

<https://doi.org/10.59298/NIJPP/2024/52394819>

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Factors Affecting the Performance of Health Workers in Nsiika Health Center IV, Buhweju District

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ABSTRACT

Health systems can only function with health workers improving health service coverage and realizing that the right to the enjoyment of the highest attainable standard of health is dependent on their availability, accessibility, acceptability, and quality. This study assessed the factors affecting the performance of health workers in Nsiika Health Center IV in Buhweju district. A descriptive cross-sectional study employing the quantitative method of data collection was employed with a sample size of 36 health workers working at different departments of Niika Health Center IV. They were chosen by a convenient sampling technique. Collected data were analyzed using Statistical Package for Service Solutions (SPSS) version 22.0. Data were analyzed and presented as frequency and percentage in the form of tables, figures, and charts. Out of 36 participants, 18 (50.0%) were within the age bracket of 29-34 years, 22 (61.1%) were females, and 16 (44.5 %) of the participants reported good skills in assessing patients. 22 (61.1%) indicated that they are motivated working as a team, 17 (47.2%) of the participants said their workload is high, 19 (52.8%) of the participants said they have a moderate relationship with their fellow workers, 27 (75.0 %) said equipment can sometimes be missing. In conclusion, health workers' performance was greatly affected by both individual-related factors, health facility-related factors, and environmental factors which include; inadequate allowances, poor salary increments, and poor staff development programs, crushing workload as well as receiving inadequate feedback from supervisors.

Keywords: Performance, Health Workers, Buhweju District, Health Centre

INTRODUCTION

According to the World Health Organization (WHO), "Health workers are all people engaged in work actions whose primary intent is to improve health, including doctors, nurses, midwives, public health professionals, laboratory technicians, health technicians, medical and non-medical technicians, personal care workers, community health workers and healers and traditional medicine practitioners [1]. Health systems can only function with health workers; improving health service coverage and realizing that the right to the enjoyment of the highest attainable standard of health is dependent on their availability, accessibility, acceptability, and quality [2]. The performance of a health organization depends on the knowledge, skills, and motivation of staff therefore employers are supposed to provide a suitable working environment to ensure adequate performance of the HWs. It's noted that HCs are underperforming due to insufficient health personnel that's under-staffing making it a constraint in achieving the Millennium Development Goals (MDGs) for reducing poverty and diseases [3]. WHO estimates a projected shortfall of 10 million health workers by 2030, mostly in low and lower-middle-income countries including Uganda due to the increasing international migration of health workers particularly in those low and lower-middle-income countries hence leading to scarcity of health workers [2]. The World Health Organization defines the performance of health workers to be a combination of staff being present (retained and available), staff being competent, productive, and responsive to the patient's needs. It is widely acknowledged that health workers are not producing the desired output of health interventions. This is likely to be due to various factors [4]. These factors hinge mainly on employee dissatisfaction and related attitudes towards work. The situation is even more serious in developing countries where working conditions are unattractive [5]. This poor performance of health workers has daunting implications such as maternal and infant mortality, infectious diseases, and communicable illnesses, and providing essential basic services like vaccination remains an uphill battle [1]. In 2020, the global workforce stock was 29.1 million nurses, 12.7 million medical doctors, 3.7 million pharmacists, 2.5 million dentists, 2.2 million midwives, and 14.9 million additional occupations [6]. Of approximately 3.6 million health workers in Sub-Saharan Africa, 37 % are nurses and midwives, 9% are medical doctors, 10% are laboratory personnel, 14% are community health workers, 14% are other health workers, and 12% are administrative and support staff [7]. Evidence revealed that competent, motivated, and skilled healthcare providers are cornerstones for better performance of healthcare organizations. The dearth of healthcare providers in the healthcare system poses increased workload challenges on providers and reduces

individual performances which in turn will be an obstacle to achieving local or international development goals [8]. With the growing global recognition of the role of health workforce, the United Nations Sustainable Development Goals (SDGs) defined a specific target in SDG3.c 'to increase recruitment of health workforce, especially in least developed countries and Small Island developing states (SIDS)' [8]. Despite that fact that the Ministry of Health (MOH) introduced a CHW program known as the Village Health Team (VHT) strategy as part of the Uganda National Minimum Health Care Package (UNMHCP) of which they contributed to increasing health awareness, demand, and utilization of health services, and significantly led to decongestion at health facilities as they treat minor illnesses promptly [10]. But the problems exist regarding their level of performance and retention. Supportive supervision, recognition, training, equipment, and supplies have been identified to be critical elements affecting the level of activity and retention of HWs [11]. The current status of the performance of the health workers in Uganda and Nsiika HC IV, 2 Buhweju district in particular is not precisely known. This therefore necessitated the study to assess the Factors Affecting the Performance of Health Workers in Nsiika Health Center IV, Buhweju District.

Purpose of the study

The purpose of the study was to assess the factors affecting the performance of health workers in Nsiika Health Center IV in the Buhweju district.

Research Methodology

Study Design and Rationale

The study design was cross-sectional and descriptive employing quantitative methods of data collection. This helped to capture information from health workers to obtain primary data at a single encounter with the respondents. This research design was used because the researcher believed that it could produce the required data for the study.

Study Area and Rationale

The study was carried out at Nsiika Health Center IV, which is located in Nsiika Town Council Buhweju district. Nsiika Health Center IV offers both outpatient and inpatient cases with a referral point to Mbarara Regional Referral Hospital. The services run from Monday to Friday, outpatient, and from Monday to Monday, inpatient. Nsiika Health Center IV has approximately 70 beds and sees up to 100 outpatients a day. It has approximately 50 health workers and these include doctors, clinical officers, nurses, midwives, public health professionals, laboratory technicians, health technicians, personal care workers, and community health workers.

Study Population

The study included all the health workers at Nsiika Health Center IV who were available during the data collection period.

Sample Size Determination

The sample size was determined using the formula for simple random sampling using a single proportion thus:

$$N = \frac{z^2 pq}{e^2}$$

Where N=Sample size, z=value corresponding to 95% confidence level of significance =1.96

P=expected proportion of health workers affected 50% =0.5, q=1-p 1-0.5 q=0.5

Therefore, from the equation, $N = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2}$

N=384

Since my sample size is less than 10000, and data collection was for only 14 days, the researcher reduced the sample size as follows.

$$nf = \frac{N}{1} + \frac{N}{n}$$

$$nf = \frac{384}{1} + \frac{384}{40}$$

nf=36 respondents

Therefore, the sample size was 36 participants. The samples were obtained from various departments of health centers

Sampling Procedure

The non-probability purposive sampling technique where the researcher only involved health workers because they were believed to be knowledgeable about the topic followed by the convenience sampling technique where every health worker was interviewed at his convenience time. The researcher will be guided by the health center's administration to identify the eligible respondents at the health center.

Inclusion Criteria

All health workers of Nsiika Health Center IV who were present at the time of data collection and consented to participate in the study were enrolled.

Exclusion Criteria

Those who were not feeling well and were mentally incapacitated and those who did not consent to the study.

Definition of Variables

A variable is anything capable of having different values. The study was guided by dependent and independent variables.

Dependent Variables

Health performance

Independent Variables

Individual factors

Healthcare management system factors

Environmental factors

Research Instrument

Interviewer-administered semi-structured questionnaires were used to collect data from the participants. The questionnaires have both open and closed-ended questions covering different aspects of the objectives. The questionnaires were used because they ensure privacy which enables the respondents to express views concerning the topic of study honestly. The questionnaires comprised of three sections; Section A which was individual factors, Section B which was health care management system factors and Section C which was environmental factors. The questionnaires were written in English because all the participants knew English. The questionnaire was pretested from Kampala International University Teaching Hospital among five participants for adjustments before it was implemented on the final participants.

Data Collection Procedure

After obtaining an introductory letter from the REC KIU-SONS, it was then presented to the personnel in charge of Nsiika Health Center IV who granted the permission to proceed with data collection. Consent to participate in the study was obtained from the participants. Participants who consented to participate in the study were interviewed using the interviewer-administered questionnaire which was written in English. After completing, the participants were thanked for participating in the study and they were reassured that all the information provided would be kept confidential. The process of data collection happened in two weeks.

Data Management

Each questionnaire was checked immediately after the interview for completeness by the researcher. At the end of data collection, the data were entered into SPSS software version 22.0. Data cleaning was done and was pass-warded to avoid a breach of confidentiality.

Data Analysis

Collected data were analyzed using a computer software called Statistical Package for Service Solutions (SPSS) version 22.0. Data were cleaned analyzed and presented as frequency and percentage in the form of tables, figures, and charts.

Ethical Consideration

A letter of introduction was obtained from the Research Ethical Committee, KIU School of Nursing Science after approval of the research proposal. The letter introduced the researcher to the personnel in charge of Nsiika Health Center IV seeking permission to carry out the study. The importance of the study was explained to the participants before enrollment and only those willing to participate were enrolled after consenting to take part. Confidentiality was assured and highly observed.

RESULTS

Socio-demographic Characteristics of the Participants

Table 1: Showing the Socio-demographic characteristics of the participants (N=36)

Variables	Frequency (N)	Percentage (%)
Age group in years		
<29 years	13	36.1
29-34	18	50.0
35 and above	5	13.9
Sex		
Male	14	38.9
Female	22	61.1
Qualification		
Bachelor's degree	2	5.6
Diploma holders	15	41.6
Certificate holders	17	47.2
Nursing Assistant	2	5.6
Years in service		
< 2 years	6	16.7
2 years and above	30	83.3
Current employment status		
Permanent	36	100.0
Current department/ward		
Outpatient	13	33.3
Maternity	12	5.6
Paediatric	2	11.1
In-patient	4	36.1
Laboratory	5	13.9

The table above showed that the majority of the participants 18 (50.0%) were within the age bracket of 29-34 years whereas only 5 (13.9%) were 35 years and above. More than half 22 (61.1%) were females as compared to only 14 (38.9%) who were males. Nearly half 17 (47.2%) had certificates whereas the number of participants who had bachelor's and nursing assistants were the same at 2

(5.6%) respectively. More than ¾ of the participants 30 (83.3%) had spent more than 2 years in practice as compared to only 6 (16.7%) who had spent less than 2 years. All the participants 36 (100.0%) were permanently confirmed on their employment. Most of the staff were working in the Outpatient department whereas only 2 (11.1%) were working in the pediatric ward.

Individual-Related Factors Affecting Health Worker's Performance

Table 2: Showing the Individual related factors affecting health worker's performance (N=36)

Skills and Abilities	Frequency (N)	Percentage (%)	Page
Skills in assessing clients			4
Average	8	22.2	
Good	16	44.5	
Very good	12	33.3	
Clinical competence			
Good	21	58.3	
Very good	15	41.7	
Time management abilities			
Average	9	25.0	
Good	15	41.7	
Very good	12	33.3	
Interpersonal skills			
Average	7	19.5	
Good	21	58.3	
Very good	8	22.2	
Skills in supervising other health workers			
Average	8	22.2	
Good	16	44.5	
Very good	12	33.3	

According to the table above, 16 (44.5%) of the participants reported good skills in assessing patients and minority 8 (22%) reported having an average skill in assessing patients. More than a half of the participants 21 (58.3%) said they had good clinical competence while 15 (41.7%) indicated very good clinical competence. Additionally, 15 (41.7%) mentioned good time management abilities while 9 (25.0%) indicated average time management skills. Majority of the participants 21 (58.3%) indicated good interpersonal skills and minority 7 (19.5%). Most participants 16 (44.5%) reported good skills in supervising others while 22.2% had average skills in supervising others.

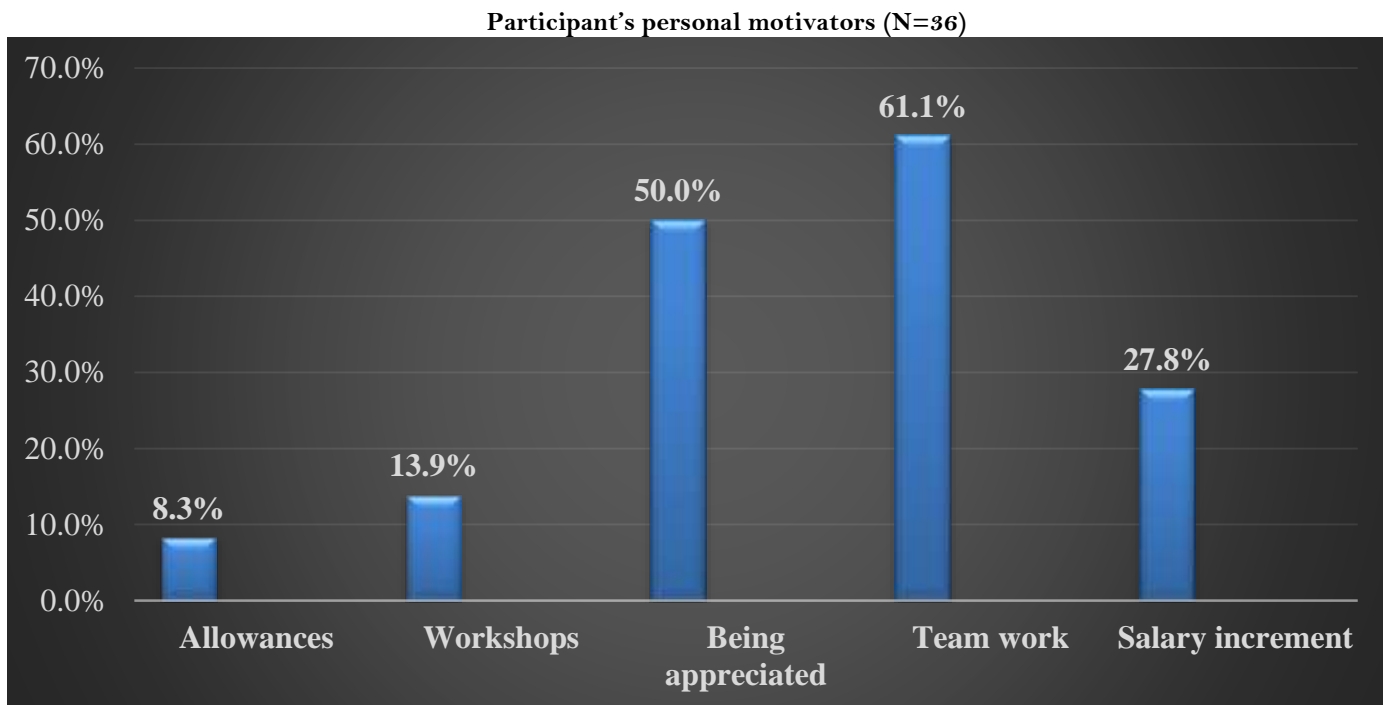


Figure 1: Showing participant's motivators

This study also indicated that the majority of the respondents 22 (61.1%) were motivated when they worked together as a team while only 3 (8.3%) mentioned allowances.

Healthcare Management System Factors Affecting Health Worker Performance

Table 3: Showing Health care management system factors affecting health worker's performance (N=36)

Variables	Frequency (N)	Percentage (%)
Freely share concerns with your supervisor/managers		
Yes	19	52.8
No	17	47.2
Supervisor do understand your job and the challenges you face		
Yes	29	80.6
No	7	19.4
Have enough time to complete your daily task		
Yes	10	27.8
No	16	72.2
Have a flexible schedule		
Yes	5	13.9
No	31	86.1
Involved in health center management		
Yes	12	33.3
No	24	66.7
Well-defined job description		
Yes	28	77.8
No	8	22.2
Always receive adequate support from your supervisors in performing your work		
Yes	20	55.6
No	16	44.4
Always receive adequate feedback from your supervisors/managers		
Yes	9	25.0
No	27	75.0

According to the table above, the majority 19 (52.8%) said they are very free with their supervisors and can easily share their concerns while only 17 (47.2%) said they were not free with their supervisors. More than $\frac{3}{4}$ 29 (80.6%) of the participants said their

supervisors understand their job description and challenges. Most of the participants 26 (72.2%) said they don't have enough time to complete their daily responsibilities as well as majority 31 (86.1%) said they don't have a flexible schedule unlike only 5 (13.9%) said they do have flexible schedule. More than half 24 (66.7%) said they were involved in any health center management whereas only 12 (33.3%) said they were involved in health center management. About 3/4 28 (77.8%) said they have a well-defined job description while only 8 (22.2%) said they don't have a well-defined job. Half 20 (55.6%) said they always received adequate support from their supervisors while 16 (44.4%) haven't received any support from their supervisors. 27 (75.0%) received inadequate feedback from their supervisors always while only 9 (25.0%) said they received adequate feedback from their supervisors.

Environmental Factors Affecting Health Worker's Performance

Table 4: Showing Environmental factors affecting health worker's performance (N=36)

Variables	Frequency (N)	Percentage (%)
Workload of participants		
Low	7	19.5
Moderate	12	33.3
High	17	47.2
Workload affects your performance		
Yes	30	83.3
No	6	16.7
Description of work infrastructure		
Convenient	12	33.3
Not Convenient	24	67.7

According to this study's findings, the majority 17(47.2%) of the participants said their workload is high while only 7(19.5%) said their workload is low. Most of the participants 30(83.3%) said this workload affects their performance while only 6(16.7%) said it doesn't affect their performance. For most of the participants 24(67.7%) the description of their work infrastructure was not convenient while only 12(33.3%) said it was convenient.

Relationship With Other Workers

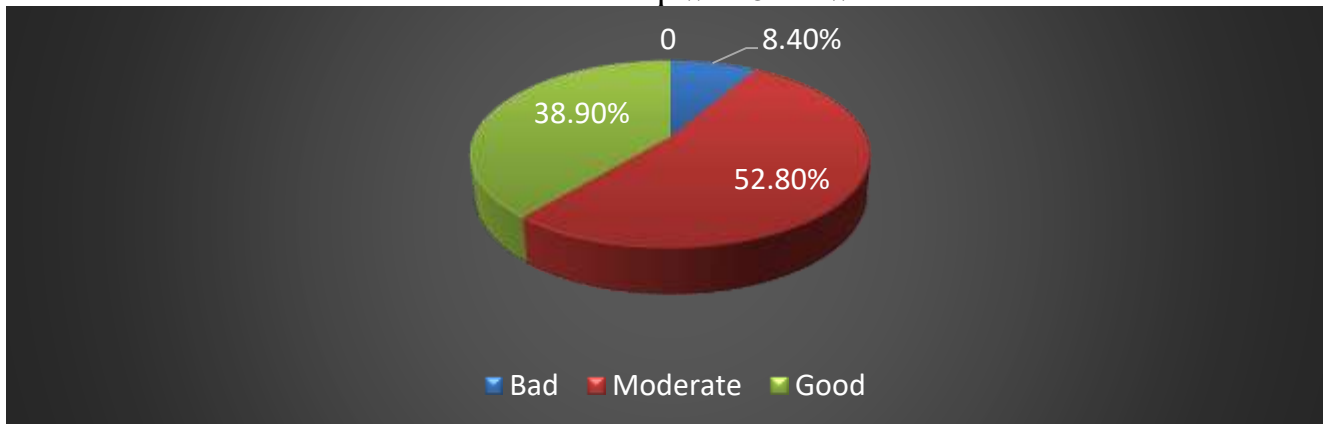


Figure 2: Showing the relationship with other workers

Availability Of Medical Supplies at The Health Facility

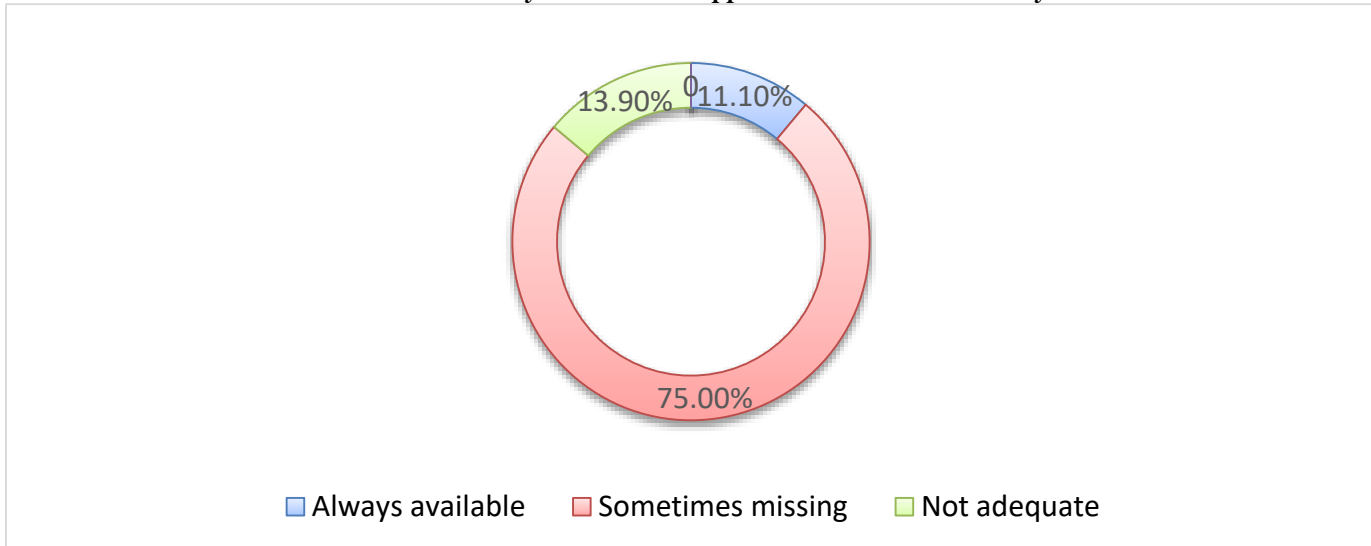


Figure 3: Showing the Availability of medical supplies at the health facility (N=36)

The majority of the participants 27(75.0%) said the equipment can sometimes be missing whereas only 4(11.1%) said the equipment is always available at the health facility.

DISCUSSION

Individual Factors Affecting the Performance of Health Workers

According to this study, it was found out that 16(44.5%) of the participants reported good skills in assessing patients and minorities. This could be explained by the fact that all the participants were active health workers applying these skills in their roles and their knowledge was still intact. This is in line with the findings of a study conducted on over 182 respondents which showed that job performance was good across all the public health facilities with more than half of the health workers performing well [12]. This study also found that 21(58.3%) had good clinical competence. This could be due to the number of years they spent in practice since most of them 83.3% had taken more than 2 years in practice. This conforms to a study done by Okoroafor et al., [13] a qualitative description of primary healthcare workers' perspectives in Nigeria which stated that skills and abilities dictate the capability of an individual to perform tasks as required. This study also found out that the majority of the participants 21(58.3%) indicated good interpersonal skills. This could be because both have had a good time together hence, they are used to each other. This corresponds to the finding by Sharma et al., [14] performance relies on internal motivation but the presence of internal factors such as necessary skills, intellectual capacity, and resources to have an impact. This study also indicated that the majority of the respondents 22(61.1%) were motivated when they worked together as a team. This could be due to the setup of the hospital. This agrees with another study which showed that in addition to the individual characteristics, several circumstantial and altitudinal factors are positively associated with performance through motivation [3]. Organizational commitment, job satisfaction, and work-related attitudes, values, and beliefs are particularly important factors for performance. This is also in line with another study which showed that staff development and ongoing education help workers to keep abreast of rapid changes in health care and achieve skills that enable them to provide high-quality care. Education also offers workers the chance to deepen their knowledge of particular topics or specialties and as a result, feel competent to perform [15]. This study also found that the majority of the respondents 22(61.1%) were motivated when they worked together as a team while only 3(8.3%) mentioned allowances. This could be due to being a government hospital where most of the payment is from the government. This contradicts a study done by Acheka [7] where they said workplace incentives. The organization determines what motivates its employees and sets up formal and informal structures for rewarding employees for behaving in that way. Studies in some Sub-Saharan countries showed that the overall performance of professional health workers is poor not only due to working environment factors but also due to lack of human resource management aspects such as recognition of employees who perform well, poor working conditions, absence of performance appraisal system and poor feedback on performance outcome [7].

Health Management System Factors Affecting the Performance of Health Workers

According to this study, the majority 19(52.8%) said they are very free with their supervisors and can easily share their concerns. This could be due to them working as a team to achieve the goal. This is in line with a study done by Acheka [7] showed that low motivation in terms of salaries, public appreciation, and non-involvement in management among other species is seen as the second most important health workforce problem after staff shortages and concerns existing human resources, the low level of health worker motivation has often been identified as a central problem in health services delivery [7]. For example, the results from a

survey undertaken by GTZ among representatives of ministries of health the GTZ staff from 29 countries [16]. More than ¾ (80.6%) of the participants said their supervisors understand their job description and challenges. This corresponds to a study according to Yasir et al., [17] where job definition was also important, not only in terms of affecting general satisfaction and organizational commitment but also for supervision and how staff assessed how they were getting along. More than half 24(66.7%) said they were involved in any health center management whereas only 12(33.3%) said they were involved in health center management. This study finding also showed that ¾ 28(77.8%) said they have a well-defined job description. This could be due to their flexibility to work with their supervisors. This conforms to a study by Yasir et al., (2022), job definition was also important, not only in terms of affecting general satisfaction and organizational commitment but also for supervision and how staff assessed how they were getting along [17]. This study's findings also revealed that half 20 (55.6%) said they always received adequate support from their supervisors 27(75.0%) received inadequate feedback from their supervisors. This could be due to the nature of the management of the facility which is supportive. This corresponds to a statement which said, health workers also reported that they were encouraged by getting results from their work, being useful to society, and taking care of people. In Tanzania, although physical infrastructure and equipment were reported as being de-motivating factors, the need to feel valued and supported was much greater [6]. And also, another study points out goal-setting as affecting health service delivery [18]. Employees are involved in setting meaningful goals and performance measures for their work. This can be done informally between the employees and their immediate supervisors or as part of an organization's formal performance management process. This is also in line with a study indicating that supervisor's support is crucial for health service delivery among health workers. The supervisor's interpersonal role is important to encourage positive relations and increase the self-confidence of the employee and in return improve performance. Skilled and respected people are available to employees to help them perform better in their current roles and to assist them develop further into future roles. Immediate supervisors act as advocates for them to be able to do good and provide positive encouragement for a job well done [17].

Environmental Factors Affecting the Performance of Health Workers

This study also revealed that the majority 17(47.2%) of the participants said their workload was high. This could be due to a shortage of staff at the facility. This is in line with the result from an earlier study where it was noted that poor performance may result from too few health workers or from health workers providing substandard care that is not responsive to the needs of the clients [11]. Additionally Okoroafor et al., [13] revealed that some of the health service delivery problems may be attributed to factors such as unclear expectations, skills deficit, resource or equipment shortages, and lack of motivation among others. This study also found out that most of the participants 24 (67.7%) said the description of their work infrastructure was not convenient. This could be because they are still new in the system hence, they haven't understood the full system of the organizations.

This study also revealed that the majority 19(52.8%) of the participants said they have a moderate relationship with their fellow workers. This is in line with a study done in Nigeria shows that working environment factors such as interpersonal relationships, availability of tools and equipment to work with, managerial fairness, and support for staff welfare appear to play a significant role in affecting health workers' performance and this agree with findings done in Jimma Town, Oromia Region, South-West Ethiopia [8]. This study also highlighted that the majority of the participants 27(75.0%) said the equipment can sometimes be missing. Being a newly upgraded hospital some of the equipment is still being installed. This is in line with Al-Ahmadi, [19] which posited that psychological methods of improving employee productivity are great, but they are useless without the right tools. And the right tools mean the right technology. For an employee to be efficient and productive in today's job environment means equipping employees with the right gear. Health facilities, that ignore the necessity for tools like drugs, and equipment, will run the risk of diminished employee productivity.

CONCLUSION

Going with the findings of the study, health workers' performance was greatly affected by both individual-related factors, health facility-related factors, and an array of environmental factors.

Recommendations

The Ministry of Health and Social Services should ensure the availability of basic supplies and materials, maintenance of equipment and replacement of old equipment, and appropriate protective gear such as glove

The hospital administration should devise a means of motivating their Staff to improve their performances such as salary increments. Ongoing two-way communication should be encouraged throughout the cycle. The health services managers must provide regular and constructive feedback to the healthcare workers regarding their performance.

Study limitation

Cost, the researcher encountered financial constraints in gathering information from the internet and libraries, drafting questionnaires, printing, and typing costs. However, the researcher resolved this by developing a budget and following it to enable operation within the available limits. The researcher also encountered time constraints in the course of the study, balancing the research study, other demanding coursework, and family responsibilities. The researchers, however, developed a work plan for the activities to avoid serious time incontinences

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CITE AS: Abura Geoffrey, Mubarak Alhassan and Bagoora Cissy (2024). Factors Affecting the Performance of Health Workers in Nsiika Health Center IV, Buhweju District. NEWPORT INTERNATIONAL JOURNAL OF PUBLIC HEALTH AND PHARMACY, 5(2):1-9