



The Impact of Medical Care Provision on Teacher Welfare and Performance in Public Secondary Schools: A Case Study of Sheema Municipality, Uganda

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ABSTRACT

This study investigates the relationship between the provision of medical care for teachers and their overall welfare and performance in public secondary schools within Sheema Municipality, Uganda. Teacher welfare, particularly medical benefits, is increasingly recognized as a critical factor in enhancing job satisfaction and effectiveness. Using a mixed-methods approach, the research explores how access to quality healthcare affects key performance indicators, such as attendance, time management, and class participation. The theoretical framework for this study integrates Herzberg's Motivator-Hygiene Theory, Expectancy-Value Theories, and Maslow's Hierarchy of Needs to highlight the essential role of healthcare in addressing basic needs and improving job satisfaction. The research concluded that the majority 64.4% of the teachers were in disagreement that schools always provide first aid to teachers whereas a minority 13.7% were in agreement. Findings suggest that access to medical care can significantly reduce teacher absenteeism, boost morale, and enhance engagement in professional duties, thereby positively impacting student outcomes. The results underline the importance of targeted welfare interventions to support teachers' health, thereby contributing to broader educational goals and community development.

Keywords: Medical care, Teacher Welfare, Teacher performance, Secondary Schools, Uganda

INTRODUCTION

The provision of medical care for teachers is a fundamental aspect of their welfare, directly impacting their job satisfaction and effectiveness in the classroom [1]. In public secondary schools, particularly in regions like Sheema Municipality, Uganda, teachers often encounter health and well-being challenges that can hinder their professional performance [2]. Ensuring access to quality healthcare can help address these challenges, reducing absenteeism, boosting morale, and allowing teachers to remain focused and engaged in their roles. This study examines the relationship between teachers' welfare and performance, with a particular emphasis on medical benefits and the school environment [3-5]. Teacher performance is assessed using indicators such as time management, class participation, and attendance [4]. As depicted in Figure 1, the study's conceptual framework outlines the dependent, independent, and intervening variables, illustrating how these factors interact.

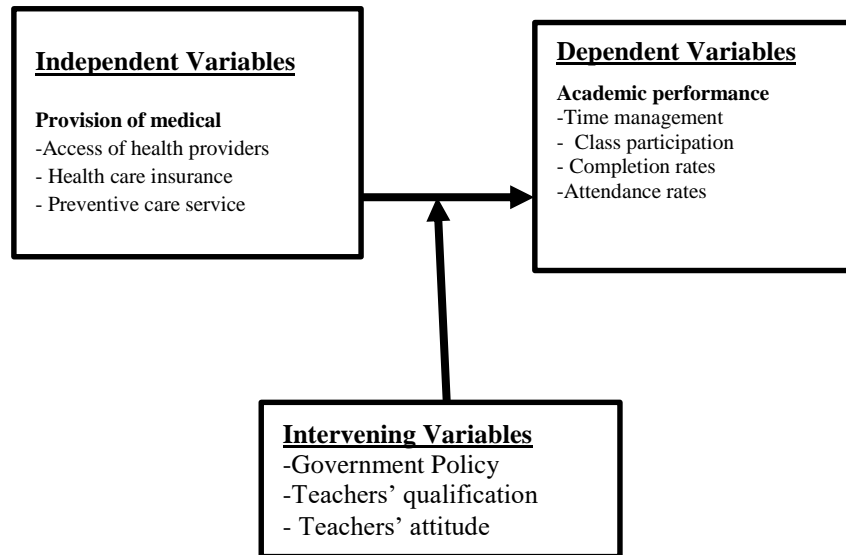


Figure 1: Conceptual Framework (Source: Researcher 2023)

Three theoretical frameworks guide this study starting with Herzberg's Motivator-Hygiene Theory highlights the significance of housing, suggesting that living conditions directly affect teachers' job satisfaction [6]. Second, Expectancy-Value Theories support the provision of meals, underscoring their role in enhancing teachers' job commitment and productivity [7]. Finally, Maslow's Hierarchy of Needs emphasizes the role of medical benefits in fulfilling essential security needs, which are crucial for improved performance [8]. According to Maslow's model, fulfilling basic needs such as healthcare and income lays the foundation for teachers to achieve their full professional potential. Furthermore, Maslow's theory suggests that fair wages, adequate support, and a safe working environment are critical for fostering self-esteem, confidence, and overall effectiveness [8]. The unique challenges of rural settings, like those in Sheema Municipality, present additional complexities, including economic hardships and limited parental support, which can adversely affect teachers' performance and, consequently, student outcomes. Previous studies by [9,10], emphasize the importance of healthcare access in improving teacher performance, with findings suggesting a generally positive though varied relationship between welfare provisions and job effectiveness [11]. For instance [9], found that medical care had a marginally positive effect on performance while counselling services offered more substantial benefits. Research by [12] [13] further highlights the impact of comprehensive welfare programs, including medical care, on teacher effectiveness. These studies also underscore the influence of government policies and school administrators in enhancing welfare provisions to support educational quality. By focusing specifically on the impact of medical care on teacher performance and its subsequent effect on student achievement, this study builds on existing research. It aims to demonstrate how improved teacher health can contribute to a more stable and productive learning environment, supporting broader educational objectives. The findings advocate for targeted welfare interventions that not only improve teacher well-being but also enhance educational outcomes within the community.

METHODOLOGY

Research Approach

This study adopted a mixed-method approach, integrating both qualitative and quantitative methodologies to gather, present, and analyze data, thereby enhancing the quality of the study findings. According to [14], combining methodologies allows one approach to inform and refine the other, providing insights into multiple levels of analysis. In this study, methodological triangulation was achieved by employing both qualitative and quantitative research paradigms, which bolstered the validity and reliability of the findings [15, 16]. Qualitative methods were employed for the collection, analysis, interpretation, and presentation of non-numerical data, while quantitative methods facilitated the collection, analysis, and presentation of statistical data.

Research Design

The research employed a correlational design to investigate the relationship between teacher welfare and student academic performance in Sheema Municipality. Additionally, a cross-sectional design was used to gather data at a specific point in time within a defined context, enabling a snapshot view of the existing conditions and relationships.

Target Population

The target population consisted of 570 individuals selected from eight schools, including the Municipal Education Officer (MEO), Municipal Inspectors of Schools (MIS), Board of Governors (BOG) members, headteachers, and teachers. These individuals were purposively chosen for their knowledge and experience relevant to the study, as shown in Table 1.

Table 1: Target Population

Population Category	Target Population
Municipal Education Officer (MEO)	01
Municipal Inspector of Schools (MIS)	01
Board of Governors (BoG)	96
Head teachers	08
Teachers	464
Total	570

Source: Primary data

Determination of the Sample Size

The sample size was calculated using Slovin's formula (1960), which is particularly suitable for determining sample sizes when population parameters are uncertain. The sample breakdown is provided in Table 2.

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

Where; N=target population, e=0.05 level of significance and n= sample size

$$n = \frac{570}{1 + 570 * 0.05^2} = 235$$

Table 2: Sample Size and Population

Population Category	Target Population	Samples Taken
Municipal Education Officer (MEO)	01	01
Municipal Inspector of Schools (MIS)	01	01
Board of Governors (BoG)	96	39
Headteachers	08	03
Teachers	464	191
Total	570	235

Source: Primary data (2024)

Sampling Techniques and Procedure

Simple random sampling was employed to select teachers and BoG members, ensuring unbiased selection by randomly drawing names from a pool of all respondents. This method provides each respondent with an equal chance of selection. In contrast, purposive sampling was used for headteachers, the MEO, and the MIS to ensure the inclusion of informed participants who could provide relevant and in-depth information [17].

Data Collection Methods

Primary and secondary sources of data were utilized in this research. The research tools included questionnaires, interview checklists, and document review checklists to ensure comprehensive data gathering. Questionnaires were used to collect data on respondents' views, beliefs, and behaviors. They included both structured and unstructured questions to accommodate varied responses. This method allowed respondents the flexibility to complete the questionnaire at their convenience, which is ideal for participants with busy schedules. An interview schedule was employed to ensure consistent questioning across interviews, allowing for a structured yet flexible approach to data collection. This technique provided qualitative insights through face-to-face discussions. Relevant documents from district records were reviewed to supplement primary data and provide additional context [18].

Data Quality Control

To ensure credibility, the study focused on reliability and validity. Peer review and expert feedback were utilized to refine the instruments. Triangulation further enhanced data credibility by employing multiple methods and data sources [14]. Validity was assessed using the Content Validity Index (CVI) to ensure that the instruments

accurately measured the intended constructs. Expert reviews by supervisors informed the assessment of each item's validity, with CVI calculations based on [14] to quantify accuracy. Reliability was assessed by pre-testing the questionnaires in a pilot study. The reliability coefficient was calculated to gauge consistency, with the results interpreted using the research in [19] scale.

Data Analysis

A mixed approach was applied to analyze both qualitative and quantitative data [20,21]. This methodological triangulation further validated and enhanced the study's findings. Descriptive statistics were calculated to summarize and analyze data patterns, and inferential statistics were used to explore relationships between variables. Qualitative data were analyzed thematically, identifying recurring themes from interviews and observations to gain insights into how welfare factors impact teacher performance.

Ethical Considerations

Ethical standards were strictly adhered to throughout the research. Informed consent was obtained, and participants were assured of their right to withdraw at any time. Confidentiality was maintained by anonymizing personal data, ensuring that individual and institutional identities were protected. The researcher provided equal respect to all participants and adhered to cultural and ethical norms throughout the study process, ensuring that findings were generalized to safeguard participant confidentiality [22].

RESULTS AND DISCUSSION

Response Rate

According to [14], the response rate is the proportion of individuals who completed the questionnaires relative to the total number in the sample, typically expressed as a percentage. Before analyzing the collected data, the researcher assessed the response rate by calculating the ratio of respondents who completed the questionnaire to the total number of targeted respondents in each category. This ratio was then multiplied by 100 to obtain a percentage, as shown in Table 3.

Table 3: Response rate

Total Number of questionnaires issued	Total Number of questionnaires returned	Return rate
235	213	90.6%

Source: Primary data, (2023)

Of the 235 questionnaires distributed to respondents, 213 were returned fully completed, resulting in an overall response rate of 90.6%. According to Babbie [23], a response rate above 60% is considered sufficient for conclusions, indicating a satisfactory level of participation in this study. The researcher in [14] further suggests that a high response rate enhances the accuracy of survey findings. Consequently, this high return rate indicates that the results are likely representative and can be reliably used to assess the relationship between teachers' welfare and their performance in public primary schools in Sheema Municipality.

Demographic Information of Respondents

This section examines the demographic characteristics of the respondents, including their gender, experience, marital status, and educational qualifications. Analyzing these variables helps establish the representativeness of the sample and provides context for interpreting the findings. Table 4 presents a summary of the respondents' gender, experience, marital status, and educational qualifications.

Table 4: Personal Information of respondents (n=213)

Item	Category	Frequency	Percentage
gender	Females	68	32%
	Males	145	68.07%
Work experience (Years in service)	1 - 2 years	19	8.92%
	3 - 4 years	66	30.9%
	4 - 6 years	45	21.1%
	Above 6 years	83	38.9%
Marital status	Single	67	31.4%
	Married	112	52.5%
	Divorced	24	11.2%
	Separated	10	4.69%
Level of education	Certificate	46	21.59%
	Diploma	98	46%
	Bachelors	55	25.8%
	Postgraduate	14	6.5%

Source: Primary data, (2023)

The results in Table 4 show that 145 (68.0%) of the teachers surveyed were male, while 68 (32.0%) were female, indicating a higher participation rate among male teachers. This finding aligns with Opande [24], who observed

that male teachers tend to outnumber female teachers in government-aided schools in Uganda. In terms of teaching experience, a majority of teachers, 83 (38.9%), had over six years of service as secondary school teachers. This was followed by 66 (30.9%) teachers with three to four years of experience, while relatively few teachers had only one to two years of service. These results suggest that many teachers have been at their respective schools for a considerable time, giving them familiarity with the school's traditions and management expectations. This observation is consistent with [25], who found that experienced teachers in Bungokho South, Mbale District, were well-versed in school operations but suggested the need for recruiting younger teachers to potentially enhance academic performance [26]. Regarding marital status, 112 (52.5%) of respondents were married, 67 (31.4%) were single, and 24 (11.3%) were either widowed or divorced. These findings imply that most respondents had family responsibilities, which could influence their commitment and perspectives on education which is also in line with the findings of [27]. Teaching is a profession that often requires patience and adaptability, especially given the diverse backgrounds from which students come. Thus, having teachers with parental experience can be advantageous for managing students' varied behaviors and promoting a nurturing learning environment. Finally, in terms of educational qualifications, 46 (21.6%) of respondents held a Certificate, 98 (46.0%) had a Diploma, 55 (25.5%) held a Bachelor's degree, and 14 (6.5%) had a postgraduate degree. This indicates that most respondents had either a Certificate or a Diploma. The data highlights that while a significant proportion of teachers are professionally trained, further opportunities for academic advancement could benefit their professional development and contribute to the overall educational standards in public secondary schools in Sheema municipality which aligns with the study findings of [28].

Table 5: Responses on Medical Care and Teachers' Performance in public secondary Schools in Sheema municipality

Statement	SD %	D %	U %	A %	SA %	Mean
The school always provides first aid to teachers	21.9	42.5	21.9	13.7	0.0	1.131
The school has a school sick bay for all teachers	27.4	46.6	21.9	4.1	0.1	0.211
The school always collaborates with the nearest dispensary in providing medical care to teachers	16.4	16.4	1.4	56.4	9.4	0.120
Provision of medical care enhances teachers' lesson preparations	1.4	2.7	5.5	90.4	0.0	0.200
Medical care leads to teachers preparation of lesson plans	1.4	4.1	5.5	65.8	23.3	0.021
Provision of medical care influences teacher's participation in co-curricular activities	5.5	1.4	2.7	53.3	37.0	0.001
Teachers medical care by the school leads to pupil discipline management	11.0	17.8	6.8	64.4	0.0	0.102
Provision of medical care to teachers makes them to counsel and guide pupils at school	1.4	9.6	12.3	75.3	1.4	1.023
Provision of medical care makes teachers to attend staff meeting	13.7	23.3	2.7	60.3	0.1	0.009
Medical care for teachers leads to their actual teaching	1.4	2.7	5.5	84.9	5.5	0.117
Medical care for teachers leads to their preparation of record of work covered	6.8	15.1	2.7	75.3	0.40	0.041
Teacher medical care minimizes teachers absenteeism	0.0	6.8	6.8	83.2	2.7	0.032
Provision of medical care to teachers leads to their regular assessment	9.6	5.5	1.4	82.2	1.4	0.019

Source: Primary data, (2023)

The results in Table 5 indicate a significant gap in the provision of medical services for teachers. A majority of respondents, 47 (64.4%), disagreed with the statement that schools always provide first aid to teachers, with only 10 (13.7%) agreeing, and 16 (21.9%) remaining undecided. This finding suggests that first aid provisions for teachers are inconsistent across schools. Additionally, 54 (74.0%) of respondents disagreed that their schools had dedicated sick bays, with only 3 (4.1%) agreeing, further underscoring the lack of comprehensive medical facilities in these schools. On the positive side, 48 (65.8%) of respondents agreed that schools collaborate with nearby dispensaries to provide medical care, demonstrating that some schools do establish partnerships with local healthcare providers. A striking 66 (90.4%) of respondents agreed that access to medical care positively impacts their ability to prepare lessons, and 65 (89.1%) stated that it enhances their preparation of lesson plans. This aligns with the widely accepted notion that good health is essential for effective teaching. Similarly, 66 (90.4%) agreed that medical care improves their participation in co-curricular activities, indicating a broader impact on school involvement. Regarding student discipline, 47 (64.4%) of respondents agreed that access to medical care facilitates better discipline management, while 56 (76.7%) agreed that it enables them to provide guidance and counseling to students. This highlights the

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integral role of teacher well-being in maintaining a conducive learning environment. Medical care was also reported to enable 44 (60.3%) of respondents to attend staff meetings more consistently, and 66 (90.4%) noted its importance in supporting their actual teaching duties. The findings also reveal that 55 (75.3%) of respondents believed medical care supports their ability to maintain accurate records of work, while 63 (86.3%) agreed it reduces absenteeism. This underscores the role of medical care in sustaining regular attendance and contributing to the continuity of instruction. Finally, 61 (83.6%) of respondents agreed that medical care facilitates regular pupil assessments, reinforcing its impact on teaching effectiveness. Interview data further supported these findings. Respondents mentioned that schools often lack essential medical services, such as sick bays, school nurses, and even first aid kits. They highlighted the need for community involvement, including support from Parent-Teacher Associations (PTAs) and local stakeholders, to address these healthcare gaps. According to respondents, adequate medical care would reduce teachers' medical expenses and promote confidence, enabling them to perform their duties more effectively. These findings align with researchers [2,4] who highlighted the importance of school-based health services for educational stakeholders worldwide. The results also align with [29], who found that welfare factors like job security and health benefits influence job satisfaction and employee retention. The scholar in [30] demonstrated a correlation between teacher health issues and absenteeism, particularly in Sub-Saharan Africa, where healthcare services are often lacking. Furthermore, [31] found that medical allowances significantly contribute to teacher effectiveness. The researchers in [32] argued for health and education sector partnerships to address health issues, such as malaria, which frequently impact teacher performance. The findings also support [33], who noted that teacher well-being is essential to their roles as educators and that health services should extend to teachers as well as students. These results strongly suggest that improving medical care for teachers has multiple benefits, including enhanced lesson preparation, reduced absenteeism, and increased participation in school activities. Investing in teacher health is not only vital for their well-being but also directly contributes to the quality of education provided.

DISCUSSION OF FINDINGS

The findings related to the first objective revealed that teachers' housing significantly influences their performance in these schools. Key observations included: the availability of adequate housing for teachers, which facilitates their regular attendance at all lessons; the strategic location of teachers' houses within the school compound, allowing them to arrive early and prepare lessons on time; and the provision of allowances to non-accommodated teachers, which fosters a conducive learning environment. Additionally, the school ensures that all teachers are housed, enabling them to securely maintain learners' records. The head teacher's accommodation on the school premises allows for effective assessment of teachers, while on-site housing for some teachers promotes routine assessments of learners. Proximity to the school enhances teachers' ability to provide efficient counselling and guidance to students. Furthermore, the school management demonstrates concern for teachers' needs, facilitating the conduct of remedial lessons for slower learners. Findings related to the second objective highlighted the impact of meal provision on teachers' performance in government-aided secondary schools in Sheema municipality. Key insights included: the regular provision of break tea, lunch, and evening tea for teachers; the positive health effects of meal provision, contributing to teachers' comfort and well-being; and the perception of value that teachers feel through the provision of meals. This sense of appreciation leads to higher teacher morale and increased engagement in their work. Regular feeding encourages attendance at staff meetings, enhances actual teaching quality, and allows teachers to dedicate more time to school-related activities. Additionally, the provision of meals minimizes teacher absenteeism and promotes regular assessment of learners, while the provision of lunch improves time management for afternoon lessons and supports effective management of learners' records. Regarding the third objective, the study revealed several ways in which medical care influences teachers' performance in public secondary schools in Sheema municipality. The school consistently provides first aid and maintains a sick bay for teachers. Collaboration with nearby dispensaries further enhances the medical care available to staff. This provision of medical care positively impacts teachers' lesson preparations and lesson planning, encourages participation in co-curricular activities, and supports effective pupil discipline management. Moreover, access to medical care facilitates teachers' ability to counsel and guide pupils, attend staff meetings, and enhance their teaching practices. It also contributes to their preparation of records of work covered and minimizes teacher absenteeism. Overall, the provision of medical care plays a critical role in ensuring teachers regularly assess pupils.

CONCLUSION

The provision of medical care for teachers is essential for improving their welfare and job performance, as demonstrated in this study of public secondary schools in Sheema Municipality. Access to healthcare services reduces absenteeism, enhances lesson preparation, and facilitates increased involvement in both curricular and co-curricular activities. By meeting teachers' basic health needs, schools can create a more stable and productive learning environment, ultimately supporting students' academic success. This study underscores the importance of

integrating medical care into teacher welfare programs, advocating for the development of comprehensive healthcare initiatives within the education sector. Investment in teachers' health is an investment in educational quality, benefiting both teachers and the communities they serve. Therefore, policymakers and educational administrators should prioritize healthcare access for teachers to foster a thriving and effective educational system.

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