Influence of Monetary Incentives on Health Workers Performances in Yei River County- South Sudan

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ABSTRACT

This study investigates the influence of monetary incentives on health workers' performance in Yei River County, South Sudan. A descriptive cross-sectional survey was conducted with a sample of 133 health workers selected from a population of 200 across 18 health facilities. Data was collected using Self-administered questionnaires, to assess motivational factors and performance outcomes. Quantitative analysis consisted of descriptive statistics, Pearson's correlation coefficient, regression analysis, and ANOVA was used. The Pearson correlation coefficient ($r = 0.361$, $p = 0.002$) indicates a moderate, statistically significant positive relationship between monetary incentives and health worker performance. The regression model demonstrated that monetary incentives explain approximately 13% ($R^2 = 0.130$, $p = 0.002$) of the variance in performance, confirming their significant influence. The ANOVA table indicate $p = 0.002$, further validated the model's significance. Key challenges identified include inadequate and uneven distribution of incentives, lack of support such as housing and allowances, and poor policy review processes, leading to demotivation among health workers. The study findings highlight that financial rewards such as salaries, allowances, and performance-based incentives significantly influence motivation and service delivery, although support factors like accommodation and meals have limited impact. The study recommends implementing equitable, performance-driven incentive schemes and expanding benefits to all health workers to enhance motivation, reduce turnover, and improve healthcare outcomes. Overall, the results underscore the importance of structured monetary incentives in motivating health workers within resource-limited health systems.

Keywords: Health care, monetary incentives, performance, Yei River County.

INTRODUCTION

Monetary incentives refer to financial rewards such as salaries, bonuses, allowances, performance-based payments, and other forms of compensation used to motivate employees to achieve specific goals or improve productivity. In the context of health systems, monetary incentives are commonly applied to influence health workers' behavior, improve service delivery, and enhance overall system efficiency. They are grounded in economic and behavioral theories, particularly Herzberg's Two-Factor Theory, developed by Frederick Herzberg in 1959, which explains that employee motivation and performance are influenced by two distinct categories of factors: motivators (intrinsic) and hygiene factors (extrinsic). The theory posits that hygiene factors, such as salary and monetary incentives, do not inherently motivate employees but are essential in preventing dissatisfaction, while motivators such as recognition, achievement, and career growth are responsible for enhancing job satisfaction and performance (Herzberg, 1959).

In the Kenyan context, Abdi Ali Abdi and Abdi Mohamed Abdi (2024) examined the relationship between motivation and health worker performance and reported that many health workers expressed dissatisfaction with work-life balance and perceived salary inequities. However, the study did not fully explore the underlying causes of these challenges or propose detailed solutions, indicating a need for further research on how improved remuneration structures could enhance motivation and performance.

Similarly, evidence from other sectors reinforces the significance of reward systems. Muhudin (2019), in a study of private universities in Mogadishu, Somalia, found that both financial and non-financial rewards significantly improved employee performance among 273 respondents. Likewise, Agbaeze and Ebirim (2020) examined five manufacturing firms in Nigeria and established that financial rewards had a direct and positive effect on employee performance. These findings collectively demonstrate that well-structured reward systems consistently enhance performance across diverse organizational settings, including education, health, and industry. Further supporting this evidence, Pradhan (2022) investigated employees in service-oriented organizations in Nepal using correlation and regression analysis on a sample of 425 respondents. The study revealed that factors such as achievement recognition, bonuses, empowerment, promotion, and salary significantly and positively influenced employee performance.

However, the role of financial incentives is not without limitations. Fishbach and Woolley (2022) argue that while financial incentives can promote compliance and task completion, they may also discourage risk-taking and creativity in the workplace. They further note that incentives can sometimes be used as a compensatory mechanism for weaknesses in management, such as low sales performance, rather than addressing underlying structural issues. Athough financial incentives are a powerful tool for improving employee performance, their effectiveness depends on how they are structured and implemented. Properly designed reward systems are therefore essential for sustaining motivation and ensuring high-quality service delivery across sectors.

The Study Theory.

The present study is anchored on Herzberg's Two-Factor Theory, developed by Frederick Herzberg in 1959, which explains that employee motivation and performance are influenced by two distinct categories of factors: motivators (intrinsic) and hygiene factors (extrinsic). The theory posits that hygiene factors, such as salary and monetary incentives, do not inherently motivate employees but are essential in preventing dissatisfaction, while motivators such as recognition, achievement, and career growth are responsible for enhancing job satisfaction and performance (Herzberg, 1959).

In the context of this study, monetary incentives provided to health workers in Yei River County are conceptualized as hygiene factors that play a critical role in reducing dissatisfaction arising from poor remuneration and unfavorable working conditions. Adequate financial incentives are therefore expected to stabilize health workers' attitudes toward their jobs, minimize absenteeism, and improve retention, which indirectly contributes to better performance outcomes.

However, consistent with Herzberg's argument, the study acknowledges that monetary incentives alone may not lead to optimal performance unless complemented by intrinsic motivators such as recognition, professional development, and supportive supervision.

Thus, this theory provides a lens through which the relationship between monetary incentives (independent variable) and health workers' performance (dependent variable) can be understood, by suggesting that financial rewards are necessary but not sufficient conditions for improved performance. Consequently, the framework guides the study in examining how monetary incentives influence health workers' performance in Yei River County, while recognizing the potential interplay of other motivational factors in shaping overall performance outcomes (Herzberg, 1959; Armstrong, 2014).

CONCEPTUAL FRAMEWORK

A conceptual framework refers to a set of interrelated concepts that collectively provide a structured understanding of a particular phenomenon (Turnock & Handler, 2001). It serves as an analytical tool that illustrates the relationships between key study variables, thereby guiding the interpretation of findings. In this study, the conceptual framework demonstrates the linkage between the independent variable - monetary incentives and the dependent variable - health worker performance.

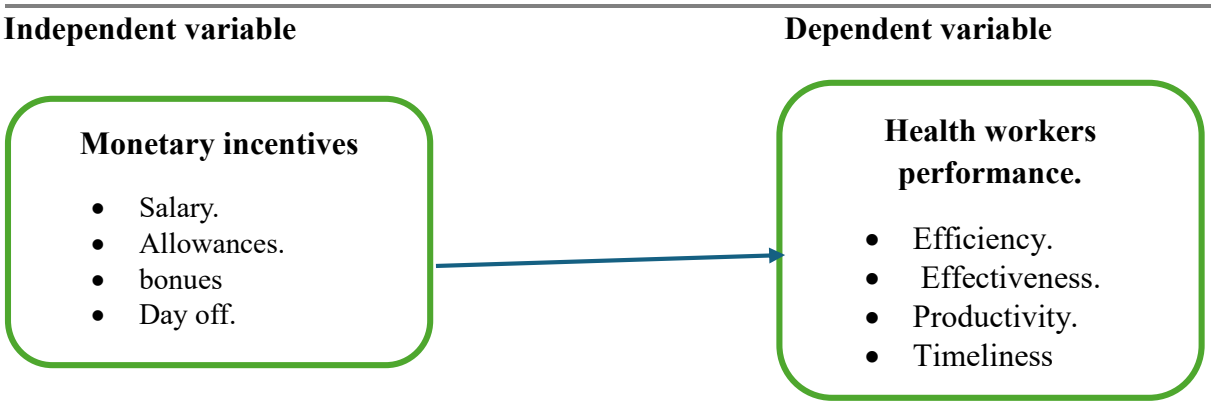

Figure 1 Conceptual frame work

Monetary incentives are recognized as a critical motivational factor influencing the behavior and output of healthcare professionals. Within the context of Yei River County, financial rewards such as salaries, allowances, and bonuses play a significant role in shaping health workers' attitudes toward their duties. Adequate and timely monetary compensation enhances job satisfaction, reduces financial stress, and fosters a sense of value and recognition among employees. As a result, health workers are more likely to demonstrate increased commitment, efficiency, and adherence to professional standards. Conversely, inadequate monetary incentives can lead to demotivation, absenteeism, and reduced productivity, ultimately compromising the quality of healthcare services delivered. Thus, within the conceptual framework of this study, monetary incentives are hypothesized to have a direct and positive influence on the performance of health workers, as they affect motivation, retention, and overall work engagement.

METHODOLOGY

Study Design

A research design refers to the overall plan, structure, or framework used to obtain answers to research questions (Orodho, 2000). In a similar view, Kothari (2016) describes a research design as the blueprint that guides the processes of data collection, measurement, and analysis. In this study, a descriptive cross-sectional survey design was adopted, using quantitative methods to collect data from respondents.

This design was considered appropriate because the study aimed to examine the influence of monetary incentives on the performance of health workers. Descriptive research design involves the systematic collection of data in order to test hypotheses or answer questions about the current status of a phenomenon under study (Strauss & Corbin, 1994). In such a design, both independent and dependent variables are measured at a single point in time, allowing for description and comparison of factors associated with the study variables (Bhattacharjee, 2018).

The study employed a survey strategy to collect quantitative data, which was subsequently analyzed using both descriptive and inferential statistical techniques, including Pearson's product-moment correlation and regression analysis, to determine the relationship between monetary incentives and health worker performance. According to Creswell (2019), quantitative research methods are objective in nature and are particularly useful for examining relationships between defined variables. In this context, quantitative methods were deemed appropriate as the study sought to establish the relationship between monetary incentives and performance outcomes among health workers.

Furthermore, a cross-sectional approach was adopted due to time constraints and the need to capture data at a single point in time. According to Kothari (2016), cross-sectional surveys provide rich and comprehensive data that enable researchers to understand patterns, relationships, and the potential effects of interventions within a specific context. This approach also enhances the researcher's analytical skills and contributes to a more systematic understanding of research processes.

Study Population

A population refers to the complete group of individuals or elements that share specific observable characteristics of interest to a study (Ghauri & Grönhaug, 2005). Similarly, Cooper and Schindler (2000) define a population as the entire set of elements from which a researcher seeks to draw conclusions or make inferences. In the same line, Amin (2015) describes a target population as the specific group to which the researcher intends to generalize the findings of a study.

In this study, the target population comprised all healthcare workers across the 18 operational health facilities in Yei River County. The County has a total of 200 healthcare workers, all of whom constituted the population from which the study sample was drawn.

Table 1Target population

Health Facility Type	Number of Health Workers	Percentage
Yei Hospital	86	43
PHCC	56	28
PHCU	46	23
CHD	12	6
Total	200	100

Source: CHD report, 2024

Sampling Size and Procedure

According to Burgess (2017), a sample is a subset of a population selected for study, particularly in situations where it is impractical to access all members of the population due to constraints such as time, cost, and other resources. In this study, since the total population of healthcare workers in Yei River County was known, the sample size was determined using Slovin's Formula (1960).

The formula is expressed as: $n = N / (1 + Ne^2)$, where *n* represents the required sample size, *N* is the total population size, and *e* is the margin of error at a 95% confidence level (0.05). Given a population of 200 healthcare workers, the sample size was computed as follows:

$n = 200 / (1 + 200 \times 0.05^2)$

$n = 200 / (1 + 0.5)$

$n = 200 / 1.5$

$n = 133$

Therefore, the final sample size for this study was 133 healthcare workers, ensuring a statistically representative sample of the target population.

Table 2 sample size distribution

Health Facility Type	Number of Health Workers	Percentage
Yei Hospital	57	43
PHCC	37	28
PHCU	31	23
CHD	8	6
Total	133	100

Sampling Techniques and Procedure

According to Sekaran (2003), sampling refers to the process of selecting a subset of units from a target population to be included in a study. In this research, simple random sampling technique was adopted. Simple random sampling was used to select respondents from the hospital, Primary Health Care Centres (PHCCs), County Health Department (CHD), and Primary Health Care Units (PHCUs). This technique was considered appropriate because it ensured that all individuals within the selected subgroups had an equal probability of being included in the study sample. This helped to minimize selection bias and enhanced the representativeness of the sample, thereby improving the validity of the findings. In addition, Creswell (2019) notes that simple random sampling is advantageous because it gives every member of the population an equal chance of selection, which strengthens the credibility and generalizability of research results.

Data Collection Methods

According to Mugenda and Mugenda (2015), data refer to factual information that is known or available, encompassing both past and present records that serve as a basis for analysis and interpretation. In this study, data were collected using self-administered questionnaires. This method was considered appropriate because it allows respondents to complete the questionnaires independently, thereby enhancing convenience and response accuracy. Additionally, self-administered questionnaires facilitate ease of data coding, comparison across different respondent groups, and efficient analysis. The method was also deemed cost-effective and time-saving, as it reduces the need for extensive interviewer involvement while enabling the collection of large amounts of data within a relatively short period.

Quality control

To ensure quality control, the researcher conducted validity and reliability of the research instrument before data collection.

Validity. This refers to the extent to which a research instrument accurately measures the concept it is intended to measure. In other words, an instrument is considered valid if its results appropriately reflect the construct under investigation; for instance, a selection test is deemed valid if its scores can reliably predict future job performance (Miller, n.d.; 2020).

In this study, emphasis was placed on ensuring external validity in order to enhance the generalizability of the findings beyond the study setting to similar contexts and organizations. To achieve this, a pilot test was conducted using a homogeneous sample of ten respondents who were not part of the main study population. This pre-testing process was used to assess and improve the content and construct validity of the research instrument by refining the wording of questions, the structure of the questionnaire, and the measurement scales based on feedback obtained. The responses and suggestions from the pilot study were incorporated into the final version of the instrument to enhance its accuracy and appropriateness. In addition, the Content Validity Index (CVI) was computed to determine the relevance of the items included in the questionnaire, using the formula: $CVI = K / N$

Where:

CVI = Content Validity Index

K = Number of items rated as relevant

N = Total number of items in the questionnaire

In this study, K = 8 and N = 10, therefore:

$CVI = 8 / 10 = 0.8$

A CVI value of 0.8 indicates an acceptable level of content validity, suggesting that the instrument adequately captured the constructs under investigation

Reliability. This refers to the extent to which a test, questionnaire, observation, or any other measurement instrument produces consistent results upon repeated applications. In essence, it reflects the stability and consistency of measurements over time or across different raters (Miller, n.d.; 2020). In this study, the first step taken to enhance reliability was the clear operationalization of all study variables to ensure that they were precisely defined and consistently understood. To further strengthen reliability, the researcher minimized measurement errors associated with both the research instrument and data scoring procedures, thereby reducing inconsistencies that could affect the quality of the collected data. In addition, internal consistency reliability was assessed using Cronbach's Alpha coefficient to examine the degree of correlation among the items within the instrument. This approach involved administering a single test to a sample, where responses to individual items were statistically correlated with responses to other items within the same instrument. According to Kothari (2003), a Cronbach's Alpha value of 0.5 or higher is considered acceptable for establishing reliability, with values closer to 1 indicating higher internal consistency. In this regard, higher alpha values reflect stronger correlations among items, thereby demonstrating greater reliability of the measurement tool.

The Cronbach's Alpha (or Kuder–Richardson 20, KR-20) formula is expressed as follows:

$$KR20 = (K / (K - 1)) \times (1 - \Sigma s^2 / S^2)$$

Where:

- KR20 = Reliability coefficient of internal consistency
- K = Number of items used to measure the construct
- S^2 = Variance of total scores
- Σs^2 = Sum of variances of individual items

In this study, the computed reliability coefficients indicated the extent to which the items in the instrument were consistently measuring the same construct, with higher coefficients reflecting stronger internal consistency among the variables

Table 3 Reliability statistics

Study Variable	Number of Items	Cronbach's Alpha
Monetary Incentives	10	.918

From the study variable's reliability statistics above, it has been concluded that, the average reliability of the instrument is 0.936 which shows that the instrument is reliable enough to collect the required data for the study.

Data Analysis

The quantitative data collected were systematically organized, coded, and entered into the Statistical Package for the Social Sciences (SPSS) for analysis. Both descriptive and inferential statistical techniques were employed. Descriptive statistics were used to summarize and present the data, providing an overview of the factors influencing the performance of healthcare workers in Yei River County. Inferential statistics, including Pearson's product-moment correlation and simple linear regression analysis, were utilized to examine the relationships between variables and to determine the extent to which predictor variables influence healthcare workers' performance. Specifically, the correlation coefficient was used to assess the strength and direction of the relationship between monetary incentives and performance and the collected data were categorized and analyzed using a five-point Likert scale, where 5 = Strongly Agree, 4 = Agree, 3 = Uncertain, 2 = Disagree, and 1 = Strongly Disagree. This scale facilitated the systematic interpretation of respondents' perceptions and attitudes.

RESULTS

SA = Strongly Agree, **A** = Agree, **N** = Neutral, **D** = Disagree, **SD** = Strongly Disagree,

STD =Standard deviation

Table 4 Summary of Results

Items	Statement	SA %	A%	N%	D%	SD %	Mean	STD	Conclusion
MI 01	There is Free accommodation or allowance provided to the staff.	2.8	2.8	2.8	21.1	70.4	1.46	0.908	Low impact
MI 02	There is Free meals provided to the facility staff.	4.2	14.1	2.8	22.5	56.3	1.87	1.241	Low impact
MI 03	There is Prompt and timely salary payment	22.5	19.7	5.6	22.5	29.6	2.83	1.586	High impact
MI 04	There is Healthcare Facilities' weekly duty allowances	1.4	1	1.4	28.2	68	1.37	0.660	low impact
MI 05	There is Extra monthly allowances paid by MoH	1.5	0	1.4	23.9	73.2	1.34	0.696	Low impact
MI 06	Healthcare Facilities offer financial assistance to staff.	12.9	8.6	4.3	27.1	47.1	2.13	1.424	High impact
MI 07	There is Possibility to get advance payment by MoH	12.7	7	5.6	28.2	46.5	2.11	1.399	Law impact
MI 08	The existing incentives pay system is inspiring me to a higher performance.	7	42.3	9.9	19.7	21.1	2.94	1.330	High impact
MI 09	Iam much motivated with the payment of the incentives by the MOH	2.8	36.6	4.2	29.6	26.8	2.59	1.305	High impact
MI 10	The incentive payment is based on the health workers performance.	7	28.2	9.9	28.2	26.8	2.61	1.336	High impact
	*** Average mean (Weighted average value)**						**2.125**		

Source: primary data from Researcher,2025

The findings presented in Table 4 provide important insights into the influence of monetary incentives on the motivation of health workers in Yei River County. Regarding the provision of free accommodation or housing allowances (MI01), an overwhelming majority of respondents (91.1%) disagreed that such benefits are provided, with only 5.6% indicating agreement and 2.8% remaining undecided. This suggests that access to staff accommodation is largely unavailable. Furthermore, the low mean score (1.46), which falls below the weighted average of 2.125, indicates that this incentive has a negligible effect on motivating health workers.

Similarly, the provision of free meals to facility staff (MI02) was reported as largely absent, with 78.8% of respondents disagreeing and only 18.3% agreeing. A small proportion (2.8%) remained undecided. The mean value of 1.87, which is below the weighted average, further suggests that the provision of meals has limited influence on staff motivation.

In contrast, timely and prompt payment of salaries (MI03) emerged as a critical motivating factor. Although 52.1% of respondents expressed dissatisfaction, a substantial proportion (42.2%) acknowledged its presence, with 5.6% undecided. The mean score of 2.83, which exceeds the weighted average, indicates that regular salary payment has a significant positive impact on health worker motivation.

The findings on weekly duty allowances (MI04) reveal that such incentives are rarely provided, as indicated by 96.2% of respondents who disagreed. Only 2.4% reported receiving such allowances, while 1.4% were undecided. The low mean score (1.37) suggests that weekly allowances have minimal influence on motivation.

Likewise, extra monthly allowances from the Ministry of Health (MI05) were reported as largely non-existent, with 97.1% of respondents disagreeing. The mean value of 1.34, which is well below the weighted average, indicates that this form of incentive has little to no impact on motivating health workers. Regarding financial assistance provided by healthcare facilities (MI06), 74.2% of respondents disagreed that such support exists, while 21.2% agreed and 4.2% were undecided. Despite its limited availability, the mean score of 2.13, slightly above the weighted average, suggests that financial assistance can have a meaningful positive effect on motivation when provided. Similarly, the possibility of receiving advance payments from the Ministry of Health (MI07) was largely rejected by respondents (74.7%), with 19.7% expressing agreement and 5.6% undecided. Although the mean score (2.11) is marginally below the weighted average, the findings suggest that advance payments still have a relatively notable influence on motivation.

The perception of the existing incentive payment system (MI08) revealed mixed responses, with 49.3% of respondents agreeing that it inspires higher performance, while 40.8% disagreed and 9.9% remained undecided. However, the mean score of 2.94, which is above the weighted average, indicates that the current system positively influences performance to some extent. In terms of overall motivation derived from incentives provided by the Ministry of Health (MI09), the majority (56.4%) expressed dissatisfaction, while 39.4% agreed that they were motivated, and 4.2% remained undecided. Despite this mixed perception, the mean score of 2.59 suggests that incentives still play a significant role in motivating health workers.

Finally, the performance-based nature of incentive payments (MI10) generated divided opinions, with 55% of respondents disagreeing and 35.2% agreeing, while 9.9% remained undecided. Nonetheless, the mean value of 2.61, which exceeds the weighted average, indicates that performance-based incentives have a significant positive effect on motivation. Finally, the findings demonstrate that while many monetary incentives are either unavailable or inadequately implemented in Yei River County, certain factors particularly timely salary payments, financial assistance, and performance-based incentives have a strong positive influence on the motivation of health workers.

Testing the influence of Monetary incentives on health workers Performance

A correlation and regression analysis were conducted to examine the influence of monetary incentives on the performance of health workers in Yei River County. Pearson's correlation coefficient (r) was employed to assess the strength and direction of the relationship between monetary incentives and health worker performance. In addition, the coefficient of determination (R^2) was used to estimate the extent to which variations in performance could be explained by monetary incentives. Statistical significance was evaluated using the p-value, which was compared against the conventional threshold of 0.05 to test the study objective**.**

Table 5 Correlation analysis

Correlations			
		Workers Performance	Monetary incentives
Pearson Correlation	Workers Performance	1.000	.361
	Monetary incentives	.361	1.000
Sig. (1-tailed)	Workers Performance	.	<.001
	Monetary incentives	.001	.
N	Workers Performance	127	127
	Monetary incentives	127	127

Source: primary data from Researcher,2025

Hypothesis

Ho: There is no relationship between Monetary Incentives and performance of Health workers in Yei River County.

Ha: There is relationship between Monetary Incentives and performance of Health workers in Yei River County.

The results presented in Table 5 indicate a statistically significant moderate positive relationship between monetary incentives and the performance of health workers in Yei River County, as evidenced by a correlation coefficient of 0.361 ($p < 0.05$). This finding provides empirical support for the study hypothesis that monetary incentives are associated with health worker performance. The positive coefficient suggests that increases in monetary incentives are linked to improvements in performance levels, implying that enhanced financial rewards can motivate health workers and contribute to better service delivery. To further assess the magnitude of this effect, a regression analysis was conducted to determine the extent to which monetary incentives predict health worker performance. The results of this analysis are presented in Table 6 below.

Table 6: Regression analysis on Monetary Incentives and Health workers performance

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
2	.361[a]	.130	.118	.41175	.130	10.340	1	126	.002
a. Predictors: (Constant), Monetary incentives									

Source: primary data from Researcher,2025

The results presented in Table 6 indicate that monetary incentives have a statistically significant moderate effect on the performance of health workers in Yei River County, as reflected by a correlation coefficient of $r = 0.361$. This suggests that monetary incentives are an important determinant of health worker performance in the study area. To further examine the extent of this relationship, the coefficient of determination (R^2) was computed. The findings show that $R^2 = 0.130$, indicating that monetary incentives account for approximately 13% of the variance in health worker performance. In addition, the results were subjected to a test of statistical significance, which revealed a p-value of 0.002. Since this value is below the conventional threshold of 0.05, the relationship is statistically significant. These findings confirm that monetary incentives have a moderate positive and significant effect on the performance of health workers in Yei River County. Practically, this implies that improvements in monetary incentives are associated with enhanced performance among health workers.

Table 7 ANOVA table on Monetary incentives

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
2	Regression	1.753	1	1.753	10.340	.002[b]
	Residual	11.698	126	.170		
	Total	13.451	127			
a. Dependent Variable: Workers Performance						
b. Predictors: (Constant), Monetary incentives						

Source: primary data from Researcher,2025

As indicated in the ANOVA table above, the researcher draws the conclusion that the model was statistically significant in estimating the strength of the connection between the dependent and independent variables because the Sig. value in the ANOVA table is 0.002, which is less than 0.05 alpha value.

DISCUSSION

The investigation into the influence of monetary incentives on the performance of health workers in Yei River County, South Sudan, was grounded in comprehensive statistical analyses, including descriptive statistics,

correlation, and regression techniques, with results systematically presented in tabular form. The findings from Table 5 reveal a moderate positive and statistically significant relationship between monetary incentives and health worker performance. Specifically, the correlation coefficient ($r = 0.361$) indicates a moderate positive association, while the p-value ($p = 0.002$) confirms that the observed relationship is statistically significant and unlikely to have occurred by chance. This implies that increases in monetary incentives are associated with improvements in the performance of health workers. Consequently, enhancing financial incentive structures has the potential to directly improve motivation, efficiency, and overall healthcare service delivery in the county.

Further analysis using regression techniques provides additional insight into this relationship. The coefficient of determination ($R^2 = 0.130$) indicates that monetary incentives account for approximately 13% of the variation in health worker performance. The statistical significance of the model ($p < 0.05$) underscores the reliability of this relationship. These results suggest that while monetary incentives are not the sole determinant of performance, they represent a critical factor that can be strategically leveraged to address performance gaps within the local health system. The findings therefore support the study hypothesis that monetary incentives positively influence performance, while leading to the rejection of the null hypothesis, which posits no relationship between the two variables.

These findings are consistent with existing empirical literature. For instance, Muhudin (2019) found that both financial and non-financial rewards significantly improved employee performance in private universities in Mogadishu, Somalia, with financial incentives particularly enhancing motivation and productivity. Similarly, Agbaeze and Ebirim (2020) reported that financial rewards positively influenced employee performance in manufacturing firms in South-South Nigeria. These studies collectively underscore the importance of well-structured reward systems in enhancing employee outcomes across different sectors.

In the context of Yei River County, however, the study findings indicate widespread dissatisfaction among health workers regarding existing monetary incentives. Many respondents perceived current payments as inadequate and ineffective in motivating performance, highlighting weaknesses in incentive design and implementation. The absence of competitive and well-structured compensation packages poses a risk to staff retention, as skilled health workers may seek opportunities in other regions or organizations offering better remuneration. This situation can lead to reduced motivation, lower productivity, and ultimately diminished quality of healthcare services, including longer waiting times and decreased patient satisfaction.

Despite these challenges, the study established that a majority (69%) of health workers currently benefit from some form of government-provided incentives. These incentives were found to have a positive, though moderate, effect on motivation, as reflected in a mean score of 2.61, which exceeds the weighted average of 2.125. This suggests that while the existing incentive system contributes to motivation, it remains insufficiently optimized. Supporting this finding, Manongi (2017) emphasizes that financial incentives are among the most effective tools for enhancing employee motivation, particularly when they create a clear link between effort and reward.

The study further revealed that incentive systems in Yei River County have not been regularly reviewed or updated to reflect evolving needs, indicating a lack of strategic management in compensation planning. This stagnation contributes to declining motivation levels and may adversely affect overall performance. Additionally, the absence of basic support mechanisms—such as accommodation, meals, bonuses, and regular allowances—was identified as a significant demotivating factor, with approximately 83% of respondents acknowledging its negative impact. This finding is supported by Henderson and Tulloch (2018), who highlight the importance of consistent financial benefits, including allowances and bonuses, in sustaining worker motivation.

Evidence from other contexts further reinforces these conclusions. Pradhan (2022), in a study conducted in Nepal, demonstrated that well-structured reward systems including bonuses, promotions, salary increments, and recognition have a significant positive effect on employee productivity. Similarly, Musangi, Ngui, and Senaji (2023) found that financial incentives play a central role in motivating healthcare professionals and improving their performance outcomes.

In summary, the findings of this study highlight the critical role of monetary incentives in enhancing the performance of health workers in Yei River County. While existing incentives have a positive impact, their

potential remains underutilized due to inadequate structuring, limited coverage, and lack of regular review. Without a clear and strategic framework for incentive management, health worker motivation may continue to decline, ultimately compromising the quality and effectiveness of healthcare service delivery in the county.

CONCLUSION

The study established a statistically significant moderate positive relationship between monetary incentives and the performance of health workers in Yei River County. This association was confirmed through Pearson's correlation analysis, which yielded a coefficient of $r = 0.361$, indicating a moderate positive relationship between the variables. This suggests that increases in monetary incentives are associated with corresponding improvements in health worker performance. Furthermore, regression analysis, as reflected in the ANOVA results, produced a p-value of 0.002, which is below the conventional significance threshold of 0.05. This finding confirms that the observed relationship is statistically significant and not attributable to random variation, thereby underscoring the importance of monetary incentives as a determinant of performance. From a practical perspective, these findings imply that financial incentives play a critical role in enhancing motivation and work effort among health workers. When adequately compensated, health workers are more likely to demonstrate increased commitment, diligence, and resilience, even under challenging working conditions. This heightened motivation can translate into improved service delivery, including better adherence to clinical guidelines, greater attentiveness to patient needs, and overall enhancement in the quality of healthcare services.

In light of these findings, it is imperative for policymakers and health administrators in Yei River County to prioritize the development and strengthening of incentive structures within the health sector. The current incentive system may require expansion and refinement to ensure inclusivity and effectiveness across all categories of health workers. Strengthening these mechanisms has the potential to improve efficiency, reduce errors, and enhance overall health outcomes within the community. Moreover, the establishment of a fair, transparent, and well-structured incentive system is essential for addressing issues of low motivation and workforce instability. Such a system would not only enhance job satisfaction but also contribute to staff retention by reducing turnover rates, which remain a persistent challenge in many healthcare settings. Ultimately, recognizing and adequately rewarding the efforts of health workers can foster a more motivated, committed, and high-performing workforce, better positioned to meet the healthcare needs of the population in Yei River County.

RECOMMENDATION

The primary objective of this study was to examine the influence of monetary incentives on the performance of health workers in Yei River County, South Sudan. The findings revealed a clear and moderate positive relationship between financial rewards and job performance, indicating that the provision of monetary incentives is associated with improved motivation and enhanced work outcomes among health workers. Based on these results, the study recommends that local government authorities strengthen and expand the existing incentive payment system to ensure that health workers consistently receive the financial benefits to which they are entitled. Such measures are likely to directly enhance motivation and improve the quality of healthcare service delivery.

The study further established that a significant proportion of health workers lack access to essential support mechanisms, including adequate accommodation, meals, and work-related allowances. This deficiency adversely affects their ability to perform effectively, as many are compelled to travel long distances or reside in unsuitable conditions, leading to fatigue and reduced productivity. Consequently, the study recommends the provision of adequate housing, nutritious meals, and appropriate allowances as a strategy to create a more supportive working environment and improve overall performance.

In addition, the findings indicated that approximately 69% of health workers benefit from the government's incentive payment system, while 31% remain excluded. This disparity has contributed to feelings of dissatisfaction and demotivation among those not receiving incentives, ultimately affecting service delivery and patient satisfaction. The study therefore advocates for the implementation of an equitable and inclusive incentive system that ensures all health workers are fairly compensated, thereby enhancing morale, motivation, and performance across the sector.

The results also demonstrated that monetary incentives account for approximately 13% of the variation in health worker performance, highlighting their significant contribution to improving productivity. This underscores the importance of investing in well-structured incentive systems, and the study recommends that the Ministry of Health consider scaling up such initiatives to enhance healthcare delivery not only in Yei River County but also at the national level.

Furthermore, the study revealed that the current incentive system is not performance-based, as it applies a uniform payment structure regardless of individual output. This approach has led to dissatisfaction among high-performing health workers and may undermine overall motivation. To address this limitation, the study recommends transitioning to a performance-based incentive model that rewards effort, efficiency, and results. Such a system would encourage greater accountability, promote excellence, and foster a more motivated workforce capable of delivering high-quality healthcare services.

Study Limitation

The study faced the risk of missing data due to incomplete responses, skipped questions, or the unavailability of some respondents. Such gaps could affect the accuracy and reliability of the findings if not properly managed. To mitigate this limitation, the researcher carefully reviewed completed questionnaires in the field and conducted follow-ups where feasible to ensure completeness and improve data quality.

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