



WORKING CONDITIONS AND EMPLOYEE COMMITMENT IN THE PUBLIC HEALTH SECTOR IN UGANDA: A CASE OF WAKISO DISTRICT

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Abstract: - This paper has been written using data obtained from a study conducted by Drileba (2013). The study examined the effect of employee commitment, remuneration, physical environment, flexible working hours and relations of Health Workers in Wakiso District Health Units; which were located 12 kilometers to the West of Kampala Capital City at the time of the study. The study adopted a cross sectional survey design involving 215 health workers filling questionnaires to obtain quantitative data and 25 key informants were interviewed to obtain qualitative data.. Quantitative data was analysed using Statistical Product and Service Solutions (SPSS) software while qualitative data was analysed using the Pragmatic Content Analysis (PCA). The findings revealed that (a) close to half 49% of respondents expressed strong dissatisfaction with their salary and 49% of Health Workers were involved in other forms of employment to make ends meet; (b) 44% of the respondents disagreed with their current work conditions being conducive for effective performance; (c) 61% of respondents confirmed that work-family balance had been achieved; and (d) 60% of respondents thought they related well with management and colleagues at work.

A positive relationship was found between tasks handled on time and never absent myself, $r(213) = 0.559$, $p < .05$. Similarly a positive relationship was found between tasks handled on time and producing quality work, $r(213) = 0.536$, $p < .05$. A positive relationship was also found between producing quality work and ensuring no wastage, $r(213) = 0.538$, $p < .05$. It was therefore concluded that low pay and the deplorable work conditions seem to be some of the causes of Health Workers' dissatisfaction in the health sector. The study finally recommended that the right package of financial and non-financial incentives; and conducive physical work conditions be provided to enhance employee loyalty hence commitment to serve the population where they are located.

Keywords: Remuneration, physical environment, flexible working hours, employee relations and employee commitment.

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Introduction: Countries throughout the world are seeking to improve access to quality health care for their populations. This arose from evidence that healthy workplaces are known to

improve recruitment and retention, employee well-being, quality of care and patient safety (WHO, 2006a). It therefore recommended the development of capable, motivated and supported health workers as components for overcoming bottlenecks to national and global health goals. In 2008, a global health workforce alliance declaration pointed out the need to assure adequate incentives and an enabling working for committed health workers (Global Health Workforce Alliance, 2008). The document laid emphasis on health worker conditions; their motivation and pointed out that health sector human resource management should be aimed at having committed staff.

According to Fritzen, (2007) a strong impact of the health workforce in developing countries can be achieved if a strategic management approach is maintained. However, Liese and Dussault (2004) in their study; the human resource for public health sector in sub-Saharan Africa described the health sector situation as being in a crisis. Habte, Dussault and Dovlo (2004) in their study on the challenges confronting the health workforce in sub-Saharan Africa, found out that sub-Saharan Africa had the lowest health worker to population ratio in the world. Such conditions may likely affect the commitment of health workers. Commitment according to Anderson and Martin (1995) is an employee's identification with and adoption of an organization's values, norms and traditions. Insights into public health workers' working conditions point out diverse aspects of the relationship between working conditions and motivation to work. A study by Clark, Clark, Day, and Shea (2000) on nursing staff retention identified dissatisfaction with the work environment and job-related stress/anxiety as two major reasons for turnover. World Health Organization defines working conditions as the combination of compensation, non-financial incentives and workplace safety (WHO; 2006b). The health sector is a labour intensive sector and availability of a committed health work force is central in the achievement of the objectives.

Reforms in the health sector have attempted to improve service delivery through decentralization, creation of health sub-districts and increasing the number of training institutions. This to a greater extent has been successful considering a Ministry of Health Report in 2005 that showed the proportion of residents living within 5 kms radius of a health facility stood at 72 per cent. Similarly, in the Ministry of Health annual health sector performance report released in November 2008, indicated that 51% of approved positions at national level in the public sector were filled, though variations existed among districts (MoH, 2008a).

In the Annual Health Sector Performance Report of 2011/12, the percentage of approved posts filled by health workers in public health facilities increased slightly from 56% in 2010/11 to 58% in 2011/12 (MoH, 2012). These changes though seemingly small, they are progressive and in the right directions for the country.

According to Ministry of Health, on average 28% of the health facilities in Uganda have had a constant supply of medicines and health supplies throughout the year (MoH 2008b). However, the number of health facilities in the public sector and the PNFPs has grown from 1,979 in 2004 to 2,301 in 2010. It is envisaged that these changes in the health system can impact positively on the care provided in the health facilities country wide. Some of the noticeable changes include among others the 100% positions filled in some districts after pay rise, incentives, renovation of health facilities and construction for key staff at the health facility premises.

Related Literature: This study rhymes closely with the Herzberg's Two-Factor Theory of 1959. The theory considers motivation and job satisfaction as motivation factors and hygiene factors where motivating factors are the six job content factors that include achievement, recognition, work itself, responsibility, advancement, and possibility of growth. Also known as intrinsic motivators, they define things

that people actually do in their work; their responsibility and achievements. These factors contribute greatly to the level of job satisfaction an employee feels at work (Ruthankoon and Ogunlana, 2003). The hygiene factors include company policy, supervision, relationship with supervisors, work conditions, relationship with peers, salary, personal life, relationship with subordinates, status, and job security. Also known as extrinsic factors, employees do not have much control over and they relate more to the environment an individual works than to the nature of the work itself (Schermerhorn and Hunt, 2003). They are the main sources for job dissatisfaction.

Employee Commitment: Employee commitment has long been the main focus of study for those interested in the design and management of organizations. One reason that commitment is so well studied is that the impact of commitment is associated with work outcomes such as turnover, absenteeism, performance, motivation, and job withdrawal behaviors (Klein, Becker and Meyer, 2009). Commitment has been found to be related to a variety of attitudinal and behavioral consequences among employees, for example, motivation level, organizational citizenship, and turnover rates (Meyer & Allen, 1997). In turn, the positive benefits of a committed workforce are recognized as important determinants of organizational effectiveness. Committed employees, who are highly motivated, contribute their time and energy to the pursuit of organizational goals are increasingly acknowledged to be the primary asset to an organization (Pfeffer, 1998). Further still commitment is known to predict turnover, better than job satisfaction (Griffeth, Hom and Gaertner, 2000), therefore suggesting more research in area of commitment. In the public administration literature, there has been a long tradition that emphasizes the importance of public officials' personal commitment to their profession as the foundation of administrative

responsibility (Friedrich, 1940; Gaus, 1936; Miller, 2000).

Remuneration: A high level of employee commitment in an organization can have beneficial consequences such as low absenteeism, higher performance and low employee turnover rates (Mathieu and Zajac, 1990). This study that reviewed a meta-analysis of the antecedents, correlates and consequences of organizational commitment identified commitment as a consequence of personal variables, role clarity and supportive working environment. The researchers concluded that an employee's salary affects his commitment to the company. Employees who are paid minimum wage or a small salary likely want to earn more money, either through a promotion or pay increase, or by looking for work elsewhere. Therefore they are less likely to be committed to the company, because not so much investments in terms of monies or their salary have been made by the company to such employees. Employees who are paid handsomely are therefore more likely to be committed to the company because they do not want to lose their high-paying jobs.

Given the sizable gap between salaries in Uganda compared to those abroad, for example salaries in the United Kingdom are approximately thirteen times higher; it is most likely that financial benefits are a key factor to enlist commitment amongst the health sector workers. McCoy, Bennett and Witter (2008) in a study on salaries and incomes of health workers in sub-Saharan Africa, concluded that it is critically important to begin to address compensation factors to avoid turnover and reduce incentives to leave the health sector. Earlier studies described pay and income as hygiene factors that affect motivation, performance, morale, and the ability of employers to attract and retain staff. Roenen, Ferrinho, Van Dormael, Conceicao, Van Lerberghe (1997) acknowledged in an exploratory study on how African doctors make ends meet that when pay is low in absolute

terms, health workers will moonlight to supplement their incomes. Davies, (2001) in a study on how to boost staff retention however suggested that although remuneration provides recognition, other forms of non-monetary recognition are also important for the core employee groups.

Physical Work Environment: Good performance by staff is enabled via a supportive working environment. This encompasses more than just having sufficient equipment and supplies. It also includes systems issues, such as decision-making and information-exchange processes, and capacity issues such as workload, support services and infrastructure (Potter and Brough, 2004). To achieve high levels of employee commitment, organizations must ensure that the physical environment is conducive to organizational needs facilitating interaction and privacy, formality and informality, functionality and cross-disciplinarily. Consequently, the physical environment is a tool that can be leveraged both to improve business results, employee well-being and commitment (Mohr, 1996; Huang, Robertson and Chang, 2004).

An organization's physical environment is also characterized by the design and layout of the office which can greatly affect employee behaviour in the workplace. Brill (1992) estimates that improvements in the physical design of the workplace may result in a 5-10 percent increase in employee productivity. For their part, Stallworth and Kleiner (1996) argued that increasingly an organization's physical layout is designed around employee needs in order to maximize productivity and satisfaction. They argued that this can encourage the sharing of information and networking without regard to job being performed.

Hedge (1982) argues that open workplaces provide greater levels of flexibility and encourage greater team interaction as they offer interpersonal access and ease of communication compared to private enclosed offices. Nenonen (2004) maintains that the physical environment

can support a sense of space allowing for the creation of tacit knowledge and greater social interaction amongst individuals. A more innovative working environment is also associated with increased staff collaboration and higher productivity (Ilozor, Love, and Treloar, 2002) as well as more positive job attitudes and increased job satisfaction (Lee, 2006).

Flexible Work Hours: Flexibility is about an employee and an employer making changes to when, where and how a person will work to better meet individual and organizational goals. Flexibility enables both individual and organizational needs to be met through making changes to the time (when), location (where) and manner (how) in which an employee works. The concept of flexibilization has become a magic wand in modern organizational strategies. Practically all organizations try to organize their production in more flexible ways (Hakim, 1987). The reasons underlying this wave of flexibilization include: increased competitiveness, rapid fluctuations on the labour market, rapid changes in products made, and technological developments (Boekraad, Buitelaar and Vreeman, 1988).

The strategy of allowing employees flexibility in the hours they work is a growing trend at businesses because it has been found that allowing employees to choose their own schedules production is boosted. In many cases, this functional type of flexibility can lead to more control over the work environment, while individual growth will be seen as a positive effect that is accompanied by decreasing health complaints Nijhuis, Lendfers, and Bullinga (1990). Since this study is focused on non-traditional work schedules the element of functional flexibility will be left aside. Therefore flexible work arrangements can reduce absences and company turnover which contributes to overall better production. Apart from flexibilization of working hours, flexible work schedules may also be achieved through more flexible appointments, namely part-time

appointments, temporary appointments, having workers on call, etc.

Employee Work Relations: Work climate issues such as poor working environments, unfriendly colleagues, disorganized facility functions and ineffective supervision can hinder workers' performance and productivity and contributing to low retention. Therefore, providing the enabling environment for building good relationship with employees is the best way to close an employee's productivity gap. Only through good relationships combined with strong, sensitive leadership can a cohesive department be built. The quality of relationships constitutes the fabric of the department.

Lack of coworker and supervisor support contributes to perceived stress and resulting burnout. In one study of performance among nurses by Salyer (1995), a higher number of admissions to/discharges from a patient care unit in 24 hours had a negative impact on the self-rated quality of performance. While in a study by Oehler, Davidson, Starr and Lee (1991) on burnout, job stress, anxiety, and perceived social support in neonatal nurses showed that workload (number of emergency admissions), number of deaths on the ward, and number of menial tasks performed contributed to medical residents' perception of being overwhelmed and increased the number of reported minor medical mistakes. Lack of peer support, role ambiguity, and perceived stress were associated with job dissatisfaction and depression among residents (Revicki and Gershon 1996).

Conceptual Framework: The conceptual framework developed from existing literature illustrates the interplay of independent variables (IV) namely remunerations, physical work environment, flexible work hours, career development and dependant variable (DV) of employee commitment as well as the moderating variables like government policies.

Research Methodology: This was a cross-sectional survey design that employed both qualitative and quantitative methods of data collection. Cross-sectional survey designs aim at

describing relationships between (issues or states) and other factors of interest in a specified population at a particular time, without regard for what preceded or precipitated the status found at the time of the study. It is also important for measuring frequencies of conditions and can demonstrate associations. Cross sectional survey designs allow for vital data to be collected from all respondents once and for all hence reducing on time and costs involved (Creswell, 2003). The study was correlative that is relating working conditions on public health sector workers' commitment (Amin, 2005). The study was a case study and the choice for Wakiso District was made because, according to the Ministry of Health, report for Human resource 2009, Waksio District only has 44% of its needed workforce positions in place. It is the worst in central region compared to her neighbours.

Questionnaire: A 5-point Likert scale questionnaire was the main instrument of data collection for the study. An interview guide was used for qualitative data collection from key informants in the district.

Data Analysis: The quantitative data was analysed using Statistical Product and Service Solutions (SPSS) software formally known as Statistical Package for Social Scientists. Frequencies were run for univariate analysis. Qualitative data was analysed using the pragmatic content analysis (PCA). The PCA method was used because it provides ways of discerning, examining, comparing and contrasting, and interpreting meaningful patterns or themes. Meaningfulness is determined by the particular goals and objectives of the project at hand. The PCA method also allows for the same data to be analyzed and synthesized from multiple angles depending on the particular research or evaluation questions being addressed.

Findings: In line with the findings, the study managed to indicate findings in relation to the main research objectives through the results obtained from univariate and bivariate analyses.

Univariate Analysis: Previously, almost all the nurse training institutions in Uganda produced graduates with the certificate level of education as the first qualification allowed for a nurse to practice in any health facility. However, from the early 1990's many nursing institutions began graduating higher level nursing cadres with

diploma and bachelors as starting qualifications. Therefore there are qualified diploma comprehensive nurses and degree nurses practicing in many health facilities in Uganda. The study ascertained the level of education attained by the respondents in the study. Here presented in Table 1 below are the findings: -

Table 1: Level of Education of Respondents in the Study

Level of Education of Respondents		
Level attained	Number (N)	Percentage (%)
Certificate	112	52.1
Diploma	82	38.1
Bachelors	17	7.9
Masters	4	1.9
Total	215	100

Age Bracket of Respondent

The majority of the respondents 84.2% (181) were in the age bracket 21- 40 years of age as shown in the table 2 below. However, it was clear that health workers above 40 years were few. Retirement for public servants is at 55 years but others may opt to retire earlier than the mandatory age of retirement. Health workers in Wakiso district are relatively young and this work force has the potential to go a long way in

addressing the human resource gap in the sector but only if they are well motivated. However, health workers in many rural areas are likely to be working in the regions where they were born, except in areas or locations like Kampala which often attracts many people. The study established the most common age bracket of the respondents in the study. Here presented in table 2 below are the findings: -

Table 2 : Showing Age Bracket of Respondent in the Study

Age of Respondent in Years		
Age Bracket	Number (N)	Percentage (%)
21 – 40	181	84.2
41 – 50	28	13.0
Over 50	6	2.8
Total	215	100.0

Table 3: Summary Results for Remuneration

Remuneration	Strongly Disagree (N)	Disagree (N)	Neither (N)	Agree (N)	Strongly Agree (N)
Satisfied with salary	105	92	7	11	0
Take care using salary	82	103	10	15	5
Make savings from salary.	92	98	9	13	3
Make investments using salary.	103	88	7	12	5
Handle social obligations using salary.	64	92	14	42	3

Table 3 above shows that the five questions asked about remuneration revealed that majority of the respondents disagreed about being satisfied with their salary, taking care of themselves using their salary, making savings and investments from the salary and being able

to handle their social obligations using their salary. Specifically 49% (105) of the respondents strongly disagreed that they were satisfied with the salary they received for the services they offered to their clients.

Table 4: Summary Results for Work Flexibility

Work Flexibility	Strongly Disagree (N)	Disagree (N)	Neither (N)	Agree (N)	Strongly Agree (N)
Happy with work schedule	12	30	17	128	28
Negotiate and get a flexible work arrangement	11	27	14	103	60
Handle personal issues despite work requirements	13	21	11	131	39
Work schedule does not interfere with family	18	28	26	102	41
Flexible work arrangements to peruse further studies	23	42	21	89	40

There seemed to be general consensus about the questions regarding work flexibility. Majority of respondents agreed that there was work flexibility at their places of service such as being happy with the work schedules, negotiable flexible work arrangements, being able to handle personal issues, possible work-family mix and

pursuance of studies. However, while majority 61% (131) agreed that they were able to handle their personal issues despite work arrangements, another 60% (128) of the respondents reported that they were happy with their work schedules as shown in table 4 above.

Bivariate Analysis

Employee Commitment

Table 5: Summary Results for Employee Commitment

Questions on commitment	Category	No.	Mean	Mean Standard Deviation
Never absent from duty without sound reason	Strongly Disagree	9	4.05	1.006
	Disagree	13		
	Neither	10		
	Agree	109		
	Strongly Agree	74		
Ensured tasks and responsibilities are handled on time	Strongly Disagree	10	4.13	0.993
	Disagree	9		
	Neither	6		
	Agree	107		
	Strongly Agree	83		
Endeavoured to produce quality work in time.	Strongly Disagree	4	4.19	0.839
	Disagree	9		
	Neither	8		
	Agree	116		
	Strongly Agree	78		

Provided timely services to clients.	Strongly Disagree Disagree Neither Agree Strongly Agree	3 13 13 115 71	4.11	0.866
Ensured no wastage of organizations resources.	Strongly Disagree Disagree Neither Agree Strongly Agree	5 8 13 115 74	4.14	0.864
Willingness to go an extra mile to fulfill organizations obligations	Strongly Disagree Disagree Neither Agree Strongly Agree	7 15 12 112 69	4.02	0.974
Strong sense of loyalty to the organization	Strongly Disagree Disagree Neither Agree Strongly Agree	5 13 15 117 65	4.03	0.904
Rarely think about leaving this organization to work somewhere else	Strongly Disagree Disagree Neither Agree Strongly Agree	22 44 22 70 57	3.45	1.349
Protect the organization from gossipers and bad mouth talks.	Strongly Disagree Disagree Neither Agree Strongly Agree	9 16 19 95 76	3.99	1.057
Have the opportunities to learn and grow	Strongly Disagree Disagree Neither Agree Strongly Agree	8 41 12 98 56	3.72	1.159
Have to work elsewhere in order to survive at this place.	Strongly Disagree Disagree Neither Agree Strongly Agree	35 61 14 55 50	3.11	1.455

From table 5 respondents agreed on the item that they never absent themselves from duty without sound reason 183 compared to 22 who disagreed, this suggests that a small proportion of employee are absent from duty without sound reason. On if respondents' ensured tasks and responsibilities were handled on time, 190 agreed compared to 90 who disagreed. This suggests that the employees on duty complete their tasks as required of them. On if respondents endeavoured to produce quality

work in time 194 agreed compared to 13 who disagreed. This suggests that a small proportion of poor quality work still exists in the health facilities. On respondents providing timely services to clients 186 agreed compared to 16 who disagreed. This also suggests that some employees to no offer services timely to the clients or patients. On if respondents ensured no wastage of organizations resources 189 agreed compared to 13 who disagreed. This suggests

that some degree of wastage of resources at the facilities exists.

On if respondents are willing to go an extra mile to fulfill organizations obligations 181 agreed compared to 22 who disagreed. This suggests that some employee may not help patients out of the normal duty schedules. On the issue of strong sense of loyalty to the organization 182 of the respondents agreed compared to 18 who disagreed. This is suggestive that some employees are not loyal to the health sector. On if respondents rarely think about leaving this organization to work somewhere else 127 agreed compared to 66 who disagreed. This suggests that fairly a considerable proportion of employees are contemplating leaving the organization. On the question about protecting the organization from gossipers and bad mouth talks 171 agreed compared to 25 who disagreed.

Correlations

This is suggestive that bad moth employees exist but not in greater numbers.

On if respondents have the opportunities to learn and grow in the organization 154 agreed while 49 disagreed. Scholarships and promotions have been used by the sector to enlist commitment however some of the employees my not benefit from it. On the issue of having to work elsewhere in order to survive at their places of work 105 agree compared to 96 who disagreed. This suggests that more than half of the health sector workers are involved in a sort of dual employment schedules. Of all the questions asked about employee commitment, except for one, majority of respondents agreed that they exhibited commitment while executing their duties. Therefore there seemed to be a strong agreement about employee commitment among the employees.

Table 6: Correlation matrix for variable of commitment
Correlations

		Never absent myself	Tasks handled on time	Produce quality work	Ensure no wastage
Never absent myself	Pearson Correlation	1	.559**	.432**	.320**
	Sig. (2-tailed)		.000	.000	.000
	N	215	215	215	215
Tasks handled on time	Pearson Correlation	.559**	1	.536**	.310**
	Sig. (2-tailed)	.000		.000	.000
	N	215	215	215	215
Produce quality work	Pearson Correlation	.432**	.536**	1	.538**
	Sig. (2-tailed)	.000	.000		.000
	N	215	215	215	215
Ensure no wastage	Pearson Correlation	.320**	.310**	.538**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	215	215	215	215

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

A large correlation emerged for three of the four variables when correlations were run for commitment. The p values were quite low, in fact it is too small to print (p = .000). Given this outcome, we can state that when staff can handle

tasks on time only is they are never absent from duty. Therefore a positive relationship was found between tasks handled on time and never absent myself, $r(213) = 0.559, p < .05$. Similarly a fairly large correlation emerged between tasks

handled on time and producing quality work. A positive relationship was found between tasks handled on time and producing quality work, $r(213) = 0.536$, $p < .05$. A positive relationship was found between producing quality work and ensuring no wastage, $r(213) = 0.538$, $p < .05$. It is therefore probable that if staff do not absent themselves they are most likely to handle their tasks on time, produce quality work and ensure no wastage.

Conclusion: To enlist commitment for improved service delivery in the public health sector, government efforts should be aimed to address the current Health Worker dissatisfaction associated with pay and the work environment. The challenges in maintaining a committed health sector workforce requires sustained efforts and innovative strategies such as incentive packages for motivating, retaining and enlisting total commitment of public health workers in most resource-constrained settings in the District. Providing flexible work arrangements and time off to take care of personal and family needs can help limit unscheduled absenteeism from work.

The public health sector worker is most likely to be motivated by a feeling of financial achievement, working in an environment of mutual reliance in which differences are dealt with in a team spirit and working in the appropriate infrastructure where working conditions are conducive for providing the required services for the population.

Policy Implications

Government policy makers and managers in the public sector should ensure that: -

- Determine the right package of financial and non-financial incentives in order to develop and maintain a qualified and motivated workforce.
- The heavy investment by both the government and other development partners in the health sector should include improving the working environment in public health facilities as well as staff accommodation.

- There is need to institute individual and team performance indicators at a facility level in order to reduce on the laxity amongst staff in the facilities.
- There is need to initiate a more participatory system where health workers are involved to deliberate on ways to improve level of job satisfaction in the facility.

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