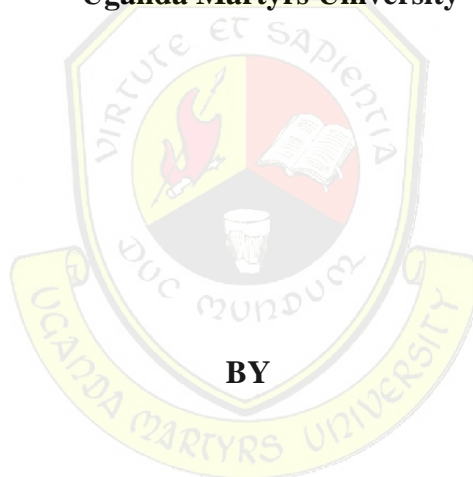


**MANAGEMENT PLANNING AND STAFF PERFORMANCE IN GOVERNMENT
HEALTH CENTRES. A CASESTUDY OF BUSOLWE HOSPITAL, BUTALEJJA
DISTRICT, UGANDA.**

**A postgraduate dissertation presented to the Faculty of Business Administration in partial
fulfillment of the requirements for the award of the Degree in Masters of Business
Administration.**

Uganda Martyrs University



BY

NAMUGOJI FAITH

2014/M102/20032

Aug 2016

DEDICATION

This work is dedicated to my parents Mr. Mwangale Michael, Mrs. Mwangale Robinah and my family for their tireless and endless support accorded to me throughout my academic career.

ACKNOWLEDGEMENT

I am very grateful and thankful to the Good Lord because of the courage, patience and strength that enabled me to cope-up with the stressful and demanding situations to complete this research.

I am particularly indebted to my supervisors Mrs. Bwegyeme Jacinta and Mr. Oboth Alex for the consistent guidance, assistance and support that they generously extended to me in completion of this dissertation.

My profound gratitude and thanks go to my dearest parents for their financial and moral support. I extend special thanks to my Fiancé, brothers and sisters for the tireless assistance given to me during this research study.

I wish to extend a word of thanks to all the respondents of the research study for their time and important information offered. I recognize all the academic staff in the Department of Business Administration for exposing me to the light of knowledge and nurturing me to maturity academically. Special thanks also go to my fellow students for team-spirit support.

ABSTRACT

This study was carried out in order to investigate the influence of management planning on staff performance in government hospitals a case study of Busolwe Hospital. The study was carried out from January 2013 to April 2016

There are three objectives in this study which include;

To establish the relationship between organizational goals and staff performance in government hospitals, to investigate the relationship between resource allocation and staff performance and to explore the relationship between evaluation methods used and staff performance in government hospitals.

The present study is a cross sectional- survey study. Statistical sample of this study is 104 employees of Busolwe hospital. Research data has been collected via standard questionnaires.

Findings from the field indicated that among the three variables of management planning, organizational goals had a positive significant relationship with employee performance. Implying that as organizational goals get focused and clear there is improvement in employee performance.

Evaluation methods which is another variable had no statistically significant relationship with staff performance but the correlation was positive. This means that the types of evaluation methods used are necessary but not sufficient to improve employee performance.

And finally resource allocation. There was a positive correlation between resource allocation and staff performance in this study and therefore the relationship was statistically significant .This means that providing staff with resources required to perform their work does improve their performance in fact the findings indicate that increase in resource allocation increases staff performance.

A regression analysis was run to establish the predictive capability of the dependent variable (employee performance) in relation to the independent variable (management planning). The findings revealed that 5.8% variations of management planning explain employee's performance and the other factors account for the 94.2% implying that management planning as a model accounts for 5.8% of employee performance.

I recommend that the hospital administration focuses its efforts more on organizational goals and employee participation in setting the goals .This is because organizational goals have a significant effect on employee performance.

Employees should also discuss evaluation results with their respective supervisors and training carried out where possible.

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CHAPTER ONE

INTRODUCTION

1.0: Introduction

Dramatic changes in the knowledge management area have converted the nature of management planning system to an inevitable issue, so that lack of management planning is considered as one of the symptoms of organizational diseases.

This study investigated the influence of management planning on staff performance in government health centers. This chapter explains the background of the study, objectives, research questions, scope and the significance of the study.

1.1: Background of the study

Today's reality in the global world is that people influence important aspects of organizational performance in a multitude of ways. People conceive and implement the organizational strategy, while the mix of people and systems mostly determine an organization's capabilities. Competencies are required to execute the strategy, and these competencies are primarily a function of the skills and knowledge of an organization's human capital. Therefore, if an organization is to treat its employees as its most important asset, it has to be knowledgeable about what it is that motivates people to reach their full potential Lawler, (2003). It is not easy though to know all the things that motivate people in life or at work but an effort has to be made.

Employee performance in Busolwe hospital has been in the spot light. There were issues raised about under staffing in Busolwe hospital. The levels were below average. Health Annual Report (2014/15)

Busolwe hospital also does not have critical staff e.g. a radiographer, pharmacist. Anesthetic and insufficient medical officers among others. Health annual report (2014/15).

Management planning on the performance of employees Kirunda, (2004).

Management planning has been singled out by many researchers as a major predictor of employee performance Agwu,(2013); Armstrong,(2006); Kepner, (2001); Kirunda,(2004). This is so because they help maintain a positive motivational environment for workers, they determine both business goals and employee values which are essential in employee performance Armstrong, (2006).

On the other hand, management planning represents knowledge to fulfill some activities or tasks. This knowledge can be learned. However, it also can be acquired through practical implementation of these activities. Therefore, each practice can be developed through learning and experience of the individuals.

According to Henri Fayol, there was a need to manage large organizations and develop proper skills needed to influence management. Fayol observed that skills at different levels in an organization depend on that person's level in the hierarchy. He argued that people in lower levels needed more technical skills while those at higher levels need less technical but more of managerial skills. However, he emphasizes on the five traditional managerial planning that are essential for a successful managerial process and these are:

Planning; is one of the most important in management planning Zetlin, (1994: 28-31). Planning is preparing a sequence of action steps to achieve some specific goal. Influenceive planning reduces the necessary time and effort to achieve a goal.

Organizing;this involves designing and creating an organizational structure, which will assist the company in carrying out its activities Koontz & O Donnel (2000). Organizing refers to the way the organization allocates resources, assigns tasks, and goes about accomplishing its goals Richard, (2003: 51).

Directing/Leading; is the process that many people would most relate to managing Richard, (2003: 51). It is supervising, or leading workers to accomplish the goals of the organization.

Controlling; is when the set of activities carried out by organization members ensure that these activities are leading the organization towards its goals Stevenson, (2000: 416).

Good management planning is expected to translate into improved service delivery, efficiency and effectiveness in any organizational context. Management planning is interconnected in such a way that it enables efficient functioning of organizations. Management is a wide field with specific disciplines of organizational endeavor and planning varying across firms and industries. Management planning cuts across organizational functionality in any discipline. There is inadequate research that has focused specifically on management planning that can sustain efficiency and effectiveness in African organizations Bagire and Namada, (2015). Ghosal (2005) has posited that several scholars have lately voiced their concerns about the current state of management research and pedagogy. The academic fraternity has to critically appraise existing management theories and planning to discover those factors and planning that could strengthen and sustain organizational performance in various African contexts. This study was motivated to examine management planning in the medical sector giving national wide concerns on quality service delivery in public institutions.

Employee performance on the other hand is a pre-requisite to organizational success. Managing employee performance is an integral part of the work that all managers and rating officials perform throughout the year. It is as important as managing financial resources and program outcomes because employee performance or the lack there of has a profound effect on both the financial and programme component of any organization .Kumar (2015).Every organization has been established with certain objectives to achieve. These can be achieved by utilizing resources like men, machines, materials and money. All these are important but man power is most important. It plays an important role in performing tasks to accomplish the goals.

If man power is not available other resources are useless and cannot produce anything. It should benoted that good employee performance is necessary for the organization, since an organization's success is dependent upon the employee's creativity, innovation and commitment (Ramlall, 2008).

Good employee performances and productivity growth are also important in stabilizing our economy; by means of improved living standards, higher wages, an increase in goods available for consumption, etc. (Griffin et al., 1981). Griffin et al. also argue that therefore research of individual employee performance is important to society in general.

The case study is Busolwe Hospital. It is located in Eastern Uganda Butaleja District. This hospital was built in the early 1930s. It is a government hospital with 156 staff both medical and support personnel. The hospital admits over 50 patients on a daily basis, and out patients are approximately 100 daily.

1.2: Problem statement

The government was put on spotlight as a reason for the declining service delivery with rundown facilities, dilapidated premises, unused equipment, congested wards, slow service processes, lack of adequate staffing coupled with low motivation among the available staff and lack of supervision (Okara, 2012). The Health annual report (2014/15) reported that employee performance in Busolwe hospital was not at its best, there were issues raised about under staffing in Busolwe hospital. The levels were below average.

Busolwe hospital also did not have critical staff e.g. a radiographer, pharmacist. Anesthetic and insufficient medical officers among others. Health annual report (2014/15)

The level of service delivery in public hospitals has come under serious public scrutiny espousing the cause for concern as it could be lack of management planning. Therefore, this particular study was set to explore the influence of management planning on staff performance in government health centers. A case of Busolwe Hospital, Butalejja District, Uganda.

1.3 Objectives of the study

The specific objectives are as follows

1. To establish the relationship between organizational goals and staff performance in government hospitals.
2. To investigate the relationship between resource allocation and staff performance in government hospitals.
3. To explore the relationship between evaluation methods used and staff performance in government hospitals.

1.3.1 Major Objective

The major objective of the study is to investigate the influence of management planning on staff performance in government health centers. A case of Busolwe Hospital, Butalejja District, Uganda.

1.4: Research questions

The study was guided by the following research questions

1. What is the relationship between organizational goals and staff performance in government hospitals?
2. What is the relationship between the evaluation methods used in a government hospitals and staff performance?
3. What is the relationship between resource allocation and staff performance in a hospital?

1.5: Scope of the study

Geographical

Busolwe is approximately 48 kilometers by road, southwest of Mbale, the largest city in the sub-region. This is approximately 11 kilometers, by road, southwest of Butaleja, the location of the District Headquarters. The 2002 national census recorded the population of Busolwe at 6276. In 2010, the Uganda Bureau of Statistics (UBOS) estimated the town's population at 8,300. In 2011, UBOS estimated the mid-year population at 8,500. In 2014, the national population census put the population at 16,730

Subject scope

The study was confined on the types of management planning employed in government health facility, and influence of Management planning on performance of employees.

Time scope

This study was conducted from January 2013 to April 2016. The researcher reviewed literature not older than ten years. This helped to inform the researcher about the research area.

1.6: Significance

In this regard the study would be expected to benefit hospital management in to adopt better management planning which might translate into high performance of the staff in government hospitals.

The hospital administration might also be able to establish the general trend of staff performance to enable them formulate relevant employment policies in order to improve on the general level of management planning.

1.7. Justification of the study.

It is argued that poor staff performance in government hospitals is because of poor management planning in hospitals. Specifically, the reasons given for improving staff performance rotate around improvement in management planning. Bagire and Namanda(2005) The Uganda government and other institutions have made significant strides to accelerate the development of staff performance by trying to make sure that resources are allocated, fight corruption among others. However, even with this support, the staff performance is not good

1.8 Definition of key terms and concepts

Management planning.

Is the process of assessing an organizations goals and creating realistic detailed plan of action for meeting those goals. Much like writing a business plan, a management plan takes into consideration short and long term corporate strategies.

Types of planning

There are three major types of plans that can help managers achieve their organization's goals: strategic, tactical, and operational.

Operational plans lead to the achievement of tactical plans, which in turn lead to the attainment of strategic plans. In addition to these three types of plans, managers should also develop a contingency plan in case their original plans fail.

Operational plans; the specific results expected from departments, work groups, and individuals are the **operational goals**. These goals are precise and measurable. An **operational plan**' is one that a manager uses to accomplish his or her job responsibilities. Supervisors, team leaders, and facilitators develop operational plans to support tactical plans. Operational plans can be a single-use plan or an ongoing plan.

Single-use plans apply to activities that do not recur or repeat. A one-time occurrence, such as a special sales program, is a single-use plan because it deals with the who, what, where, how, and how much of an activity. A budget is also a single-use plan because it predicts sources and amounts of income and how much they are used for a specific project.

Continuing or ongoing plans are usually made once and retain their value over a period of years while undergoing periodic revisions and updates. The following are examples of ongoing plans:

A policy provides a broad guideline for managers to follow when dealing with important areas of decision making. Policies are general statements that explain how a manager should attempt to handle routine management responsibilities. Typical human resources policies, for example, address such matters as employee hiring, terminations, performance appraisals, pay increases, and discipline.

A procedure is a set of step-by-step directions that explains how activities or tasks are to be carried out. Most organizations have procedures for purchasing supplies and equipment, for example. This procedure usually begins with a supervisor completing a purchasing requisition. The requisition is then sent to the next level of management for approval. The approved requisition is forwarded to the purchasing department. Depending on the amount of the request, the purchasing department may place an order, or they may need to secure quotations and/or bids for several vendors before placing the order. By defining the steps to be taken and the order in which they are to be done, procedures provide a standardized way of responding to a repetitive problem.

A rule is an explicit statement that tells an employee what he or she can and cannot do. Rules are “do” and “don’t” statements put into place to promote the safety of employees and the uniform treatment and behavior of employees. For example, rules about tardiness and absenteeism permit supervisors to make discipline decisions rapidly and with a high degree of fairness.

Tactical plans

A tactical plan is concerned with what the lower level units within each division must do, how they must do it, and who is in charge at each level. Tactics are the means needed to activate a strategy and make it work.

Tactical plans are concerned with shorter time frames and narrower scopes than are strategic plans. These plans usually span one year or less because they are considered short-term goals. Long-term goals, on the other hand, can take several years or more to accomplish. Normally, it is the middle manager's responsibility to take the broad strategic plan and identify specific tactical actions.

A strategic plan is an outline of steps designed with the goals of the entire organization as a whole in mind, rather than with the goals of specific divisions or departments. Strategic planning begins with an organization's mission.

Strategic plans look ahead over the next two, three, five, or even more years to move the organization from where it currently is to where it wants to be. Requiring multilevel involvement, these plans demand harmony among all levels of management within the organization. Top-level management develops the directional objectives for the entire organization, while lower levels of management develop compatible objectives and plans to achieve them. Top management's strategic plan for the entire organization becomes the framework and sets dimensions for the lower level planning.

Contingency plans

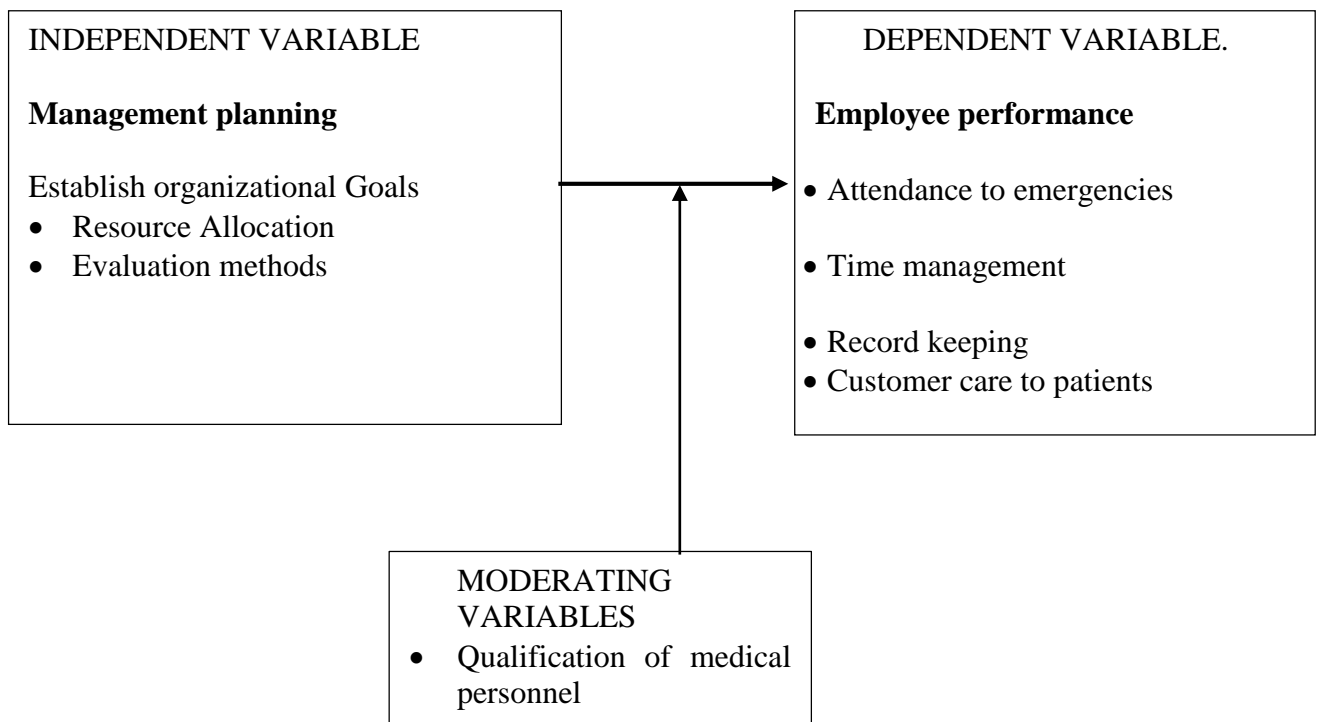
Intelligent and successful management depends upon a constant pursuit of adaptation, flexibility, and mastery of changing conditions. Strong management requires a “keeping all options open” approach at all times — that's where contingency planning comes in.

Contingency planning involves identifying alternative courses of action that can be implemented if and when the original plan proves inadequate because of changing circumstances.

Keep in mind that events beyond a manager's control may cause even the most carefully prepared alternative future scenarios to go awry. Unexpected problems and events frequently occur. When they do, managers may need to change their plans. Anticipating change during the planning process is best in case things don't go as expected. Management can then develop alternatives to the existing plan and ready them for use when and if circumstances make these alternatives appropriate.

1.9: Conceptual framework

Illustrating the relationship between management planning and staff performance



Source; Guided by Lisa Mc Querrey (2012)

Narrative of the conceptual framework

The conceptual framework depicted shows management planning as an independent variable, while employee performance is a dependent variable. The framework shows the effect of management planning on Employee performance. It shows the relationship between establishing organizational goals and employee performance in hospitals, the relationship between resource allocation and employee performance is also illustrated then lastly evaluation methods and employee performance in hospitals.

Employee performance is the result of management planning. Employee performance in hospitals can be measured with different indicators such as attendance to emergencies, time management, record keeping and customer care to patients. However, the moderating variable Qualifications of personnel can affect the strength of the relationship between employee performance and management planning.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, attempts were made to review relevant literature to help in understanding the influence of management planning on staff performance in government health centers. The researcher acknowledges the fact that there is some literature on the effect of management planning on staff performance in government health centers elsewhere in the world. Most of the literature to be reviewed was from the different sources like text books, websites, Newspapers and journals. In this section, the main purpose was to review issues related to the influence of management planning on staff performance in government health centers that have been investigated by other researchers, in order to gain more insights into the subject under the study and also avoid duplications of efforts in this area. The researcher while reviewing literature based on the objectives of the study.

Theoretical Review

The Goal setting theory

Locke and Latham's Theory

In the late 1960s, Locke's pioneering research into goal setting and motivation gave us our modern understanding of goal setting. In his article "*Towards a Theory of Task Motivation and Incentives*," (1968) he showed that clear goals and appropriate feedback motivate employees. He went on to highlight that working towards a goal is also a major source of motivation – which, in return, improves performance.

Locke's research showed that the more difficult and specific a goal is, the harder people tend to work to achieve it.

Locke reviewed a decade's worth of laboratory and field studies on the effects of goal setting and performance. He found that, for 90 percent of the time, specific and challenging (but not too challenging) goals led to higher performance than easy, or "do your best," goals.

For example, telling someone to "try hard" or "do your best" is less effective than saying "try to get more than 80 percent correct," or "concentrate on beating your best time." Likewise, having a goal that's too easy is not motivating. Hard goals are more motivating than easy ones, because it feels more of an accomplishment to achieve something you've worked hard for.

A few years after Locke published his article, Dr. Gary Latham studied the effects of goal setting in the workplace. His results supported Locke's findings – that there is an inseparable link between goal setting and workplace performance. In 1990, Locke and Latham published their seminal work, "*A Theory of Goal Setting & Task Performance*." In this book, they repeated the need to set specific and difficult goals.

From the theory it is shown that clear goals and appropriate feedback motivate employees. The theory further stresses that working towards a goal is a motivator factor that makes people want to achieve it. Hence calls for improved performance.

2.1 Management planning as a concept

Management planning is the process of assessing an organization's goals and creating a realistic, detailed plan of action for meeting those goals. (Lisa M 2012) much like writing a business plan, a management plan takes into consideration short- and long-term corporate strategies. The basic steps in the management planning process involve creating a road map that outlines each task the organization must accomplish to meet its overall objectives. (Lisa M 2012)

Planning is establishing organizational goals and deciding how to accomplish them. Planning starts with a statement of the company's mission. (Business dictionary 4th edition) A mission states the basic purpose that makes an organization different from others. After the mission statement is written to describe a firm's purpose, the firm goes through the process of establishing its major goals and

objectives, and allocating the resources to achieve them Umar (2011). This process is called strategic planning. A goal is an end result that an organization is expected to achieve over a one-to-ten-year period. An objective, on the other hand, is a specific statement detailing what the organization intends to accomplish over a shorter period of time. Usually this time period is one year or less. Goals and objectives may focus on a variety of factors—not just the usual growth and income. Goals are set for each level of an organization, based on what each level is responsible for (Terry M 2015). It is critical that the goals be consistent and mutually supportive. Sometimes compromises have to be made, though, through a process called optimization. By using optimization, managers balance the needs of two or more potentially conflicting sets of goals. But nothing will happen beyond the thinking stage if the organization doesn't have a plan. (Lisa M 2012)

A plan is an outline of the actions by which the organization intends to achieve its goals and objectives. There are four primary types of plans. The broadest set of plans is called a strategic plan, which provides a guide for basic policy setting and decision making. *Strategy* is set by the board of directors and top management to achieve a firm's long-term goals—perhaps a 5- or 10-year period. The second type of plan is called a tactical plan, a narrower, smaller-scale plan developed to implement a strategy. Tactical plans usually cover a 1- to 3-year period. Several tactical plans may be required to implement one part of a strategy. The third type is an operational plan, which is designed to implement a tactical plan. An operational plan usually has duration of one year or less. Finally, most organizations realize that not everything always goes according to plan, so they develop contingency plans, which outline alternative courses of action that may be taken if the organization's other plans are disrupted or become ineffective .Rouse (2015).

Employee performance

Performances can be separated in organizational and employee performance. Employee performance is also known as job performance. However, it seems that job performance is mostly subjectively measured in organizations and it will appear that there are few alternative options. Here the

distinction between organizational and job performance is made. After that the concept job performance is highlighted, together with measuring it and its implications.

Performance in organizations can be separated in organizational performance and job performance (Otley, 1999). According to Otley, the performance of organizations is dependent upon the performance of employees (job performance) and other factors such as the environment of the organization. The distinction between organizational and job performance is evident; an organization that is performing well is one that is successfully attaining its objectives, in other words: one that is effectively implementing an appropriate strategy (Otley, 1999) and job performance is the single result of an employee's work (Hunter, 1986). Since the aim of this thesis is to provide a link between management planning and employee performance, organizational performance lies outside the scope of this research and only employee performance is addressed.

Some organizations operate in a dynamic, highly competitive and global business environment in order to differentiate themselves from their rivals. This can be done by focusing on the following functions of human resource management: performance, resourcing, reward, training and development and employee relations (Wilton, 2011). Human resources are the most important assets in an organization; they assist in realizing organizational objectives and contribute to its overall success (Armstrong, 2005). Managing performance is concerned with how organization's plans, coordinate, utilize, motivate and equip their human resources to achieve desired outcomes and objectives. Organizations therefore, should focus on the need to direct and motivate employee performance to support and align with organizational objectives. The individual performance is a function of ability, motivation and opportunity. The effective management of performance requires attention to be paid on elements such as: resourcing, reward, learning and development (Boxall and Purcell, 2003). The performance equation provides a useful starting point when outlining the mechanisms that organizations can use to maximize individual and team contribution to the achievement of organizational objectives (Wilton, 2011).

Successful performance can lead to organizational rewards and as such performance can be motivating to employees hence put more effort. Employees work hard because they perceive a clear and beneficial economic exchange for their contributions to the organizations (Kirunda, 2008).

It should not be that good employee performance is necessary for the organization, since an organization's success is dependent upon the employee's creativity, innovation and commitment (Ramlall, 2008). Good job performances and productivity growth are also important in stabilizing our economy; by means of improved living standards, higher wages, an increase in goods available for consumption, etc. (Griffin et al., 1981). Griffin et al. also argue that therefore research of individual employee performance is important to society in general.

According to Hunter and Hunter (1984) crucial in a high job performance is the ability of the employee himself. The employee must be able to deliver good results and have a high productivity. Hunter and Hunter (1984) also argue that this is something the organization can know at forehand; they can select employees with the required abilities or they can recruit those employees themselves. Of course the latter is more time consuming, but can obtain better results in the end (Hunter, 1986).

However, job performance is more than the ability of the employee alone. (Herzberg 1959) and Lindner (1998) refer to the managerial side of performance. According to (Herzberg 1959) performance is: 'let an employee do what I want him to do'. This implies that the organization's hierarchy and task distribution are also critical for a good employee performance. (Lindner 1998) adds to this statement by arguing that employee performance can be perceived as "obtaining external funds". According to Vroom (1964) an employee's performance is based on individual factors, namely: personality, skills, knowledge, experience and abilities. Researchers agree that job performance is divided in those five factors (e.g. Hunter and Hunter, 1984). Some researchers even argue that a person's personality has a more specific role in job performance (Barrick and Mount,

1991). However, according to various researchers, it is not what performance exactly means, but how it is composed and how it is measured (Furnham, Forde & Ferrari, 1998; Barrick & Mount, 1991).

(Vroom's 1964), Hunter and Hunter's (1984), (Hunter's 1986), etc. results are evident. Namely,

Job performance can be divided in personality, skills, knowledge, experience and abilities. Some researchers even argue that personality has a more specific role in job performance. However, according to Bishop (1989) and others, job performance contains a problem; namely the measurement of performance.

2.2: Organizational goals and staff performance

According to Rainey (2003, p130), an organizational goal is a condition that an organization seeks to attain but the concept of a goal has many complications, with important implications for organizing and managing and for the debate over whether public and private organizations differ. These complications include the problem that goals are always multiple that is, a goal is always one of a set of goals that one is trying to achieve (Rainey, 1993; Simon, 1973). (Rainey 2003, p132) continued that the most often repeated observations about public organizations are that their goals are particularly vague and intangible, compared to those of private business firms, and that they more often have multiple, conflicting goals. For example, police chiefs must try to find a balance between keeping the peace, enforcing the law, controlling crime, preventing crime, assuring fairness and respect for citizen rights, and operating efficiently and with minimal costs (Moore, 1990).

Official goals are formal expressions of general goals that present an organization's major values and purposes (Rainey, 2003). Rainey further states that clear organizational goals can drive employee efforts throughout the organization. But if employees do not know what the organization's goals are, those goals lose the ability they have to energize employees towards their achievement. Communicating organizational goals to employees is essential for achieving those desired outcomes.

There is a strong correlation between a successful company and an effective goal setting process, and you are the owner of that process. Managers and the entire executive team should be a part of the

system to help each employee set goals—thereby, fully engaging your workforce and encouraging everyone across the company to focus and successfully achieve these goals together. By including all members of the company, the stage is set for each employee to feel a greater sense of loyalty and commitment to the company and to perform at higher levels.

Engaged employees not only plan to stick around—helping to lower your recruiting costs—but they are also enthused and motivated to impact your bottom line. During difficult times their energy and effort can help your organization not simply survive, but thrive (DEST Research Paper (2007) quoted Harvey-Beavis (2003).

Strategically minded organizations have deeper strategic insight into their employees and use that insight to proactively put the right workforces in place to effectively respond to urgent marketplace needs. Measuring essential factors that mark the difference between success and failure in specific jobs will allow your organization to put the right person into every position, allowing them to utilize their talents without limitations. This leads to greater job satisfaction, improved morale and employee retention because your organization is staffed with a workforce of people who are highly productive, skilled and committed to doing their very best.

There are two main types of organizational goals: official and operative. Official goals detail a company's aims as described in their public statements, such as the corporate charter and annual reports. They help to build the organization's public image and reputation. Operative goals are the actual, concrete steps a business intends to take to achieve its purpose. A company's operative goals often don't parallel its official goals; for example, while a nonprofit volunteer organization's main official goal may be community service, limited funding might mean that its operative goal of fund raising will take precedence(Odden, 2001).

The public hospital is a complex organization delivering a wide array of services, and functions as both a business entity and a government policy instrument. This “hybrid” organization thus has a number of players at both the government and the facility level, who necessarily have to interact in

the provision, delivery and finance of hospital services. The other key players are the medical personnel, who traditionally have been rather independent of hospital management. And finally, and most importantly, there are the patients, who are the eventual consumers of hospital services. Each of these stakeholders plays an important role in decision-making and operations, and each in its own way contributes to the success of a health sector reform initiative.

Within any government or hospital, there are several distinct power centers each of whom is likely to play a role in the evolution of hospital autonomy, and the impact of this autonomy on efficiency, equity, revenue mobilization, public accountability, and patient satisfaction. At the same time, there are many potential points of conflict between the government and the hospital, e.g., in defining the relationship between physicians and the autonomous management, between the various departments of the autonomous hospital and the various arms of government, etc.

In a study of Ozcan and Hornby (2005), the study found that one of the reasons for poor performance of employees in government hospitals in Turkey, was mainly due to lack of interest by the managers of head departments in government hospitals to communicate organizational goals to hospital's staff.

In an article by Nicolle (2010), if your personnel do not understand the goals and objectives of your organization, then you may face a bigger challenge achieving them. They were working literally with blinders on their eyes. Just taking steps without really knowing where they are supposed to end up. They may get lost on the way or side tracked not knowing correct path. Through no fault of their own, they may not give their activities the importance that they deserve. Organizations where employees are engaged with the goals and objectives are more likely to move forward faster.

Imagine a group of people trying to move an open parachute. If all of them know where they want to put it, they will move in the same direction. Otherwise, everyone will pull in their own direction... based on wherever they believe would be the best place for it. Eventually, the ideal location may happen, but other issues could arise with the disorganization such as the parachute breaking due to so much pulling in different directions. The parachute could be any organization.

If you struggle with getting the results you want, if your personnel seem to be walking in circles all the time with no progress, if your project is “stuck”, or if you have unmotivated employees; then you may try communicating and explaining the goals and objectives of the organization, project, task, or group. Make sure everyone understands their place in the big picture and the importance or impact of their actions. You will certainly notice the difference. (Nicole 2010)

2.3 Resource allocation and staff performance

Resource allocation involves the distribution and utilization of available resources across the system because resource availability is usually scarce and expensive, it becomes important to find optimal or even good solutions. Gengui Zhoul et al (2003)

Analysis of how scarce resources ('factors of production') are distributed among producers, and how scarce goods and services are apportioned among consumers (Barnum and Kutzin, 1993). This analysis takes into consideration the accounting cost, economic cost, opportunity cost, and other costs of resources and goods and services. Allocation of resources is a central theme in economics (which is essentially a study of how resources are allocated) and is associated with economic efficiency and maximization of utility.

According to (The Palgrave encyclopedia of Strategic Management), Resource allocation is the process whereby an organization determines how to apportion its production factors among the various productive activities in which it aims to engage. The process has a number of different aspects, involving economic, social, political and technical considerations.

Resource allocation is a central function of all healthcare delivery systems. We know that priority setting and resource allocation processes need to be both economically sound (making best use of resources to maximize health benefit) and ethical –fair and transparent (Clark s, Weale 2012) Evidence from many countries suggests that decision makers struggle to assemble and use relevant evidence Bryan s, (2007) and to engage clinical stakeholders and the public in a meaningful fashion. Institutional and cultural barriers stand in the way.

Public hospitals are a significant component of health systems in many developing countries. Generally responsible for 50 to 80 percent of recurrent government health sector expenditure (Barnum and Kutzin, 1993), public hospitals utilize nearly half of the total national health expenditure (Mills, 1990). In many African countries the bulk of hospital spending is tied up in one or two major urban hospital facilities. These hospitals consume a large amount of scarce resources, and many tend to have low occupancy rates. Governments therefore face the task not only of finding new resources to fund the high cost activities of the hospitals, but also of utilizing existing resources more efficiently. Faced with diminishing resources and escalating costs, the need to use public resources more cost-effectively has never been greater.

Hospital management has been defined to include the responsibility and accountability for the overall operation of the organization (Bohen, 1995). More specifically, hospital management has been conceived as a shared process of top-level organizational leadership, policymaking and decision-making. Hospital management was regarded by scholars as a unique form away from the conventional management.

Although the governing board has the ultimate accountability, the CEO, senior management and clinical leaders are involved in top-level functions of management like planning, controlling, organizing (Bader, 1993; Alexander et al. 2003). Most hospitals have their own management board and a professional team of executive managers. They constitute the axis of “hospital management” together, which is the process of steering the overall functioning and effective performance of a hospital; defining the hospital’s mission, setting its objectives, supporting and monitoring their realization at the operational level (Flynn, 2002; Eeckloo et al., 2004). Efficient management of hospitals requires responsible and effective use of funds, professional management and competent governing structures (Ditzel et al., 2006).

The size of the hospital board is an important element in its overall management structure and resource allocation. It has been argued that a board’s ability to monitor and make important decision

improves with its size. This is because there is a need to ensure diversity of perspectives, backgrounds, expertise and experience within the board. However, Hermalin and Weisbach (2003) argued that there is a possibility that larger boards can be less effective than small boards. When boards consist of too many members, agency problems may increase as some directors may tag along as free-riders. Maintaining a small board size is likely to result in the board's ability to give more effective oversight for the management of the hospital. (Jensen 1993) argues that there should be an upper limit to board membership to make it an effective governance mechanism. In practice, determining an optimal board size may be dependent on the size of the hospital and its scope of operation. However, Lipton and Lorch (1992) recommended limiting the number of directors to seven or eight, as numbers beyond that would be difficult for the CEO to control.

Performance of employees has not had consensus among scholars. Provan (1985) has outlined performance in hospitals in terms of bed occupancy, costs, mortality rate, payroll ratios, accreditation, growth, resource acquisition. He however concedes that these measures lack generalizability. Bloom et al. (2009) state that management in hospitals is poorly alike with that of manufacturing firms. What is more, public hospitals have worse planning than private ones. In the public hospitals, hospital administrators must make decisions that foster the highest standards of patient care and achieve financial performance, as measured by more traditional metrics such as return on equity, return on assets, occupancy rates. Hence, strategic decisions made by hospital administrators have considerable consequences. Healthcare institutions pose unique problems for management since organizational decision makers must consider elements such as patient access to services, reliability and quality of care. These elements distinguish hospitals from other types of consumer organizations since failures in these areas, even on a small scale, could result in the loss of life (Ray, Plowman and McDaniel). Furthermore, hospitals are further distinguished by diverse training, experiences, and responsibilities; inherently present issues about how to work together (Ashmos, Huonker and McDaniel, 1998).

Hospital management requires a close network of decision makers to cater for the diversity of quality decisions required. Kissi (2008) emphasized the need for participation. Within the hospital, segregated groups with varying educational backgrounds should lead to quality decisions. Ray et al (2008) have argued that boards, directors, administrators and nurses should participate in different decision stages since each group has its own information needs. They demonstrate a simple model where better decision making leads to quality decision outcomes which in turn results in better hospital performance. Taking caution of contradictory results by Goldstein and Ward (2004) and Kasisi (2008), Ray et al (2008) advocate for increasing participation in the activities of generating, evaluating and choosing alternatives, which should result in hospital benefits.

According to Ozcan and Hornby (2005), one of the reasons for poor performance of employees in government hospitals in Turkey, was mainly due to lack of interest by the managers of head departments in government hospitals to provide better conditions to hospital's staff and develop incentives system. The study recommended the adoption of incentives system and rewards for staff and nurses who perform good and choosing a group each month as a role model for individuals working in the hospital and pay them special bonuses to encourage other staff who have not been selected, and the study emphasized that adopting this system will improve the performance of all individuals working in the hospital dramatically.

Resource allocation and priority setting are challenging issues faced by health policy decision makers requiring careful consideration of many factors including objective e.g. reason and subjective e.g. empathy Hsu, Anen c, Quartz (2008).

Criteria used to evaluate healthcare interventions and allocate resources are likely to have profound implications especially regarding ethical aspects.

Ethical principles of resource allocation set forth by World health Organization include efficiency (maximizing population health), fairness (minimizing health differences) and utility (greatest good for the greatest number).

Consideration of these often conflicting principles requires pragmatic frameworks and the engagement of a broad range of stakeholders to provide accountability for reasonableness. Limited resources and inequities in healthcare in both wealthy and developing countries underline the need to allocate optimally. Asante AD (2009).

As argued by various authors, choices may not be based on rational and transparent processes highlighting the need for processes that take this into account. Indeed, if the mechanism employed to guide the distribution of resources is inequitable, the outcome is also likely to be. Thus, how resources are allocated by health policy decision makers around the world remains a challenging issue Youngkong S, Kapiriri L (2009). Priority-setting is defined as the process by which healthcare resources are allocated among competing programs or people Lasry A, Carter MW (2010). In the context of increasing healthcare costs in many countries around the world, effective approaches to explicit appraisal and priority setting are becoming critical to allocate resources to healthcare interventions that provide the most benefit to patient health as well as contributing to healthcare systems' sustainability, equity and efficiency. Indeed, elucidating decision criteria and how they are considered are key to establishing accountability and reasonableness of decisions and fulfils the A4R framework set forth by Daniels and Sabin .Daniels N, Sabin J (1997).

Over the past decades, a number of empirical studies have explored systematic approaches to optimize evaluation of healthcare interventions and priority-setting. A number of tools with defined criteria to evaluate and rank interventions have been developed, recognizing the need for such approaches.

2.4: Evaluation methods used and staff performance in government hospitals.

Evaluation - is the process by which we judge the worth or value of something (Suchman, 1967). Extensive systematic research has not been conducted on the Evaluation methods in an organizational context. Evaluation methods are of the success of a performance appraisal system recommended as

part of the system implementation and management process. Performance appraisal is the measurement of work and its results by using the scale and index that we can measure the desired quantity and quality with precision and free of personal judgments and vague criteria of evaluation. Measurement of an activity is done by activity and comparison of its results with a criterion that we can evaluate the desired quantity and quality precisely. Performance is the way through which employees perform their duties and evaluation is judging the performance of employees. Scott (2009). However, comprehensive research of the evaluation of performance appraisal system in a field setting is scarce. This may be due to the complex nature of the systems involved in selecting proper evaluation criteria. Murphy and Cleveland (1991) advise that the effectiveness of all human resource systems including performance appraisal need to be evaluated. They indicate that problems with currently available methods for evaluating performance appraisal systems represent some of the most pressing problems facing practitioners. Bernardin, Hagan, Kane and Villanova (1998) also suggest that the practice of evaluating performance is inadequate.

Many of the problems of the public hospital can be traced to inadequacies in performance evaluation. A performance evaluation system is based on *goals, performance criteria* and *criterion values*. The goals of a public hospital are difficult to specify due to the problems of multiple objectives (including commercial and noncommercial objectives) and plural principals (different organization units having different perceptions of what the goals should be). If goals cannot be specified, then good managers cannot be distinguished from bad ones. A performance criterion is simply a quantification of an enterprise's objectives (Tziner, Murphy and Cleveland; 2001).

Multiple objectives can be handled by aggregation if they are individually quantifiable and if there is general agreement on the relative importance of each objective. The problem arises when some of the objectives are noncommercial and not quantifiable. The other issue is temporal: single period indicators ignore future effects, and this is a major weakness. Performance indicators thus must allow for dynamic effects (ibid).

Given the choice of any performance criterion, the still more difficult task remains of selecting a particular criterion value, i.e., a yardstick against which the performance criterion can be judged.

Some sources of information that can assist in setting criterion values that help in evaluation are:

Comparison with similar firm employees elsewhere,

Comparisons with the same firm's performance of employees in previous years,

Professional judgment of employees by third parties,

Professional judgment of employees at the ministry level, and

Professional level at the hospital level.

The problem of quantifying noncommercial objectives can be serious, especially in an organization where most of the output is noncommercial.

A comprehensive performance evaluation criteria would thus have:

A *primary* indicator, that would cover static operational efficiency plus any noncommercial objectives that can be quantified;

Supplementary indicators, that cover dynamic effects and noncommercial effects that can only be rated, but not monetized; and

Diagnostic indicators that are used to explain the movements in the primary indicator.

Performance evaluation of public hospitals is not a simple matter and a workable system cannot be imposed arbitrarily or overnight. Rather, it must be a product of an evolutionary process involving both enterprise managers and government supervisors. Accordingly, a phased system is proposed.

Once an acceptable system is in place, however, an incentive system can be operationalized in which the welfare of managers and workers is linked to national welfare by a pecuniary or non-pecuniary bonus system based on achievement of particular target values.

The first step in evaluating the performance of the hospital is to describe the scope and nature of hospital services, such as present inpatient services (medicine, surgery, pediatrics, maternity, etc.) outpatient services, casualty, and specific clinics. It is also useful to understand

The role and place of the hospital in the referral system;

The rules and procedures that the hospitals follow for admission of patients to the hospital as private patient, government paid patient, and government nonpaying patient; and

The number of beds allocated to private patients, government paid patients, and government nonpaying patients. Hospital staff performance can be evaluated in terms of efficiency, quality of care, accountability, equity and resource mobilization. Chawla et al, (1996), and briefly refer to the concepts here.

Efficiency; The main plank against which performance of the hospital is ultimately evaluated in its capacity to deliver high quality clinical care at least cost. Some measure of efficiency can thus be obtained by measuring costs and examining the relationship of costs to services provided.

Hospital costs include recurrent costs (such as maintenance, rent, utilities, personnel, catering, laundry, linen, and costs of diagnostic, therapeutic, and other treatment services provided to the patient) and capital costs (such as land, buildings, plant and equipment).

Employee performance in hospitals is traditionally measured by the number of outpatient visits, and the number of inpatient admissions and discharges. Traditional employee performance indicators are:

The bed occupancy rate, which is a measure of the percentage of total available beds which are engaged by patients during the year;

The average length of stay, which is defined as the average number of days a patient remains in the hospital between admission and discharge; and

The bed turnover rate, which refers to the average number of inpatients per bed per year.

One approach to evaluating efficiency is to select performance indicators such as cost per bed day, output of services, rate of return on capital, etc. and then examine the performance of the hospital in relation to the indicator.

It is important to note, however, that the effectiveness of unit cost studies can be seriously undermined by differences in the completeness of data used, and variations in the health, institutional, and economic environment.

In order for a study comparing costs per unit of output to indicate which hospital is most technically and economically efficient, the following criteria must hold:

The case mix at each hospital must be the same or have been accounted for.

The quality of service must be the same or adjusted

The cost information must take into account the social opportunity costs of resources used. In the absence of these conditions, efficiency implications of unit cost measures are indeterminate or hard to interpret with confidence. High unit costs may be a reflection of a number of things such as high quality, poor efficiency, or the characteristics of patients. On the other hand, low unit costs could be indicative of poor quality or high efficiency.

Quality of Care; Changes in quality of health care can be evaluated in terms of the effects of an intervention on structure, process, and outcome (Donabedian, 1980). These can be judged along six different dimensions: effectiveness, acceptability, efficiency, access, equity, and relevance (Maxwell (1984, 1992). This three-by- six classification gives eighteen “cells”, or cross-dimensions, and each cell gives information on two dimensions: *where* (structure, process, outcome) and *what* indicator of quality (effectiveness, acceptability, efficiency, access, equity, relevance). Quality of care may be assessed by judging each cell against an established or tested norm, and progress can be assessed by comparing the cells over time.

Structure and Process; Structural issues affecting the effectiveness of hospital services are: the physical state of the facility and the equipment; the administrative process; qualifications, experience and training of the medical and nonmedical staff; and accreditation of the hospital. Patient acceptability of hospital services is affected by comfort, courtesy, privacy, counseling etc. Appropriate levels of staffing and equipment are likely to affect efficiency parameters, while location of the facility may have some impact on access issues. All these are structural issues in the quality of care paradigm. On the process side are issues like technical management, diagnostic testing, preventive medicine, patient education, general administration and organization, capacity, etc. It is not always easy to separate structure and process in a complex organization like a hospital, and often it is convenient to assess both together.

Outcomes; Patient recovery, follow up for treatment, and impact on health status for different groups of people are some of the outcome issues that are important for assessing quality. Effectiveness in outcomes can be evaluated by looking at indicators of patient recovery and survival, or alternatively at mortality rates in the hospital. Patient acceptability can be assessed by using indicators of follow up visits for improvement. Cost and case-mix comparisons over time may give some idea of changes in efficiency. Equity and access may be assessed by looking at the hospital use across income groups, gender, age, race, and diseases and conditions treated in hospitals.

Equity; Following Wagstaff and Doorslaer (1993) equity can be defined in terms of finance and delivery of health care. Equity in the finance of health care refers to the requirement that “persons or families of unequal ability to pay make appropriately dissimilar payments” for health care (vertical equity), and the requirement that “persons or families with the same ability to pay make the same contribution” (horizontal equity). Equity in the delivery of health care refers to the requirement that “persons in unequal need be treated in an appropriately dissimilar way” (vertical equity), and the requirement that “persons in equal need be treated equally” (horizontal equity). (All quotes are taken from Wagstaff and Doorslaer, 1993).

Accountability; Accountability was of little concern when hospitals were symbolic of humanitarian efforts for community welfare. Today, however, with hospitals using an increasing proportion of scarce resources and not using it so efficiently and effectively, as Schulz and Johnson, 1990, note, there are many questions of quality and effectiveness. Accountability, rather than control is increasingly becoming the important issue, with hospitals being accountable to consumers, individual patients, government and others who provide funds, regulatory agencies, and own employees. Accountability is an important factor in the successful use of public resources for the improvement of community health. According to Bowen (1973), a good system of accountability would have a clear purpose of goals and objectives, with an ordering of priorities; allocation of resources toward maximum return in relation to goals and objectives; evaluation of actual results; and reporting on evaluation to all concerned.

According to Wimbush & Watson, (2000); there are several types of evaluations that can be conducted. Some of them include the following:

Formative evaluation ensures that a program or program activity is feasible, appropriate, and acceptable before it is fully implemented. It is usually conducted when a new program or activity is being developed or when an existing one is being adapted or modified. Formative evaluation for the purpose of improving the program as it is being implemented.

Process/implementation evaluation determines whether program activities have been implemented as intended. *Process evaluation* - measures to what extent a program has been implemented as planned, by measuring reach, participant satisfaction, implementation of activities, performance of intervention components and quality assurance.

Outcome/effectiveness evaluation measures program effects in the target population by assessing the progress in the outcomes or outcome objectives that the program is to achieve. *Outcome evaluation* - measures long-term effects, whether a program has achieved its goals.

Impact evaluation assesses program effectiveness in achieving its ultimate goals. *Impact evaluation* - concerned with the immediate short-term effects and reach of the program, generally measures achievement of program objectives.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section presents an over view of the methods to be used in the study. Areas covered include the research design, population, sample and sampling techniques, data collection and analysis.

3.1 Research Design

The research strategy that the study utilized was a case study research design. The case study research design is a very valuable tool for assessing opinions and trends. Even on a small scale, such as local government or small businesses, judging opinion with carefully designed surveys can dramatically generate meaningful information that can easily be generalized. It is a method used to narrow down a very broad field of research into one easily researchable topic.

This research design was used to investigate the influence of management planning on staff performance in government health centers. A case of Busolwe Hospital, Butaleja District. The researcher used triangulation methods (i.e. qualitative and quantitative). Both methods were utilized .Case in point the qualitative opinions that were obtained were confirmed by statistical data for instance, qualitatively, the attitudes and perceptions by the respondents in relation to the management planning on staff performance in government health centers was assessed and confirmed by statistical data. Finally, the study used in-depth interviews as well as research questionnaires.

3.2 Area and population of the study

This study was conducted in Busolwe Hospital, Butalejja District with the staff of the hospital. This is the biggest referral hospital in the district. Busolwe Hospital is a public hospital with 120 beds and it is administered by the Uganda ministry of health. Busolwe Hospital has 156 employees categorized into technical and support staff. This particular study categorized the employees in three levels. That is top management, middle level staff and support staff.

3.3 Sample size of the Study

Martins (2009:262) notes that the correct sample size in a study is dependent on the nature of the population and the purpose of the study. The sample size usually depends on the population to be sampled. Although there are no general rules, thirty cases are sufficient for studies in which statistical analysis is to be done. The formula below was used for the calculation of the sample since it's relevant to studies where a probability sampling method was used (Roberts-Lombard, 2006:87):

Formula:

$$n = \frac{N}{1 + N(e^2)}$$

Where;

n= sample size

N= Total population

1= constant

e²=sample error. =0.05 = 5%. This gives confidence level of 95%

$$n = \frac{156}{1 + 156(0.05^2)}$$

$$n = \frac{156}{1 + 156(0.0025)}$$

$$n = \frac{156}{1 + 0.39}$$

$$n = \frac{156}{1.39}$$

$$n=104$$

Therefore the total sample size was 104 respondents from Busolwe Hospital.

Table: Categories of staffs acceding to their department

Category of staff	Population size	Sample size	Percentage
Top managers- Medical superintendent In-charge, assistant in-charge, Heads of sections	10	7	6.7%
Middle managers- Nurses, Mid-wives and lab attendants.	93	62	59.6%
Support staff- cleaners, cooks, drivers	53	35	33.7%
Total	156	104	100%

3.4 Sampling techniques

The study made use of two different sampling techniques. To identify respondents that were furnished with Questionnaires, simple random sampling was used. This gave every member in the population an equal chance of being included in the sample size; this reduced on the researcher’s bias in obtaining the sample respondents. To identify key informant for this study, Purposive sampling techniques were applied. This category of respondents provided classified information particularly relating to the influence of management planning on staff performance in government hospitals. This method gave an equal opportunity to each respondent to be represented in the sample under study. The use of this approach was aimed at achieving a higher degree of validity and reliability and helped to eliminate bias (Amin, 2005).

Purposive sampling was used to select key informants on account of their knowledge of how management planning influences staff performance in government hospitals. The key informants will include; Top management of the hospital (Schwandt, 2001).

3.5 Data Collection Methods

The researcher employed both qualitative and quantitative data collection methods. This involved use of questionnaires, and key informant interviews as explained below:

3.5.1 Quantitative data collection methods

Questionnaires:

These were administered in form of structured interviews. This involved asking the respondents different set of questions as the researcher filled in the answers. Only middle and support staff are to be targeted for the questionnaires because they are deemed to be the most knowledgeable on the subject under investigation. This method is proposed for this study because some of the respondents may not know English/ illiterate and do not understand English yet there was need for quantitative data from an illiterate population. Structured interviews are standardized in order, of which questions are asked to the respondents and this minimizes the impact of variation so that each interview was offered with exactly the same questions in the same order. This helped to guarantee that answers could be reliably collected and that comparisons could be made with confidence between sample subgroups and respondents (Siute, 2005). The study used questionnaires to collect data.

Questionnaires were constructed based on the research objectives. Questionnaires are preferred since they are easy to administer and time saving (Mugenda & Mugenda, 2003). The questionnaire contained closed-ended questions using a liker scale (ranging from 1= No Extent; 2= Little Extent; 3= Moderate Extent; 4= Large Extent; 5=Very Large Extent). A few open-ended questions which elicited qualitative data on subjective thoughts and different responses related to access to credit facilities from informal sources. Self-administered questionnaires were completed by those who can interpret the questionnaire. The researcher administered questionnaires to respondents who do not have the ability to easily interpret the questions probably because of their educational or literacy levels.

3.5.2 Qualitative data collection methods

Key informant interview: these were used to obtain information from key respondents who are vastly knowledgeable on the subject matter under investigation. A key informant interview guide was developed to guide data collection on key critical aspect of the research and ensure comprehensive

feedback. According to Schwandt, (2001) key informant interviews ensured that critical aspects of the study do not miss out key issues in informal sources of credit.

3.6 Data quality control

Data safeguarding and ensuring the accuracy and completeness of the same quality control comprises of validity of the instrument that was used in the study. This was maintained through tests of validity and reliability as explained below.

This was important to determine the validity and reliability of the questionnaires and interview guide in collecting the required data. Quality control deals with the validity and reliability of instruments aimed at controlling extraneous variables (Oso and Onen, 2005).

3.6.1 Validity

According to Amin, (2005) validity refers to the appropriateness of the instrument, thus the degree to which an instrument measures what it is supposed to measure. In order to emphasize validity, the questionnaire was constructed according to research objectives which were validated by the supervisor and two other experts in order to get expertise judgment on the content validity to ensure that the questions are capable of capturing the intended data. This was also done to help improve the sentence construction and language clarity of the data instruments based on the comments that were obtained from those who reviewed the instruments. It scored 0.760

3.6.2 Reliability

Reliability refers to the instrument's consistency in measuring whatever it is intended to measure (Polit & Hungler, 2001). Reliability was established by carrying out pilot study. The pilot study was conducted among 10 respondents representing 10% of the sample size. These were given questionnaires to fill in and thereafter, the questionnaires were collected and analyzed for reliability. The same test was given to the same sample after a period of three days in order to determine the reliability coefficient test of the responses between the two tests.

The survey was also carried out at a convenient time and the right respondents who were targeted were the ones issued with the questionnaires. This also renders this study reliable.

The study tested for reliability coefficient basing on Cronbach's Alpha method for reliability and content validity index. All the values for reliability coefficients were exceeding 0.7 implying that these results are very reliable and consistent. In the same way, the content validity index values exceeded 0.7 implying that the study will yield valid results as indicated below.

Table: Showing the reliability tests

Variable	No. of Items	Cronbach's Alpha
Evaluation methods	6	0.706
Resource allocation	7	0.799
Goal setting	6	0.769

According to Trochim, (2006) the shorter the time period, the higher the correlation, while the longer the time period the lower the correlation. The feedback from their responses were used to improve the final questionnaire. To further ensure reliability of the study, adequate training of enumerators were conducted prior to the actual survey.

3.8 Data collection procedure

The research procedure began by getting introduction letter from Uganda Martyrs University, faculty of business which was presented by the researcher to the management of Busolwe Hospital in order to be allowed to carry out research in the area.

3.9 Data handling

It should be noted that, data obtained from the field in raw form is difficult to interpret. The initial data collected was subjected to quality checks, to ensure that the recordings are correctly done in order to minimize errors. This included;

a) Editing

The questionnaires were edited to ascertain completeness, accuracy and uniformity.

b) Data coding

Data was coded according to categories and sub-categories identified by reading and re-reading the data collected. Categories and sub-categories provide information relevant to the topic studied and used to help explore and clarify the research question. Codes can be based on: Themes, Topics; Ideas, Concepts; Terms, Phrases and Keywords. Data was coded or given numbers 1 to “n” and the data entered with present questions into the computer and there after graphical representation is derived.

3.10 Data Presentation

Completed questionnaires were checked for any omissions or completion. Data was categorized according to the objectives of the study. Responses were summarized in terms of frequencies. Tables were used to illustrate the findings. Means and standard deviations were computed to show results of similar characteristics. Data was coded and manipulated using SPSS a computer software package and later data was transferred to word for more accurate results.

3.11 Data analysis

Data collected from the field was carefully edited, sorted and coded to eliminate the inconsistencies and errors that would be made during data collection. This involved the use of simple tables, means and standard deviations. After processing it, data was subjected to further analysis for easy understanding and interpretation. This involved the use of SPSS computer package using statistical techniques such as tables. These techniques enabled the researcher to ascertain the influence of management planning on staff performance in government hospitals and Qualitative data from key informants was edited and categorized under major subheadings and later analyzed by content analysis (thesis a method for summarizing any form of content by counting various aspects of the

content. This enables a more objective evaluation than comparing content based on the impressions of a listener).

3.12 Ethical consideration

Lo, (2009) summarized three basic ethical principles relevant to research involving human subjects as respect for persons, beneficence and Justice.

The researcher had to seek permission from Busolwe Hospital before conducting the study. This was just to make sure that the research was not illegal in the hospital.

The purpose of the study was clearly explained to the respondents and a verbal consent sought from them. Explanations about the purpose of the study and expected outcomes and benefits were made clear to each of the interviewees. Notably, no respondent was forced to give information against his or her will. The researcher has also ensured respondents' anonymity and treat the information given by them with utmost confidentiality.

3.13 Limitations of the study

The researcher met a number of problems while collecting data. These problems included financial constraints, biased clients, unfavorable situation, lack of adequate time and respondent's failure to understand the questionnaires. The fact that uniform questionnaires were given to all the respondents irrespective of the level of education there was a problem of misinterpretation of the questionnaires. However a number of strategies were put into place to solve the above problem. Simple and clear questions were used to avoid misinterpretation.

Time, Most scholars work is time bound. The preset time to carry out the field work Study was not sufficient due to other intervening factors. The researcher employed a field assistant to assist with questionnaire distribution and primary data collection.

Financial limitation, the researcher had financial constraints in terms of transport, printing and photocopying of the questionnaires, their distributions to the respondents and access to the library. However the researcher used the little available resources.

Data inaccessibility, on several occasions the respondents could shun away from giving appropriate information. Some respondents expected a pay for providing the appropriate information, in fact some few deliberately refused to return the questionnaires. However the researcher employed a research assistant who is one of the group members and helped in mobilizing members to acquire the information.

Language Barrier: Some respondents also have a problem of language barrier which the researcher overcame by interpreting the questionnaires in the local language (Lunyole).

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISSCUSSION OF FINDINGS

4.0 Introduction

The main aim of this study was to investigate the influence of management planning on staff performance in government health centers. A case study of Busolwe Hospital, Butalejja District, Uganda. Therefore, this chapter deals with the analysis, presentation and interpretation of data collected from respondents. The chapter further covers the demographic characteristics of the respondents, statistical results, correlations and regression analysis of the results. It also further discusses the findings of the study according to the objectives of the study and these included:

1. To establish the relationship between organizational goals and staff performance in government hospitals.
2. To investigate the relationship between resource allocation and staff performance in government hospitals.
3. To explore the relationship between evaluation methods used and staff performance in government hospitals.

4.1 Response rate

The response rate shows percentage of respondents that participated in the study. According to Frederick and Wiseman (2003), response rate is presented in research results because it provides the validity of the study and failure to do so can put the validity of the study findings into question. Studies that have had high response rate provided a measure of reassurance that the findings obtained could be projected to the population from which the sample was drawn. Response rate is frequently used to compare survey quality and appropriate response rate should be at least 75%. Steps need to be taken to account for possible non-response error whenever a response rate is less (Bailar & Lamphier, 1978).

Table 1: Response Rate

Category	Sample size	Response Rate	% of Response rate
Sampled respondents	104	98	94.2%
TOTAL	104	98	94.2%

Source: Field data

From table 1, the study obtained a 94.2% response which was attributed to availability of all the sampled respondents, while follow-up was made for respondents not found at work and where interviewed at a later date after setting up appointments.

4.2 Characteristics of the respondents.

Proctor (2000) explained that demographic details are needed to obtain basic information about the respondents. Characteristics of the respondents provide identification material about the respondents such as sex; age of the respondent, level of education completed by the respondent, marital status, positions held among others. Demographic data, in addition, helped through the analysis of subgroups to provide a method for identifying differences in key results in responses by subgroups such as age and gender. The characteristic information was presented in tabular form for easy interpretation and precision.

4.2.1 Gender of the respondents

Demographic factor one relates to the gender of the respondents. This information was necessary to enable the researcher to obtain information on whether the respondents' gender had an influence on the results of the study. The demographic characteristic was also important because it helped to draw the variations in the responses as per sex. Table 2 indicates the gender distribution of responses.

Table 2: Gender distribution of the respondents

Sex of the respondents		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	31	31.6	31.6	31.6
	Female	67	68.4	68.4	100.0
	Total	98	100.0	100.0	

Source: Field data

From table 2, the gender distribution of the respondents indicates that majority respondents 68.4% were females and 31.6% were males, implying that the majority of the respondents were females and their number more than doubles the number of males. However this is so because most females are the nurses and they can professionally take care of the patients. This enhances staff performance at the hospital.

4.2.2 Age of the respondents

This demographic factor was necessary to enable the researcher obtain information on whether the respondents' age had influence on the results of the study. The study sought to establish the age of the respondents so that the age bracket of the majority could be established. Table 3 shows the age distribution of the respondents.

Table 3: Age of the respondents

Age brackets of respondents		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20- 29 years	18	17.6	17.6	17.6
	30-39 years	25	26.5	26.5	44.1
	40-49 years	30	31.4	31.4	75.5
	50 years and above	25	24.5	24.5	100.0
	Total	98	100.0	100.0	

Source: Field data

Findings from table 3, it was revealed that the majority of the respondents represented by 31.4% were between 40-49 years. Study findings revealed that 26.5% were aged between 30-39 years and this was followed by 50 years and above with 24.5%. The age bracket between 20-29 years were the least respondents. This implies that majority of the employees are skilled and have vast experience in their

work. This in away helps in carrying out management planning since most of the staff are experienced. Therefore this may influence the staff performance. However 17.6% of the employees were also between the age of 20-29 which implies that most of these had less experience and therefore may not be able to ensure good management practices in the hospital.

Lastly 24.5% of the employees were 50years and above meaning they have a lot of experience to carry out management planning but most of these were tending towards retirement and may even be less vigorous during duty. This may reduce on the output.

4.1.3 Marital status

This demographic factor relates to the marital status of the respondents. This information was necessary to enable the researcher to obtain information on whether the respondents’ marital status influenced the results of the study. Table 4 indicates the marital status distribution of responses.

Table 4: Marital Status

Marital status		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	34	33.3	33.3	33.3
	Married	36	39.2	39.2	72.5
	Divorced	1	1.0	1.0	73.5
	Widowed	18	17.6	17.6	91.2
	Separated	9	8.8	8.8	100.0
	Total	98	100.0	100.0	

Source: Field data

From table 4 above, it is clearly indicated that majority of the respondents married 39.2%, this was followed by 33.3% for singles. Those widowed were 17.6%, separated had 8.8% and only 1.0% was for divorced. A high percentage of the staff are married staff which could imply that these are probably people with some skills of management planning since it all starts at home but also it is of good importance because most of them have responsibilities which may inspire them to perform at the work place .

4.1.4 Level of education

The demographic factor examined the education levels of the respondents. This information was necessary to enable the researcher obtain information on whether or not the education levels of the respondent has influence on management planning of staff performance in government health centers. A case of Busolwe Hospital, Butalejja District, Uganda.

Table 5: Levels of education of respondents

Level of education		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Certificate	20	19.6	19.6	19.6
	Diploma	60	62.7	62.7	82.4
	Bachelor's degree	11	10.8	10.8	93.1
	Postgraduate	4	3.9	3.9	97.1
	Master's degree	3	2.9	2.9	100.0
	Total	98	100.0	100.0	

Source: Field data

From table 4, it is clearly indicated that majority of the respondents 62.7% had Diploma as their highest level of education. This means they are knowledgeable about their jobs which may enable them to perform at the end of the day. This was followed by Certificate level with 19.6%. This percentage is quite alarming because most of these may not be very experienced with issues of management planning which can cause some gaps in their performance. Those with bachelor's degree were 10.8%, postgraduate 3.9% and only 2.9% was for masters' level as the highest level of education. These are well vast with the process of management planning but they may be very few to really implement.

4.1.5 Profession of the respondents

Table 6: Profession of the respondents

Profession		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Enrolled nurse/midwife	44	47.1	47.1	47.1
	Registered nurse/midwife	38	37.3	37.3	84.3
	Clinical officer	12	11.8	11.8	96.1
	Medical Doctor	4	3.9	3.9	100.0
	Total	98	100.0	100.0	

Source: Field data

From table 5, it is clearly indicated that majority of the respondents were enrolled nurses/midwives with 47.1%. This was followed by registered nurses/ midwives with 37.3%. Clinical officers were 11.8% while medical doctors were 3.9%. This is quite a small number owing to the fact that this is a big hospital which requires at least more doctors to hike their performance.

4.1.6 Years of experience

The demographic factor examined the years of experience of the respondents. This information was necessary to enable the researcher obtain information on whether or not the years of experience of the respondent had any effect the influence of management planning on staff performance in government health centers. A case of Busolwe Hospital, Butalejja District, Uganda.

The information is presented in the table below:

Table 7: years of experience

Years of Experience		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 years	24	25.5	25.5	25.5
	6-10 years	27	28.4	28.4	53.9
	11- 15 years	20	19.6	19.6	73.5
	16-20 years	15	14.7	14.7	88.2
	21 years and above	12	11.8	11.8	100.0
	Total	98	100.0	100.0	

Source: Field data

From table 6 above, it is clearly indicated that majority of the respondents had worked for a period of 6-10 years with 28.4% which meant they had gained a lot of experience and so they had knowledge on most of their duties which helps on staff performance. This was followed by 0-5 years with 25.5%. There was a good number of respondents 19.6% who had worked in Busolwe Hospital for a period of 11-15 years. Those who had worked for 16-20 years were 14.7% and surprisingly there was 11.8% who had worked in the hospital for 21 years and above. These have enough experience but the disadvantage is they may be getting tired and soon retiring too which may make them less effective.

4.2 Organizational goals and employee performance.

This section presents the research findings of the specific objectives of the study relating to the influence of management planning on staff performance in government health centers. A case of Busolwe Hospital, Butalejja District, Uganda. This was done by presenting the findings and interpretation concurrently from each specific objective of the study.

4.2.1 The relationship between organizational goals and staff performance in government hospitals.

In order to establish the major objective of the study, the research had to detail the findings and interpretation from the three specified objectives of the study. The first objective of this study was *'To establish the relationship between organizational goals and staff performance in government hospitals'*. To achieve this objective, the respondents were asked to answer several questions. Data collected was analyzed under the question "What is the relationship between organizational goals and staff performance in government hospitals?" This question could not be answered straight away. Several questions were asked and the results are presented in the below sub-sections (themes).

4.2.2: Organizational goals

Respondents were asked to rate their knowledge of the organizational goals and how their knowledge influence their performance at work. There were a number of statements that respondents had to critically think about on a Likert scale of strongly disagree (1), Disagree (2), Not sure (3), Agree (4)

and Strongly Agree (5). Table 8 indicates the responses on the knowledge of respondents about organizational goal and how that influenced employee performance.

For purposes of easy analysis, the responses of strongly disagree and Disagree were combined together and those of strongly agree and Agree will also be together and then Not sure alone.

Table 8: Organizational goals

Descriptive Statistics			
Organizational goals	N	Mean	Std. Deviation
1. I am familiar with the organ's mission towards clients	98	4.27	.635
2. I have a clear job description	98	4.26	.614
3. I understand the importance of achieving my organizational goals	98	4.21	.707
4. Targets are set for activities to be achieved in a given period in my department	98	4.20	.625
5. The organizational goals are communicated to their departments on time	98	4.14	.773
6. I participate in setting organizational goals in my department	98	4.06	.871
7. The performance standards are clear in my department	98	3.92	.991
8. This organization regularly reports the performance of targets to employees.	98	3.69	1.059
Overall mean		4.1	

Source; FIELD DATA

Findings from table 8 above indicate that;

Majority of respondents agreed that they were familiar with the organization’s mission towards clients with mean score of 4.27 and standard deviation of 0.635. This means that the employees are well vast and aware of the hospital mission.

‘I have a clear job description’ This was asked in order to find out if the employee’s job description was clear and understandable. The mean score was 4.26 which was also above average meaning the greatest number of employees had a clear job description.

“I understand the importance of achieving my organizational goals” scored 4.21. This was intended to find out if employees understand the good in attaining their organizational goals. From the above it was clear that most of the employees were knowledgeable and understand the importance there in.

“Targets are set for activities to be achieved in a given period in my organization”. This question was to help the researcher find out if employees had set targets for the activities in the organization. This scored 4.20 which was above average meaning the majority consented to it.

The organizational goals are communicated to my department on time. Communication is key in goal setting therefore the researcher wanted to find out if organizational goals are communicated to employees in different departments. Statistics show that this scored 4.14 hence depicting that the greatest number of employees gets the communication. Communicating organizational goals to employees is essential for achieving those desired outcomes.

I participate in setting organizational goals in my department. The researcher wanted to find out the levels of employee participation in setting organizational goals. This scored 4.06 which is above average. This means most employees in the organization participate in setting organizational goals.

The performance standards are clear in my department scored 3.92. This means at least more than half of the employees agreed to those performance standards are clear in their departments.

“This organization regularly reports the performance of targets to the employees” scored the least which was 3.62 but was also above average. The general observation was that there was a weakness on the side of the hospital administration on involving all the employees in knowing the performance of targets. There is a relationship between the quantitative results and the qualitative.

Key informants interviews revealed this when asked if performance of targets were being reported to the employees regularly as it is to be done. One of the managers clearly stated that

*“Performance of targets is not reported to employees regularly
here in Busolwe Hospital. But to me I do it informally”*

(Doctor Busolwe Hospital. April 2016)

The overall mean scored was 4.1 which indicates that the organizational goals were clear to the employees.

4.2.3 The relationship between resource allocation and staff performance in government hospitals.

The second objective of this study was ‘to investigate the relationship between resource allocation and staff performance in government hospitals. To achieve this objective, the respondents were asked to answer several questions. Data collected was analyzed under the question

What is the relationship between resource allocation and staff performance? This question could not be answered straight away. Several questions were asked and the results are presented in the below sub-sections (themes).

Table 9: Resource allocation and staff performance in government hospitals.

Descriptive Statistics					
Resource allocation	N	Minimum	Maximum	Mean	Std. Deviation
1. Resources allocated are sufficient to implement strategic plans	98	1	5	3.28	.900
2. There is no bureaucracy involved in receiving financial resources in my department.	98	1	5	3.27	1.004
3. Resources are always disbursed on time in my department.	98	1	5	3.25	.989
4. Resource allocation is based on actual budgetary requirements	98	1	5	3.13	1.134
5. Staff in my department are well trained on financial management	98	1	5	2.64	.938
6. Financial support required for me to use in my department is always available.	98	1	5	2.53	.893
Overall mean				3.02	

Source: Field Data

From table 9, it is clearly indicated that;

Majority respondents agreed that ‘Resources allocated are sufficient to implement strategic plans’ with a mean score of 3.28 which is above average. This question was intended to help the researcher

find out if the hospital resources allocated were sufficient enough to implement strategic plans. This means resources allocated are sufficient to implement strategic plans.

‘There is no bureaucracy involved in receiving financial resources in my department’. This was simply meant to help the researcher find out if there is no bureaucracy involved in receiving financial resources in the departments because this can affect the time of receiving the resources if delayed. This had a mean score of 3.17 which is above average. Meaning that most employees agreed that there was no bureaucracy involved in getting financial resources. So getting the resources had no major difficulties.

‘Resources are always disbursed on time in my department’ was the next question which was checking on whether resources are actually disbursed on time when required. This scored 3.25 which is above average meaning the resources were being availed on time.

‘Resource allocation is based on actual budgetary requirements with a mean score of 3.13. Meaning most of the respondents agreed to it.

‘Staff in my department are well trained on financial management’ scored 2.64 which was slightly above average. This means the employees are trained on financial management although there is also a good number of them who disagreed. This was in agreement with one key informant who was asked the same question and this is what he had to say,

“In the hospital not all the staff are trained in financial management. We only pick out a few from different departments” ... (Senior accountant Busolwe hospital April 2016)

‘Financial support required for me to use in my department is always available’ scored 2.53 which was the least mean although it was above average. This means that the financial support required was available to quite a reasonable number of the respondents. However this tells us that there was some weakness here because an average of 2.47 respondents disagreed to it.

The overall mean scored was 3.02 which indicates that employees are allocated with the required resources in the organization.

4.2.4 Services as a result of resource allocation

Table 10: Services that come as a result of resource allocation

Descriptive Statistics					
Services as a result of resource allocation	N	Minimum	Maximum	Mean	Std. Deviation
1. There is adequate skilled and motivated personnel.	98	1	5	3.38	1.023
2. Adequacy of information technology to support delivery of services	98	1	5	3.36	1.030
3. There is adequacy of hospital buildings	98	1	5	3.01	.937
4. There are adequate medical requirements	98	1	5	2.73	.930
5. Medicines and Medical supplies are adequate in my department	98	1	5	2.54	.937
Overall mean				3.0	

Source: Field data

Observation:

The means in Table 10 are discussed below.

‘There is adequate skilled and motivated personnel.’ This was intended to find out if the hospital had adequate skilled and motivated personnel. This scored highest with a mean of 3.38 above average meaning there were many adequate skilled and motivate personnel.

‘Adequacy of information technology to support delivery of services’ followed with a mean score of 3.36 and above average too. This indicated that information technology needed by employees to support delivery of services is adequate

‘There is adequacy of hospital buildings’ the researcher was finding out if there were adequate buildings as a result of the resources allocated. Most employees agreed with a mean score of 3.01.

‘There are adequate medical requirements’ scored a mean of 2.73 which is above average meaning the medical requirements were sufficient.

And the lowest being Medicines and Medical supplies are adequate in my department with a mean score of 2.54 but still above average. This means medicines and medical supplies are adequate in their departments.

The overall mean of 3.0 indicates that there are services provided to employees as a result of service delivery.

One key informant argued that:

“.....some of us have the skills and what it takes to work in such a hospital setting..... but I cannot say that we are highly motivated to put in all our time because medicines and some medical supplies are inadequate.....” (Key Informant, April, 2016; Busolwe Hospital).

This is indicated by the last two questions in the table above.

4.3. The relationship between evaluation methods used and staff performance in government hospitals.

The last objective of this study is ‘To explore the relationship between evaluation methods used and staff performance in government hospitals’. To achieve this objective, the respondents were asked to answer several questions. Data collected was analyzed under the question “What is the relationship between evaluation methods used and staff performance in a hospital?”

This question could not be answered straight away. Several questions were asked and the results are presented in below.

Table11: Evaluation methods

Descriptive Statistics					
Evaluation methods	N	Minimum	Maximum	Mean	Std. Deviation
1. The organization measures most of the established individual performance standards and targets.	98	1	5	3.69	.856
2. There is an evaluation system for collecting and tracking staff performance data for my department	98	1	5	3.64	.963
3. The performance standards expected from me are clear and understood.	98	1	5	3.46	.930
4. I know the parameters to be assessed	98	1	5	3.46	.992
5. I am fully aware of the process used to measure my performance and trainings are carried out	98	1	5	3.42	.949
6. The hospital management clearly defines how to measure individual activity performance	98	1	5	3.37	1.071
7. In my department individual health care worker's performance is measured regularly	98	1	5	3.30	1.032
8. My performance is evaluated based on my job description and I receive feedback on my performance.	98	1	5	3.16	.997
Overall mean				3.4	

Source; Field data**Observation:**

Table 11 above, contains findings from the field on the evaluation methods used in Busolwe Hospital to measure performance. The results are explained below;

The organization measures most of the established individual performance standards and targets scored highest and above average with a mean of 3.69. This means Individual performance standards and targets are measured because the majority agreed to it.

‘There is an evaluation system for collecting and tracking staff’ performance data for my department scored a mean of 3.64. Meaning most employees agreed that their performance is evaluated and tracked.

‘The performance standards expected from me are clear and understood’ had a mean score of 3.46 which was also above average. It clearly indicates that the employees are aware and understand their performance standards.

‘I know the parameters to be assessed’ also scored 3.46. This question was addressing the issue of the employees’ knowledge on what exactly is considered when assessing employees and their rating showed that they were vast with the assessment parameters.

‘I am fully aware of the process used to measure my performance’ scored a mean average of 3.42 indicating that most of the employees knew the process used to measure their performance.

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‘The hospital management clearly defines how to measure individual activity performance’ and its scored mean was 3.37. This shows that there are clear ways of measuring individual performance in the hospital.

In my department individual health care workers performance is measured regularly scored 3.30. Most employees agreed that their individual performance is measured regularly.

‘My performance is evaluated based on my job description and I receive feedback on my performance’ scored least with 3.16 which is still above the average based on the likert scale of 1-5. It means the evaluations are carried out based on the employee’s job description and feedback is given back to the employees.

The overall mean score is 3.4 which shows that the evaluation methods are appropriate.

In addition to the above, findings from the Key Informant revealed that:

Health care workers did not reportedly receive regular, constructive feedback from performance appraisals. In fact, employees expressed the need for supervisors to provide them with the feedback every time an appraisal is done. They declared that face-to-face discussions of appraisal results were the appropriate way for showing the health care workers their strengths and weaknesses.

'I really encourage all the supervisors to have face to-face meetings and discussions with their subordinates on issues concerning their performance.' (K.I Busolwe Hospital April, 2016).

This feedback is very necessary after an appraisal has been carried out. This is because an employee is able to know their points of weakness and strive to work harder. They are also motivated to work harder if they notice their strengths.

It is also important that after such evaluations are carried out, the staff should be trained in their areas of weakness. This makes the process more meaning full.

4.3.1: Employee performance

This is the dependent variable. Respondents were asked to rate their performance at work. There were a number of statements that respondents had to critically think about on a Likert scale of strongly disagree (1), Disagree (2), Not sure (3), Agree (4) and Strongly Agree (5). Table 9 indicates the responses of employees and their performance.

Table12: Employee performance

Descriptive Statistics					
Questions on employee performance	N	Minimum	Maximum	Mean	Std. Deviation
1. I understand the role I play in achieving organizational goals.	98	2	5	4.09	.534
2. I work smoothly with a minimum of internal conflict	98	2	5	4.08	.650
3. I am always on time for duty	98	2	5	3.97	.810
4. My work is easier because of laid down procedures.	98	2	5	3.94	.565
5. I am motivated to stay with this organization	98	1	5	3.74	.860
6. Customers/clients expectations are met	98	1	5	3.63	1.116
7. In my department we easily attend to emergencies.	98	1	5	3.62	1.062
8. Records are properly kept in my department.	98	1	5	3.59	.933
9. Clients spend less time in the queue	98	1	5	3.55	1.218
10. I achieved my stated goals	98	1	5	3.41	1.120
11. We do not have problems working with the state and local governments	98	1	5	3.19	1.051
Overall mean				3.71	

Source: Field data

From table 12, it is clearly indicated that the results of the mean scores are presented in a descending order from the highest to the lowest. Based on the likert scale of strongly disagree (1), Disagree (2), Not sure (3), Agree (4) and Strongly Agree (5). The findings are as below:

Findings revealed that

‘I understand the role I play in achieving organizational goals’ scored a mean of 4.09 which was also the highest score. This means majority of the employees understand their role in the organization.

‘I work smoothly with a minimum of internal conflict’ scored a mean of 4.08 which is above average.

This indicates that there is minimal internal conflict.

‘I am always on time for duty’ scored a mean of 3.97. This was intended to rate time management of the employee. From the score it means most of the employees are always on time for duty.

‘My work is easier because of laid down procedures’ had a mean score of 3.94. This means that most employees agreed that they had laid down procedures which made their work easy.

‘I am motivated to stay with this organization’ with a mean score of 3.74 showing that at least a great number of employees were motivated to stay in the hospital.

‘Customers/clients expectations are met’ scored a mean of 3.63 which is clearly above average. This question was intended to guide the researcher on the issue of client expectation. Most employees consented that clients expectations were being met.

‘In my department we easily attend to emergencies’ with 3.62 as the mean score indicating that emergencies are easily attended to.

‘Records are properly kept’ had a mean score of 3.59. This indicates proper record keeping in the organization.

‘Clients spend less time in the queue’ scored a mean of 3.55 which is above average on the Likert scale of 1-5. We are given a clear picture that clients spend less time in the queue.

‘I achieved my stated goals’ scored 3.41. The researcher wanted to find out if employees achieved their stated goals. From the mean score it indicates that most employees agreed to achieve their stated goals.

‘We do not have problems working with the state or local government’ scored least with the mean score of 3.19 but was also above average meaning the employees had no problem working with the state or local government.

The overall mean score on employee performance was 3.71 which was above average meaning the employee performance is good in this hospital.

However, non-survey findings seem to disagree with survey findings. For example one Key Informant revealed that:

“.....we cannot attend to all emergencies especially on weekends and public holidays.....” (Pediatrician Busolwe Hospital 2016)

4.4 Correlation analysis

The influence of management planning and staff performance in government health centers. A case of Busolwe Hospital, Butalejja District, Uganda was investigated using Organizational goals, resource allocation and evaluation methods as independent variable while employee performance was a dependent variable.

The results are tabulated below:

Table13: Pearson’s Correlation Analysis

Independent variables			Employee performance (Dependent variable)
Organizational goal	Pearson Correlation	.240**	1
	Sig. (2-tailed)	.018	.018
Resource allocation	Pearson Correlation	-.240	1
	Sig. (2-tailed)	.015	.015
Evaluation methods	Pearson Correlation	.085	1
	Sig. (2-tailed)	.403	.403
*. Correlation is significant at the 0.05 level (2-tailed).			
**. Correlation is significant at the 0.01 level (2-tailed).			

Source; Field Data.

Organizational goals

The results in table 13, show that there is a positive significant relationship between organizational goals and employee performance ($p=0.01 < 0.05$). This shows that organizational goals affect employee performance, implying that as organizational goals get focused and clear there is improvement on employee performance. Rainey, (2003), states that clear organizational goals can drive employee efforts throughout the organization. But if employees do not know what the organization's goals are, those goals lose the ability to energize employees towards their achievement. Communicating organizational goals to employees is essential for achieving those desired outcomes. There is a strong correlation between a successful company and an effective goal setting process, and employees are the owners of that process.

These findings also agree with previous literature on the importance of communicating organizational goals to employees on time. For instance in the study conducted by Gardner, et al., (2001), communication can be viewed as a tool of management and a core process of organizing. As a management tool, communication is the central means by which individual activity is coordinated

to devise, disseminate, and pursue organizational goals (Gardner, et al., 2001). This view enhances knowledge sharing from supervisors to subordinates by increasing the efficiency and effectiveness of the chain of command. In addition, communication as a core process of organizing, (Jones, et al., 2004) emphasizes on cooperation, participation, satisfaction, and interpersonal relationships among workers, which improves trust and staff performance. Upward and horizontal communications are emphasized for employee satisfaction (Miller, 1999). With criticism that upward communication could be an instrument to control and regulate subordinates (Schermerhorn et al., 2005).

Resource Allocation

Results from table 13, indicate a positive correlation between Resource allocation and employee performance ($p < 0.05$). This is indicated by a significant value of 0.01 which is less than the significant value of 0.05. By implication allocating resources positively affects employee performance. Implying that as resources are allocated, there is an increase in employee performance.

Kissi (2008) emphasized that not every employee in the organization participates in resource allocation in the organization and that their performance may not necessary be hinged on resources allocated. However, Goldstein and Ward (2004); and Ray et al (2008) gave contradictory results by advocating for increasing employee participation in resource allocation, evaluating and choosing alternatives, which should result in hospital benefits.

Evaluation Methods

The correlation reported in the table 13 on the relationship between evaluation methods and employee performance is not significant ($p < 0.01$). There is a positive correlations between evaluation methods and employee performance although the relationship is not significant. This means that having evaluation methods in the hospital is necessary but not sufficient in improving employee performance.

Today, performance evaluation is known as a strategic approach for integration of human resource activities together with policies of business and the organizations use advanced and complex methods for assessing the performance of their employees. Behri and Patron(2008).However like as seen in the above correlation, researches show that many organizations are not satisfied with their employees 'performance evaluation plans. They suggest that performance evaluation systems have not been successful in creating motivation and improvement of employees' performance, Fletcher (2001).

From the correlations above, it is clear that organizational goals has a significant relationship with employee performance and therefore it influences more of the employee performance in relation to all the three variables studied.

4.5 Regression Analysis

A regression analysis was run to establish the predictive capability of the dependent variable (employee performance) in relation to the independent variable (management planning). The results are indicated in the tables below.

Table14: Model summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.297 ^a	.088	.058	3.77017
a. Predictors: (Constant), Evaluation methods, resource allocation, Organizational goal				

Source; Field data

Table15: Coefficients^a

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	21.921	4.573		4.794	.000
	Organizational goal	.259	.094	.298	2.764	.007
	Resource allocation	.098	.091	.111	1.078	.084
	Evaluation methods	.177	.090	.217	1.956	.053

a. Dependent Variable: employee performance = Y

Source; Field data

Model Adjusted R²= 0.058 058*100= 5.8%

$$Y=a+b_1x_1+b_2x_2+b_3x_3+\dots\dots\dots e$$

$$\text{Employee performance} = 21.921+0.259x_1+ 0.098x_2+0.177x_3$$

The model summary table 15 above revealed that correlation coefficient®, using predictor management planning (organizational goals, resource allocation, evaluation methods), is 0.279 and the R² (0.058). This implies that 5.8% (0.058*100) variations in management planning explains employee performance while the remaining 94.2% is explained by other factors.

This also implies that management planning model has an effect of 5.8% on employee performance, however, there are also other factors which influence employee performance like; government policy, Qualification of medical personnel among others.

From the findings shown in Table 15, there was a positive relationship between the study variables. The regression equation shows that focusing efforts on organizational goals, resources allocation and evaluation methods lead to employee performance in Busolwe Hospital by 21.921. This is interpreted as any efforts towards organizational goals will lead to employee performance by 0.259, efforts towards evaluation methods will lead to employee performance by 0.177, and resource allocation will lead to employee performance by 0.098.

Conclusion

Management planning influences important aspects of employee performance in a multitude of ways. Employees conceive and implement the organizational strategy, while the mix of people and systems mostly determine an organization's capabilities. Competencies are required to execute the strategy, and these competencies are primarily a function of the management planning (skills and knowledge of an organization's human capital). Therefore, if an organization is to treat its employees as its most important asset, it has to be knowledgeable about what it is that motivates people to reach their full potential. It is not easy though to know all the things that motivate people in life or at work but an effort has to be made. Management planning has been singled out by this research as a major predictor of employee performance. This is so because it helps maintain a positive motivational environment for workers, it determines both business goals and employee values which are essential in employee performance.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter discusses the conclusion of the research findings, capturing the summary, the study, recommendations and suggestions for further research.

5.1 Summary

5.1.1 The relationship between Organizational goals and employee performance.

Correlation. The findings revealed that organizational goals influence employee performance. This is confirmed by the correlation coefficient which indicate a positive relationship between Organizational goals and employee performance in the organization. This is statistically significant at 1% level of significance since the $(P= (0.018) < 0.01)$.

Regression analysis run showed that focusing on organizational goals in Busolwe hospital improves employee performance by 21.921.

5.1.2 The relationship between Resource allocation and employee performance.

Correlation; the study also conducted the Pearson correlation coefficient to measure the linear association between two scale variables of resource allocation and employee performance. The correlation reported in the table was positive and statistically significant. (P-value less than 0.10). This suggested that increase in resource allocation will improve staff performance. Employers (Busolwe Hospital management) should focus a lot on resources allocation because there is an appreciable effect on employee performance.

Regression analysis was also run to establish the predictive power of resource allocation in relation to employee performance. The results showed that efforts towards resource allocation will increase employee performance in Busolwe Hospital by 0,098.

The relationship between evaluation methods and employee performance.

Correlation; the research also conducted the Pearson correlation coefficient between two scale variables of evaluation methods used and staff performance. There is no significant relationship between evaluation methods and employee performance. (P-value = 0.085 < 0.10). This suggests that evaluation methods is necessary but not sufficient. Improvement of evaluation methods has nothing to do with improvement off staff performance in Busolwe Hospital.

Regression was run to establish the predictive capability of evaluation methods and employee performance. The results showed efforts towards evaluation methods will improve employee performance in Busolwe Hospital by 0.177.

5.2 CONCLUSION

Managers and the entire executive team should be a part of the system to help each employee set goals—thereby, fully engaging workforce and encouraging everyone across the hospital to focus and successfully achieve these goals together. By including all members of Busolwe Hospital, the stage is set for each employee to feel a greater sense of loyalty and commitment to the hospital and to perform at higher levels. This is so because organizational goals has the most significant relationship with employee performance as seen in the findings.

Focus should be put on resource allocation as we have seen in the findings that allocation of resources in fact increases employee performance.

The evaluation methods are necessary but not sufficient because there is no significant relationship between evaluation methods and staff performance.

Lastly the findings suggested that 5.8% variations in staff performance are explained by management planning.

5.3 Recommendations

1. The hospital administration should focus more on organizational goals and employee participation in setting the goals .This is because organizational goals have a significant effect on employee performance.
2. Feedback should be given to the employees after evaluation has been carried out and the employees should be trained where necessary after the evaluations.

5.4 Areas of further Research

Any further study should put into consideration a wider geographic scope; extend the study to all governments Hospitals in Uganda and across regions.

Given that the study did not look at the practices and experiences of other Government Hospitals in the context of employee performance and their effectiveness in service delivery, it is recommended that further research is undertaken as a comparative study with other government Hospitals in the country.

Further research could be done on other variables that the researcher did not pay attention. There is need for more research that explores the underlying causes of the different outlooks on the health service delivery strategies.

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APPENDIX 1:

Questionnaire for the respondents

I am NAMUGOJI FAITH a student of Uganda Martyrs University offering a Master's Degree in Business Administration. I am carrying out my research on 'The influence of management planning and employee performance'. I kindly request you to provide the necessary information having chosen you to be one of the respondents to enable me complete my research project successfully.

This questionnaire is for academic purposes only.

Thank you in advance.

SECTION A:

DEMOGRAPHIC DATA

Tick or circle where applicable

1. Sex

1. Male
2. Female

2. Age (in years)

1. 20 to 29 years
2. 30 to 39 years
3. 40 to 49 years
4. 50 years and above

3. Profession

1. Enrolled nurse/midwife
2. Registered nurse/midwife
3. Clinical officer
4. Medical doctor

4. Level of education

- 1. Certificate
- 2. Diploma
- 3. Bachelor's degree
- 4. Postgraduate certificate/diploma
- 5. Master's degree and above

5 Years of experience

- 1. 0 to 5 years
- 2. 6 to 10 years
- 3. 11 to 15 years
- 4. 16 to 20 years
- 5. 21 years and above

6 Marital status

- 1. Single ()
- 2. Married ()
- 3. Divorced ()
- 4. Widowed ()
- 5. Separated ()

SECTION B:

Organizational goals and employee performance

Rate the following statements based on: Strongly agree (SA), Agree (A), Not Sure (NS), Disagree (D), and Strongly Disagree (SDA) Statements

Where SD=1; D=2; N=3; A=4; SA=5

Item description	SD	D	N	A	SA
1. I am familiar with the organization's mission towards clients					
2. I have a clear job description					
3. The performance standards are clear in my department					
4. I understand the importance of achieving my organizational goals.					
5. Targets are set for activities to be achieved in a given period in my department					
6. The organizational goals are communicated to my department on time.					
7. This organization regularly reports the performance of targets to the external stakeholders					
8. I participate in setting organizational goals in this organization.					

SECTION C:

Resource allocation and staff performance in government hospitals.

To what extent do you agree with the following statement about government support to strengthen the implementation of strategic plans? (Tick one)

Strongly Agree=5 Agree=4 Not Sure=3 Disagree=2 Strongly Disagree=1

RESOURCE ALLOCATION

Item description	SD	D	N	A	SA
1. Resources allocated are sufficient to implement strategic plans.					
2. Resources are always disbursed on time to my department.					
3. There is no bureaucracy/red tape involved in receiving financial resource in my department					
4. Resource allocation is based on actual budgetary requirements					

5. Staff in my department are well trained on financial management					
6. Financial support required for me to use is always available.					

Kindly, rate the following services as a result of resource allocation?

Item description	SD	D	N	A	SA
7. There is adequacy of hospital buildings					
8. There are adequate medical equipment					
9. Medicines and medical supplies are adequate in my department.					
10. Adequacy of information technology to support delivery of services					
11. There are Adequate skilled and motivated personnel					

SECTION D:

Evaluation methods

Item description	SD	D	N	A	SA
1. I know the parameters to be assessed					
2. The performance standards expected from me are clear and understood.					
3. The hospital management clearly defines how to measure individual activity performance					
4. There is an evaluation system for collecting and tracking staff performance data for my department					
5. The organization measures most of the established individual performance standards and targets					
6. In my department Individual health care worker's performance is measured regularly					
7. I am fully aware of the process used to measure my performance					
8. My performance is evaluated based on my job description					

D). Questions on Employee performance

Rate the following	SD	D	N	A	SA
1. I achieve my stated goals.					
2. My work is easier because of laid down procedures					
3. I understand the role I play in achieving organizational goals.					
4. I work smoothly with a minimum of internal conflict					
5. I am always on time for duty.					
6. In my department we easily attend to emergencies.					
7. Clients spend less time in the queue					
8. Customers/clients' expectations are met					

9. We do not have problems in dealing with state and local government.					
10. Records are properly kept in my department					
11. I am motivated to stay with this organization					

Way forward

Are there any other comments you would like to make about your management planning arrangements not covered in the questions above?
