District health sector delivers high-quality service.					
2	Employees show professionalism and competence.					
3	Effective communication ensures patient needs are met.					
4	Service reflects commitment to patient well-being.					
5	Employees demonstrate empathy.					
6	Service practices lead to positive health outcomes.					
7	Adherence to professional standards is consistent.					
8	Dedication and hard work are evident.					
9	Confidence in employee abilities is high.					
10	Service contributes to community well-being.					

Thank You

APPENDIX 3: QUESTIONNAIRE FOR BENEFICIARIES (PATIENTS)

Instructions: You are required to tick the best alternative answer or fill in the spaces provided

Section A: Demographic characteristics

1. Gender

- i. Male ☐
- ii. Female ☐

2. Age

- i. 18-30 years ☐
- ii. 31-40 years ☐
- iii. 41-50 years ☐
- iv. Above 50 years ☐

3. Educational Background

- i. None formal ☐
- ii. Primary ☐
- iii. Secondary ☐
- iv. Tertiary ☐
- v. Others specify

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

4. Can you describe instances where health sector employee salaries affect healthcare quality or accessibility in Sheema District?

.....

.....

.....

5. What changes to health sector employee salaries could enhance service delivery in Sheema District?

.....

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.....

6. What are common concerns expressed by health sector employees about their salaries and perceived service delivery?

.....

.....

.....

7. What role should Sheema District Local Government play in addressing health sector employee salary issues and their impact on service delivery?

.....

.....

.....

8. Have your perceptions of health sector employees' salary fairness affected your trust in healthcare?

.....

.....

9. Does perception of salary fairness impact health sector employees' motivation for quality care?

.....

.....

10. How does salary fairness perception compare to workload, resources, or training in healthcare quality?

.....

.....

11. Do salary increment frequency affect health sector employees' dedication?

.....

.....

12. How does salary increment frequency impact healthcare accessibility or quality in Sheema District?

.....

.....

Thank You

APPENDIX 4: INTERVIEW GUIDE FOR DISTRICT HEALTH OFFICER

QUESTIONS

1. Can you provide an overview of the current state of health service delivery in Sheema District?
2. How do you perceive the relationship between salary levels and the performance of healthcare professionals?
3. In your opinion, how has the recent salary enhancement for healthcare workers affected service delivery in Sheema District?
4. What are some of the key challenges faced by healthcare professionals in delivering quality services in Sheema District?
5. How has the community responded to the changes brought about by the salary enhancement for healthcare workers?

Thank You

APPENDIX 5: APPROVAL LETTERS



Tel: 0772 512551



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RESEARCH ETHICS COMMITTEE

To: TASHOBYA KAMUGISHA

+256 782 771625

Type: Initial Review



Re: BSU-REC-2025-488: SALARY ENHANCEMENT AND PERCEIVED SERVICE DELIVERY AMONG HEALTH SECTOR EMPLOYEES IN SHEEMA DISTRICT

I am pleased to inform you that at the 36 convened meeting on 22/04/2025, the Bishop Stuart University (BSU) REC meeting voted to approve the above referenced application.
Approval of the research is for the period of 22/04/2025 to 22/04/2026.

As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the REC for re-review and approval **prior** to the activation of the changes.
3. Reports of unanticipated problems involving risks to participants or any new information which could change the risk benefit: ratio must be submitted to the REC.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by participants and/or witnesses should be retained on file. The REC may conduct audits of all study records, and consent documentation may be part of such audits.
5. Continuing review application must be submitted to the REC **eight weeks** prior to the expiration date of **22/04/2026** in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion may result in suspension or termination of the study.
6. The REC application number assigned to the research should be cited in any correspondence with the REC of record.
7. You are required to register the research protocol with the Uganda National Council for Science and Technology (UNCST) for final clearance to undertake the study in Uganda.

The following is the list of all documents approved in this application by Bishop Stuart University (BSU) REC:

No.	Document Title	Language	Version Number	Version Date
1	Protocol	English	2	2025-04-08
2	Protocol	English	2	2025-04-08
3	Compliance Report	English	2	2025-04-08
4	Protocol	English	1	2025-02-16
5	Compliance Report	English	1	2025-02-16
6	Letter to REC	English	1	2025-02-16
7	Data collection tools	English	1	2025-02-16
8	Data collection tools	English	1	2025-02-16
9	Data collection tools	English	1	2025-02-16
10	Informed Consent forms	English	1	2025-02-16
11	REC forms	English	1	2025-02-16

Your Subject



Godfrey Kibuka

For: Bishop Stuart University (BSU) REC