

Factors Influencing the Performance of Nurses Towards Health Care Provision in Public Health Facilities: Sironko District

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Abstract

Background: Objective of study was to assess the socio-demographic, Institutional and socio-economic factors affecting performance of Nurses at public Health facilities in Sironko District. The health facilities had 60 nurses and 52 among them were interviewed representation 90% of entire nursing population at the facilities.

Methods: A quantitative cross-sectional descriptive design was employed and data collected from a number of participants was found to be valid, tallied and analyzed using the SPSS 18 software version. Data is presented in qualitative and quantitative findings in frequencies, percentages, tables, graphs and pie charts.

Results: the study found that 37(71%) of the Nurses were enrolled who provided general Nursing duties. Majority of respondents 40(76%) spent over 8 hours working which affected their performance negatively, and 52(100%) cited patient treatment as the role they performed to their satisfaction. The study found that 32(63%) nurses earned less than 500,000/= of which 40(78%) said they were dissatisfied with and yet had no institutional accommodation.

Conclusion: socio-economic and institutional factors like poor remuneration, lack of incentives, accommodation, lack of adequate equipment and supplies, affect the performance of nurses at public health facilities in Sironko District.

Recommendation: For the performance to improve employment package of the nurses including salary, a protective policy framework be revised; including provision of official accommodation, adequate equipment and supplies.

Keywords: Influencing Factors, Performance, Nurses, Care provision and Public Health facilities.

Background to the study

Nurses worldwide are among the frontline service providers contributing great percentage of the Health workforce (WHO, 2012). However, the Nursing work force shortages compounded by prevailing global economic and funding constraints pose serious challenges to nursing workforce and to service delivery globally (WHA, 2011).

In Armenia (Europe) where they have a steady and controlled population growth, prioritization of financing health programs by government, as well as good and functional health policies, their nurses enjoy the privileges of being nurses, making their health care system one of the best in the world (UNICEF, 2012).

In a survey carried out by the demographic Health Survey un Gujarat(DHS,2011) India where the population explosion overwhelms the public health human resource, causing a serious disparity of under staffing at public health facilities as an outcome, yet they remain subjected to low payment, the morale of health workers particularly nurses, is said to have declined significantly compromising the quality of nursing there.

Poor pay for heavy work load seriously caused a decline of morale among nurses in Ghana and Cote D'voire, hence compromising their out-put according to a study conducted by (AMREF, 2013). The study additionally sighted negative cultural practices where most families contented that men had to decide the direction of women including female nurses and the gender subjection of women to house hold duties, maternity and other gender-based effects, significantly compromised the performance of female nurses. Inadequate manpower, equipment and medical supplies due to limited

resources at health facilities yet there were many clients to attend to, did not only leave nurses stressed due to over working but also predisposed them to occupational health hazards due to inadequate Personal Protection Equipment (PPE) supplies (AMREF,2013).

A study carried out in 2010 by Wanjiru in Nanyuki provisional Hospital a setting similar to the proposed study are found that majority of clients at the facility were negative about health care given by health workers of the nursing cadre. They said most nurses were rude, while others cared less for patients (Wanjiru, 2010).

In Uganda according to the Ministry of Health (2013), despite improving the welfare of nurses who work in public Health facilities by providing lunch and hard to reach allowances, accommodation and general increment in the nurse's basic salary pay, many of them still cannot cope considering their big extended families. Nurses continue to be rude and abusive to the patients to the extent that they ask patients why they come late to the health facility.

Problem statement

In Uganda, Sironko district inclusive, patients express their dissatisfaction with services offered by Nurses citing late arrival and early departure from duty, rudeness and the negligent way of behavior towards them. Patients are not given complete course of drugs or not actually given at all on the pretext that they are out of stock and they do not follow standard operational precautions. And this happens to be the trend in majority of the health facilities in the district. This may not be nurse's problem but the institution's and this happens to be the trend in most public health facilities in the district.

No study has been carried out in Sironko district to establish the social demographic and economic factors that influence the performance of nurses towards health care service delivery in the public health facilities.

Purposes of the study/ general objective

The purpose of the proposed study was to identify the factors influencing performance of nurses towards health care provision in public health facilities in Sironko District

Specific objectives

The objectives of this study were

- 1.To find-out the socio-demographic factors that influence the performance of nurses towards health care delivery among Sironko district public Health Centres.
- 2.To identify the Institutional factors that influence the performance of nurses towards health care delivery among Sironko district public health Centers.
- 3.To determine the socio-economic factors that influence the performance of nurses towards health care delivery in Sironko district public health centers.

Research questions

This study sought to answer the following questions.

- 1.What socio-demographic factors influence the performance of Nurses towards health care delivery among Sironko district public Health centers?
- 2.What Institutional influences the performance of Nurses towards health care delivery at public Health Centers at public Health Centers in Sironko District?
- 3.What socio-economic factors may influence the performance of nurses towards health care delivery among Sironko district public Health Centers?

Significance of the study

The study was to help revive the performance of nurses to a good functional state and to a great extent guarantee their effectiveness.

The research study helped to inform Sironko District Local Government about performance problems and develop strategies to minimize them.

The research was also meant to inform the policy makers to find ways to curb the present undesirable situation and to understand pertinent motivational issues in regards to performance by nurses. The research study purpose is to be used for the award of bachelor's degree to the researcher.

Justification of the study

Despite Uganda Government efforts with the support of development partners to provide quality health services for all, HIV/AIDS new infection rates continue to rise; child mortality and morbidity remains a threat; poor maternal health prevails; and on a large scale infections as a result of easily preventable diseases continue to rise as well, and these are evidently seen at all health facilities within the Country. This scenario raises questions about the factors that influence the attitudes of health workers especially nurses who constitute two thirds of the entire technical man power force worldwide (WHO,2008).

Findings from this study will identify core causes of the poor performance of the Nurses in the course of health care delivery as well as recommendations to address these causes.

Literature review

In this literature review of relevant articles, journals, books, research reports and other information sources will be conducted with the aim of establishing and identifying available evidence on factors affecting the performance of nurses. Information sought is presented in relation to study objectives which include; socio demographic, institutional and economic factors affecting the performance of nurses.

Socio-demographic factors affecting the performance of nurses

Nurses

According to Helen et al, (2011), young female nurses were more responsive to their patients as compared to their older counterparts; this was probably because they were eager to acquire experience. Another study by Kamatesi in Western Uganda concurred with Helen, the study found older women overwhelmed with family problems and obligations, and this included both married women and single mothers (Kamatesi, 2011).

Gender issues

Worldwide different cultures influence the performance of health workers including nurses according to Speziale and Jacobson 2011). The study established that globally the nursing profession had been perceived as a feminine profession, yet females were considered the inferior sex by many of these cultures in the study setting in India, Sub-Saharan Africa and Latin America. As a result, most of these nurses find their way abroad for better social security.

Similarly, studies carried out by Baumann et al (2008), on how culture affects the performance of nurses in England, Germany and Saudi Arabia; it was established that some cultural practices marginalized women therefore many immigrant female nurses were going from Saudi Arabia to Britain not because of social economic gains but mostly because of preference for the English culture which respects gender equality. The study cited nurses who migrate as those coming from wealthy families in Saudi Arabia to work in United Kingdom and the United States; however the study also cited that most Germany nurses were quite contented with their culture as well as their economic status so they so they preferred to work at home like, while in Saudi Arabia like many other Arab countries, despite coming from oil rich families, nurses were migrating to the USA and UK due to preference of living in western cultural life style.

Religion

According to Kagwa et al (2010), nurses with a background of commitment to religion were found to be morally upright and were more likely to handle their patients well.

Traditional rituals/negative cultural practice

The UNESCO (2009) report indicated that most nursing migrants do not only seek better pay but shy away from the prevailing negative cultural practices in their countries in preference for western cultural life styles. Similar cases were cited in Sub-Saharan Africa where female genital mutilation and gender-based violence were cited as diversionary factors in the performance of nurses in their local environment.

A related study by AMREF (2012), revealed that negative cultural practices were most families contended that men had to decide the direction of women including female nurses and the gender subjection of women to house hold duties, maternity and other gender-based effects significantly compromised the performance of female nurses.

Family obligations

A study carried out by OXFAM (2009) Bududa District found that obligations to the nuclear family especially among female nurses were highly demanding; local traditional like attending burials, marital introduction and wedding ceremonies, circumcision, enthroning heirs and other cultural rituals tended to interfere with the duties of nurses, they occur quite often and by various close relatives. Attending such functions was a must or else you are regarded a family out cast. The study also found that many nurses had big extended families were nephew's nieces whose parents had died as result of HIV/AIDS.

However, in Uganda according to the MOH (2008), policies to address cultural practices that negatively influence the performance of health workers including nurses are in place, citing the Public Health Act (PHA). Ministry of Gender and the Domestic Relations Bill.

Understaffing and inadequate supplies

A survey carried out in Gujarat, India where the population explosion overwhelmed the public health human resource particularly nurses, caused a serious disparity in the health worker to patient ratio at 1:800,000, which was the major reason for understaffing at public health facilities as an outcome. In 2010 there was a very low nurse to patient ratio of 1:11,000 in Uganda (UBOS, 2012) Statistical Abstract p. 29.

Despite the increased demand due to the increased number of clients and highly infectious diseases like HIV/AIDS and Hepatitis-B inadequate medical supplies like Personal Protection Equipment (PPE) left nurses at high risk of occupational health hazards and safety (DHS, 2010).

Low pay and poor motivation

Similarly, a study carried out among 103 nurses in Kenya to determine the factors affecting performance of nurses in the public health sector, results revealed that low salaries, poor communication channels and use of poor technologies led to provision of low-quality health care services (Wanjau, Wangari, Ayodo, 2012).

The situation in Uganda is not different; a study conducted by Kiapi, (2010) stated that nurses in Uganda were facing a big challenge of accommodation. In many districts, health workers like midwives and nurses have to find accommodation for their families or themselves when posted. Others have failed to show up for emergencies due to lack of transport and long distances between their homes and the health centre. A case in point was when 40 health workers including midwives and nurses in Masaka District were sleeping in health centre wards because of lack of accommodation. This greatly compromised their performance and the outcome of patient care.

Leadership and management

Effective management was mentioned as an important enabler of quality from the perspective of providers, managers, policy-makers and payers. "Everything in the hospital is affected by the management (Mabonga, 2010).

Poor leadership and management led the Medical Officer In-charge Budadiri Health Centre, Sironko District to brand all his subordinate's thieves before inciting the community to attack them

and a lot of property belonging to the staff and the hospital were destroyed. Consequently, this has demoralized all the staff who have all laid down their tools and demanded for transfer.

Infrastructure and human resource development

In fact, a World Bank (2009), report indicate that there was close co-relation between investing in public infrastructure and human resource development in achieving the MDGs/SDGs. The report further indicated that service delivery, continued training and research and addressing the existing gaps in staff welfare were key priority areas of investment, sighting training of community health nurses among other health workers, but however these were still a long way to be achieved in East Asia. Latin America and Sub-Saharan Africa while in Armenia where they have a steady and controlled population and economic growth, as well as good and functional public health policies, their nurses enjoy privileges of being nursed, making the health care system there one of the best in the world (UNICEF, 2008).

Governance and policy

A study carried out by IOM (2010), revealed that there was increased immigration of nurses from impoverished countries of the Caribbean, Sub-Saharan Africa, Asia and Latin America seeking better paying jobs in Europe and USA. Similarly, a per presented by Liese, Blachest, Dussault, (2009) at Washington DC, indicated that the Human Resource Crisis in Health Services in Sub-Saharan African in mostly caused by poor governance, graft, armed conflict and subsequent poor economic performance. Furthermore, the report mentioned brain drain in the nursing sector citing tha nurses leave their jobs for better pay abroad.

This is in contrast with a study conducted by Bucha and Sochaski (2009), which revealed that brain drain from Philippines to Hong Kong is as a result of frequent armed conflict not only causing poor economic performance but insecurity as well, nurses there flee from their country to find peace in neighbouring countries. A related study by Kober and Van Damme (2010) in Swaziland revealed that nurses do not only abandon their career to South Africa for better pay, but also because of gender based violence and marginalization subjected to women in the country who include female nurses was the other reason why the migrate to seek social security.

National economics

The study conducted by Helen et al., (2011), revealed that nurses in Malaysia received much less pay as compared to other cadres of health workers moreover they do donkey work, yet they are subjected to harassment by their superiors, they said this greatly demoralized them and sometimes forced them to abscond from official duty in order to find additional income.

A study carried out by AMREF (2012), in Ghana and Cote D'voire revealed that low developing economics; poor governance; non-prioritization of investment in health and poor social service infrastructure development as major causes that undermine quality of health care on the continent. The study further pointed out that poor pay for heavy work load seriously caused a decline of morale among nurses, hence compromising the quality of their health care services out-put, while inadequate manpower, equipment and medical supplies due to limited resources at health facilities yet there are many clients to attend to, do not only leave nurses over stretched, and stressed, but also compelled them to making accidental mistakes on patients as well as predisposing them to occupational health hazards.

The situation in Uganda is not different, a study conducted by MOH (2010), revealed that despite improving the welfare of nurses who work in public facilities, many of them still cannot cope considering their big extended families. Housing for residential accommodation is provided to only a few people while the rest have to commute long distances spending a lot of time and money in transit. However, despite government strategy to improve on health service delivery consistent with the Uganda National Minimum Health Care Package (UNMHCP), there is still a big gap in regard to addressing the requirements of nurses in order to enhance better performance

Methodology

Study design

This was a descriptive cross-sectional study, and employed both quantitative and qualitative methods of data collection. The researcher chose to use this design because cross-sectional studies are snap-shot, that is, they take the shortest time. They involve data collection only once in the study time, and the time they take is comparable with the sort time designated for researcher by the college curriculum.

Study setting

The study took place at Sironko District Health Centres, in Eastern Uganda which included 12 health centres 3s, 9 health centres 2s and 2 health centres 4s in the sub counties of Buwalasi, Buteza, Buwasa, Sironko Town Council, Busulani, Bunasifwa, Butandiga and Budadiri. Each health centre 4, served as an average of 100 – 200 out-patients, on daily basis with an admission capacity of 30 patients each, although in most cases they admitted between 30 to 40 with many sleeping on the floor. There are 60 nurses who work in the different health facilities majority enrolled nurses, registered officers. The Health Centre IIIs served about 60 to 90 patients on daily basis including some Health Centre IIs.

Sironko District is 180 kilometers from Kampala the capital city of Uganda. The main economic activity is predominantly agriculture and local language spoken is Lumasaba. It is bordered in the North by Bulambuli, Bukedea in the West, Mbale District in the South and Bududa District and Mt. Elgon in the Eastern Uganda. The services provided included: majority OPD where patients examined and treated, laboratory units which conducted laboratory tests. The health facilities also provided MCH, Family Planning (FP), HIV/SIDS/EMTCT services, among others. The study setting was chosen because the health centres put together had a big number of nurses which availed the researcher with a big sample size to select from.

Study population

The study was carried out among general and registered nurses (male and female), working in Sironko District Health Centres during the study period because nurses worldwide are among the frontline service providers contributing a greater percentage of the health workforce.

Sample size determination

The sample size was determined from a study population of 60 nurses (got from district HMIS focal person), using Krejci and Morgan Table 1970, attached in the appendices that gave a sample size of 52 nurses.

Sampling procedure

The researcher used a simple convenient method to choose the respondents since each health facility had between one to five nurses. Only respondents who were present and willing to participate were included in the study on day of data collection and the process was done for 10 consecutive days in which 5 respondents were interviewed on each day. This was because the researcher had to wait for the respondents to first finish or reduce on the work, they were doing in order to be interviewed as they were at most health facilities.

Inclusion and exclusion criteria

The study included registered and enrolled nurses working in Sironko public health facilities and only those who consented to be interviewed and were available during the days the researcher collected data.

Those who were unwilling, not available due to annual leave, maternity leave, off duty, sick leave is excluded from the study.

Definition of variables

Variables can be defined as characteristics of interest that a researcher would like to handle, observe or manipulate in the research

The independent variables

An independent variable is one that can be manipulated to determine the value of a dependent variable. And this study included social demographic and economic factors such as salary payment, and institutional factors, like provision of equipment and medical supplies, manpower.

Dependent variables

These included performance of nurses at Sironko District Health Centres by use of a standard questionnaire.

Research instruments

The researcher employed in this study a structured self-administered questionnaire in English language designed for collecting and recording data. The design of the questionnaire was guided by the objectives of the study and the literature review; which included open-ended and closed-ended questions. The questionnaire was used because it was the simplest and least expensive method of obtaining information from large numbers of subjects. It permitted anonymity and resulted in more honest responses. The instrument also enabled the researcher to capture all categories of respondents regardless of their educational background, religious and financial status.

Data collection procedure

Upon receiving an approval letter from Health Tutors' College Mulago, researcher got approval from the Chief Administrative Officer Sironko District. Permission was granted by the various health facility in-charges. The researcher trained 3 research assistants who helped him in data collection and analysis. Then the data was collected on daily basis from the respondents who passed the inclusion criteria.

Validity and reliability

To ensure validity and reliability of the tool, the researcher undertook certain measures. For the purposes of quality control, the researcher pre-tested the questionnaires at Komamboga Health Centre III which had a setting similar to health facilities in Sironko District before actual data collection. Data was analyzed and then adjustments be made accordingly. A questionnaire was checked for data accuracy, consistency, quality and completeness and to correct any mistakes.

Data management

Data editing

After every interview, the questionnaire and data were thoroughly checked for completeness.

Data storage

Data was kept under lock and key. The keys were always kept by the researcher. The researcher pass-warded his computer. All these were done to prevent anyone from altering the data before and after analysis respectively.

Data cleaning

The data was kept in a wide envelop to keep it from dirt as it awaited analysis.

Data processing and analysis

Data checking was done immediately. Then data coding and entry followed. Data processing was done by the researcher using computer software SPSS version and Excel. Thereafter data was analyzed by use of descriptive statistics. Analyzed data was presented in form of tables, bar graphs, line charts and pie charts. Qualitatively the findings were critically analyzed and narrated.

Ethical considerations

The proposal was presented to Health Tutors' College Mulago Research Committee for approval. The researcher carried an introductory letter from the Director, Health Tutors' College Mulago to seek permission from Sironko Chief Administrative Officer. Informed consent was obtained from all the study respondents,

Confidentiality of information was ensured throughout as respondents were not required to write their names on the questionnaires were securely and safely kept by the researcher. Also, a covering letter was attached on the research tool. It gave proper explanation to the respondents about the purpose of the study. Participation was by request and voluntary hence respondents made informed decision prior to consent. Each respondent/participant was free any time to withdraw his/her participation from the study. Informed and written consent was obtained from the respondents before participation. Privacy and confidentiality were respected and no names of respondents were recorded.

Study limitations

Scarcity of funds was a key constraint. This was addresses through seeking for financial support from my spouse and friends which enabled the researcher to complete the study within the limited time.

Uncooperativeness of respondents was overcome by categorically explain the purpose of the study and giving assurance of high level of confidentiality.

Dissemination of results

After data analysis, all the results obtained upon approval by the Supervisor, five bound copies were made and submitted to the following: Makerere University, Health Tutors' College Mulago, Sironko District Administrative Officer and a one copy was retained by the researcher.

Presentation, interpretation and analysis of findings

Section A. Demographic data

A total sample size of 52 nurses was interviewed and information from all the questionnaires was found to be valid.

Majority of the respondents 28 (54%) were Gishu; followed by 12(23%) Itesotis and more than a half 35(67%) were married. Greatest proportion of respondents 47(90%) were Christians. Predominantly 39(75%) respondents provided general nursing care and a significant number 37(71%) were Enrolled Nurses, while Minority 1 (2%) were Senior Nursing Officers.

Majority of respondents 24(47%) said they had to travel long distances to meet their families.

Section B. Institutional factors

Distribution of respondents according to hours spent at Health facility.

n=52

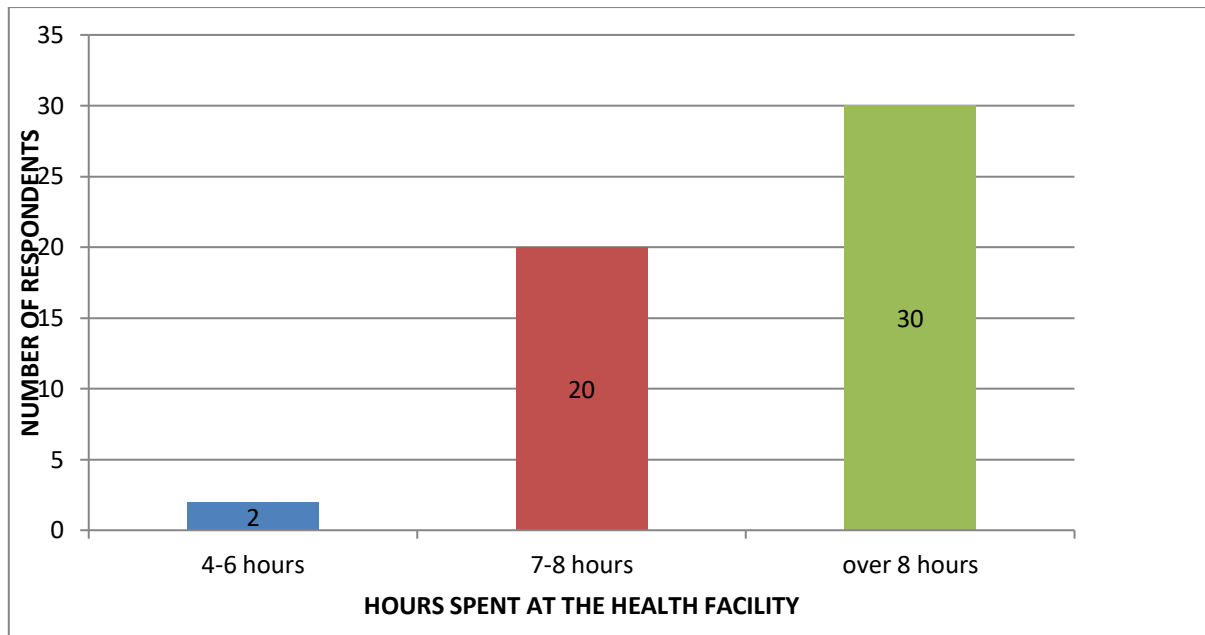


Figure.1

Majority of respondents 30(58%) said they spend over 8 hours at the health facility.

Distribution of respondents by their socio-demographic characteristics

Table 1

Characteristics	Frequency (N=52)	Percentage (%)
Gender		
Female	39	75
Male	13	25
Age		
18-30 years	20	39
31-43 years	19	37
44 and Above	13	26
Marital Status		
Single	15	29
Married	35	67
Widowed	1	2
Divorced	1	2
Cadre		
Senior Nursing Officer	1	2
Nursing Officer	14	27
Enrolled Nurse	37	71
Family Obligations		
Time with the Family	10	19
Providing basic needs	18	35
Travelling to meet the Family	24	46

Majority of respondents 39 (75%) were female and most of respondents 20 (39%) were aged 18-30, followed by 19(37%) aged 31-43. A significant number of respondents 28 (54%) were

Distribution of respondents according to how the working hours affected them

Table 2 n=52

Effects	Frequency	Percentage
Positively	10	20%
Negatively	26	50%
Not affected	16	30%
Total	52	100%

Half of respondents 26(50%) said performance was negatively affected by the long working time.

Distribution of respondents according to number of clients they attend to

N=52

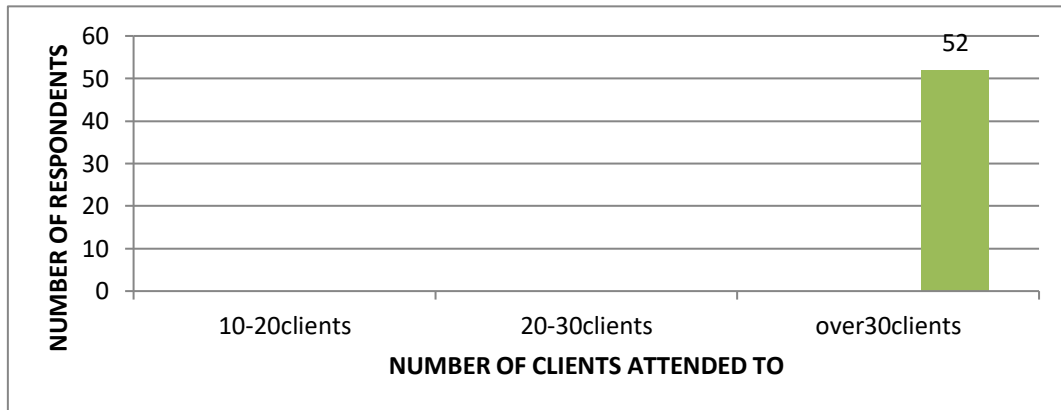


Figure. 2

All respondents 52(100%) said they attended to over 30 clients daily.

Distribution of respondents according to working relationships.

N=52

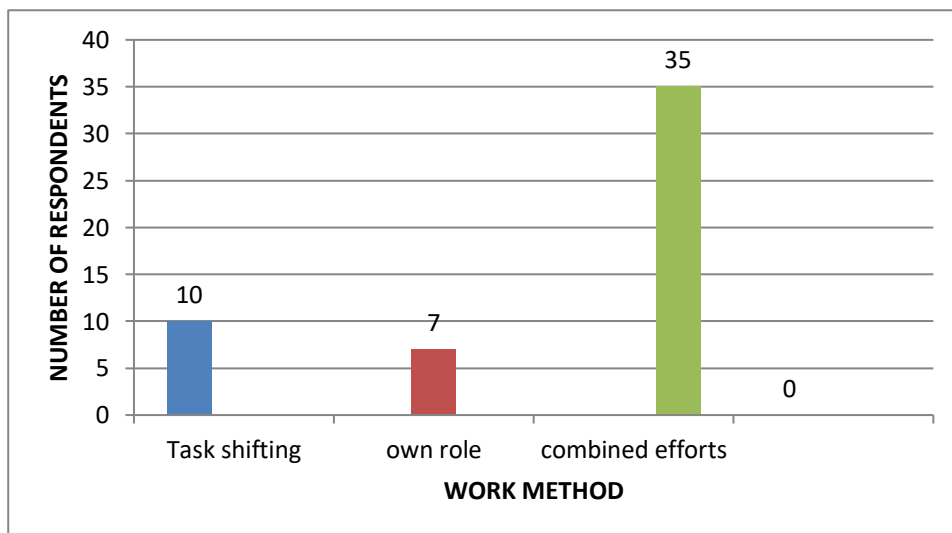


Figure 3

Majority of respondents 35 % (70%) said the work method they use is through combined efforts.

Distribution of respondents according to the incentives they receive.

n=52

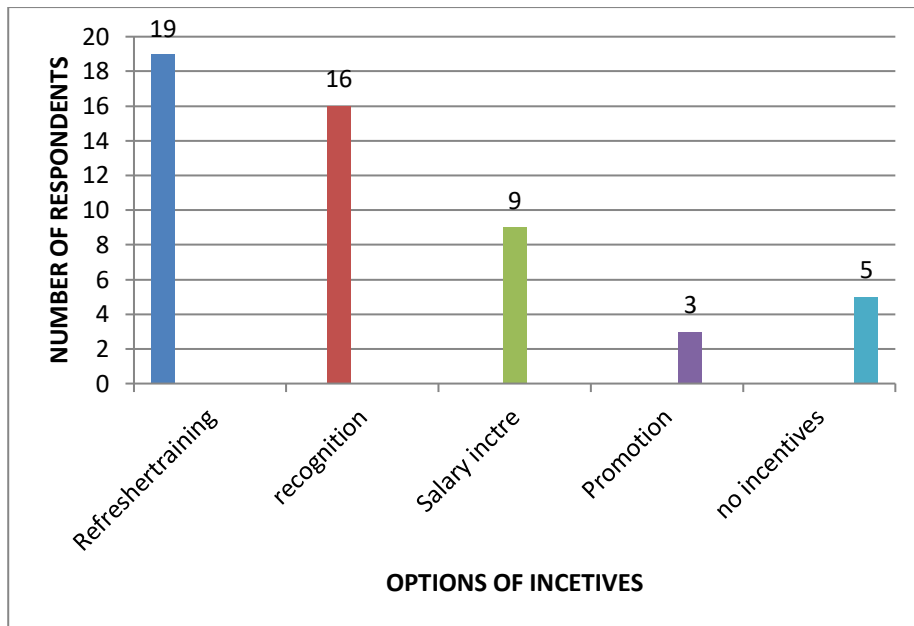


Figure 4

Distribution of respondents according to common occupational health hazards that affect the performance of nurses.

n-52

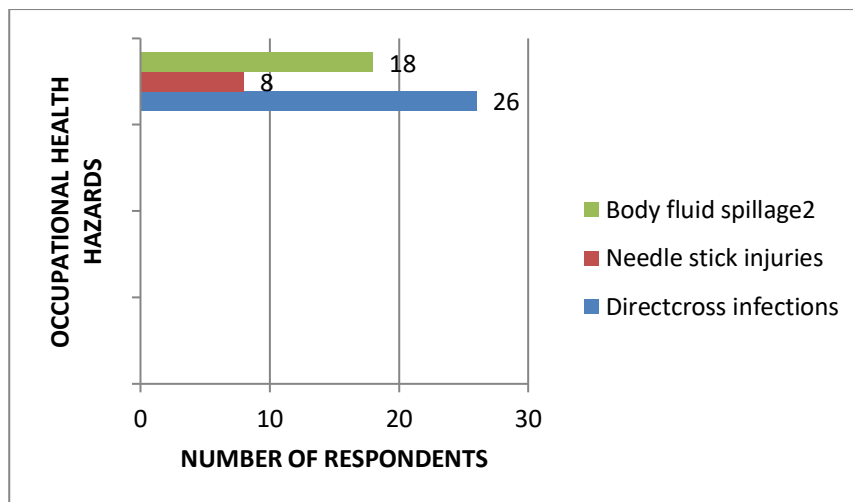


Figure 5

Majority of respondents 24(47%) said they last had refresher training 12 months ago.

Section C. Socio- economic factors

Respondents according to how much they earn.

n=52

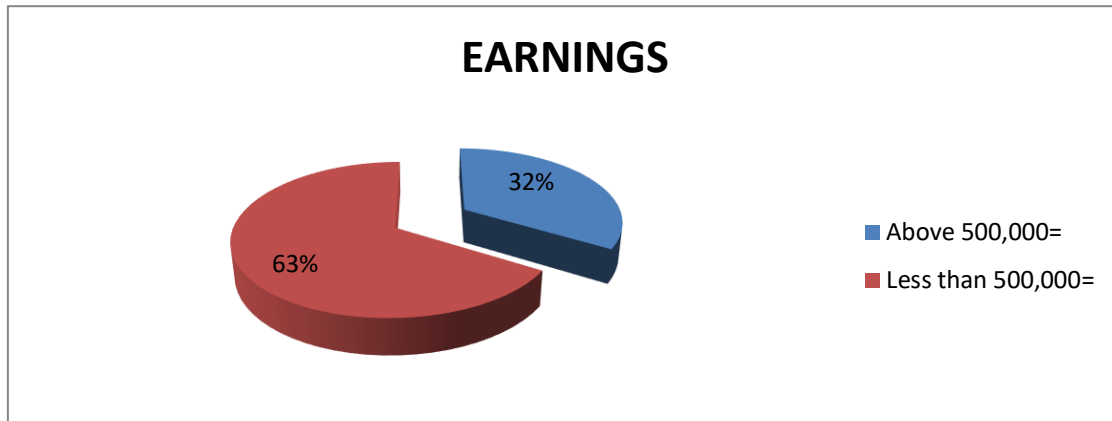


Figure 6

Majority of Respondents 32(63%) were earning less than 500,000=

4.2.1 Respondents according to residential status, distance from home to workplace, and how transport affect the performance of Nurses.

Table 3

n=52

Category of residence	Frequency	Percentage
Tenant	38	75%
Institutional House	7	13%
Family House	4	7%
Personal House	3	5%
Total	52	100%
Distance to work		
500-1000 Metres	26	51%
2-5 KM	4	7%
6-10KM	9	17%
Above 15KM	13	25%
Total	52	100%
Cost of transport per day		
None	4	7%
Less than 5000=	11	21%
5000-10,000=	23	45%
Above 10,000=	14	27%
Total	52	100%

Majority of respondents 38(75%) were tenants, yet 7(13%) were living in Institutional houses. More than half respondents 26(51%) lived in a range of 500-1000 meters, and a significant proportion of respondents 23 (45% were spending 5000-10,000= on transport

Discussion, conclusions and recommendations

Socio-demographic characteristics of the respondents

Majority of respondents (75%) were female while minority (25%) was male. This is in agreement with studies carried out by Speziale and Jacobson (2011) which established that worldwide the profession of nursing is still widely perceived as a feminine profession, yet may women in the same parameter were subjected to domestic violence according to results from this study was ruled out as one of the significant factors that affect the performance of nurses at public health facilities in Sironko District.

Marriage in Uganda despite its other hidden problems is regarded a special status in social cultural life, women aged 25 years and above are very likely to be married and those who are living a single mother are likely to be widows or divorcees. This study therefore discovered that 67% of the nurses aged 25 and above were married which rule out marital status being factor affecting health service delivery.

This study found out that low pay among the younger nurses either forced them to go to the private sector or leave the country for better pay. Bucha and Solashaski (2009) in their study say that the major cause of brain drain among nurses from Philippines to Hongkong is for better pay. This agrees with the findings in this study.

This study found that low pay demoralized most nurses especially in circumstances where they are subjected to handling many patients/clients and working for long hours. WHO (2009) Report, Geneva cited that poor motivation of nurses seriously caused low working morale among them, subsequently compromising their performance and generally the quality of health service delivery. This was most in Eastern Asia, Latin America and Sub-Saharan Africa.

Institutional factors that affected the performance of nurses

The study found that working over 8 hours was too long. Consequently, the study also established that the nurses attended to a big number of clients. In these circumstances the study revealed that working for long hours stressed many nurses and they were bound to make accidents that could affect them or their clients. A study by AMREF (2012) agreed with this position.

The study found that the number of patients seen overwhelmed them and compromised the quality of their performance especially those who are towards the end of the queues, 74% were attending to over 30 clients DHS (2010) Survey in Guard, India which agrees with this finding revealed that population explosion at under staffed health facilities overwhelms health workers and compromises quality of health care provided to patients. This study found that equipment utilized by health workers at the study setting was inadequate; on the contrary 71% said they had adequate supply of drugs. Additionally, there were no incentives to motivate them, not even first aid kits or compensation policy in place to cater for them in case of injury on duty, and these factors affected their role as nurses.

This study found that welfare of Junior Nurses as compared to other health workers at the study setting was not addressed and this destroyed the spirit of team work, apart from lack of incentives the study found that other job-related challenges were not addressed. Additionally, the study found that the superiors of nurses were rude to them and these factors affected their role as nurses. Personnel related problems, bad working condition and some poor policy affect health service delivery.

The study found that only Unit In-Charges/Matrons and some few Senior Nursing Officers were entitled to incentives, depending on their roles. This was likely to cause a grievance among the rest of the nurses. As cited by Sigh et al (2012), performance of nurses in Pakistan improved when government increased the living wage, provided accommodation, lunch and overtime allowances. This makes poor pay a factor that can affect the performance of nurses.

Socio-economic factors that affected the performance of nurses

This study revealed that even if pay increase and incentives were to be provided the Ugandan culture of living with large extended families would not allow a significant change in regard to improving the quality of life. This therefore means the performance of the nurse remains affected in the socio-economic context MOH, (2010). However, on the contrary a study conducted by Helen et al (2011) cited that despite being the least paid in Malaysia, nurses remained committed to their work. This suggested that they were either patriotic, got their priorities right, or had positive cultural values that provided an enabling environment for survival despite their little pay.

Conclusions

Long working hours, under staffing and inadequate equipment and supplies significantly affected the performance of nurses. Inadequate PPE exposed nursed to occupation health hazards. While lack of refresher training, poor communication as well as poor motivation by supervisors affected the

performance of nurse's low pay lack of institutional housing and high transport costs caused job dissatisfaction.

Recommendations

The government should improve the working terms and conditions of nurses by providing housing, reducing working hours and increased pay, to invest more in employing more nurses and buying adequate equipment and supplies including PPE. The Ministry of Health should program to make regular refresher courses for nurses of the lower cadre in order to improve their skills as well as management training for supervisors focused on motivating their subordinates.

Area for further research

A study about the factors that affect the performance of nurses, a case study among nursing supervisors and A study about the causes of health service dissatisfaction among clients at public health facilities are recommended.

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