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**Effectiveness of Progressive Disciplinary Mechanisms on Discipline of Health Workers in Kitgum, Agago and Gulu Districts**

Health workers' indiscipline in Uganda has been one of the major hindrances to access to quality healthcare services. Many forms of indiscipline like late coming, absenteeism, insubordination, corruption, negligence of duty, pilferage of drugs, rudeness to patients, drug and substance abuse and falsification of medical records, among others, have been reported among health workers. However, these vices take place in the presence of various progressive disciplinary mechanisms such as corrective counselling, verbal and written warnings, suspension and termination meant to address them. This study was, therefore, conducted in two government hospitals (Kitgum General and Gulu Regional Referral Hospitals) and two PNFP hospitals (St. Joseph Hospital, Kitgum and Dr. Ambrosoli Memorial Hospital, Kalongo) to assess the effectiveness of progressive disciplinary mechanisms on health workers' discipline and the resultant effect on performance. The study adopted a cross-sectional study design where data were collected and analysed both qualitatively and quantitatively. The respondents included hospital boards, top management, disciplinary committees and health workers of respective hospitals. Two hundred and seventy seven questionnaires were administered to respondents while members of top management, hospital boards and disciplinary committees were interviewed. Disciplinary records were analysed for common disciplinary problems and disciplinary mechanisms applied to address them. Focus group discussions were conducted among selected health workers.

The findings indicated that indiscipline was wide spread among the hospitals. Late coming, absenteeism, corruption, insubordination and drug and substance abuse (drunkenness in particular) were the top most disciplinary problems, in that order. Use of politics to address administrative 30 questions was highlighted as upcoming indiscipline among health workers. None of the hospitals treated misuse of ICT devices to commit cybercrimes as a form of indiscipline. Indeed, the health workers had limited knowledge on computers. Corrective counselling, verbal and written warnings, and suspension were the commonly applied progressive disciplinary mechanisms. Termination was more applied in PNFP hospitals compared to government hospitals. However, government hospitals used transfer and freezing of promotion as disciplinary mechanisms much as they are not explicitly stated among disciplinary measures. Political interference was noted as a major hindrance in managing discipline of health workers in government hospitals. Health workers lamented the inadequate dissemination of disciplinary information to them, making them fall victims of disciplinary actions. They also said health managers were inconsistent and unfair in application of progressive disciplinary mechanisms, citing favouritism and leniency to senior health workers. Only Gulu Regional Referral Hospital was found to have a functional disciplinary committee. Health workers' discipline was found to be better managed in PNFP hospitals than in government hospitals as managers of the former hospitals had more powers within their jurisdiction to manage indiscipline compared to the latter that had to go through laborious and bureaucratic procedures, let alone political interference, before actions could be taken. However, all health managers were found to have inadequate knowledge, skills and competence to handle health workers' discipline hence the need to train them.

**Key Words: Effectiveness, Progressive, Disciplinary Mechanisms, Health Worker, Kitgum**