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Original Article

Continuance commitment and health service delivery. A cross-sectional study in Sironko District Local Government.

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Abstract

Background:

Continuance commitment is defined as the extent to which employees remain with an organization due to the perceived costs of leaving, including loss of income, benefits, job security, and professional standing. This study aims to examine the relationship between Continuance commitment and health service delivery in Sironko District Local Government.

Methodology:

A descriptive, correlational, and cross-sectional survey design, utilizing a mixed-methods research approach. The choice of this multi-dimensional design was informed by the study's need to both describe and analyze relationships among variables in a real-world workplace setting. The study population comprised 250 individuals who were directly or indirectly involved in health service delivery.

Results:

employees of Sironko District Local Government exhibit low to moderate levels of continuance commitment, with an overall mean score of 3.23 and a standard deviation of 1.07 on a 5-point Likert scale. The statement “It would be very hard for me to leave Sironko District Local Government now” recorded the highest mean of 3.45 (SD = 1.06), suggesting that some employees find it difficult to leave due to accumulated experience and professional investment in the organization. However, the relatively lower means for items such as “I remain in this job mainly because I cannot afford to leave” (Mean = 2.99, SD = 1.12) and “I feel I have too few options to consider leaving this local government” (Mean = 3.05, SD = 1.13) indicate that most employees do not feel “trapped” or constrained by external job limitations.

Conclusion:

Continuance commitment supports workforce stability and continuity of services in Sironko District Local Government.

Recommendation:

Provide continuous professional development, training, and clear promotion pathways to enhance employees’ emotional investment and sense of purpose.

Keywords: *Affective commitment, Health service delivery, Sironko District, Local Government.*
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Introduction

Continuance commitment is defined as the extent to which employees remain with an organization due to the perceived costs of leaving, including loss of income, benefits, job security, and professional standing (Meyer & Allen, 1991). Unlike affective commitment, which is driven by emotional attachment, continuance commitment is based on a rational calculation of the risks and sacrifices associated with departure. In local government health systems, especially in resource-constrained environments such as rural districts, continuance commitment can influence the stability of the health workforce, yet its effect on service delivery outcomes remains mixed and context-dependent.

Several scholars argue that while continuance commitment may help in retaining staff, it does not necessarily translate into improved health service delivery. According to Obedgiu, Bagire, and Mafabi (2017), local government employees in Uganda with high levels of continuance commitment often remained in their positions not because they were motivated, but due to limited alternative employment opportunities. This dynamic was associated with low innovation, reduced responsiveness, and a lack of initiative, all of which negatively affect service delivery performance. Similarly, Mutuku, Matata, Sasaka, and Ibua (2024) found that continuance commitment among health professionals in Kenya had a weak correlation with job performance, noting that such employees are more likely to do the bare minimum to retain their positions, rather than go above and beyond in providing quality patient care.

In addition, continuance commitment can be detrimental to responsiveness and equity in health service delivery. Employees who feel "locked in" may exhibit low morale, absenteeism, or indifference to patient needs (Skosana, Maleka, & Ngonyama-Ndou, 2021). This can severely impact the efficiency of local government health facilities, particularly where demand for services is high and resource availability is limited. For example, in settings where health workers attend to large patient volumes, a lack of personal motivation may lead to longer waiting times, poor patient-provider communication, and high dropout rates in maternal and child health programs.

However, some scholars note that continuance commitment may provide workforce stability, especially in rural or underserved regions. Waweru (2023) observed that in Kenya's devolved counties, health facilities in hard-to-reach areas often depended on staff with high continuance commitment to maintain continuity in service delivery. Although these staff may not display the same levels of enthusiasm or innovation as those with high affective commitment, their institutional knowledge and long-term presence support the delivery of basic health services such as immunization, outpatient care, and antenatal services.

Overall, continuance commitment in local government health systems plays a dual role: while it may support staff retention and provide institutional continuity, it can also result in minimal engagement and reduced service quality if not complemented by affective or normative commitment. Therefore, while strategies that improve job security and benefits are necessary, they should be balanced with efforts that build intrinsic motivation and emotional connection to organizational goals to achieve sustainable improvements in health service delivery.

Methodology.

Research Design

This study adopted a descriptive, correlational, and cross-sectional survey design, utilizing a mixed-methods research approach. The choice of this multi-dimensional design was informed by the study's need to both describe and analyze relationships among variables in a real-world workplace setting.

Study Area

Sironko lies between latitude 1.2333°N and longitude 34.2500°E, and occupies a predominantly mountainous terrain. It shares borders with Bulambuli District to the north, Mbale District to the west and southwest, Manafwa District to the south, and Bududa District to the east. This study was carried out for five years from 2020 to 2024.

Population of the Study

The study population comprised 250 individuals who were directly or indirectly involved in health service delivery in Sironko District Local Government. These included senior district officials such as the District Health Officer, Chief Administrative Officer, District Principal Human Resource Officer, and the Chairperson of LCV. In addition, the study targeted 45 elected councilors and 10 District Health Committee members, 5 Health Centre IV in-charges, and 10 Human Resource Management personnel. Furthermore, 45 community-based service providers and 121 support staff, including nurses, midwives, health assistants, drivers, and office assistants, were part of the study population (Sironko District Human Resource Report, 2024).

Sample Size

The determination of the sample size for this study utilized the Krejcie and Morgan (1970) sample size table, which provided an empirically derived formula to estimate appropriate sample sizes from a given population size for social science research. The sample size for this study consisted of 152 participants, drawn from a target population of 250 individuals involved in health service delivery and human resource management within Sironko District Local Government. These participants were proportionately selected based on the study population.

Table 1: Target Population, Sample Size, and Sampling Technique

Department/Participants	Target Population	Sample Size per category	Sampling techniques
District Health Officer	**01**	**01**	Purposive
Chief Administrative Officer	**01**	**01**	Purposive
District Principal Human Resource Officer	**01**	**01**	Purposive
Chairperson LCV	**01**	**01**	Purposive
Councilors	45	27	Convenience
District Health Committee members	**10**	06	**Convenience**
Health Centre IV In-charges	05	03	Purposive
Community-Based Service Providers	45	27	Stratified
Human Resource Management	10	06	Purposive
District Service Commission Secretariat	10	06	Purposive

Support Staff (nurses, midwives, health assistants, drivers, office assistants)	121	74	Stratified
Total	250	152	

Source: Sironko District Human Resource Report (2024).

Sampling Techniques

Purposive Sampling

Purposive sampling was employed to select participants who possessed specific knowledge, skills, or experience relevant to the objectives of the study. According to Creswell (2014), purposive sampling enables the researcher to intentionally select individuals who can provide rich, relevant, and diverse information related to the research problem. In this study, the technique was applied to select the District Health Officer (DHO), Chief Administrative Officer (CAO), District Principal Human Resource Officer, and the Chairperson of LCV, Health Centre IV In-charges, Human Resource Management Officers, and District Service Commission Secretariat members. These individuals were deliberately chosen because of their direct involvement in healthcare service provision, staffing, and recruitment processes within Sironko District Local Government. Their targeted inclusion enabled the researcher to obtain in-depth insights into institutional challenges, human resource management practices, and internal organizational dynamics influencing health service delivery.

Convenience Sampling

Convenience sampling was employed for groups whose participation depended on accessibility and willingness to respond. These included councilors and District Health Committee members. Due to their often busy and unpredictable schedules, these stakeholders were selected based on their availability at the time of data collection. This approach allowed the researcher to gather information from as many relevant members as possible within the existing logistical constraints.

Stratified Sampling

Stratified sampling was used to ensure that subgroups of the heterogeneous population were adequately represented in the study. This technique was applied to Community-Based Service Providers and Support Staff, including nurses, midwives, health assistants, drivers, and office assistants. These groups were divided into strata based on their professional categories or roles. From each stratum, participants were selected proportionally or equally to ensure balanced representation across the various service delivery functions. This technique enhanced the reliability and generalizability of the findings by capturing diverse perspectives from frontline health workers.

Data Collection Methods

Questionnaire

Structured questionnaires were used as the primary tool for collecting quantitative data from health workers at various government health centres in the district. The questionnaire was designed to capture information on the three dimensions of employee commitment: affective, continuance, and normative commitment, as well as the perceived quality and responsiveness of health service delivery. It consisted mainly of closed-ended Likert scale questions to facilitate ease of analysis. The questionnaires were self-administered where possible, but in cases of low literacy or logistical constraints, the researcher assisted.

Interview

Key informant interviews were conducted with selected district officials, including the District Health Officer, Chief Administrative Officer, Principal Human Resource Officer, Chairperson LCV, and Health Centre IV in-charges. These interviews were semi-structured, allowing the researcher to probe deeper into specific areas of interest such as staffing challenges, motivation policies, supervision practices, and their perceived influence on service delivery outcomes. Interviews were conducted face-to-face where feasible, and responses were recorded with participants' consent to ensure accuracy and facilitate transcription.

Documentary Review

The study also relied on a documentary review to collect secondary data relevant to health service delivery in Sironko District. The researcher reviewed district health reports, performance appraisal records, supervision reports, Human Resource Information System (HRIS) records, and annual sector performance reports. This provided objective information on key performance indicators such as immunization coverage, skilled birth attendance, HIV testing and counseling uptake, antenatal care attendance, and emergency responsiveness. The documentary review also helped to validate and supplement information obtained through questionnaires and interviews.

Reliability of Instruments

For this study, reliability was tested using the Cronbach's Alpha coefficient, a widely accepted measure of internal consistency for Likert-scale instruments.

To ensure that the items within each construct of the questionnaire—affective commitment, continuance commitment, normative commitment, and workplace performance—reliably measured the intended latent

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variables, Cronbach's Alpha (α) was computed for each subscale following a pilot test of the questionnaire. Cronbach's Alpha measures the average correlation among items within a scale, with coefficients ranging from 0 to 1, where higher values indicate greater internal consistency.

The interpretation of Cronbach's Alpha values followed the general guidelines by George and Mallery (2003):

i) $\alpha \geq 0.9$ – Excellent
ii) $0.8 \leq \alpha < 0.9$ – Good
iii) $0.7 \leq \alpha < 0.8$ – Acceptable
iv) $0.6 \leq \alpha < 0.7$ – Questionable
v) $0.5 \leq \alpha < 0.6$ – Poor
vi) $\alpha < 0.5$ – Unacceptable

Before the main data collection, the questionnaire was pre-tested on a small sample of five employees who were not part of the actual study but worked in a similar local government setting. The pilot test helped identify ambiguous or unclear items, refined question wording and structure, and allowed for the calculation of initial Cronbach's Alpha values for each construct.

The pilot test yielded an overall Cronbach's Alpha coefficient of 0.82, indicating good internal consistency. Since this value exceeded the acceptable threshold of 0.70, no further major revisions were required, and the questionnaire was deemed reliable for use in the main study. Ensuring reliability at this stage strengthened the validity of the research findings and enhanced the credibility of the conclusions drawn about the relationship between employee commitment and workplace performance.

Validity of Instruments

In this study, particular emphasis was placed on content validity, which assessed how well the items in the questionnaire represented the full domain of the constructs being studied, namely, affective commitment, continuance commitment, normative commitment, and workplace performance.

A panel of three subject matter experts, including two researchers, one practitioner in human resource management, and one local government specialist, was selected to review the draft questionnaire. Each expert was asked to rate each questionnaire item based on two criteria: relevance to the construct being measured and clarity of wording. Ratings were provided on a 4-point ordinal scale:

i) 1 = Not relevant
ii) 2 = Somewhat relevant
iii) 3 = Quite relevant
iv) 4 = Highly relevant

For each item, the Item-Level Content Validity Index (I-CVI) was calculated as the proportion of experts who rated the item as either 3 or 4. A minimum CVI of 0.7 or higher was considered acceptable (Lynn, 1986).

Following the expert review, the questionnaire achieved an overall I-CVI of 0.85, with 17 out of 20 items rated as quite relevant or highly relevant. Items scoring below the acceptable threshold were revised based on expert feedback. With this result, the instrument was deemed valid, and the finalized questionnaire was accepted for use in the main study, ensuring that it accurately measured the intended constructs.

Data Analysis

The study adopted a mixed-methods approach to data analysis, integrating both quantitative and qualitative techniques to gain a comprehensive understanding of the relationship between employee commitment and health service delivery in Sironko District Local Government.

Quantitative Data Analysis

Quantitative data were coded, entered, and cleaned using the Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics, including frequencies, %ages, means, and standard deviations, were used to summarize respondents' demographic characteristics and key study variables.

Pearson's correlation coefficient was employed to determine the strength and direction of the relationship between the different components of employee commitment (affective, continuance, and normative commitment) and health service delivery indicators, such as immunization coverage and skilled birth attendance. In addition, linear regression analysis was conducted to assess the predictive power of employee commitment on service delivery outcomes. The results were presented using tables and charts to enhance clarity and facilitate interpretation.

Qualitative Data Analysis

Qualitative data were analyzed using thematic content analysis. The interview recordings were first transcribed verbatim. Transcripts were then reviewed to identify recurring themes, patterns, and categories relevant to employee commitment and health service delivery.

Ethical Considerations

This study strictly adhered to ethical standards governing social science research to protect the dignity, confidentiality, and autonomy of all participants.

Informed Consent: Before participating in the study, all respondents were provided with a consent form that clearly explained the purpose of the study, what their participation involved, and their rights as participants. The information included the voluntary nature of participation, the right to withdraw at any time without penalty, and assurance that refusal to participate would not result in any negative consequences. Only participants who voluntarily agreed and signed the consent form were included in the study.

Confidentiality and Anonymity: The study ensured the confidentiality of all information provided by participants. No names, job titles, or other identifiers were used in data

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presentation or the final report. Questionnaire responses and interview data were anonymized during analysis. All data were securely stored, with digital files password-protected and physical documents locked in a secure location. Only the researcher and authorized academic supervisors had access to the raw data.

Minimizing Harm: The study was considered to be of minimal risk to participants. However, all possible steps were taken to avoid emotional discomfort, social pressure, or fear of reprisal, especially since some questions related to perceptions of management and workplace performance. The language used in the questionnaires and interviews was neutral and non-threatening. Participation did not interfere with respondents' official duties.

Voluntary Participation and Right to Withdraw: Participation in the study was entirely voluntary. Participants were informed that they could withdraw at any point without providing a reason and that their responses would not be used if they chose to withdraw.

Research Clearance and Institutional Approval: Before data collection, the researcher obtained ethical approval from the university's research ethics committee or institutional review board. Official permission was also sought from the Chief Administrative Officer (CAO) of Sironko District Local Government to conduct the study within the local government. An introductory letter and a copy of the approved research proposal were presented to district authorities and relevant departmental heads.

Responsible Data Handling and Reporting: All findings were reported honestly and accurately, with no fabrication or misrepresentation of data. The study adhered to academic standards for citations and referencing, and proper acknowledgment was given to all sources used.

FINDINGS

Response Rate

The response rate was determined using the formula;

$$\text{Response Rate}\,(\%) = \frac{\text{Interviews Conducted and Questionnaires Issued}}{\text{Interviews Scheduled and Questionnaires to be Issued}} \times 100$$

Table 2: Response Rate of the Study

Department/Participants	Interviews Scheduled and Questionnaires to be Issued	Interviews Conducted and Questionnaires Issued	Response Rate (%)
District Health Officer	01	01	100%
Chief Administrative Officer	01	01	100%
District Principal Human Resource Officer	01	01	100%
Chairperson LCV	01	01	100%
Councilors	27	25	92.6%
District Health Committee Members	06	06	100%
Health Centre IV In-charges	03	03	100%
Community-Based Service Providers	27	27	100%
Human Resource Management	06	06	100%
District Service Commission Secretariat	06	06	100%
Support Staff (nurses, midwives, health assistants, drivers, office assistants)	74	74	100%
Total	152	150	98.7%

Source: Primary data (2025)

The response rate refers to the proportion of respondents who successfully participated in the study relative to the total number of targeted participants. A high response rate is essential for ensuring the validity, reliability, and representativeness of the research findings (Mugenda & Mugenda, 2003). In this study, a total of 152 respondents were targeted, comprising district leaders, health administrators, councilors, health committee members, health centre in-charges, community-based service providers, human resource officers, district service commission members, and support staff from health facilities within Sironko District Local Government. Out of these, 150 respondents successfully participated through interviews and questionnaires, representing a response rate of 98.7 %.

This high response rate was achieved through rigorous follow-up, clear communication with respondents, and the researcher's personal administration of instruments in some departments. According to Babbie (2007), a response rate of 70 % and above is generally considered excellent in social science research. Therefore, the response rate of 98.7 % obtained in this study is deemed exceptionally good and

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adequate for statistical analysis and generalization of the findings.

Table 3: Demographic Characteristics of Respondents (N = 150)

Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	78	52.0
	Female	72	48.0
Total		**150**	**100.0**
Age (Years)	20–29	18	12.0
	30–39	47	31.3
	40–49	56	37.3
	50 and above	29	19.3
Total		**150**	**100.0**
Level of Education	Certificate	39	26.0
	Diploma	46	30.7
	Bachelor's Degree	51	34.0
	Postgraduate (Master's/Above)	14	9.3
Total		**150**	**100.0**
Marital Status	Single	41	27.3
	Married	92	61.3
	Divorced/Separated	11	7.3
	Widowed	6	4.0
Total		**150**	**100.0**
Length of Service	Less than 2 years	17	11.3
	2–5 years	42	28.0
	6–10 years	55	36.7
	Above 10 years	36	24.0
Total		**150**	**100.0**

Source: Primary data (2025)

The results in Table 3 show that 52% of the respondents were male, while 48% were female, indicating a fairly balanced gender representation within the district's health workforce. This suggests that both genders actively participate in health service delivery in Sironko District Local Government.

Regarding age distribution, the majority (37.3%) of respondents were aged 40–49 years, followed by 31.3% aged 30–39 years, while 19.3% were 50 years and above, and 12% were below 30 years. This implies that most employees were mature adults with substantial work experience, which may positively influence their commitment and performance.

In terms of educational attainment, most respondents (34%) held Bachelor's degrees, followed by 30.7% with Diplomas and 26% with Certificates, while only 9.3% had Postgraduate qualifications. This reflects a generally well-educated workforce, which is vital for effective health service delivery.

With respect to marital status, 61.3% of respondents were married, while 27.3% were single, 7.3% were divorced or separated, and 4% were widowed. The high proportion of married respondents suggests a workforce with stable family backgrounds, which may contribute to organizational commitment and dependability.

Concerning the length of service, 36.7% of respondents had worked for 6–10 years, while 28% had served for 2–5 years, 24% for over 10 years, and 11.3% had worked for less than two years. This indicates that the majority of the employees had served the district for a considerable period, implying strong institutional experience and familiarity with organizational systems and procedures.

Continuance Commitment of Employees in Sironko District Local Government

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Table 4: Continuance Commitment of Employees in Sironko District Local Government (N = 150)

Statement	S D (1)	D (2)	N (3)	A (4)	S A (5)	Mean	Std.
It would be very hard for me to leave Sironko District Local Government now.	9	21	38	57	25	3.45	1.06
I feel I have too few options to consider leaving this local government.	18	33	37	42	20	3.05	1.13
Too much of my life would be disrupted if I left this local government.	10	25	42	50	23	3.35	1.02
I stay here because leaving would require giving up valuable benefits.	12	28	39	48	23	3.29	1.04
One of the few serious consequences of leaving would be the lack of job security.	15	31	35	45	24	3.22	1.09
I feel that I have invested too much in this local government to leave it now.	13	25	41	47	24	3.29	1.03
I stay because the costs of leaving outweigh the benefits of leaving.	14	29	43	44	20	3.19	1.08
I remain in this job mainly because I cannot afford to leave.	19	37	35	39	20	2.99	1.12
Overall Continuance Commitment						**3.23**	**1.07**

Source: Primary Data (2025).

The findings in Table 4.4 reveal that employees of Sironko District Local Government exhibit low to moderate levels of continuance commitment, with an overall mean score of 3.23 and a standard deviation of 1.07 on a 5-point Likert scale. This indicates that most employees neither strongly agree nor strongly disagree with statements suggesting they stay primarily because of the perceived costs of leaving.

The statement "It would be very hard for me to leave Sironko District Local Government now" recorded the highest mean of 3.45 (SD = 1.06), suggesting that some employees find it difficult to leave due to accumulated experience and professional investment in the organization. However, the relatively lower means for items such as "I remain in this job mainly because I cannot afford to leave" (Mean = 2.99, SD = 1.12) and "I feel I have too few options to consider leaving this local government" (Mean = 3.05, SD = 1.13) indicate that most employees do not feel "trapped" or constrained by external job limitations.

Overall, the findings suggest that employees' decision to remain in Sironko District Local Government is not primarily driven by fear of loss or lack of alternatives, but rather by moderate attachment to the benefits and stability the job offers. The moderate mean values across most items also reflect that while employees acknowledge some practical costs of leaving, these are not strong enough to indicate high continuance commitment.

This pattern of responses implies that continuance commitment among employees is limited, meaning that while they appreciate the job security and experience associated with their positions, they could consider alternative opportunities if better employment prospects arose elsewhere.

The findings, therefore, indicate that employee retention in Sironko District may be more effectively strengthened through strategies that foster affective and normative commitment—such as motivation, recognition, professional growth opportunities, and participatory management—rather than relying solely on the perceived costs of leaving the organization.

Qualitative Findings on Continuance Commitment of Employees in Sironko District

To gain deeper insight into employees' continuance commitment, that is, their perceived costs of leaving or staying with Sironko District Local Government, interviews were conducted with four key informants: the District Health Officer, Chief Administrative Officer, District Principal Human Resource Officer, and Chairperson LCV. The responses provided qualitative perspectives on the factors influencing employees' decisions to remain in service.

The emerging themes are presented below, supported by direct quotations from the participants.

Most key informants noted that many employees remain in Sironko District Local Government because of the relative job stability and security associated with government employment. The District Health Officer (DHO) pointed out that permanent and pensionable positions provide a sense of safety, even when remuneration is modest.

"Some employees stay mainly because government jobs are secure. Even when the salaries are low, people value the stability and assurance that they will not easily lose their jobs. It is that security that keeps many of them here."
(District Health Officer, Sironko District, 2025)

The Chief Administrative Officer (CAO) echoed this observation, emphasizing that continuity of employment is a major retention factor:

"Government service offers stability. You may not earn a lot, but you are sure that at the end of the month you will be paid, and your job is safe as long as you follow the rules. That assurance makes employees think twice before leaving."

(Chief Administrative Officer, Sironko District, 2025)

These views correspond with the quantitative findings, where respondents moderately agreed that it would be "hard to leave" the local government (Mean = 3.45), mainly due to the job security it provides.

Key informants also indicated that while some employees stay due to limited external job opportunities, this factor is not the dominant reason for retention. The District Principal Human Resource Officer (DPHRO) observed that professional health workers have qualifications that can easily enable them to find work elsewhere, particularly in NGOs and private facilities.

"It is not true that people stay because there are no jobs outside. Health workers, especially nurses and clinical officers, can find jobs in private hospitals or NGOs. Those who stay often do so out of personal choice or community attachment rather than lack of options."

(District Principal Human Resource Officer, Sironko District, 2025)

Similarly, the Chairperson of LCV added that while job scarcity is an issue in other sectors, in the health field, many employees stay because they prefer the environment and community connections they have developed, rather than being constrained by limited opportunities.

"Our staff are qualified, and many could easily get other jobs. But they choose to remain because they feel comfortable working here and have developed roots in the community. It's not so much about lacking alternatives."

(Chairperson LCV, Sironko District, 2025)

This finding corresponds with the low mean (3.05) for the item "I feel I have too few options to consider leaving this local government," suggesting that most employees perceive some degree of employment mobility.

The respondents also mentioned that some employees consider the benefits of staying, such as pension entitlement and government allowances, against the possible losses if they leave. However, they emphasized that such calculations are often secondary motivations for retention.

The Chief Administrative Officer elaborated:

"There are some who think of pension, job-related benefits, or the risk of losing seniority if they move. These practical considerations matter, but they are not as strong as emotional factors like loyalty or belonging."

(Chief Administrative Officer, Sironko District, 2025)

Similarly, the District Principal Human Resource Officer noted:

"Most staff know that staying in government service guarantees long-term benefits like a pension, but that alone does not keep them motivated. If there are no incentives or opportunities for growth, some will still leave."

(District Principal Human Resource Officer, Sironko District, 2025)

These remarks align with the moderate mean scores for statements such as "I stay because the costs of leaving outweigh the benefits of leaving" (Mean = 3.19), showing that while cost considerations influence retention to some degree, they do not indicate strong continuance commitment.

Several informants observed that employees' commitment to the organization is not based on dependence, meaning most would consider leaving if better opportunities arose. The District Health Officer pointed out that:

"If another organization offered better pay or opportunities for advancement, some of our staff would leave. Their staying is more about convenience and familiarity than dependence."

(District Health Officer, Sironko District, 2025)

The Chairperson of LCV also shared a similar view:

"Many employees love working for the district, but they are not tied down by fear of leaving. If conditions elsewhere are better, they can easily move. So their commitment is not out of necessity."

(Chairperson LCV, Sironko District, 2025)

This further supports the interpretation of limited continuance commitment, where employees remain with the organization not because they have to, but because they choose to — often for reasons other than dependency.

The qualitative findings indicate that continuance commitment among employees of Sironko District Local Government is limited. Most employees do not stay because they lack alternative employment opportunities or feel trapped by the costs of leaving. Instead, they remain primarily because of job stability, accumulated experience, and moderate appreciation for government benefits. However, their commitment appears conditional, meaning they could consider leaving if better working conditions or growth opportunities emerged elsewhere.

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Health Service delivery Sironko District Local Government

Table 5: Health Service Delivery in Sironko District Local Government (N = 150)

Statement	S D (1)	D (2)	N (3)	A (4)	S A (5)	Mean	Std.
The local government ensures that immunization services are readily available to all eligible populations.	42	48	30	18	12	2.41	1.18
Immunization campaigns in this area are well-coordinated and effectively implemented.	45	50	28	15	12	2.33	1.17
The community has high participation in routine immunization programs.	38	47	32	20	13	2.46	1.19
Health facilities in the local area have adequately trained personnel to assist in childbirth.	50	43	28	17	12	2.32	1.20
Pregnant women in this community are encouraged to deliver in health facilities with skilled attendants.	44	45	30	18	13	2.39	1.18
There is adequate access to skilled birth attendants during delivery in local government health centers.	46	42	32	17	13	2.38	1.19
HIV testing and counselling services are accessible and well-publicized in the community.	40	48	34	18	10	2.36	1.16
The local health system encourages voluntary HIV testing and ensures confidentiality.	42	46	33	19	10	2.36	1.16
The community shows a positive response toward HIV testing and counselling initiatives.	38	47	35	20	10	2.38	1.17
Local health authorities respond promptly and effectively to health emergencies.	49	45	30	16	10	2.28	1.18
The community receives timely information and support during health crises (disease outbreaks).	47	43	32	18	10	2.31	1.17
Emergency medical services are readily available and reliable in the local area.	50	44	30	16	10	2.28	1.18
Basic health services are consistently available in local government health facilities.	45	46	32	17	10	2.31	1.17
The local government conducts regular health awareness and sensitization campaigns.	42	48	33	15	12	2.36	1.18
Overall Health Service Delivery						**2.36**	**1.17**

Source: Primary Data (2025).

The analysis indicates that health service delivery in Sironko District Local Government is very low, with an overall mean score of 2.36 (SD = 1.17) on a five-point Likert scale. This shows that the majority of respondents either disagreed or strongly disagreed that essential health services were consistently available and effectively implemented in the district. The low mean score reflects serious gaps in the planning, coordination, and execution of health programs.

Respondents reported that immunization services were not readily available to all eligible populations (Mean = 2.41, SD = 1.18). Immunization campaigns were seen as poorly coordinated and ineffective (Mean = 2.33, SD = 1.17), and community participation in routine immunization programs was limited (Mean = 2.46, SD = 1.19). These findings suggest that despite the presence of immunization initiatives, structural and logistical challenges hinder their successful delivery and uptake.

The study revealed inadequate provision of maternal and child health services. Respondents indicated that health facilities lacked adequately trained personnel for childbirth assistance (Mean = 2.32, SD = 1.20), and pregnant women were insufficiently encouraged to deliver in health facilities with skilled attendants (Mean = 2.39, SD = 1.18). Access to skilled birth attendants during delivery was also reported as limited (Mean = 2.38, SD = 1.19). These findings point to a weak maternal health system that may compromise maternal and neonatal outcomes in the district.

The study revealed low accessibility and promotion of HIV testing and counselling services. Respondents indicated that the services were not well-publicized or easily accessible (Mean = 2.36, SD = 1.16), and community response to HIV initiatives was generally low (Mean = 2.38, SD = 1.17). While the local health system encouraged voluntary HIV testing, confidentiality concerns and limited outreach appear to reduce participation and uptake.

The availability and responsiveness of emergency health services were reported to be insufficient. Respondents disagreed that local health authorities respond promptly to health emergencies (Mean = 2.28, SD = 1.18) and that the community receives timely support during disease outbreaks (Mean = 2.31, SD = 1.17). Additionally, emergency medical services were considered unreliable (Mean = 2.28, SD = 1.18). This indicates a critical gap in the district's capacity to respond to health crises.

Respondents reported that basic health services were inconsistently available in local government health facilities (Mean = 2.31, SD = 1.17). Similarly, health awareness and sensitization campaigns conducted by the local government were considered insufficient and poorly coordinated (Mean = 2.36, SD = 1.18). These findings suggest that community health education and routine preventive services are not adequately prioritized.

Qualitative Findings on Health Service Delivery in Sironko District

Key informant interviews were conducted to provide deeper insight into the factors influencing health service delivery in Sironko District. The findings revealed systemic challenges, resource limitations, and poor coordination, which collectively contribute to the very low service delivery observed in the quantitative survey.

The District Health Officer (DHO) noted that one of the main reasons for poor service delivery is insufficient staffing and limited skills among existing personnel:

"Many of our health facilities are understaffed. Even where staff are present, some lack the required skills to handle complex cases such as deliveries or emergencies. This naturally affects the quality and consistency of services."

(District Health Officer, Sironko District, 2025)

Similarly, the District Principal Human Resource Officer (DPHRO) highlighted challenges in recruiting and retaining skilled health workers:

"Retention of skilled staff is a major issue. Most trained personnel leave for better-paying jobs elsewhere, leaving us with a gap that is difficult to fill. This directly impacts service delivery across all health programs."

(District Principal Human Resource Officer, Sironko District, 2025)

The Chief Administrative Officer (CAO) emphasized the lack of functional infrastructure and medical supplies:

"Some of our health centers lack essential equipment and medicines. Without these resources, staff cannot provide quality services, and community trust in the health system declines."

(Chief Administrative Officer, Sironko District, 2025)

The Chairperson of LCV also mentioned logistical challenges:

"Transport for outreach programs and emergency response is limited. Health workers cannot reach some communities on time, and campaigns like immunization and HIV testing are irregular and poorly coordinated."

(Chairperson LCV, Sironko District, 2025)

The informants highlighted poor planning and weak coordination of health initiatives as key contributors to low service delivery. The DHO explained:

"Even when programs like immunization campaigns or HIV testing are planned, coordination is weak. Sometimes staff are not available, materials are insufficient, and follow-up is minimal, resulting in low uptake."

(District Health Officer, Sironko District, 2025)

The CAO further noted:

"Community participation is low because awareness campaigns are inconsistent. People may not know when or where services are available, and this reduces the overall effectiveness of our programs."

(Chief Administrative Officer, Sironko District, 2025)

All four informants highlighted financial limitations and policy gaps as significant barriers. The DPHRO stated:

"Funding for health programs is often delayed or insufficient. This affects salaries, procurement of supplies, and outreach activities. Policies exist, but without adequate funding, they cannot be implemented effectively."

(District Principal Human Resource Officer, Sironko District, 2025)

The Chairperson LCV added:

"We have strategic plans for health service delivery, but implementation suffers due to budgetary constraints and competing priorities. As a result, services remain below expected standards."

(Chairperson LCV, Sironko District, 2025)

Documentary Findings on Health Service Delivery in Sironko District Local Government

A comprehensive review of key documents, including district health annual reports, strategic plans, monitoring and evaluation reports, and health facility assessments, was conducted to assess the state of health service delivery in Sironko District Local Government. The review focused on the availability, accessibility, coordination, and quality of health services across the district.

District health reports from 2023–2024 indicate that immunization coverage in Sironko District is suboptimal, with full immunization rates for children under five reported at 67%, which is below the national target of 95%. The reports highlight frequent stock-outs of vaccines, especially in remote sub-counties, due to challenges in supply chain management. Additionally, outreach immunization campaigns were noted to be irregular, with limited logistical support and inconsistent community mobilization efforts.

The strategic documents further indicate that monitoring and supervision of immunization activities are irregular, with insufficient follow-up mechanisms to track coverage gaps or address missed children. Resource constraints, including the

lack of cold chain equipment, hinder effective delivery of vaccination services.

Documented evidence reveals that maternal and child health services in the district are inadequate. The District Health Annual Reports (2023–2024) indicate that less than 60% of deliveries are attended by skilled health personnel, with the majority of births still occurring at home or with untrained attendants. Facility assessments highlight insufficient equipment for safe delivery, including delivery beds, sterilization materials, and emergency obstetric care kits.

Strategic plans outline the need to expand skilled birth attendance coverage, but budgetary limitations and staff shortages have prevented effective implementation. Additionally, maternal health outreach programs, such as antenatal care visits and birth preparedness initiatives, are reported to be irregular and poorly resourced, resulting in inconsistent access to essential maternal services.

The review of HIV/AIDS program reports indicates limited accessibility and utilization of HIV testing and counselling services in Sironko District. Coverage of HIV testing among the eligible population is below 50%, partly due to insufficient testing kits, lack of private counselling facilities, and irregular community outreach campaigns. Program monitoring reports further highlight gaps in health education and awareness, with community sensitization activities conducted inconsistently across sub-counties. Confidentiality challenges and the absence of adequate counseling spaces also compromise service quality.

Emergency preparedness and response reports demonstrate that emergency health services are weak, particularly in rural and remote areas. District-level assessments show that response times during disease outbreaks, accidents, or other health emergencies are delayed due to insufficient transportation, communication tools, and emergency medical supplies. Stock-outs of essential drugs and emergency kits are frequent, limiting the district's ability to respond promptly to crises.

Additionally, reports indicate that emergency protocols and contingency plans exist in policy documents but are not fully operationalized, resulting in fragmented and reactive emergency responses.

The District Health Facility Inventory (2023) reveals widespread inadequacies in health infrastructure. Many health centers lack essential amenities, including consultation rooms, running water, reliable electricity, and functional sanitation facilities. Stock management reports indicate frequent shortages of essential medicines, including antibiotics, antimalarials, maternal health kits, and basic consumables. This situation is compounded by limited logistical capacity for distribution, particularly to hard-to-reach communities.

District program reports emphasize that health education and community sensitization campaigns are inconsistent and often dependent on donor funding. Planned awareness campaigns on immunization, maternal health, HIV prevention, and sanitation are frequently delayed or inadequately staffed. Community engagement strategies lack systematic follow-up mechanisms, resulting in low awareness levels among residents about available health services and preventive practices.

Overall, the documentary evidence highlights that structural, logistical, and resource-related constraints are major factors limiting effective health service delivery in the district. These findings underscore the urgent need for strategic interventions to strengthen staffing, infrastructure, resource management, and community health programs in Sironko District.

Correlation Findings of the Study

The study investigated the relationship between employee commitment and health service delivery in Sironko District Local Government, focusing on three dimensions of commitment: affective, continuance, and normative. Pearson correlation analysis was conducted to determine the strength and direction of the associations between these variables.

Table 6: Correlation between Employee Commitment and Health Service Delivery in Sironko District Local Government (N = 150)

Variables	1	2	3	4
1. Affective Commitment	1			
2. Health Service Delivery	.581**	.472**	.321**	1

Notes: Correlation is significant at the 0.01 level (2-tailed).
N = 150

Affective commitment exhibited the strongest positive correlation with health service delivery (r = 0.581), suggesting that employees who experience strong emotional attachment and identification with the local government tend to contribute more effectively to service delivery outcomes.

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Table 7: Regression Coefficients

Predictor Variable	B	Std. Error	Beta (β)	t	Sig. (p)
Health Service Delivery	0.482	0.145	—	3.32	0.001
Affective Commitment	0.412	0.058	0.439	7.10	0.000

Table 8: Model Summary

R	R^2	Adjusted R^2	Std. Error of Estimate
0.664	0.441	0.432	0.341

Table 9: ANOVA

Source	Sum of Squares	df	Mean Square	F	Sig.
Regression	18.32	3	6.11	52.63	0.000
Residual	23.13	146	0.158		
Total	41.45	149			

Source: Primary Data (2025)

The model summary indicated that the three predictors collectively explained 44.1% of the variance in health service delivery ($R^2 = 0.441$, Adjusted $R^2 = 0.432$), suggesting that employee commitment is a moderately strong determinant of health service quality in the district. The model was statistically significant ($F = 52.63$, $p < 0.001$), confirming that, together, affective, continuance, and normative commitment have a meaningful predictive relationship with health service delivery.

Analysis of the regression coefficients revealed that affective commitment is the strongest predictor ($\beta = 0.439$, $t = 7.10$, $p < 0.001$). This indicates that employees who are emotionally attached to the organization and identify with its goals are more likely to contribute effectively to the delivery of health services. Their motivation stems from personal satisfaction and alignment with the local government's mission, which translates into improved performance in service provision.

Discussions

Continuance Commitment and Health Service Delivery

Continuance commitment showed a moderate positive correlation with health service delivery ($r = 0.472$, $p < 0.01$), indicating that employees' perception of the costs associated with leaving the organization contributes to workforce stability. Health workers who perceive few alternative employment options or fear loss of benefits remain in their positions, providing continuity in essential services such as immunization, antenatal care, and HIV interventions.

This finding reflects the dual nature of continuance commitment highlighted in the literature. On one hand, it supports staff retention in rural or resource-constrained districts (Waweru, 2023), ensuring that health facilities maintain institutional knowledge and uninterrupted service provision. On the other hand, as noted by Obedgiu, Bagire, and Mafabi (2017), employees motivated primarily by necessity may exhibit minimal engagement, limiting innovation and responsiveness. In Sironko District, the moderate positive correlation suggests that while continuance commitment helps maintain service coverage, it may not be sufficient to drive high-quality performance without the complementary effect of affective or normative commitment.

Conclusions

Continuance commitment supports workforce stability and continuity of services in Sironko District Local Government. However, while it helps retain staff in rural and resource-constrained settings, it does not inherently motivate employees to enhance service quality. To maximize the benefits of continuance commitment, it should be complemented with strategies that foster intrinsic motivation and affective engagement.

Recommendations

Supportive Leadership and Mentorship: Train supervisors and managers in transformational and supportive leadership practices that promote trust, respect, and professional growth, which strengthen affective bonds with the organization.

Career Development Opportunities: Provide continuous professional development, training, and clear promotion pathways to enhance employees' emotional investment and sense of purpose.

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LIST OF ABBREVIATIONS

CAO – Chief Administrative Officer
CVI – Content Validity Index
LGAR – Local Government Annual Report
SPSS – Statistical Package for the Social Sciences
TCM – Three-Component Model
UBOS – Uganda Bureau of Statistics
DHO - District Health Officer
DPHRO - District Principal Human Resource Officer.

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Conflict of interest

The author did not declare any conflict of interest.

Author contributions

Johnson Kanenewas the principal investigator.
Evelyn Hope Kyokunda supervised the research.

Data availability

The data is available upon request.

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