

LABOUR TURNOVER AND ORGANIZATIONAL PERFORMANCE.

A CASE STUDY OF ST.KIZITO HOSPITAL-MATANY

BY

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**A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF BUSINESS AND
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DECLARATION

I, **Loyep Stephen**, declare that this research dissertation presented to the College of Economics and Management Sciences of Kampala International University is my original work and has never been presented for any award of Bachelor of Human Resource Management in any University or institution, except the few references used of which I have fully acknowledged.

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Signature: 

APPROVAL

This is to certify that this research dissertation of **LOYEP STEPHEN** titled, "*Labour turnover and organizational performance with a case study of St.Kizito Hospital-Matany*" has been done under my supervision as a University supervisor, and submitted for examination with my approval.

Signature.....

Mr. Mugume Tom.

(SUPERVISOR)

Date

DEDICATION

This work is dedicated to my beloved parents, Late Achilla John Robert and Ms Angella Beatrice, my spiritual father as well as a benefactor Bro. Guenther Naerich, my brother and sister, friends and relatives whose efforts and concerns enabled me to pursue this course.

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God bless you abundantly

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LIST OF ACRONYMS

BMAU	Budget Monitoring and Accountability Unit
UMHCP	Uganda Ministry of Health Care Package
MDGs	Millennium Development Goals
PEAP	Poverty Eradication and Alleviation Programme.
WHO	World Health Organization
PNFPs	Private Not For Profits.
UCMB	Uganda Catholic Medical Bureau
HMT	Hospital Management Team
LLUs	Local Level Units
HRM	Human Resource Management
BPO	Business Process Outsourcing
RCC	Roman Catholic Church
CEO	Chief Executive Officer.
ITO	Information Technology Office.

ABSTRACT

Shortage of human resource for health poses a major challenge to achieving the Millenium Development Goals. Uganda is among the 57 countries with human resource shortage reaching critical level. But the situation is even worse at micro-levels. The Private-Not-For-Profit (PNFP) health sub-sectors complements government efforts to achieve the MDGs, the health stratetgic plan II (HSSPII) and the health related poverty eradication plan (PEAP) indicators.

Uganda Catholic Medical Bureau (UCMB) coordinates the Roman Catholic health facilities network, one of the three PNFP networks in Uganda which St.Kizito Hospital-Matany belongs. This paper looks at the relationship between labour turnover and performance as experienced by the UCMB network giving the trend, examining the reasons, destinations of attrition cases and what the network has to do to improve the human resource stability. The information is based on the research that was carried out at St.Kizito Hospital-Matany in Napak District, Karamoja Sub-Region.

CHAPTER ONE

1.0 INTRODUCTION.

Uganda ranks high among countries in the world with a “critical shortage” of health services. According to the budget monitoring and accountability unit (BMAU) in the ministry of finance, only 48% of health positions are filled countrywide. The current doctor to patient ratio of Uganda is 1:15,000 and medical specialist is 1:25,000 Ugandans this indicates that the health sector is highly underperforming. This is not because Uganda lacks the Human Resource in the health sector but rather because of the high labor turnover to other oversea countries that offer high remunerations compared to Uganda, a case in point is Trinidad and Tobago where the government of Uganda has been negotiating to send 261 health care workers and 261 health care specialists. This justifies the statistics that 43% of Ugandan born doctor's lives and work outside, over two thirds of undergraduate class are out of the country. Uganda's New Vision Friday, May, 08, 2015 with a headline Migration of Doctors a big loss to economy.

This chapter articulated the background of the study, statement of the problem, conceptual frame work, and the objectives of the study, research questions, significance and scope of the study.

1.1 Background to the study

Uganda is among the 57 countries with critical shortage of health workforce (The World Health Report 2006). The high burden of disease, including HIV/AIDS, requires scale up of some of the most labour demanding interventions. The lean health workforce experiences heavy pressure to implement increasing range of services within the national minimum health package (UMHCP) and meet the targets for the health sector strategic plan II, the Poverty Eradication Plan (PEAP) and the Millennium Development Goals (MDGs). There is also pressure to see further downward trend in the HIV prevalence. It has been estimated that the scale up of antiretroviral Therapy (ART) alone in Uganda between 2005 and 2012 would demand a doubling or tripling in staff time given to ART (Rudolf Chandler and Stephen Musau, 2004). To scale up anti-retroviral therapy alone to meet the PEPFAR target would require about 10% of Uganda's doctors as at 2004 level (Smith O, 2004). But scale up of ART in Uganda has even moved faster than originally planned while the health workforce remains unchanged. This disproportionate growth

in service demand and the skewing of health workforce deployment in favor of few diseases conditions worsen the functional gap in respect to implementing the range of services in UMHCP. But this is worsened by a workforce that is increasingly becoming unstable.

1.1.2 Historical background of labor turnover

Labour turnover emerged in the late 19th Century following the rise of large scale firms in Europe and the decreasing importance in percentage terms of agricultural employment. This meant that a growing number of workers were employed by firms as they opted out of their subsistence agriculture to work in the exciting emerging firms. It was only in this context that interest in measuring labour turnover and understanding its causes begun

In the early decades of the twentieth century, the US manufacturing sector saw the highest rates of labour turnover (annual rates exceeding 100%), this was followed by substantial declines in 1920s, significant fluctuation during the economic crisis of 1930s and the boom of the world war II years, and the return to the low rates of the 1920s in the post-war-era. Firm and State level data (from the late nineteenth and early twentieth century) also indicate that labour turnover rates exceeding 100 were common to many industries.

Both the high rates of labour turnover in the early years of twentieth century and dramatic declines in the 1920s are closely interlinked with changes in worker-initiated component of turnover rates. During the 1910s and 1920s, quits accounted (on average) for over seventy percent of all separations and the decline in annual separation rates from 123.4 to 37,1 in 1928 was primarily driven by a decline in quit rates, from 100.9 to 25.8 per 100. Source (Laura Owen, DePaul University).

1.2 Statement of the problem

Labor turnover affects both workers and organizations. Workers experience disruption, they need to learn new job specific skills and find different career prospects (Alogoskoufia et al., 1995). Organizations suffer the loss of job specific skills, disruption in production and incur costs of hiring and training new workers. But incoming workers may be educated, more skilled and have greater initiative and enthusiasm than those who leave.

However, from the perspective of organizations, labor turnover is very expensive. When employees leave the organization, it has become imperative for that specific organization to make costly replacements as soon as possible. These replacement costs include search of the external labor for a possible substitute, selection between competing substitutes, and formal and informal training of the chosen substitute until he/she attains performance level equivalent to individual who quit John (2000)

Managerial concern on employee turnover has suddenly become heightened (Prefer and Sutton, 2009, cited in Anders and Bard, 2010, ppl). This concern is further exacerbated as a result of the growing cost of replacing employees, or other general costs typically associated with employees like recruitment and training (Collins and Smith, 2006). Catherine (2002) argue that turnover include other costs, such as lost productivity, lost sales, and management's time, estimates the turnover cost of an hourly employee to be \$3,000 to \$10,000 each. This clearly demonstrates that turn over affects the profitability of the organization and if it's not managed properly it would have negative effect on the profit.

Uganda, like many developing countries, has been experiencing a human resource for health crisis. Uganda was ranked (WHO Report 2006) among the 57 countries with a critical shortage of health service providers.

Today, the Health sector in Uganda is faced with high rates of the labour turnover as it loses most of its professional personnel to oversea countries such as the Philippines, United States of America, and China among others leaving the health challenges high at home. Besides that, a few personnel left behind are too unstable as they move from health organization to others especially as it is common in the Private Not for Profit Hospitals (PNFPs) such as Lachor

1.3 Objectives of the study

1.3.1 The general objective

The general objective of this study was to assess the effect of labour turnover on organizational performance in St.Kizito Hospital-Matany.

1.3.2 Specific objectives

- i. To identify the major effects of labour turnover on the performance of St.Kizito hospital.
- ii. To find out the government effort in addressing labour turnover challenges in St.Kizito Hospital.
- iii. To assess the correlation between the hospitals retention policy and Ministry of Health retention guidelines.
- iv. To identify the relationship between labour turnover and organizational Performance.

1.4 Research hypothesis

- i. What are the major implications of labour turnover on the performance of St.Kizito Hospital?
- ii. What challenges do administrators in St.Kizito hospital face in employee retention policy?
- iii. What are the causes of increased labour turnover in St.Kizit hospital?

1.5 Scope of the study

1.5.1 Time scope

The study was conducted in a period of three month, from April to June. April was for identifying the research topic, problems and for writing the proposal, May was for the preparation of the research instruments and pre-testing as well as collection of the research data, analyzing and interpreting, and June was for writing the research report, evaluation and submission.

1.5.2 Content scope

The following was focused on the relationship between labour turnover and organizational performance: Determinants of the labour turnover, types of the labour turnover, strategies to mitigate labour turnover, labour turnover attrition in LLUs. Challenges faced in the implementation of employee retention policy in St. Kizito hospital.

1.5.3 Geographical scope

The study was done in St. Kizito Hospital Matany, in Matany Sub-county, Bokora Constituency, Napak District. Focus was on Hospital Management Team (HMT), various departmental Heads,

Medical personnel and support staff of only Matany Hospital and the all research was conducted within the Hospital premises.

1.6 Significance of the study

In 1980, Staw explicitly pointed to the potential danger of a research practice concentrating on the causes of labor turnover while neglecting its effects: such research is based on assumption that turnover is an important organizational problem and, consequently, should be reduced. Hence potential positive effects for the organization are overlooked (Staw, 1980).

Mueller and Price (1989: 389) again pleaded for research into the consequences of turnover rather than into determinants.

In the 1999 special issue on labor turnover of the Human Resource Management Review (1999) all papers treat turnover as a dependent variable and none as independent one. “While thousand of studies have investigated why employees choose to leave their jobs, very little research has directly examined the organizational consequences associated with voluntary employee turnover.

Williams (1999: 549) complains in this issue. And: “While there is an immense literature covering the subject of personnel turnover, there is a paucity of writing the impact of labour turnover in organizations” (Hutchinson et al., 1997, 3202).

Studies on staff turnover show that excessive turnover creates an unstable workforce and increases the human resources costs and organizational ineffectiveness (Grobler et al, 2006, p. 16).

It’s against this background that this study is significant as it will assist organizations most especially the health sector in Uganda to understand the effect of the labour turnover on their performance other than concentrating on its causes. This will then enable the organizations to deeply understand the negative and positives of labor turnover, and therefore design strategies of overcoming dysfunctional labour turnover when it a rises and the functional labour turnover when it emerges. This school of thought has been missing in the world of research and therefore it will be a more important study.

1.7 Conceptual Framework

Independent Variable

Labour Turn over

- Increased untimely resignations.
- Intended absenteeism.
- Demand for study leaves.
- Poor time management.
- Increased sit down strikes.
- Breakdown in command.
- Intended Ineffectiveness and inefficiency.
- Loss of expertise labor to other competing organizations.

Dependent Variable

Performance

- Decline in Productivity.
- Financial loss to the organization for the paid hours.
- Reduction in output per employee due to lost hours.
- Affects organizational goodwill (deters effective and efficient labor from entering the organization).
- Affects the quantity and quality of services.

Extraneous

- Ineffective supervision of employees.
- Increased refreshment training.
- Poor communication style.
- Unprofessional employee handling.
- Unclear numeration policy.
- Unaddressed employee expectations.

Outcomes

- Low working speed thus low productivity.
- Leads to effectiveness & efficiency of employees.
- Dysfunctional Conflict.
- Voluntary resignation & lawsuits.
- Disgruntlement & industrial unrest.
- Over expectation & demands.

Source: Primary Data 2015.

CHATER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains the review of related literature, which will act as a theoretical frame of reference in this study. It will highlight the theoretical platform on which the study will be based. It begins by examining the related literature to the labour turnover

2.1 Labour turnover definition.

Labour turnover is the rate at which people leave an organization, sometimes known as “employee turnover, “wastage” or “attrition” (Hedwiga 2011). Marisoosay (2009) argued that in human resources context it refers to the relative rate at which an organization gains and losses its personnel. Kazi & Zedah, (2011) define labour turnover as the rotation of workers around the marketplace between firm, jobs and occupation and between states of employment and unemployment. For the purpose of this study, labour turnover can be defined as the percentage of the amount of organizational members missing throughout the period being considered divided by the average number of general population in that organization during the period (Price 1977)

2.2 Voluntary and involuntary turnover.

Labour turnover within an organization can be voluntary or involuntary. According to Kazi and Zedah (2011) involuntary turnover is considered to depend on factors that are outside of management control. Marti et al (2009) name these as uncontrollable factors and mentioned perceived alternatives, employee opportunity and job hopping as examples. Employee deaths, chaos in the country, in fulfillment of essential needs of life and health matters has been declared by Kazi and Zedah (2011) as examples of involuntary turnover.

On the other hand, voluntary turnover dependent on employee him/herself and can be experienced by an employee to realize individual achievements comparable to job. Marti et al (2009) name these controllable factors and mentioned satisfaction with pay, nature of work and supervision, organizational commitment, distributive justice and procedural justice are examples of voluntary turnovers. Stovel and Bonis (2002) comments that involuntary turnover refers to the discharge of employees, whereas voluntary turnover take place when employee leave the job.

2.3. Determinants of labour turnover.

Researchers have tried to determine why people have intention to quit. There has been slight uniformity in findings, due to most of researches lack of consistency in their findings. Therefore, from those findings we can say people quit from one organization to another due to a number of factors.

Abassi and Hollman (2000) in the study of employees voluntarily leaving the organization in the United States Public and Private sectors, mentions factors that make workers to suspend from organizations are approaches like Managerial approach, and other managerial practices are the major management practices contributing to employee turnover. In India, Ranjitham (2013) in the study of attrition and retention at Business Process Outsourcing (BOP) companies in Chennai found that lack of proper training on new skills has increased stress to employees and has led to increased turnover. Factors such that better opportunity in some other company, scramble for wages, and lack of career opportunities, uneven working hours, health problems, family challenges and job dullness are some of the recommended causes of labour turnover.

In his study Sujeewa (2011) found that in Sri Lanka, grievance handling practice that refers to perceived as unfair and unjust are among the causes of employee turnover. High grievance rates allied with conflicting situations rather than cooperative labour relations and hence associated with lower plant productivity and if not effectively resolved could lead to less productivity, lower quality of work, products and customer services, distraction from corporate goals, low job morale, loss of confidence and communication between employees, managers and supervisors, which can lead to increased absenteeism and staff turnover.

Bula (2012) in the study of labour turnover in the sugar industry in Kenya found that salary is a major factor causing labour turnover followed by training, promotion, performance appraisal and work conditions. Other factors like recognition, job content, participation in decision making and leadership style were also considered as immediate factors. It was also revealed that although lack of employee commitment and motivation can be major causes of labour turnover, they are dependent on all other factors causing labour turnover.

2.4 Strategies to labour turnover

Strategies to employee turnover are the remedial to solve the problem of employee's turnover. In most of the studies turnover strategies confronted with influence factors, for instance if the labour turnover is caused by poor working environment then good working environment is emphasized to redress the situation.

In Canada, Shangvi (2012) argued that once organizations operate in an open environment where managers share information on the aspect of organization culture, positive feelings and openness can expect thick turnover rates.

The Study in a range of industries in Australia and overseas by MINTRAC (2011) argued on factors that could attract workers to stay in the organization and mentioned engaging employees through social events and community activities, review workloads and reduce administrative burdens to be among others. Key drivers to attract and retain talent employees in India are such as strong trust, caring, fairness, and respect within the organization, transparent and accessible leaders, competitive rewards, open, transparent management with respect to guiding principles, training and development programs and structured career planning process commented by (Chhabra 2008) while studying current trends in employee retention.

Macleod and Clarke (2009) said that one of the best ways to reducing turnover is to take steps to engage employees into organization jobs by showing them clear leadership, respect and appreciation, giving them power and ways to voice their views and concerns than trying to control and restrict them. On the other hand in Botsana, Ongori (2007) said that, these strategies will optimize the value of its employees, and increasing employee loyalty hence would engage them to stay in organizations.

Ng'ethe (2012) in the study determinants of academic staff retention in Public Universities in Kenya found out that leadership influence over the behavior or action is potential for people this including influencing employees in decision to be committed and remain in the organization. Distributive justice the extent to which rewards and punishments are related to job performance and fairness in the allocation of outcomes such as pay and promotion. Work environment is another factor that affects employee's decision to stay with the organization. This may include issues such as office space, equipments, air conditioning, comfortable chairs just to mention but

a few. Productivity and efficiency are directly affected by how people work. Many people are dissatisfied if working conditions are poor.

2.5 Trends of attrition in LLUs of RCC health network.

The Lower Level Units (LLUs) of the Roman Catholic Church (RCC) which is under the Umbrella of Uganda Catholic Medical Bureau (UCMB) network shows the affected trend in the number of staffs with high level of attrition especially of the key clinical staffs. In 2005/2006 the network lost a total of 1,487 health workers (757 from hospitals, 730 LLUs). In LLUs, the overall rate dropped from 31% in 2003/2004 to 28% in 2004/2005 before shooting back to 30% in 2005/2006. Overall hospital staff attrition rate doubled from 7.1% in 2003/04 to 16.6% in 2004/05 and 16.8% in 2005/06. On the surface attrition did not increase much between 2004-05 and 2005-06. However, cadre-specific rates have sharply increased especially for the enrolled nurses and enrolled midwives. These cadres form the backbone of patients care especially in lower level units (LLUs). LLUs staff attrition in 2005/2006 was 45% among enrolled nurses, 52% among the doubled enrolled (nurse/midwife) nurses and 46% for the enrolled midwives compared to 38%, 37% and 62% respectively for 2004/05 these together being 46% attrition among the enrolled cadres in LLUs in 2005/06. LLU attrition among clinical officers was 30% down from 53% in 2004/2005. In hospitals attrition rates were 26% among enrolled nurses, 34% among enrolled midwives, 22% among enrolled comprehensive nurses, and 55% among enrolled psychiatric nurses in 2005/06. Double enrolled nurses had no attrition in hospitals in the same period. The median length of time the leavers had served in the individual facilities was 24 month. This implies that the labour is unstable and unable to work for half decade in the same hospital or Health center, therefore this instability affects the effectiveness and efficiency of the productivity of the health sector thus poor performance. Source: HR reports from the health facilities to UCM

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter deals with methodology that was used in the study. It involved the research design, study population, data collection methods, sampling procedure and quality control.

3.1 Research Design

The researcher used a cross-sectional survey design that was based on qualitative and quantitative methods of analysis in all departments of St.Kizito Hospital. According to Amin (2005), across-sectional research design is the most commonly used research method in social research. This design was selected on the ground that it would facilitate easy accessibility of relevant information of data, as well as reducing time and cost during collection.

3.2 Study population

St.Kizito Hospital-Matany has 250 employees, employed in different departments of the hospital. It was from these study population that the researcher selected the sample size of this study.

3.3 Sampling procedure

Stratified and simple sampling method was used to obtain the respondents. With simple random sampling, only the respondent that was conveniently available to the researcher was exploited. For structures, random sampling, various strata and classes were constructed basing on different age groups, occupation and sex from which required numbers of respondents were randomly selected.

According to Sloven sample size is determined by the below formula;

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

Where

n = Sample size

N = Target population

e =margin of error at 5% standard value

Therefore, Sample size

$$n = \frac{103}{1 + [103 (5/100)^2]}$$

$$n = \frac{103}{1 + (103 * 0.05^2)}$$

$$n = \frac{103}{1 + (103 * 0.0025)}$$

$$n = \frac{103}{1 + 0.2575}$$

$$n = \frac{103}{1.2575}$$

Sample size = 82 respondents

3.4 Sample size

A sample is a subset of a population that is used to represent the entire group as a whole. Basing on the calculation in the sampling procedure above, the researcher randomly selected a sample of 82 respondents from the different departments of St. Kizito Hospital-Matany.

3.5 Sources of data

3.5.1 Primary data

This is the data that was collected from the respondents either through observation or directly from first-hand experience through research instruments such as questionnaires, interview guides and observation.

3.5.2 Secondary data

Secondary data is the data that had been already collected by and readily available from other sources such as the Hospital Management Team (HMT) records and reports by the Ministry of Health Uganda on rates of labour turnover among health workers, news papers articles, local and central government records, Acts among others so as to obtain relevant information.

3.6 Research Instruments

A research instrument is what the researcher used to collect the information in a qualitative field study or observation. It helps the researcher in keeping track of what he/she has found out from the field and how to report it.

3.6.1 The questionnaire:

The researcher used a structured questionnaire which had both closed ended and open ended questions to collect the information or data from many respondents in a projected time frame. Through the questionnaires that were self-administered, all the respondents were asked similar questions and from options, they were to pick the best alternative.

3.6.2 Interview guide:

This involved face-to-face interaction between the researcher and the respondents. Formal interview guides were to investigate complex and sensitive issues as Kakoza (2002) asserts. Clarifications as well took place to enable the interviewee reveal his/her view points as observed by Marshal and Bossman (1989). This assisted in getting first hand information from the respondents who were selected to provide the required data.

3.6.3 Focus group discussion:

This involved the researcher to interact with people from the same backgrounds or settings or experience to foster talks and discuss human resource matters of the hospital. The researcher followed a predetermined discussions guide to direct the discussion with the purpose of collecting in-depth information about the group's perception, attitudes and development questions. This allowed flexibility of the participants as they expressed themselves more openly. Many possible answers to specific questions were generated.

3.7 Validity of the instruments

Basically, research validity refers to whether the research is really measuring what it claims to be measuring. While the reliability of the research relates to whether research results can be applied to a wider group than those who took part in a study consistently. In other words, would similar results be obtained if another group containing different respondents or a different set of data points were used?

In order to test and improve on the validity of the instruments, the research availed the first draft to colleagues doing the same course and later to the lecturer. They looked at the items; checked on the language grammar, clarity and relevancy, comprehensiveness of content and length of the questionnaire and interview guide. These instruments were later scrutinized and developed under close guidance of the supervisor with whom the researcher made necessary adjustments.

3.8 Data analysis

The researchers used different research methods to process and analyze the data that was collected from the field so as to write a report easily understood by the readers. The researcher therefore used the following methods of data analysis in carrying out this research study.

3.8.1 Editing

The researcher edited all the information that was collected from the field so as to identify the necessary errors for correction to ensure completeness, uniformity, accuracy and consistency of all the questions that were asked.

3.8.2 Tabulation

Tables and graphs such as pie charts and bar graphs were used to indicate the major findings of the study for descriptive presentation in frequency and percentages.

3.9 Ethical considerations.

The researcher got a letter of introduction from the Head of department of Human Resource and Supply Management in the School of Business and Management which he used to introduce himself to the respondents to avoid being doubted by them. He also tried his best to control his emotions caused by some respondents and avoided probing much in the private life of the respondents.

3.10 Limitations of the study

There are numerous that the researcher faced in the process of collecting information and writing this research study, this includes the following:

Since money is a very scarce resource, the researcher faced the problem of inadequate finances since a lot of it was needed to facilitate a number of activities such as buying of stationeries, movement, administration of the questionnaires and conducting of the interview guides, typing and printing of the research work, binding of the work to mention but a few. However, he overcame this problem by seeking for financial assistance from his friends, relatives and parents so that they contribute financially to the writing of this research work.

In most research studies, most researchers face the challenge of the respondents fearing to disclose off some of the confidential information regarding their personal lives or the area of study as they are not sure of the purpose of the study. This affects the study in a way that the information that is collected from the field is too narrow and as a result the research is also not in detail. The researcher however picked an introductory letter from the Head of Department of Business and Management to avoid him from being doubted and he as well repetitively informed the respondents that the main purpose of carrying the research was for academic purposes only and any information they gave will be treated with the highest levels of confidentiality.

Since St.Kizito Hospital is a busy hospital in Karamoja, there were some instances where some respondents delayed to respond to their questionnaires and therefore causing a delay in submitting back the questionnaires to the researcher in time. There was therefore a vicious cycle of delay which as well affected the submission date of the research findings to the department.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND ANALYSIS OF DATA

4.0 Introduction

This chapter presents the findings in relation to the research questions and objectives established earlier. The chapter presents the findings by considering the research purpose which was to establish the Effect of Labour Turnover on organizational Performance with a case study of St. Kizito Hospital-Matany.

The data collected from the field was processed and analyzed qualitatively and quantitatively. The qualitative approach used in analysis provided more clarification and explanations on quantitative data. Quantitative information summarized by using tables, graphs and percentages to show and interpret the response of the respondents for easier understanding of the research findings.

4.1 Demographic characteristics

The main purpose of this part was to analyze the background information of the respondents in relation to their age, gender (sex), marital status and level of education. The information was presented by the use of tabulation.

Table 4. 1: Shows the sex/gender of the respondents

Gender	<i>Frequency (f)</i>	<i>Percentage (%)</i>
Males	63	77
Females	19	23
<i>Total</i>	<i>82</i>	<i>100</i>

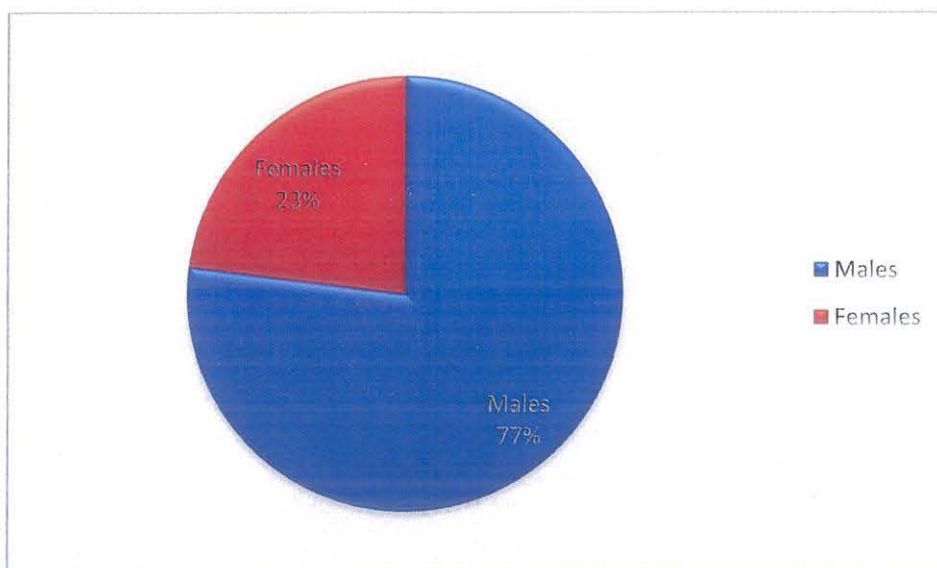
Source: Primary Data (2015).

The table reveals that out of the 82 respondents, who were randomly selected to answer the questionnaires 63 were males and 19 were females. The number of the males was greater than the female number due to the fact that most of the people employed in the different departments of St. Kizito Hospital-Matany were males as most of the work such as those regarding construction, Electrical Engineering, Laboratory Management, IT management, security among

others were best managed by the males compared to the females thus resulting to the greater number of the male respondents in this study.

The fact that women are still considered not to be working in high ranking positions in the Country especially in most special areas as identified above deterred the female gender from accessing some employment opportunities in St,Kizito Hospital Matany. Thus the number of the males being greater than that of the females. For instance most of the Hospital Positions such as that of the Information Technology Officer, Chief Executive Officer, Medical Superintendent and other Departmental Management among others are held by the male gender in St. Kizito Hospital-Matany.

Figure 4. 1: Pie chart showing the percentage gender of respondents



Source: Primary Data (2015)

The pie chart above reveals that 23% of the respondents were females and 77% of them were males. The number of the males was greater than the female number due to the fact that most of the people employed in St. Kizito Hospital-Matany were males.

Table 4. 2: Shows the marital status of the respondents

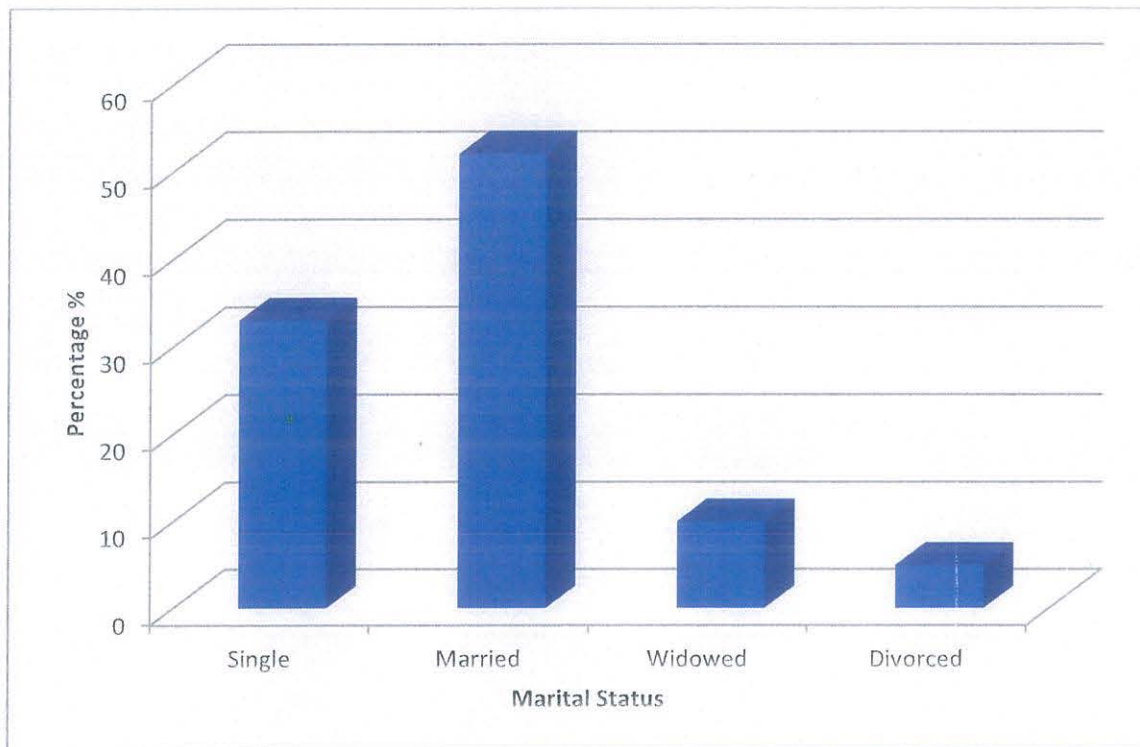
Marital status	<i>Frequency (f)</i>	<i>Percentage (%)</i>
Single	27	33
Married	43	52
Widowed	8	10
Divorced	4	5
Total	82	100

Source: Primary Data (2015)

The table above reveals the marital status of the respondents of the questionnaires. Out of the 82 respondents, 27 were single, 43 were married, 8 were widowed and only 4 respondents divorced. As the table clearly indicated above, majority of the respondents were those married followed by those still single and then lastly those who divorced their marriages being the minority. The number of those married could be the highest because those employed in St.Kizito Hospital-Matany were/are mainly above the age of 25 years which is the age at which most of the people get married.

There were only 4 respondents who had divorced their marriages. This indicates that the rate at which people divorce their marriages is minimal in St. Kizito Hospital-Matany due to the fact that it is a church founded Hospital and faith and family unions are much emphasized.

Figure 4. 2: The bar graph shows the marital status of the respondents



Source: Primary Data (2015)

The bar graph above reveals the marital status of the respondents of the questionnaires. 27% were single, 43% were married, 8% were widowed and only 4% divorced their marriages.

As the graph clearly indicated above, majority of the respondents were those married followed by those still single and then those widowed and lastly those who divorced were the minority.

The number of those married could be the highest because those employed at St.Kizito Hospital-Matany are mainly above the age of 25 years which is the age of marriage to most youth.

The percentage of the respondents who had divorced their marriages was only 4% indicating that

the rate at which people divorce their marriages is minimal in St. Kizito Hospital-Matany.

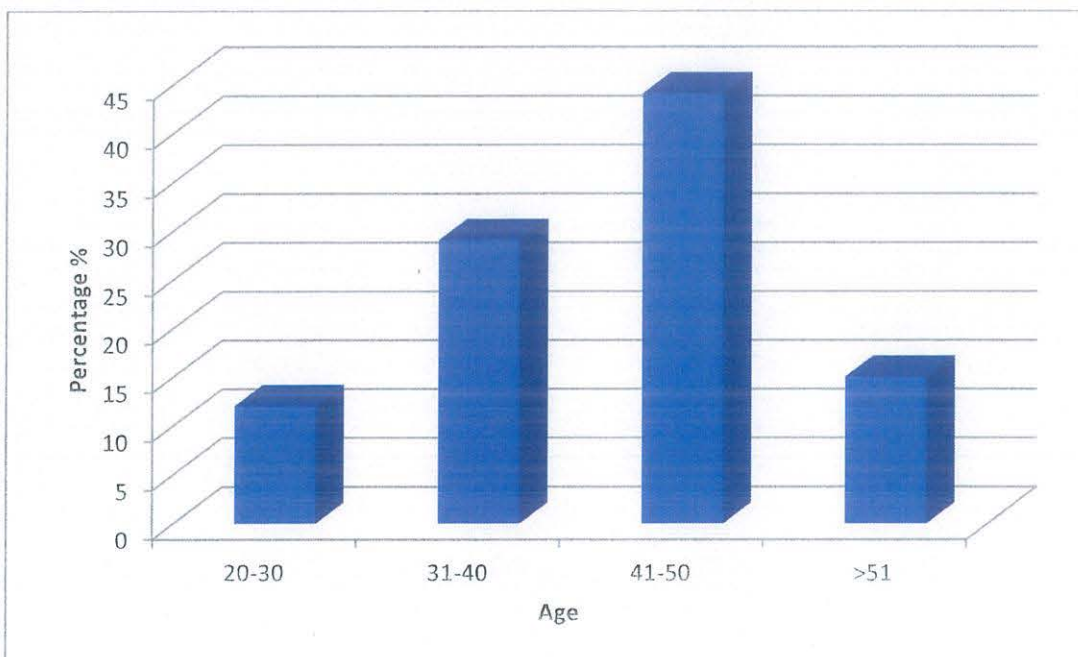
Table 4. 3: Shows the age of the respondents

Age	Frequency (f)	Percentage (%)
20-30	10	12
31-40	24	29
41-50	36	44
>51	12	15
Total	82	100

Source: Primary Data (2015)

According to the table above, the data revealed the age brackets of the respondents with the majority of them being in the age bracket 41-50 as they made a total number of 36 followed by those in age bracket 31-40 making a total of 24 respondents. Only 10 respondents were in the age bracket 20-30 years. And those respondents above the age of 51 years were 12.

Figure 4. 3: A bar graph showing the age groups of the respondents



Source: Primary Data (2015)

According to the table above, the data revealed the age brackets of the respondents with the majority of them being in the age bracket 41-50 as they made a total percentage of 36% followed

by those in age bracket 31-40 making a total percentage of 24%. Only 12% of the respondents were in the age bracket 20-30 years. And those respondents above the age of 51 years were made a percentage of 15%.

Table 4. 4: Shows the religion of the respondents

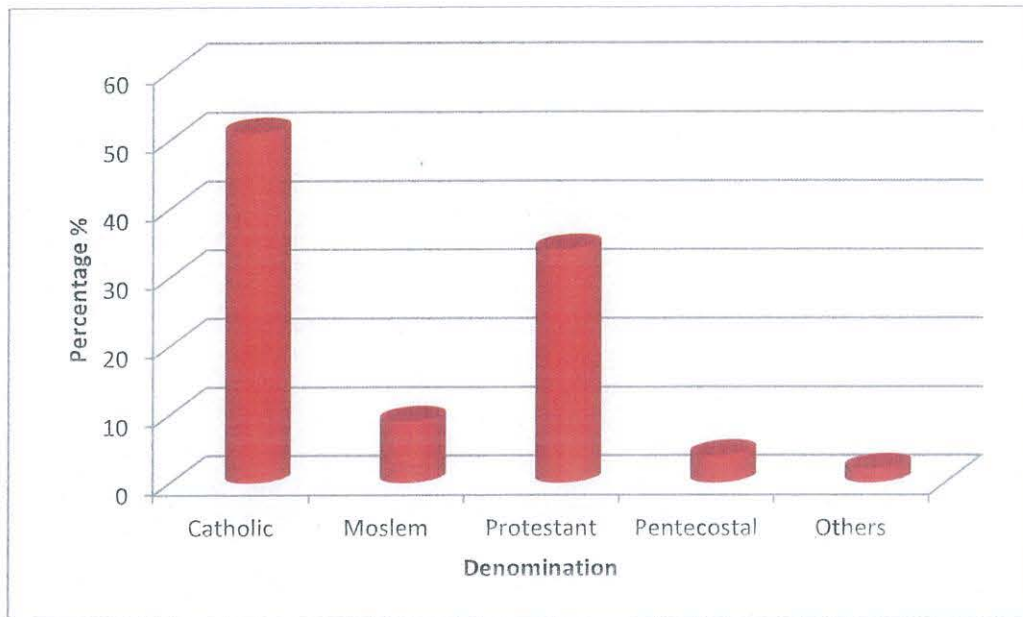
Denomination	Frequency (f)	Percentage (%)
Catholic	42	51
Moslem	7	9
Protestant	28	34
Pentecostal	3	4
Others	2	2
Total	82	100

Source: Primary data (2015)

There are different religions practiced in employed at St, Kizito Hospital-Matany. But according to the table above the leading religion in the Hospital is Catholics as the research results revealed that there were 42 respondents who were Catholics. This is followed by the Protestants who made a total population of 28 people. There were 7 Moslems among the respondents and only 3 Pentecostals. There were also 2 other respondents who belonged to other religious groups such as the Halleluyahs, the Jehovah witnesses, seven days among others.

Some respondents however said due to St.Kizito Hospital-Matany being a Catholic founded and managed by Uganda Catholic Medical Bureau, Catholic have a high chance of getting jobs in St. Kizito Hospital-Matany other than other denominations.

Figure 4. 4: Shows the religion of the respondents



Source: Primary data (2015)

According to the bar graph above, the leading religion in the hospital is Catholic as 51% of the respondents were Catholics. This is followed by the Protestants who made a total percentage of 34%. The Moslems made a percentage of 9% and only the Pentecostals were 4% while the other religions made a percentage.

Table 4. 5: Shows the academic qualification of the respondents

Academic Qualification	Frequency (f)	Percentage (%)
Certificate	15	18
Diploma	21	26
Degree	39	48
Masters	5	6
Others	2	2
Total	82	100

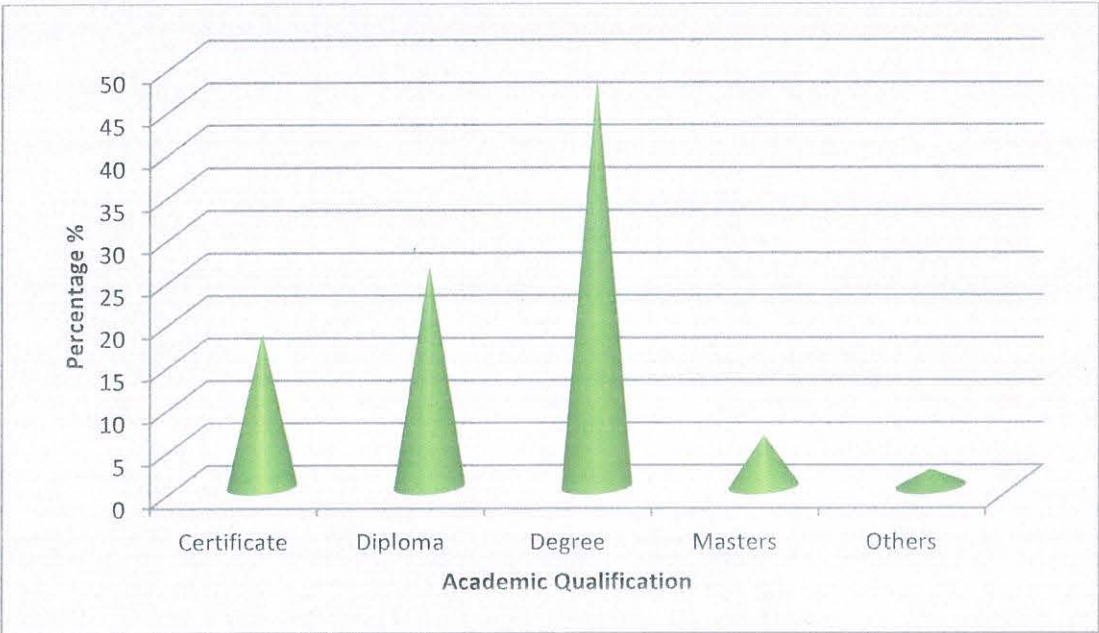
Source: Primary Data (2015)

The above table describes the academic qualifications of the respondents from whom the researcher gathered the information needed for this study. Out of the 82 respondents, majority of them who made a total of 39 and a percentage of 48% possessed degrees in different academic

fields, followed by those having diplomas made a total of 21 respondents with a percentage of 26%.

The respondents who possessed certificates were 15 making a percentage of 18%, those who possessed masters were 5 making a percentage of 6% while those respondents who had other academic qualifications such as PhD including those who did not go to school at all were 2 and they made a percentage of 2%. Currently, there are many people in different departments of St.Kizito Hospital-Matany possessing high qualifications in different academic fields as they keep on up grading their academic qualifications.

Figure 4. 5: Shows the academic qualifications of the respondents



Source: Primary Data (2015)

According to the bar graph above, majority of the respondents who made a total percentage of 48% possessed degrees in different academic fields, followed by those having diplomas made a total percentage of 26%.

The respondents who possessed certificates made a percentage of 18%, those who possessed masters were 6% while those respondents who had other academic qualifications such as PhD including those who did not go to school at all made a percentage of 2%.

Table 4. 6: Number of years spent at St. Kizito Hospital-Matany.

<i>Number of years spent</i>	<i>Frequency (f)</i>	<i>Percentage (%)</i>
1-5	7	9
6-10	37	45
11-15	33	40
16-20	4	5
>20	1	1
Total	82	100

Source: Primary data (2015)

The table above shows the number of years each respondent has spent at St.Kizito Hospital-Matany. It clearly indicates that out of the 82 respondents randomly selected, 7 of them had already spent 1-5 years in St.Kizito Hospital-Matany, 37 respondents had already worked for 6-10 years. Those respondents who had spent 11-15 years working in this Hospital were 33; those who had spent 16-20 years were 4 and finally those respondents who had worked for more than 20 years in St.Kizito Hospital-Matany was only 1.

From the above findings, the researcher concluded that St. Kizito Hospital-Matany has a tendency of retaining its employees within the Hospital due to the experience and trust they have among themselves. They only keep on transferring them from one department to another or from one sector to another but within the Hospital environment.

Table 4. 7: Effect of Labour Turnover in St.Kizito Hospital-Matany

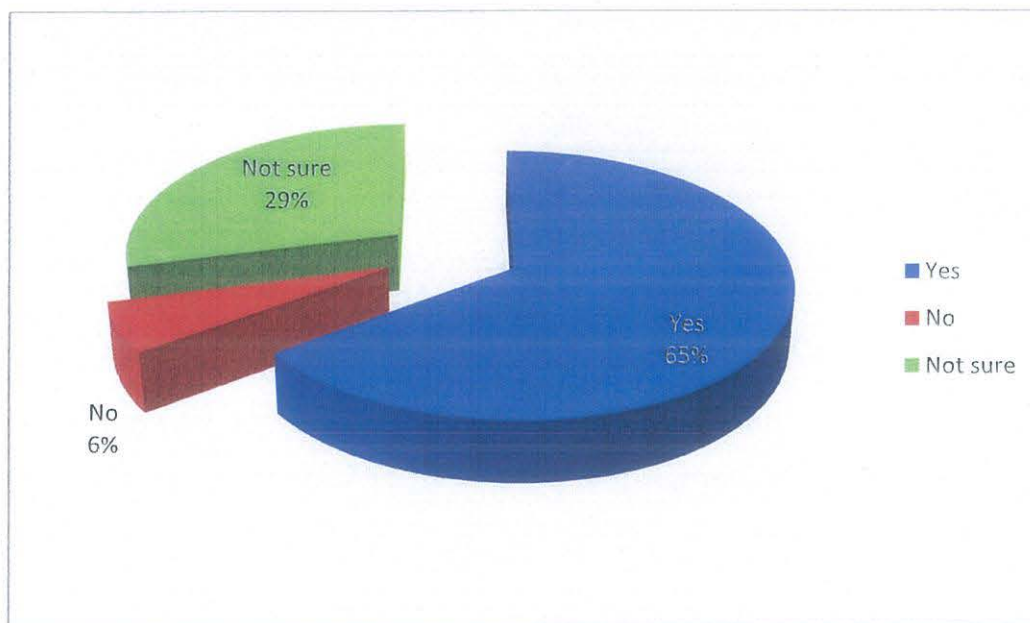
<i>Responses</i>	<i>Frequency (f)</i>	<i>Percentage (%)</i>
Yes	53	65
No	5	6
Not sure	24	29
Total	82	100

Source: Primary data (2015)

According to the table above, 53 of the respondents agreed that there is a great effect of labour turnover within the different departments or section of St. Kizito Hospital-Matany. This has resulted into work overload among continuing staff, overtime work schedule to cover the work

of the missing labour force among others. 5 respondents did not agree that there is any effect of labour turnover within the hospital and 24 of them were not sure

Figure 4. 6: Effects of labour turnover on the performance of St. Kizito Hospital-Matany



Source: Primary data (2015)

The pie chart above reveals that 53% of the respondents agreed that there is a felt negative effect of labour turnover within the different departments or section of St. Kizito Hospital-Matany. This has resulted into work overload among continuing staff, Overtime work schedule to cover the gap of the missing labour force among others. 5% of the respondents did not agree that there is any felt effect of labour turnover in St.Kizito Hospital-Matany and only 24% of them were not sure.

Table 4. 8: How the government collaborates effectively with the Hospital to overcome the threats of labour turnover.

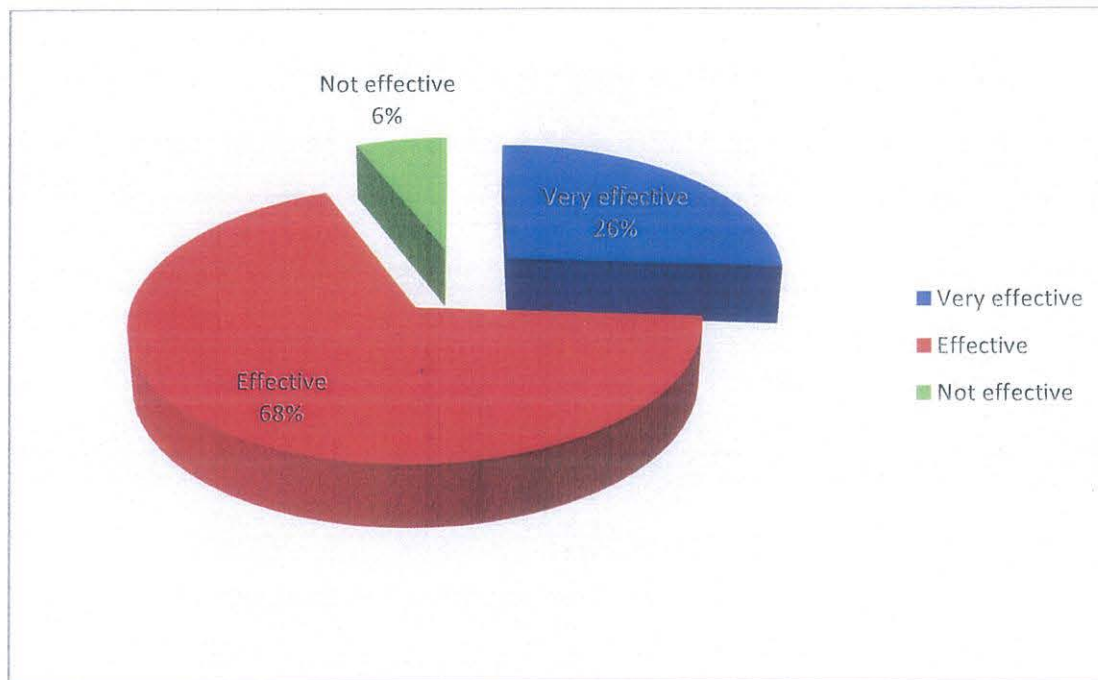
<i>Responses</i>	<i>Frequency (f)</i>	<i>Percentage (%)</i>
Very effective	21	26
Effective	56	68
Not effective	5	6
Total	82	100

Source: Primary data

More still, according to the table above, a total of 21 respondents said the government is very effectively involved or engaged in following up the principles of labour retention. According to them, since the government regulates the activities of all private hospitals in Uganda, they also engage in helping the hospital to overcome the negative outcomes of labour turnover which is a general threat to the National Health Sector.

A total of 56 respondents said the government does not really get very effectively in helping the private hospitals to overcome the negative outcomes of the labour turnover while on the other hand, a total of 5 respondents disagreed with the effective engagement of government in trying to overcome the threats of labour turnover of the private, Private Not For Profit Hospitals (PNFPs) as they argued that the way the (PNFPs) operate is quite different from the way the Government Hospital do hence they cannot be engaged in the same way.

Figure 4. 7: How the government hospitals collaborate effectively with PNFPHs to overcome Labour Turnover.



Source: Primary data (2015)

The pie chart above reveals that 26% of the respondents said the Government Hospitals are very effectively involved or engaged with St.Kizito Hospital in an attempt to mitigate the threats of labour turnover on the hospital's performance. According to them, since PNFPHs are also regulated by the government, there receive technical and financial support to reduce the labour turnover rates which tend to frustrate performance of Hospitals.

On the other hand, 68% of the respondents said the government does not effectively engage in any effort to overcome the threats of labour turn over in PNFPHs while 6% of the respondents disagreed with the effective engagement of the government in any attempt to overcome the problems of labour turnover in Private Not For Profit Hospital's because most of PNFPHs depend on donations from abroad to run their activities and besides that the operational policies of the two bodies are somehow different despite the claim that they are regulated by the government of Uganda.

Table 4. 9: Whether the retention Policy of PNFPs are in line with the Governments guidelines of Labour Retention.

<i>Responses</i>	<i>Frequency (f)</i>	<i>Percentage (%)</i>
Yes	47	57
No	12	15
Not sure	23	28
Total	82	100

Source: Primary data (2015)

This table reveals whether the retention Policy of St. Kizito Hospital is in accordance with the principles and guidelines of the government of Uganda provided by the Ministry of Health (MoH). It reveals that 47 of the total respondents saying yes it does. Only 12 respondents disagreed and only 23 of them were not sure.

4.2 Relationship between Labour Turnover and organizational Performance.

Explanatory studies were used to establish the relationship between labour turnover and performance of departments in St. Kizito Hospital-Matany. After different variables that influenced either way of performance of St. Kizito Hospital Matany as a result of labour turnover, it was observed that there was a significant relationship between Labour turnover and Staff performance in St.Kizito Hospital-Matany. The findings were pertained to the objectives and were presented and interpreted as shown hereunder:

The labour turnover of Health personnel in both government and Private Not for Profit Hospital had adverse negative effects at both sectors, as most health facilities in the country including the private are understaffed compared to the number of patients they receive. For instance Public Hospitals like Mulago are too overcrowded due to the fact that the ratio of Doctor to Patients is not proportionate to ensure that each patient receives medical attention on their first hour of arrival to the hospital. This due to the fact that most medical professionals keep on joining and leaving health units in an attempt to find better paying organizations. This phenomenon greatly affects the Private Not for profit Hospital whose finances are majorly got through oversea donation and subsidized charges on medical services which are greatly rendered to the patients at about 80% discount as compared to other private for profit hospitals. Besides that, there is also a

great migration of Uganda's Health personnel to better paying overseas countries like Trinidad & Tobago and due to that the health sector performance in Uganda is too low.

When this threat is left to interplay in the current situation of Uganda, we shall continue losing most of our personnel to other better paying countries overseas while the fate of majority poor who cannot afford a ticket and money for medication to follow those personnel abroad for medical attention will be left at the mercy of God. For instance in the past three months, Uganda lost most Cancer patients in the wards of Mulago as they were still mobilizing large sums of money to fly to countries like India for treatment where some Ugandan born Doctors are working because of attractive remunerations. Indeed this has exposed the poor performance of Uganda's health units which is out of a result of labour turnover.

Adopting effective employee retention policy is paramount if St.Kizito Hospital-Matany has to maintain and manage its employees from leaving the hospital for other better paying hospitals within the country or overseas. This can be done by putting in place good motivation strategies such as salary increments, a clear promotion policy, recognizing of both individual and team efforts at work, establishing attractive fringe benefits among others. This will tie the employees to the hospital as they endeavor to perform above the set standard in order to attract even more benefits from the Hospital Management.

In conclusion therefore, although Labour turnover has negatively affected performance in St.Kizito Hospital-Matany, it has also enabled the Hospital Management Team to train the employees on multi-tasking so as to cover up the gaps of the leaving employees and this has worked out well for them as employees work in multi-skilled and multi-purposed teams who perform almost all functions. Besides that it has enabled the hospital more skilled and more committed employees who are ready to wholeheartedly amidst the current existing conditions of the hospital.

This has also made the hospital administration to opt for capacity building programmes where it sponsors some competent employees for further studies in order to meet the current health care requirement necessary for counteracting various health challenges as well as closing the gap of labour turnover which has always been existing because of the absence of the mentioned inputs that would keep the employees tied to the organization with a dream of getting an opportunity for further studies.

4.3: The positive impacts of labour turnover to the performance of St. Kizito Hospital

There are numerous effects of labour turnover on the performance of organizations especially Health units they being government, private for profit or Private Not For Profit Hospitals. Some of these effects are as indicated on the table below.

Table 4. 10: Positive effects of labour turnover on the performance of St.Kizito Hospital-Matany.

<i>Challenges</i>	<i>Frequency (f)</i>	<i>Percentage (%)</i>
Recruitment of fresh, highly skilled personnel in the organizations.	50	61
Stimulates employee multi skill development aimed at filling the gap of the out gone employees.	17	21
Enables organizations to adopt more effective and efficient retention policy.	9	11
Stimulates employee work out put as they try to secure their current positions in their current organizations.	6	7
Total	82	100

Source: Primary data (2015)

The above table reveals that labour turnover on the other hand has numerous positive effects in the performance of organization as in the case of St.Kizito Hospital Matany, 50 of the respondents said it results recruitment of fresh, highly skilled personnel necessary for organizations good performance, hospitals, schools among others. 17 respondents said labour turnover also stimulates multi skill development program by organizations aimed at filling the gap of the out gone employees, 9 respondents believe it results to organization's adopting of more effective and efficient retention policy while 6 other respondents believe that it stimulates the positive synergy of hard work among employees as they struggle to secure their positions in their current employments.

The fact however remains that it is very necessary to control labour turnover and its adverse effects, management should know when to maintain labour turnover and why to maintain it. If the effect of labour turnover has positive effects on organizational performance, then it's good to maintain it, however if it is counterproductive to organizational performance, then it's better to control it.

Table 4. 11: Caused faced by St.Kizito Hospital-Matany in an attempt to control labour turnover.

<i>Challenges</i>	<i>Frequency (f)</i>	<i>Percentage (%)</i>
Limited financial resources to make the retention policy very effective.	47	57
Stiff competition from the similar organizations	29	35
Absence of effective government Policy to control the migration of health professionals abroad.	7	9
Others	5	6
Total	340	100

Source: Primary data (2015)

According to the above table, there are numerous factors that affect the implementation of labour turnover control strategies as 47 of the respondents who made a percentage of 57% limited financial resources by the Private Not for Profit Hospitals such as St.Kizito Hospital-Matany which majorly depend on donations from overseas friends and meager collections from subsidized medical charges. This indeed cannot enable the organization to implement its employee retention policy which in many circumstances is based on salary increment and other motivations such as recognition of individual and team performance which also go with a financial cost.

There were also 29 respondents who made a percentage of 35% who believed that stiff competition for employees from similar service providers frustrates attempts by St.Kizito Hospital to implement effective employee retention policy, This competition is majorly from government funded hospitals which have attractive remunerations for the health personnel and other fringe benefits as compared to St.Kiztio hospital which a private not for profit hospital, as well as completion from Private For Profit hospitals such as International Hospital Kampala (IHK) which is financially stable because they charge high amount of money on their patients in exchange for their services. 7 respondents who made a percentage of 9% believed that absence of an effective government policy to curb the migration of Ugandan born Doctors to overseas countries contributed to the ineffectiveness of St Kizito Hospital-Matany to adopt and implement effective employee retention policy this is because the open door policy gives a fertile avenue

from the native doctors to go for green pastures abroad and finally 5 of the respondents who made a percentage of 6% said there are also other factors that have affected the performance of organizations a part from the labour turnover.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the discussions and the findings from the previous chapters. It was on the basis of chapter four with reference to research objectives and the aid of literature review where the conclusions and recommendations were made. The four objectives of this study were to evaluate the relationship between performance and the labour turnover. The first objective was to identify the effects of labour turnover on the performance of St.Kizito hospital this assessed both the positive and the negative effects that performance can impact on the organizations performance, the second object of this study was To find out the correlation between the retention policy as provided by the Ministry of Health and that which is used by St.Kizito Hospital-Matany this was aimed at finding out whether there are some deviations from the retention policies which causes government hospitals to be retaining their employees as compared to the Private Not for Profit hospitals like St.Kizito Hospital-Matany, the third objective was To find out the government effort in trying to address the issue of labour turnover in St.Kizito Hospital-Matany, this is due to the fact that at times government has to intervene in addressing certain challenges among the Private hospitals. The fourth and the last objective were to identify the relationship between labour turnover and organizations underperformance. This is because it is believed that organizational underperformance is commonly out a result of competent and highly skilled employees leaving their current employments for other better avenues leaving the former employer vulnerable.

The analysis, evaluation and interpretation of the data and information found in the field were correctly performed; therefore, the conclusion and recommendation given below were precisely derived from the chapter and areas mentioned above.

5.1 Summary

Explanatory studies were used to establish the effect of labour turnover on the performance of organizations majorly on the performance of St. Kizito Hospital-Matany as a case study. Different variables that may affect the performance of organizations and St.Kizito Hospital in particular were thoroughly measured. It was observed that the effect of labour turnover is to a greater extent counterproductive on the performance of organization and most particularly on the case of St Kizito Hospital. This was because labour turnover leads to loss of highly competent, skilled and expertise employees to other organizations leaving the previous organizations vulnerable in high improved performance and besides that, it increases organizations' expenditure on recruitment exercises which are quite too costly and can cause financial underperformance as the cost of production increases and cash inflows and reserves decrease

The findings pertained to the objectives were presented and interpreted as shown below:

Majority of the employees at St. Kizito Hospital were males as they made a percentage of 77%. More still, many of the employees in the hospital were in the age group 41-50 as represented by a percentage of 44%. As concerning the marital status of the respondents/population, majority of them who made a total percentage of 52 were married while only 5% were divorced. As indicated on table 4.4 which shows the religious affiliation of the respondents, the biggest number of the population are the Catholic as shown by the total percentage 51% meaning that the biggest number of the employees in St. Kizito Hospital-Matany are the Catholics as other denominations are minimal. Regarding the academic qualifications of the respondents, majority of them who made a percentage of 48% possessed degrees and 45% had spent between 6-10 years in St.Kizito Hospital-Matany making the highest number of the respondents that had taken years working for the hospital.

The researcher has also found out that it is very important for every for every organization to control labour turnover and to rather adopt employee retention policy that will enable the organization to retain and improve on its highly skilled, competent and expertise employees. If the government together with all health providers including Public hospitals, Private for profit and private not for profit adopt a policy of keeping their employees in their current employments through provision of incentives and other fringe benefits which will make them feel contented

and never think of leaving their current positions for better paying jobs abroad, the health sector performance in Uganda will improve dramatically.

On the other when dysfunctional labour turnover is left to co-exist in the organizations, the organizations will be at a disadvantaged point as they will be losing quality personnel every month and years. This also comes with a cost of recruitment of new inexperienced employees who may require a very expensive training program which can also increase organizational expenditure. All this will lead to the underperformance of the organization on the key areas of the human resource as well as on financial performance.

Despite the fact that labour turnover is the major variable affecting organizational performance, there are also other factors that affect organizational performance for instance grievance handling procedure, fringe benefits, Equitable growth opportunities in as far as career development, Psychosocial related problems like family wrangles, internal conflicts in departments among others

5.2 Conclusion

It is of paramount importance for the organizations to consider mitigating the effect of labour turnover or avoiding the labour turnover at all costs if they are to continue to survive in today's competitive globe. Because in the current situation, successful organizations are those which are able to recruit, develop and retain their expertise personnel in their current positions in the organization, this is due to the fact that competition has become more complex that competitors even scout for employees from their current employers by promising them better remunerations from their organizations and other benefits better than the ones they are earning from their current employments.

It is therefore important for St.kizito Hospital Matny to establish an effective employee retention system to enable it control and avoid the adverse effects caused by labour turnover. St.Kizito Hospital-Matany should therefore improve on the fringe benefits; establish an effective career development program and efficient promotion criteria that will win the trust of its employees to remain working with it while anticipating possible chances of getting elevated to higher ranks.

5.3 Recommendations

On the basis of this research work performed, the researcher recommended the following with the aim of improving the application of labour turnover control mechanism and hence ensured that the policies, goals and objectives as well as the strategies practiced in mitigating the labour turnover negative effects on organizational performance are availed. The researcher therefore gave the following recommendation so as to have an effective labour turnover control mechanism in St.Kizito Hospital-Matany.

Establishing a sound effective retention policy in place, Organizations and St,Kizito Hospital in particular should adopt employee retention policy which is so effective enough to keep its current employees loyal and committed to the organization. This can be done by providing equal employment development opportunities to all employees to have chances of upgrading so as to meet the future work demands of the organizations. Indeed most employees believe in career development than financial rewards

Ensuring proper reward management based on rewarding hardworking and competent employees without any discrimination based on religion, tribe, sex, nationality or race. This will keep the employees not only hardworking but committed to the attainment of a common organizational goal. Most employees leave organizations due to the discriminative applicability of certain policies on them and as long as organizations continue with this, they will be heading to doom

Government should also put in place tough measures that will deter qualified Ugandan born doctors abroad while the home health sector at a great stake. This should be done by highly taxing the cash inflows of the Ugandan born Doctors working overseas and besides that restricting the migration offices and the ministry of internal affairs for availing travelling visa processing processes to the medical personnel without any other good reasons for travelling abroad other than searching for green pastures. However, the numerations of the health personal should also be re amended to attract the health experts to remain rendering their paramount services to their fellow countrymen. This will automatically address the cause of labour turnover and the impact it has on the health sector in Uganda and particularly St.Kizito Hospital Matany as the case study.

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APPENDIX A:

RESEARCH INSTRUMENTS

(a) QUESTIONNAIRES

Dear respondent,

I am a student at Kampala International University, pursuing a Bachelor's Degree in Human Resource Management. I am conducting a research on Effect of labour turnover over on organizational performance, a case study of St.Kizito Hospital-Matany. You are therefore kindly requested to fill in the right answers or tick the appropriate choice among the alternatives given. The information obtained will be handled with maximum confidentiality and shall be used only for study purposes. Do not indicate your name anywhere on this questionnaire.

SECTION A: BACKGROUND INFORMATION OF THE RESPONDENT

(Please, tick the most appropriate answer by putting the symbol "✓")

1) Gender

a) Male

☐

b) Female

☐

2. Age

a) 20-30

☐

b) 31-40

☐

c) 41-50

☐

d) 51 above

☐

3. Religion

a) Pentecost

☐

b) Catholic

☐

c) Protestant

☐

d) Moslem

☐

e) Others: Specify:

5. Marital status

a) Single

☐

b) Married

☐

c) Widowed

☐

d) Divorced

☐

6. Education level

a) Certificate ☐ b) Graduate ☐ c) Diploma ☐ d) Masters ☐

7. Number of years in service?

(a) 1-5 ☐ (b) 6-10 ☐ (c) 11-15 ☐ (d) 16-19 ☐
(e) Above 20 ☐

8. Do you realize any effect of labour turnover on the performance of St. Kizito Hospital?

(a) Yes ☐ (b) No ☐ (c) Not sure ☐

9. If No, do you think government has been effectively collaborative with the hospital to curb the rate of labour turnover?

(a) Very effective ☐ (b) Effective ☐ (c) Not Effective ☐ (d) Not Sure ☐

10. Do you think the hospitals' retention policy is effectively in line with that of the government hospitals?

(a) Very Effective ☐ (b) Effective ☐ (c) Not Effective ☐

11. Do you think there are some positive effects of labour turnover on the performance of St.Kizito Hospital-Matany?

(a) Yes ☐ (b) No ☐ (c) Not sure ☐

12. If yes, List down some of the noticeable positive effect of labour turnover on the performance of the hospital?

(a).....
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(b).....
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(s).....
.....

(d).....
.....

13. What are some of the challenges faced by St.Kizito Hospital-Matany in an attempt to control the labour turnover and its adverse effects on its performance?

(a).....
.....

(b).....
.....

(c).....
.....

14. What are some of the measures that should be adopted to counteract the above?

(a).....
.....

(b).....
.....

(c).....
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(b) INTERVIEW GUIDE

1. May you please briefly tell me about the following?

- a) Age
- b) Religion
- c) Marital status
- d) Education level
- e) Number of years in service?

2. In your opinion, how is the performance of UPE schools in Napak District since its inception?

3. If it's not satisfactorily, what do you think it's missing and should be put into consideration to improve performance of UPE schools in their PLE?

4. Do you think the District Education committee and Parents Teachers Associations (PTAs) collaborate in executing policies meant to improve performance of UPE schools in PLE in Napak?

5. What challenges could be faced by the DEC and PTAs in attempting to improve the performance of UPE schools in PLE performance in Napak?

6. What are some of the measures to be taken to overcome the above challenges?

7. Do pupils have interest to learn or they are only forced by their teachers and parents?

8. If no, what are some reasons they give for their lack of interest in learning?

APPENDIX B

THE TIME FRAME OF THE STUDY

ACTIVITIES OR STAGES IN THE RESEARCH PROCESS	APRIL 2015	MAY 2015	JUNE 2015
Identifying the research topic and problem			
Proposal writing			
Preparation of instrument and pre-testing instruments			
Collection of research data			
Analyzing and interpreting the data			
Writing the research report			
Submission of research report			

SOURCE: *From the researcher.*

APPENDIX C

BUDGET FOR THE STUDY

ITEMS	COST (UGX)
The cost of stationary: Pens, files, Sets, rulers, Ream papers	35,000
Travel and communication expenses for distribution of questionnaires and data collection.	250,000
The cost of computer use: Internet, typing, printing and photocopying	100,000
Subsistence allowance, for examples, Breakfast and Lunch	100,000
TOTAL	485,000

SOURCE: *From the researcher.*

APPENDIX D

CURRICULUM VITAE

PERSONAL DETAILS

Name	Loyep Stephen
Nationality	Ugandan
Gender	Male
Date of birth	25 th /11/1988
Place of birth	Ngoleriet Sub-County, Napak District
Place of residence	Napak
Religion	Christian(Catholic)
Profession	BA Human Resource Management
Marital status	Single
Telephone number	+256-781-671-752/+256-755-075-050
Email address	lsteven1988@gmail.com

LANGUAGE PROFICIENCY

Languages spoken	Written	Spoken
English.	Good	Good

<i>Ngakarimajong</i>	Excellent	Excellent
<i>Kiswahilli</i>	Fair	Good

PERSONAL ATTRIBUTES/COMPETENCES

- Strong communication and analytical skills.
- Excellent planning skills
- Ability to command respect.
- Excellent interpersonal and team work skills.
- Trust and wide acceptance by the community.
- Diplomacy, tact, and negotiating skills.
- Capacity to work with senior personalities
- Literacy, numeracy and record keeping skills
- Ability to work under tight deadlines.
- Ability to ride with a valid riding permit.

CAREER OBJECTIVES

gradually develop into a fully-fledged professional of high moral standing who significantly contributes to a profession as a whole.

actively contribute to my employer's high standards of service and/or product delivery through my own effort and effort of professionally managed organizational resources.

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EDUCATIONAL BACKGROUND

YEAR	INSTITUTION	COURSE/AWARD
2012-2015	Kampala international university	Bachelors of Human Resource Management
2010-2011	Bright Future SS Kaliro	Uganda Advanced Certificate of Education
2004-2007	Moroto High School.	Uganda certificate of education
1996-2002	Kalotom P/S	Primary Leaving Education

OTHER TRAININGS & PARTICIPATIONS

- 2007. Information & Communication Technology training conducted in Moroto VSAT Telecentre.
- Nov/23rd Public Dialogue Discussion on the Uganda that the students want held at Kampala International University

/April/17th, Inter-University Anti-Corruption Training Workshop held at Kampala International University.

BridgetHead24 Inspirational Capacity Building Workshop held at Kampala International University

/March/5th Research Methodology Training workshop held at Kampala International University

/April/25th Academic training organized by Global Health & HIV AIDS Initiatives Uganda at Kampala International University

WORK EXPERIENCE:

• **Feb-Dec, 2009. Samaritans' Purse International Relief Uganda, Moroto Field Office.**

Position: Volunteer

Duty Station: Moroto District.

Duties and Responsibilities

- Food security data collection. To ensure that data is collected per household.
- Household verification to ensure that data collected is genuine & reliable.
- General Food and seed distribution in Moroto & Napak District. To ensure that households receive their food rations as per the data given.
- Community Mobilization. To ensure that mobilization is done in advance to the time of distributing food and Health sensitization.

• **Jan-March, 2009. United Nations World Food Programme Moroto Field Office**

Position: Data Entrant (United Nations World Food Programme (UNWFP))

Duty station: Moroto District

Duties and responsibility

- Emergency Operations/relief. To ensure that there is an effective emergency team.

- Food Nutrition Security. To ensure that there is close monitoring of Nutrition trends in the region and sensitizing the natives on the nutritious foods they should be giving to children.
- Food security data entry. To ensure that the food security data is up-to-date to enable the organization prepare earlier for the hunger and nutrition emergencies.
- Data Evaluation. To ensure that the data collected is relevant and valid so as to avoid underestimation and overestimation of food supply.
- Household card supply. To ensure effective, efficient and non discriminative supply of household food coupons to the beneficiaries.
- Community mobilization. To ensure that communities are well mobilized early before the implementation of any programme by the organization.

• **February 2008-Jan 2009 Uganda Redcross Society Moroto Field Office**

Position: Volunteer

Duty Station: Moroto District Field Office

Duties and responsibility

- Mobilization of the community for health promotion programme
- Collecting data from disaster areas. To ensure that the data collected is accurate and genuine.
- Distribution of non food items to the disaster affected areas. To ensure that the non food items reach the target population.
- Writing final reports of the programme. To ensure that weekly reports are being written and presented on Fridays for reviews.
- Supervising Community level project
- Interacting with local government officials about projects

REFEREES

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Mr.Mugume Tom

Head of Department Human Resource & Supply Management

Kampala International University

P.o Box 20000

Ggabba Road

I, LOYEP STEPHEN, hereby declares that, all the information given is truly personal.

Yours Sincerely

Sign

Loyep Stephen

Tel: +256-781-671-752

Email: lsteven1988@gmail.com