

Training and Employee performance in health sector of Buhweju District Local Government

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ABSTRACT

The study concentrated on the influence of training on employee performance in the health sector in Buhweju district local government. It was guided by the following objectives; to establish health workers perceptions towards training programs, to find out the nature and organization of health workers training, to assess the health workers performance and to establish the strategies that can be adopted to improve health workers performance in Buhweju district local government respectively. The study used a descriptive cross-sectional survey research design consisting of both qualitative and quantitative research approaches. The study population consisted of Chief Administrative Officer (CAO), human resource officers, district secretary for social services, chairperson LCV, Chairperson LC IIIs, sub county chiefs, NGOs Leaders, health inspectors, RDC, DHO, health workers at health Centre IV and health Centre IIIs. A sample size of 108 respondents was used. Questionnaires, interviews and a documentary review checklist were used during data collection. The researcher used Statistical Package for Social Sciences (SPSS) during data analysis. The findings of the study revealed that, most of the employees were aware of the existence of the training programme while few of them never noticed its existence. On the other way, to some extent the identification of training needs was administered, but also it has been evidenced that the selection of employees in some cases didn't prove to have elements of fairness and transparency as there were a lot of complaints from employees insisting that the selection of employees for training was dominated with unfair acts including elements of corruption and favoritism. The study revealed that both on job and off job training programs existed in the area. The management therefore has to play a key role by making sure that there is an identification of training needs which will enable an organization to implement training programme well since it will be able to identify the existing gaps which holds back the organization from achieving its objectives. The management should make sure that there is cost-sharing between the trainees and the organization at large. This will enable the organization not to incur a lot of costs in training of its employee but also the employees could have a backup from their employers to attain an effective training programme. The findings recommended that all health workers need to be trained especially the ones with little experience in executing the health service delivery need to be given a priority. By doing this, the process of training in the health sector will be streamlined and made transparent

INTRODUCTION

In the recent past, a number of management techniques and theories have been developed to improve the practice of management in organizations. The more significant of these include management by objectives, organization development, strategic management, training and development and operations research. In most cases these theories and techniques were initially developed for and applied in private sector settings (Schwella, 2013). But attempts have been made to transfer these to other sector contexts. The principles of management models developed for the private and public sector have been applied to help the health sector organizations improve their management performance (Wassame, 2013)

Employee performance depends on many factors like job satisfaction, knowledge and management but there is a relationship between training and performance (Amisano, 2010). Increasingly, high performing organizations today are recognizing the need to use best training and development practices to enhance full utilization of their human capital. Training and development are an essential element of every organization if the value and potential of its people is to be harnessed and grown (Amisano, 2010). The implementation of training and development programs are critical factors that most organizations need in order to enhance employee performance. Therefore, for effective use of human resource, the level of training and skills of an employee is very critical for any organization. Organizations can reap the rewards of providing training to their employees because well-trained workers help increase productivity. Investing in employee training is always geared towards enhancing worker retention rates, customer satisfaction and creativity for new product ideas. Effective training saves labor by reducing time spent on problem-solving and saves money in the long run by producing a better workforce.

The world faces a global shortage of well-trained health workers, which is considered as one of the biggest barriers to quality health-care services for millions of people throughout the world (World Health Organization, 2008). It is estimated that there is currently a shortfall of approximately 7.2 million doctors, nurses and midwives and that this shortfall is likely to rise to at least 12.9 million in the coming decades (Sidibe and Campbell, 2015). Although the health workforce crisis affects virtually all countries worldwide including the high-income countries, sub-Saharan Africa and parts of Asia are most affected, as these regions have the lowest health worker densities when compared globally and are also strongly affected by poor attraction and retention as well as high attrition of health professionals (Lehmann et al., 2008). These problems are exacerbated in rural and remote areas, as health workers tend to stay in or migrate to the urban centers, leaving the countryside in short supply and consequently with insufficient health service coverage (Joint Learning Initiative, 2014, Dussault and Franceschini, 2014, World Health Organization, 2014, Dal Poz, 2013).

The perception of the importance of human resources for health changed considerably in the past decade, not least owing to the Joint Learning Initiative (2014) that warned the world in its human resources for health report about 10 years ago that the Millennium Development Goals (MDGs)

cannot be reached without adequately responding to health workforce needs, which was further highlighted by the World Health Organization (WHO, 2014) in their “World Health Report: working together for health”.

In the Kampala Declaration and Agenda for Global Action (2008), the alliance agreed on six strategic areas of human resources for health development, which, besides scaling up the health workforce through education and training, also stressed the importance of retention of health workers through both financial and non-financial incentives as well as regulating the exodus of health professionals from the low and middle-income countries to high-income countries through a code of practice on the international recruitment of health workers. In addition, strengthening national governance and coordination frameworks as well as scaling up the financial basis for health workforce development was also agreed (Global Health Workforce Alliance, 2008b).

Employee training has been described by many writers as an effective tool in strengthening health services delivery. Currently it has become an area of great research interest. Internationally, health systems are faced with the demands to trim costs and get better health outcomes (Ortiz & Murray 2016). The training of a skilled workforce has been seen merely as recurrent expenditure in Kenya rather than in terms of long-term investment. Governments retain their grip on regulation despite the fact that it has long been suggested that the regulatory framework for human resources is often inadequate (Dussault, 2015). The government is often dealing with outdated legislation for skilled personnel, has no enforcement powers, and with fragmentation of the regulation process between jurisdictions. In the health sector, where there is a tendency to retain centralized human resource functions, government departments ensure that educational facilities develop the types of healthcare personnel required to meet human resource needs for national and regional health.

Since the 1990s a series of reforms have taken place in Uganda. These reforms, including decentralization and organizational restructuring were meant to improve systems performance. However, the reforms did not pay much attention to the human resource issues (Okuonzi 2014; Ssengooba et al 2005). Cognizant of the situation, it is important to uncover more evidence on health workforce performance. This evidence may assist policy makers to recognize and apply appropriate strategies for improving performance in the health sector. In Uganda, training is seen as an important issue in local governments; the majority of local government workers need new or significantly expanded skills to keep up with the demands of their jobs. Delivery of health services in Uganda has been decentralized since the 1990s, even training of health workers in all districts of Uganda is done up to the village level. This is manifested by the introduction of Village Health Teams in every village.

In Buhweju District, health workers are engaged in health seminars, workshops, conferences, induction programs and in service training programs like coaching and mentoring (Annual district health reports). Despite the presence of health training programs to the health workers in the district, the area is still challenged with poor hygiene, poor nutrition, high maternal mortality

rate, failure to implement Anti-Natal Care programs and health employees are not meeting the needs of the population as they always report late at work, they are rude, always absent themselves and the area experiences high labor turnover in the health department (MOH, 2015). Several training methods which include workshops, seminars, demonstrations, discussions and internships are employed. However, workshops and seminars detaches employees from work stations and some tasks that contribute to productivity are compromised. Hence, training methods and systems employed by the organization are characterized by ineffectiveness, inappropriateness and inadequacy, to equip staff members with the required skills (Tabaro, 2010). Basing on the above background the researcher intended to establish the effect of training on employee performance in the health sector.

Statement Of The Problem

The main objectives of decentralization are to improve service delivery and reduce costs, the goals that mainly benefit the central level and consumers. However little emphasis has been put on its implications for health workers both professionally and socially (Kyaddondo & Whyte 2003:330). Despite the ongoing health sector reforms in Uganda, services have remained poor. The inadequate performance of health workers coupled with lack of adequate support from central and local governments are believed to have partly contributed to this deterioration and stagnation of some important health indicators under the Second Health Sector Strategic Plan (HSSP II)

In order to meet the objective of Ugandan government of having a healthy population, training programs for government health workers including health seminars and workshops have been introduced to avert the situation (Mugerwa, 2011). Training ensures an adequate supply of staff who are technically and socially suitable. Training enables employees achieve self-fulfilling skills and abilities; reduce operational costs, limits organizational liabilities (Donald, 2015). Properly trained employees are highly motivated and have more sense of responsibility hence requiring less supervision which in-turn increases the organization's ability in attaining its mission.

Buhweju has consistently organized training programs for health workers in form of inductions, seminars, workshops among others in order to improve effectiveness and efficiency of health workers in the area (Kabagambe, 2017). Despite the mentioned strides made to improve the health sector, health workers' absence from work places has increased, others often report late at the health centers, high labor turnover has always been witnessed as most health workers have been fond of leaving the district for other districts and even switching to private health organizations in the area and neighboring districts (Rugyendo et al. 2014). This has made the health facilities suffer inadequate numbers of health workers (Advocates Coalition for Development and Environment 2014). This makes one to wonder why health workers are not improving their efficiency and effectiveness having attained relevant training programs by the local government, thus, the motivation by the researcher to conduct the study to bridge the gap by ascertaining the influence of training on employee performance in the health sector of Buhweju District Local Government as the area of study.

Conceptual Relationship

There is conceptual relationship between the dependent variable, intervening and independent variables. Performance of employees indicated by effectiveness, efficiency, productivity, timely response to emergencies, professional ethics and code of conduct, number of patients attending a health facility, number of patients attended to, and time management constitute the dependent variable. Training indicated by induction and orientation, job rotation and transfers, and coaching and mentoring obviously influences employee performance hence, the independent variable. Moreover, each phase within training methods also impacts employee performance respectively. The two variables of training and employee performance are indirectly influenced by the intervening variable indicated by government policy, leadership style and geographical location. According to Flam, Holtz & Lacey (1981), employers should invest in specific training and further initiation of more promotion opportunities to enhance employees' career path prospects. Thus, the human capital perspective at the level of the organizations, due to its emphasis on skills and performance, appears to offer more support for generalized investments in the human resources.

Theoretical Foundation Of The Study

The study was guided by the Human Capital Theory and meta-analysis theory.

The Human Capital Theory developed by Smith (1776) and re-invigorated by Schultz (1961) postulates that training and education are a form of investment in human beings. The underlying belief then is that training creates assets in the form of knowledge and skills, which in turn increases the productivity of the worker. Schultz argued that skilled human resource has been able to acquire these skills as a result of training and development programs or investment in the existing human resource through appropriate on-the job training both within and outside the organization for example seminars, workshops, conferences, and by creating conducive environment through appropriate welfare like promotion.

According to Flam, Holtz & Lacey (1981), human capital theory proposes that people's skills, experience, and knowledge are a form of capital and that returns are earned from investments made by the employer or employee to develop these attributes. The Human capital theory holds that employees should invest in specific training and further initiation of more promotion opportunities to enhance employees' career path prospects. Thus, the human capital perspective at the level of the organizations, due to its emphasis on skills and performance, appears to offer more support for generalized investments in the human resources.

Burke and Day's (1986) meta-analysis theory of managerial training effects (across six training content areas, seven training methods, and four types of training outcomes). He contends that the purpose of training and management development programs is to improve employee capabilities and organizational capabilities. When the organization invests in improving the knowledge and skills of its employees, the investment is returned in the form of more productive and effective employees. Training and development programs may be focused on individual performance or

team performance. The creation and implementation of training and management development programs should be based on training and management development needs identified by a training needs analysis so that the time and money invested in training and management development is linked to the mission or core business of the organization.

Literature Reviewed

Employee performance is one of the prevalent challenges faced by management in various institutions especially where there is need to ensure that there is value for money in every service delivery. Performance management is a continuous process of identifying, measuring and developing the performance of individuals and aligning performance with the strategic goals of the organization. From the literature reviewed, there are identified gaps from the studies that showed a few authors had little studies in this area of assessing the effect of training on performance of health workers .This has affected the performance of health workers. The fact is that there is scanty literature in this area regarding the relationship between training and health workers performance and particularly on how it impacts on the performance of health workers in government organization. It is against this background that the researcher finds it suitable to investigate the relationship between training and health workers performance in local government using Buhweju district as the case study.

RESEAECH METHODOLOGY

Research Design

This study used a descriptive cross-sectional survey research design consisting of both qualitative and quantitative research approaches. Descriptive survey research designs are used in preliminary and exploratory studies to allow researchers to gather information and summarize, present and interpret data for the purpose of clarification, (Orodho, 2003). According to Mugenda and Mugenda (2008), the purpose of descriptive research is to determine and report the way things are, and it helps in establishing the current status of the population under study. Gay (1992), says that surveys are a self-report study that requires the collection of quantifiable information from the sample. The employment of both research paradigms allowed methodological triangulation that enhanced the validity and reliability of the study.Saks and Allsop, (2007) assert that descriptive studies provide current information or intelligence regarding the research problem. Polit and Beck (2008) add that in descriptive study the researcher observes, relates, and describes measurable attributes of the phenomenon in a natural environment.

Study population

Burgess, 2017 defines a population as simply all the members of a group of interest. Population refers to an entire group of individuals, events or objects having a common observable characteristic as (Mugenda and Mugenda, 2003) posit. The study population targeted Chief Administration Officer (CAO), human resource officer, district secretary for social services, chairperson LCV, chairperson LC IIIs, sub county chiefs , NGOs Leaders , health inspectors ,

RDC, DHO, health workers at health Centre IV, health Centre III and health Centre II. Buhweju district has 117 health workers and were considered in this study.

Sample Size

Burgess (2017) defines a sample as a sub-set of the population that is usually chosen because access to all members of the population is prohibitive in terms of time, money and other resources. (Kothari, 2007) defined sample size as the number of items to be selected from the study population to constitute a sample and urged that size of sample should neither be excessively large nor too small stating that an optimal sample is one which fulfills the requirements of efficiency, representativeness, reliability and flexibility. He went on to add that while deciding the size of sample, a researcher must determine the desired precision and an acceptable level of confidence in the estimate. The sample size was determined using the formula forwarded by Yamane (1967)

And the sample size of 108 respondents was determined.

Data collection methods

This study used both quantitative and qualitative data collection methods. Quantitative data was obtained through the survey method while qualitative data was obtained from interviews.

The questionnaire survey method was applied to rapidly collect data since it did not necessitate the researcher to be present when the questionnaires are being filled. This method was however, believed to be useful for large populations when interviews are impractical. This method was used to capture information from health workers. One of the reasons why this method was preferred is because the study involved variables that cannot not be observed and can only be derived from respondents' views, opinions and feelings (Touliatos &Compton, 2013). The questionnaire was refined during the piloting of the instrument. Questionnaires were sent out and properly monitored to allow for a satisfactory response rate.

Interviewing method is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents in order to explore their perspectives on a particular idea, program, or situation (Boyce and Neale, 2016). In addition, it enables the interviewer to read the interviewee's body language and facial expression while granting the chance to probe. This method was used to capture information from the CAO, human resource officer, district secretary for social services, chairperson LCV, chairperson LC IIIs, sub county chiefs , NGOs Leaders , health inspectors , RDC, DHO. This method is preferred because it is flexible enough to allow the interviewer to ask supplementary questions. The researcher designed an interview guide that was used during the interview of the key informants.

Documentary review, is the critical examination of reviewing recorded information related to training and employee performance in the health sector in Bihanga Health Centre III, Nsiika Health Centre IV, Karungu Health Centre III and Burere Health Centre III. This method was

used to determine the number of patients attending a health facility and the number of patients attended to.

Validity and Reliability

Validity of qualitative data was ensured by establishing the three constructs of credibility, transferability and dependability. In this study, credibility was ensured through memoing, member checking, and peer debriefing (Polit & Beck 2008:545-548). In addition, the researcher took comprehensive field notes; audio taped the interviews, and transcribed the interviews verbatim. The researcher strengthened dependability through checking and re-checking for the presence or absence of the phenomenon by careful documentation of the interviews. In addition, dependability was ensured through space, person, investigator, and methodological integration (triangulation) of data (Polit & Beck 2008:549). Transferability was achieved through the applicability of one set of data was achieved through triangulation of data by use of multiple informants and multiple data collection methods. The applicability was also ensured by taking comprehensive field notes and ensuring that an adequate sample for data saturation was reached (Polit & Beck 2008:544; Troiano 2003:407).

Reliability is the measure of the degree to which a research instrument yields consistent results after repeated trials (Kothari, 2004). Reliability of instruments in this study was attained through employing the internal consistency method of assessment using the Cronbach's coefficient Alpha computation to determine the items' correlation among themselves. In this method, scores of a single test were done on a sample subject, where a score on 1 item is correlated with those from other items in the instrument. According to Kothari (2004), an alpha of 0.5 or higher is sufficient to show reliability; implying that the closer the alpha to 1, the higher the internal consistency reliability. Below, is the expression of the Cronbach's coefficient Alpha or Kuder-Richardson (K-R) 20 formula;

$$KR20 = \frac{(K)(s^2 - \sum s^2)}{(S^2)(K-1)}$$

Where;

KR20= Reliability coefficient of internal consistency

K = Number of items used to measure concepts

S² = Variance of all scores

s² = Variance of individual items

From the researcher's computation results that were obtained above, the higher the coefficient the higher the item correlation among themselves.

In this study, the reliability of research instruments was achieved through ensuring the principle of confirm ability.

Data Analysis

The quantitative data analysis consisted of numerical values from which descriptions such as mean and standard deviations were made (Kombo & Tromp, 2016). The researcher used both descriptive and inferential statistics to analyze data. After participants responding to the questionnaires raw data was cleaned, sorted and entered using statistical data entry form designed in Statistical Package for Social Sciences (SPSS) software for analysis according to the objectives of the study. Questionnaire data was obtained from questionnaires each questionnaire was given a unique serial number extracting of inertial summaries by data reduction using soft numbers coding by categorizing data, sorting and filling was carried out. Statistical package for the social sciences (SPSS) version of 23 was used to aid the processing and summarizing of information got from the questionnaires.

Qualitative data collection was sorted out and interpreted manually from respondents each interview was analyzed and interpreted using content analysis to appropriate the nature of the collected data before emerging themes are identified using “Template analysis” approach analysis of qualitative data was done to identify similarities across several accounts as well as direction. Data was categorized into recurrent themes that seem relevant to answer the research question, descriptive analysis was made from information obtained from the questionnaires and interviews key categorical variables such as gender, education of respondents were presented in a table form. Triangulation is one of the several rationales for multi-method research and also offered the prospect of enhanced confidence. The researcher used data triangulation, which entailed gathering data through several sampling strategies, so that segments of data at different times, as well as on a variety of people were gathered.

Research results.

Data was gathered from 89 participants out of the 108 original sample size that was targeted for this study. Of this 17 respondents were interviewed while 72 returned questionnaires. This implies that the response rate was 82.4%, which is satisfactory in a survey research.

1.0: Health workers perceptions towards training programs in Buhweju District Local Government

Table 1.1: Whether Buhweju DLG holds yearly programmes for Health Workers

Responses	Frequency	Percent
Yes	47	65.3
No	25	34.7
Total	72	100

Source: Primary data, 2019

Results from table 1.1 indicate that majority of the respondents (65.3%) agreed that Buhweju DLG holds yearly training programmes for her workers. The least (34.7%) disagreed with this view. Though majority of the participants agreed that the district holds yearly training

programmes, a significant number were either not sure or didn't know about these programmes. This points to the fact that they may be there and not effectively organized.

Table 1.1: Frequency of health workers training held by Buhweju DLG (n=47)

Responses	Frequency	Percent
Weekly	2	4.3
Monthly	3	6.4
Quarterly	25	53.2
Annually	17	36.2
Total	47	100

Source: Primary data, 2019

Table 1.2 indicate that majority of the participants (53.2%) reported that training are organized quarterly. This was followed by (36.2%) who reported that they organized annually. The least (4.3%) reported that they are organized weekly. This implies that if there are health workers training organized by Buhweju DLG, most likely they are organized quarterly.

Table 1.2: Availability of training policy guiding selection of trainees (n=47)

Responses	Frequency	Percent
Yes	17	36.2
No	30	63.8
Total	47	100

Source: Primary data, 2019

Table 1.3 indicate that majority of the participants (63.8%) disagreed that there is no policy guiding selection of trainees at the district whereas the least (36.2%). This implies that whether the policy exists it is not clearly known. However, no respondent was able to mention the policy procedures as was asked in question four under this section.

These findings are in line with Habi and Sabina (2009) who stressed that management is key in the training function as they have to provide financial support, identify training needs and are the ones who know the weak and strong areas of an employee who are directly under them. They are the ones who analyses operational problems and identify those which are training problems and which are not. They also carry out training especially on the job training for employees under them and thus through the development of its people will be able to invert their time in the ‘high payoff’ management functions such as acquiring resources necessary for maximizing the group’s productivity.

Table 1.3: Reasons for organizing training programmes in Buhweju DLG (47)

Responses	Frequency	Percent
To keep health workers with up-to-date information	6	12.8
To improve on competence and skills	10	21.3
To improve on health service delivery	14	29.8

It is a motivating gap	9	19.1
To address knowledge gaps in certain fields	8	17
Total	47	100

Source: Primary data, 2019

Results from table 1.4 indicate that majority of the respondents (29.8%) reported that training are organized to improve on health service delivery. This was followed by (21.3%) who revealed that training programmes are organized to improve on competence and skills. The least (12.8%) reported that they are intended to keep health workers with up-to-date information. This is an indication that training programmes are fundamentally important towards improving overall improved health service delivery in the district.

Training need analysis is an essential prerequisite to the design and provision of effective training. The aim is to determine whether there is a gap between what is required for effective performance and the present level of performance and in case of any deficiencies revealed the causes and remedies may be various and training is only one of a number of possible solutions (Tyson, 2006)

Table 1. 4: whether training programmes contribute to health workers performance

Responses	Frequency	Percent
Yes	52	72.2
No	20	27.8
Total	72	100

Source: Primary data, 2019

Table 1.5 indicate that majority of the respondents (72.2%) agreed that training programmes contribute to health workers performance whereas the least (27.8%) disagreed with this argument. This shows that training programmes influence health workers performance.

The findings are in agreement with Behangana(2017) that providing training to health workers is a good way to help and build their skills that not only make a difference in their lives but bond them more closely to the organization. Training provides specialized technique and skills to staff and also helps to rectify deficiencies in their performance. The findings are in line with Gomez *et al* (2015) that employees want to develop new knowledge and skills in order to improve their value in the workplace and enhance their own self-esteem, therefore they must have the necessary training to do their job well or they will move to an employer who provides it as recommended by Storey and Sisson (2013) that training is sign of organization commitment to employees. In fact, many companies have discovered however that one of the factors that helps retain employees is the opportunity to learn and try new things (Logan, 2010).

Table 1.5: Perception of health workers towards training programmes (n=47)

Response	Frequency	Percent
They refresh our knowledge of practice	5	10.6

They are not up to the standard required for health practice	13	27.7
They motivate us as health workers	15	31.9
They improve on health service delivery	8	17
They are well organized	6	12.8
Total	47	100

Source: Primary data, 2019

Table 1.6 indicate that majority of the participants (31.9%) revealed that training programmes motivate them towards work. This was followed by (27.7%) who reported that they are not up to the required standard. The least (10.6%) reported that training programmes refresh their knowledge of practice. This is an indication that to a large extent health workers have a positive perception towards training programmes.

By having a training programme, then an organization is anticipating a lot of incredible results from its employees. This is due to the fact that trained employees tend to be inserted with new skills, knowledge and attitudes in fulfilling their obligations assigned from their bosses. Yet, in some cases the process of training employees is not effectively undertaken as a result has led to some poor performance portrayed by employees after the completion of training programme. As this is happening has led to complaints from employees showing that they are not satisfied with the way training programmes are done.

These findings are in disagreement with Brum (2013) who reported that training plays a key role in improving health workers commitment. The training program must meet expectations and needs of the employees. Health centres are more likely to retain employees who view their training as relevant to their jobs and subsequently have a positive commitment to their health units. A successful training program consists of management providing employees with accurate information and communication about the training as well as a program that ensures that training is relevant to their jobs. According to the findings from Buhweju District, training programmes have not lived up to the expectations of the health workers and the stakeholders as the expected outcomes have not been realized.

2.0: Nature and organization of health workers training in Buhweju District Local Government

Table 2.6: Determinants of training needs in the district

Responses	Frequency	Percent
District Health Officer	37	51.3
Ministry of health	24	33.3
District health team	11	15.3
Total	72	100

Source: Primary data, 2019

Table 2.1 indicate that majority of the participants (51.3%) revealed that the District Health Officer (DHO) is the one who determine the training needs in the district. This was followed by (33.3%) who reported that the Ministry of Health (MOH) determines the training needs in the district. Whereas the least, (15.3%) mentioned district health team. This analysis shows that the District Health Officer plays a big role in determining the health needs in the district.

Table 2. 7: Determination of employees training needs

Responses	Frequency	Percent
Performance reviews	53	73.6
After identifying the gaps within the system	8	11.1
Through evaluation and appraisal	6	8.3
When there is a new programme to be initiated	5	6.9
Total	72	100

Source: Primary data, 2019

Table 2.2 indicate that majority of the participants (73.6%) reported that training needs are identified through performance reviews. This was followed by (11.1%) revealed that after identifying the gaps within the system. The least (6.9%) reported that when there is a new programme to be initiated, there arises a need for training. This analysis shows that training needs are determined by performance review meetings.

Table 2.3: Training Methods employed by Buhweju District Local Government

Responses	Frequency	Percent
Off-the-job training	5	6.9
On-the-job training	41	56.9
Both off-the-job and on-the-job training	26	36.1
Total	72	100

Source: Primary data, 2019

Table 2.3 indicate that majority of the participants (56.9%) reported that the district offers on-the-job training. This was followed by (36.1%) who reported that the district offers both off-the-job and on-the-job training. The least (6.9%) reported that the district offers off-the-job training. This implies that the district mainly offers on-the-job training.

Table 2.4: Training Techniques employed by Buhweju District Local Government

Responses	Frequency	Percent
Sharing experiences	10	13.9
Role plays	8	11.1
Pre and posttest assessment	5	6.9
Presentation	21	29.2

Couching	12	16.7
Participatory	16	22.2
Total	72	100

Source: Primary data, 2019

Table 2.4 indicate that majority of the participants (29.2%) reported that presentation is the most prominent training technique used by Buhweju District Local Government. This was followed by (22.2%) who mentioned participatory whereas the least (6.9%) reported pre and posttest assessment as another training techniques used to train health workers in Buhweju District Local Government. This analysis shows that Buhweju District Local Government employs a number of training techniques in training health workers.

Table 2.5: Efficiency of training techniques

Responses	Frequency	Percent
Involve every health worker	24	33.3
Every trainee understands the concept	18	25
Participants gain skills	16	22.2
Intended goals and objectives are realized instantly	14	19.4
Total	72	100

Source: Primary data, 2019

Table 2.5 indicate that majority of the participants (33.3%) reported that training sessions are efficient because they involve every health worker. This was followed by (25%) revealed that every train understands the concept. The least (19.4%) reported that the intended goals and objectives are realized instantly. This analysis shows to a larger extent the training techniques are not efficient owing to the fact that they do not involve every health worker and that the intended goals and objectives are realized instantly.

This findings concur with Basaasa (2012) who noted that most employees view training as a means of achieve high morale. He found that employees who receive training have increased confidence and motivation. Lower cost of production – training eliminates risks because trained personnel are able to make better and economic use of material and equipment thereby reducing and avoiding waste; lower turnover – training brings a sense of security at the workplace which reduces labor turnover and absenteeism is avoided.

3.0: Strategies that can be adopted to improve health workers performance in Buhweju District Local Government

Table3.8: Performance of health workers

Responses	Frequency	Percent
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	Yes	No	Yes	No
Attending to all patients seeking services	62	10	86%	14%
Preference of the health unit to others	26	46	36.1%	63.9%
Responding to emergencies at the time of leaving duty/close of the day.	17	55	23.6%	76.4%
Patients complain about delays	71	01	98.6%	1.4%
Reporting for duty at the official time of work	66	06	91.7%	8.3%
Other complaints about how health workers handled patients	52	20	72%	28%
Total	72		100	

Source: Primary data, 2019

Table 3.1 above indicates that majority of the participants (86%) were able to attend to all patients seeking services at their health units. Most of the participants (92%) revealed that they always reported for duty at the official time of work. When asked what they did whenever emergencies come at the time they had to leave duty, 76% said that patients used any health worker they found. Nearly all health workers 98.6% said they heard patients complaining about delays. While 70% revealed that patients preferred their health units to others;

Results further show that 35.6% preferred public health units to others. This implies that health workers in Buhweju district local government saw relatively few patients accessing public health services.

While assessing whether health workers reported for duty at the official time of work, it accounted to 72% of the participants who revealed that health workers reported for duty at the official time of work. One of the health supervisor found at Nsiika health centre IV, however, noted that patients always complained of health workers' late reporting at work.

Table3.9: Strategies adopted to improve health workers performance

Statement	SD	D	NS	A	SA	Mean	Std.
Timely action is taken when performance falls below the acceptable levels	10 (13.9%)	30 (41.7%)	5 (6.9%)	13 (18.1%)	14 (19.4%)	1.98	.136
The performance reports are effectively used for decision-making	12 (16.7%)	27 (37.5%)	11 (15.3%)	15 (20.8%)	7 (9.7%)	2.21	.119

The health workers performance information is used to set priorities for personal improvement	19 (26.4%)	31 (43.1%)	9 (12.5%)	7 (9.7%)	6 (8.3%)	1.75	.098
The staff are involved in decision about performance improvement	21 (29.2%)	24 (33.3%)	7 (9.7%)	11 (15.3%)	9 (12.5%)	2.46	.176
My supervisors encourage me to use different ways to improve my performance	7 (9.7%)	9 (12.5%)	13 (18.1%)	25 (34.7%)	18 (25%)	3.37	.864
Rewards and sanctions are based on performance results	31 (43.1%)	18 (25%)	6 (8.3%)	8 (11.1%)	9 (12.5%)	1.29	.069
The analysis of employees training needs is based on the performance appraisal reports	17 (23.6%)	22 (30.6%)	15 (20.8%)	10 (13.9%)	8 (11.1%)	2.31	.099
The health workers are given opportunity to make comments on performance results	13 (18.1%)	11 (15.3%)	5 (6.9%)	28 (38.9%)	15 (20.8%)	3.98	.881

Source: Primary data, 2019

Table 3.2 shows that majority of the respondents disagreed with the statements put to them. This is explained by their mean which is below 3, and their standard deviations which is close to 0. The respondents' responses were as follows;

Results show that majority of the respondents (55.6%) disagreed with the statement that timely action is taken when performance falls below the acceptable levels (Mean= 1.98; Standard deviation= 0.136). This analysis shows that when performance falls below the acceptable levels, there is no timely action taken to rectify this. Also, (54.2%) disagreed that the performance reports are effectively used for decision-making (Mean= 2.21; Standard deviation= 0.119). In addition, (69.5%) of the respondents disagreed with the statement that the health workers performance information is used to set priorities for personal improvement (Mean= 1.75; Standard deviation= 0.098). the analysis on the fact that the staff are involved in decision about performance improvement was disagreed by majority of the participants (62.5%; Mean=2.46; Standard deviation= 0.176). the analysis further show that majority of the participants (59.7%) agreed that their supervisors encourage them to use different ways to improve their performance (Mean= 3.37; Standard deviation= 0.864). on the other hand, (68.1%) disagreed that rewards and sanctions are based on performance results (Mean= 1.29; Standard deviation= 0.069). It was also found out that majority of the participants (54.2%) disagreed that the analysis of employees training needs is based on the performance appraisal reports (Mean= 2.31; Standard deviation= 0.099). Finally, the findings found out that majority of the participants (59.7%) agreed that the health workers are given opportunity to make comments on the results of their performance (Mean= 3.98; Standard deviation= 0.881). these analyses show that there are minimal strategies being taken to improve workers performance in Buhweju District.

Strategies for implementing a training programme were the last issue to be examined. Respondents from two groups of ordinary employees and the heads of departments/units who were a target for this purpose were to provide the avenues to be used in the implementation of a training programme. In spite of the fact that training needs identification was done, on the other side of the coin it is reported that some of the training needs were not properly adhered as such some of the trainings provided couldn't be able to solve the performance problems at hand. Also, employees were sent to attend training sessions without a clear focus on what performance deficit existed and a need to alleviate them. In general, the participants possessed adequate skills necessary to perform their

jobs. They emphasized the importance of adequate supplies of materials to support productivity and performance. However, the results showed that the measurement of productivity of health workers was generally lacking in most health facilities. Although the health workers may have the skills, their productivity can be limited by a host of factors like lack of equipment, supplies, drugs, poor management structures and low salaries among others (Dieleman & Harnmeijer 2006; Hagopian et al, 2009). It was also noted that the health worker were almost evenly divided on how their productivity is measured. Thus, there is need to develop and communicate clear indicators for measuring productivity.

Conclusion.

According to the collected data, health workers know about training programs and why they are carried out in the district. That training is meant to enhance their performance. Most of them were quoted saying that, training would be the best technique to improve performance if it was well conducted in the district.

Results indicated that majority of the respondents were able to attend to all patients seeking services at their health units. In this case, results depict positive performance of health workers. This is in disagreement with the results according to (MOH, 2015) which noted that the performance of health workers is still below expectation. The results also revealed that health workers always reported for duty at the official time of work. This also depicts positive response to time management. This indicates that there were lower cases of health workers reporting late for duty. However, one of the health supervisors found at Nsika health centre IV noted that patients always complained of health workers' late reporting at work. This is in agreement with (Mukundane et al, 2016) who noted that time management deficits at health facilities was manifested due to health workers leaving early from duty. Such weaknesses immensely affect the quality of health care in public health facilities as well as effective utilization of health services. This study however learnt that majority of the health workers did not wait to attend to emergencies whenever their time for leaving duty clocked. This implies that health workers' response to emergencies was low. The results are in agreement with (Nafula, 2018) who noted that the status of emergency medical services in Uganda was found lacking. In addition to that, results showed that nearly all patients complained about delays and very few preferred public

health units to others. This implies that health workers in Buhweju district local government saw relatively few patients accessing public health services. This is reflected in low levels of utilization for out-patient services as public health units fail to meet the needs of the population. Sometimes, prospective healthcare consumers tend to stay away, choosing either to get self-treatment or to attend to alternative commercial sector providers (MOH, 2015).

Recommendations

In making decisions concerning training programmes, the management should make some efforts in adhering to the merits of all health workers to be trained. All health workers need to be trained especially the ones with little experience in executing the health service delivery needs to be given a priority. By doing this, the process of training in the health sector will be streamlined and made transparent.

The study suggest that in order for training programme to have desired outcomes, training needs assessment and criteria used in the selection of health workers need to adopt a “bottom to up” approach. Therefore, Human Resource Department should make sure that there are formal meetings conducted to all ordinary employees and heads of departments so as to impart knowledge on the merits of conducting training in the organization. Moreover, Human Resource Department should ensure that all published materials such as policies, rules and procedures are stored, disseminated and made available to all health workers for easy access when the health workers are in need of them.

The management should maintain all training activities by making sure it plays its position by providing a full support when it comes to the point of training its employees. The management should therefore be involved in the so called cost-sharing and doing what could reduce a burden to itself as an organization and to the individual employees as a result could lead to the organization maintaining its potential personnel in the health sector.

The stakeholders of public health units in Buhweju district should strive to keep waiting for patients seeking care.

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