

Role of remuneration in retention of health workforce in a rural district setting in Uganda

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Abstract

Context: Although employee remuneration has been said to be pivotal in employee management, instituting suitable remuneration packages to retain functional human resources has remained an intriguing issue (Manila, 2011). This study examined the relationship between remuneration and retention of health workers in a rural district setting in Uganda. Ibanda district was selected to represent this setting. **Objectives:** The study sought to contribute to the improvement of health of the rural communities in Ibanda district by establishing the relationship between preferential remuneration and health workers' retention in the rural areas, results of which would inform policy makers on how remuneration could be used to achieve retention of health professionals in the health sector. The specific objectives were: to examine the relationship between pay levels and health workers' retention; to establish the relationship between performance related pay and health workers' retention and to assess the relationship between monetary allowances and health workers' retention. **Methodology:** This was a descriptive-cross sectional design that utilised mixed methods. Key informant interviews were conducted with district political and administrative leadership while a survey questionnaire was administered to health workers in nine public health centers in the district. Data were collected from 115 respondents, 103 of whom were health workers and 12 from the district political and administrative leadership. The collected data were analyzed using SPSS version 16.0. **Study findings:** The study showed that there is a significant relationship between remuneration and retention of health workers in rural health centers in Ibanda district. All remuneration factors such as pay level, allowances and merit pay showed a significant relationship with retention of health workers tested using Pearson product moment correlation at 0.01 level of significance. **Conclusions:** The study concludes that increasing pay levels, merit pay and allowances that are comparable in the labor market have a critical role in health workers' retention. Adequate pay makes the health workers more stable on job while inadequate pay keeps them on look-out for better jobs. **Recommendations:** The study recommends pay policy reforms and structures that can greatly minimize health workers' turnover. This is achievable by conducting labor market pay surveys. The study further recommends redesigning of allowances to make them more inclusive of various cadres of health workers and timely promotion of the employees that are due since this increases their opportunities for promotion where they can earn increased salaries and stay longer in service.

Keywords

Retention, Remuneration, Pay Level, Merit Pay, Allowances

1. Introduction

The ability by governments to provide efficient health care requires a stable health staff (Jamison et al 2006). This is because effectiveness of health care provision depends on the

availability and numbers of the required categories of health workers (Kabene, et al. 2006). Indeed, availability of qualified health workers can be said to be a key indicator of capacity to increase health service delivery. However, many health systems, especially in the developing countries, have suffered perennial health workforce shortages (WHO, 2010).

The human resource crisis in the developing countries is characterized by brain drain, rural-urban imbalances in health workforce distribution, low morale and lack of proper skills mix, among others. Because of this, remuneration and retention of health workers, especially in the rural areas, have emerged as serious policy and management issues in developing countries (Vujicic, Ohiri and Sparkes, 2009). Many health systems have initiated preferential remuneration for health workers without any empirical evidence of the association between remuneration and retention. This study was meant to fill this gap by providing the evidence, using a case study of Ibanda district in Western Uganda.

Globally, about one-half of the population lives in rural areas. However these areas are served by a dismal 38 percent of the total nursing workforce and by less than 25 percent of the total physician work force (WHO 2010). Yet there is high job turn over in rural areas with health workers moving for greener pastures in the global market (WHO, 2010). This has culminated into unstable and skewed distribution of the health work force. For instance, in Bangladesh, 30 percent of nurses are located in four metropolitan districts where only 15 percent of the population lives while in Vietnam, 3 percent of physicians are concentrated in rural areas where only 28 percent of the population lives. In the United States and Canada, a whole 20 percent of the population living in rural areas is served by a paltry 9 percent of the physicians (WHO 2010).

Remuneration refers to the total compensation package that an employee receives in exchange for the services he/she has rendered for the employer. Normally, this comprises monetary rewards, also known as wage or salary, as well as various complementary benefits that are increasingly becoming a popular remuneration mechanism. One of these is preferential remuneration. According to Phillips and Gully (2012), preferential remuneration is a selective incentive structure used in an organization and not applied uniformly to all employees. These include merit pay also known as performance pay, commissions, allowances and salary top ups, lunch allowances, hard-to-reach and hard-to-stay allowances among others. Remuneration is a driver of job satisfaction and employee commitment and could influence staff retention. Swanepoel *et al.* (2008) and Armstrong, Brown and Reilly (2010) argued that remuneration impacts on retention of employees, whilst Phillips and Gully (2012) found out that competitive wages and benefits have, time and again, been listed as a means of attracting and retaining employees. According to Grobler *et al.* (2011), job applicants compare different job offers and pay scales, putting more weight on the comparative salaries being offered to them as opposed to non monetary benefits and intrinsic rewards on offer because it is easier to compare monetary offers.

Employee retention refers to the ability of an organization to maintain employees in its work force thereby decreasing training costs, recruitment costs and loss of talent and organizational knowledge (Breaugh and Starke, 2000). An efficient and effective health care delivery system is a function of having carefully planned, equitably distributed

and well remunerated health workers (MOH 2006). Unfortunately, however, almost all African countries have experienced health workforce attrition, although the specific cadres affected and the responsible factors for losses vary across countries. Virtually all health systems lose staff from rural to urban areas and from the public to the private sector. In Zimbabwe, South Africa, Malawi, Lesotho, Swaziland and Zambia, outward migration of health workers is a major problem (Dambisya, 2007b; Ipinge *et al.*, 2005). The failure to retain staff results in inequitable losses that primarily disadvantage poor, rural and under-served populations (Padarath *et al.*, 2003).

In a bid to retain health workforce, the health sector in Uganda instituted selective remuneration beginning from central pay roll down to the local governments where health workers enjoy a different pay scale from their counter parts in the Public Service. In addition to the basic pay, some health workers are given hard - to - reach allowances and other monetary benefits which are not enjoyed by other workers in public service (MOH 2010a). Despite these monetary interventions, substantial retention remains unattained especially in rural areas. This has led to increased recruitment and retention costs and under - serving of the rural communities since health workers remain concentrated in urban and semi urban areas (MOH 2010b). This study aimed to establish whether there is any relationship between remuneration and retention of health workers. The results of the study, if well used by district policy makers, could aid decision making on sustained attraction and retention of health workers in rural areas, reducing staff recruitment and retention costs in the district.

2. Goal, Objectives and Hypotheses

The study sought to contribute to the improvement of the health of the rural communities in Ibanda district by examining the relationship between preferential remuneration of health workers and their retention, hoping that the results would inform policy makers to make pay reforms that could retain more health workers. More specifically, the study sought to:

- Examine the relationship between pay levels and health workers' retention.
- Establish the relationship between performance - related pay and health workers' retention.
- Assess the relationship between payment of allowances and health workers' retention.

To undertake a rigorous investigation of the relationship between remuneration and retention, we formulated three hypotheses to guide the analysis:

- There is a relationship between pay levels and health workers' retention.
- There is a relationship between performance - related pay and health workers' retention.
- There is a relationship between payment of allowances and health workers' retention.

3. Methodology

This study used a descriptive cross sectional design with both qualitative and quantitative approaches for reasons of its comprehensiveness in data generation. The study was conducted in 9 randomly selected public health centers from the 43 in Ibanda, a rural district found in south western Uganda. Its headquarters is located approximately 70 kilometers from Mbarara, which is the nearest town but located in Mbarara, which is another district. The variables considered for investigation - remuneration and retention - were guided by the equity theory that was propounded by John Stacey Adams in 1962 (Spector, 2008). This theory states that employees' motivation is affected by whether or not they feel they are being treated fairly relative to their peers. Akan, Allen and White (2009) add that this sense of fairness is determined by one's rewards relative to one's work-related inputs as compared with a referent other's rewards relative to that person's work-related inputs. Equity Theory has proven relevance in employee remuneration and compensation. If an employee perceives that he/she is under compensated, he/she withdraws leading to attrition. Likewise, one of the most important steps in promoting equity is to tie the rewards to employee performance (Baxamusa, 2012).

The study population included 12 political and administrative leaders at the district who were purposively selected to serve as key informants and 103 health workers who were selected using stratified sampling technique to represent various health professional staff categories. The health workers were selected from 9 health centers that were randomly selected from the 43 in this rural and remote district. These sampling techniques were chosen because they increase validity and ensure representative samples.

Health workers were put in three strata - medical officers, allied health professionals, and nurses and midwives to ensure that all categories participate in the study. From each stratum, random sampling was used to draw respondents. All the health workers in each stratum had equal chances of being selected to participate in the study. A rotary method was applied to draw health workers that participated in the study.

The main methods of data collection were questionnaires, document reviews and interview guide. Structured questionnaires were administered by the investigators to minimise consultation among the respondents and avoid biased responses while ensuring timely receipt of the questionnaires. A five point and eighteen item Likert scale with response choices such as, (1) Strongly Agree, (2) Agree, (3) Not sure, (4) Disagree, (5) Strongly Disagree was used. The key informant interviews were conducted to compliment and triangulate the information gathered from respondents and the available documents (Patton 2001). An interview guide was designed to maintain consistency and reduce bias. Review of documents such as staffing norms, staff lists and remuneration records helped to give data on retention and attrition. A check list was designed to extract the necessary information from the official documents that had relevant information. This helped to triangulate and corroborate

information from other sources in order to ensure accuracy.

To ensure validity of research instrument, copies of the draft instruments were pilot tested in one health center and among the political and administrative leadership in Kiruhura (neighbouring) district. Validity was established by computing the content validity index whose formula is;

CVI = K/N whereby:

CVI= Content Validity Index

K =Number of items considered relevant/suitable

N = Number of items considered in the instruments

Four experts were requested to rate the instruments. The results from rating were used to compute the Content Validity Index value ratio. The CVI method is preferred because it is the most suitable validity measure for the studies using instruments like questionnaires. We obtained a CVI of 0.8 and proceeded to administer the instruments because it was greater than the minimum of 0.6 recommended. (Kaplan & Saccuzo, 1993). In order to ascertain reliability, the instruments were piloted. The results from the pilot test were used to compute reliability, which was assessed using the CRONBACH formula.

$$\alpha = \frac{k}{k-1} \left[1 - \sum \frac{SD^2_i}{SD^2_t} \right]$$

Where: α =Alpha is Reliability co-efficient. K =Number of items included.

$\sum SD^2_i$ =Sum of variance of individual items. SD^2_t =variance of all items.

We attained α value of .832 for the instruments. The researchers went ahead to administer questionnaires because of a high coefficient α value ratio of more than the standard minimum of 0.7 recommended by Kaplan and Saccuzo (1993). We obtained a response rate of 100 percent from the key informants and 93.6 percent from the health workers.

After data collection, the researchers edited, coded, tabulated and analyzed the data. Quantitative and qualitative approaches suitable for the collected information were employed. SPSS version 16.0 was employed to enter and clean the data as well as compute descriptive and inferential statistics. Content analysis was employed to analyze data from interviews where important thematic areas were identified. For ethical considerations, respondents were asked to consent to the study and confidentiality was promised and ensured.

4. Results

4.1. Demographic Characteristics of Respondents in Relation to Retention

The study considered the background information of respondents. Here, variables like gender, age and education level of the respondents were cross-tabulated with their duration of stay in the district. According to Chiang and Birtch (2006), demographic variables such as age, sex and

marital status affect reward preferences and in so doing also affect job stability.

4.1.1. Gender of the Respondents in Relation to Retention

Gender was an attribute that was considered among the

demographic characteristics. The relationship between gender and retention is presented in Table 1 below. Calculation of retention was based on those who had worked for 5 years and above.

Table 1. Gender of the respondents in relation to retention

	Gender	Distribution of respondents by years of service in Ibanda district				Frequency	percentage respondents	percentage of retention
		0-4	5-9	10-14	15 and above			
Distribution of the respondents by gender	Female	29	23	9	4	65	56.5%	55%
	Male	25	14	7	4	50	43.5%	50%
Total		54	37	16	8	115	100%	

Table 1 above shows that 56.5% of the respondents were females while 43.5% were males. The table further shows that females were relatively more retained at 55% when compared to males whose retention was only at 50%.

4.1.2. Age of the Respondents in Relation to Retention

The age of the respondents was another demographic element obtained from the study respondents. The distribution of the age of the respondents in the study is presented in Table 2:

Table 2. Cross-tabulation of age and duration of service of the respondents in Ibanda district

	Age range	Distribution of respondents by years of service in Ibanda district				Frequency	Percentage of respondents	percentage of retention
		0-4	5-9	10-14	15 and above			
Distribution of the respondents by age	20-30	39	19	0	0	58	50.5%	33%
	31-40	14	18	10	0	42	36.5%	66%
	41-50	1	0	6	0	7	6%	86%
	51 and above	0	0	0	8	8	7%	100%
Total		54	37	16	8	115	100%	

Table 2 above shows that older employees were more retained compared to their younger counterparts. Those who were 51 years of age and above had all been retained (100 percent). Those between 41 and 50 years had a retention rate of 86 percent while those between 31 and 40 had a retention rate of 66 percent. The youngest age group of 20-30 years had the lowest retention rate of 33 percent.

4.1.3. Education of the Respondents in Relation to Retention

Education was yet another demographic characteristic considered vital since it influences the level of individual perceptions and judgment. The distribution of the study respondents by education level is presented in Table 3 below:

Table 3. Cross-tabulation of level of education and duration of service of respondents in the district

		Distribution of respondents by years of service in Ibanda				Frequency	percentage respondents	percentage of retention
		0-4	5-9	10-14	15 and above			
Distribution of respondents by highest level of education	Certificate	21	27	10	6	64	68.3	67.2
	Diploma	22	7	4	2	35	32.2	39
	Degree	8	3	2	0	13	11.3	38
	Masters	3	0	0	0	3	2.6	00
Total		54	37	16	8	115	100	

Table 3 shows that majority of the study respondents (68.3%) had the education level of certificate but were most retained at a rate of 67.2% while the least were those who had Masters Degree with (2.6%) retained at a rate of 00%. These suggest that retention of workers is somehow inversely related to their level of education; that there is increased labour mobility among the workers with high levels of education compared to those with lower qualifications.

4.2. The Relationship between Pay Levels and Health Workers' Retention

To explore thoroughly this relationship, the study designed and administered a set of questions to respondents as they rated their views selecting from options: strongly disagree, disagree, neutral, agree and strongly agree. From the responses given, the highest percentage of health workers in

the lowest pay scale (U5, U6 and U7) strongly disagreed that this was sufficient to keep them at their job. However, a greater majority of health workers in higher pay levels (U4, U3 and U2) agreed that their pay could keep them on their jobs (60 percent, 74 percent and 80 percent respectively). It appears that pay levels influenced the intention to stay on the job. Indeed, analysis of health workforce attrition according to pay scales of health workers indicated that those who were in the lower salary scales constituted majority (78 percent) of those who had left the district service in the previous two years compared to those who were in higher pay scales (22 percent).

Further analysis was conducted using Pearson's correlation to establish the relationship between pay levels and retention of health workers. The results are in table 4 that follows.

Table 4. A summary of Pearson correlation for the relationship between pay levels and Retention of Health Workers

Correlations			
		Pay levels	Health workers' retention
Pay level	Pearson Correlation	1	.075**
	Sig. (2-tailed)		.000
	N	103	103
Health workers retention	Pearson Correlation	.075**	1
	Sig. (2-tailed)	.000	
	N	103	103

** . Correlation is significant at $p < 0.01$ level (2-tailed).

The analysis shown in the table above gave a Pearson correlation co-efficient result of 0.075, which is significant ($p < .001$ for a 2-tailed test) showing a linear relationship between pay levels and health workers' retention. Therefore the hypothesis that "there is a relationship between pay level and health workers' retention" was accepted.

4.3. The Relationship between Performance Rated Pay and Health Workers' Retention

The study explored the relationship between performance-related pay and health workers' retention where we designed and administered a set of questions for the respondents to rate their views on a Likert scale. The analysis of responses showed that 77 percent of health workers disagreed with the existence of merit pay in the district. However, most respondents (90 percent) agreed that there was an indirect system of merit pay whereby through annual performance assessments, highly performing employees were identified and promoted which attracted increased salaries. Good performance was also mentioned as a factor considered in assigning health workers to head certain health units and departments, something that also resulted into more payment in form of acting or responsibility allowances. A further analysis using Pearson's Correlation to test the association between merit pay and retention of health workers gave the following results:

The analysis shown in table 4 above gave a Pearson correlation co-efficient result of 0.0936, which is significant

($p < .001$ for a 2-tailed test) showing a linear relationship between merit pay and health workers' retention. Therefore the hypothesis that "there is a relationship between merit pay and health workers retention" was also accepted.

Table 5. Showing Correlation between merit pay and health workers' retention

Correlations			
		Merit Pay	Health Workers' Retention
Merit Pay	Pearson Correlation	1	.0936**
	Sig. (2-tailed)		.000
	N	103	103
Health Workers Retention	Pearson Correlation	.0936**	1
	Sig. (2-tailed)	.000	
	N	103	103

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

4.4. The Relationship between Allowances and Health Workers' Retention

Another objective of the study was to assess the relationship between allowances and health workers' retention. This was analyzed along various variables by collecting views from respondents who rated their level of agreement with given statements on a Likert scale. The results showed that 70 percent agreed that they were receiving allowances for special assignments on top of their salaries, 70 percent agreed to being paid allowances for attending workshops while 70 percent agreed to receiving allowances for outreach activities. A Pearson's correlation analysis was conducted to further establish the association between allowances and retention of health workers. The results are shown in table 6 below:

Table 6. Correlation between allowances and retention of health workers

Correlations			
		Allowances	Health workers' Retention
Allowances	Pearson Correlation	1	.0829**
	Sig. (2-tailed)		.000
	N	103	103
Health workers Retention	Pearson Correlation	.0829**	1
	Sig. (2-tailed)	.000	
	N	103	103

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

The analysis shown in table 5 above gave a Pearson correlation co-efficient result of 0.0829, which is significant ($p < .001$ for a 2-tailed test) showing a linear relationship between allowances and health workers' retention. Therefore the hypothesis that "there is a relationship between payment of allowances and health workers' retention" was also accepted.

5. Discussion

Age was considered an important demographic characteristic of the respondents because it influences

workers' period of stay in organizations as manifested by the relationship between age and retention of health workers in this study. Arguably, as health workers age increases, they tend to settle waiting for their benefits. On the contrary, labor mobility is high among the young workers since they are still expectant to earn big in their lives. This is in agreement with the works of Meyers and Degges-White (2007) who reported that age can affect employees' reward preferences thus increasing labor mobility among the young and a reverse for the old. It appears that equitable rewards to young employees would result into increased staff stability and thus increased retention.

Although there was only a 5 percent difference in the retention rates between females and males, females stayed longer in this rural district possibly because many had gotten spouses and born children which increased their job stability. It is possible that some married working mothers may have found a way to balance the care of their children and keep doing their work. It is to be noted that retention of health workers was found to be inversely related to the level of education. Results showed increased labour mobility among the workers with high levels of education compared to those with lower qualifications. We deduced that advancement in education increases the marketability of the health workers in the labor market, which increases their demand and consequently their mobility.

The findings that pay levels are strongly associated with retention are in agreement with Hughes et al. (2009) who found that salary and retention were related. These findings are also in agreement with Prasetya, and Masanori (2011) who conducted a survey at PT Telkom Malang Regional Office which is a company engaged in telecommunication services in Indonesia. Their findings revealed that salary was an important factor in employee retention and adequate salary was the expectation of every employee. The findings however disagree with Leonard and Masatu (2010) who found through a study conducted in Tanzania that working conditions alone, including salary level, cannot explain performance and health workers' retention. This suggests that these factors have to be used in combination rather than isolation in order to achieve greater retention of health workers. Even then, Vujic et al (2004) who asked health workers to rank various factors for retention found that salary ranked highest compared to other factors. Majority in Cameroon (68%), Ghana (89)% and South Africa (78%) affirmed that the most considered factor for stability was pay level. This suggested that the improvement of the salaries was a good reason for them to stay.

The finding that merit pay was not commonly used in Ibanda district is typical of the Public Service in Uganda where remuneration is mainly through monthly salaries. However, there was acknowledgement of indirect merit pay system whereby good performing employees were identified for promotion which usually resulted into higher salaries. This finding is in agreement with a World Bank study (2001) which found out that merit pay was an indirect incentive in public health units in Bosnia and Herzegovina; with 75

percent of officials reporting that merit (performance) was required to obtain positions and be promoted in the health sector.

Allowances are a strong incentive for health workers to stay in Ibanda district. Indeed, majority of respondents acknowledged presence of allowances paid for attending workshops, conferences and special assignments. However, these allowances mainly favored senior health workers, a finding that is similar to what was established by Munga and Mbilinyi, (2008) in Kenya who found that junior cadres with basic qualifications are often posted to work in primary facilities and rural hospitals where they do not qualify for responsibility allowances, acting allowances, duty allowances, subsistence allowances or traveling allowances, and are not offered the incentives packages found at better-financed, central services. The above results also agree with Dambisya (2007a) who found that incentives and allowances in many countries are focused on a few cadres of staff, such as doctors in rural facilities in Zambia, nurse tutors in Malawi, or nurses and doctors in Botswana. Although they help to retain these cadres that often have high market demand, they may demotivate other members and threaten team spirit which is critical in health care. It may therefore be necessary to work out a balance between attracting and retaining critical cadres in health care and ensuring that team work is maintained through well designed allowance systems.

6. Conclusions

On the basis of the field study findings and the foregoing discussion, we conclude that pay levels that are comparable in the labor market play a major role in health workers' retention. The salary that is adequate makes the health workers more stable rather than the inadequate one that keeps them on the lookout for better paying jobs.

Second, the study shows that transparent performance/merit awards contribute to health worker retention because expectation of merit awards like promotion keeps them on job.

Thirdly, we conclude that health workers' allowances do enable them to supplement on their basic salaries and hence meet their social economic needs freeing salaries for investment which fosters the employee to like the job and consequently stay.

Recommendations

On the basis of the above discussion and conclusions, we recommend to the Ministry of Health and the district local governments to come up with clear performance related schemes so that health workers may be motivated to attain such awards.

We further recommend the establishment of various allowances, which should be extended to all health workers without limiting them to only the senior staff. The study results suggest that payment of allowances is associated with retention of health workers.

Although the association between sex and retention was not very strong, longer stay of females than males may indicate that designing flexible family-job schedules might be seen by especially married female health workers as enabling them to attend to their families while keeping in the job, hence staying longer.

Finally, the district needs to ensure that the health workers are promoted immediately their promotion time falls due. Since one of the requirements for promotion of staffs is performance to the expected standards, there is need to motivate them to work and earn their promotion on time. The other aspect is that when people are promoted and earn higher salaries, they tend to stay longer than those earning lower salaries.

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