

# Improving Health Staff Performance Using Standardized Performance Management Systems in Bunyangabu District Health Facilities in Western Uganda

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**Author contribution statement:** Mugisa Tony, Robert Bijja, Asiimwe Solomon and Kemigabo Catherine conceived of the presented idea. Mugisa Tony and Arsene Semana developed the theory and performed the computations.

Concept, the methodologies and followed up the ethical approval and Mugisa Tony and Arsene Semana verified the analytical methods. All the authors participated in the data collection, implementation and analysis of the data. All authors discussed the results and contributed to the final manuscript.

## Abstract

**Introduction:** The performance management concept is not new but has undergone a relatively slow development in the Ugandan health sector and lacks documented proof of practice. 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. **Aim of the study:** The study aimed to improve the performance of health workers through established performance management practices in health facilities of Bunyangabu district in order to inform and benchmark interventions. **Methodology:** A before and after study design was employed to conduct this study. Both qualitative and quantitative research methods were used to collect data from selected health facilities in Bunyangabu district, interventions which included, training, support supervision and mentor-ship were used. Pre and post intervention data was collected and analyzed using excel, stata, and epi info computer software. **Findings:** The baseline analysis showed that up to 25% of the health managers were not aware of the recommended performance management practices, 45% able to set performance targets, 20% had job descriptions, 30% had conducted appraisals and only 15% knew about the rewards and sanctions. 85% could not state the vision or mission of the organizations. The interventions applied during the study including training in performance management improved the level of awareness among participants from 75% to 95% in six months, knowledge on target setting from 15-80%, knowledge on Job description from 20-62%, knowledge in performance appraisal from 30-70%, and knowledge in rewards and sanctions from 15 – 70%. The raise in knowledge was associated with an improvement in key health service delivery indicators; staff attendance 62-88%, eMTCT retention on ART 79-88%, PNC at 6weeks 26-53%, HTS linkage 89-97%, and ART coverage 92.5 – 99.7%. The study of associations indicated that the performance management was associated with health facility performance as follows performance planning ( $r=.757$ ;  $P = 0.001$ ), performance monitoring ( $r=.692$ ) ;  $P=0.001$ ), and functional rewards and sanctions committees ( $r=.66843$ );  $P=0.000$ ). **Conclusion:** The study concludes that there is a knowledge gap among health facility managers about performance management. The study also concludes that inclusion of performance management in routine support supervision is associated with improved quality of health services and Continuous monitoring and mentor-ships influence performance among health workers.

**Keywords:** health staff, individual performance management, standardized staff performance management systems, accredited facilities, performance planning, performance monitoring, performance appraisal, rewards and sanctions

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## 1. Introduction

Performance management is one of the critical areas for the health sector to achieve better health outcomes for

all Ugandans. For some time now, the ministry of health with support from the ministry of public service has been implementing the Results Oriented management (ROM) approach to performance management in districts and regional hospital; however the framework has not fully achieved results due to the lack of knowledge and commitment on the side of the health workers and their supervisors <sup>(17),(16),(14)</sup>

The performance management concept is not new but has taken a relatively slow development in the Ugandan health sector and because of this it does not have sufficient proof evident of its practice in the health sector especially in lower health facilities<sup>(15)</sup>. Performance management is a continuous process of identifying, measuring and developing the performance of individual employees and aligning their performance with the strategic goals of the organization. This study was conducted to explore the gaps in performance among health workers working in HIV/AIDS treatment facilities in Bunyangabu district, so as to suggest strategies for improvement in health service delivery.<sup>(1)</sup> Performance management is a vital component of human resource management that ensures effective use of scarce resources <sup>(2)</sup>. Performance management is many times mistaken as merely performance appraisal but the latter is just a part of the former<sup>(4)</sup>.

Uganda has implemented health sector reforms for nearly two decades to improve access and strengthen health care systems <sup>(3)</sup>. The effectiveness of these reforms has been affected by a number of human resources management challenges including weak performance evaluations of health care workers. The value for money audit for the health sector programs that was carried out in Uganda in the year 2016 also revealed a number of weaknesses in performance management of health care workers in the districts. The audit revealed significant staffing gaps with many of the 136 districts in Uganda failing to attract and retain qualified health care workers<sup>(13)</sup>. In addition, the districts did not have clear policies on staff training, transfers and rotation and those who had did not have proof of application of the guidelines. There was irregular and inadequate support supervision, and health staff appraisals were occasional. Furthermore, many district and health facility managers were not utilizing the existing health management information systems (HMIS) to report performance <sup>(4)</sup>.

In the area of management, Uganda introduced a number of initiatives including results-oriented management, open staff performance appraisal; output-oriented budgeting; standard setting and client charters; performance agreements for senior managers, reward and sanction framework and development of hard- to-reach framework to attract and retain staff in local governments<sup>(4)(12),(10), (11)</sup>. The desired impact of these initiatives on service delivery has not been realized, particularly in the health sector; mainly since initiatives have often been implemented in a piecemeal manner and from a narrow perspective rather than a systemic approach. Therefore, guidelines have been prepared to strengthen the implementation of performance management in the health sector in an integrated and standardized manner for better health outcome <sup>(7), (8), (9)(15)</sup>.

The aim of the study therefore was to prove a hypothesis that effective implementation of performance management in health sector among health workers will facilitate achievement of results, enhance motivation among health workers, and make health workers more accountable. It was envisaged that the productivity and performance of the health workforce and the quality of health services will ultimately improve with better access, effectiveness and efficiency.

## **Methodology**

### **Study design, population and site**

A before and after study design was employed to conduct this study. Both qualitative and quantitative research methods were used to collect data from selected health facilities in Bunyangabu district, interventions which included training, support supervision and mentorships. Pre and post intervention data was collected and analyzed using excel, stata, and epi info computer software

The study was conducted in Bunyangabu district. The facilities where the study was conducted were selected purposively on the basis that they were offering HIV/AIDS services. All health facilities offering HIV/AIDS services were included in the study. The health workers in the selected facilities were selected based on their attachment to the HIV/AIDS Clinic.

The target population of the study was all health workers working full time or part time in the HIV/AIDS clinic and the Antenatal clinics in Bunyangabu district. The study population focused on health workers in facilities offering HIV/AIDS services in Bunyangabu district western Uganda. These included both men and women of all professional cadres working in health facilities as full time staff employed either by government or organization but on full time terms.

### **Research interventions included:**

In this study, evidence based interventions were implemented by the researchers to improve performance management practices and build enough capacity to improve performance. The interventions targeted areas of performance planning, performance monitoring, performance improvement and performance appraisal. Baseline information on the current performance management systems and the existing gaps was collected and the findings were used in implementation. The following activities were implemented during the study;

Conducted baseline assessment, compiled a reports, used findings to determine training needs planned and trained staff, health managers and health, oriented DHT members in performance monitoring, provided health managers with PM tools and assisted health managers to support their staff complete performance plans and conduct performance monitoring.

The researcher also established rewards and sanctions committees (RSCs), conducted meetings; supervision visits identified key indicators and developed monitoring tools for performance monitoring.

The researchers also supported facility management to constituted facility based Performance Management committees, collected data on key indicators pre and post intervention. The data was entered in stata and epi info computer software

Analysis was done to determine the association of the intervention on health facility performance

#### **Ethical consideration:**

Ethical approval was sought from the Uganda national council for science and technology, and proposal was presented to the district leaders who were asked for their permission to allow the researcher conduct the study. Informed consent was sought from all the health workers who participated in the study. Confidentiality was insured before seeking consent from the participants. To ensure anonymity and confidentiality, all transcripts and questionnaires were type with number instead of names or pseudo names where it was necessary. All participants included in the study were above the age of 18years.

#### **Participants selection and data collection:**

All the 14 health facilities offering offering HIV/AIDS services were included in the study. All professional health workers attached to ART clinics either on full time or part time basis from those health facilities were included in the study. A semi structured questionnaire was used to interview health managers, while a structured questionnaire was used to interview other health workers who are not in management positions. Data was reviewed using a checklist and an observation checklist was used to cross check the availability of the required medicines and equipment. An exit interview guide was also used on the patients to assess client satisfaction.

All the tools were translated in English and the local language and all the clients who could not express themselves in English or Rutooro were assisted in other locally spoken local languages.

All health workers who were not on full time contracts, or had not stayed on the job for more than 3 months were excluded in the study. A semi structured interview guide was utilized to stimulate participant's narration.

The interview guide was first piloted on 5 health workers from the neighboring Kabarole District on performance management in the district to ensure validity and reliability.

#### **Analysis:**

Analysis was primarily conducted by the first author (MT) recorded on questionnaires and interpreted using Microsoft excel, stata and epi-info computer software's. The translation was done by the researcher himself since he is well versed with all the local languages in the area of the study. The presentation of the study findings is in table, statements and graphs.

## **Results**

### **Social demographic Characteristics of facility managers**

Twenty managers from a total of 14 health facilities health center1V (1) and selected HCIIIs (13) were reached by the project to establish performance management practices and gaps and to benchmark interventions. Majority of the managers were male, aged 31 years and above and with Diploma level education. Further, majority were clinical officers, in-charge of HCIIIs, with 3-5 years' work experience. Their detailed characteristics are summarized below:

Variable (N=20)	Frequency	Percentage
<b>Sex of the respondents</b>		
Male	12	60%
Female	8	40%
<b>Age of the respondents</b>		
26-30	5	25%
31-35	6	30%
36-40	6	30%
41-45	2	10%
46-50	1	5%
<b>Education level of the respondents</b>		
O – level	0	0%
A – level	0	0%
Certificate	0	0%
Diploma	16	80%
Bachelors	2	10%
Masters	2	10%
PhD	0	0%
<b>Title of the respondents</b>		
Doctor	1	5%
Clinical officer	15	75%
Nurse	3	15%
Midwife	0	0%
Nursing assistant	0	0%
Administrator	1	5%
<b>Position of responsibility</b>		
DHT	2	10%
Hospital Director	1	5%
Hospital Admin	1	5%
In Charge HCIV	3	15%
In Charge HCIII	12	60%
In Charge HCII	1	5%
<b>Work experience of respondents</b>		
less than 3 years	3	15%
3-5 Years	8	40%
6-10 years	4	20%
more than 10 years	5	25%
<b>Marital status of respondents</b>		
Single	9	45%
Married	11	55%
Divorced	0	0%
<b>Additional qualifications</b>		
Added qualification after employment	10	50%
No added qualification after employment	10	50%

**Performance management practices and gaps at health sub**

Awareness and level of knowledge of health workers on the different indicators of performance management

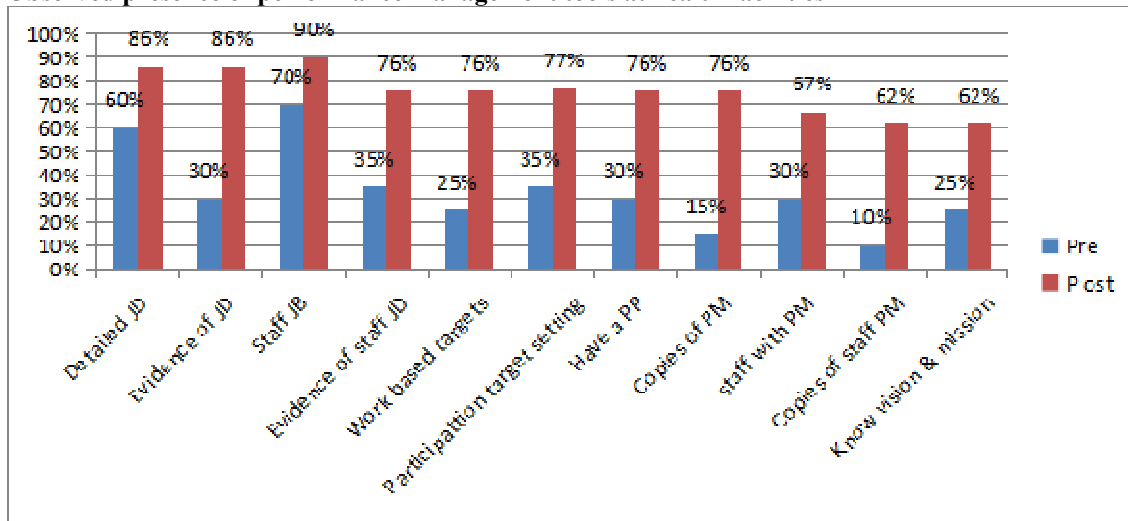
<b>Characteristics (N=20)</b>	<b>Pre, n (%)</b>	<b>Post, n (%)</b>
<b>Health managers awareness on performance management</b>		
Aware	10 (50)	19 (95)
Not aware	5 (25)	1 (5)
No response	5 (25)	
<b>Knowledge about performance management</b>		
Knowledgeable about target setting	3 (15)	16 (80)
Partially Knowledgeable about target setting	9 (45)	2 (10)
Not Knowledgeable about target setting	8 (40)	2 (10)
Knowledgeable on job description	4(20)	13(62)
Partially Knowledgeable on job description	6 (60)	3 (15)
Not Knowledgeable on job description	10 (50)	5 (24)
Knowledgeable on performance appraisal	6 (30)	14 (70)
Partially Knowledgeable on performance appraisal	4 (20)	3 (15)
Not Knowledgeable on performance appraisal	10 (50)	4 (20)
Knowledgeable on rewards and sanctions	3 (15)	14 (70)
Partially Knowledgeable on rewards and sanctions	2 (10)	3 (15)
Not Knowledgeable on rewards and sanctions	15 (75)	4 (20)

Up to 39% of the health managers said they had not been oriented on PM while 56% of their staff had not been oriented. Of those that had been oriented, only nine of the managers had been oriented on full package while for the staff that had been oriented only 13% had got the full package

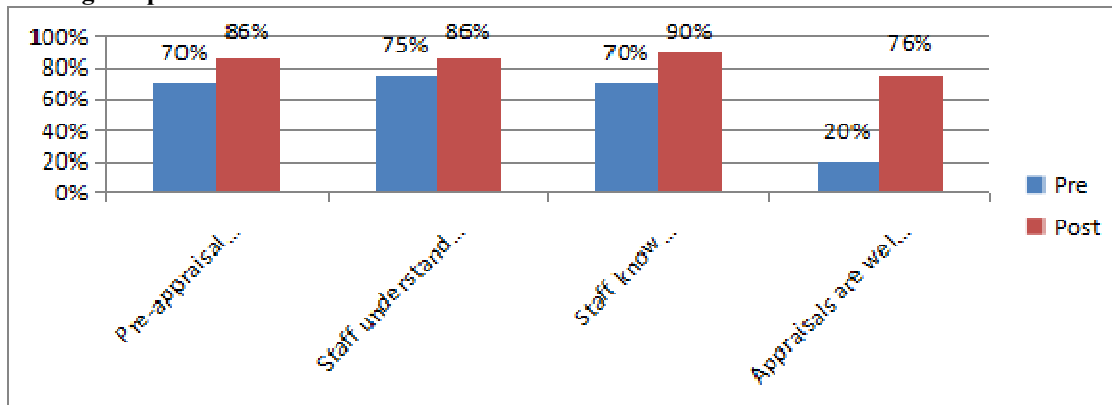
**Knowledge about performance management by health facility level**

<b>Characteristics (N=20)</b>	<b>Pre, n (%)</b>	<b>Post, n (%)</b>
<b>Health managers awareness on performance management</b>		
DHT	2 (100)	2 (100)
Hospital	2(100)	2 (100)
HCIV	3 (100)	3(100)
HCIII		
<b>Knowledge on setting targets</b>		
DHT	2 (50)	2(100)
Hospital	2 (100)	2(100)
HCIV	3(34)	3 (100)
HCIII	2 (15)	11(80)
<b>Knowledge on job description</b>		
DHT	1(50)	2 (100)
Hospital	2(100)	2 (100)
HCIV	3(34)	2(67)
HCIII	3(20)	7(54)
<b>Knowledge on performance appraisal</b>		
DHT	1 (50)	2(100)
Hospital	2 (100)	2 (100)
HCIV	1 (33)	2 (67)
HCIII	4 (33)	8(62)
<b>Knowledge on rewards and sanctions</b>		
DHT	1 (50)	(100)
Hospital	1 (50)	2(100)
HCIV	1 (33)	2 (67)
HCIII	2 (15)	7 (54)

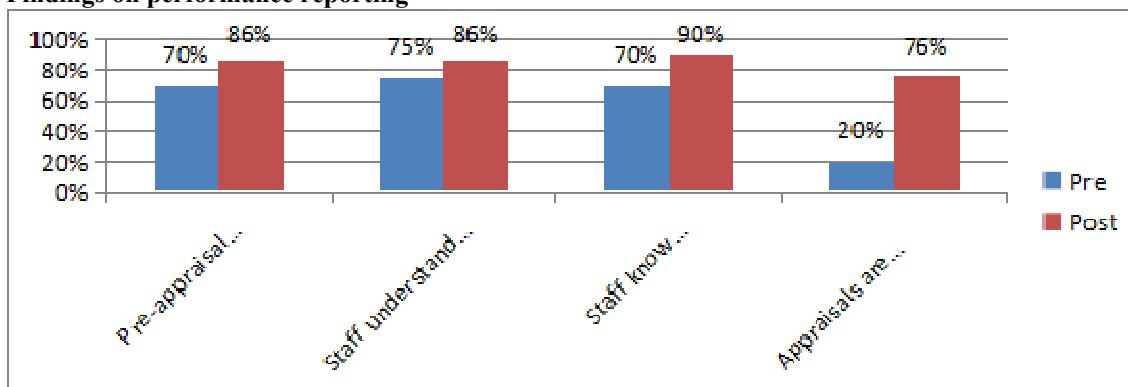
**Observed presence of performance management tools at health facilities**



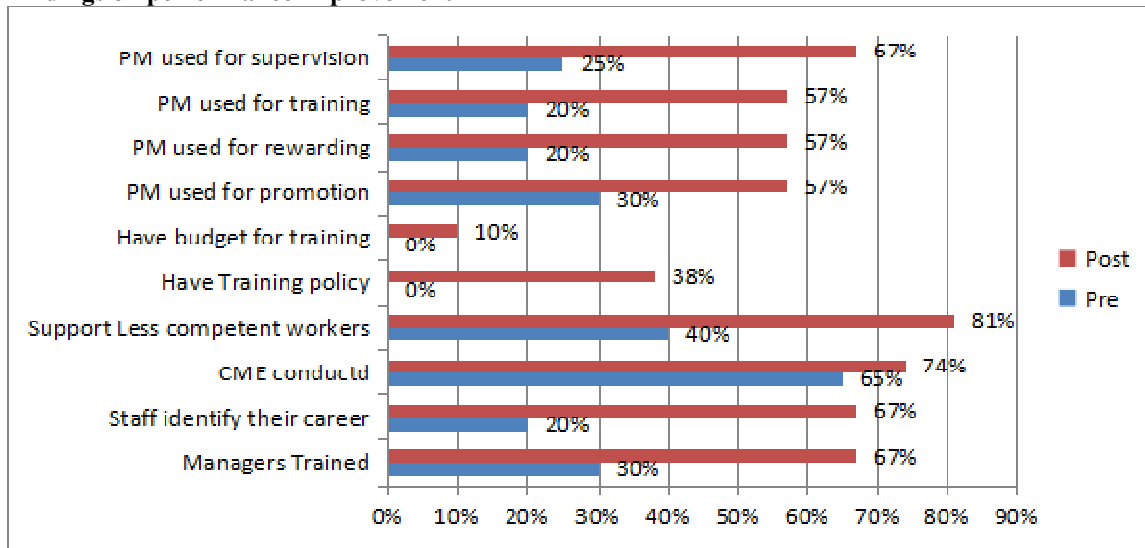
**Findings on performance reviews**



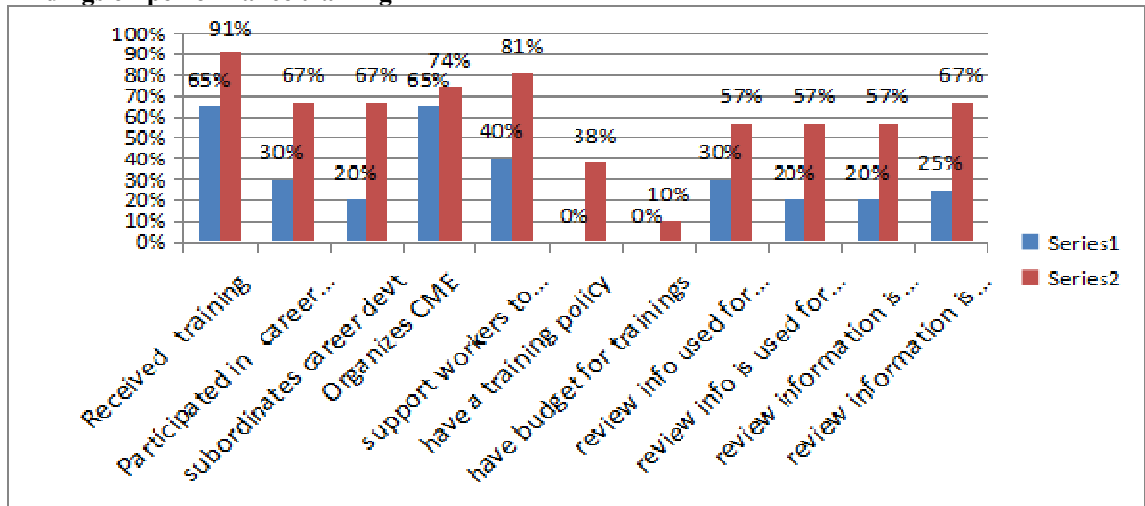
**Findings on performance reporting**



### Findings on performance improvement



### Findings on performance training



### Positive Findings and constraints of performance management practices

#### Positive findings:

60% of the health facility in charges and 70% of their staff has detailed Job description clearly detailing their management roles (70%),

70% of in charges hold pre-appraisal meetings with subordinates, and they make them understand the importance of the appraisal process (75%), provide them with appraisal forms (55%) and give them constructive feed-back (70%)

When supervisor is assessing performance health manager granted an opportunity to make comments on his/her performance (75%), allows subordinates to give feedback (70%)

Health manager and staff have easy access to supervisor in case of need for support in performance (95%) and also organize CMEs (65%)

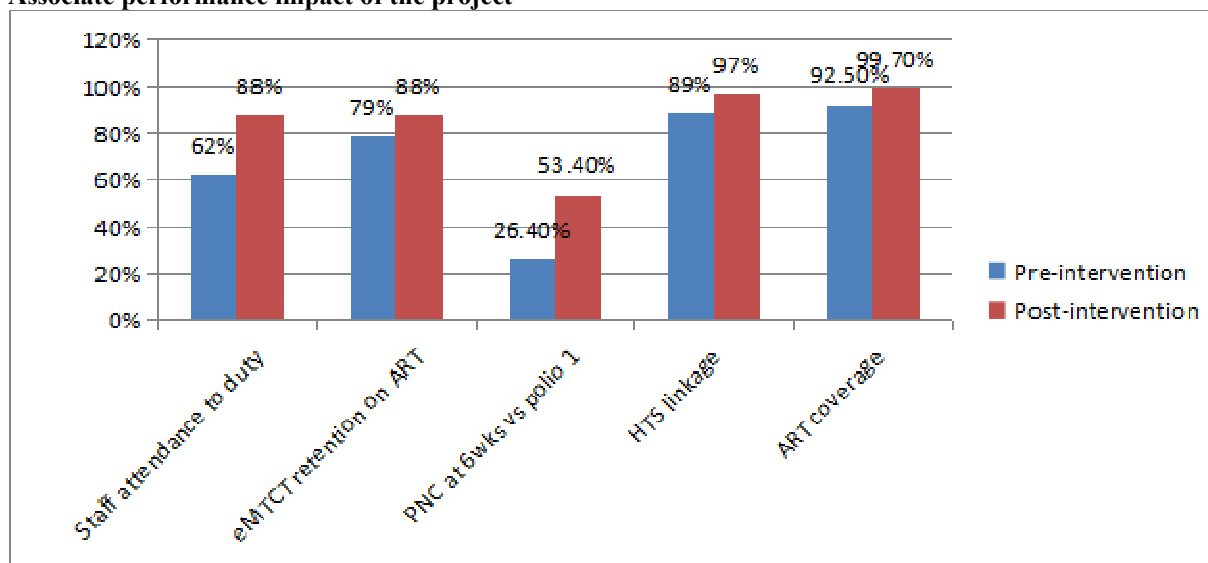
#### Constraints

Even though staff and managers claimed to have job descriptions, performance plans, only 30 and 10% had copies of the evidence respectively.

Even though in charges claimed to conduct appraisals, they did not know the vision of their organization(85%), no system of fringe benefits 90%, no incentives for good performance 80%, don't acknowledges good work 70%, staff are never promoted on time 100%, and there were no functional rewards and sanctions committees in place 90%.

Information from appraisal process did not support the staff in promotion, career development, training and rewards.

### Associate performance impact of the project



### Discussion

#### Performance management practices and gaps at health sub districts

The training in performance management improved the level of awareness among participants from 75% to 91%; this could have been up to 100% but the gap is said to have been due to absenteeism where some staff expected to attend the training did not attend. The low awareness among the staff on performance management could be the reason as to why few staff participated in the performance management activities.

The knowledge about performance management was very low among the participants that are 15% on job descriptions, 20% on setting targets for the staff, and 30% on performance appraisal. However we saw a significant improvement after the training raising the level of knowledge to 76%, 62%, and 67% in job description, setting targets for staff, and staff appraisal respectively. This is a significant indication that with trainings in performance management the knowledge on the correct application of performance management among staff can significantly improve hence improved staff performance leading to better health service delivery.

With improvement of knowledge following the training there was notable significant improvement in availability of job descriptions among the staff from 30% to 86%, filling of individual performance plans from 15% to 76%, conducting of pre-appraisal meetings from 70% to 86%, granting of appraises opportunity to make comments from 75% to 95%, institution of rewards and sanctions committees from 15% to 43%, involvement of subordinates in identifying their career development needs from 30% to 67%, conducting of CMEs in performance management from 65% to 74%, provision of training and development policy from 0 to 38%, use of performance data for supervision and support from 20% to 57%. This is an indication that with improvement of knowledge in performance management among health managers, performance among the staff will significantly improve, staff will be motivated and health service delivery will improve.

Impact of the intervention: there was significant improvement on general performance of key indicators in the facilities which can be significantly associated to the improvement in staff performance after the training. The staff attendance improved from 62% to 88% with an improvement index of 0.06 OR = 1.4 (P-value 0.01) the improvement in staff attendance could be the reason for the general improvement in the key performance indicators in the facilities under study. <sup>(5)</sup>

### 5. Conclusion

There is a big knowledge gap among health facility managers at all levels about performance management and how it can be used to motivate staff and improve health service delivery

Proper performance management leads to improved quality health services regardless of the type and level of service delivery

Continuous mentorships and inclusion of the performance management in routine support supervision can improve performance management among health workers hence improve staff availability, attitude performance

### Recommendations

The District health Team should identify a focal person among the team members who should fore see performance management

Performance management activities should be included in the routine supervision checklist tool



Trained staff should be considered as mentors and supported to move with DHT during supervision to mentor staff on performance management

Mobilize funds to train all district health staff and if possible scale up to other departments

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