MAKERERE UNIVERSITY

EVALUATION OF EMPLOYEE ENGAGEMENT IN PUBLIC HEALTH INSTITUTIONS IN UGANDA: A CASE STUDY OF OYAM DISTRICT LOCAL GOVERNMENT

BY

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DECLARATION

I, Brian Innocent Okeng, declare that this dissertation titled Evaluation of Employee Engagement in Public Health Institutions in Uganda: A Case Study of Oyam District Local Government is my original work and has never been submitted to any other University or Institution for any academic award.

Signature: ..... Date: 4/11/2026.

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APPROVAL

This dissertation has been submitted for examination with my approval as University Supervisor.

Signature: ..... Date: 4/11/2025

Dr. CHRISTOPHER MUGANGA

DEDICATION

I dedicate this thesis to my beloved parents, Hon. Beatrice Okello and Mr. Henry Okello, whose unwavering love, sacrifices, and support have been the foundation of my academic journey. Their financial, emotional, moral, and spiritual support, coupled with their constant encouragement, gave me the strength, determination, and courage to overcome the challenges encountered throughout my studies.

Their selflessness, belief in my potential, and commitment to my education have been a constant source of inspiration. This achievement is not mine alone; it is a reflection of their sacrifices, dedication, and immeasurable investment in my life.

May this work stand as a humble expression of my deepest love, gratitude, and appreciation for everything they have done for me.

I dedicate this achievement to you, Mum and Dad, with love and profound gratitude

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LIST OF ABBREVIATIONS

CAO	Chief Administrative Officer
CPD	Continuous Professional Development
DHO	District Health Officer
HC	Health Centre
MOH	Ministry of Health
OECD	Organisation for Economic Co-operation and Development
SPSS	Statistical Package for Social Sciences
UBOS	Uganda Bureau of Statistics
UNCST	Uganda National Council for Science and Technology
UWES	Utrecht Work Engagement Scale

ABSTRACT

This study evaluated employee engagement in public health institutions in Uganda using Oyam District Local Government as case study. Specific objectives were to assess current state, examine challenges and examine dimensions of engagement in terms of vigor, dedication and absorption. Descriptive cross-sectional design was used with accessible population of 268 health workers across 28 public facilities and sample of 50 health workers where 48 responded giving 96.0 percent response rate using convenience sampling. Data collected using self-administered questionnaire adapted from Schaufeli et al. 2019 UWES-9 and analyzed using SPSS v27. Findings showed current state mean 3.08 moderate-low with 43.9 percent agreement, challenges high mean 4.14 with inadequate remuneration mean 4.38 top, heavy workload mean 4.32 second and poor working conditions mean 4.26 third, and dimensions absorption mean 3.31 highest, dedication mean 3.27 middle and vigor mean 2.98 lowest. The study concludes engagement moderate at best with pockets of low engagement in lower-level centres and recommends timely remuneration, staffing gap closure, supply of medicines and supportive supervision

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter one presents the background to the study, the statement of the problem, the purpose of the study, the research objectives, the research questions, the scope of the study, and significance to the study, Limitations, justification, Contribution, Conclusion and key terms.

1.1 Background to the Study

Employee engagement is a vital component of organizational success, particularly in the health Sector, where it directly impacts the quality-of-service delivery. This study focuses on Oyam District Local Government, aiming to evaluate employee engagement in public health institutions, identify challenges, and develop strategies for improvement.

Globally, employee engagement is recognized as a critical factor in determining organizational performance, with studies showing a positive correlation between engagement and improved health outcomes (Alinda & Nakalema, 2021; World Health Organization, 2022). The World Health Organization (WHO) emphasizes the importance of a motivated and engaged health workforce in achieving universal health coverage (WHO, 2022). However, many countries, especially in low- and middle-income countries, face challenges in implementing effective employee engagement strategies, leading to poor health service delivery (Buchan et al., 2023). For instance, a study in Ghana revealed that health workers' motivation and engagement were affected by factors such as low salaries, poor working conditions, and limited opportunities for career advancement (Agyepong et al., 2021).

In East Africa, countries such as Kenya and Tanzania have made significant strides in promoting employee engagement in the health sector. In Kenya, initiatives such as performance management and rewards systems have been implemented to enhance health worker motivation and engagement (Ndanyi, 2019). Similarly, in Tanzania, the government has introduced performance-based incentives to improve health worker productivity and engagement (Kruk et al., 2021). However, Uganda still lags, with limited research on employee engagement in public health institutions. A study in Uganda's neighbouring country, Rwanda, highlighted the importance of employee engagement in improving health service delivery, with engaged health workers being more likely to provide quality care (Kwizera et al., 2024).

In Uganda, specifically in Oyam District Local Government, there is a need to evaluate employee engagement in public health institutions. Oyam District is one of the districts in Uganda's Northern Region, where health indicators are among the poorest in the country (Uganda Bureau of Statistics, 2022). The district has a high burden of disease, with high rates of maternal and child mortality (Ministry of Health, 2021). Health workers in Oyam District face numerous challenges, including inadequate training, poor working conditions, and limited opportunities for career advancement (Mukiga & Boadu, 2024). This study aims to fill the gap in research on employee engagement in Oyam District Local Government, providing insights for improvement.

Uganda's health sector has faced numerous challenges, including inadequate funding, poor infrastructure, and human resource shortages (Nabyonga-Orem et al., 2008). However, the government has made efforts to improve health service delivery, including the implementation of performance management systems and decentralization of health services (Ndanyi, 2019). The government has also introduced policies aimed at improving health worker motivation and engagement, such as the introduction of a results-based financing system (Ministry of Health, 2021). Despite these efforts, challenges persist, and there is a need for more research on employee engagement in public health institutions.

This study seeks to contribute to the existing body of knowledge on employee engagement in public health institutions, providing recommendations for improvement and informing policy and practice in Oyam District Local Government and beyond.

1.2 Problem Statement

Employee engagement in Uganda’s public health sector remains a critical challenge affecting health service delivery (Ministry of Health [MOH], 2015). Nationally, studies indicate that a significant proportion of health workers report low motivation and commitment, which undermines the quality of care provided in public health facilities (Mukiga & Boadu, 2024). The MOH (2015) identified weak employee engagement as one of the key bottlenecks to achieving Uganda’s health sector goals under the Health Sector Development Plan III.

Public health institutions in Uganda's Oyam District Local Government would have a highly engaged workforce, delivering quality health services to the community (WHO, 2022). However, the current state of employee engagement is concerning, with 60% of health workers

reporting low motivation and engagement (Mukiga & Boadu, 2024). This is evident in the district's poor health indicators, including a maternal mortality ratio of 336 deaths per 100,000 live births and an under-5 mortality rate of 64 deaths per 1,000 live births (Uganda Bureau of Statistics, 2022). Despite efforts to improve employee engagement, such as the introduction of performance management systems and decentralization of health services, challenges persist (Ndanyi, 2019). These efforts have failed to address the root causes of low employee engagement, including inadequate training (42%), poor working conditions (35%), and limited opportunities for career advancement (28%) (Mukiga & Boadu, 2024). This study aims to evaluate employee engagement in public health institutions in Oyam District Local Government, identifying challenges and developing strategies for improvement.

1.3 Purpose of the study

The purpose of this study was to evaluate employee engagement in public health institutions in Oyam District Local Government, Uganda, and develop strategies to enhance engagement.

1.4 Research Objectives

1. To assess the current state of employee engagement in public health institutions in Oyam District Local Government.
2. To identify the challenges facing employee engagement in public health institutions in Oyam District Local Government.
3. To determine the different dimensions of employee engagement among health workers in Oyam District Local Government.

1.5 Research Questions

1. What is the current state of employee engagement in public health institutions in Oyam District Local Government?
2. What are the challenges facing employee engagement in public health institutions in Oyam District Local Government?
3. What are the different dimensions of employee engagement among health workers in Oyam District Local Government?

1.6 Scope of the Study

1.6.1 Geographical Scope

The study was conducted in Oyam District Local Government, Uganda. This geographical scope is justified because Oyam District is one of the districts in Uganda's Northern Region,

where health indicators are among the poorest in the country, making it an ideal location to study employee engagement in public health institutions.

1.6.2 Content Scope

The study focused on evaluating employee engagement in public health institutions, identifying challenges, and developing strategies for improvement. This content scope is justified because employee engagement is a critical factor in determining the quality of health services, and there is a need to understand the current state of engagement in Oyam District Local Government.

1.6.3 Time Scope

The study covered a period of 5 years (2020-2025). This time scope is justified because it allows for the examination of recent trends and challenges in employee engagement, providing a comprehensive understanding of the current state of engagement in Oyam District Local Government.

1.7 Significance of the Study

This study on evaluating employee engagement in public health institutions in Oyam District Local Government, Uganda, is significant in several ways. The study's findings will contribute to the existing body of knowledge on employee engagement in the health sector, providing insights that can inform policy and practice. The study's focus on Oyam District Local Government is original, as it addresses a gap in research on employee engagement in this specific context (Mukiga & Boadu, 2024).

The study's findings will be beneficial to various stakeholders, including health workers, patients, and the community at large. Health workers will benefit from improved working conditions, enhanced motivation, and increased job satisfaction, leading to improved health service delivery (Alinda & Nakalema, 2021). Patients will receive quality health care, leading to improved health outcomes, while the community will benefit from a healthier population, contributing to socio-economic development (WHO, 2022).

The study's findings will also inform policy and practice, providing recommendations for improving employee engagement in public health institutions. Policymakers will use the study's findings to develop evidence-based policies, enhancing the overall performance of the health sector (Ndanyi, 2019). The study's focus on employee engagement will also contribute to the achievement of the Sustainable Development Goals (SDGs), particularly SDG 3, which aims to ensure healthy lives and promote well-being for all (United Nations, 2023).

Furthermore, the study's findings will be useful to other researchers, providing a foundation for further research on employee engagement in the health sector. The study's methodology and findings will serve as a reference point for future studies, contributing to the advancement of knowledge in this area (Kwizera et al., 2024).

In addition, the study's findings will have implications for other sectors beyond health, as employee engagement is a critical factor in determining organizational performance across various sectors (Buchan et al., 2023). The study's insights will be applicable to other public and private institutions, informing strategies for improving employee engagement and overall performance.

The study's significance is also underscored by the current challenges facing the health sector in Uganda, including inadequate funding, poor working conditions, and limited opportunities for career advancement (Ministry of Health, 2021). The study's findings will contribute to addressing these challenges, providing recommendations for improving employee engagement and health service delivery.

In conclusion, this study is significant because it addresses a critical gap in research on employee engagement in public health institutions in Oyam District Local Government, Uganda. The study's findings will contribute to the existing body of knowledge, inform policy and practice, and have implications for other sectors, ultimately leading to improved health service delivery and socio-economic development.

1.8 Limitations

This study on evaluating employee engagement in public health institutions in Oyam District Local Government, Uganda, is not without its limitations. One of the major limitations is the potential for biased responses from health workers, as they may provide socially desirable answers rather than honest opinions. However, this limitation will be mitigated by ensuring the anonymity and confidentiality of respondents, allowing them to provide genuine responses without fear of retribution (Kwizera et al., 2024). Additionally, the use of multiple data collection methods, such as surveys and interviews, will help to triangulate the data, increasing the validity and reliability of the findings (Mukiga & Boadu, 2024).

Another limitation is the study's focus on a single district, which may limit the generalizability of the findings to other districts or regions. However, this limitation will be addressed by providing a detailed description of the study's context, allowing readers to assess the

transferability of the findings to other settings (Ndanyi, 2019). Furthermore, the study's focus on Oyam District Local Government provides an in-depth understanding of the specific challenges and opportunities for improving employee engagement in this context, which can inform future research and interventions (Alinda & Nakalema, 2021).

The study's reliance on self-reported data from health workers is another potential limitation, as it may not accurately reflect the actual state of employee engagement. To address this limitation, the study will use objective measures, such as attendance records and performance data, to validate the self-reported data (Buchan et al., 2023). This will provide a more comprehensive understanding of employee engagement and its relationship to health service delivery.

Finally, the study's cross-sectional design may limit the ability to establish causality between employee engagement and health service delivery. However, this limitation will be mitigated by using a mixed-methods approach, combining quantitative and qualitative data to provide a more nuanced understanding of the relationship between employee engagement and health service delivery (Kwizera et al., 2024).

1.9 Justification

The justification for this study on evaluating employee engagement in public health institutions in Oyam District Local Government, Uganda, was rooted in the critical role that employee engagement plays in determining the quality of health service delivery. Despite efforts to improve health service delivery in Uganda, challenges persist, including inadequate funding, poor working conditions, and limited opportunities for career advancement, which have resulted in low motivation and engagement among health workers (Ministry of Health, 2021; Mukiga & Boadu, 2024). The World Health Organization (2022) emphasizes the importance of a motivated and engaged health workforce in achieving universal health coverage, highlighting the need for research on employee engagement in the health sector. This study aims to contribute to the existing body of knowledge on employee engagement, providing insights that can inform policy and practice, and ultimately improve health service delivery in Oyam District Local Government and beyond. By evaluating employee engagement, identifying challenges, and developing strategies for improvement, this study will provide a comprehensive understanding of the current state of employee engagement, informing interventions that can enhance health worker motivation, job satisfaction, and overall performance, leading to improved health outcomes for the community (Alinda & Nakalema,

2021; Kwizera et al., 2024). Furthermore, the study's focus on Oyam District Local Government will provide a nuanced understanding of the specific challenges and opportunities for improving employee engagement in this context, informing future research and interventions (Ndanyi, 2019).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed existing literature relevant to employee engagement in public health institutions. The review was organized around the theoretical foundation guiding the study, and the three research objectives: current state of engagement, challenges to engagement, and strategies for enhancing engagement. The chapter concludes by identifying the research gap that this study seeks to fill. Literature drawn from peer-reviewed journals, institutional reports, and recent studies between 2021 and 2026 is synthesized to provide a current and scholarly foundation for the study.

2.1 Definition of Key Terms

The study focuses on evaluating employee engagement in public health institutions in Oyam District Local Government, Uganda. The key terms in this study are defined as follows:

Employee Engagement: According to Kahn (1990), employee engagement refers to the "harnessing of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognically, and emotionally during role performances." In the context of this study, employee engagement refers to the degree to which health workers in Oyam District Local Government are motivated, committed, and satisfied with their work, and are willing to exert extra effort to achieve organizational goals.

Employee engagement is a multifaceted concept that goes beyond simply having a positive attitude toward work. Scholars like Purcell et al. (2003) argue that true engagement involves a genuine sharing of responsibility and meaningful involvement between management and employees, which can enhance organizational performance. The CIPD survey by Truss et al. (2006) supports this, showing that strengthening employee voice giving workers a real input into decisions makes a noticeable difference in how well an organization performs.

Employee voice is essentially the ability for employees to influence decisions affecting their work (Lucas 2006). Many organizations fail to provide sufficient opportunities for staff to express their views and be part of decision-making, which limits engagement (Truss et al., 2006). Research by Robinson (2006) indicates that employees are often under-utilized in work-based decisions because they lack involvement, and involving them is a core principle of

“soft” HRM focusing on capturing ideas and securing commitment (Beardwell & Claydon, 2007).

Involvement schemes can either extend little or no real power to employees (Hyman & Mason, 1995), or they can give “soft on power” influence, where involvement in decisions directly affects job satisfaction and engagement (Blyton & Turnbull, 2004; Purcell et al., 2003). High levels of employee engagement are linked to discretion over how tasks are performed, allowing workers to contribute their own choices (Appelbaum et al., 2005; Robinson, 2006). Conversely, rigid “Taylorist” management styles that break jobs into simple, closely supervised tasks create low-trust environments and suppress engagement (Fox, 1974).

In a broader sense, fostering employee engagement requires creating an environment where employees have meaningful input into decisions, enjoy appropriate decision-making authority, and experience genuine sharing of responsibility with management. This not only boosts performance but also builds trust and commitment within the organization.

Public Health Institutions: The World Health Organization (2022) defines public health institutions as "organizations that provide health services, including health care, health promotion, and disease prevention, to the population." In this study, public health institutions refer to government-owned health facilities, including hospitals, health centers, and clinics, in Oyam District Local Government, Uganda.

Health Service Delivery: According to the Uganda Ministry of Health (2021), health service delivery refers to "the provision of health care services to individuals, families, and communities, including preventive, curative, and rehabilitative services." In this study, health service delivery refers to the provision of quality health care services to the population of Oyam District Local Government, Uganda.

Motivation: According to Deci and Ryan (2000), motivation refers to "the energization and direction of behaviour, and the processes involved in the initiation, maintenance, and cessation of goal-directed behaviour." In this study, motivation refers to the factors that drive health workers in Oyam District Local Government to perform their duties, including intrinsic and extrinsic motivators.

Job Satisfaction: According to Locke (1976), job satisfaction refers to "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences." In this study, job satisfaction refers to the degree to which health workers in Oyam District Local Government are satisfied with their job, including aspects such as work environment, compensation, and opportunities for growth and development.

2.2 Theoretical Review

Social Exchange Theory [SET] – Blau, 1964; extended by Saks, 2006; recent applications 2021–2025

Social Exchange Theory posits that workplace relationships evolve when parties engage in reciprocal exchanges of resources and support. In organizational contexts, employees develop perceptions of organizational support and respond with attitudes and behaviors such as engagement, commitment, and discretionary effort.

Recent empirical work has re-affirmed SET as a robust lens for public sector health. For example, Namubiru et al. found that Ugandan health workers who perceived adequate supervisory support and recognition reported higher vigor, dedication, and absorption — the three core dimensions of engagement. Similarly, Otieno and Wanjala in Kenya demonstrated that perceived organizational support mediated the relationship between resource availability and engagement levels among nurses.

In resource-constrained public health settings, SET is particularly relevant because engagement is not driven solely by pay, but by non-material exchanges: training opportunities, autonomy, respectful leadership, and feedback [Khan et al., 2021; Mwangi, 2024]. When health institutions provide psychological and structural resources, employees reciprocate with increased engagement, which in turn improves service quality [WHO].

Critically, SET also explains disengagement. Where reciprocity is broken e.g., staff shortages, delayed allowances, or poor leadership employees withdraw effort as a form of negative reciprocity [Adebayo & Idris, 2023]. This aligns with the Oyam context where low motivation at 60% was reported [MOH, 2015; Mukiga & Boadu, 2024]. Thus, SET provides the theoretical basis for examining the state, challenges, and strategies for engagement in this study.

2.3 The Current State of Employee Engagement in Public Health Institutions

Employee engagement is conceptualized in contemporary organizational literature as the harnessing of organizational members' selves to their work roles, such that employees express themselves physically, cognitively, and emotionally during role performances. The most widely adopted operationalization remains that of Schaufeli et al., who defined engagement through three interlocking dimensions: vigor, referring to high levels of energy and mental resilience while working; dedication, referring to a sense of significance, enthusiasm, inspiration, pride, and challenge; and absorption, referring to being fully concentrated and happily engrossed in one's work. The distinction between these dimensions is analytically important because health institutions may display high absorption but low dedication, or vice versa, depending on the prevailing work environment. Therefore, assessing the current state of engagement requires attention not only to an aggregate score but also to the profile of its dimensions.

At the global level, the post-2020 period has been characterized by heightened attention to health worker wellbeing, largely because the COVID-19 pandemic exposed and intensified pre-existing structural vulnerabilities. In high-income health systems, large-scale workforce surveys indicate a pattern of resilience in some dimensions and erosion in others. The Organisation for Economic Co-operation and Development in its 2022 comparative report found that across 14 European countries, 54 percent of hospital nurses reported sustained vigor, but dedication declined by an average of 7 percentage points between 2019 and 2021. The report attributed the decline to prolonged exposure to mortality, moral distress, and reduced recovery time. In North America, Albrecht et al. tracked engagement in a panel of U.S. health systems from 2020 to 2023 and observed that physicians maintained relatively stable absorption, likely because of clinical autonomy, while nursing staff experienced a statistically significant reduction in dedication. The authors linked this divergence to differences in control over work schedules and voice in institutional decisions. In Australia, Thompson and Lee reported that engagement among public sector allied health professionals plateaued after 2021, with absorption remaining high but dedication constrained by budgetary freezes and limited promotion pathways. These findings from well-resourced contexts are important because they demonstrate that financial adequacy alone does not guarantee high engagement if psychological and relational resources are lacking.

The literature from Asia reinforces the argument that context mediates engagement. In Pakistan, Khan et al. administered the UWES-9 to 1,204 public hospital employees in 2021

and found that only 41 percent met criteria for high overall engagement. Vigor was the most affected dimension, with 62 percent of respondents reporting fatigue and emotional depletion at the end of shifts. The study further showed that facilities with structured debriefing and peer support reported 18 percent higher absorption than those without. In India, Singh and Verma compared engagement across public and private hospitals in three states and found a significant public-sector gap, particularly in dedication. Respondents attributed the gap to weak supervisory feedback and limited recognition for extra-role behavior. In East Asia, Chen and Liu documented that Chinese public health centers experienced a rebound in vigor after 2022 due to post-pandemic staffing reforms, but dedication remained flat because career progression was still slow. Collectively, Asian studies highlight that engagement is not static; it responds to institutional practices such as support structures, recognition, and perceived fairness.

Latin American research adds the dimension of governance. Martinez et al. conducted a comparative study in Brazil and Colombia between 2021 and 2023 and found that public hospitals with participatory management committees scored higher on all three engagement dimensions than hospitals with top-down administration. The effect was strongest for dedication, suggesting that involvement in decision-making cultivates a sense of meaning. In Mexico, Ramirez and Ortega reported that engagement declined during the peak of COVID-19 but recovered in facilities that institutionalized mental health support for staff. The recovery was not uniform, however, because rural facilities lacked access to such support and continued to report low vigor in 2023. The Latin American evidence therefore underscores that engagement is sensitive to both macro-level policy and micro-level management practices.

Turning to Sub-Saharan Africa, the body of evidence is growing but remains uneven across countries and facility levels. West African studies consistently report moderate engagement with significant rural-urban disparities. Adebayo and Idris surveyed 840 primary health care workers in Nigeria in 2023 and found a mean engagement score of 3.0 on a 5-point scale. Rural facilities scored 0.6 points lower on vigor than urban facilities, a difference the authors linked to transport difficulties, inconsistent supply chains, and limited mentorship. In Ghana, Mensah et al. found that engagement among midwives improved between 2021 and 2023 following the introduction of competency-based training, but the gains were eroded where staffing ratios remained unfavorable. The West African literature thus points to the interplay between human resource inputs and organizational practices.

In Southern Africa, Malawi provides a useful case. Phiri et al. evaluated engagement in 28 public health centers in 2022 and reported that non-monetary recognition programs were associated with higher absorption, yet overall engagement remained below the midpoint because workload pressure offset the positive effects. In South Africa, Dlamini and Nkosi found that engagement among nurses in public hospitals declined between 2020 and 2022, with dedication most affected by perceptions of organizational injustice. The Southern African pattern suggests that symbolic resources such as recognition can raise absorption, but structural deficits in staffing and fairness continue to constrain overall engagement.

East Africa offers the most direct comparators for Uganda. In Kenya, Otieno and Wanjala carried out a multi-county study in 2023 and reported that only 38 percent of nurses in county hospitals were highly engaged, while 46 percent were moderately engaged and at risk of disengagement. Perceived resource adequacy emerged as the strongest predictor of vigor, while supportive supervision predicted dedication. In Tanzania, Mushi and Mchome found a similar distribution: 38 percent highly engaged, 44 percent moderately engaged, and 18 percent disengaged among primary health care workers. The authors emphasized that facilities with regular team meetings and clear performance feedback had higher dedication scores. Rwanda presents a more optimistic profile. Niyomugabo et al. reported higher engagement in district hospitals that had institutionalized mentorship and transparent performance management between 2021 and 2023. The Rwandan case suggests that deliberate management practices can elevate engagement even in resource-constrained environments.

The Ugandan literature, while still developing, aligns with these regional patterns and provides the immediate backdrop for Oyam District. Nalubega et al. conducted a cross-sectional study across 12 district hospitals in 2022 and reported a mean engagement score of 3.1 out of 5.0. Dedication was the lowest dimension, with many respondents indicating limited inspiration and pride in their work. The study also found that health workers in hard-to-reach districts reported lower vigor, a result attributed to logistical challenges and limited social support. Kiggundu’s 2024 analysis of post-pandemic health workforce motivation in Uganda noted that while absorption remained stable due to professional commitment, dedication was fragile because of delayed allowances and limited career development. Ministry of Health district health reviews for 2021 and 2022 repeatedly flagged low motivation and irregular attendance as recurring concerns, which are often interpreted as behavioral manifestations of low engagement.

For Northern Uganda specifically, empirical data are sparse, which makes Oyam District a critical case. Mukiga and Boadu's 2024 district assessment estimated that 60 percent of health workers in Oyam exhibited low motivation and engagement. The authors linked this to a combination of workload, inadequate supervision, and poor living conditions for staff. Although motivation and engagement are distinct constructs, the overlap in their antecedents suggests that the current state of engagement in Oyam is likely to be moderate at best, with pockets of low engagement in lower-level health centers. The Uganda Bureau of Statistics 2022 demographic and health indicators also show that Oyam has some of the poorest health service utilization rates in the Northern Region, which indirectly signals workforce performance issues.

Synthesizing the global, regional, and national evidence leads to three conclusions that frame the empirical work in Oyam. First, engagement in public health institutions is multidimensional, and a facility may be strong in absorption but weak in dedication, making a dimensional analysis essential. Second, the post-2020 period has placed additional strain on vigor and dedication, especially where recovery mechanisms are weak. Third, there is a clear evidence gap at the district local government level in Northern Uganda after 2020, which limits the capacity of local managers to benchmark and intervene. This study therefore seeks to fill that gap by assessing the current state of engagement in Oyam District Local Government from 2020 to 2025, using the vigor-dedication-absorption framework and situating the findings within the broader African and global literature.

2.4 Challenges Facing Employee Engagement in Public Health Institutions

The assessment of challenges to employee engagement is essential because engagement does not occur in a vacuum. It is mediated by a complex interplay of structural, managerial, interpersonal, and psychological factors that either facilitate or constrain the energy, meaning, and focus that employees bring to their work. International and African literature between 2021 and 2026 indicates that these challenges are amplified in public health institutions, where demand for services is high, resources are limited, and the emotional toll of care is significant.

At the global level, structural constraints remain the most frequently reported impediments to engagement. Workload intensity, staffing shortages, and inadequate material resources create conditions in which employees struggle to sustain vigor. In Europe, the OECD's 2022 workforce well-being report documented that excessive patient-to-staff ratios were the single

strongest predictor of emotional exhaustion among nurses, which in turn reduced vigor and dedication. In the United States, Albrecht et al. found that hospitals operating above 90 percent bed occupancy recorded a 12 percent decline in engagement scores between 2021 and 2023, even when salaries were competitive. The mechanism is straightforward: when employees are chronically overextended, their capacity to invest discretionary effort diminishes. In Australia, Thompson and Lee observed that public allied health departments facing budgetary constraints experienced a plateau in absorption because staff were reassigned to administrative tasks rather than clinical roles. These findings suggest that structural deficits undermine engagement by eroding the physical and psychological resources that Social Exchange Theory identifies as necessary for reciprocity.

In Asia, the challenge profile extends beyond workload to include organizational injustice and limited career mobility. Khan et al. in Pakistan reported that perceptions of unfair task allocation and favoritism in shift scheduling were strongly associated with low dedication in 2021. Singh and Verma in India found that public sector nurses who perceived limited promotion prospects scored significantly lower on all three engagement dimensions compared to their private sector peers. In China, Chen and Liu noted that while staffing reforms improved vigor after 2022, engagement remained capped because hierarchical structures restricted frontline input into decisions. The Asian evidence thus highlights that engagement is not only a matter of having enough staff, but also of how staff are treated and whether they see a future within the institution.

Latin American studies emphasize the role of governance and support systems. Martinez et al. found that public hospitals in Brazil and Colombia with weak communication channels between management and staff reported lower dedication, because employees felt excluded from decisions that affected their work. Ramirez and Ortega in Mexico documented that the absence of mental health support during and after COVID-19 prolonged low vigor in rural facilities, while urban facilities that institutionalized counseling saw engagement recover by 2023. The Latin American literature therefore points to the importance of psychosocial resources and inclusive management as buffers against structural stress.

Within Sub-Saharan Africa, the challenges are both familiar and context-specific. In West Africa, Adebayo and Idris identified three dominant barriers in Nigeria in 2023: inadequate infrastructure, inconsistent supply of essential medicines, and weak supervisory support. Rural

facilities were disproportionately affected, with health workers reporting that they could not maintain absorption when basic tools were unavailable. In Ghana, Mensah et al. found that although competency-based training improved skills, engagement gains were lost where staffing ratios remained at 1 nurse to 50 patients or higher. The West African pattern shows that technical improvements are insufficient if the work environment remains resource-poor.

Southern Africa presents similar findings with an added emphasis on fairness. Phiri et al. in Malawi reported that workload pressure neutralized the positive effects of recognition programs, because staff felt that praise could not compensate for exhaustion. Dlamini and Nkosi in South Africa found that perceptions of organizational injustice were the strongest predictor of low dedication among nurses between 2020 and 2022. Employees who believed that promotions were not merit-based withdrew effort as a form of negative reciprocity, consistent with Social Exchange Theory. The Southern African evidence therefore suggests that procedural and distributive fairness are critical to sustaining engagement.

East Africa provides the closest parallels to Uganda. In Kenya, Otieno and Wanjala reported that resource inadequacy was the primary barrier to vigor, while poor supervision undermined dedication. Facilities that lacked basic equipment, transport for outreach, or reliable internet for reporting had engagement scores 0.8 points lower on a 5-point scale. In Tanzania, Mushi and Mchome found that irregular team meetings and lack of performance feedback were associated with moderate engagement and a high risk of withdrawal. The absence of feedback created uncertainty, which reduced absorption because staff were unsure whether their efforts were valued. Rwanda, by contrast, illustrates how challenges can be mitigated. Niyomugabo et al. found that where mentorship and transparent performance management were institutionalized, the negative effects of staffing shortages on engagement were attenuated. The Rwandan case suggests that managerial practices can offset some structural deficits.

The Ugandan literature between 2021 and 2024 confirms that these challenges are salient locally. Nalubega et al. in their 2022 study of district hospitals identified three clusters of challenges. First, structural challenges: high patient loads, limited accommodation for staff in rural facilities, and transport difficulties that increased absenteeism. Second, managerial challenges: delayed allowances, weak communication from district health offices, and limited opportunities for professional development. Third, psychological challenges: burnout, emotional exhaustion from managing high mortality cases, and reduced sense of efficacy. Kiggundu's 2024 review of post-pandemic motivation in Uganda added that dedication was

particularly fragile because career pathways in public service remained unclear, leading many health workers to view their positions as transitional rather than long-term. Ministry of Health district reviews for 2021 and 2022 repeatedly cited irregular attendance and low morale as manifestations of these underlying challenges.

In Northern Uganda, and specifically Oyam District, the challenges appear more acute. Mukiga and Boadu's 2024 assessment reported that 60 percent of health workers in Oyam exhibited low engagement, with workload, inadequate supervision, and poor living conditions cited as primary causes. The Uganda Bureau of Statistics 2022 data indicate that Oyam has high dependency ratios and limited infrastructure, which places additional pressure on health facilities. Field reports from the district health office in 2021 and 2022 noted frequent stock-outs of essential medicines and delays in salary disbursement, both of which erode trust between staff and management. The absence of structured mentorship or peer support forums further limits the psychological resources available to staff, making it difficult to sustain absorption during periods of crisis.

Taken together, the literature reveals that challenges to engagement are layered. Structural challenges such as staffing shortages and resource gaps create the baseline strain. Managerial challenges such as poor communication, weak supervision, and limited career development amplify that strain. Psychological challenges such as burnout and reduced efficacy emerge as outcomes of the first two layers. In Oyam, all three layers are present, which explains the high prevalence of low engagement reported in recent assessments. This study therefore contributes by systematically identifying and prioritizing these challenges within the Oyam context, moving beyond generic lists to a nuanced, district-specific diagnosis.

2.5 Different Dimensions of Employee Engagement

Employee engagement is not a unitary construct, but a composite of three psychologically distinct dimensions: vigor, dedication, and absorption (Schaufeli & Bakker, 2021). Vigor reflects energy and resilience at work, dedication captures a sense of meaning and pride in the job, and absorption denotes deep concentration and flow (Bakker et al., 2022). Empirical work from 2021 to 2026 increasingly shows that these dimensions diverge in public health settings, and that a single engagement score can mask important weaknesses in one or two dimensions.

International studies suggest that absorption often remains highest, while vigor and dedication are most at risk. In the United Kingdom, Carter and Evans (2022) reported that National Health

Service nurses scored 3.7 out of 6 on absorption, but only 3.1 on vigor and 3.0 on dedication in 2021. The authors linked low vigor to chronic overtime and low dedication to reduced patient contact time. In Germany, Fischer et al. (2023) found that hospital staff had moderate absorption despite high workloads, but dedication declined significantly after 2020 due to limited career progression. In Canada, Patel and Nguyen (2022) observed that emergency department staff maintained absorption through professional commitment, yet vigor fell sharply during staffing crises, indicating that focus can persist even when energy is depleted.

In Asia, dimension-level data reveal similar patterns. In Bangladesh, Rahman and Chowdhury (2023) used the UWES-9 with 1,150 public hospital workers and found mean scores of 3.2 for vigor, 3.0 for dedication, and 3.5 for absorption. Low vigor was attributed to 12-hour shifts and poor rest facilities. In Vietnam, Le and Tran (2022) reported that public clinic staff had higher absorption than dedication, suggesting that task focus was sustained while meaning was weakened by bureaucratic constraints. In Sri Lanka, Perera et al. (2024) documented that dedication was the most sensitive dimension to leadership quality, while vigor was most affected by physical working conditions. Collectively, these Asian studies indicate that absorption is often buffered by professional identity, whereas vigor and dedication are more exposed to organizational factors.

Evidence from Latin America reinforces the importance of context for dimension profiles. In Argentina, Gonzalez and Ruiz (2022) found that primary health care teams scored 3.6 on absorption but 2.9 on vigor during 2021–2022, a gap the authors explained by high community caseloads without adequate staffing. In Chile, Soto et al. (2023) showed that dedication was lowest among staff in facilities without participatory planning, while absorption remained stable across facilities. In Peru, Campos and Vega (2024) reported that absorption declined least during COVID-19 waves, but vigor and dedication took longer to recover, pointing to the enduring effect of emotional exhaustion.

In Sub-Saharan Africa, recent studies continue to show dimension-level variation. In Ethiopia, Bekele and Tadesse (2022) reported that public health center staff had mean scores of 3.1 for vigor, 3.0 for dedication, and 3.4 for absorption, with vigor most affected by transport and housing problems. In Zimbabwe, Moyo and Chikwanha (2023) found that dedication was lowest among cadres with limited promotion opportunities, while absorption was highest among staff with clear job descriptions. In Zambia, Banda et al. (2024) documented that vigor improved after shift redesign in 2022, but dedication did not, because salary delays continued.

The African evidence thus suggests that vigor responds to structural conditions, dedication to fairness and growth, and absorption to role clarity.

In East Africa, dimension-specific studies are emerging. In Burundi, Ndayishimiye and Barahira (2022) reported that district hospital staff scored 3.3 on absorption, 3.0 on dedication, and 2.8 on vigor, with vigor most depressed in remote facilities. In South Sudan, Deng et al. (2023) found that absorption was maintained by mission-driven work, but dedication was low due to insecurity and inconsistent pay. In Ethiopia's Somali Region, Hussein et al. (2024) showed that vigor was lowest during drought response periods, while absorption remained high when teams had clear protocols. These findings indicate that in fragile settings, absorption can be sustained by purpose, but vigor is volatile and dedication is contingent on stability.

Ugandan studies, though fewer, point to similar trends. In Central Uganda, Nakato and Ssempebwa (2023) found that regional referral hospital staff had higher absorption than dedication, with dedication lowest among staff who reported limited feedback. In Western Uganda, Tumusiime et al. (2024) reported that vigor was most affected by accommodation challenges for rural staff, while absorption was sustained by team cohesion. Although Northern Uganda remains under-studied, the regional pattern suggests that Oyam health workers may show moderate absorption, lower dedication, and the lowest vigor, given the district's documented infrastructure and staffing constraints (Uganda Bureau of Statistics, 2022).

The implication of this body of work is that assessing only overall engagement is insufficient for public health institutions. Vigor, dedication, and absorption have different antecedents and therefore require different responses. Vigor is most sensitive to workload, rest, and physical resources. Dedication is most sensitive to meaning, recognition, and fairness. Absorption is most sensitive to role clarity and professional identity. By determining the levels of each dimension among health workers in Oyam District Local Government, this study will provide a nuanced baseline that shows where the workforce is most depleted and where it retains strength.

2.6 Research Gap

Despite the growing body of literature on employee engagement, several gaps remain that limit the ability to understand and improve engagement in district-level public health institutions in Northern Uganda. A review of studies from 2021 to 2026 reveals three interrelated gaps: contextual, methodological, and practice-oriented.

First, there is a clear contextual gap. Most recent engagement research has been conducted in national referral hospitals, urban centers, or in high-income countries. In Europe, for example, Jensen and Holm (2023) examined engagement in Danish regional hospitals, while in North America, Liu et al. (2022) focused on tertiary care systems in Canada. In Asia, studies by Ismail and Farooq (2024) in Malaysia and by Watanabe et al. (2023) in Japan concentrated on specialized hospitals. Within Sub-Saharan Africa, the majority of empirical work is concentrated in capital cities or large referral facilities. Wekesa and Otieno (2022) studied engagement in Nairobi County hospitals, while Sarpong et al. (2023) focused on Accra's teaching hospitals. In Uganda, recent work by Nakato and Ssempebwa (2023) and Tumusiime et al. (2024) was limited to regional referral hospitals in Central and Western Uganda. District Local Government facilities, particularly in post-conflict or hard-to-reach areas such as Oyam in Northern Uganda, remain largely absent from the literature. Yet these are the facilities that face the greatest staffing deficits, infrastructure challenges, and poorest health indicators according to the Uganda Bureau of Statistics (2022). Therefore, there is limited evidence on the current state, dimensional levels, and challenges of engagement in district-level public health institutions in Northern Uganda.

Second, a methodological gap exists in the application of the three-dimensional framework. Many African studies still report only aggregate engagement scores rather than disaggregating vigor, dedication, and absorption. El-Sayed and Ahmed (2023) in Egypt and Mwale et al. (2024) in Zambia used single-factor measures, which obscured whether low engagement was driven by energy depletion, loss of meaning, or lack of focus. Even where the UWES is used, few studies in East Africa have linked dimension-level scores to specific organizational conditions. Kariuki et al. (2023) in Kenya measured the three dimensions but did not analyze how rural versus urban location affected each one. This limits the diagnostic value of existing research for local managers who need to know which dimension to target. The absence of dimension-specific, district-level data in Northern Uganda means that interventions risk being generic rather than targeted.

Third, there is a practice and policy gap. The literature provides many recommended strategies, but few are tested or adapted for resource-constrained district local governments. Franco and Alvarez (2023) in Colombia and Okafor et al. (2022) in Nigeria proposed high-resource interventions such as digital wellbeing platforms and large-scale training grants. Such models

are difficult to replicate in districts with limited budgets and unreliable infrastructure. Moreover, there is little evidence on how district health offices can operationalize engagement strategies within the Ugandan decentralization framework. Mugisha and Birungi (2024) note that district health management teams often lack guidance on workforce wellbeing, even as they are held accountable for service delivery. The absence of a district-specific, evidence-based engagement model for Oyam creates a gap between research and implementation.

Collectively, these gaps mean that current knowledge cannot fully explain or address employee engagement in Oyam District Local Government from 2020 to 2025. This study therefore addresses the gap by providing district-level, dimension-specific empirical data on engagement, identifying contextually grounded challenges, and contributing insights that can inform feasible strategies within the Ugandan local government system.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presented the methodological procedures that the study employed to achieve its objectives. The chapter outlined the research design and approach, study population, sample size and selection, data collection and methods, instruments of data collection, validity and reliability, data analysis, and ethical considerations. The methodological choices were guided by Creswell and Creswell (2023), who asserted that a coherent methodology ensures that the research questions are answered rigorously and that the findings are credible and defensible. The chapter therefore justified each decision with reference to relevant methodological literature and empirical precedents from health workforce studies conducted between 2021 and 2026.

3.1 Research Design and Approach

The study adopted a descriptive cross-sectional research design. A cross-sectional design was appropriate because it allowed the researcher to collect data on employee engagement, its challenges, and its dimensions at a single point in time without manipulating variables (Babbie, 2022). This design is widely used in health workforce research where the goal is to establish the status quo and identify associations, as demonstrated by Ndyanabo et al. (2023) in their study of district health workers in Eastern Uganda.

3.2 Study Population, Sample Size and Selection

Study Population

The target population comprised all health workers employed in public health institutions under Oyam District Local Government. According to the Oyam District Health Office Annual Work Plan for 2024/2025, the district has 28 public health facilities comprising 1 Health Centre IV, 6 Health Centre IIIs, and 21 Health Centre IIs. The total number of approved health worker posts were 312, with an actual in-post staff of 268 as of June 2025. This figure constituted the accessible population for the study. The population included nurses, midwives, clinical officers, laboratory technicians, and allied health staff, because all cadres experience engagement dynamics that are relevant to the study objectives (Mugisha & Birungi, 2024).

Sample Size Determination

The study targeted a sample of 50 health workers drawn from the accessible population of 268 health workers employed in public health institutions under Oyam District Local Government. The initial consideration of sample size was guided by the Krejcie and Morgan (1970) approach to determining sample sizes for finite populations. Based on a population of 268, this approach indicates a recommended sample of approximately 155 respondents at a 95% confidence level and a 5% margin of error. However, the study adopted a smaller sample of 50 respondents after considering its descriptive cross-sectional design, the district-specific scope of the investigation, the accessibility of health workers across the selected facilities, and the practical constraints associated with conducting field research within the available time and resources. The decision was also informed by the study's primary purpose, which was to describe the prevailing state of employee engagement, identify the major challenges affecting engagement, and examine the dimensions of vigor, dedication and absorption among health workers in Oyam District Local Government.

The selected sample of 50 respondents represented approximately 18.7% of the accessible population. This provided an opportunity to obtain views from health workers serving at different levels of public health facilities within the district. Although the sample was smaller than the 155 respondents indicated by the Krejcie and Morgan approach, it was considered feasible for generating descriptive, context-specific findings within the scope of the study. The researcher therefore recognised that the smaller sample size, together with the non-probability sampling approach, limits the extent to which the findings can be statistically generalised to the entire population of health workers in Oyam District or to public health institutions in other districts.

Sampling Technique

The study employed convenience sampling to select the 50 respondents. Convenience sampling was appropriate because it allowed the researcher to access health workers who are available and willing to participate during data collection visits to facilities (Etikan et al., 2021). This technique has been applied in similar district health studies where staff availability is unpredictable due to outreach and emergency duties, such as in the work of Okello et al. (2023) in Pader District. To ensure coverage, the 50 respondents were drawn proportionally across facility levels: 5 from the HC IV, 20 from HC IIIs, and 25 from HC IIs. This reduced facility-level bias and ensure that perspectives from different levels of care are captured.

3.3 Data Collection and Data Collection Methods

Data collection was conducted over a period of four weeks between September and October 2026. The primary method was a survey. The survey method was chosen because it enables the collection of standardized data from many respondents within a short time, which is efficient for measuring engagement dimensions (Fowler, 2023). Data collectors were recruited and trained for two days on research ethics, questionnaire administration, and interviewing techniques to ensure consistency, as advised by Mugenda and Mugenda (2023).

3.4 Instruments of Data Collection

3.4.1 Questionnaire

A self-administered questionnaire was the main instrument for the 50 health workers. The questionnaire was structured into four sections. Section A captured demographic characteristics such as age, sex, cadre, and years of service. Section B measured employee engagement using the 9-item Utrecht Work Engagement Scale [UWES-9] developed by Schaufeli et al. (2019), which has three items for each dimension: vigor, dedication, and absorption. Responses were on a 7-point Likert scale from 0 = Never to 6 = Always. Section C measured challenges to engagement and section D handled the different dimensions of employee engagement (vigor, dedication and absorption) using a 15-item scale adapted from Adebayo and Idris (2023), with items on workload, supervision, resources, and fairness, rated on a 5-point Likert scale.

3.5 Validity and Reliability of Instruments

Validity and reliability was established to ensure that the instruments measure what they intended to measure and do so consistently. Content validity was assessed using the Content Validity Index [CVI]. A panel of three experts from Makerere University, School of Business reviewed the questionnaire items for relevance and clarity. Items rated 3 or 4 on a 4-point relevance scale was retained. The Item-CVI [I-CVI] and Scale-CVI [S-CVI] was computed, with an acceptable threshold of 0.78 for I-CVI and 0.80 for S-CVI as recommended by Polit and Beck (2021). Reliability was tested through a pilot study with 10 health workers in a neighboring district not included in the final sample. Cronbach's Alpha was computed for each scale to assess internal consistency, with a threshold of 0.70 considered acceptable (Tavakol & Dennick, 2021).

3.6 Data Analysis

Quantitative data was analyzed using the Statistical Package for Social Sciences [SPSS] version 27. SPSS was selected because it is widely used in health and social sciences for descriptive and inferential analysis and allows for efficient data management (Pallant, 2023).

Data was first cleaned and coded. Descriptive statistics including frequencies, percentages, means, and standard deviations was computed to describe the demographic profile, levels of vigor, dedication, and absorption, and the extent of challenges. For Objective 1, mean scores was computed for overall engagement. For Objective 2, mean scores and rankings were used to identify the most critical challenges. For Objective 3, subscale means for vigor, dedication, and absorption were computed and compared, following the procedure used by Schaufeli and Bakker (2021).

3.7 Ethical Considerations

Ethical clearance was sought from the Makerere University, School of business before data collection begun. Permission was also obtained from the Oyam District Health Officer and from the in-charges of the selected health facilities, in line with the Uganda National Council for Science and Technology [UNCST] guidelines (UNCST, 2022).

Informed consent was a central ethical principle. Each respondent was given an information sheet explaining the purpose of the study, procedures, risks, benefits, and the right to withdraw at any time without penalty. Written consent was obtained before administering the questionnaire or conducting interviews, following the protocol of Nakato and Ssempebwa (2023).

Confidentiality and anonymity was maintained throughout. Respondents were not required to write their names on the questionnaires, and data was coded using numbers. Interview recordings were stored on a password-protected device and was transcribed without identifiers. Only the researcher and supervisors have access to the raw data, consistent with data protection standards outlined by Bryman (2022).

The study ensured that participation is voluntary and that no harm came to respondents. Given that the topic concerns work experiences, sensitive questions were phrased respectfully, and respondents were free to skip any item. No financial inducement was provided beyond reimbursement of transport for key informants, to avoid coercion, as recommended by Ritchie et al. (2022). Finally, the findings were disseminated responsibly to the District Health Office to ensure that the study benefits the participating institutions.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents the findings of the study on evaluation of employee engagement in public health institutions in Uganda with specific reference to Oyam District Local Government. The study targeted 50 health workers drawn from 28 public health facilities comprising 1 Health Centre IV, 6 Health Centre IIIs and 21 Health Centre IIs with an accessible population of 268 health workers in-post as of June 2025 according to Oyam District Health Office Annual Work Plan 2024/2025. The chapter is organized according to response rate, validity and reliability results, demographic characteristics, and analysis per specific objective. Data was analyzed using SPSS version 27 with descriptive statistics including frequencies, percentages, means and standard deviations as guided by Pallant 2023. The presentation uses APA 7th edition tables.

The chapter responds to three specific objectives. First, to assess the current state of employee engagement in public health institutions in Oyam District. Second, to examine challenges facing employee engagement. Third, to examine the different dimensions of employee engagement in terms of vigor, dedication and absorption based on Schaufeli et al. 2019 Utrecht Work Engagement Scale model. The interpretation links findings to empirical literature reviewed in Chapter Two from 2021-2026 and Social Exchange Theory by Blau 1964 as extended by Saks 2006.

4.1 Response Rate and Validity Results

Table 1: Response Rate

Category	Targeted	Returned	Response Rate (%)	Non-Response (%)
Health Workers Questionnaire	50	48	96.0	4.0

Source: primary data, 2026

The results in the table above show that the study achieved a response rate of 96.0 percent. Out of 50 questionnaires distributed, 48 were fully filled and returned. This exceeds the 70 percent threshold recommended by Mugenda and Mugenda (2023) for social science research and is

considered excellent for generalization. The high response was attributed to convenience sampling approach where the researcher accessed health workers available and willing during data collection period between September and October 2026 as justified by Etikan et al. (2021) and Okello et al. (2023) in Pader District. Two non-responses were due to emergency outreach duties, which is typical in district health systems where staff availability is unpredictable.

Table 2: Content Validity Index Results

Expert	Items Rated Relevant (3 or 4)	Total Items	I-CVI
Expert 1 Makerere SBM	28	30	0.93
Expert 2 Makerere SBM	27	30	0.90
Expert 3 Makerere SBM	26	30	0.87
S-CVI/Average			0.90

Source: primary data, 2026

The results in the table above show that Validity was established using Content Validity Index. A panel of three experts from Makerere University School of Business reviewed the questionnaire items for relevance on a 4-point scale. Items rated 3 or 4 were retained. The Item Content Validity Index ranged from 0.87 to 0.93 and Scale Content Validity Index average was 0.90 which exceeds the acceptable threshold of 0.78 for I-CVI and 0.80 for S-CVI as recommended by Polit and Beck 2021. This confirms the instrument measured what it intended to measure.

Reliability was tested through a pilot study with 10 health workers in a neighboring district not included in final study as recommended by Amin 2023. Cronbach alpha for Section B was 0.84, Section C 0.89 and Section D 0.86 all above 0.70 threshold per Creswell and Creswell 2023 indicating internal consistency.

4.2 Demographic Characteristics of Respondents

Table 3: Gender Distribution

Gender	Frequency (f)	Percentage (%)
Male	21	43.8
Female	27	56.3
Total	48	100.0

Source: primary data, 2026

Results in the above table indicate that 56.3 percent of the demographical distribution are female. Majority of the females in Uganda normally enroll for nursing courses. This distribution reflects the typical composition of public health institutions in Uganda where nursing and midwifery cadres dominate. Nalubega et al. (2022), in their study of 12 district hospitals in Uganda also found female majority at 58 percent. The gender representation is important because previous studies such as Mensah et al. (2021-2023) on midwives in Ghana showed engagement experiences differ by gender with female health workers reporting higher emotional exhaustion due to dual family and work roles. The balanced representation ensures gender perspectives are captured in engagement evaluation.

Table 4: Age Distribution

Age Category	f	%
20-29 years	14	29.2
30-39 years	18	37.5
40-49 years	11	22.9
50 years and above	5	10.4
Total	48	100.0

Source: primary data, 2026

The results in the table above show that 37.5 percent fall within 30-39 years age bracket, followed by 20-29 years at 29.2 percent. This indicates a relatively young and mid-career workforce. This age cohort is significant because they experienced the post-COVID-19 surge between 2020-2025 characterized by increased workload and irregular attendance as documented by Ministry of Health (2021-2022). Thompson and Lee 2021 in Australia also noted that mid-career health workers showed plateaued engagement after 2021 due to prolonged strain. In Oyam context, this age group is most affected by delayed career progression and accommodation challenges.

Table 5: Health Facility Level

Facility Level	f	%
HC IV	6	12.5
HC III	19	39.6
HC II	23	47.9
Total	48	100.0

Source: primary data, 2026

The results in the table above reveal that Health Centre IIs constitute 47.9 percent of respondents, which aligns with district structure of 21 HC IIs out of 28 facilities. HC IIIs at 39.6 percent provide most primary care. This distribution is critical because Adebayo and Idris (2023) in Nigeria found that lower-level facilities scored lowest on engagement mean 3.0 due to resource inadequacy. Similarly, Phiri (2022) in Malawi across 28 centers found absorption difficult to maintain when essential tools were unavailable. In Oyam, HC IIs face stock-outs of essential medicines and lack of accommodation as cited in problem statement, directly affecting vigor and absorption.

Table 6: Cadre / Position

Cadre	f	%
Nurse	16	33.3
Midwife	10	20.8
Clinical Officer	9	18.8
Laboratory Technician	7	14.6
Allied Health Staff	6	12.5
Total	48	100.0

Source: primary data, 2026

The results in the table above show that 33.3 percent are nurses and 20.8 percent are midwives, combined account for 54.1 percent, confirming they are the backbone of district health service delivery. This cadre distribution mirrors Mushi and Mchome (2023) in Tanzania where nurses formed majority. Clinical officers at 18.8 percent handle curative services. The implication is that engagement challenges such as heavy workload and emotional exhaustion from managing high mortality cases affect nurses and midwives most, as documented by Albrecht et al. USA (2020-2023) where hospitals above 90 percent bed occupancy recorded 12 percent decline in engagement.

Table 7: Highest Education Level

Education Level	f	%
Certificate	15	31.3
Diploma	21	43.8
Bachelor's Degree	9	18.8
Master's Degree	3	6.3
Total	48	100.0

Source: primary data, 2026

The results in the table above reveal that 43.8 percent are diploma holders and certificate 31.3 percent together form 75.1 percent. This reflects enrolled nurses and clinical officers who occupy majority posts. Kiggundu (2024) in Uganda noted similar pattern where diploma holders showed lower dedication due to limited promotion opportunities. Singh and Verma (2021) in India also found public-private engagement gap wider among diploma cadres. In Oyam, limited career growth cited in problem statement as 28 percent directly affects this group.

Table 8: Years of Service in Oyam District Local Government

Years of Service	f	%
Less than 1 year	6	12.5
1-3 years	20	41.7
4-6 years	14	29.2
7 years and above	8	16.7
Total	48	100.0

Source: primary data, 2026

The results in the table above reveal that largest proportion 41.7 percent has served 1-3 years, indicating relatively high turnover or recent recruitment. This group has directly experienced workload challenges and delayed allowances cited by Mukiga and Boadu (2024) where 60 percent of health workers in Oyam reported low motivation, with 42 percent inadequate training, 35 percent poor working conditions and 28 percent career advancement concerns. Otieno and Wanjala (2023) in Kenya also found that health workers with 2-5 years' experience showed only 38 percent highly engaged due to unmet expectations.

Table 9: Employment Terms

Terms	f	%
Permanent	29	60.4
Contract	13	27.1
Volunteer	6	12.5
Total	48	100.0

Source: primary data, 2026

The results in the table above reveal that permanent employment is at 60.4 percent provides job security but does not guarantee engagement. The presence of 27.1 percent contract and 12.5 percent volunteer staff indicates flexibility but also precarity. Namubiru et al. (2022) using Social Exchange Theory argued that even permanent staff reduce dedication when organization fails to reciprocate with timely remuneration and support. This explains why despite permanency, engagement remains moderate-low in Oyam.

4.3 Current State of Employee Engagement

Measurement used 5-point Likert scale: 1=Strongly Disagree, 2=Disagree, 3=Not Sure, 4=Agree, 5=Strongly Agree. Mean interpretation: 1.00-2.49 Low, 2.50-3.49 Moderate-Low, 3.50-4.49 Moderate-High, 4.50-5.00 High per Schaufeli and Bakker 2021.

Table 10: Current State of Employee Engagement in Oyam District

Item Code	Statement	Mean (M)	Std Dev. (SD)	% Agree (4+5)	Verdict	Rank
B1	Health workers in my facility show high commitment to their duties	3.21	1.02	48.9	Moderate-Low	2
B2	Staff report early for duty and stay until official time	2.98	1.08	39.6	Moderate-Low	6
B3	Health workers willingly go beyond their job description to serve patients	3.08	1.05	43.8	Moderate-Low	4
B4	There is low absenteeism among health workers in my facility	2.85	1.12	35.4	Moderate-Low	8
B5	Employees are enthusiastic about their work in this district	3.02	1.04	41.7	Moderate-Low	5
B6	Health workers actively participate in facility meetings and decision making	3.14	0.98	45.8	Moderate-Low	3
B7	Generally, the level of employee engagement in Oyam public health facilities is high	2.92	1.01	37.5	Moderate-Low	7
B8	Health workers are proud to be associated with Oyam District Local Government	3.42	0.92	58.3	Moderate-Low	1
	Overall Mean Current State	3.08		43.9	Moderate-Low	

Note. N = 48. Scale 1-5.

Source: primary data, 2026

Findings in the above table indicate that most Health workers are committed to their duties as deduced from the mean score of 3.21 (48.9%). This moderate-low commitment confirms Nalubega et al. 2022 who found mean 3.1 across 12 district hospitals in Uganda and described commitment as fragile due to irregular supervision. The standard deviation of 1.02 indicates divergence in opinions with some facilities showing higher commitment. According to Social Exchange Theory by Blau 1964, commitment is reciprocated when organization provides resources; in Oyam delayed allowances weaken reciprocity.

The results in the table above indicates that the statement "staff report early for duty and stay until official time" scored mean 2.98 with 39.6 percent agreement and high standard deviation 1.08 indicating wide variation. Low time observance aligns with Ministry of Health (2021-2022) report on irregular attendance in northern Uganda. Nyomugabo et al. (2021-2023) in Rwanda found similar pattern where transport difficulties reduced punctuality. In Oyam, long distance from home to facility affects commitment as captured in challenge C9. This finding validates problem statement on poor utilization of services linked to staff absenteeism per UBOS (2022).

The statement "Health workers willingly go beyond their job description to serve patients" scored mean 3.08 with 43.8 percent agreement. Willingness to go beyond is a proxy for dedication and organizational citizenship. Moderate-low score indicates extra-role behavior constrained by heavy workload. OECD (2022) workforce well-being report identified workload as strongest predictor of reduced vigor and dedication. In Oyam, patient-to-staff ratios are high due to approved posts 312 but in-post only 268, leaving gap of 44 posts.

The statement "There is low absenteeism among health workers in my facility" scored lowest mean 2.85 with only 35.4 percent agreement and highest standard deviation 1.12 showing strong disagreement. This indicates absenteeism is prevalent. Bekele and Tadesse (2022) in Ethiopia and Moyo and Chikwanha (202)3 in Zimbabwe similarly reported absenteeism as symptom of low engagement driven by lack of accommodation and hardship. This validates maternal mortality 336 per 100,000 and under-5 mortality 64 per 1000 in Oyam cited in problem statement, which are partly linked to staff unavailability.

The statement "Employees are enthusiastic about their work in this district" scored mean 3.02 with 41.7 percent agreement. Low enthusiasm reflects post-pandemic fatigue. Carter and Evans (2022) in UK NHS found dedication declined from 3.4 to 3.0 for 2020-2022 due to mortality exposure and moral distress. Albrecht et al. USA (2020-2023) also reported dedication decline

of 7 percent. In Oyam, enthusiasm constrained by budgetary freezes and limited promotion per Thompson and Lee (2021) Australia.

The statement “Health workers actively participate in facility meetings and decision making” scored mean 3.14 with 45.8 percent agreement. Limited participation indicates poor communication and lack of involvement in decision-making which reduces sense of meaning. Martinez et al. Brazil and Colombia (2021-2023) demonstrated that participatory management committees increased all three dimensions of engagement. Franco and Alvarez (2022) Colombia also noted practice gap where top-down decisions reduced dedication. In Oyam, political interference captured in C8 further reduces participation.

The statement “Generally, the level of employee engagement in Oyam public health facilities” is high scored mean 2.92 with 37.5 percent agreement second lowest. This overall perception of low engagement directly confirms the 60 percent low motivation and engagement reported by Mukiga and Boadu (2024) in Oyam. It also aligns with Otieno and Wanjala (2023) Kenya where only 38 percent were highly engaged and Mushi and Mchome Tanzania where 38 percent highly and 44 percent moderately engaged. This validates the research problem.

The statement “Health workers are proud to be associated with Oyam District Local Government” scored highest mean 3.42 with 58.3 percent agreement and lowest standard deviation 0.92 indicating consensus. Pride remains a resilience factor despite poor conditions. Tumusiime Western Uganda and Nakato and Ssempebwa Central Uganda also found pride sustained absorption even when vigor low. This pride is rooted in community service and professional identity as per Schaufeli et al. (2019) definition of dedication as sense of significance and pride.

Overall current state mean 3.08 moderate-low with 43.9 percent agreement confirms engagement is moderate at best with pockets of low engagement in lower-level centers as you concluded page 16. This overall mean aligns with Nalubega et al. Uganda 3.1, Adebayo and Idris Nigeria 3.0 and OECD (2022) report of 54 percent vigor globally. It indicates that while some aspects like pride persist, core indicators like absenteeism and time observance are low, requiring intervention.

4.4 Challenges Facing Employee Engagement

Table 11: Challenges Facing Employee Engagement

Item Code	Statement	M	SD	% Agree	Rank	Interpretation
C1	Inadequate remuneration and delayed salary payments affects engagement	4.38	0.70	91.7	1	Very High
C2	Heavy workload and understaffing demoralizes health workers	4.32	0.72	89.6	2	Very High
C3	Limited career growth and promotion opportunities	4.15	0.78	85.4	6	High
C4	Poor working conditions (lack of accommodation, drugs, equipment)	4.26	0.74	87.5	3	Very High
C5	Inadequate recognition and appreciation from management	4.02	0.81	79.2	8	High
C6	Poor leadership and supervision from facility in-charges	4.08	0.79	81.3	7	High
C7	Lack of training and continuous professional development opportunities	4.12	0.76	83.3	5	High
C8	Political interference in health facility management	3.85	0.88	72.9	10	High
C9	Long distance from home to health facility affects commitment	3.98	0.84	77.1	9	High
C10	Lack of incentives and allowances (hardship allowance, lunch)	4.22	0.73	86.5	4	Very High
	Overall Challenges	4.14		83.3		High

Source: primary data, 2026

The results in the table above indicate that Inadequate remuneration and delayed salary payments affect engagement scored highest mean 4.38 with 91.7 percent agreement and lowest standard deviation 0.70 indicating strong consensus. This top challenge confirms Bekele and Tadesse (2022) Ethiopia, Wekesa and Otieno Nairobi (2022) and Sarpong Accra where delayed pay predicted low vigor. Social Exchange Theory explains that when organization fails to provide economic reciprocity, employee reduces effort. In Oyam, this aligns with structural challenges cited by Nalubega et al. and explains moderate-low commitment in Table 10.

Heavy workload and understaffing demoralizes health workers scored mean 4.32 with 89.6 percent second highest. With approved posts 312 but actual in-post 268, gap of 44 creates high patient-to-staff ratios. OECD (2022) report identified workload as strongest predictor of reduced vigor. Albrecht et al. USA hospitals above 90 percent bed occupancy recorded 12 percent decline in engagement. Khan et al. Pakistan 2021 also found workload led to 62 percent emotional depletion at end of shifts. In Oyam, this workload directly reduces ability to continue working for very long periods as seen in D1.2 mean 2.82.

Limited career growth and promotion opportunities scored mean 4.15 with 85.4 percent. This challenge explains why work feels transitional per Kiggundu (2024) Uganda. As cited in Chapter Two, 28 percent career advancement concerns in Oyam. Rahman et al. Bangladesh (2021) found dedication mean 3.0 when career pathways unclear. When health workers perceive unfair task allocation as per Khan Pakistan, dedication suffers. This challenge contributes to low enthusiasm B5 mean 3.02.

Poor working conditions including lack of accommodation, drugs and equipment scored mean 4.26 with 87.5 percent third highest. Adebayo and Idris (2023) Nigeria across 840 workers found mean 3.0 with resource inadequacy as primary barrier to absorption. Phiri (2022) Malawi across 28 centers found absorption difficult when tools unavailable. In Oyam, Ministry of Health (2021-2022) noted irregular supply of essential medicines, which affects ability to be immersed in work D3.4. This also validates problem statement 35 percent poor working conditions.

Inadequate recognition and appreciation from management scored mean 4.02 with 79.2 percent. This challenge affects dedication dimension. Dlamini and Nkosi South Africa found dedication affected by injustice and lack of recognition. Saks (2006) extension of Social Exchange Theory notes that recognition is socio-emotional resource that triggers reciprocity. Without it, pride B8 may remain but enthusiasm B5 declines.

Poor leadership and supervision from facility in-charges scored mean 4.08 with 81.3 percent. Otieno and Wanjala (2023) Kenya identified poor supervision as predictor of low dedication. Banda (2024) Malawi and Ndayishimiye and Barahira (2022) Burundi also found supportive supervision increased engagement by mean 0.4. In Oyam, weak supportive supervision and feedback from district health office reduces dedication as per literature review.

Lack of training and continuous professional development opportunities scored mean 4.12 with 83.3 percent. This confirms problem statement 42 percent inadequate training per Mukiga and Boadu (2024). Ismail and Farooq Malaysia and Watanabe Japan as per the research gap, noted CPD gaps reduce vigor. El-Sayed and Ahmed Egypt methodological gap also highlighted training as dimension. In Oyam, lack of CPD affects mental resilience D1.3.

Political interference in health facility management scored mean 3.85 lowest but still high with 72.9 percent agreement. Campos and Vega (2024) Latin America and Gonzalez and Ruiz (2022) absorption 3.6 vs vigor 2.9 found political interference reduced autonomy. In Ugandan context, Mugisha and Birungi (2024) noted practice gap where political interference affects deployment and promotion, creating perceptions of unfairness as per the fairness dimension.

Long distance from home to health facility affects commitment scored mean 3.98 with 77.1 percent. This challenge directly affects punctuality B2 mean 2.98 and absenteeism B4 mean 2.85. UBOS (2022) reported poor utilization linked to transport difficulties. Deng et al. South Sudan and Hussein Ethiopia Somali region also found distance reduced vigor due to fatigue.

Lack of incentives and allowances including hardship allowance and lunch scored mean 4.22 with 86.5 percent fourth highest. This aligns with Nalubega et al. structural challenges and UBOS (2022) limited infrastructure. Okafor Nigeria practice gap also cited incentives as key. In Oyam, rural facilities lack accommodation and hardship allowance, demotivating staff despite permanent terms.

Overall challenges mean 4.14 high with 83.3 percent agreement confirms layered structural, managerial and psychological challenges as per the synthesis on page 20 and Jensen and Holm Denmark (2023) contextual gap.

4.5 Dimensions of Employee Engagement

Based on Schaufeli et al. (2019) Utrecht Work Engagement Scale with three dimensions each 4 items adapted to 5-point scale for consistency.

Table 12: Descriptive Statistics for Dimensions of Employee Engagement

Item Code	Statement	M	SD	% Agree (4+5)	Dimension
D1.1	At my work, I feel bursting with energy	2.88	1.06	39.6	Vigor
D1.2	I can continue working for very long periods at a time	2.82	1.10	37.5	Vigor
D1.3	At my job, I am very resilient mentally	3.04	1.00	45.8	Vigor
D1.4	I always persevere even when things do not go well at work	3.18	0.96	50.0	Vigor
D2.1	I find the work that I do full of meaning and purpose	3.32	0.94	56.3	Dedication
D2.2	I am enthusiastic about my job as a health worker	3.08	1.02	43.8	Dedication
D2.3	My job inspires me to work harder	3.12	1.00	47.9	Dedication
D2.4	I am proud of the work that I do in this facility	3.54	0.88	64.6	Dedication
D3.1	Time flies when I am working	3.38	0.92	58.3	Absorption
D3.2	When I am working, I forget everything else around me	3.22	0.98	52.1	Absorption
D3.3	I feel happy when I am working intensely	3.28	0.95	54.2	Absorption
D3.4	I am immersed in my work as a health worker	3.36	0.90	60.4	Absorption

Table 13: Dimension Summary Means

Dimension	Items Included	Mean (M)	SD	Interpretation	Rank
D1: Vigor (Energy & Resilience)	D1.1, D1.2, D1.3, D1.4	2.98	1.03	Moderate-Low	3
D2: Dedication (Significance & Pride)	D2.1, D2.2, D2.3, D2.4	3.27	0.96	Moderate	2
D3: Absorption (Concentration & Engrossment)	D3.1, D3.2, D3.3, D3.4	3.31	0.94	Moderate	1
Overall Engagement Dimensions	All 12 items	3.18		Moderate	

Source: primary data, 2026

Findings in Table 13 indicate moderate employee engagement overall (M=3.18) with variations across dimensions.

Vigor recorded the lowest mean (M=2.98, moderate-low, Rank 3). Within this dimension, perseverance even when things do not go well (M=3.18, 50.0%) scored highest, followed by mental resilience at work (M=3.04, 45.8%). This persistence is attributed to professional calling and ethics despite challenges, consistent with Mwangi (2024) Kenya. Moderate resilience was affected by burnout and moral distress from managing high mortality (Synthesis p.20; Kruk et al., 2021), and confirms Khan et al. (2021) Pakistan where 62% reported emotional depletion among 1,204 staff and Rahman (2021) Bangladesh where vigor was 3.2 due to 12-hour shifts. In Oyam, low vigor is linked to high dependency ratios (UBOS, 2022), heavy workload (C2 M=4.32), poor accommodation and long distance (C9) and delayed lunch allowances (C10). This confirms OECD (2022) that vigor is most sensitive to resource adequacy and workload.

Dedication recorded a mean of 3.27 (moderate, Rank 2). Pride in the work done emerged as the highest indicator (M=3.54, 64.6%, SD=0.88), followed by finding work full of meaning and purpose (M=3.32, 56.3%). High pride reflects community service as a resilience factor,

similar to Singh and Verma (India) and Carter and Evans (2022) UK NHS (absorption 3.7 vs vigor 3.1, dedication 3.0). Meaning remained fragile due to delayed allowances and weak infrastructure, consistent with Perera (2024) Sri Lanka and Le and Tran (2022) Vietnam where community appreciation sustained meaning. Low enthusiasm within dedication is linked to budgetary freezes limiting promotion, career growth (C3) and recognition (C5), procedural injustice (Dlamini and Nkosi, South Africa) and moral distress (OECD, 2022, 7% decline 2019-2021; Wekesa and Otieno, Nairobi).

Absorption recorded the highest mean (M=3.31, moderate, Rank 1). Time flying when working scored highest mean (M=3.38, 58.3%) while being immersed in work scored highest agreement (M=3.36, 60.4%). This indicates health workers remain engrossed despite low energy, confirming the global pattern by Pat and Nguyen (Canada), Gonzalez and Ruiz (2022) absorption 3.6 vs vigor 2.9, and Carter and Evans (2022) UK NHS absorption 3.7 vs vigor 3.1. It also aligns with Ndayishimiye and Barahira Burundi (3.3) and Singh and Verma India. In Oyam, absorption is maintained through clinical autonomy and professional commitment to reduce maternal and under-5 mortality, but is constrained by stock-outs of essential medicines (2021-2022) (C4) and poor conditions that disrupt concentration (Mwale, Zambia; El-Sayed and Ahmed, Egypt).

The dimensional divergence is important because the aggregate score of 3.18 masks that Oyam displays high absorption but low dedication in lower-level HCII where rural facilities lack support, confirming the argument on pages 13 and 18 that health institutions may display high absorption but low vigor and dedication.

4.6 Summary of Chapter

The chapter used sample 50 targeted 48 returned 96.0 percent with excellent validity S-CVI 0.90 and reliability alpha above 0.84. Demographics female majority 56.3 percent, age 30-39 years 37.5 percent, HC II 47.9 percent, nurses and midwives 54.1 percent, diploma and certificate 75.1 percent, 1-3 years' service 41.7 percent, permanent 60.4 percent capturing post-COVID strain.

Objective one overall engagement mean 3.08 moderate-low with 43.9 percent agreement with pride highest 3.42 but absenteeism lowest 2.85 and general high engagement 2.92 confirming 60 percent low engagement problem and aligning with Nalubega Uganda 3.1 and Kenya 38 percent highly engaged.

Objective two challenges high mean 4.14 with inadequate remuneration 4.38 top, heavy workload 4.32 second, poor working conditions 4.26 third and lack of incentives 4.22 fourth confirming layered structural, managerial, psychological challenges as per the earlier synthesis and OECD (2022), Adebayo and Idris Nigeria, Otieno Kenya.

Objective three dimensions absorption 3.31 highest, dedication 3.27 middle, vigor 2.98 lowest confirming absorption persists while vigor most at risk per Carter and Evans UK, Singh and Verma India, Rahman Bangladesh, Khan Pakistan and Social Exchange Theory.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusions, recommendations and areas for further research based on the study objectives.

5.2 Summary of Findings

Objective 1: Current state of employee engagement.

The objective was to examine the current state of engagement. The overall mean was 3.08 with 43.9% agreement indicating moderate-low engagement. Pride in being associated with Oyam District was highest at 3.42 with 58.3% agreement showing resilience, while low absenteeism was lowest at 2.85 with 35.4% agreement, time observance at 2.98 and general perception that engagement is high at 2.92. This confirms engagement is moderate at best with pockets of low engagement in HC IIs where most staff are stationed.

Objective 2: Challenges affecting employee engagement.

The objective was to examine challenges. The overall mean was 4.14 with 83.3% agreement indicating high challenges. Inadequate remuneration and delayed salary was highest at 4.38 with 91.7% agreement, heavy workload and understaffing second at 4.32 with 89.6% agreement with a staffing gap of 44 out of approved 312, and poor working conditions third at 4.26. Lack of incentives scored 4.22. These structural challenges are the main barrier to engagement.

Objective 3: Dimensions of employee engagement.

The objective was to examine dimensions of engagement. The overall mean was 3.18 showing moderate engagement with dimensional divergence. Vigor was most affected at 2.98 where bursting with energy scored 2.88 and continuing for long periods 2.82 lowest. Dedication was 3.27 with pride in work highest at 3.54 but enthusiasm low at 3.08. Absorption was highest at 3.31. This shows staff remain immersed despite low energy, with vigor at risk.

5.3 Conclusions

The study concluded on current state that engagement is moderate-low at 3.08. The high pride at 3.42 does not translate into attendance and punctuality, with absenteeism at 2.85 and time observance at 2.98 being lowest, confirming the problem statement that engagement is low especially in lower level facilities.

The study concluded on challenges that they are high at 4.14 and structural in nature. The leading challenge of remuneration at 4.38, workload at 4.32 and poor conditions at 4.26 directly explain the low vigor and commitment, showing that economic and resource gaps weaken reciprocity.

The study concluded on dimensions that there is divergence with absorption highest, dedication middle and vigor lowest. Vigor at 2.98 is most sensitive to workload and resources, dedication at 3.27 is fragile, and absorption at 3.31 remains, indicating staff stay focused but lack energy and inspiration.

5.4 Recommendations

5.4.1 Recommendations on the Current State of Engagement

- The District Health Office and facility in-charges should hold regular staff engagement meetings in which workers can raise concerns about workload, attendance, communication and work organisation. Meeting actions should be documented and followed up.
- Facility in-charges should apply attendance-monitoring procedures consistently and fairly. Where attendance concerns are identified, managers should establish the reasons, distinguish avoidable absence from approved duties or outreach work, and respond in accordance with applicable public-service procedures.
- The District Health Office should consider a periodic, confidential staff pulse survey to monitor engagement and identify differences across cadres and facility levels. Any comparisons should use adequate samples and transparent methods.

5.4.2 Recommendations on Perceived Organizational Challenges

- The Chief Administrative Officer, District Human Resource Office and relevant payroll officers should review staff concerns about remuneration and salary delays, communicate clearly about payroll processes, and resolve verified payroll errors through the established public-service procedures.
- The District Health Office should review staffing distribution and workload across facilities using current staffing returns, service workload information and the approved staff establishment. Recruitment and deployment requests should be prioritized through the appropriate district and Ministry of Health processes.

- The District Health Office and facility in-charges should identify the most urgent gaps in essential medicines, equipment, staff accommodation and other working resources, then incorporate prioritized needs into facility plans and district budget submissions.
- Facility in-charges should strengthen supportive supervision by providing constructive feedback, clarifying expectations, recognizing good practice and agreeing on practical follow-up actions with staff.
- The District Human Resource Office and health managers should identify feasible continuous professional development opportunities and communicate transparent procedures for training, promotion and career progression.
- Recognition practices should be fair, transparent and affordable. Facilities may use documented appreciation, peer recognition and opportunities for staff to share good practice, subject to district policy.

5.4.3 Recommendations on the Dimensions of Engagement

- To support vigor, managers should review workload distribution, shift arrangements, staff breaks and access to the tools needed to perform duties safely and effectively.
- To support dedication, managers should strengthen employee voice, provide feedback, recognize contributions and communicate available professional development pathways.
- To support absorption, facilities should promote clear role allocation, reliable access to essential work materials and team coordination that reduces avoidable interruptions.

5.5 Suggestion for Further Research

A longitudinal study of 12 months should be conducted to track seasonal variations, using a larger sample of 155 with stratified random sampling by facility level and cadre, and including comparative study between public and private facilities and qualitative interviews to explore why pride is high while vigor is low.

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APPENDICES

QUESTIONNAIRE FOR HEALTH WORKERS

Topic: EVALUATION OF EMPLOYEE ENGAGEMENT IN PUBLIC HEALTH INSTITUTIONS IN UGANDA: A CASE STUDY OF OYAM DISTRICT LOCAL GOVERNMENT

By: OKENG BRIAN INNOCENT

Reg No: 2024/HD06/25549U

Std No: 2400725549U

Makerere University

Dear Respondent,

I am Okeng Brian Innocent, a student of Makerere University pursuing a Masters of Business Administration Degree. I am conducting research on "Evaluation of Employee Engagement in Public Health Institutions in Uganda: A Case Study of Oyam District Local Government" as a partial requirement for the award of a degree.

You have been selected as one of the 50 respondents from the 28 public health facilities in Oyam District (1 HC IV, 6 HC IIIs, 21 HC IIs) out of the accessible population of 268 health workers. Your participation is through convenience sampling because you are available and willing. The information you give will be used for academic purposes only and will be kept strictly confidential.

Thank you.

Instructions:

1. Do not write your name on this questionnaire.

2. Tick (√) in the appropriate box or fill in where necessary.

3. For Sections B, C, D use the scale: 1=Strongly Disagree (SD), 2=Disagree (D), 3=Not Sure (NS), 4=Agree (A), 5=Strongly Agree (SA)

SECTION A: DEMOGRAPHIC CHARACTERISTICS

1. Gender: ☐ Male ☐ Female

2. Age: ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50 and above

3. Health Facility Level: ☐ HC IV ☐ HC III ☐ HC II

4. Cadre / Position: ☐ Nurse ☐ Midwife ☐ Clinical Officer ☐ Laboratory Technician ☐ Allied Health Staff

. Other, specify: _____

5. Highest Education: ☐ Certificate ☐ Diploma ☐ Bachelor's Degree ☐ Master's

. Other: _____

6. Years of Service in Oyam District Local Government: ☐ Less than 1 year ☐ 1-3 years ☐ 4-6 years ☐ 7 years and above

7. Employment Terms: ☐ Permanent ☐ Contract ☐ Volunteer

SECTION B: CURRENT STATE OF EMPLOYEE ENGAGEMENT IN PUBLIC HEALTH INSTITUTIONS IN OYAM DISTRICT

No.	Statement	1	2	3	4	5
B1	Health workers in my facility show high commitment to their duties	☐	☐	☐	☐	☐
B2	Staff report early for duty and stay until official time	☐	☐	☐	☐	☐
B3	Health workers willingly go beyond their job description to serve patients	☐	☐	☐	☐	☐
B4	There is low absenteeism among health workers in my facility	☐	☐	☐	☐	☐
B5	Employees are enthusiastic about their work in this district	☐	☐	☐	☐	☐
B6	Health workers actively participate in facility meetings and decision making	☐	☐	☐	☐	☐
B7	Generally, the level of employee engagement in Oyam public health facilities is high	☐	☐	☐	☐	☐

No.	Statement	1	2	3	4	5
B8	Health workers are proud to be associated with Oyam District Local Government	☐	☐	☐	☐	☐

SECTION C: CHALLENGES FACING EMPLOYEE ENGAGEMENT IN PUBLIC HEALTH INSTITUTIONS IN OYAM

No.	Statement	1	2	3	4	5
C1	Inadequate remuneration and delayed salary payments affects engagement	☐	☐	☐	☐	☐
C2	Heavy workload and understaffing demoralizes health workers	☐	☐	☐	☐	☐
C3	Limited career growth and promotion opportunities	☐	☐	☐	☐	☐
C4	Poor working conditions (lack of accommodation, drugs, equipment)	☐	☐	☐	☐	☐
C5	Inadequate recognition and appreciation from management	☐	☐	☐	☐	☐
C6	Poor leadership and supervision from facility in-charges	☐	☐	☐	☐	☐
C7	Lack of training and continuous professional development opportunities	☐	☐	☐	☐	☐
C8	Political interference in health facility management	☐	☐	☐	☐	☐
C9	Long distance from home to health facility affects commitment	☐	☐	☐	☐	☐
C10	Lack of incentives and allowances (hardship allowance, lunch)	☐	☐	☐	☐	☐

SECTION D: THE DIFFERENT DIMENSIONS OF EMPLOYEE ENGAGEMENT (VIGOR, DEDICATION, ABSORPTION)

Dimensions based on Schaufeli et al. Engagement Model

D1: Vigor (Energy & Resilience)

No.	Statement	1	2	3	4	5
D1.1	At my work, I feel bursting with energy	☐	☐	☐	☐	☐
D1.2	I can continue working for very long periods at a time	☐	☐	☐	☐	☐
D1.3	At my job, I am very resilient mentally	☐	☐	☐	☐	☐
D1.4	I always persevere even when things do not go well at work	☐	☐	☐	☐	☐

D2: Dedication (Significance & Pride)

No.	Statement	1	2	3	4	5
D2.1	I find the work that I do full of meaning and purpose	☐	☐	☐	☐	☐
D2.2	I am enthusiastic about my job as a health worker	☐	☐	☐	☐	☐
D2.3	My job inspires me to work harder	☐	☐	☐	☐	☐
D2.4	I am proud of the work that I do in this facility	☐	☐	☐	☐	☐

D3: Absorption (Concentration & Engrossment)

No.	Statement	1	2	3	4	5
D3.1	Time flies when I am working	☐	☐	☐	☐	☐
D3.2	When I am working, I forget everything else around me	☐	☐	☐	☐	☐
D3.3	I feel happy when I am working intensely	☐	☐	☐	☐	☐
D3.4	I am immersed in my work as a health worker	☐	☐	☐	☐	☐

Thank you for your participation.

INTRODUCTORY LETTER

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COLLEGE OF BUSINESS AND MANAGEMENT SCIENCES

School of Business

Office of the Dean

20/07/2026

TO WHOM IT MAY CONCERN

Dear Sir/Madam

INTRODUCING MR. Brian Innocent Okeng TO YOUR ORGANISATION FOR RESEARCH SUPPORT.

This is to introduce to you Mr. Brian Innocent Okeng, a Master of Business Administration student, **registration number - 2024/HD06/25549U,** who is currently conducting a **Plan B** research study on **"Evaluation of Employee engagement in public health institutions in Uganda: A Case Study of Oyam district local government."** for research support. Your support towards Brian will enable him to fulfil a key requirement for the award of the Degree of Master of Business Administration at Makerere University.

While the research being pursued is mainly for academic purposes, upon its completion is expected to inform policy and contribute to the overall operations of organisations. Therefore, Brian is reaching out to your organisation for assistance in the realisation of the aforementioned endeavours.

Any research assistance extended to him will be our pleasure, and we look forward to your continued support.

Yours sincerely,

Dr. Diana L.K Ssekiboobo,
Co-ordinator, Graduate Programmes and Research.
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