
**FINANCIAL REWARD AND PERFORMANCE OF HEALTH WORKERS IN GOVERNMENT
HOSPITALS IN UGANDA: A CASE OF KIRUDDU HOSPITAL**

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ABSTRACT

The study examined the effect of financial rewards on performance of health workers in Government Hospitals in Uganda. A case of Kiruddu hospital. The study was anchored on two specific objectives, namely: to examine the effect of direct financial rewards on the performance of health workers at Kiruddu hospital and to examine the effect of indirect financial rewards on the performance of health workers at Kiruddu hospital. A cross-sectional research design using a convergent parallel mixed methods approach was used to answer the study questions. A sample size of 169 respondents was considered for the study, 155 respondents participated, giving a response rate of 92%. The study established that financial reward practices (direct financial rewards and indirect financial rewards) have a statistically significant relationship and significantly positively affect performance of health workers at Kiruddu Hospital. The study found out salary at Kiruddu Hospital is paid promptly and on time and that Kiruddu Hospital offers a wide range of indirect financial rewards to health workers ranging from health insurance, housing and transport allowances. It was also revealed that health insurance is only given to few family members of health workers, leaving out majority of the family members from benefiting, paid training opportunities at Kiruddu hospital are discriminative hence not all staffs benefit from them. The study recommends that; Top leadership of Kiruddu Hospital and the Ministry of Health to review the existing direct financial reward systems by benchmarking with private hospitals and other Government Hospitals in the region, introduce performance based pay system that clearly and directly links direct financial rewards to performance, increase salaries of health workers annually, prioritize recruitment of more health workers and equip all Government hospital with all sorts of medicine so that patients are not asked to buy anything.

Key words: financial reward, performance, health workers and government hospitals

Background to the study:

Agbenyegah, (2019) defines monetary rewards as extrinsic rewards that are external to workers and are provided through the organization or someone else (Alex & Kazaara, 2023). Agbenyegah, (2019) classifies financial rewards as direct and indirect compensation. Direct incentives are those rewards that can have immediate money concerns, such as wages and salaries, bonuses, allowances, commissions, character and institutional incentives, revenue sharing, and stock options. oblique incentives are those rewards that may be associated with personal blessings or benefits (Ramadhan et al., 2023). It includes protection packages, paid time off work, health insurance plans, childcare benefits and downsizing (Agbenyegah, 2019). The International Fitness Agency (2019) defines the total performance of medical experts as the mix of a group of workers who are available, equipped, efficient and responsive. Availability includes constructs such as standby time, staffing ratios, off-peak hours, workforce turnover and healthcare worker attendance (Richard, 2022). Competence includes constructs such as prescribing practices, adherence to protocol during analysis, and conversation with patients. productivity includes occupancy charge, ambulatory visits and interventions provided per worker or facility, and contacts per patient. Ultimately, responsiveness is consumer satisfaction, chargebacks and cross-infections, and fatalities (K. Paul et al., 2023). Kiruddu National Referral Hospital is established under Schedule XX of the Constitution of 1995 as

Statement of the problem

amended and commissioned under the Public Health Act, Chapter 281 (Lydia et al., 2023). Its mandate is given by the same law and includes, among others; Provide a range of general and specialized treatment, prevention and rehabilitation services, contribute to regional human resource development through training of various personnel, conduct operational research and contribute as required to national policy and ministry support (Christopher, Muhindo et al., 2022). Kiruddu National Referral Hospital is a national referral government health facility specializing in internal medicine, burns and plastic surgery mandated to provide tertiary and secondary care health services that include surgical and higher-level medical services, psychiatry, ear, nose and throat, ophthalmology, dentistry, intensive care, oncology, palliative care and diagnostic services, among others (MoH Report, 2020).

Additionally, due to inadequate salaries and poor working conditions, the health sector in Uganda has seen the migration of health workers to other countries where they believe they are more valuable. This has resulted in most public hospitals having limited doctors and in some cases no consultants, leaving many patients without care and others even losing their lives (Peterson & Lewin, 2016). In 2017, for example, of the 4,266 doctors born in Uganda, 1,837 (43%) resided outside their country. Furthermore, during the same period, of the 9,851 professional nurses born in Uganda, 1,122 (10%) were working or living outside their country.

Health worker performance is critical because it has an immediate impact on health care delivery and ultimately on population health (John et al., 2023). International Health Enterprise, (2018) states that the emerging fitness workforce is one that can gain advanced fitness effects through responsive, affordable and gifted approaches. proper selection, training and development, and reimbursement practices can improve the overall performance of medical professionals. (Moses et al., 2023) highlight accelerated remuneration through direct and indirect reward practices as a method adopted by the government to inspire health workers in an effort to subsequently lead to incremental performance. this is evidenced by the use of government priority in health budgets to increase the payment of health workers. Allowances such as difficult to achieve allowances were also advanced. But despite the above interventions, both national and global media are

inundated with stories suggesting that the performance of medical examiners is declining year by year. after 12 months (Damasus et al., 2023). The Mid-Term Review (MTR) of the Health Sector Strategic Plan, completed in March 2021, diagnosed poor staff performance characterized by absenteeism, low productivity, poor patient care and rampant duality. which is supported by nationwide extensive migrations through medical examiners, the most recent in 2022, coupled with a continuous exodus of health workers to other countries in search of better remuneration (Christopher, Moses, Muhindo, & Komunda, 2022). If the situation remains the same, government hospitals will continue to be without health workers and this will result in huge loss of life as most Ugandans cannot afford the care provided in private centres. it is against this background that the researcher sought to examine the effect of monetary rewards on the performance of medical examiners in government hospitals in Uganda.

Specific Objectives of the study

- To examine the effect of direct financial rewards on performance of health workers at Kiruddu Hospital
- To investigate the effect of indirect financial rewards on performance of health workers at Kiruddu Hospital

Research hypotheses

H₁ Direct financial reward has a significant effect on performance of health workers at Kiruddu Hospital

H₂ Indirect financial reward has a significant effect on performance of health workers at Kiruddu Hospital

Review of Related Literature

This section focused on what other scholars have written about performance of health work. The review was conceptualized under the objectives of the study focusing primarily on direct financial reward practices, indirect financial reward practices and their effect on performance of health workers (Christopher, Moses, Muhindo, & Muhammad, 2022). The sources reviewed was from journals, textbooks, working papers, dissertations, and internet websites. Several studies have been conducted by different scholars on the subject matter of financial reward practices and performance of health workers especially in more developed democracies (Akankwasa et al., 2022). Therefore, this review focused on selected theoretical and empirical studies related to the variables under investigation. Over years, direct financial praise practices have proved to be more motivators of personnel and Sudiardhita, Mukhtar, Hartono, Sariwulan & Nikensari, (2018) defines direct monetary rewards as extrinsic rewards,

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that are external to employees and are given through the employer or someone else (Christopher, Moses, Muhindo, & Komunda, 2022). Mokhniuk & Yushchyshyna, (2018), concludes that direct incentives are the ones rewards that are at once involved with the cash as wages and salaries, bonus, allowance, commission, man or woman and organization incentives, income sharing and stock alternatives (Oromo et al., 2023). Ministry of Health, (2010a) report indicate that this pay is too little for health workers to cater for their basic requirements and as a result it leads to low morale of the worker which is seen in terms of declining performance evidenced by high level of absenteeism, misconduct, late coming, moodiness and stress begin to emerge. The situation has forced some health workers to steal Government drugs and supplies. Consequently, making it very difficult for the public service to attract and retain adequate numbers of skilled, efficient and motivated staff in Public Health facilities (Faith et al., 2023). This has further exacerbated number of industrial unrests particularly among public sector workers. For instance, in most of the years, health workers have laid down their tools, despite government refusing to cater for their demands

Methodology

Cross sectional research design was selected because it enables the researcher to relatively collect data quickly from a cross section of respondents about the effect of financial reward practices on performance of health workers and it is cost effective. The study also applied a convergent parallel triangulation of quantitative and qualitative methods to increase the overall validity and credibility of the research findings but also to make sure that each type of data collected feeds into the other. Quantitative technique was employed because it is easy to collect data from a big sample and obtain numerical information, while the qualitative method helped in getting opinions, thoughts, attitudes and feelings of the respondents about the effects of financial rewards on performance of health workers. The study population comprised of 195 members comprising of hospital administrators, doctors, nurses, clinical officers, laboratory technicians and care givers. The study utilized simple random sampling technique to select Doctors, Clinical Officers, Nurses care takers and other health workers at Kiruddu National Referral Hospital. In particular, each member of that category was assigned a number and after which one number at a go was selected at random. A semi- structured self-administered form with close ended questions was used to collect primary data doctors, nurses, and clinical officers and care givers. Self-administered questionnaire was used because it gives quick results, can cover a wider geographical area more easily and it also allows in-depth research on financial rewards and performance of health workers (Creswell, 2015). Self-administered semi- structured questionnaires was used to collect data from doctors, nurses, clinical officers, laboratory technicians and care givers. The questionnaire had sections on; background information, direct financial rewards, indirect financial rewards and performance of health workers. The questionnaire was standardized on a five-point Likert scale to enable registering quantifiable primary data from respondents for closed ended questions. Descriptive statistics was used to analyse quantitative data using frequencies, percentages, mean and SD from all of the study variables. ‘Strongly agree’ and ‘agree’ responses were merged to mean ‘agree’ while ‘strongly disagree’ and ‘disagree’ were merged to mean ‘disagree’ when analyzing descriptive data. In order to test for hypothesis and to answer the research objectives, the researcher used inferential statistics such as regression analysis, Pearson’s correlation of coefficient and analysis of valance

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(ANOVA) to investigate the effect of financial rewards on performance of health workers. Qualitative data that was collected using interviews and scrutinized using content analysis where information was arranged in major themes of direct financial rewards and indirect financial rewards and performance of health workers. These were then presented using the narratives as presented by respondents using SPSS (Nelson, Christopher, & Milton, 2022). Implications, conclusions, and inferences of qualitative information on financial rewards and performance of health workers were drawn. Efforts were made to cross-examine qualitative data with the quantitative findings to find agreement and disagreement.

RESULTS

Table 1: Descriptive results on performance of health workers at Kiruddu Hospital

Statement	SDA %	DA %	NS %	A %	SA %	Mean	Std. Dev
Communication with patients							
Doctors and nurses properly communicate with patients	0.0	4.2	1.0	50	44.8	2.94	1.653
There is good customer care at Kiruddu Hospital	40.6	53.1	6.3	0.0	0.0	1.28	0.539
Patient satisfaction							
Patients are satisfied with the quality of services they receive at Kiruddu Hospital	47.9	42.7	5.2	1.0	3.1	3.52	1.461
Health workers meet patient's expectations at Kiruddu Hospital	47.1	47.9	2.1	1.0	1.0	3.35	1.713
Attendance of health workers							
Nurses always report on time for their duties	27.5	0.0	0.0	7.2	65.2	3.83	1.774
Doctors always report on time for their duties	40.0	20.0	6.3	17.3	10.0	1.17	0.484
Patient contacts							
Patients are attended by doctors as soon as they arrive at this facility	42.3	14.4	6.3	15.0	20.0	1.68	1.500

Source: Primary data (2022)

Results in table 1 shows that 94.8% of respondents agreed that doctors and nurses properly communicate with patients whereas 4.2% disagreed with the statement at Kiruddu Hospital. This implies that nurses and doctors at Kiruddu Hospital operate according to their professional code of conduct as provided by Nurses and Midwife Act CAP.274 and Medical and Dental Practitioners Act. Majority of the respondents (53.1%) moderately disagreed with the statement that there is good customer care at Kiruddu Hospital (Gracious, 2023). This implies the problem of I don't care attitude continues to prevail in most Government Institutions in Uganda. This is supported by 90.6% of the respondents who disagreed with the statement that patients are satisfied with the quality of services they receive at Kiruddu Hospital. This is explained by the fact that health workers at Kiruddu hospital don't meet the expectation

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of the patients as supported by 85.8% of respondents who disagreed with the Statement that health workers meet patient's expectations at Kiruddu Hospital. The study findings also revealed that nurses always report on time for their duties as noted by 72.4% response about this statement. On contrary to that, 60% of the respondents disagreed that doctors always report on time for their duties. This is explained by the rampant dualism among doctors who devote most of their time in private clinics and hospitals. It was also revealed that 56.7% of respondents moderately disagreed with the statement that patients are attended by doctors as soon as they arrive at this facility. This explains the long queues at Kiruddu hospital which discourage some people from seeking for services from the facility.

Table 2: Descriptive results on the rating of direct financial rewards

Statement	SDA %	DA %	NS %	A %	SA %	Mean	Std. Dev
Salaries							
I am satisfied with the salary I receive at Kiruddu Hospital	56.3	32.3	3.1	5.2	3.1	1.06	0.379
Kiruddu Hospital offers better salary than private hospital in Uganda.	69.6	26.1	0.0	2.9	1.4	1.41	0.773
Salary at Kiruddu Hospital is paid promptly and on time.	1.4	2.9	0.0	78.3	17.4	4.07	0.649
Health workers at Kiruddu Hospital receive salary increment annually	52.2	26.1	18.8	2.9	0.0	1.72	0.873
Salary advances are given to health workers at Kiruddu hospital whenever requested.	36.2	2.9	60.9	0.0	0.0	2.25	0.961
My workload matches with my salary	88.4	8.7	1.4	1.4	0.0	1.16	0.504
Salary given to me at Kiruddu hospital matches with my level of education	63.8	2.9	1.4	31.9	0.0	2.01	1.398
Bonuses							
Working overtime automatically qualifies me for a bonus pay	97.1	2.9	0.0	0.0	0.0	1.03	0.169
The bonuses given to me at Kiruddu Hospital are desirable and worth working for.	55.1	27.5	17.4	0.0	0.0	1.62	0.769
Bonuses given at Kiruddu Hospital vary according to the duties executed.	23.2	2.9	37.7	20.3	15.9	3.03	1.350
Bonuses are topped up on my monthly	29.0	4.3	47.8	18.8	0.0	2.57	1.105

salary and are given as a lumpsum							
The cash bonuses given to me improves my efficiency	0.0	0.0	0.0	78.3	21.7	4.22	0.415
Allowances							
The rate of allowance I get is stipulated in my employment terms	4.3	0.0	0.0	95.7	0.0	3.87	0.616
I receive more allowances compared to my colleagues in private institutions.	97.1	1.4	1.4	0.0	0.0	1.04	0.268
My allowances are given to me in real time upon execution of tasks.	27.5	7.2	0.0	30.4	34.8	3.38	1.664
Pension							
All Health Workers at Kiruddu hospital are entitled to pension	0.0	0.0	1.4	97.1	1.4	4.00	.171
Upon retirement, I will be given pension as a lumpsum	1.4	0.0	1.4	95.7	1.4	3.96	0.400
Pension policy at Kiruddu Hospital motivates me to work	59.4	1.4	1.4	37.7	0.0	2.17	1.455
N = 155							

Source: Primary data (2022)

Findings in Table 2 show that 95.7 % of respondents agreed with the statement that salary at Kiruddu Hospital is paid promptly and on time. This is explained by the provisions of the Public Standings Orders which requires salaries of Government workers to be paid early enough so that they are motivated to perform their duties (K. Paul et al., 2023). 99.1% concurred to the statement that upon retirement, I will be given pension as a lumpsum, 78.3% agreed that the cash bonuses given to the health workers improves worker's efficiency, 95.7% agreed to the statement that the rate of allowance I get is stipulated in my employment terms. 65.2% agreed to the statement that my allowances are given to me in real time upon execution of tasks and 98.5% agreed to the statement that all Health Workers at Kiruddu hospital are entitled to pension. This is partly explained by the provision of Article 40 of the 1995 Constitution as amended, Employment Act of 1964 and Public Standings Orders which talk about the rights of employees and their emoluments. However, 88.6% of respondents disagreed that they were satisfied with the salary received at Kiruddu Hospital while 95.7% disagreed that Kiruddu Hospital offers better salary than private hospital in Uganda. This justifies the rampant dualism among doctors which force them to devote more time in private hospitals done Government hospitals which affect their performance. 78.3% of respondents disagreed to the statement that health workers at Kiruddu Hospital receive salary increment annually. This was supported 39.1% who disagreed and 60.9% not sure to the statement that salary advances are given to health workers at Kiruddu hospital

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whenever requested. Majority of respondents further disagreed by 97.1% to the statement that workload matches with their salaries while 66.7% disagreed to the statement that salary given to health workers at Kiruddu hospital matches with their level of education (Nelson, Christopher, Teddy, et al., 2022).

Findings in Table 2 also show that 97.1% of respondents strongly disagreed to the statement that working overtime automatically qualifies the health workers for a bonus pay. 82.6% of respondents disagreed to the statement that the bonuses given to the health workers at Kiruddu Hospital are desirable and worth working for. There was a mixed reaction over the statement that the bonuses given at Kiruddu Hospital vary according to the duties executed whereby 36.2% agreed and 26.1% disagreed to that statement; 33.3% disagreed and 18.8% agreed to the statement that bonuses are topped up on my monthly salary and are given as a lumpsum. These mixed reactions can be partly explained by 98.5% of respondents who disagreed to the statement that I receive more allowances compared to my colleagues in private institutions; and, 60.8 % of respondents disagreed to the statement that pension policy at Kiruddu Hospital motivates health workers to work (Isaac et al., 2023).

Table 3: Correlation of results of direct financial reward practices and performance of health workers in Kiruddu Hospital.

Correlations			
		Direct Financial Reward	Performance of Health workers
Direct Financial Rewards	Pearson Correlation	1	.750**
	Sig. (2-tailed)		.000
	N	69	69
Performance of health workers	Pearson Correlation	.750**	1
	Sig. (2-tailed)	.000	
	N	69	155
**. Correlation is significant at the 0.01 level (2-tailed).			

The correlation results indicate a significant positive relationship between direct financial reward practices and performance of Health workers in Kiruddu Hospital. This is because the p-value (0.000) for the person correlation coefficient (0.750) is less than 1% significance level (Nelson et al., 2023). The statistics indicate that direct financial reward practices and statistically associate with performance of health workers in Kiruddu Hospital. In other words, direct financial reward practice significantly enhances performance of health workers at Kiruddu Hospital. In terms of strength, the relationship is strong as indicated by the Pearson correlation of 0.750.

Table 4: Regression results of direct financial reward practices and performance of health Workers in Kiruddu Hospital

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.751 ^a	.383	.376	.27389		
a. Predictors: (Constant), Direct Financial Reward Practices						
ANOVA ^b						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4.687	1	4.762	62.572	.000 ^a
	Residual	5.029	67	.065		
	Total	9.726	68			
a. Predictors: (Constant), Direct Financial Reward Practices						
b. Dependent Variable: performance of health workers						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.391	.456		6.009	.000
	Direct Financial Reward Practices	0.649	.086	.751	10.897	.000
a. Dependent Variable: performance of health workers						

The coefficient of determination (Adjusted R²) indicating the variation in performance of health workers accounted by direct financial reward practices was 0.751. This statistic meant that direct finance reward practices explain 75.1% of the variation in performance of health workers in Kiruddu hospital. The 24.9% of variation in performance of health workers is explained by other factors. Regarding significance of the regression model, the p-value for the F-statistic was less than 1% significant level implying that direct finance reward practices explain a significant effect in the performance of health workers (Nelson et al., 2023). In terms of magnitude of effect; the b-coefficient was 0.751 indicating that direct finance reward practices would affect performance of health workers in Kiruddu hospital by 75.1%. The results from the regression analysis implies that the earlier hypothesis that stated that direct financial reward practice has a significant effect on performance of health workers at Kiruddu Hospital is accepted.

Table 5: Descriptive results for Indirect Financial Reward Practices

Statements	SD	D	NS	A	SA	Mean	Std
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Health Insurance							
Health workers at Kiruddu Hospital are entitled to health insurance	0.0	0.0	0.0	2.9	97.1	4.97	0.169
Kiruddu Hospital meets medical bills for all my dependants	97.1	2.9	0.0	0.0	0.0	1.09	0.511
Health of employees is linked to the productivity of the workforce	0.0	0.0	1.4	17.4	81.2	4.80	0.440
Paid Training							
Most of the training opportunities are paid for at Kiruddu Hospital	95.7	0.0	0.0	1.4	2.9	1.16	0.760
Training is for every health worker at Kiruddu Hospital.	11.9	9.0	1.5	61.2	16.4	3.61	1.218
Paid training has direct effect on my motivation and performance	0.0	0.0	1.4	23.2	75.4	4.74	0.474
There is a paid training policy at Kiruddu Hospital	72.5	0.0	11.6	14.5	1.4	1.72	1.223
Kiruddu Hospital pays for every external training I attend.	89.9	8.7	0.0	0.0	1.4	1.14	0.550
Paid Vocation							
Health workers at Kiruddu Hospital are entitled to a paid vocation	97.0	0.0	0.0	1.5	1.5	1.10	0.606
Paid leave benefits provide health workers with an opportunity to recharge and deal with non- work-related issues	0.0	0.0	0.0	24.6	75.4	4.75	0.434
Paid vocation increases job satisfaction	0.0	0.0	0.0	26.1	73.9	4.74	0.442
Housing	SD	D	NS	A	SA		
Kiruddu Hospital provides housing allowances to all health workers	20.3	11.6	0.0	43.5	24.6	3.41	1.488
Housing allowance improves health workers' morale and productivity.	8.7	1.4	1.4	59.4	29.0	1.488	1.078

Source: Primary data (2022)

The results in table 5 above revealed that 97.1% of the respondents strongly agreed to the statement that health workers at Kiruddu Hospital are entitled to health insurance and that partly explains why 98.6% of respondents agreed that to the statement that health of employees is linked to the productivity of the workforce. However, 97.1%

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of the respondents strongly disagreed to the statement that Kiruddu Hospital meets medical bills for all my dependants.

95.7% of respondents strong disagreed that most of the training opportunities are paid for at Kiruddu Hospital while 77.6% agreed that training is for every health worker at Kiruddu Hospital and 98.6% agreed confirming that paid training has direct effect on my motivation and performance (Ntirandekura et al., 2022). On contrary, the findings in Table 5 indicated that 72.5 % of respondents disagreed to the statement that there is a paid training policy at Kiruddu Hospital and 98.6% disagreed to the statement that Kiruddu Hospital pays for every external training I attend. This implies that health workers have fend for themselves in case of external training. 97% of respondents indicated agreed that Health workers at Kiruddu Hospital are entitled to a paid vocation; majority and all most all the respondents agreed that paid leave benefits provide health workers with an opportunity to recharge and deal with non- work-related issues and 73.9% strongly agreed that Paid vocation increase job satisfaction (W. Paul & Kazaara, 2023).

Correlation results of indirect financial rewards and performance of health workers at Kiruddu Hospital

Table 6: Correlation results of indirect financial reward practices and performance of health workers in Kiruddu Hospital

Correlations			
		Indirect Financial Rewards	performance of health workers
Indirect Financial Rewards	Pearson Correlation	1	.736**
	Sig. (2-tailed)		.000
	N	69	69
performance of health workers	Pearson Correlation	.736**	1
	Sig. (2-tailed)	.000	
	N	69	155
**. Correlation is significant at the 0.01 level (2-tailed).			

The results in Table 6 shows that, Pearson's Correlation Coefficient for indirect financial rewards and performance of health workers at Kiruddu Hospital was $r = 0.736^{**}$, which was significantly positive with probability value ($p = 0.000$) that is less than $\alpha = 0.01$ level of significance showing a positive relationship between indirect financial rewards and performance of health workers at the 1% level of significance. The correlation results indicate a significant positive relationship between indirect financial rewards and performance of health workers at Kiruddu Hospital. The statistics indicate that indirect financial rewards are positively and statistically associated with performance of health workers in Kiruddu Hospital. In other words, indirect financial rewards significantly led to performance of health workers. In terms of strength, the relationship was weak as indicated by the Pearson correlation of 0.736.

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Regression results on indirect financial reward practices and the performance of health workers in Kiruddu hospital

Table 7: Regression results on indirect financial reward practices and the performance of health workers in Kiruddu hospital

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.736 ^a	.559	.552	.24311
a. Predictors: (Constant), Indirect Financial Reward Practices				

ANOVA ^b						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	5.455	1	5.455	84.760	.000
	Residual	4.294	67	.064		
	Total	9.726	68			
a. Predictors: (Constant), Indirect Financial Reward Practices						
b. Dependent Variable: Performance of health workers						

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.978	.175		5.213	.000
	Indirect Financial Rewards	.786	.060	.6951	15.083	.000
a. Dependent Variable: Performance of health workers						

The coefficient of determination (Adjusted R²) indicating the variation in performance of health workers accounted by indirect financial rewards was 0.552. This statistic meant that indirect financial rewards explain 55.2% of the variation in the performance of health workers in Kiruddu Hospital. The 44.8% of variation in performance of health workers is explained by other factors. Regarding significance of the regression model, the p-value for the F-statistic was less than 1% significant level implying that indirect financial reward practices explain a significant effect in performance of health workers in Kiruddu Hospital (Moses et al., 2023). In terms of magnitude of effect; the b-coefficient was 0.552 indicating that indirect financial rewards would affect performance of health workers in Kiruddu Hospital by 55.2%. Accordingly, the results from the regression analysis implies that the earlier hypothesis that stated that indirect financial rewards have a significant effect on performance of health workers at Kiruddu Hospital is accepted

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Multiple regression model

To establish the effect of financial rewards on the performance of health workers at Kiruddu Hospital, a multiple regression was conducted, and the results are tabulated below.

Table 8 Multiple Regression Results for Financial Reward Practices

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.871 ^a	.763	.757	.6817
a. Predictors: (Constant), Indirect Financial Rewards, Direct Financial Rewards				

ANOVA ^b						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	22.401	2	20.519	64.926	.000 ^a
	Residual	74.405	67	.382		
	Total	96.806	69			
a. Predictors: (Constant), Indirect Financial Rewards, Direct Financial Rewards						
b. Dependent Variable: performance of health workers						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.107	.186		.558	.003
	Direct Financial Rewards	.865	.084	.786	12.232	.000
	Indirect Financial Rewards	.831	.074	.735	11.980	.000
a. Dependent Variable: performance of health workers						

Table 8 shows multiple correlation coefficient $R = .871$ which suggest a significant strong positive relationship between financial reward practices (direct financial reward practices and indirect financial reward practices) and performance of health workers at Kiruddu Hospital. It further shows $R^2 = 0.763$ which suggests that financial reward practices accounted for 76.3% of the variance in the performance of health workers in Kiruddu hospital while the remaining 23.7% is explained by other variables. The ANOVA statistics $F(2, 67) = 64.926$, $\text{sig} = .000$ confirms that financial rewards significantly affect performance of health workers in Kiruddu hospital through direct financial rewards and indirect financial rewards. The overall model is significantly useful in explaining performance of health workers since the p-value is less than 0.05. The standardized coefficient statistics shows that direct financial rewards had the highest effect on performance of health workers in Kiruddu Hospital as per the ($\beta = .786$, $t = 12.232$, $\text{Sig.} = .000$) which is less than the significance level of 0.05 (Innocent et al., 2023). This implies that a

significant change in direct financial rewards would result into a significant 0.865-unit change in performance of health workers in Kiruddu Hospital. The standardized coefficient statistics shows that indirect financial rewards were the least predictor on performance of health workers as per the ($\beta = .735$, $t = 11.980$, $\text{Sig} = 0.000$) which is less than 0.05. This implies that a significant change in indirect financial reward practices would result into a significant 0.831-unit change in the performance of health workers

Conclusions

It was established that direct financial rewards had a positive effect on performance of health workers at Kiruddu Hospital. Since the study findings indicate that direct financial rewards positively and significantly affect performance of health workers at Kiruddu Hospital, it means that an increase in direct financial rewards would increase health worker performance and vice versa. This therefore leads to the acceptance of the hypothesis which stated that direct financial rewards have a significant effect on performance of health workers at Kiruddu Hospital. It is safe to conclude therefore that direct financial rewards are significantly and positively related to the performance of health workers.

Recommendations

There is need for the top leadership of Kiruddu Hospital and the Ministry of Health to review the existing direct financial reward systems. This can be done by benchmarking with private hospitals and other Government Hospitals in the region.

The Government of Uganda through the Ministry of Public Service should aim at introducing a performance-based pay system in the health sector that clearly and directly links direct financial rewards to performance.

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