

**EMPLOYEE CAPABILITIES AND HEALTH CARE SERVICE DELIVERY AT
GULU REFERRAL HOSPITAL**

BY

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**A DISSERTATION SUBMITTED TO THE FACULTY OF BUSINESS AND
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GULU UNIVERSITY**

OCTOBER, 2026

DECLARATION

I, Adong Lucky Joan, declare that this dissertation entitled “Employee Capabilities and Health Care Delivery at Gulu Regional Referral Hospital in Uganda” is my original work.

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Date...25/10/2025.....

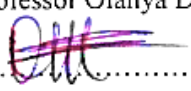
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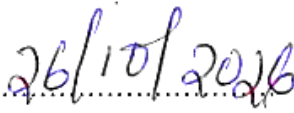
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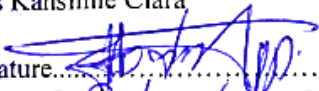
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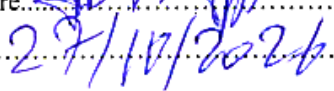
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Date.....

DEDICATION

I am joyful to the Almighty God upon this success, I would like to dedicate this work to my parents His Highness Richard Santo Apire and Betty Lam, my siblings Anywar Denis, Okello Geoffrey, Komakech Monday Victor, Akena Eddie Paul (RIP), Adockorach Lucy and my lovely daughter Nethacher Reshtina not forgetting my best friend Atim Jackline for emotional, financial and spiritual support towards my study, May God bless you all.

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I too want to acknowledge the contribution of respondents at Gulu Regional Referrals Hospital for providing information that translated into this dissertation and not forgetting the contribution of research assistants who helped me to conduct data collection.

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LIST OF ABBREVIATIONS AND ACRONYMS

AHSPR	Annual Health Sector Performance Reports
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
BFHI	Breast Feeding Health Initiatives
COVID-19	Corona Virus Disease 2019
DHMT	District Health Management Team
DHO	District Health Officer
ENT	Ear Nose and Throat
GRRH	Gulu Regional Referral Hospital
GUREC	Gulu University Research and Ethical Committee
HCDP	Human Capital Development Program
HCT	Human Capital Theory
HDI	Human Development Index
HDOs	Health delivery organizations
HIV	Human Immune Virus
HMIS	Health Management Information System
HR	Human Resource
HRM	Human Resource Management
JD	Job Description
LGs	Local Governments
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NHS	National Health Service

PHC	Primary Health Care
PHP	Private Health for Profit
PNFP	Private Not for Profit
PPP	Public Private Partnerships
SDGs	Sustainable Development Goals
SRHR	Sexual Reproductive Health Rights
SSA	Sub-Saharan Africa
TB	Tuberculosis
UK	United Kingdom
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organization

ABSTRACT

This study was conducted in Gulu Regional Referral Hospital on employee's capabilities and health care service delivery. The study objectives were to establish the level of employee capabilities, assess the level of Health Care delivery and examine the influence of health policies on Health Care delivery. Methodology used was both qualitative and quantitative research design. The key findings on the level of employee capabilities included; training has enhanced the level of knowledge, skills and creativity during service delivery in terms of efficiency. Employees had good interpersonal skills that promotes efficiency at work. Experience makes employees flexible in challenging situation. Concerning the level of Health Care service delivery, the key findings are: patients are satisfied with the quality of services. Patient's feedback improves on the quality of health care delivery. The influence of health policies on Health Care delivery, the study revealed that there is a strong positive relation through the effective implementation of health policies, medical ethics policy and human resource policy. In turn it promoted accountability and training of workforce, respect for human rights and protection of privacy. The study recommends that the human resource department needs to encourage retention of employees especially through refresher training, workshops, seminars and offering scholarship for both short and long courses so that its personnel are relevant to the job market and recruitment of experienced employees. Upholding the quality of health care by being responsive to emergency, having functional machines like X-Ray and CT scan. The finding asserts that accountability and medical ethics policy needs to be upheld among the employees to ensure respect for human rights, non-discrimination, integrity and protection of privacy for patients.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

Employee capabilities is a combination of many paradigms and is a key criterion for influencing organizational success or failure. Employees are the blood stream of any business and are the most valuable assets of every organization as they can make or break the organization's reputation and can adversely affect cost-effectiveness. Developing countries, like Uganda are experiencing poor level of health care delivery and have been greatly attributed to the poor training and minimal engagement of employees. The health workers are accused of absenteeism and untimely provision of services to their client's, low productivity, poor attitude toward clients and poor quality of health care services provided to clients (Kasimu& Saadat, 2019). Employee capabilities is a vital aspect of health service delivery as it embraces efficiency and effectiveness of personnel during their duties in the Gulu Regional Referral Hospital (GRRH). This chapter provides the background of the study, the statement of the problem, the purpose of the study, the objectives of the study, the research questions, the scope of the study, the significance of the study, and the conceptual framework of the study. This study therefore will focus on employee capabilities and Health Care delivery in Gulu Regional Referral Hospital in Gulu City, Uganda.

1.1 Background of the Study

In the United Kingdom's (UK) National Health Service (NHS), one response to this dilemma of employee's capabilities has been to recommend an extension of the role of nurses. In particular, a number of recent policy documents emerging from the Department of Health suggest a development of a mix of health professionals' skills and experience. Employee capability growth empowers individuals to enhance skills, fostering career growth and organizational success through a skilled, adaptable workforce. Equips employees with necessary skills, leading to increased productivity, improved outcomes, and enhanced customer satisfaction. This enables nurses to deliver high quality health care in areas designated as priority clinical targets in the United Kingdom (UK) system (Barker, Steventon, Williamson & Deeny, 2018). Employee Capability is the individual's psychological and physical capacity to engage in an activity (knowledge and skills). Whereas health care delivery is described as provision of comprehensive programs that incorporate

treatment and management, prevention and health promotion, as well as addressing the social determinants of health (Stephen, Harfield, Carol, Alexa, Zachary, Alex & Ngiare (2018).

In China there is a fragmented health care delivery system as noted by Yip (2020) and it is faced with health system problems that vary from one to the next inclusive health concern in terms of inequalities in health care provision (Reddy, 2019). While health service delivery challenges are more often seen in countries with a very high Human Development Index (HDI), human resource challenges attract more attention within those with a low HDI. The dilapidated healthcare system, Human resources shortages, and “brain drainage” from Africa to Europe, the Middle East and North America compound healthcare outcome, financial barriers to healthcare services with high rates of out-of-pocket expenditure.

Owing to ineffective national health insurance systems have facilitated medical tourism leading to over 5000 people leaving Nigeria every month for various forms of treatment abroad. This has led to about 1.2 billion US dollars lost from the Nigerian economy to medical tourism yearly making the poor to bear the highest burden of diseases and experience high levels of the financial crippling of healthcare expenditure in many sub-Saharan African countries (Ayatollahi & Zeraatkar, 2020). Healthcare delivery systems in Africa have, over the years, suffered from man-made issues which cut across institutional, human resources, financial, technical, and political developments and the majority of African countries are unable to meet the basic requirement for good healthcare systems. Poor governance and human resource challenges are linked to ineffective integration of services in resource-limited nations (Oberst, 2021).

Health care service delivery systems in Africa suffer from neglect and underfunding that is affecting employee capabilities of health care workers in Africa to deliver the six World Health Organization (WHO) pillars of healthcare service delivery. The underdeveloped healthcare systems in Africa need radical solutions with innovative thought to break the current impasse in health care service delivery. Health Delivery Organizations (HDOs) around the world are struggling to solve the long-present challenges of health care affordability, access, quality, and efficiency. However, existing care models impede their efforts to adapt and evolve for the future, even as COVID-19 accelerated the imperative to transform (Di Pietro, Piaggio, Oronti, Maccaro, Houessouvo, & Ahluwalia, 2020).

Inadequate human resource and healthcare financing and poor leadership and management are the major issues of healthcare service delivery in Africa (Ayatollahi & Zeraatkar, 2020). It

is important for public health policy makers in Africa to adopt national guidelines for healthcare system development, based on the WHO framework with buy-in from healthcare workers and most importantly from governments across the region, creative solutions are required and lack of resources may mean that public private partnerships may need to be adopted with companies using corporate social responsibility schemes to provide apportion of profits to offset health insurance schemes for employees, their families and the communities in which they work. Legislation may be required to encourage large multinationals to participate in such schemes as the price for extracting raw resources from the African continent (Ayatollahi & Zeraatkar, 2020).

Health care service delivery models today are oriented around the provider, primarily focused on physical health, and prioritize location and payment models over consumer needs. Experiences are fragmented, transactional and analog, with redundancies, misalignment, and disconnected interactions common among functions and stakeholders. These characteristics can intensify existing operational and organizational headwinds pushing against efficient and effective health care delivery (Di Pietro et. al. 2020).

There is a challenge of limited workers in the health care setting as noted by several scholars that there is a 50% or a smaller number of health workers with the required capabilities, especially in hard-to-reach and stay rural areas. Employee capabilities challenge among health workers which affects healthcare delivery in sub-Saharan Africa comes about due to limited pre-service training, limited on job training, movement of health workers from sub-Saharan countries to developing countries, and increase death rate among health workers due to diseases such as COVID-19 (Di Pietro et. al. 2020). Yet the dynamics of entry into and exit from the health workforce in many countries remain poorly understood. This limits the capacity of governments and international agencies to develop, design, and implement suitable intervention programs for employee capabilities for health care delivery (Di Pietro et. al. 2020).

In the six nations (Angola, Benin, Botswana, Burkina Faso, Cameroon and Burundi) of sub-Saharan Africa, research on the attendance of health workers at their designated stations found that, on average, 35% of staff members were not present when the surprise visit occurred during regular business hours, according to (Theuri, Macharia, & Kamau, 2020). Despite being paid by their governments, the bulk of these workers were engaged in private employment, which prevented them from completing their assigned tasks. Additionally, it

was observed that in order to satisfy the enormous and intricate healthcare demands of the twenty-first century, health professionals graduating from training institutes needed to possess crucial clinical abilities. In order to close existing skill gaps, management of health services and training should prioritize serious skill training (Theuri et.al., 2020)

Employee capabilities are a subcategory of human capital that are so often acquired through ongoing training that is supported, honed, and used. However, research has shown that maintaining staff capabilities is expensive, and it is widely known that Human Resource (HR) spending is frequently the first to be evaluated and reduced when company conditions deteriorate, as is normal during times of economic upheaval (Maley, 2019). The strategic human resource management (strategic HRM) literature has long acknowledged the significance of employee capability, also known as employee capability of doing the job (hence referred to as employee capability), as a fundamental determinant of performance and competitive advantage. However, less is known about how HR policies in healthcare employees improve employee capabilities for providing healthcare (Zhang & Edgar, 2021).

Barker, Steventon, Williamson & Deeny (2018) posit that employee capabilities are expected to translate into improved Health Care delivery, efficiency and effectiveness in any organizational context. These capabilities are interrelated in such ways that they enable efficient functioning of Health Care institutions. Kotler (2012) asserts that there is anecdotal information regarding employee capabilities and how they influence efficiency and effectiveness of health care institutions. Barker et al., (2018) argue that employee capabilities relate to training for substantial productivity and quality performance. Also, Bloom, Khoury, & Subbaraman (2018) in their study found that when employees capabilities are enhanced after being trained, their level of knowledge and commitment improve, which ultimately increase their service delivery on the job. And that the engaged employees are characterized by energy, absorption, involvement, efficacy, vigor, dedication, enthusiasm and a positive state, which increase their productivity.

The Regional League Table has been compiled for the 15 Health Regions around the Regional Referral Hospitals (RRHs) using the DLT District League Table (DLT) indicators with exclusion of the two management indicators which are district specific composite indicators (Annual health sector performance report, 2020/21). North Central, South Central and Bunyoro sub-regions registered the lowest scores. According to the Health Management Information System (HMIS) reports FY 2020/21, public facilities deliver about 75% of the

services, Private Not for Profit (PNFP) facilities 20% and Private Health for Profit (PHP) facilities about 5% of the services. The volume of selected Primary Health Care (PHC) outputs like deliveries, antenatal and postnatal care attendance, immunization is higher at the lower level health facilities in line with the policy expectations indicating that the country's health system at glance is relatively efficient (Annual health sector performance report, 2020/21). While the Ministry of Health insists that the problem is not as bad as it is depicted, the level of health care delivery in hospitals has come under serious scrutiny espousing the cause for concern about policy and practice.

There was an improvement in deliveries in health facilities in FY 2020/21 with increased from 59% to 62.4% and Ante Natal Care (ANC4) coverage increased from 42% to 48.2% as a result of employee capability while pentavalent vaccine vaccination coverage remained stagnant at 87%. Given the challenges brought about by the Covid 19 pandemic and its control measures the Local Governments (LGs) did a commendable job in ensuring that other health services continued to be delivered. By ranking 37% (50/136) of the districts scored above the national average of 64.4% (Annual health sector performance report, 2020/21). It was, therefore, necessary to investigate the relationship between employee capabilities on health care service delivery of health institutions in Uganda and specifically Gulu regional referral hospital in northern Uganda.

1.2 Statement of the Problem

Health Care service delivery management systems provide major benefits like clarifying the organization's results, ensure accountability and encourage transparency by requiring reporting of results (Chebet & Njuguna, 2020). Health Care Organizations just like the private sector have aspired to achieve high health care delivery through health care delivery management systems, procedures, and practices. However, the Ugandan Ministry of Health 2020/2021 annual sector reports revealed low uptake for some critical interventions due to health care service delivery in terms of equity, quality of care and access to healthcare e.g., Family Planning, Cancer Screening and Hepatitis B testing and vaccination due to misconceptions, misinformation, cultural differences, myths and stigma. Though the government has made many efforts to improve on the medical personnel welfare by providing study scholarship, training, leave and risk allowance to enhance their capabilities there is still gaps that needs to be addressed for example lack of up-to-date data for reporting on some of the indicators (Juliet & Rhona, 2015). Therefore, it was upon this basis that a study was conducted to establish the effect of employee capabilities on health care service

delivery in health institutions in Uganda taking a case study of Gulu Regional Referral Hospital (GRRH) in northern Uganda.

1.3 Purpose of the Study

The purpose of the study was to establish the effects of employee capabilities on Health Care service delivery in Gulu City, Uganda

1.4 Objectives of the Study

This study was guided by the following objectives:

1. To establish the level of employee capabilities at Gulu Regional Referral Hospital in Uganda
2. To assess the level of Health Care delivery at Gulu Regional Referral Hospital in Uganda
3. To examine the influence of health policies on Health Care delivery at Gulu Regional Referral Hospital in Uganda

1.5 Research Questions

1. What is the level of employee capabilities at Gulu Regional Referral Hospital in Uganda?
2. What is the level of Health Care delivery at Gulu Regional Referral Hospital in Uganda?
3. What is the level of influence of health policies on Health Care service delivery at Gulu Regional Referral Hospital in Uganda?

1.6 Scope of the Study

The scope of this study has been discussed under the three facets of; content, geographical location of the study area and time.

1.6.1 The Content Scope

This study focused on employee capabilities and Health Care delivery in GRRH in Gulu City where training was intervening variable, capability was the independent variable that consisted of skills and knowledge. Equity in health care delivery, quality of care and access to health care falls under the variable of Health Care delivery, Human resource policy shall be operationalized using staff recruitment policy, staff appraisal policy, maternity and paternity policy, sexual harassment at work place policy and staff training and

development is to be analyzed. The employees that were involved in the study included; doctors, nurses, laboratory officers, cleaners, accountants, security officers and pharmacists.

1.6.2 The Geographical Scope

This study was carried out in Gulu City in Uganda which is located in the northern part of Uganda. The coordinates of Gulu City are: 2°46'54.0"N 32°17'57.0"E. The distance from Gulu City to Kampala, Uganda's capital and largest city, is approximately 340 kilometers (210 miles) by road. On 27 August 2014, the national population census put Gulu City population at 152,276. The choice of GRRH in Gulu City is because GRRH is a regional Hospital centrally located in Northern Uganda and serving the greater northern Uganda characterized with many patients coming from all over northern Uganda for health care delivery at GRRH

1.6.3 The Time Scope

The study focused on data collection covering the era before COVID 19 of 2017-2020 as much as the general design was cross-sectional in nature. The time scope has been chosen during COVID 19 several facts has changed as compared to the period before COVID 19 therefore the researcher thought it wise to consider periods before the pandemic.

1.7 Significance of the Study

The findings are likely to benefit many individuals and institutions as noted below;

The study findings shall help health facilities including GRRH to enhance Health Care delivery to deal with issues of employee capabilities and Health Care delivery in health facilities within Gulu City, Uganda.

The study may benefit policy makers including the government in formulating useful policies concerning employee capabilities and Health Care delivery in health facilities.

The study would enable government obtain knowledge of health care delivery and appropriate health care policies and practices to be implemented and providing guidelines for policy makers for designing appropriate policies that shall regulate the health sector.

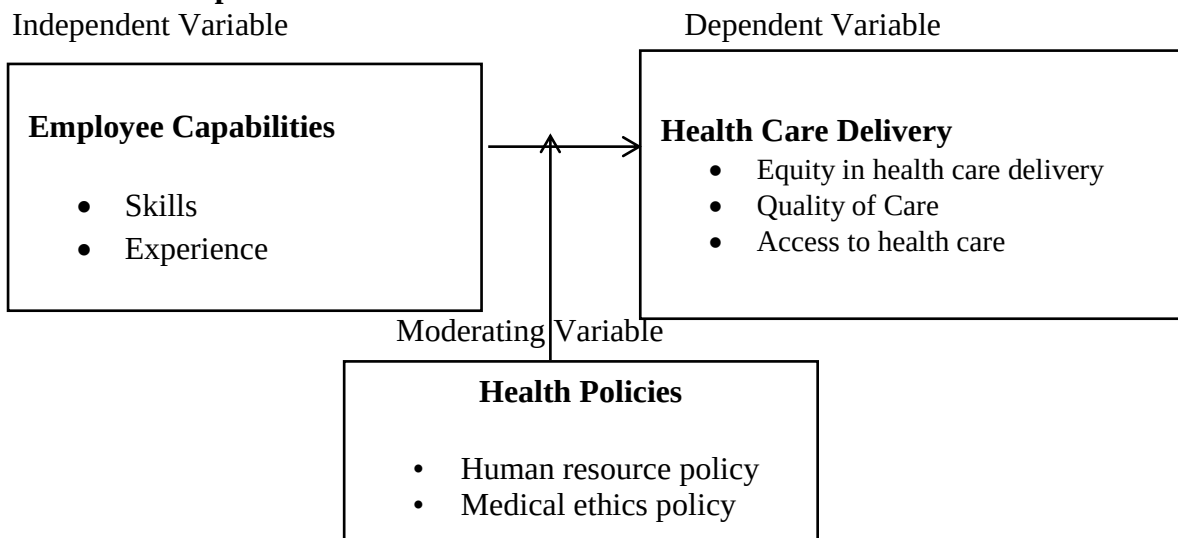
The study may also help in providing literature on employee capabilities and Health Care delivery in Uganda which other researchers and academicians may use.

The study shall enable service delivery to the patients to improve since the study will reveal information that would in turn improve the services offered to the patients.

The study shall form a basis for further studies in the field of employee capabilities and care delivery for organizations especially in the health sector. This shall generate and develop new knowledge and ideas to narrow the gap in the area of health care delivery.

Furthermore, the completion of this study will help the researcher attain a Master degree of Business Administration (MBA) of Gulu University since this is a requirement in partial fulfillment of the requirements for the award of this degree.

1.8. The Conceptual Framework



(Source: Adopted and modified from Wakida et al., 2018)

Figure 1: Conceptual Framework

Employee Capability was the independent variable and, in this study, skills were operationalized through relevancy, creativity, attitude, motivation, leadership, listening. Experience will be operationalizing by honoring appointments, self-motivation, and productive use of resources.

Health care service delivery shall be considered as a dependent variable where Equity was operationalized using patients being treated equally, making quality a priority. Quality of care was operationalized using reliability, responsiveness, timeliness of care, getting the right services, treating patients with professionalism. Health care access was operationalized using Acceptability, availability and accessibility.

Health policy shall be considered as moderating variable. Health policies systematically of four elements: context (why need the policy), content (what is the policy majorly

about), process (how was the policy brought forward and implemented) and actor (who participates in and influences formulation and implementation of the policy. Walt and Gilson (1994) believed that certain health policymaking was an interactive process within special socio-economic and cultural context where actors were at the center of this process. Human resource policy shall be operationalized using staff recruitment policy, staff appraisal policy, maternity and paternity policy, sexual harassment at work place policy and staff training and development. Medical ethics policy shall be operationalized using staff observance of the policy, staff attitude towards medical ethics policy. Professionalism will be operationalized using performance of task assigned, reporting timely for work, accountability improves employees service delivery.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed literatures written by other scholars in relation to the research objectives. The literatures were drawn from textbooks, journal articles and unpublished dissertations. These were assessed in terms of their contribution, weaknesses and gaps in relation to the purpose of the study.

2.1 Theoretical Review

The capabilities associated with human resources are directly related to how the organization's members behave and comprise a variety of skills and knowledge that can be related to both tangible (such as financial, technological, product/market factors) and intangible (such as interpersonal, communication, and problem-solving) competitive factors (Elnaga & Imran, 2013). These capabilities are challenging for rivals to duplicate or reproduce since they are founded on both the unique knowledge and skills that the company's people resources possess, and the organizational procedures established within. The fact that these capabilities were developed over time through combinations that were only possible within the framework of a specific organization must also be highlighted. Additionally, the majority of the time, their defective imitability is a direct result of their invisibility, complexity, and complementarity with other resources as well as the particular setting in which they were developed (Jason and Mark, 2021).

2.1.1 Human Capital Theory

The Human Capital Theory (HCT) was pioneered by University of Chicago economists, led by Schultz (1962, 1963) and Becker (1962), from 1960. HCT views that all social phenomena are initiated by individual behaviours, and individuals form HC by acting in their own interests. Relevant theorists consider how education and other characteristics help create skills and acquire knowledge that can be used as an investment in the labour productivity. Schultz believes that, along with other forms of capital, the possession of HC helps provide economic services (Jason and Ramsden, 2021). The acquired human capabilities a term that will be scholarly defined and discussed in the HCT section are not free goods; they are products of the allocation of scarce resources (to be specific, they are products of investments in man). For example, policymakers investing resources in schooling aim to raise the future income levels earned by the beneficiaries due to the latter's disposition to translate

educational credentials or academic knowledge into professional opportunities or skills as this too can be replicated in the health service delivery. Aside from education, on-the-job training, labour migration, and health are other major classes of HC (Schultz 1961).

However, the researcher identified gaps of the theory; Human capital theory assumes that education determines the marginal productivity of labour and this determines earnings. Since the 1960s, it has dominated the economics, policy and public understanding of relations between education and work. It has become widely assumed that intellectual formation constitutes a mode of economic capital, higher education is preparation for work, and primarily education (not social background) determines graduate outcomes. However, human capital theory fails the test of realism, due to weaknesses of method: use of a single theoretical lens and closed system modelling, inappropriate application of mathematical tools, and multi-variate analysis of interdependent variables. Human capital theory imposes a single linear pathway on the complex passage between heterogeneous education and work. It cannot explain how education augments productivity, or why salaries have become more unequal, or the role of status. These limitations are discussed with reference to research on social stratification, work, earnings and education.

Given the significance of human capital in the health care industry and the acknowledgement of the role of human resource development policy in the health sector of Uganda in ensuring a sufficient level of HCT, this study will consider HCT to be a suitable theoretical lens from which to test the relationship between employee capabilities and health care service delivery will be determined.

2.1.2 Nursing Services Delivery Theory

The Nursing Services Delivery Theory (NSDT) applies to Katz and Kahn's open system theory to nursing work and administration in large healthcare organizations. Developed by RM Meyer and O'Brien Pallas, it examines how administrative practices and structural factors at the nursing unit level influence healthcare delivery and outcome.

In many countries, the sustainability and quality of nursing services are threatened by global shortages of health professionals (International Council of Nurses 2006). As one component of multifaceted response to this crisis, policy and decision-makers have prioritized the nursing practice environment and organizational performance as key areas for intervention (International Council OF Nurses 2006). Nursing services are generally contracted through an employment relationship. To recruit, retain, and deploy scarce nursing human resource

management policies and the goals, resources, context, and outcomes of nurses' work need to be understood. A challenge in nursing health services research has been the need for unifying theory to conceptualize and examine the delivery of nursing services (Edwardson 2007).

In the conceptual model for nursing and health policy, Russell and Fawcett (2005) identified four levels of focus: (1) nursing practice processes; (2) administrative practices for nursing service or healthcare delivery subsystems; (3) healthcare system administrative practices; and (4) world health administrative practices. The Nursing Services Delivery Theory (NSDT) addresses the second level of phenomena in this model by examining the effectiveness and efficiency of administrative practices for nursing service delivery subsystems. Using the strategy of theory derivation, the NSDT gives a theoretical understanding of the nature of an organization, situates the work of nurses in the organizational context, and integrates the design an organization of nursing work.

2.2 The level of employee Capabilities

The Ministry of Health (MoH) compiles Annual Health Sector Performance Reports (AHSPR) as an institutional Monitoring and Evaluation requirement. The report mainly focuses on the progress in implementation of the health subprogram interventions and actions under the Human Capital Development Program (HCDP) Program Implementation Action Plan for the Financial Year (FY) 2020/21. MoH has its strategic interventions to promote health research, innovation and technology uptake and establish and operationalize mechanisms for effective collaboration and partnership for health at all levels (MoH Uganda Annual Health Sector Performance report 2020/21).

Employees are viewed as the cornerstone to an organization's success in any field (Hung and Ramsden, 2021). The organization relies on the workers to function and develop in order to be effective and deliver services efficiently. In any situation, the personnel must be inspired and developed effectively in order to boost job satisfaction and keep employees on board. In the modern, fluid world, the organizations need to adjust if they want to survive in the market with their current operations and products. They should introduce new technologies and equipment in accordance with market conditions in order to maintain the standards. The staffs are pushed to develop their capacities and skills in response to the changes. The organizations must offer the training to enhance the worker's technical and personal effectiveness (Hung and Ramsden, 2021).

Kiweewa and Asiimwe (2014) argue that employee training results into substantial productivity and quality performance. Also, Amin, Saeed, and Lodhi (2013) in their study in the education sector of Pakistan found that when employees are trained, their level of knowledge and commitment improve, which ultimately increase their performance on the job. In terms of employee engagement, Ologbo and Sofian (2013) note that engaged employees are aware of the business context in which they work and work with colleagues to improve performance within the job for the benefit of the organization. Similarly, Men (2015) also argues that engaged employees are characterized by energy, absorption, involvement, efficacy, vigor, dedication, enthusiasm and a positive state, which increase their productivity.

Ologbo et. al., (2013) came to the conclusion after studying a variety of Australian organizations that creating capable individuals and organizations needs substantial paradigm adjustments in the way in which management, education/training, and workplace are conceptualized. Ologbo et. al., (2013) they argue that the ability to learn is particularly important and that people and organizations need to learn, to generate meaning from identifying and solving issues they confront. In order to be capable, one must be competent. However, capable individuals and organizations are those that can function well in uncharted environments and when faced with novel issues. The logical conclusion is that learning must take place. This situation can happen in the context of GRRH since it possesses a similar work environment.

Although competencies serve as the foundation for capability, they are insufficient for optimal human resource management and are a product of an antiquated pedagogical model that discourages learners and does not allow for the demonstration of capability aspects. The environment in which organizations today function has been described as turbulent. Thus, there has never been a more pressing need for people to be flexible, inventive, proactive, and creative. For organizations to compete in a global marketplace, they must have a highly knowledgeable, competent, and adaptable workforce. (Ologbo et. al., 2013)

One aspect of what has been described as being capable is the capacity to learn (Ologbo et. al., 2013). The capable person is also creative, able to "think outside the box," has a strong sense of self-efficacy, is willing to take calculated chances, and functions well in groups. This is in addition to being able to learn new things. As a result, skilled individuals are better

equipped to adapt to the demands of a fast evolving and ambiguous environment where it is necessary to be innovative, achieve more with less, and make a profit no matter what.

2.2.1 Skills

Skill refers to the ability to perform a certain activity reliably and at least minimally satisfactorily" Helfat & Winter, (2011). Highly capable managers with multi-skilled workforces, effective use of teamwork, and the creation of a unique culture that fosters organizational learning and innovation are essential for encouraging employees to adapt to change Beughelsdijk, (2008), Wei and Lau, (2010). Human resource (HR) practices allow employees to discover and employ knowledge and experience in organizations to develop creative ideas and discover new opportunities. Scarbrough, (2003), Lopez-Cabrales et al., (2009), Chen and Huang, (2010) Prajogo and Oke, (2016). Thus, they provide an infrastructure that facilitates the development of Dynamic Capabilities. In this endeavor, HR-related QM practices with their different focus e.g., explorative or exploitative Herzallah et al., (2017) can make organizations more sensitive to variations in the environment become more strategically flexible and thus better able to adapt to changes Gómez-Gras and Verdú-Jover, (2005)

Human skills pertain to the ability to understand others, work with others, lead, motivate and control behaviors of others. According to Hung and Ramsden (2021) human skills are divided into (a) leadership ability and (b) intergroup relationships. Intragroup skills are essential in lower and middle management roles and intergroup skills are important in higher levels of management. They can be acquired through self-development from personal point of view toward human activity so that one will (a) recognize the feelings and sentiments brought to a situation; b) have an attitude about own experience which enables a manager to re-evaluate and learn from them; c) develop ability in understanding what others by their actions and words are trying to communicate; and d) develop ability in successfully communicating own ideas and attitudes to others. It is important that employees self-examine their own concepts and values, which may enable them to develop more useful attitudes about themselves and about others.

Conceptual skills represent the manager's knowledge or skills for more abstract thinking. Social processing skills are those that enable a person to function in various types of social situations while still understanding the processes needed to get the job done. Simply put, managerial skills are the knowledge and ability of individuals in a managerial position to perform a specific managerial activity or task. Management and leadership skills are often

used interchangeably as both involve planning, decision making, problem solving, communication, delegation, and time management. Whereas technical skills refer to one's ability to understand and the proficiency in a specific kind of activity, particularly one involving methods, processes, procedures, or techniques; it involves specialized knowledge, analytical ability within that specialty, and ability in use of tools and techniques of a specific discipline (Katz, in Arul, 2009). Vocational and on-job training programs largely do a good job in developing this skill.

According to George & Jones (2001) technical skills refer to job specific knowledge and techniques required to perform a role. They depend on nature of the organization and task. For example, the owner of a restaurant needs cooking skills, a school director needs teaching skills and so on. Technical skills according to Kunene (2008) refer to those specific skills needed to work within a specific occupation, and include expertise, knowledge of the industry, its standards and practices, ability to use tools, procedures and techniques of a specified field, understanding of how specific things work, specific knowledge that enables one to know what a particular product, machine could do and what it can be used for, process knowledge or how to manufacture relevant products and all steps that need to be taken to develop and produce products or perform tasks necessary to render the service (Tustin, 2003; Perks & Struwig, 2005). Examples of technical skills required by a doctor are those related to job specific knowledge (Zuzana & Matej, 2007).

2.2.2 Experience

Human capital in management is one of the key factors by which enterprises obtain and maintain their competitive advantage, Hambrick and Mason. Formation of human capital is a cumulative process. Managers do not gain their expertise just by sitting in MBA classes. Knowledge and specialty accumulated along career paths contribute ultimately to managerial performances. In practice, a lot of emphases are put on work experiences in hiring decisions. However, empirical evidence reveals that work experience matters is very limited. Then, there is the question of management styles. For example, investment principles advocated around MBA classrooms are more or less the same, but fund managers' investing styles differ, even within a fund style category. Little is known about how work experience shapes manager's management style in public sector especially in the health sector (Heerdegen,, Aikins, Amon, Agyemang, & Wyss, 2020).

Experienced managers can often make decisions very quickly because experience or expertise has taught them what to do in a given situation. These managers might not be able

to explain the logic behind their decision, and will instead say they just went with their “gut,” or did what “felt” right. Because the manager has faced a similar situation in the past and has figured out how to deal with it, the brain shifts immediately to the quick, intuitive decision-making system. An often-overlooked factor in effective decision-making is experience. Managers with more experience have generally learned more and developed greater expertise that they can draw on when making decisions. Experience helps managers develop methods and heuristics to quickly deal with programmed decisions and helps them know what additional information to seek out before making a non-programmed decision. (Brand, Thompson, Fleming, Carroll, Bethel & Wyatt, 2017).

Managers can often improve the quality of their decision-making by involving others in the process, especially when generating alternatives. Other people tend to view problems from different perspectives because they have had different life experiences. This can help generate alternatives that you might not otherwise have considered. Talking through big decisions with a mentor can also be beneficial, especially for new managers who are still learning and developing their expertise; someone with more experience will often be able to suggest more options. Although public sector employees frequently view a promotion to a managerial position as a positive career experience, many new managers find this transition to be more challenging than they expected it would be and are therefore often frustrated and/or overwhelmed by the challenges of the transition. In many cases, individuals about to make such a transition have not thought in advance about how different their new managerial positions might be from their positions as individual contributors (e.g., accountants, computer programmers, policy analysts) and so, soon after making this transition, struggle with two issues (Chebet & Njuguna, 2020).

First, because public sector agencies generally promote individuals because of their excellent performance and expertise as individual contributors, rather than considering their potential as managers, individuals who are promoted often do not expect that not only will they need to develop a new set of skills and expertise to be effective managers, but that the skills and expertise that they developed as individual contributors will be less relevant to their performance as managers. Second, as is the case with many other role transitions, individuals do not expect that the transition involves more than simply taking on new responsibilities; rather it involves taking on a new identity (manager) and letting go of their previous identity (individual contributor) (Maurer & London, 2018). As a result, new managers often feel disoriented, isolated, stressed, threatened, and/or uncertain about their ability to succeed in

their new position during the early stages of their transition (Benjamin & O'Reilly, 2011; Freedman, 1998; L. A. Hill, 1992, 2003, 2007).

2.3 Healthcare Service Delivery

Employee engagement has been conceptualized in different ways, for example, according to Men (2015), it is the positive attitude held by the employees toward the organization and its values determine the level of commitment to service delivery an employee has toward their organization and its values (Selvarasu& Sastry, 2014). An engaged employee is aware of business context and works with colleagues to improve performance within the job for the benefit of the organization (Ologbo& Sofian, 2013). According to Men (2015), engagement is characterized by energy, absorption, involvement, efficacy, vigor, dedication, enthusiasm and a positive state which are described as catalysts for employee performance.

The organization takes care of employees through the simultaneous implementation of empowerment and training; employees show more engaged behavior to their work, leading to better performance outcomes in the workplace (Ariani, 2013). In other words, employees receiving various benefits like training and resources from the organization would be more likely to feel obliged to repay the organization through greater work engagement and in turn, display better attitude and behavior (Otieno, Wangithi, & Njeru, 2015). Employee motivation is enhanced through training and empowerment and this leads to better organizational performance (Nawaz et al., 2014). Amanda, Kerstin, Catherine, and Emma (2013) argued that through training, employee engagement is increased by promoting a positive attitude characterized by vigor, dedication and absorption. It further fosters Job satisfaction and commitment to an organization since employees will feel that they are part and parcel of the organization and this will lead to increased performance (Ariani, 2013).

2.3.1 Equity in health care delivery

Equity in health can be defined as the absence of disparities in health and in its key social determinants that are systematically associated with social advantage/disadvantage. Health inequities systematically put populations who are already socially disadvantaged for instance, by virtue of being poor, female, or members of a disenfranchised racial, ethnic, or religious group) at further disadvantage with respect to their health. Equity is perceived as an important or even the most important goal in health care. It is also as a human right (Faden and Shebaya 2010). At the least equity is something most governments try to achieve and value in their policy making. Therefore, the analysis of whether equity is indeed reached in health care is important and has major policy consequences.

Substantial health care disparities exist between much of rural and urban Sub-Saharan Africa (SSA). The majority of health care resources are located within urban centers, even in predominantly rural countries (Oloyede, 2017). Rural communities have lower health care and clinical laboratory access, higher levels of poverty and unemployment, and longer travel times to social service providers (McCord, 2013). Lack of health care equity in SSA has become one of the increasing concerns as many countries have entered a period of simultaneous high infectious and non-communicable disease burdens, the second of which requires a robust primary care network to diagnose, treat, and monitor patients due to a long continuum of care (Allen, 2017). Health care inequities are addressed through supply side and demand-side factors. Supply-side factors are characteristics directly related to the health system itself, including drug and equipment shortages, the physical location of health centers (HCs), and lack of qualified human resources. Likewise, this situation is also being experienced in the context of Gulu city health department. Demand-side factors are characteristics directly associated with the end-user, including barriers related to distance and travel time to a health facility, lack of transportation to obtain care, and lack of confidence in the quality of services. Demand-side barriers have a negative impact on health care utilization among the poor, including linkages to the continuum of HIV care (Lankowski, 2014), family planning services and maternal health care services (Ruktanonchai, 2016).

According Kwesiga (2014) Health systems in Uganda have been criticized for being inequitable, with the poor receiving less service than needed, and the rich receiving more than needed. Qualitative evidence has shown distance to government health facilities is a barrier both due to a facility being too far to travel to, as well as the economic opportunity costs associated with travel to the health facility (Hooft, 2020). Similarly, restricted geographic access to health facilities influences poorer Ugandans to seek care at the nearest health facility or provider, even if the quality of care is lower. The interplay of poverty and health care access has been cited in numerous studies on health care utilization among Ugandans leading to increased reliance on traditional, family, and community sources of health care instead of seeking professional care (Chang, 2020). However, the relationship between poverty and health care access has not been modeled quantitatively on a country-wide basis.

Wandera (2020) argues that transportation-related barriers pose significant challenges to health care among the poor in Uganda. Bicycle ownership has been proposed and promoted by Non-Governmental Organizations (NGOs) and Social Enterprises as one tool to reduce travel-related barriers to health-services through the distribution of cheap and durable

bicycles and bicycle ambulances. While bicycle ownership has been associated with increased utilization of maternal health services. However, Tanou (2019) opined that no analyses exist that quantify and examine the relationship among poverty and the potential time savings bicycles offer compared to walking scenarios in accessing health care services on a country-wide basis. Understanding where low levels of accessibility to health care are prevalent, as well as quantifying the relationship between poverty and health care access, is vital for intentional resource allocation for bicycle programs towards the most vulnerable individuals to address inequitable health care systems (Maina, 2019).

2.3.2 Quality of care

Although many researchers argue that the "real" quality of a service cannot be accurately reflected through patients' perceptions, patients will always draw their own conclusions about the quality of a service. In the field of healthcare management, patients' perception refers to perceived quality, as opposed to the actual or absolute quality required by critical management. Therefore, health care providers are under constant pressure to provide qualitative health services (Hinson & Aziato, 2019).

Mosadeghrad (2013) argued that reproduction of consistent health services becomes another challenge, as the services provided differ significantly between providers, customers, places, and time. This "heterogeneity" arises from the fact that different health professionals (e.g., doctors, nurses, etc.) are involved in their provision, as well as from the fact that patients can have varieties and very different needs from each other. The services offered by healthcare professionals are different, they also depend on factors such as training, experience, and individual skills. Another special feature of health services is that they are produced and consumed at the same time and cannot be stored for future use. This makes quality control difficult, because the customer cannot judge the quality before buying and consuming. Also Aziato (2019) asserts that patients' perspective on the quality of health care is important for several reasons. First, the high level of quality of services offered by health facilities is related to issues such as patient satisfaction and willingness to re-use services in the future. Second, patient feedback and perceptions are significantly required in many health care quality assessment programs. Third, the perceived high level of service quality is positively related to the financial performance and efficiency of health care institutions.

Various scales have been developed to assess the quality of healthcare structural aspects, processes, and outcomes. There are many dimensions to the quality of health services in this context. Upadhyai et al., (2019) distinguished between dimensions that are medical and non-

medical in nature. The medical aspects of the quality of health services include three sub-dimensions, namely the techniques, the outcome, and the interpersonal ones (Pant, 2019). The technical dimension of healthcare quality includes the knowledge, skills and evaluation of the care provider and the available medical facilities (Kumari, 2010). The outcome dimension (or result) includes effectiveness, efficiency, accessibility, patient safety, user-centered care and generally the dimensions of health quality as defined earlier by the WHO. The interpersonal dimension of quality in health services includes the exchange of information, friendliness, attention and the development of understanding and cooperation through the exchange of information, in other words, dimensions related to the provider-patient interaction (Kumari, 2010).

Upadhyai (2019) opines that on the other hand, the non-medical aspects of the provided health services, indirectly affect the health and well-being of patients and other health care users and include three sub-dimensions, which are the aesthetics of the space accessibility and responsiveness. The aesthetics of the space refers essentially to the natural environment and the basic comforts, including accommodation, appearance of the facilities, landscaping, staff clothing, signage, and cleanliness and so on. Accessibility includes the location of the facility, the time it takes to reach it, and affordable cost of the care. The ease of hospitalization, charging, issuing discharges and other non-health-related procedures are also included in this dimension. Finally, the response relates to the expectations of care received by health care users, including patient dignity and autonomy, the confidentiality of care, instant attention, and access to social support networks during care and quality of basic services.

Conclusively, continuous monitoring of health services for quality evaluation is very important, so the evaluation of patients' perceptions of the quality of health care, has received significant attention in recent years. In the past, the quality assessment process was carried out without considering the views and feedback of patients. However, today the importance of patients' views in evaluating the quality of services is emphasized and the simple dependence on clinical effectiveness is not supported by itself. Patient feedback and views or customer voice, influence quality improvement and provide health organizations with an opportunity for organizational learning.

2.3.3 Access to health care

The Uganda's Ministry of Health (MoH) have strategic interventions in relation to the National Development Plan (NDP) III for access to health care services which include; Focus on prevention and control of high burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, Hepatitis), epidemic prone diseases and malnutrition across all age groups emphasizing Primary Health Care (PHC) Approach. Prevention and control of Non-Communicable Diseases (NCDs) with specific focus on cancer, cardiovascular diseases and trauma. Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services. Improve maternal, neonatal, child and adolescent health services at all levels of care. Increase access to inclusive safe Water, Sanitation and Hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices. Increase access to Sexual Reproductive Health and Rights (SRH&R) with special focus to family planning services and harmonized information. Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups. And promote physical health activities and behavioral change across all categories of the population (MoH Uganda Annual Health Sector Performance report 2020/21).

Cowan, D'Ambruso, Van Der Merwe, Witter, Byass, Ameh& Twine (2021) the healthcare sector is one of the most important domains that impacts the entire global population and is closely linked to the development of any country. It also plays a crucial role in how a country is perceived in maintaining economic stability. As such, healthcare systems form a key part of government strategies across the world, and the level of industry expenditure is projected to increase at an annual rate of 4.1 per cent globally between 2017-2021. However, as healthcare spending increases and the industry continues to evolve, accessibility remains a key challenge. At least half of the world's population does not have access to the health services they need, which is an alarmingly high rate, particularly as this is a sector that impacts most people at some point in their life. In addition to this, it is estimated that 100 million people are driven into poverty each year through out-of-pocket health spending, given the lack of access to quality, affordable healthcare (Cowan et. al., 2021).

Countries with a robust healthcare framework often have long waiting lists to access the relevant specialist or have a simple surgery carried out. Some countries have systems in place that do not provide the best quality care due to lack of resources or budget constraints. And

less-developed countries have a limited number of facilities that are understaffed and under-resourced, with those living in rural or remote areas having to travel long distances to obtain the healthcare assistance they require. This leads to patients spending beyond their means on healthcare – in fact, globally, 800 million people spend at least 10 per cent of their household budgets to get the required treatment for themselves or someone in their family. Unfortunately, more often than not, these expenses are forcing more households into poverty each year (Cowan et. al., 2021).

The World Health Organization's (WHO) (2021) Universal Health Coverage (UHC) initiative aims to tackle this and is supported by the UN, setting UHC as one of the targets when adopting the Sustainable Development Goals in 2015. With increasing expenditure on healthcare comes increased pressure on governments to provide health services to the community. Working closely through Public-Private Partnerships (PPPs), as well as maintaining a dialogue between the two sectors, creates a healthy ecosystem to ensure that as many people as possible have access to healthcare. The private sector should also provide affordable healthcare options for all members of the community, including those in the lower-income bracket. This relieves some of the pressure of the public sector and provides patients with quality healthcare options and affordable prices (WHO, 2021).

The WHO estimates a projected shortfall of 18 million health workers by 2030, and states that countries at all levels of socioeconomic development face some degree of difficulties in the education, employment, deployment, retention and performance of their workforce. It is important that we invest in the education and training of our local workforce, placing patient-centered care at the core to ensure that we are contributing not only to battle the shortfall, but to work towards increasing accessibility. As we are passing through a digital revolution, markets with more developed healthcare systems, such as the UAE, have an opportunity to leverage this. Through implementing digital solutions and up skilling teams on how to use them, we can empower the health workforce to utilize the latest technologies in healthcare solutions (WHO, 2019).

Developments in technology over the past decade have had a huge impact on the healthcare industry, and we have only just scratched the surface. As we are progressing through the fourth industrial revolution, there is still a long way to go before we utilize the full potential of technology to improve access to healthcare, globally. Currently, there are fitness trackers and mobile apps that allow individuals to monitor their own health conditions remotely in

more developed markets. Through investing in R&D, key players in the private sector will be able to develop solutions that can further enhance remote patient care and cater to specific patient groups, particularly those in remote areas with limited access to healthcare facilities. The UAE Vision 2021 strives to achieve a world-class healthcare system and through its efforts, it aims to be among the best countries in the world in terms of quality of healthcare. The private sector has a key role to play, and while it is often related to profit, it is believed that profit should be a by-product and not our purpose in healthcare. Through working together with the public sector, as well as giving back to the communities being served, with the aim of working towards improving access to healthcare in the local markets with the intention of battling a larger, global issue, one country at a time (WHO, 2021).

2.4 Health policies

The need for evidence-informed health policy development is gaining momentum given the growing demand on healthcare resources especially in Low-Income Countries (LICs). Furthermore, there is need for accountability in governance action that policy or decision-makers have already chosen to take (symbolic use); may be used to inform debates and modify the way decision-makers think and see a given issue (conceptual use); or may be directly applied in practice or policy (Ndagire, Kawakatsu, Nalubwama, Atala, Sarnacki, Pulle & Watkins, 2021). Uganda health policy provides a framework of responsibility whereby at the sub-national level, management of health services within the district is the responsibility of the District Health Management Team (DHMT) headed by a District Health Officer (DHO). District health managers and service providers participate in policy development through representation. They also participate in generation of evidence that informs health policy and strategy development in addition to using evidence at the local level to improve service delivery. At the sub-national level, the DHO and a member of the DHMT in charge of supervising health facilities within the district. The medical superintendent or health center employee in-charge and one clinical staff member responsible for the outpatient's department (Ndagire et. al., 2021).

Concerning, health policy for Uganda ownership of health facilities is characterized into three different categories namely; Public, Private Not for Profit (PNFP) and Private Health for Profit (PHP). The health facilities in Uganda are categorized by level of care into National Referral Hospitals, RRHs, General Hospitals (GHs), HC IV, HC III and HC II. The volume of PHC outputs is higher at the lower-level health facilities in line with the policy

expectations indicating that the country's health system at glance is relatively efficient (MoH Uganda Annual Health Sector Performance report 2020/21).

In low- and middle-income countries, health policymakers and stakeholders continue to face difficulties in accessing and using research evidence for policy and decision-making. They are often unable to rapidly identify decision-relevant information when pressing issues emerge, partly due to the lack of one-stop shops with optimally packaged evidence. By making evidence available, a one-stop shop becomes one of the necessary inputs for increasing access to evidence. Although it may not be a sufficient factor, its absence creates a clear gap and thus a barrier to use of evidence by policy and decision-makers. The one-stop shop may facilitate timely access to well-packaged evidence by policy and decision-makers when faced with questions about health systems and interventions. The latter included perceptions of other stakeholder groups such as researchers, managers and research users other than policymakers (Ndagire et.al., 2021).

2.4.1 Human Resource Policy

During the 1970s and 1980s, considerable investment was made by both donors and national governments in poor countries to increase the number of health workers to meet primary health care objectives. Very substantial numbers were trained to varying levels of skill at considerable cost. Partly in recognition of this, health sector reform policies in a number of countries have begun to address the issue of human resources, particularly through public sector reforms and strategies for improved human resource management. Human resources restructuring is central to the implementation of health sector reform initiatives in developing countries. One of the major objectives of health sector reform must be to make better use of existing trained personnel and of those currently undergoing training. Key reforms, such as decentralization, district management strengthening and civil service reform depend on appropriate and imaginative use of human resources. Decisions on pay and reward structures, accountability and regulation will all influence the outcomes of these reforms and the quality of services they are intend to improve (Hilary, 2000).

However, human resources policy has failed in several respects to deliver an appropriately trained workforce to the places where it is actually needed. The areas of failure include: poor selection of candidates for training whereby through urban bias in recruitment, inappropriate training curricula (e.g. lack of sensitivity to users and their needs), failure to recruit for and retain personnel in rural areas, failure to create contractual conditions which would ensure

staff carry out the work for which they are paid, failure to manage or reverse the decline in health workers' pay and conditions of service; this gap has created opportunities for health workers to keep doing industrial actions as they lay down their tools at the expense of patients. Another gap in human resource policy include; inappropriate career structures and failure to stem the exodus from the public to the private sector or to other countries (Hilary, 2000).

Uganda introduced a bonding policy in an attempt to retain her employees (including health workers) after training. Government-sponsored students sign an agreement with Government to work for the Public Service for 3 years following completion of the training. Officers who sponsor themselves but are granted study leave are bonded for a period not exceeding the length of the training following completion of the course. Director of public prosecution has powers to recover from the officer costs of training in case of breach of the bonding agreement (Olikira, Kasangaki and Mugisha, 2018). However, enforcement of the bonding policy has been weak. Shortage of higher-skilled health workers led to the birth and growth of task shifting which has been perceived as a magic bullet to address the health workforce shortage. According to WHO (2008), task shifting is defined as “a process of delegation whereby tasks are moved, where appropriate, to less-specialized health workers”. Evidence shows increased access to and improved quality of care of HIV services in Brazil, Ethiopia, Malawi, Namibia, and Uganda when specific tasks were delegated to community health workers. Community health workers (CHWs) and people living with HIV/AIDS in Malawi and Uganda supported non-specialist doctors or nurses to deliver basic care package for people living with HIV/AIDS (Zachariah, Ford, Philips, Lynch, Massaquoid, Janssens&Harriese, 2009).

Ministry of Health National Health Policy (2000) on Human Resources Development was enacted with the objectives to: a) To address the major constraints of inadequate numbers and inappropriate distribution of trained health personnel. b) To develop guidelines for optimal deployment of trained health personnel; and c) To ensure increased productivity in accordance with the Result Oriented Management (ROM) policy of Government through effective and efficient utilization of health personnel, and the provision of an enabling environment, which meets the special needs of both men and women. Section 8.2 In pursuit of these Policy Objectives, Government shall: a) Strengthen human resources management at all levels; b) Promote equal opportunities for both men and women in the health professions through a gender responsive National Human Resources for Health Development Plan; c)

Develop and promote incentive schemes for equitable deployment and retention of health workers, especially to the rural areas; d) Establish national guidelines for staffing standards (based on expected workload) for all categories of health facilities, and institute effective mechanisms for implementing them; e) Establish and maintain mechanisms for assuring relevant continuing education for, and supportive supervision of all health personnel; f) Decentralize in-service training, including its funding to the district level; g) Develop and update training standards in collaboration with the Ministry of Education; h) Promote the training and support of Community Resource Persons.

2.4.2 Medical Ethics Policy

Ethics are “ethos” or “way of life” or “social norms for conduct” that distinguish between acceptable and unacceptable behaviour (Shah, 2011). Codes of conduct have long been a strong pillar in health professions, outlining the social norms, rules and responsibilities, and proper practices, of practitioners. A review of the ethical framework for CHWs and related cadres showed that ethical principles include: equal and substantial respect; justice; care; beneficence; community and cultural humility; openness; critical reflection; trustworthiness; and competency. These principles provide practical guidance not only for the work of CHWs but could also be applied to other cadres of the health workforce within national health systems. Given that CHWs are involved in health service delivery, observance of ethical standards during the course of their work is of paramount importance for better health outcomes (Shah, 2011).

According to Uganda Medical and Dental Practitioners Council (UMDPC) (2013) on Code of Professional Ethics. PART II- Ethical Obligation section 4. Respect for Human Rights stipulates that: 1) A practitioner shall not violate the human rights of a patient, the patient’s family or his or her caregiver. 2) A practitioner shall; - (a) Not use his or her professional skills to participate in any actions that lead to violations of human rights (b) Report to the Council if there has been a violation of human rights; (c) Not carry out any specific actions that constitute a violation of bill of rights enshrined in the Constitution of Uganda and international human rights law.

Section 5. Respect for persons; A practitioner shall not; - (a) Discriminate in the management of patients basing on gender, race, religion, disability, HIV status or any other indication of vulnerability (b) Act violently or indecently towards a patient, a professional colleague or the general public.

Section 6. Protection of privacy; A practitioner shall observe the patient's confidentiality and privacy and shall not disclose any information regarding the patient except-(a) With the express consent of the patient; or in the case of a minor with the consent of a parent or guardian; or in the case of a mentally disadvantaged or unconscious or deceased patient, with the consent of his or her authorized next of kin. (b) To the extent that it is necessary to do so in order to protect the public or advance greater good of the community.

Section 7. Integrity; A practitioner shall not-(a) Aid in any form to inflict violence, torture, or degrading punishment or treatment to a person by the state or a private individual; (b) Conduct any intervention or treatment without consent except where a bonafide emergency obtains.

Section 8. Access to Health Care Services; (1) A practitioner shall not deny emergency treatment or health care to a patient. (2) A practitioner shall at all times exercise due diligence and provide services of good quality of good especially where he or she has responsibility for the resources that determine the quality of care.

Uptake of clinical guideline recommendations into routine practice requires changes in attitudes and behaviors of the health care providers as well as structural changes in their work environment. Evidence suggests that in order to promote adherence to guideline recommendations, there is need for structural adaptation to specific settings and target populations at different levels (Wakida, Obua, Rukundo, Maling, Talib and Okello, 2018). The World Health Organization (WHO) has heavily invested in public health and health promotion globally by developing policy recommendations to guide clinical practice, and one such investment is promotion of mental health services into primary healthcare (PHC). Through the Alma-Ata declaration PHC was adapted as the preferred method for providing a comprehensive, universal, equitable and affordable healthcare that could reduce stigma, improve access to care, reduce chronicity of mental illness and improve social integration. In the Alma-Ata declaration, it was recommended that countries transform their mental health services to: i) promote self-care, ii) build informal community care services, iii) build community mental health services, iv) develop mental health services in general hospitals, and v) limit reliance on psychiatric hospitals.

In addition, WHO issued recommendations to guide the integration process at PHC level [9] because it was seen as the most viable way of closing the treatment gap and ensuring that people get the mental healthcare services they need (WHO, 2009). Coker, Olugbile,

Oluwatayo (2015) argues that integration of mental health services into PHC has been embraced by various countries and in different forms including; training primary care providers (PCPs) in identifying mental health problems; PCPs assessing for mental illnesses during medical standard of care; PCPs/ Community Health Workers (CHWs) and health care managers working together to address mental health related illnesses and availing psychotropic medications to PHC centers. However, literature shows that clinical guidelines are often not applied and that the success of their implementation depends on consideration of existing barriers and adequately addressing them (Fischer, Lange, Klose, Greiner and Kraemer, 2016).

2.5 Summary of the literature review

In this study employee Capabilities has been categorized in three different aspects namely; trainings, skills and experience of employees. Employees are viewed as the cornerstone to an organization's success in any field. The organization relies on the workers to function and develop in order to be effective and deliver services efficiently.

Kiweewa and Asimwe (2014) state that in order to be capable, one must be competent. However, capable individuals and organizations are those that can function well in uncharted environments and when faced with novel issues. The logical conclusion is that learning must take place. Ologbo et. al., (2013). Training is an aspect of capacity building in any organization that is carried out to improve staff performance and to enable the organization meet her objectives (Tahir,Yousafzai,Jan& Hashim, 2014). Training enhances the psychological state of involvement, commitment, attachment, mood, which impacts an individual's performance. (Sanneh& Taj, 2015). Human skills pertain to the ability to understand others, work with others, lead, motivate and control behaviour of others. Human skills according to Katz are divided into (a) leadership ability and (b) intergroup relationships. Conceptual skills represent the manager's knowledge or skills for more abstract thinking. Social processing skills are those that enable a person to function in various types of social situations while still understanding the processes needed to get the job done. (Katz, in Arul, 2009). Experienced managers can often make decisions very quickly because experience or expertise has taught them what to do in a given situation. Human capital in management is one of the key factors by which enterprises obtain and maintain their competitive advantage, Hambrick and Mason.

Health Service Delivery is composed of equity in health service delivery, quality of care and access to health care. Equity in health can be defined as the absence of disparities in health

and in its key social determinants that are systematically associated with social advantage/disadvantage. Health inequities systematically put populations who are already socially disadvantaged for instance, by virtue of being poor, female, or members of a disenfranchised racial, ethnic, or religious group) at further disadvantage with respect to their health. Aziato (2019) asserts that patients' perspective on the quality of health care is important for several reasons. First, the high level of quality of services offered by health facilities is related to issues such as patient satisfaction and willingness to re-use services in the future. Second, patient feedback and perceptions are significantly required in many health care quality assessment programs. Third, the perceived high level of service quality is positively related to the financial performance and efficiency of health care institutions.

Concerning Health policies, it comprises of Human Resource Policy and Medical ethics policy. The need for evidence-informed health policy development is gaining momentum given the growing demand on healthcare resources especially in Low-Income Countries (LICs). (Ndagire et. al., 2021). Ministry of Health National Health Policy (2000) on Human Resources Development was enacted with the objectives to: a) To address the major constraints of inadequate numbers and inappropriate distribution of trained health personnel. b) To develop guidelines for optimal deployment of trained health personnel; and c) To ensure increased productivity in accordance with the Result Oriented Management. According to Uganda Medical and Dental Practitioners Council (UMDPC)(2013) on Code of Professional Ethics. PART II- Ethical Obligation section 4. Respect for Human Rights stipulates that: 1) A practitioner shall not violate the human rights of a patient the patient's family or his or her caregiver. 2) A practitioner shall;- (a) Not use his or her professional skills to participate in any actions that lead to violations of human rights (b) Report to the Council if there has been a violation of human rights; (c) Not carry out any specific actions that constitute a violation of bill of rights enshrined in the Constitution of Uganda and international human rights law.

The literature shows that human resources policy has failed in several respects to deliver an appropriately trained workforce to the places where it is actually needed. The areas of failure include: poor selection of candidates for training whereby through urban bias in recruitment, inappropriate training curricula (e.g. lack of sensitivity to users and their needs), failure to recruit for and retain personnel in rural areas, failure to create contractual conditions which would ensure staff carry out the work for which they are paid, failure to manage or reverse the decline in health workers' pay and conditions of service; this gap has created

opportunities for health workers to keep doing industrial actions as they lay their tools at the expense of patients. Another gap in human resource policy include; inappropriate career structures and failure to stem the exodus from the public to the private sector or to other countries (Hilary, 2000). However, the literatures do not provide a comprehensive solution to address this gap that this study shall attempt to address.

Medical ethics policy is meant to applied to all health workers; However, literature shows that clinical guidelines are often not applied and that the success of their implementation depends on consideration of existing barriers and adequately addressing them (Fischer et.al., 2016). Therefore, this study aims at addressing.

Health care inequities are addressed through supply side and demand-side factors. Supply-side factors are characteristics directly related to the health system itself, including drug and equipment shortages, the physical location of Health Centers (HCs), and lack of qualified human resources (Allen, 2017). However, the literature does not illustrate solutions to gaps. Cowan, et.al., (2021) The healthcare sector is one of the most important domains that impacts the entire global population and is closely linked to the development of any country. It also plays a crucial role in how a country is perceived in maintaining economic stability. As such, healthcare systems form a key part of government strategies across the world, and the level of industry expenditure is projected to increase at an annual rate of 4.1 per cent globally. However, as healthcare spending increases and the industry continues to evolve, accessibility remains a key challenge. This gap has been noted; however, this study will work to address.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section of the chapter discusses the research methodology in relation to the research design, area of study and the characteristic of the population or the research. It also outlines the methods that were used in collecting and analyzing the data as well as the research procedure and the limitations that might be encountered during the process of data collection.

3.1 Research design

The researcher undertook this study using cross-sectional research design in nature and this was helpful in collecting data from a wide section of the study respondents. Mixed research involved the combination of using both quantitative and qualitative methods in data collection, the quantitative nature were also employed in expressing characteristics of variable in percentages or countable forms. Qualitative research involves collecting non-numerical data records and materials that are relevant to the group under study (Mouton, 2001). The design helped to unveil the issues related to performance management strategies and employee satisfaction in GRRH. The choice of this design was because, it wasn't straining in terms of time and human resources as data will be collected simultaneously.

3.2 Study Area

Gulu Regional Referral Hospital, commonly known as Gulu Hospital is a hospital in Gulu, northern Uganda. It is the referral hospital for the districts of Amuru, Gulu, Kitgum, Lamwo and Pader. The hospital also serves as one of the teaching hospitals of Gulu University. It is located in the northern Ugandan city of Gulu, the largest metropolitan area in Uganda's Northern Region. This is approximately 332 kilometres (206 mi), by road, north of Mulago National Referral Hospital, in Kampala, Uganda's capital and largest city.[3] The geographical coordinates of Gulu Hospital are: 02°46'40.0"N, 32°17'52.0"E (Latitude: 2.777778; Longitude: 32.297778) (Google Map 2020).

3.3 Study Population

Busha (1982) describes a population as any set of persons or subjects that possess at least one common characteristic. In this research, Gulu Regional Referral Hospital employees are certified medical and non-medical practitioners. GRRH has a finite population that was enumerated to be 344 and serves about 289,000 patients that includes; inpatients, outpatients and outreaches (guluhospital.net, 2023). The respondents ranged from top management level to junior level officers in GRRH. Their common characteristics is that

they are all employees of GRRH. The population included; hospital administrators, doctors, nurses, laboratory officers, cleaners, accountants, workshop attendants, electricians, office attendants, security officers, pharmacists and patients.

3.4 Sample Size

Sample size it is the process of obtaining information about an entire population by examining only a part of it. The study had a sample size of 110 respondents, the sample size for the research study will be determined using the table. The study will use Krejcie & Morgan (1970) table in Determining Sample Size of Research Activities as referenced in the appendices.

Table 1: The sample size

Health workers	Population	Sample size
Medical workers (doctors, nurses, laboratory officers, pharmacists)	243	53
Patients	289,000	33
Non-medical workers (cleaners, accountants, workshop attendants, electricians, office attendants, security officers)	81	14
Administrators	20	09
Total	289,344	110

(Source: guluhospital.net, 2023)

3.4 Sampling Techniques

Purposive sampling involved identifying and selecting individuals or groups of individuals that were knowledgeable about or experienced with a phenomenon of interest. The sampling technique was used to select (10) administrators who were interviewed. The researcher chose this technique because the respondents were expected to be knowledgeable and have a long experience on ensuring employees capabilities and health service delivery.

The defined sampling size was 110, out of it 14 non-medical workers (cleaners, accountants, workshop attendants, electricians, office attendants, security officers) were chosen and 53 medical workers including doctors, nurses, laboratory officers and pharmacists were also

chosen to participate in the study. The researcher used this sampling technique because each member in this population had an equal chance of being included in the sample.

Stratified sampling was used to focus on characteristics of 33 patients who were subgroups from the entire patients who visit the facility daily. This was meant to facilitate comparisons. The samples were taken from within samples, except the sample size is typically much smaller and “stratifies” a sample based on a characteristic. This sample was used to select 33 patients to enabled the researcher to determine desired levels of sampling precision in terms of health service delivery.

3.4.1 Inclusion and Exclusion Criteria

The study was conducted within the hospital setting, therefore there are potential respondents who were included or excluded like patients on quarantine or even medical workers based on the health condition. Particularly, the patient who were in critical condition with lots of pain or others on Intensive Care Unit (ICU) were excluded. As well as the employees who were attending to these particular patients as they were saving lives. The inclusion criteria were based on the availability of the medical worker like doctors who were on duty and physically present without any quarantine.

3.5 Sources of Data

Data collection methods involve techniques through which the researcher carefully selected the methods for her own study basing on nature, scope and objects of inquiry, funds availability and time factor (Kothari, 2004).

3.5.1 Primary Data

This is data collected for the first time from the source. Primary data was collected for a specific purpose. Primary data involved the use of a questionnaire and interview guide method. During the collection of this data, the researcher approached the study area with the research tools as she gets responses in regards to the study respondents. Such data was used for analysis.

3.5.2 Secondary Data

This is data which was already available. It is data which has been collected and analyzed by other researchers for other use but can still be used for the study by critical review. The researcher collected secondary data from different sources like; text books, internet, and

journals. This information was reviewed by visiting places like libraries and google scholar and this type of information supplemented on collection of data from different categories of the respondents during data collection or from the field.

3.6 Research Instruments

In order to carry out a complete and successful research; a selection of the best relevant instruments to the problem under investigation will be used. The research widely relied on a process of reviewing literature relevant to the topic, multiple methods of research were employed including the following:

3.6.1 Key informant interview guide

A personal interview is the most commonly used method in collecting data in public administration research (Creswell, 2003). The interview was administered to the hospital administrators as key informants. Structured Interview was conducted with 33 patients. It entails conducting individual conversations between a researcher and the individual. In order to keep the research focused, it is imperative for the researcher to have a guideline of questions in order to extract the needed information from the respondent. The major advantage of using an interview was more data can be collected. The interviews captured questions on the independent and dependent variables and in the course of probing applied, thus eliciting good response rates (Creswell, 2003).

3.6.2 Questionnaires

In supplementation to the interviews, a structured questionnaire was designed and distributed to sixty-seven respondents (67) randomly selected medical workers and non-medical workers from the GRRH. Using a questionnaire is one of the most popular methods of collecting primary data (Kothari, 2004). A questionnaire is a set of questions that respondents are asked to answer. This implies that a researcher must therefore take time to first prepare the list of topics or questions to ask. Questionnaires were designed using 5 Likert scale approach as one of data collection instrument, since all the respondents can read and write. The questionnaire was administered to the health workers and non-health workers through distribution to them and were given time to fill then later it was collected by the researcher. There are many advantages because it was flexible. (Creswell, 2003).

3.6.3 Document analysis

A document analysis usually entails doing a content analysis of official Ministry of Health reports, internal hospital reports, journals and articles about a case subject. Although doing a document analysis could require critical analytical skills, there is an advantage of doing a document analysis since it does not interfere with or distort the case setting in anyway (Creswell, 2003). For the research, various government documents and reports will be analyzed relating to employee performance and job satisfaction within a specified period of time and how performance management is addressed in the district.

3.7 Data Collection procedure

The study procedure involved field work activities by conducting personal interviews, distribution and collection of the questionnaires and feedback sessions in order to generate detail information from the respondents which was used to make generalizations, conclusions and recommendations in the final research report. The researcher obtained an introductory letter from Gulu University that was written to seek consent and appointments with the relevant respondents to participate in the study. The researcher met GRRH research committee, present the proposal as a pre requirement and after accomplishment shall report to the committee for debrief.

3.8 Data Quality and Safety Management

Validity: Validity was described as the correctness of the measure for specific inferences that result from the scores generated by the measure (Kothari, 2004). The researcher in close consultation with the supervisors develop the research instruments. These instruments will be pre-tested for content validity by interviewing 10 medical workers, 5 administrators, 5 patients and 5 non-medical workers within Atiak Health Centre IV to test for consistency in the flow of responses and whether all questions were well understood by the respondents instead of GRRH to prevent biasness or conflict of interests. Questions were understood and generated consistent responses from respondents were maintained whereas those that were unclear were fine-tuned to the extent that was understood.

Reliability: This involved a measure of the degree to which a research instrument yielded consistent results after repeated trials. It was based on the assumption that the study was repeated and that different people had similar interpretation of events (Kothari, 2004). The data collection tools were pretested with the potential respondents. The researcher interviewed the respondents for two times with an interval of two weeks that ensured that they did not remember the previous responses. Results were correlated to assess the reliability

coefficient range and the consistency of the respondents in answering the questions and this affirmed reliability of the instruments.

The response rate explained totaling to 110 respondents were targeted in this study but 109 participated in the interviews and returned the questionnaires. This gave a response rate of 99% which was considered suitable to allow for credible data analysis. Thereafter, the responses on the instruments were analyzed using SPSS Version 21 and Cronbach alpha values for each study variable was generated. Cronbach alpha values for all the variables were above 0.99 (see Table 2). The results of the reliability test are shown in the Table 2 which follows immediately.

Table 2 Reliability statistics

Reliability Statistics		
Cronbach's Alpha ^a	Cronbach's Alpha Based on Standardized Items ^a	N of Items
.999	.999	100

(Source: Field Data, 2024)

As seen from Table 2, the reliability of the collected data was tested by determining the Cronbach's alpha coefficient was measured 0.99 considered reliable enough to measure the study objectives since any Cronbach's alpha coefficient test running over 0.99 is considered good.

3.9 Data Analysis and Management

The study employed SPSS version 21 to analyze raw data from the field. Responses acquired from interviews were incorporated in the research findings in chapter four of the research. Further still, every questionnaire was checked to see that it was answered. In case of omissions and inconsistencies, efforts will be taken to clear them. The researcher used the topics and questions in the interviews to organize the analysis, in essence synthesizing the answers to the questions proposed. If the interviews raise more questions than they answer, then more interviews may be necessary to properly examine the issue at hand. Quantitatively, organizing the themes systematically through description and inferential statistics which shows the representation of the results that was analyze using SPSS. The collected raw data on questionnaires and interview answer sheets was securely stored under lock and key and soft copy in password protected computers only accessible by the principal investigator.

3.10 Ethical considerations

After the approval of the study by the Faculty of Business and Development Studies (FBDS), the researcher submitted the proposal to Gulu University Research Ethical Committee (GUREC) for review in order to seek approval. Thereafter an introductory letter was obtained from the Faculty of Business and Development Studies of Gulu University (appendix VI). This letter was presented to the authority of GRRH to seek administrative clearance that was granted (REC/2023/11/07), the researcher sought the consent of the respondents verbally or in writing before administration of questionnaires and interviews to the research participants and this was done in English language. The researcher ensured all responses are kept confidential. The responses were scored and analyzed in consonance with the research objectives.

3.11 Dissemination Plan

After the completion of data collection, analysis and interpretation, the dissertation was examined. After the award, copies of the dissertation shall be shared with the Gulu University Faculty of Business and Development Studies, library and hospital administration for reference on recommendations made for learning and improvement.

3.12 Limitations of the study

The researcher foresees some of these limitations: -

The study underwent bureaucratic process to secure permission and consent to carry out research with GRRH due to the fact that the responsible person to grant this permission may initially be suspicious about the researchers' intentions in conducting this research thus creating unnecessary delays. However, the researcher planned accordingly and explain in writing to allow timely scrutiny.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter consists of the results obtained from the data analyzed in accordance to the different research objectives. The chapter presents the response rate, data reliability, respondents' background, ethical orientation for staff and patients of Gulu Regional Referral Hospital (GRRH), northern Uganda according to employee capabilities and health care delivery. This analysis was done in accordance to the three objectives to; establish the level of employee capabilities, assess the level of Health Care delivery and examine the influence of health policies on Health Care delivery at GRRH in Uganda. Furthermore, the analysis was done in accordance with the themes under each objective in a systematic arrangement.

4.1 Background of the Respondents

The background information of the respondents was analyzed whereby the results are discussed in the subsequent sections. The information was considered vital in aiding and appreciating the characteristics of the respondents who contributed in generating of the data on the study subject demographic characteristics of the participants in the study.

4.1.1 Socio-demographic characteristics

Table 3: Socio-demographic characteristics of participants (Employees and patients)

Socio-demographic characteristics		Frequency (n=109)	Percentage (%)
Gender	Male	68	62.4
	Female	41	37.6
		109	100
Age	20-25 Years	46	42.2
	26-35 Years	29	26.6
	36-45 Years	20	18.3
	46-55 Years	12	11.0
	56-65 Years	2	1.8
		109	100
Marital Status	Single	48	44.0
	Married	58	53.2
	Separated	3	2.8
		109	100

(Source: Field research, 2024)

The results indicated that GRRH staff is predominantly male (62.4%) suggesting that it's a male-dominated hospital. This imbalance could influence the working environment and decision-making processes, highlighting the need for gender-specific considerations. Furthermore, most individuals were aged between 20-25 years (42.2%), followed by those aged 26-35 years with 26.6% indicating a young workforce. This youthfulness may bring flexibility and adaptability but also suggests a possible lack of experience and mentorship opportunities from older professionals. Additionally, over half of the participants were married (53.2%), and 44% of the participants were single suggesting significant family responsibilities among the participants.

Table 4: Socio-demographic characteristics of employees only

Socio-demographic characteristics of employees only		Frequency	Percentage (%)
Education level	Primary	4	5
	Secondary	22	28.5
	Diploma	32	42
	Bachelor's Degree	17	22
	Master's Degree	2	2.5
		77	100
Job Position	In-charge	17	16
	Doctor	1	1.4
	Pharmacist	25	23.4
	Support Staff	26	20
	Lab Technician	6	8
	Nurse	34	31.2
		77	100
Period of service	<1 Year	13	17
	1-2 Years	20	26
	3-4 Years	16	21
	>4 Years	28	36
		77	100

(Source: Field Data, 2024)

Similarly, results on education levels shows that 42% have a diploma, indicating strong practical skills but a potential gap in advanced theoretical knowledge, given the lower percentages of those with higher degrees at 22% and 2.5% for Bachelor's and Master's degree respectively. This could impact leadership and complex problem-solving capabilities (See Table 2).

4.2 The level of employee capabilities at GRRH in Uganda

4.2.1 Skills of employees

Skills is one of the elements that influences employees' capabilities as analyzed below;

Table 5: show Skills of the employees

Skills	SD(%)	D(%)	SD+D	NS(%)	A(%)	SA(%)	SA+A
I have Human Resource skills that has enabled me to understand others, work with others, lead and motivate others	3.7	4.6	8.3	4.6	45	42.2	87.2
I possess leadership skills that promotes teamwork for better performance	2.8	3.7	6.5	5.5	52.3	35.8	88.1
I Have good interpersonal skills that promotes efficiency at work		5.5	5.5	7.3	40.4	46.8	87.2
Total Average	3.2	4.6	6.7	5.8	45.9	41.6	87.5

(Source: Field Data, 2024)

According to the study 87.2% of the respondents agreed that they had Human Resource (HR) skills that has enabled them to understand others, work with others, lead and motivate others. These skills are manifested in terms of interpersonal skills, being flexible and tolerant, being empathetic and respectful to one another. These attributes are key in keeping human relationships at work as it promotes motivation within a team for improved service delivery. HR skills like recognizing one another's contribution is key in a team as it motivates an individual employee for enhanced performance. Human Resource Officer, highlights that, *"We ensure that employees are skilled in their different fields of work with recruitment carried out based on educational qualifications Experience and expertise in different fields"*.

The study also reveals that 88.1% of the respondents agreed that they possess leadership skills that promotes teamwork for better performance. For example, guidance and counselling that helps to manage people's emotion and keep professionalism at the Centre of day-to-day activities within GRRH. Leadership skills like communication skills, conflict management and interpersonal is a paramount in the life cycle of an organization as it makes services being effective and build trust on the employees as the leaders are exhibiting respect, transparency, trust and accountability.

According to the study 87.2% of the respondents agreed that they had good interpersonal skills that promotes efficiency at work. Interpersonal skills are key in promoting positive relationship among employees and patients in GRRH as there is effective communication between the two groups. This skills nurtures friendly environment within a workplace and

will encourage open communication and feedback that shall in turn promote the level of service delivery.

4.2.2 Experience of employees

Experience is one of the elements of employee's capabilities as shown below;

Table 6: Experience of the employees

Experience	SD(%)	D(%)	SD+D	NS(%)	A(%)	SA(%)	SA(%)
Experience has taught me to make quick decisions in a given situation	1.8	2.8	4.6	2.8	46.8	45.9	92.7
I am experienced in decision making by involving others in the process especially when generating alternatives	0.9	2.8	3.7	2.8	54.1	39.4	93.5
I can handle complex issues appropriately because of my experience	2.8	1.8	4.6	4.6	59.6	31.2	90.8
I am flexible in some context because of my vast experience	0.9	4.6	5.5	9.2	50.5	34.9	85.4
Total Average	1.6	3	4.6	4.8	52.7	37.8	90.6

(Source: Field Data, 2024)

According to the study 92.7% of the respondents agreed that experience has taught them to make quick decisions in a given situation for example for expectant mothers who finds difficulties in normal delivery are taken for scan to ascertain the possibility of normal birth or caesarian birth. Experience teaches employee to make reliable quick decisions that helps to reduce mortality rate among children and adults or more infections among patients in GRRH. Experienced employees are key in organizational performance as the experience individuals mentors the inexperienced individuals like interns within the health facility.

Furthermore 93.5% of the respondents agreed that they are experienced in decision making by involving others in the process especially when generating alternatives. This has helped to address particular work challenges that needs optional answers in order to manage a circumstance. Generating alternatives is key in problem solving and conflict management within a particular work environment, thus promoting effective service delivery to patients within GRRH. Interviews with the Senior Medical Records Officer revealed that GRRH relies heavily on experienced professionals, stating, *"The hospital has experienced workers which positively affects the quality-of-service delivery"*.

In accordance with the study 90.8% of the respondents agreed that they can handle complex issues appropriately because of their experience. Complex issues need maturity in experience

in order to appropriately manage it for example conflict of interest in procurement process. When this is managed well it will affect positively the level of service delivery in the health facility as it will do no harm to employees and patients.

The study also revealed 85.4% of the respondents agreed that they are flexible in some context because of their vast experience. Flexibility is very importance when faced with multiple challenges at work especially during emergency management within the health sector as requires much time to manage the situation. Flexibility is one of the key personal attributes needed for each employee in order to render friendly service delivery. One of the medical workers noted during an interview, *“our profession needs utmost level of flexibility as it requires as to save lives. At times you need to sacrifice all night and even day, otherwise the health of patients will be at high risk. This also applies to non-medical workers with the hospital needs also level of flexibility for instance the workshop personnel need to be flexible to ensure that utility facilities like oxygen and generator are functioning all the time. Therefore, it calls for flexibility to work both day and night during any day of the week in order to save lives”*.

4.3 The level of Health Care delivery at GRRH in Uganda

4.3.1 Equity in healthcare delivery

Table 7: Shows equity in healthcare delivery

Equity in healthcare delivery	SD(%)	D(%)	SD+D	NS(%)	A(%)	SA(%)	SA(%)
Lack of health care equity in rural areas leads to influx of patients in GRRH which affects level of service delivery	2.8	10.1	12.9	6.4	42.2	38.5	80.7
The poor receive less service than needed as compared to the rich	7.3	25.7	33	11.9	31.2	23.9	55.1
Transport related barriers pose significant challenges to health care among the poor	1.8	8.3	10.1	11	47.7	31.2	78.9
Total Average	3.9	14.7	18.6	9.7	40.3	31.2	71.5

(Source: Field Data, 2024)

According to the study 80.7% of the respondents agreed that lack of health care equity in rural areas leads to influx of patients in GRRH which affects level of service delivery. The health service delivery is quite different as compared to GRRH because of the level of the health centers are limited in provision of comprehensive health service delivery. This has a urge impact on GRRH due to high influx of patients from across the region to come to this facility hence affecting the quality of services being rendered to patients.

The study also revealed 55.1% of the respondents agreed that the poor receive less service than needed as compared to the rich. This is because of the purchase power especially when it comes to the private wing where services are more improved than the general one. This also under minds the aspect of equity in the provision and access to quality health services within GRRH. The gap between the rich and the poor affects the level of services as money controls the power of demand for example in terms of breakdown of X-Ray machine patients are advice to carryout x-ray before going ahead with other health services. Therefore, in case the poor is unable to afford this will compromise the level of service delivery to be obtained.

The study unveiled 78.9% of the respondents agreed that transport related barriers pose significant challenges to health care among the poor. A number of patients are referred from various health Centre IIs, IIIs and IVs to GRRH to seek better health facility, however, some of the poor patients are unable to afford safe transport means hence affecting access to better health services. Transport facilities are also difficult to access especially during rainy season with bad roads making it more challenging for patient to reach better health facility.

4.3.2 Quality of care

Table 8: Show Quality of care

Quality of care	SD(%)	D(%)	SD+D	NS(%)	A(%)	SA(%)	SA(%)
The level of quality of services offered by health facilities is related to patients' satisfaction	8.3	16.5	24.8	10.1	43.1	22	65.1
The level of services offered by health facilities is related to patient's willingness to re-use services in the future	7.3	17.4	24.7	11.9	46.8	16.5	63.3
Patient's feedback and perceptions are significantly required in health care quality assessment programs	7.3	16.5	23.8	4.6	46.8	24.8	71.6
The Financial performance of GRRH relates to efficiency of health care services delivery	4.6	15.6	20.2	9.2	38.5	32.1	70.6
Total Average	6.8	16.5	23.3	8.9	43.8	23.8	67.6

(Source: Field Data, 2024)

The study reveals 65.1% of the respondents agreed that the level of quality of services offered by health facilities is related to patient's satisfaction. This satisfaction level has been attributed by the availability of specialized doctors, nurses, clinicians and biomedical technicians among others who are not readily available at the health centers. However, 24.8% disagreed that they are not satisfied with the level of health service delivery because even though the above areas of discipline should be there some come late and work for little time

within GRRH but spend more time in their private clinics hence affecting the quality of health care.

According to the study 63.3% of the respondents agreed that the level of services offered by health facilities is related to patient's willingness to re-use services in the future. This correlates to the level of satisfaction derived by patients who visit the facility, this could be linked to customer care, access to drugs/treatment and being attended to by the service providers. Whilst 24.7% disagreed that sometimes when they visit the facility the health care services are not adequate due to failure to be given drug because of stock out.

Consequently, the study shows 71.6 of the respondents agreed that patient's feedback and perceptions are significantly required in health care quality assessment programs. A handful of patients affirm that their feedback is taken into consideration by the employees in GRRH and that has been helpful to improve on the quality of care. However, 23.8% of the respondents disagreed that patient's feedback is not taken into consideration by some employees and this has been negatively affecting the quality of care within the facility.

The study unveiled 70.6% of the respondents agreed that the financial performance of GRRH relates to efficiency of health care services delivery. Every financial year the institution is subjected to audit in all departments to ensure effective accountability of resources. This has promoted the financial performance that has been translated into efficiency in delivering quality health care. Transparency in financial institution enhances accountability among employees and relates directly to employee's welfare hence promoting quality health care delivery at the facility.

4.3.3 Access to health care services

Table 9: Shows Access to health care

Access to health care	SD(%)	D(%)	SD+D	NS(%)	A(%)	SA(%)	SA+A
There is increase Access to Sexual Reproductive Health Rights(SRHR)	2.8	17.4	20.2	8.3	54.1	17.4	71.5
There is improved access to nutrition and food safety services for <5	7.3	19.3	26.6	8.3	45	20.2	65.2
There is improved nutrition and food safety services for pregnant, lactating mothers and vulnerable groups	5.5	16.5	22	12.8	49.5	15.6	65.1
Government funding determines accessibility of health care services	11	9.2	20.2	10.1	38.5	31.2	69.7
GRRH have a limited number of facilities that are understaffed	8.3	12.8	21.1	14.7	42.2	22	64.2
GRRH gets enough resources for provision of better services	4.6	13.8	18.4	16.5	35.8	32	67.8
Increasing expenditure on healthcare increases pressure on government to provide services	6.4	11	17.4	6.4	44	32.1	76.1
Working closely through Public Private Partnerships by GRRH has promoted access to health services delivery	7.3	14.7	22	5.5	48.6	23.9	72.5
Development in technology over the past decade has affected health care service delivery	5.5	18.3	23.8	14.7	38.5	22.9	61.4
Total Average	6.5	14.7	21.3	10.8	44	24.1	68.1

(Source: Field Data, 2024)

According to the study 71.5% of the respondents agreed that there is increase Access to Sexual Reproductive Health Rights (SRHR) right from testing, counselling and treatment of the clients. The level of health care delivery has been improved at the facility due to eased access to SRHR, this has been vital in promoting health access to youth as there is youth friendly section. This facility has been deliberate to ensure that there is free access by clients especially youth to access these services in order to provide immediate response to health-related needs hence promoted reproductive health.

As concerns the study 65.2% of the respondents agreed that there is improved access to nutrition and food safety services for <5(under 5). With the support of many partners especially United Nations Children's Fund (UNICEF) this has been fundamental in improving quality health for children at the neo-natal or children's ward. Children in these categories were able to get food supplements, vaccination, immunization and training mothers on Breast Feeding Health Initiatives (BFHI). This has promoted children's right to health, food and nutrition as stipulated in Children's Act Cap. 59 hence fulfilling both parents and government obligation towards the achievement of Sustainable Development Goals (SDGs) of good health and wellbeing.

Likewise, 65.1% of the respondents agreed that there is improved nutrition and food safety services for pregnant, lactating mothers and vulnerable groups. This initiative has promoted the health condition of expectant mothers and of the unborn baby hence reducing the level of child and mother mortality rate. At GRRH, mothers were able to be supported to access timely services in order to improve on their health and for their babies as a way reducing the complications due pregnancy and health issues that can affect both the child and the mother. Nutrition and food safety is a preventive measure to keep the mother healthy and the baby hence reducing infections leading to disability or infection or even death.

As regards the study 69.7% of the respondents agreed that Government funding determine accessibility of health care services. The amount of resources put in hospital by the central government through the Ministry of Health (MoH) is key in the daily operation of the facility to cater for cost of administrative work, allowances, salaries, training of staff and doing outreaches. The government funding is a significant aspect to allow effective functioning of the hospital as a cornerstone for any institution. This fund supports also to pay bills for fuel, gas, water and electricity that are incurred on daily in order to improve on the access to health care services in GRRH.

The study also revealed that 64.2% of the respondents agreed that GRRH have a limited number of facilities that are understaffed. Understaffing has been witnessed in some departments especially in mental unit and Ear Nose and Throat (ENT) departments at some points which affected access to health services by the clients. When there is limited number of staff, it affects the quality level as employees are overwhelmed by the high numbers of patients registered hence inefficiency among them. Also, it increases on health-related risk leading the chronic illness or even death of patients hence affecting the productivity of the community members in providing labour and also causes financial loss to the affected households.

Furthermore, the study unveiled 67.8% of the respondents agreed that GRRH gets enough resources for provision of better services through MoH. The hospital predominantly gets it funding from the government with few other opportunities from development partners like AVSI and United States Agency for International Development (USAID) health initiatives among others. This financial obligation has been key to facilitate operationalization of the hospital as it promoted friendly work environment in terms of availability of equipment necessary to conduct procedures and other activity. Also, the government has provided

fundings to facilitate the construction of staff accommodation to promote work efficiency as employees live within the facility health promoting access to health care services by the clients.

The study also unveils 76.1% of the respondents agreed that increasing expenditure on healthcare increases pressure on government to provide services. The expenditures have been related by the high numbers of patients visiting the facility from all the districts of Acholi, South Sudan and the neighboring district hence putting much pressure on the limited resources. As a result of serving unlimited numbers of people, it increases pressure on the government to finance it adequately and provide services hence affecting access to quality health services by the people within the city, district and beyond.

The study asserts that 72.5% of the respondents agreed that working closely through Public Private Partnerships (PPP) by GRRH has promoted access to health services delivery especially when it comes to the private wing and accessing CT scan patients are supposed to contribute some fee meant to facilitate its maintenance. This fee levied help also motivate staff in terms of allowance so that they provide quality services for easy access by the clients. The introduction of PPP has promoted shared responsibility among the clients and the government to enhance sustainability of a particular services within the health sector.

According to the study 61.4% of the respondents agreed that Development in technology over the past decade has affected health care service delivery. The positive effect of technology came with innovation that has made work easy among the employees hence efficiency. The introduction of new advanced machines like the CT scan, modern X-Rays and Ultra Sound among others has help to detect any internal health issues on a client for urgent respond to it. The technological advancement has been key in promoting employee motivation and quality of services provided for the clients hence promote access to health service delivery at GRRH.

4.4 The influence of health policies on Health Care delivery at GRRH in Uganda

4.4.1 Health Policies

Table 10: Shows Health Policies

Health Policies	SD(%)	D(%)	SD+D	NS(%)	A(%)	SA(%)	SA+A
Implementation of health policies promotes accountability	6.4	17.4	23.8	10.1	39.4	26.6	66
Uganda health policy provides a framework of responsibility to different stakeholders	8.3	14.7	23	9.2	45	22.9	67.9
District health managers and service providers participate in policy development through representation	4.6	16.5	21.1	14.7	40.4	23.9	64.3
District health managers and service providers participate in generation of evidence to inform health policy	5.5	14.7	20.2	11	45.9	22.9	68.8
District health managers and service providers participate in strategy development	4.6	16.5	21.1	9.2	48.6	21.1	69.7
Total Average	5.8	15.9	21.8	10.8	43.8	23.4	67.3

(Source: Field Data, 2024)

The study revealed that 66% of the respondent's agreed implementation of health policies promotes accountability as it provides guidance to the health workers to do organizational business according the policy. This policy has promoted stewardship among staff in terms of operation, use of the vehicles, vaccines and provision of borderless treatment of patients. Health policy implementation by the institutions management has contributed in ensuring accountability in terms of safety of drugs, equipment and has help the fight against corruption in GRRH hence improving health care service delivery. Consequently 23.8% of the respondents agreed that Uganda health policy provide a framework of responsibility to different stakeholders. The policy provides a framework to different stakeholder's patients to monitor the functionality of the facility and provide feedback to ensure accountability and transparency in regards to quality health service delivery.

According to the study 67.9% of the respondents agreed that district health managers and service providers participate in policy development through representation. This is because during policy formulation different stakeholders that include health managers, clients and other services providers are consulted to give technical advice on what needs to be included in the policy. Then later the public are consulted together with their leaders on the best practices to be included in order to promote the level of health care service delivery.

Additionally, 64.3% of the respondents agreed that district health managers and service providers participate in generation of evidence to inform health policy. This is done through

community conversation meetings to allow these stakeholders provide feedback on the best practices, challenges and recommendation needed in order to improve on the future service delivery by the institution. The generation of evidence is key in policy formulation as it is the basis of which a particular policy is grounded, with this approach stakeholders provide feedback for learning purpose through their active participation to the subject matter. This shall provide first-hand information for formulating policy that promotes effective health service delivery to the people within Gulu and beyond.

The study unveiled 69.7% of the respondents agreed that district health managers and service providers participate in strategy development. Just like the management adopted participatory approaches to planning, these stakeholders are invited to actively participate in the development the strategy normally for 5 years that guides the operationalization of the hospital. This strategy is domesticated and aligned with the national health strategy so that it works best in different context for increased level of sustainability and acceptance by the community members hence promoting health service delivery.

4.4.2 Human Resource Policy (HRP)

Table 11: Shows Human Resource Policy

Human Resource Policy (HRP)	SD(%)	D(%)	SD+D	NS(%)	A(%)	SA(%)	SA+A
HRP has worked in several aspects to deliver an appropriately trained workforce to the places where it is needed	3.7	20.2	23.9	9.2	45.9	21.1	67
Human resource restructuring is central to the implementation of health sector reform initiatives	8.3	16.5	24.8	16.5	43.1	15.6	58.7
Policies on pay and reward structures influence health care delivery	7.3	18.3	25.6	16.5	33	24.8	57.8
Accountability and regulation have influence on the quality of services	8.3	18.3	26.6	6.4	44	22.9	66.9
HRP ensures increased productivity in accordance with the Result Oriented Management	10.1	13.8	23.9	10.1	48.6	17.4	66
Total Average	7.5	17.4	24.9	11.7	42.9	20.3	63.2

(Source: Field Data, 2024)

According to the study 67% of the respondents asserts that Human Resource Policy (HRP) has worked in several aspects to deliver an appropriately trained workforce to the places where it is needed. Training is part of employee's maintenance which is a key aspect of Human Resource Management (HRM) after recruitment of employees. It makes employees relevant to the institution's goals and objectives in provision of efficient health care service delivery to the clients. HRP guides human resource managers to assess training needs, plan

and execute the training plans in order to bridge knowledge gap or technological gap so that employees are relevant to the job market hence provision of standardized health services.

Furthermore, 58.7% of the respondents agreed that Human resource restructuring is central to the implementation of health sector reform initiatives. This is done over a particular period of time for example 2 years and 5 years whereby employees are rotated within GRRH to different departments in order to provide checks and balance for better service delivery. The sector reforms are easily implemented when employees are oriented on the new initiatives to provide ownership during the implementation of the reforms meant to improve health service delivery. Restructuring brings in new skills and knowledge from different departments or individual in handling complex issues within an institution hence promoting service delivery.

The study also unveiled 57.8% of the respondents agreed that policies on pay and reward structures influence health care delivery as it motivates employees. Rewards and payment structure has role to play on influencing the attitudes of employees because pay rise and effective reward system is liable to make staff happy and it reduces employee's high turnover. When policies consider employees needs and high cost of living, it helps them to be able to afford basic needs, personal development and career development as they strive to have better condition of living. As employees are having good living condition due to favourable pay policy, this is most likely to make them enjoy work environment hence improved service delivery.

The study revealed 66.9% of the respondents agreed that accountability and regulation have influence on the quality of services. The HRP mandates each employee to be accountable for the work they do at the facility as their day-to-day work is based on the health regulation guidelines by the MoH. This regulation is majorly done to ensure that the quality-of-service delivery is enhanced with any health facility. This regulation stipulates issues on time management, emergency and case management to help improve health and minimize death among patients.

The study unveils 66% of the respondents agreed that HRP ensures increased productivity in accordance with the Result Oriented Management. This aspect of key deliverables is a primary goal in human resource as it is evidenced in the productivity level of employees. Productivity is measured by the tasks accomplishment within a different sector within a specific period of time. Therefore, it also measures the turnaround time for patients in

accessing health services as well as the quality of services. HRP help to keep employees on track as each employee is tracked in relation to the set performance targets that he or she should be accomplished in line with a given Job Description (JD).

4.4.3 Medical ethics policy

Table 12: Shows Medical ethics policy

Medical ethics policy	SD(%)	D(%)	SD+D	NS(%)	A(%)	SA	SA(%)
Ethics policy indicates acceptable and unacceptable behavior	5.5	20.2	25.7	6.4	35.8	32.1	67.9
Ethics policy promote respect for human rights	5.5	10.1	15.6	19.3	37.6	27.5	65.1
Ethics policy promotes non-discrimination in the management of patients basing on gender, race, religion, disability, HIV/AIDS status	7.3	15.6	22.9	4.6	37.6	34.9	72.5
Ethics policy observes protection of privacy	6.4	15.6	22	13.8	41.3	22.9	64.2
Ethics policy emphasizes integrity by avoiding aid in any form to inflict violence or torture to a person by the state or a private individual	11.9	14.7	26.6	8.3	41.3	23.9	65.2
Total Average	7.32	15.2	22.5	10.4	38.7	28.2	66.9

(Source: Field Data, 2024)

Regarding the study 67.9% of the respondents agreed that ethics policy indicate acceptable and unacceptable behavior. For example, acceptable behaviours include; care, good moral conduct, ensuring safety and confidentiality on patient's records. Some of these behaviours that are shaped by the ethics policy help to provide patients protection, reduced increased on infection and re-infection as well as promoting friendly working condition among employees. However, the reverse of the acceptable behaviours is doing what is contrary that attracts disciplinary action against the employees of GRRH.

According to the study 65.1% of the respondents agreed that Ethics policy promote respect for human rights. This policy is key as it guides employees to have respect for self and for one another within the health facility. The employees are expected to show respect through their conduct to patients and fellow employees so that there is mutual understanding within the hospital. Respect is vital among human beings as it shows love and promotes interpersonal relationship which makes work environment friendly to clients and employees. Respecting others also help to manage conflicts within a team, as employees respects opinions of others, listen to others and guide appropriately.

According to the study 72.5% of the respondents agreed that ethics policy promotes non-discrimination in the management of patients basing on gender, race, religion, disability,

HIV/AIDS status. This policy support in streamlining behaviours against discrimination, racism and tribalism as health workers are required to work without boundaries or segregation of patients. Health services is a human right that anybody needs to access without any discrimination across the globe, it is meant to save lives no matter the place of origin. This is to restore health and wellbeing to mankind through provision of quality health care services.

The study revealed 64.2% of the respondents agreed that ethics policy observes protection of privacy through confidentiality on patients' records. The ethic policy is mindful in protection the identity of each patient from being exposed for other purpose. This shall protect patients from discrimination and stigmatization of patients hence promoting peaceful relationship among patients and employees. When patients' privacy is protected, it will create conducive environment for easy access of health services from GRRH.

According to the study 65.2% of the respondents agreed that Ethics policy emphasizes integrity by avoiding aid in any form to inflict violence or torture to a person by the state or a private individual. Integrity in any profession is very paramount in terms being trustworthy by the employees through "walking the talk" (following what you say or promise) because this shall build trust between two or more people. When trust is built within a team or group of people this makes work to be more efficient hence promote access to quality health service delivery within GRRH.

4.4.4 Correlations analysis on the influence of health policies on health care delivery

Table 13: Correlation's analysis

		Correlations					
		Equity in health care delivery	Health policy	Quality of care	Human Resource Policy	Access to health care services	Medical Ethics policy
Equity in health care delivery	Pearson Correlation	1	.096	.117	-.060	-.019	.094
	Sig. (2-tailed)		.322	.224	.533	.842	.330
	N	109	109	109	109	109	109
Health policies	Pearson Correlation	.096	1	.408**	.530**	.555**	.607**
	Sig. (2-tailed)	.322		.000	.000	.000	.000
	N	109	109	109	109	109	109
Quality of care	Pearson Correlation	.117	.408**	1	.319**	.540**	.342**
	Sig. (2-tailed)	.224	.000		.001	.000	.000
	N	109	109	109	109	109	109
Human Resource Policy	Pearson Correlation	-.060	.530**	.319**	1	.408**	.636**
	Sig. (2-tailed)	.533	.000	.001		.000	.000
	N	109	109	109	109	109	109
Access to health care services	Pearson Correlation	-.019	.555**	.540**	.408**	1	.374**
	Sig. (2-tailed)	.842	.000	.000	.000		.000
	N	109	109	109	109	109	109
Medical Ethics policy	Pearson Correlation	.094	.607**	.342**	.636**	.374**	1
	Sig. (2-tailed)	.330	.000	.000	.000	.000	
	N	109	109	109	109	109	109

**. Correlation is significant at the 0.01 level (2-tailed).

(Source: Field Data, 2024)

The Pearson correlation analysis of the relationship between equity in health care service delivery and health policy which indicates a strong significant relationship tending to .1 level in an analysis where; ($r = .096$; $p = .322$; $N=109$). This is seen from the fact that their r - values were above .096 and tending to 1. This correlation is positive implying that equity in health care service delivery in GRRH is being influenced by the health policy.

The Pearson correlation analysis of the relationship between quality of health care service and Human Resource Policy which indicates a strong significant relationship tending to .1 level in an analysis where; ($r = .319^{**}$; $p = .001$; $N=109$). This is seen from the fact that their

r- values were above .319** and tending to 1. This correlation is positive implying that the quality of health care services in GRRH is being influenced by the Human Resource Policy.

The Pearson correlation analysis of the relationship between access to health care and medical ethics Policy which indicates a strong significant relationship tending to .1 level in an analysis where; (r = .374**; p =.000; N=109). This is seen from the fact that their r- values were above .374**and tending to 1. This correlation is positive implying that access to health care in GRRH is dependable on Medical Ethics Policy.

Table 14: Summary table for qualitative analysis on Key emerging empirical findings and themes

Empirical findings	Key Emerging themes
The level of employee capabilities	Skills of employees, Experience of employees,
Policy influence on health care service delivery	Health policy promotes accountability; health managers participate in generation of evidence to inform health policy. Human Resource Policy regulates payment standards and reward structures which influence health care delivery. Medical ethics policy promotes respect for human rights. Ethics policy promotes non-discrimination in the management of patients basing on gender, race, religion, disability, HIV/AIDS status
Patients experience with the employees	Timely case management, delayed service delivery due to late coming of some employees.
Services being received	Immunization, vaccination, treatment, genecology, medical examinations, family planning, mental health services, cancer screening, ART services.

(Source: Field Research 2024)

4.5 Conclusion

In conclusion chapter four components included; data presentation, analysis and interpretation. The chapter presented the response rate, data reliability, respondents' background, ethical orientation for staff and patients of Gulu Regional Referral Hospital (GRRH) that aligned to employee capabilities and health care delivery. This analysis was done in accordance to the three objectives to; establish the level of employee capabilities,

assess the level of Health Care delivery and examine the influence of health policies on Health Care delivery at GRRH in Uganda. Likewise, the analysis was done in line with the themes under each objective in a systematic arrangement. Therefore, after the data presentation, analysis and interpretation it gave the researcher a platform to do discussion in chapter five.

CHAPTER FIVE

DISCUSSIONS

5.0 Introduction

This chapter presents the discussions resulting from the research objectives and findings. The discussions in this section are based on employee capabilities and health care delivery at Gulu Regional Referral Hospital (GRRH).

5.1 Discussions

5.1.1 Employee capabilities

Skills

According to the study, the empirical findings show that Human Resource (HR) skills has enabled employees to understand others, work with others, lead and motivate others. Employees possess leadership skills that promotes teamwork for better performance. For example, guidance and counselling that helps to manage people's emotion and keep professionalism at the Centre of day-to-day activities within GRRH. Employees had good interpersonal skills that promotes efficiency at work. Interpersonal skills are key in promoting positive relationship among employees and patients. This affirms Katz, in Arul, (2009) who asserts that Human skills pertain to the ability to understand others, work with others, lead, motivate and control behaviours of others.

Experience

The empirical findings shows that majority of the respondents agreed that experience has taught them to make quick decisions in a given situation. Experience taught employee to make reliable quick decisions that helps to reduce mortality rate among children and adults or more infections among patients. This affirms Brand et. al., (2017) whom they argued that experienced managers can often make decisions very quickly because experience or expertise has taught them what to do in a given situation. These managers might not be able to explain the logic behind their decision, and will instead say they just went with their "gut," or did what "felt" right. Because the manager has faced a similar situation in the past and has figured out how to deal with it, the brain shifts immediately to the quick, intuitive decision-making system. An often-overlooked factor in effective decision-making is experience.

Employees of GRRH are experienced in decision making by involving others in the process especially when generating alternatives. According Brand et. al., (2017) who they argue that managers can often improve the quality of their decision-making by involving others in the

process, especially when generating alternatives. Other people tend to view problems from different perspectives because they have had different life experiences. This can help generate alternatives that you might not otherwise have considered. Talking through big decisions with a mentor can also be beneficial, especially for new managers who are still learning and developing their expertise; someone with more experience will often be able to suggest more options.

Employees are handling complex issues appropriately because of their experience. Complex issues need maturity in experience in order to appropriately manage it for example conflict of interest in procurement process. Employees are flexible in some context because of their vast experience. Flexibility is very important when faced with multiple challenges at work especially during emergency management within the health sector as requires much time to manage the situation.

5.2 Health Care delivery in Uganda

Equity in healthcare delivery

The empirical findings majorly agreed that lack of health care equity in rural areas leads to influx of patients in GRRH which affects level of service delivery. the poor receive less service than needed as compared to the rich. This affirms Kwesiga (2014) who argues that health systems in Uganda have been criticized for being inequitable, with the poor receiving less service than needed, and the rich receiving more than needed.

Transport related barriers pose significant challenges to health care among the poor. A number of patients are referred from various health Centre IIs, IIIs and IVs to GRRH to seek better health facility, however, some of the poor patients are unable to afford safe transport means hence affecting access to better health services. This affirms Oloyede, (2017) who argues that substantial health care disparities exist between much of rural and urban. The majority of health care resources are located within urban centers, even in predominantly rural countries. Also, McCord (2013) asserts that rural communities have lower health care and clinical laboratory access, higher levels of poverty and unemployment, and longer travel times to social service providers.

Quality of care

According to the empirical findings, most respondents agreed that the level of quality of services offered by health facilities is related to patient's satisfaction. The level of services offered by health facilities is related to patient's willingness to re-use services in the future.

Patient's feedback and perceptions are significantly required in health care quality assessment programs. A handful of patients affirm that their feedback is taken into consideration by the employees in GRRH that has been helpful to improve on the quality of care. Financial performance of GRRH relates to efficiency of health care services delivery. Every financial year the institution is subjected to audit in all departments to ensure effective accountability of resources. This affirms Aziato (2019) who asserts that patients' perspective on the quality of health care is important for several reasons. First, the high level of quality of services offered by health facilities is related to issues such as patient satisfaction and willingness to re-use services in the future. Second, patient feedback and perceptions are significantly required in many health care quality assessment programs. Third, the perceived high level of service quality is positively related to the financial performance and efficiency of health care institutions.

Access to health care services

According to the study the empirical findings shows that majority of the respondents agreed that there is increase access to Sexual Reproductive Health Rights (SRHR) right from testing, counselling and treatment of the clients. There was improved access to nutrition and food safety services for <5 (under 5). There was improved nutrition and food safety services for pregnant, lactating mothers and vulnerable groups. This initiative has promoted the health condition of expectant mothers and of the unborn baby hence reducing the level of child and mother mortality rate. This affirms MoH (2020/21) shows that there is increase access to Sexual Reproductive Health and Rights (SRH&R) with special focus to family planning services and harmonized information. Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups. And promote physical health activities and behavioral change across all categories of the population.

Government funding determines accessibility of health care services as it is key in the daily operation of the facility to cater for cost of administrative work, allowances, salaries, training of staff and doing outreaches. GRRH have a limited number of facilities that are understaffed

in some departments. GRRH gets enough resources for provision of better services through MoH. The hospital predominantly gets its funding from the government with few other opportunities from development partners. This affirms Cowan et. al., (2021) whom they argued that less-developed countries with Uganda being inclusive have a limited number of facilities that are understaffed and under-resourced, with those living in rural or remote areas having to travel long distances to obtain the healthcare assistance they require. This leads to patients spending beyond their means on healthcare – in fact, globally, 800 million people spend at least 10 per cent of their household budgets to get the required treatment for themselves or someone in their family.

Due to global inflation as the aftermath of Covid-19, there is still an increasing expenditure on healthcare which increases pressure on government to provide services. GRRH continues to work closely through Public Private Partnerships (PPP) and this has promoted access to health services delivery. And the development in technology over the past decade has affected health care service delivery. The positive effect of technology came with innovation that has made work easy among the employees hence efficiency. This affirms WHO (2021) who argued that with increasing expenditure on healthcare comes with increased pressure on governments to provide health services to the community. Working closely through public-private partnerships (PPPs), as well as maintaining a dialogue between the two sectors, creates a healthy ecosystem to ensure that as many people as possible have access to healthcare. The private sector should also provide affordable healthcare options for all members of the community, including those in the lower-income bracket. This relieves some of the pressure of the public sector and provides patients with quality healthcare options and affordable prices.

5.3 Health policies

According to the health policies, the empirical findings reveal that majority of the respondents agreed implementation of health policies promotes accountability as it provides guidance to the health workers to do organizational business according to the policy. It was also agreed that Uganda health policy provides a framework of responsibility to different stakeholders. The district health managers and service providers participate in policy development through representation while community members are consulted in order to generate evidence to inform health policy and strategy development. This affirms Ndagire et. al., (2021) whom they argued that Uganda health policy provides a framework of

responsibility whereby at the sub-national level, management of health services within the district is the responsibility of the DHMT headed by a DHO. District health managers and service providers participate in policy development through representation. They also participate in generation of evidence that informs health policy and strategy development in addition to using evidence at the local level to improve service delivery. At the sub-national level, the DHO and a member of the DHMT in charge of supervising health facilities within the district. The medical superintendent or health centre employee in-charge and one clinical staff member responsible for the outpatient's department.

Human Resource Policy (HRP)

The empirical findings revealed that majority of the respondents asserts that Human Resource Policy (HRP) has worked in several aspects to deliver an appropriately trained workforce to the places where it is needed. Human resource restructuring is central to the implementation of health sector reform initiatives especially after 2 years or 5 years whereby employees are rotated within GRRH to different departments in order to provide checks and balance for better service delivery. This affirms Hilary (2000) who opined that human resources restructuring is central to the implementation of health sector reform initiatives in developing countries. One of the major objectives of health sector reform must be to make better use of existing trained personnel and of those currently undergoing training.

Policies on pay and reward structures influence health care delivery as it motivates employees because rewards and payment structure have role to play on influencing the attitudes to work hard and it reduces employee's high turnover. Accountability and regulation have influence on the quality of services. The HRP mandates each employee to be accountable for the work they do at the facility as their day-to-day work is based on the health regulation guidelines by the MoH. The policy ensures increased productivity in accordance with the Result Oriented Management.

Medical ethics policy

Accordingly. Medical ethics policy indicates acceptable and unacceptable behavior. The study illustrates acceptable behaviors as; care, good moral conduct, ensuring safety and confidentiality on patient's records. This particular policy promote respect for human rights. This policy is key as it guides employees to have respect for self and for one another within the health facility. This affirms Shah (2011) who opines acceptable and unacceptable

behaviours. Codes of conduct have long been a strong pillar in health professions, outlining the social norms, rules and responsibilities, and proper practices, of practitioners. A review of the ethical framework for CHWs and related cadres showed that ethical principles include: equal and substantial respect; justice; care; beneficence; community and cultural humility; openness; critical reflection; trustworthiness; and competency.

It also promotes non-discrimination in the management of patients basing on gender, race, religion, disability, HIV/AIDS status. Ethics policy observes protection of privacy through confidentiality on patients' records. The ethic policy is mindful in protection the identity of each patient from being exposed for other purpose. Ethics policy emphasizes integrity by avoiding aid in any form to inflict violence or torture to a person by the state or a private individual. This affirms UMDPC (2013) whose report shows that Section 5. Respect for persons; A practitioner shall not; - (a) Discriminate in the management of patients basing on gender, race, religion, disability, HIV status or any other indication of vulnerability (b) Act violently or indecently towards a patient, a professional colleague or the general public. Section 6. Protection of privacy; A practitioner shall observe the patient's confidentially and privacy and shall not disclose any information regarding the patient except-(a) With the express consent of the patient; or in the case of a minor with the consent of a patient or guardian; or in the case of a mentally disadvantaged or unconscious or deceased patient, with the consent of his or her authorized next of kin.

The influence of health policies on health care delivery

The Pearson correlation analysis of the relationship between equity in health care service delivery and health policy indicates a strong significant relationship tending to .1 level (as shown in table 14). This correlation is positive implying that equity in health care service delivery in GRRH is being influenced by the health policy.

The Pearson correlation analysis of the relationship between quality of health care service and Human Resource Policy indicates a strong significant relationship tending to .1 level (as shown in table 14). This correlation is positive implying that the quality of health care services in GRRH is being influenced by the Human Resource Policy.

The Pearson correlation analysis of the relationship between access health care and medical ethics Policy which indicates a strong significant relationship tending to .1 level in an analysis where; (as shown in table 13). This correlation is positive implying that access to health care in GRRH is positively being influenced by Medical Ethics Policy.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the summary as derived from the research findings and to end with the conclusions and recommendations of the study.

6.1 Summary

6.1.1 The level of employee capabilities at GRRH in Uganda

According to the empirical findings on skills, these include; HR skills has enabled employees to understand others, work with others, lead and motivate others. Employees possess leadership skills that promotes teamwork for better performance. Employees had good interpersonal skills that promotes efficiency at work.

According to experience, the empirical findings revealed the following; experienced employees make quick decisions in a given situation. Employees of GRRH are experienced in decision making by involving others in the process especially when generating alternatives. Experienced employees handle complex issues appropriately. Vast experience makes Employee's flexible in challenging situation.

6.1.2 The level of Health Care delivery at GRRH in Uganda

The level of health care delivery, has been studied under three themes of; equity in healthcare delivery, quality of care and access to health care. According to equity in health care delivery, the empirical findings revealed these; lack of health care equity in rural areas led to the influx of patients in GRRH which affected the level of service delivery.

According to quality of care, the empirical findings summarized these; the level of quality of services offered by health facilities is related to patient's satisfaction. The level of services offered by health facilities is related to patient's willingness to re-use services in the future. Patient's feedback and perceptions are significantly required in health care quality assessment programs. Financial performance of GRRH relates to efficiency of health care services delivery as it determines government release of funds.

According to access to health care services, the empirical findings show these; there is increase access to SRHR right from testing, counselling and treatment of the clients. There was improved access to nutrition and food safety services for <5 (under 5). There was

improved nutrition and food safety services for pregnant, lactating mothers and vulnerable groups.

GRRH have a limited number of facilities that are understaffed in some departments. GRRH continues to work closely through Public Private Partnerships (PPP) by GRRH has promoted access to health services delivery.

6.1.3 The influence of health policies on Health Care Service delivery at GRRH in Uganda

The health policies were studied under three themes; Health Policies, Human Resource Policy and Medical Ethics Policy.

According to the health policies, the empirical findings summarised the following; the implementation of health policies promotes accountability as it provides guidance to the health workers to do organizational business according the policy. The district health managers and service providers participate in policy development through representation while community members are consulted in order to generate evidence inform health policy and strategy development.

According to Human Resource Policy, the empirical findings revealed these; HRP has worked in several aspects to deliver an appropriately trained workforce. It promoted restructuring as key in the implementation of health sector reform initiatives. Policies on pay and reward structures influence health care delivery as it motivates employees. The HRP mandates each employee to be accountable for the work they do at the facility and has ensured increase in productivity.

According to medical ethics policy indicate acceptable and unacceptable behavior. The study illustrates acceptable behaviours as; care, good moral conduct, ensuring safety and confidentiality on patient's records. This particular policy promote respect for human rights. It also promotes non-discrimination in the management of patients basing on gender, race, religion, disability, HIV/AIDS status. Ethics policy observes protection of privacy through confidentiality on patients' records. Ethics policy emphasizes integrity by avoiding aid in any form to inflict violence or torture to a person by the state or a private individual. In summary, the influence of health policies on health care delivery shows a strong positive relation. Particularly the relationship between equity in health care service delivery and health policy because the policy has direct influence on the level, quality and access to health care services.

6.2 Conclusion

6.2.1 The level of employee capabilities at GRRH in Uganda

According to the empirical findings on skills, these include; HR skills has enabled employees to understand others, work with others, lead and motivate others. Employees possess leadership skills that promotes teamwork for better performance. Employees had good interpersonal skills that promotes efficiency at work. The empirical findings revealed that experience contributes to; employees making quick decisions in a given situation and handling of complex issues appropriately. Experience makes employees flexible in challenging situation. Therefore, the study concludes the employee capabilities needs to be improved by training so that they are able to get the required skills and experience meant to execute a particular task.

6.2.2 The level of Health Care delivery at GRRH in Uganda

The empirical findings summarized the quality of care in terms of; the level of quality of services offered by health facilities is related to patient's satisfaction. The level of services offered by health facilities is related to patient's willingness to re-use services in the future. Patient's feedback improves on the quality of health care delivery and financial performance relates to efficiency of health care services delivery. The empirical findings revealed access to health care services as below; there is increase access to SRHR right from testing, counselling and treatment of the clients. There was improved access to nutrition and food safety services for <5. There was improved nutrition and food safety services for pregnant, lactating mothers and vulnerable groups. GRRH continues to work closely through PPP to promote access to health services delivery. In conclusion, the level of health care delivery depends on; equity in healthcare delivery, quality of care and access to health care. Therefore, in conclusion the government should embrace improving on funding and supervision role as well public private partnership to increase on the level of service delivery.

6.2.3 The influence of health policies on Health Care service delivery at GRRH in Uganda

The empirical findings on health policies concludes the following; the implementation of health policies promotes accountability as it provides guidance to the health workers to do organizational business according the policy. The district health managers and service providers participate in policy development through representation. The empirical findings revealed these on Human Resource Policy; HRP has worked in several aspects to deliver an appropriately trained workforce. It promoted restructuring as key in the implementation of

health sector reform initiatives. Policies on pay and reward structures influence health care delivery as it motivates employees and promote accountability among employees. According to medical ethics policy indicate acceptable and unacceptable behavior. This particular policy promote respect for human rights. Ethics policy observes protection of privacy through confidentiality on patients' records. Ethics policy emphasizes integrity by avoiding aid in any form to inflict violence or torture to a person by the state or a private individual. To conclude on the influence of health policies on health care delivery shows a strong positive relation. Particularly the relationship between equity in health care service delivery and health policy because the policy has direct influence on the level, quality and access to health care services.

6.3 Recommendations

6.3.1 Skills

The management of GRRH should provide a platform for employees to acquire new skills and practice it especially on the new technology including computer skills so that there is effective and efficiency in delivery health services to patients. When employees are skillful it promotes leadership skills and good interpersonal skills among employees and patients.

The leaders of GRRH should promote communication skills and customer care among the employees so that there is friendly work environment. Good communication skills will enhance positive relationship among employees and clients.

Leadership skills should be promoted by the management through coaching and mentoring of employees so that they able to nurture teamwork for better performance. Leadership attributes such as problem solving when nurtured into young leaders, they shall be able to manage complex situation at the work place in order to improve employee's performance and health service delivery.

6.3.2 Experience

The government should prioritize recruitment of experienced employees such that they are able to make decisions appropriately, handling complex issues and exercise flexibility during working hours. Experience is important to an employee as it provide confidence in a person while carrying out activities hence effectiveness in service delivery.

6.3.3 Equity in health care delivery

The Ministry of Health should encourage equity in the distribution of resources especially in supporting other hospital and health center's so that these facilities have the capacity to arrest other health conditions without being referent to GRRH. Whereas the management and staff should practice equity while providing services to patients without discrimination.

6.3.4 Quality of care

The management of GRRH should uphold the quality of health care while at the facility. This shall be done through being responsive to emergency, having functional machines or gadgets like X-Ray and CT scan and approachable employees so that there is improved health care services delivery. Medical workers should also be encouraged to provide good prescription with professionalism as well making both basic and essential drugs to be available always.

The management in partnership with National Medical Stores (NMS) should improve on the timely delivery of drugs. This shall help to avoid the expiry of drugs before it is distributed to the different health facilities hence promoting the quality of care.

6.3.5 Access to health care

The management of GRRH should do regular monitoring of activities within the facilities, this shall help to ascertain the functionality of machines/equipment and efficiency of employees. Monitoring shall provide recommendations to improve on the areas of gaps hence promoting accessing to quality health care services.

6.3.6 Health policies

Health Management Monitoring Committee (HMMC) of GRRH should ensure the implementation of the policies to promote accountability and generate evidence that help to combat tendency of corruption or financial loss to the institution. Also, HMMC should empower community members or patients to provide feedback with safety in order to ensure accountability from improved health service delivery.

6.3.7 Human resource policy

The human resource department should ensure employees management through orientation of employees on work policy to regulate operation, restructuring and performance management so that there is professionalism in GRRH. When this policy is understood by employees, they shall be able to do what is expected of them hence improving on health care service delivery.

6.3.8 Medical ethics policy

Likewise, the management of the hospital should uphold medical ethics policy among the employees. The ethics to be upheld include but not limited to: respect for human rights, non-discrimination, integrity and protection of privacy for patients. Medical ethics builds trust on the employees as patients views them as a cornerstone of the hospital.

6.4 Areas of Further Research

In regard to the study finding, future research should be able to consider:

- I. Employee performance and customers satisfaction in health service delivery.
- II. Organization's strategic management system and health service delivery
- III. Public private partnerships and health service delivery

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APPENDICES

Appendix I: Consent form

Study Title: Employee Capabilities and Health Care Delivery at Gulu Regional Referral Hospital in Uganda

Principal Investigator: Adong Lucy Joan

Introduction

Good morning/ afternoon Sir/madam. My name is from Gulu University Department of Accounting and Finance Faculty of Business and Development Studies. I am here to conduct a study on **Employee Capabilities and Health Care Delivery at Gulu Regional Referral Hospital in Uganda**. After the study has been explained, any questions you may have will be answered, and if you have decided to participate in the study, you will be asked to sign a consent of which you will be given a copy to keep.

This research is privately sponsored

Purpose of the study:

Procedure

You will be expected to respond to questions on Socio Demographic Characteristics and your capabilities in relation to health Care Delivery. During the course of the survey, you will be required to respond to some questions and this process is expected to take about 30-45 minutes of your time.

Who Will Participate in the Study?

You have been chosen to participate in this study because you are a health worker, administrator, non-medical worker and or patient in Gulu Regional Referral Hospital Gulu city.

Risks or discomfort

I do not anticipate any risks from the study.

Benefits

The research participants will get feedback on findings and progress of the study, and any new information that affects the study participants (including Incidental findings) will be made available to you.

Confidentiality

All the information you provide will be kept strictly confidential. Consent forms will be kept separately from the other study materials so it won't be possible to associate any form to a specific questionnaire. The hard copy tools will be securely stored under lock and key and soft copy in password protected computers only accessible by the principal investigator.

Alternatives

Your participation in this study is entirely voluntary and If you choose to participate in the study you will not lose anything and you are also free to withdraw from it at any time should you wish not to continue.

Questions

For any follow up information, or any research related questions you can contact me on 0784710150

Statement of voluntariness:

Participation in the research study is voluntary and you may join on your own free will. You have a right to withdraw from the study at any time without penalty.

If you have any issues pertaining to your rights and participation in the study, please contact the Chairperson, Gulu University Research Ethics Committee, Dr. Gerald Obai Tel: No., 0772305621; email: lekobai@yahoo.com/lekobai@gmail.com; or the Uganda National Council for Science and Technology, on plot 6 Kimera Road, Ntinda, Kampala on Tel 0414705500.

Statement of consent

I have read or been informed about this research and had the opportunity to ask questions and my questions have been answered to my satisfaction. I hereby voluntarily consent to participate in the study and understand that it will not affect me in any way and I have the right to withdraw at any point. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study. A copy of this form will be provided to me.

Name of the participant

Signature/ thumbprint..... Date

Name of the Interviewer

Signature/thumb print..... Date.....

Appendix II: Questionnaire for Health Workers and non-health workers.

Dear Sir/Madam,

I am carrying out a research investigation on employee capabilities and health care delivery at Gulu Regional Referral Hospital in Uganda. Health is one of the essential services needed by everyone and the capabilities of employees as it determines the kind of services rendered to patients. You have been identified as a key resource person for the study because of your expertise, skills and experience in the health care services delivery. Therefore, you are requested to give your invaluable input that may meaningfully contribute to the success of this study. All opinions provided will be kept confidential. Its findings will be made available to you if you show interest. Thank you in advance for your time and corporation.

ADONG LUCKY JOAN

Contact: 0784710150

Section A: Biographical Information.

Response guide

Tick the appropriate box

Agree ☐ Disagree ☐

Serial number.....

Date.....

1. Gender Male ☐ Female ☐

2. Age Bracket 20-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐

Marital status Single ☐ Married ☐ Separate ☐ Divorced ☐ Widowed ☐

3. The highest level of education attained

Primary Education ☐ Secondary ☐ Diploma ☐ Bachelor ☐ Master's ☐ Degree
Others specify.....

4. Job position

In charge ☐ Doctor ☐ Pharmacist ☐ Support ☐

Lab. Technicians ☐ Nurses ☐

5. Period of service

Less than one year ☐ 1-2years ☐ 3-4years ☐ More than 4years ☐

Response guide

In this section, indicate the level of your agreement with the statements based on the scale provided below:

Strongly Disagree(SDA)	Disagree(D A)	Undecided(U D)	Agree(A)	Strongly Agree(SA)
1	2	3	4	5

Section B: the level of employee capabilities at GRRH

	Employee capabilities	SA	A	U	DA	SDA
B.1	Training					
1.	The training that I obtained has made me to be viewed as the cornerstone for service delivery in GRRH.					
2.	I am able to be creative after attaining different trainings.					
3.	The training that I had has improved my performance					
	The training that underwent has enabled me to meet organization objectives.					
4.	The training that I got has enhanced the level of skills and knowledge that are necessary to perform work effectively.					
5.	Training is one way of increasing an individual's productivity.					
6.	After training I was unable to deal with the clients in an effective manner.					
7. a	Training has enhanced my psychological state of involvement, commitment, attachment, mood, which impacts on my individual's performance.					
	Skills					
8.	I have Human resource skills that has enabled me to understand others, work with others, lead and motivate others					
9.	I possess leadership skills that promotes teamwork for better performance					
10. i n	I have good interpersonal skills that promotes efficiency at work.					
	Experience					
11.	Experience has taught me to make quick decisions in a given situation.					
12.	I am experienced in decision-making by involving others in the process, especially when generating alternatives.					
13.	I can handle complex issues appropriately because of my experience.					
14.	I am flexible in some context because of my vast experience.					
	Health care delivery					
	Equity in healthcare delivery					
1.	Lack of health care equity in rural areas leads to influx of patients in GRRH which affects level of service delivery					
2.	The poor receive less service than needed, and the rich receive more than needed.					

3.	Transport-related barriers pose significant challenges to health care among the poor					
	Quality of care					
1.	the level of quality of services offered by health facilities is related to patient's satisfaction					
2.	the level of services offered by health facilities is related to patient's willingness to re-use services in the future					
3.	Patient's feedback and perceptions are significantly required in health care quality assessment programs					
4.	The financial performance of health institution relates to efficiency of health care service delivery					
	Access to health care					
1.	There is increase access to Sexual Reproductive Health and Rights					
2.	There is improve nutrition and food safety with emphasis on children aged under 5.					
3.	There is improve nutrition and food safety for pregnant and lactating women and vulnerable groups					
4.	Government funding determine accessibility of health care services.					
5.	GRRH have a limited number of facilities that are understaffed					
6.	GRRH is under-resourced, that obtain the healthcare assistance they require.					
7.	With increasing expenditure on healthcare comes increased pressure on governments to provide health services to the community					
8.	Working closely through public-private partnerships by GRRH has promoted access to health service delivery					
9.	Developments in technology over the past decade have has affected healthcare industry,					
	Health Policies					
	Health policies					
1.	Implementation of policy promotes accountability					
2.	Uganda health policy provides a framework of responsibility to different stakeholders					
3.	District health managers and service providers participate in policy development through representation.					
4.	District health managers also participate in generation of evidence that informs health policy					
5.	District health managers participate in strategy development in addition to using evidence at the local level to improve service delivery.					
	Human Resource Policy					
6.	Human resources policy has worked in several					

	aspects to deliver an appropriately trained workforce to the places where it is actually needed					
7.	Human resources restructuring is central to the implementation of health sector reform initiatives					
8.	Policy on pay and reward structures influence health care delivery					
9.	Accountability and regulation have influence on the quality of services					
10.	The policy ensures increased productivity in accordance with the Result Oriented Management					
11.	Medical ethics policy					
12.	Ethics policy indicate acceptable and unacceptable behavior					
13.	This policy promotes respect for human rights					
14.	The policy promotes nondiscrimination in the management of patients basing on gender, race, religion, disability, HIV status					
15.	The policy observes Protection of privacy					
16.	The policy emphasizes integrity by avoiding Aid in any form to inflict violence or torture to a person by the state or a private individual					

Thank you for your cooperation

Appendix III: Interview Guide for the Hospital Administrators

1. According to you, what is the level of employee capabilities at GRRH?
2. What are the ups and downs of health care delivery at GRRH?
3. Who are the different stakeholders mandated to provide responsibilities to implement Uganda health policy for improved health care service delivery? Please explain their roles.
4. How does health policies influences Health Care delivery at GRRH?
5. In particular how does Human Resource Policy and medical ethics policy influence the level of health care service delivery in GRRH?
6. What suggestions can you provide to improve employees' capabilities and the level of health care delivery in GRRH?

Appendix IV: Structured Interview for patients

Dear Sir/Madam,

I am carrying out a research investigation on employee capabilities and health care delivery at Gulu Regional Referral Hospital in Uganda. Health is one of the essential services needed by everyone and the capabilities of employees as it determines the kind of services rendered to patients. You have been identified as a key resource person for the study because of your expertise, skills and experience in the health care services delivery. Therefore, you are requested to give your invaluable input that may meaningfully contribute to the success of this study. All opinions provided will be kept confidential. Its findings will be made available to you if you show interest. Thank you in advance for your time and corporation.

ADONG LUCKY JOAN

Contact: 0784710150

Section A: Biographical Information.

Response guide

Tick the appropriate box

Agree ☐ Disagree ☐

Serial number.....

Date.....

3. Gender Male ☐ Female ☐

4. Age Bracket 20-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐

Marital status Single ☐ Married ☐ Separate ☐ Divorced ☐ Widowed ☐

The level of employee capabilities at GRRH

1. In your view, how are patients treated by health care providers at GRRH?
2. What is your experience with the employees when taking patients samples?
3. How can employees' capabilities be improved?

The level of Health Care delivery at GRRH

1. What services do you receive from GRRH?
2. What are your thoughts about the services that you have received from the hospital?
3. What services need to be improved at GRRH?

The influence of health policies on Health Care delivery at GRRH

4. In your own view how you experience the use of medical ethics policy during health care service delivery in GRRH?

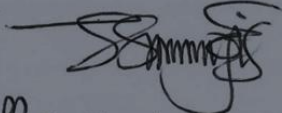
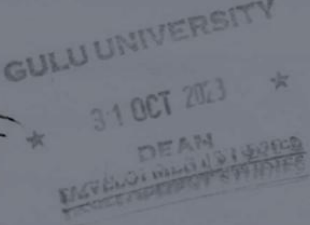
5. What advice do you provide to the hospital administrators on enhancing employee capabilities through human resource policy?
6. How best do you think both medical workers and non-medical workers can improve their capabilities?
7. What suggestions can you provide to improve on the level of health care delivery in GRRH?

Appendix: V: Krejcie and Morgan Table of Sample Size Determination Sample Size(s)

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	256	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	100000	384

Note: From R.V. Krejcie & Morgan (1970), *Determining Sample Size of Research Activities, Educational and psychological measurement*, 30,608, Sage Publications.

Appendix: VI: Introductory letter

GULU P.O. Box 166 Gulu, Uganda		UNIVERSITY Tel: 0471-42923 Fax: 256-471-42094
OFFICE OF THE DEAN FACULTY OF BUSINESS AND DEVELOPMENT STUDIES		
Date: 31/10/ 2023		
TO WHOM IT MAY CONCERN		
RE: ADONG LUCKY JOAN REG. NO. 18/U/2522/MBA		
The above-named person is a final year student of Gulu University pursuing Masters of Business Administration (MBA) Degree of Gulu University.		
In partial fulfillment of the requirements for the award of the Degree, she is carrying out research on the topic: Employee Capabilities and Health Care Delivery at Gulu Regional Referral Hospital, in Uganda.		
Due consideration accorded to her shall be highly appreciated.		
Yours faithfully,		
 		
Dr. Kitambo Enos- Research Coordinator (Ph .D.) Faculty of Business and Development Studies		

Hospital Director's 256- (0)774408225

REC Administration :256 (0) 772060564

E-mail: guluhospital@gmail.com

Website: <https://guluhospital.net>

In any correspondence on this matter quote:

REC/2023/11/07



MINISTRY OF HEALTH

GULU REGIONAL REFERRAL HOSPITAL

P. O. Box 160,

Gulu, Uganda.

Date: 15th / NOV/ 2023.

RESEARCH AND ETHICS COMMITTEE

ADONG LUCKY JOAN
18/U/2522/MBA
GULU UNIVERSITY

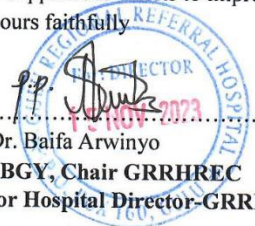
RE: EMPLOYEE CAPABILITIES AND HEALTH CARE DELIVERY AT GULU REGIONAL REFERRAL HOSPITAL.

This is to inform you that the Gulu Regional Referral Hospital, Research and Ethics Committee (GRRHREC) has approved your study documents for the above referenced research study. Note that this approval expires after one year; the current approval is therefore valid until Date: 15th/NOV / 2024. Continued approval is conditional upon your compliance with the following requirements:

1. No other consent forms, questionnaire and /or advertisement documents should be used.
2. Consent forms must be voluntarily signed by study subjects prior to commencement of data collection. Queries raised regarding consent too should be addressed.
3. Study bias aversion strategies should be employed as discussed to improve quality and reliability of findings.
4. All the protocol amendments and changes to other research documents must be re submitted to the GUREC for approval and made known to the Gulu RRH REC.
5. Significant changes to the current protocol and all anticipated problems that may involve risks to study subjects or patient information or that may affect integrity of the research must be promptly reported to GUREC and Gulu RRH REC.
6. Specification of support required from GRRH and inputs from the researcher (Research Assistants, Stationary etc.) to the Department.
7. Renewal of the study approval is upon feedback from the continuing research and will be done within 2 months prior to the expiry of the current protocol approval date.

You will be required to share the study findings with the GRRHREC and the responsible Departments to support our efforts to improve quality of patient care.

Yours faithfully


.....
Dr. Baifa Arwinyo
OBGY, Chair GRRHREC
For Hospital Director-GRRH