Job Satisfaction And Morale In The Ugandan Health Workforce

The Ministry of Health must focus on ways to keep health care workers from leaving their jobs—or leaving the country altogether.

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ABSTRACT: Ugandan health workers are dissatisfied with their jobs, especially their compensation and working conditions. About one in four would like to leave the country to improve their outlook, including more than half of all physicians. In this paper we report differences by type of health worker, sex, age, sector (public or nonprofit), and location. Policy strategies to strengthen human resources for health in Uganda should focus on salary and benefits (especially health coverage), working conditions and workload, facility infrastructure (including water and electricity), management, and workforce camaraderie. [Health Affairs 28, no. 5 (2009): w863–w875 (published online 6 August 2009; 10.1377/hlthaff.28.5.w863)]

At the heart of each country’s health system, health workers struggle to provide high-quality care to growing patient loads in increasingly challenging working conditions.1 In poor countries, especially in sub-Saharan Africa, doctors and nurses, along with their colleagues in labs and pharmacies, face shortages of supplies, poor compensation, inadequate management systems, and burdensome workloads.2 Consensus is growing that the important population health challenges facing sub-Saharan Africa require strengthening health systems and the professionals who work in them.3 Insufficient country-level data exist about specific health worker motivators and disincentives.

Previous studies of African health systems have identified the most important human resources tools to manage job satisfaction as, in order of importance, materials, salary, training, working environment, supportive supervision, living conditions, and recognition.4 Further, the literature supports bundling a number of in-
terventions for best outcomes.\textsuperscript{5}

In this paper we report on a nationwide study conducted for the Ugandan Ministry of Health to investigate health workforce morale, satisfaction, motivation, and intent both to remain in Uganda and to stay at the same facility. Uganda's Ministry of Health has a strategic plan to enact health workforce policy reforms, requiring a thorough understanding of working conditions and health workers' attitudes.\textsuperscript{6} Reforms the ministry is tracking include increasing staffing levels, improving training, and creating an “enabling” environment by, for example, expecting managers to communicate effectively and align rewards with desired behavior.

Uganda is a landlocked country of thirty-one million in East Africa, with English as the official language (based on British colonial legacy) and annual spending of about $8 per person on health care. The nation has 104 hospitals; 55 percent are operated by the Ministry of Health, and most of the rest are nonprofit (primarily Catholic).\textsuperscript{7}

**Study Design And Methods**

- **Data collection.** A team of twenty Ugandan field researchers was recruited and trained to collect both qualitative and quantitative data from health workers in eighteen facilities across nine randomly selected districts in Uganda. Districts were stratified to ensure that “hard-to-reach” areas were selected, and selection probability was weighted by population size so that the results would be applicable to the nation. The team conducted a pilot of the survey instrument and focus-group methods in a nonstudy Kampala hospital, after which improvements in the instruments were made.

  Three teams of four traveled to one district per week, covering two hospitals in each district, over three weeks. Licensed health professionals in those eighteen facilities were interviewed using a thirty-minute questionnaire. In small facilities we often interviewed all health professionals, licensed or not. We collected 641 questionnaires from health workers who had been in their jobs at least one year or (if under a year) were in their first jobs, and another 61 from managers.

  Focus groups were conducted in each facility—generally one with nurses, one with doctors, and one with allied health and pharmacy staff (combined). Clinical officers were dealt with differently in each site, depending on logistics and how many there were. Although hospital administrators were aware that we were to arrive, hospital staff did not seem to have been informed in advance. We attempted to cover day and evening shifts.

  The primary outcome variable we used to measure subjective overall satisfaction was to evaluate responses to the statement, “Considering everything, I am satisfied with my job.” Responses were on a five-point scale: “strongly agree,” “agree,” “neutral,” “disagree,” or “strongly disagree.” We did not attempt any objective measures of contributors to satisfaction, such as gathering data on payroll.
To measure “intent to stay,” we asked respondents whether they planned to leave their current job “as soon as possible”; whether they intended to leave within one year, two years, or three to five years; or whether they planned to stay indefinitely. If respondents were eager to leave their jobs, they were asked whether they wanted to stay with the same organization but change locations, change to another employer in Uganda, change to a job outside the health sector, or leave the country.

**Analysis.** Questionnaire data were entered twice in Epi Info (software from the Centers for Disease Control and Prevention, or CDC, for analyzing epidemiological data), using the “data compare” function to find errors. Statistical analysis was done in SPSS. Findings presented are from twenty-seven (of the fifty-six) focus-group discussions that were transcribed and analyzed, using N6 software, by a team at Makerere University’s Institute for Social Research. The Ministry of Health, Makerere University, Aga Khan University faculty, and the Uganda Health Workforce Advisory Board all approved the project proposal. Human subjects approvals were obtained from the Uganda Council for Science and Technology (HS 156) and the University of Washington (06-1098-G 01).

**Limitations.** There are limitations to this study. The random selection of nonprofit hospitals resulted in the selection of seven Catholic Medical Bureau facilities, out of the nine nonprofit hospitals in the study. Although most of the nonprofit hospitals in the country are Catholic, this selection means that we cannot generalize to the facilities run by the other two Medical Bureaus (Protestant and Muslim). When we arrived at facilities, we relied on volunteers to participate in focus groups and answer our surveys, instead of randomly selecting health workers and compelling their participation. There may thus have been some bias to the selection of participants.

**Study Results**

**Demographics.** The average Ugandan health worker in our study was female, married with seven dependents, and age thirty-nine. Two-thirds of respondents worked in the public sector. Health workers were likely to be still working in the regions where they were born, except in the capital district of Kampala. Managers tended to be male (64 percent), older (67 percent were over age forty), and stable in their employment (48 percent had been in their positions for at least ten years). The training backgrounds of managers included nursing (28 percent), clinical officer (27 percent), and medical officer (7 percent).

**Cadre and training.** Nurses constituted 55 percent of the sample. Allied health workers accounted for 14 percent of the sample, and physicians, 10 percent. Clinical officers (a midlevel practitioner type) made up 9 percent of our sample, and we found only twenty-one pharmacy staff (3 percent).

Respondents reported forty-three distinct job titles, in an open-ended question. The largest number of respondents reported a nursing-related job title. There
were 102 enrolled general nurses, 66 registered nurses, 52 nursing officers or administrators, and 51 enrolled nurse/midwife respondents.

Hospitals that organized their own training schools usually employed large numbers of their own graduates. Respondents named forty-two schools at which they had trained, in an open-ended question.

**Sector.** Compared to private, nonprofit–sector workers, public-sector workers were older (average age of forty-two compared to thirty-five), had been on their jobs longer (eleven years compared to seven years), and had been with their organizations longer (fifteen years compared to eight years). They were also more likely to be male (43 percent compared to 29 percent), be married (70 percent compared to 51 percent), and have more dependents (7.7 compared to 5.6). Private-sector workers were more likely (86 percent) than public-sector workers (79 percent) to be in their first jobs.

**Urban-rural differences.** There were no meaningful differences among health care workers’ demographic or satisfaction profiles in hard-to-reach areas compared to those working in “easier” areas.

**Workplace longevity and intent to stay.** Our sample, by design, was drawn from the people we found on the job in hospitals (not those who had already left), giving us a “survivor’s bias.” Respondents reported an average 13.5 years since they were first licensed in their professions. A sizable portion (37 percent, or 222 people) said that they had been at their current facilities more than ten years; 81 percent of respondents said that their current job was their first job in their profession.

Slightly more than half (54 percent) of health workers planned to stay in their jobs indefinitely, and another 20 percent planned to stay at least three years. The remaining 26 percent reported that they were eager to leave their jobs soon, with 9 percent saying “as soon as possible.” Of those ready to leave soon, 11 percent wished to leave Uganda and 4 percent wished to leave the health sector. Older respondents (age forty-one and older) were far less likely than others to indicate that they wanted to leave their jobs soon.

Doctors, compared to the other cadre in our study, were most likely to say that they were eager to leave their jobs within two years (57 percent) and most at risk for leaving Uganda or the health sector (46 percent said that they would leave if they could). Nurses were the least likely cadre to report an interest in leaving Uganda or the health profession (80 percent said that they intended to stay in their jobs at least three years). Living in the central region (home to the capital city, Kampala) increased the odds of leaving, while health workers in the north-west expressed the least likelihood of leaving (Exhibit 1).

Factors that reduced the odds of leaving (in a logistic regression analysis, Exhibit 1) included the following, all other factors in the equation held equal, in order of importance: (1) lower importance of salary (not necessarily satisfaction with salary); (2) active involvement in the facility, (3) manageable workload, (4) flexibility to balance the demands of workplace and personal life, and (5) better
opportunities for promotion.

Worker satisfaction. We found average overall job satisfaction among health workers to be neutral—at about 3.2 on a 1–5 scale. The average, however, masks a bimodal finding. Health workers were either satisfied (49 percent) or dissatisfied (35 percent), and only 16 percent were “neutral” (Exhibit 2). Older respondents were more satisfied than younger ones, and satisfaction was higher for each successively older group. Attachment to the facility and the community tended to be stronger with each older age group, and relationships with supervisors were better.

There was no difference between public- and private-sector workers in overall satisfaction, but morale was higher in the private sector. Women were not more likely to be satisfied than men, overall, in their jobs, but they were more likely to say that they felt attached to their facilities in a social and emotional way. Slightly more than a third (37 percent) of physicians said that they were satisfied, overall, and doctors attained the lowest satisfaction ratings on a number of individual job satisfaction measures.

In linear regression analysis, we evaluated the effects of several job-related factors simultaneously, to judge their relative importance in predicting satisfaction (Exhibit 3). In order of importance, the following were the most important significant contributors to overall satisfaction: (1) job was a good match with one’s skills and experience; (2) satisfaction with salary; (3) satisfaction with supervisor; (4) manageable workload; (5) job is stimulating or fun; and (6) job security.

Working and living conditions. There are major problems with working conditions in all health facilities (Exhibit 4). Only 36 percent of respondents said that they thought their workload was manageable. Only half said that they had the sup-

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**EXHIBIT 1**

Variables Of Significance In A Logistic Regression Model Predicting Intent To Stay Among Health Workers At Eighteen Hospitals In Uganda, July 2006

<table>
<thead>
<tr>
<th>Variables of significance in the model predicting intent to stay</th>
<th>Odds ratio</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (1=male, 2=female)</td>
<td>1.8</td>
<td>0.153</td>
</tr>
<tr>
<td>Age</td>
<td>1.0</td>
<td>0.244</td>
</tr>
<tr>
<td>Sector (1=public, 2=private)</td>
<td>0.4</td>
<td>0.001</td>
</tr>
<tr>
<td>Medical officers (compared to nurses)</td>
<td>0.2</td>
<td>0.004</td>
</tr>
<tr>
<td>Northwest region (compared to central)</td>
<td>1.8</td>
<td>0.187</td>
</tr>
<tr>
<td>I have been abused (physically, emotionally, verbally) by a supervisor</td>
<td>0.7</td>
<td>0.000</td>
</tr>
<tr>
<td>Importance of salary (very, somewhat, or not important)</td>
<td>1.6</td>
<td>0.095</td>
</tr>
<tr>
<td>I am actively involved in helping make this a great health care facility</td>
<td>1.4</td>
<td>0.019</td>
</tr>
<tr>
<td>I have the flexibility to balance the demands of my workplace and my personal life</td>
<td>1.3</td>
<td>0.014</td>
</tr>
<tr>
<td>The workload is manageable</td>
<td>1.3</td>
<td>0.008</td>
</tr>
<tr>
<td>I receive recognition for doing good work</td>
<td>1.2</td>
<td>0.085</td>
</tr>
</tbody>
</table>

**SOURCE:** Survey of 641 Ugandan health professionals at 18 hospitals in 2006.

**NOTES:** Other cadres and geographical areas are omitted because they were not significant. Odds ratios (ORs) greater than 1 indicate improved odds of staying for the next level in the independent variable. For example, because being female is the second level in the sex variable, and the OR is greater than 1, we conclude that the odds of staying are improved when the respondent is female.
plies they needed to do their jobs well and safely (gloves, needles, bandages), and even fewer (48 percent) said that they had the equipment they needed to do their jobs well (x-ray, blood pressure cuffs). About the same number (49 percent) said that they had good access to electricity at work. As a measure of workload, only 31 percent said that they can take time to eat lunch almost every day. Men were more likely than women to report that they had time for lunch and that the workload was manageable. Working conditions were consistently rated more highly by private-sector workers than by those in the public sector.

Our field surveyors heard stories of (or witnessed) delivering babies by candlelight, dentists idled because their tools would not operate without electricity, hospitals without any x-ray facilities, nonfunctioning rest rooms and ambulances,
and extreme staff shortages (one hospital had no physicians at all). Yet although
working conditions were poor, living conditions were worse. Large numbers said
that they do not have good access to transportation to work (61 percent), access to
good schooling for their children (44 percent), access to shopping or entertain-
ment in their communities (44 percent), or reliable electricity at home (52 per-
cent).

A sizable proportion (42 percent) of health workers we surveyed disagreed or
were neutral about the statement that their employer “takes specific measures to
protect me against HIV/AIDS” (Exhibit 2). Fear of HIV/AIDS infection has been re-
ported elsewhere as an underlying reason for attrition.8

One in four health workers—most of them women, and most nurses—reported
that they had been abused physically, verbally, or emotionally by a supervisor at
their current job (Exhibit 2).

**Compensation.** Only 11 percent of surveyed Ugandan health workers believed
that their salary package was fair (Exhibit 4). Many African civil service employers
(and therefore private nonprofits as well) offer a package of compensation that in-
cludes salary, housing (or a housing allowance), meals at work, assistance with
transportation, health care for family members, and terminal (retirement and death)
benefits. (These broad-scale compensation packages—which go well beyond sal-
ary—are legacies of colonialism, as European professionals on the Continent ex-
pected these “away from home” benefits.)9

A large majority of health workers told us that it was “very important” that
compensation packages include health care for dependents, terminal benefits,
housing, a food allowance, and transportation (Exhibit 5). It is notable that re-

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**EXHIBIT 3**

**Variables Of Significance In A Linear Regression Model To Predict Satisfaction Among Health Workers At Eighteen Hospitals In Uganda, July 2006**

<table>
<thead>
<tr>
<th>Variables of significance in the model to predict satisfaction</th>
<th>Coefficient</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (1=male, 2=female)</td>
<td>0.127</td>
<td>0.385</td>
</tr>
<tr>
<td>Age (yearly increments)</td>
<td>0.012</td>
<td>0.019</td>
</tr>
<tr>
<td>Sector (1=public, 2=private)</td>
<td>0.037</td>
<td>0.775</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>0.565</td>
<td>0.068</td>
</tr>
<tr>
<td>Eastern region (compared to central)</td>
<td>-0.399</td>
<td>0.058</td>
</tr>
<tr>
<td>The job is a good match for my skills and experience</td>
<td>0.268</td>
<td>0.000</td>
</tr>
<tr>
<td>My salary package is fair</td>
<td>0.224</td>
<td>0.000</td>
</tr>
<tr>
<td>My immediate supervisor cares about me as a person</td>
<td>0.177</td>
<td>0.000</td>
</tr>
<tr>
<td>The workload is manageable</td>
<td>0.138</td>
<td>0.001</td>
</tr>
<tr>
<td>This is a fun place to work; the work I am doing is stimulating</td>
<td>0.134</td>
<td>0.001</td>
</tr>
<tr>
<td>I feel I have job security</td>
<td>0.08</td>
<td>0.044</td>
</tr>
<tr>
<td>I have the equipment I need to do my job well and efficiently</td>
<td>0.08</td>
<td>0.075</td>
</tr>
<tr>
<td>I would encourage my friends and family to seek care here</td>
<td>0.08</td>
<td>0.142</td>
</tr>
</tbody>
</table>

**SOURCE:** Survey of 641 Ugandan health professionals at 18 hospitals in 2006.

**NOTES:** Other cadres and geographical areas are omitted because they were not significant. The outcome variable was the respondents’ ratings on a five-point Likert scale in response to the statement, “Considering everything, I am satisfied with my job.”
spondents felt that health care for dependents was even more important than salary itself but that managers, when asked in their own survey, greatly underestimated the importance of health care benefits to employees. About three in four managers predicted that this would be important to workers, compared to 90 percent of workers who reported that it was important.

Compensation was most important among nurses (2.9 on a 1–3 scale), compared to other cadres, perhaps because 43 percent are the heads of their house-

**EXHIBIT 4**

*Ratings Of Working Conditions By Health Workers At Eighteen Hospitals In Uganda, July 2006*

<table>
<thead>
<tr>
<th>To what extent do you agree with the following statements?</th>
<th>Mean on 1–5 scale where 1 = strongly disagree and 5 = strongly agree</th>
<th>Percent who agree or strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home, I have access to safe, clean water</td>
<td>3.8</td>
<td>71.3</td>
</tr>
<tr>
<td>At work, I have access to safe, clean water</td>
<td>3.6</td>
<td>66.3</td>
</tr>
<tr>
<td>This facility has good access to drugs and medication</td>
<td>3.5</td>
<td>56.7</td>
</tr>
<tr>
<td>I feel I have job security</td>
<td>3.2</td>
<td>52.3</td>
</tr>
<tr>
<td>I have the supplies I need to do my job well and safely (gloves, needles, bandages)</td>
<td>3.3</td>
<td>51.4</td>
</tr>
<tr>
<td>At work, I have good access to electricity</td>
<td>3.2</td>
<td>48.5</td>
</tr>
<tr>
<td>I have the equipment I need to do my job well and efficiently (ultrasound, x-ray, blood pressure cuffs)</td>
<td>3.2</td>
<td>47.9</td>
</tr>
<tr>
<td>The workload is manageable</td>
<td>2.7</td>
<td>35.6</td>
</tr>
<tr>
<td>At home, I have good access to electricity</td>
<td>2.7</td>
<td>34.9</td>
</tr>
<tr>
<td>The community where I live has good shopping and entertainment</td>
<td>2.8</td>
<td>34.6</td>
</tr>
<tr>
<td>I have access to good schooling for my children</td>
<td>2.8</td>
<td>34.5</td>
</tr>
<tr>
<td>I feel there are sufficient opportunities for promotion with this employer</td>
<td>2.7</td>
<td>31.1</td>
</tr>
<tr>
<td>I can take time to eat lunch almost every day</td>
<td>2.6</td>
<td>30.8</td>
</tr>
<tr>
<td>I have safe and efficient transportation to work</td>
<td>2.4</td>
<td>25.3</td>
</tr>
<tr>
<td>My salary package is fair</td>
<td>2.0</td>
<td>11.3</td>
</tr>
</tbody>
</table>

**SOURCE:** Survey of 641 Ugandan health professionals at 18 hospitals in 2006.

**EXHIBIT 5**

*Importance Of Compensation Factors Among Health Workers At Eighteen Hospitals In Uganda, July 2006*

<table>
<thead>
<tr>
<th>How important to you are the following compensation factors offered by an organization?</th>
<th>Mean on a 1-3 scale where 1 = not important and 3 = very important</th>
<th>Percent responding very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>2.8</td>
<td>87.3</td>
</tr>
<tr>
<td>Health care for my family</td>
<td>2.9</td>
<td>90.2</td>
</tr>
<tr>
<td>Terminal benefits (retirement, pension, etc.)</td>
<td>2.8</td>
<td>86.9</td>
</tr>
<tr>
<td>Housing allowance</td>
<td>2.8</td>
<td>82.7</td>
</tr>
<tr>
<td>Assistance with transportation</td>
<td>2.7</td>
<td>76.7</td>
</tr>
<tr>
<td>Food allowance</td>
<td>2.7</td>
<td>79.3</td>
</tr>
</tbody>
</table>

**SOURCE:** Survey of 641 Ugandan health professionals at 18 hospitals in 2006.
Health workers repeatedly told us of many years of service without salary or position upgrades. We were told that sometimes new graduates are paid more than twenty-year veterans and that sometimes the selection of who gets sent for further training seems arbitrary and unfair (training is a significant reward and motivator). Both focus groups and surveys confirmed that the public sector is perceived as offering much better job security and compensation than the private sector, balanced by worse working conditions.

**Supervision and management.** Health workers reported that their relationships with supervisors were only slightly better than neutral. A majority, however, said that the hospital manager where they work is “competent and committed” and that their immediate supervisor cares about them as a person (Exhibit 2).

In focus groups, staff said that they would appreciate the opportunity to participate in regular meetings where they discuss issues pertaining to the running of the facility. A majority of focus groups revealed dissatisfaction about the lack of appreciation or recognition for sacrifice and commitment from management.

A majority of respondents said that the morale in their department was not good, that it was not a fun place to work, and that no one had discussed their development at work in the past six months (Exhibit 2). Only 45 percent said that someone had encouraged their development at work in the past six months. Further, one-third did not feel that they were fairly evaluated on their work.

Managers were asked to judge how important the various satisfaction factors would be to their employees and how well the organization performs on that factor (data not shown). In virtually all factors, managers admitted that their organizations do not perform very well. Although 83 percent of managers said that employee job satisfaction was “very important,” only 13 percent felt that their organizations performed “very well” (on a three-point scale) on this indicator.

**Ethical and organizational issues.** Findings from focus groups and other conversations with staff revealed the following concerns related to ethical and organization issues: (1) Some health workers in public facilities are illegally charging fees to patients; some administrators feel powerless to intervene. (2) Many public-sector doctors are running private practices during time when they are supposed to be in their “day jobs.” (3) Many health workers are not properly promoted after returning from training. (4) When workers leave for training (or take other leave), they are still listed as working there, creating shortages but not vacancies that can be filled.

(5) Many health workers blamed decentralization for reduced interest in positions available in remote locations. The idea of being bonded to a rural district for life is enough to keep a doctor from even applying, and districts are left on their own to recruit and retain health workers. (Decentralization is a political reform adopted across Africa, prompted by international financial institutions, that transfers health authority from national to regional and local offices.)

(6) Issues among district elected political leadership, the ministry’s district di-
rectors, and hospital administration can be problematic. When local leaders do not place a priority on health, facilities suffer. (7) There is corruption among some in positions of power. For example, occasionally health workers are required to pay or offer personal services to have their papers or paychecks processed.

**Discussion**

Overall satisfaction among Ugandan health workers in our study was not high. Fewer than half of respondents said that they were satisfied with their jobs. Satisfaction with salary was particularly low, and doctors were the least satisfied group. Furthermore, working and living conditions were very poor, and workloads were judged to be unmanageable. These results mirror findings in a similar study from Tanzania. Working conditions were better in the private (nonprofit) sector than in the public sector, but compensation and job security were viewed as superior in the public sector.

Despite these conditions, however, people were in their jobs a long time and seemed to be loyal (the average time with an employer was thirteen years). Nonetheless, about one in four health workers would leave their jobs soon if they could, and more than half of doctors said that they would like to leave their jobs. As one point of reference, there is about 20 percent turnover among nurses in the United States and United Kingdom each year.

Health-sector jobs are relatively high status, stable, and reasonably compensated compared to many alternatives for educated people in most countries, which may explain some of the job longevity we viewed in this sample. The international literature on turnover among health workers, however, cautions us that there is a strong relationship between intent to leave and turnover and that job satisfaction is predictive of turnover.

There were considerable regional differences in our findings, as well as differences among cadres. If stability within the workforce continues as in the past, there is no imminent fear of a broad-scale exodus of health workers from their jobs in Uganda. However, a companion study conducted during the same period cautions us that the next generation of medical and nursing students in Uganda is eager to seek “greener pastures” abroad.

Job satisfaction matters to health system managers because it is an important factor in predicting system stability (reduced turnover) and worker motivation. If motivation is defined as the willingness to exert and maintain effort toward attaining organizational goals, then well-functioning systems seek to boost factors (such as morale and satisfaction) that predict motivation. A survey of ministries of health from twenty-nine countries found that low motivation is seen as the second most important health workforce problem, after staff shortages.

When working conditions are poor and workload is high, health workers are undermotivated and frustrated. They are unable to satisfy their “professional conscience” and will distance themselves emotionally from their work, reducing their
commitment and motivation. Sometimes the lack of supplies or equipment is viewed as being beyond anyone's control, but when poor management or corruption are perceived to be at the root of the problem, health workers told us that it is especially frustrating to them. A modernized policy on health workforce performance, including an absence-management policy to address filling in for workers away on study leave, could address problems of supply and working conditions related to workforce retention.

Given the sizable gap between salaries in Uganda and those abroad (salaries in the United Kingdom are approximately thirteen times higher), it seems critically important to begin to address compensation factors to avoid turnover and reduce incentives to leave the health sector or the country. Ugandan Catholic hospital data on turnover (obtained and analyzed separately) revealed that low salary was the leading reason for individuals' leaving their jobs in 2005. The finding that health care coverage for dependents may be even more important than salary itself suggests an affordable, immediately achievable compensation adjustment.

Although the report of abuse among health care workers is disturbing, at more than one in four, it does not seem to be higher than that found in studies from other nations. Still, the abuse of health workers has been found to be associated in other countries with turnover rates, quality of patient care, work productivity, morale, and job satisfaction. That workforce satisfaction is higher among older workers is consistent with other studies on worker (and even patient) satisfaction, which suggests a universal aspect to this finding rather than something specific to Uganda.

Some demographics of the health care workforce will be important to monitor during a policy planning process. The average age of the workforce is not young (mean age thirty-nine), and many dependents (average of seven) rely on these workers for support. Most health workers were employed where they were born or where they were trained (suggesting some implications for recruitment and retention), which is consistent with previous research.

The important correlates of intent to stay or satisfaction include the importance of salary (not the satisfaction with salary, which is uniformly low), the job's being a good match, active involvement in the facility, a manageable workload, supportive supervision, flexibility to manage the demands of work and home, the job's being perceived to be stimulating or fun, and job security. Some of these are issues that could be addressed without a large capital investment.

The ethical and organizational issues we identified represent major problems in the management and control of the health system, and likely contribute to health workers' satisfaction, motivation, and morale. Many of these issues cannot be ad-
dressed at the facility level; they require the attention of the Ministry of Health.

The literature suggests that some facilities serve as “magnet hospitals,” those especially adept at boosting motivation and performance.22 In our study, two hospitals registered the highest overall job satisfaction among private facilities, and three among the public facilities. Further study of these facilities could determine whether or not the difference in satisfaction is an actual difference based on key factors of job satisfaction.

The low levels of satisfaction among Ugandan health professionals can be attributed to demographic and geographic factors, but also to concerns about low salary, high workload, and unsatisfactory supervision. Insufficient access to basic supplies and equipment, including water and electricity, were discouraging. Although half of the health workers in our study intended to stay in their jobs indefinitely, a sizable minority wished to leave as soon as possible. Workers in strong health systems are more motivated and satisfied, leading to workforce stability and better patient care.

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NOTES


7. Ibid.


15. Ibid.

16. Ibid.


