

**AN EVALUATION OF MOTIVATION OF PUBLIC HEALTH WORKERS FOR
EFFECTIVE WORK PERFORMANCE: A *CASE STUDY OF UNIVERSITY TEACHING
HOSPITAL.***

BY

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Requirements for the Award of Masters of Science Degree in Human Resource Management.**

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2021

DECLARATION

I **Katamba K Leonard** do hereby declare that this work is my original work achieved through personal reading and research. This work has never been submitted to the University of Zambia or any other Universities. All sources of data used and literature on related works previously done by others, used in the production of this dissertation have been dully acknowledged. If any omission has been made, it is not by choice but by error.

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APPROVAL

This dissertation by **Katamba K Leonard** approved as a fulfilment of the requirements for the award of the degree of Master of Science in Human Resource Management.

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ABSTRACT

Background: Motivation is a driver to worker performance in most of the organisation, through motivation management creates “will to work” which is necessary for the achievement of organizational goals. The issue of employee dissatisfaction and related attitude towards work is assuming alarming rate worldwide. The situation is even more serious in developing countries where working conditions are unattractive. In Zambia, despite the MoH acknowledging under performance of health professionals in the country through ZNPFI there has been limited data and strategies to evaluate the influence of motivation on health workforce performance.

Objective: The focus of this study was to evaluate the influence of motivation and identify how intrinsic and extrinsic motivating factors affect the work performance of health workers at UTH.

Methods: A mixed approach (quantitative and qualitative) was adopted for the study, and stratified random sampling was used. A sample of 130 health workers under Clinic-care Dept was selected from a population of 600 using Cochran’s Model. Close ended questionnaires were adopted to collect data from the staff at UTH. A thematic content analysis and SPSS version 16 were used to analyze qualitative and quantitative data respectively.

Results: Key findings from the study revealed that training and development, supervision and achievement are intrinsic motivating factors that affect the health worker performance; extrinsic factors such as promotions and recognition also impact health workers performance. Furthermore, access to financial loan facilities with relatively low interest rates is a motivator among health professionals.

Conclusion: It is recommended that UTH Management and the Ministry of Health (MoH) adopt motivational policies based on the intrinsic and extrinsic motivational blocks.

Keywords: *Motivation, Performance, Intrinsic, Extrinsic*

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DEDICATION

I wish to dedicate this work to God almighty for the strength and gift of life to see me through this course successfully Secondly. I dedicate this work to my family for the support they gave me while undertaking a study.

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ACRONYMS

PSPD	Public Sector Police Development
ZIPAR	Zambia Institute for Policy Analysis and Research
UTH	University Teaching Hospital
MoH	Ministry of Health
WHO	World Health Organisation
ZNPHI	Zambia National Public Health Institution

CHAPTER ONE

1.0. INTRODUCTION

High productivity or effective service delivery is a long-term benefit of Employee motivation. Motivated employee is a valuable asset, which delivers huge value to the Organization in maintaining and strengthening its business and revenue growth. This highlights as to why employee motivation is necessary and the need for learning about the impact that it bears on the employee's performance. The importance with regard to motivation was realized as early as 1943 when Abraham Maslow wrote the theory with regards to human motivation on the basis of need hierarchy. Various theories were formulated since then due to the rising need in understanding employees and how or what are the factors that motivates them in order to increase their productivity and efficiency.

Motivation refers to an internally and externally generated drive to achieve a goal or follow a particular course of action. Highly motivated employees focus their efforts on achieving specific goals. It's the manager's job, therefore, to motivate employees—to get them to try to do the best job they can. Motivated employees call in sick less frequently, are more productive, and are less likely to convey bad attitudes to customers and co-workers. They also tend to stay in their jobs longer, reducing turnover and the cost of hiring and training employees. Among the factors of production or service delivery, the human resource constitutes the biggest challenge because unlike the other inputs, employee management is a very complicated process, which includes the burdened task concerned with the handling of thoughts, feelings & emotions to project the highest productivity or effective service delivery. Therefore, HR professional has to evolve to become a strategic partner, an employee sponsor or advocate, and a change mentor within the organization. In order to succeed, HR must be a business driven function with a thorough understanding of the organization's big picture and be able to influence key decisions and policies. In general, the focus of today's HR Manager is on strategic personnel retention and talents development, (Perry, J. L, Hondeghem A. 2008). Motivation is an effective instrument in the hands of managers for inspiring the work force and creating confidence in it. By motivating and initiating rewards for the work force, management creates “will to work” which is necessary for the achievement of organizational goals (Chabra, 2010; Cole, 2004). The issue of employee dissatisfaction and related attitude towards work is assuming alarming rate worldwide. The situation is even more serious in developing countries where working conditions are unattractive. This research will highlight how factors of motivation can meet the challenges of workplace performance among the public health workers, a case study of the University Teaching Hospital of Zambia.

1.2. Background to the Research

Zambia is facing a significant number of problems related to HRM in the public sector, a great part of the national budget is spent on the human resources employed but not on the management of human resources, so the all public sector is viewed as not motivated, not productive and inefficient (PSPD Report, 2014). Motivation is not seen as an important part for achieving the public sector performance, the public sector of Zambia has many challenges including the aging of employees who are hard to motivate, (ZIPAR, 2015). Buelens and Van den Broeck (2007) proved not only aging of employees is the problem in the public sector, but also gender and education are important when choosing the appropriate motivational tools.

According to World Health Organisation report of 2012, noted that Zambia's failure to meet MDG's number (4) To reduce child mortality, (5) Improve maternal health and (6) To combating HIV/AIDs, Malaria and other diseases was partly due to lack of motivation on the Public Health Workers. This is still relevant towards achieving the current Sustainable Development Goal (SDGs) number (3) Good health and well-being, it was observed that the topic of motivation of public health workers in Zambia is unexplored which is crucial to improving retention and performance of workers. This is an indicator that HRM and especially motivation of employees is still not seen as an important factor of the public sector's success. In order to get more productive employees who will contribute to the effective delivery of good service, public sector organisations have to engage in motivating employees by introducing different and appropriate motivational tools, having in mind that every employee has to be seen as an individual. Motivation is individual (Kinick & Williams, 2008), meaning that what motivates one person might not necessarily motivate another. Ghazanfar *et al.* (2011) observed that employees spend most of their time at workplace, as a result, it is important that they have a positive mindset for the work they do. It is argued that motivational factors are specific to every country. In Zambia the National Public Health Institute ZNPHI whose responsibility among others to provide technical support to public health professionals to improve their job performance has acknowledged the under performance of the public health professionals in the country, (MoH Report, 2016).

1.3. Statement of the Problem

The health system is labour and capital intensive but it is the health worker's motivation, manifested in their behaviour at the workplaces, which greatly affects the outcome of the health system. According to the Human Resource Planning and Development Strategy Framework of 2017, the Ministry of Health (MoH) recognises that the health workforce (Human Resources for Health) is critical component to achieving the health systems objectives. Zambia has embarked on an unwavering health

system strengthening agenda that has led to unprecedented investment in health infrastructure, among many other interventions, aimed at enhancing universal health coverage based on a primary health care approach. However, Zambia's efforts to ensure adequately motivated Health Workers appeared to be impeded by lack of will and commitment by HR Management to carry out Human Resource for Health Planning and Development and effective Human Resource for Health Strategies. The University Teaching Hospital (UTH) cannot exempt itself from MoH challenges faced. There has been limited data and strategies to assess motivation on workforce performance. Further, the WHO 2018 Report state that health systems in low- and middle-income countries are challenged to accommodate increasingly mobile populations; rapid social and technological changes; complex governance issues. Although the overall challenges are similar, a country's unique political and social structure may make it difficult to draw lessons from research on motivation of HRH done elsewhere, especially if the research was done in a high-income setting. Thus, policymakers need to be equipped to commission research that will directly inform their local health workforce policy-making and decision-making on motivation of HRH.

1.4. Aim of the Study

The aim of the study was to understand factors of motivation necessary for the effective performance of health workers. Thus, understanding of employee motivation in the Public health sector is necessary to design systems with the right incentives to ensure that Health Workers are motivated.

1.5. Significance/Justification of the study

Improving the performance of workers has gained attention, especially in the public sector (Gould-Williams, 2003). Attention therefore, needs to be placed on the effort of motivating workers. There is the need to make efforts to ensure that the reasons that prevent optimal performance are identified. Studies have focused on motivation (Gould-Williams, 2003), but little attention has been given to motivation at the University Teaching Hospitals (UTH). This study enabled the researcher gain insight into factors of motivation, which may equally be affecting performance among health workers at UTH. It is expected that the needed information provided would guide management on better strategies to improve staff motivation. The study has identified how motivational factors influences worker's performance on their duties and help policy makers to find ways to curb the present situation and understand pertinent motivational issues at UTH. The outcomes of the study will serve as a catalyst for improvement in staff motivation that would improve the quality of health care delivery at UTH. In totality, when staff are motivated they perform better and this would help uplift the hospital to a state that will be good and functional and in a way guarantee its effectiveness and smooth existence. This

study would afford the management of the Ministry of Health and UTH the opportunity to be abreast with the issues of staff motivation among its health workers. The findings would enable management to rethink motivational strategies among health workers.

1.6. General Objectives of Research

The objective of the study was to explore the factors of motivation on health workers' effective performance at the University Teaching Hospital (UTH).

1.6.1. Specific Objectives

Specific objectives of the study were:

- (i) To identify factors of motivation with impacts on health worker's performance at UTH.
- (ii) To determine the extent to which motivation influence health worker's performance at UTH.
- (iii) To establish the relationship between motivation and health worker's performance at UTH.

1.6.2. Research Questions

The research questions for the study were:

- (i) What factors of motivation impacts health worker's effective performance at UTH?
- (ii) What measure of motivation influence health workers performance at UTH?
- (iii) What is the relationship between motivation and health worker's performance at UTH?

1.7. Hypothesis

The hypotheses tested were that:

H1: intrinsic motivational factors will motivate public health workers to perform effectively.

H2: Extrinsic motivational factors will motivate public health workers to perform effectively.

1.8. Scope and Delimitation to the Study

The study was on the motivation of health workers to perform effectively therefore the research was to seek to understand the factors of motivation which has influence on the performance of public health workers at the University Teaching Hospital (UTH).

1.9. Limitations to the Study

University Teaching Hospital consists of Administration and Clinical Care Departments. For the purposes of this research the study covered health workers under Clinical Care departments who are directly responsible in providing Health Care Services to the patients these were; Medical Doctors, Nurses, Pharmacists, Biomedical Officers, Physiotherapist, Radiographers, Dentist.

1.10 CHAPTER SUMMARY

The first chapter of this study opened with the introduction thereby providing a brief understand of the subject to the study, therefore the concept of Motivation was discussed in relation to employees work performance, it was followed by a background to the study which highlighted the source of the statement of the problem to the study and further described the statement of the problem which formed the basis of inquiry of this study “An evaluate of motivation of public health workers for effective work performance”. It was followed by the research objectives trying to determine the factors and extent of motivation of public health workers thereby establishing the relationship between motivation and health worker’s performance. The research questions and hypothesis were delivered from objectives to give direction of inquiry to the study. Ssignificance/justification of the study, delimitation and limitations to the study were stated in order to guide the expectations and use of this study.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter presents literature of related studies on the topic under consideration by review different literature from Global, Continental and Regional and within the country of Zambia in order to establish existing research gap on the concepts/theories on the Public Health Workers Motivation and Work Performance. This chapter has been presented into three (3) parties; Conceptual framework, Empirical and Theoretical Literature Reviews. In part one (1), section one (1) presents the conceptual framework of health worker motivation and performance. In section two (2) employee performances is defined with respect to health worker performance in a health care environment. Section three (3) defines health worker motivation as perceived in the health system. In Part two (2) Sections (1) presents theories of motivation. Section two (2) presents literature review chapter summary.

2.2. CONCEPTUAL FRAMEWORK:

2.3. Motivation and Work Performance

The framework for this study, conceptualizes the two major categories that influence health worker motivation: intrinsic and extrinsic factors (Afful-Broni, 2012). Bartol and Martin (2008), describe motivation as a power that strengthens behaviour and triggers the tendency to continue. Garland *et al.* (2012), suggest that in order to attain assured targets, individuals must be satisfied (only energetic) and be clear about their determinations. Motivation is a set of courses concerned with a kind of strength that boost performance and direct towards accomplishing some definite targets (Manzoor, 2012). The essence of this conceptual framework was to provide a reference point and structure for the discussion of the literature and also to provide the boundary of the study. The key elements of the conceptual framework, constituting factors that influence motivation and health worker's performance forming the basis of the study are depicted in figure 2.3 below. These are shown as intrinsic factors and extrinsic factors. For intrinsic factors the following elements were considered: achievement, continuous education, and supervision. For extrinsic factors the following elements were considered: structure, job security, High Salary, Incentives and Promotions.

2.4. Intrinsic Motivational Factors

Continual education, interactive training and professional development that is directed towards the priority health conditions and needs of the population improve the health workers' competency and motivation (Dieleman *et al.*, 2006). Training programmes with a focus on local needs can help improve health worker performance and lessen attrition (WHO 2006). Manogi *et al.* (2006), placed emphasis on career development as one of the nine motivational themes identified. *Strategies* Implementing lifelong learning strategies are necessary and may be achieved at low cost with a moderate effect on the health professional performance (WHO, 2006). It enables workers to cope with job requirements and take more challenging tasks, thus contributing to job satisfaction and improved health delivery (Mathauer & Imhoff, 2006; Willis-Shattuck *et al.*, 2008).

2.5. Supervision of Subordinates

Skilled health workers such as nurses belong to categories of professionals with internationally recognized qualifications that enable them to secure jobs globally (Hongoro & Normand, 2006). Health workers perform well if there is supervision and feedback (Mathauer & Imhoff, 2006). Improvement of communication between different levels of the health system promotes performance (Manogi *et al.*, 2006). Manogi *et al.* (2006), revealed that in a facility where there are a lot of junior staff and supervision is reduced, the staff experience frustrations in career development and the use of skills. A qualitative study conducted by Manogi *et al.* (2006), identified nine motivational themes and emphasis was placed on supportive supervision, as a key motivational theme *Financial Incentives* Financial incentives alone cannot motivate staff but non-financial like supportive supervision, performance appraisal and promotions are prioritized by health workers for improving services they deliver (Manogi *et al.*, 2006). Money as a financial incentive remains the most significant strategy of motivation. The existence of periodic salary increase, bonus and allowance contribute to health worker motivation and thus, the enthusiasm to improve performance (Henderson & Tulloch 2008).

2.6. Extrinsic Motivational Factors

Adequate resources and appropriate infrastructure can improve the morale of health workers significantly, thus improving performance (Willis-Shattuck *et al.*, 2008).

Working Environment Henderson and Tulloch (2008), concluded that the working environment has an influence on job satisfaction and performance, since most workers require adequate facilities and conditions to do their work properly. Willis-Shattuck *et al.* (2008), revealed that health workers complained of working without adequate equipment, which was a source of demonization. *Recognition* Role clarity, supervision and job satisfaction play a vital role in the performance of employees.

Notably, workers will work harder if they notice that their work is recognized or involved in decision making that concern their work (Yavuz, 2004).

2.7. Job Security as a Motivator

Hitka and Sirotiakova (2009), note that job security is an important motivational factor for workers. In the society, work is central in the lives of people. Sometimes, the respect accorded to people in terms of how they are treated or even addressed depends on whether or not, they work. The lack of job security in the organization may affect the personal lives of workers as well as the performance of the organization.

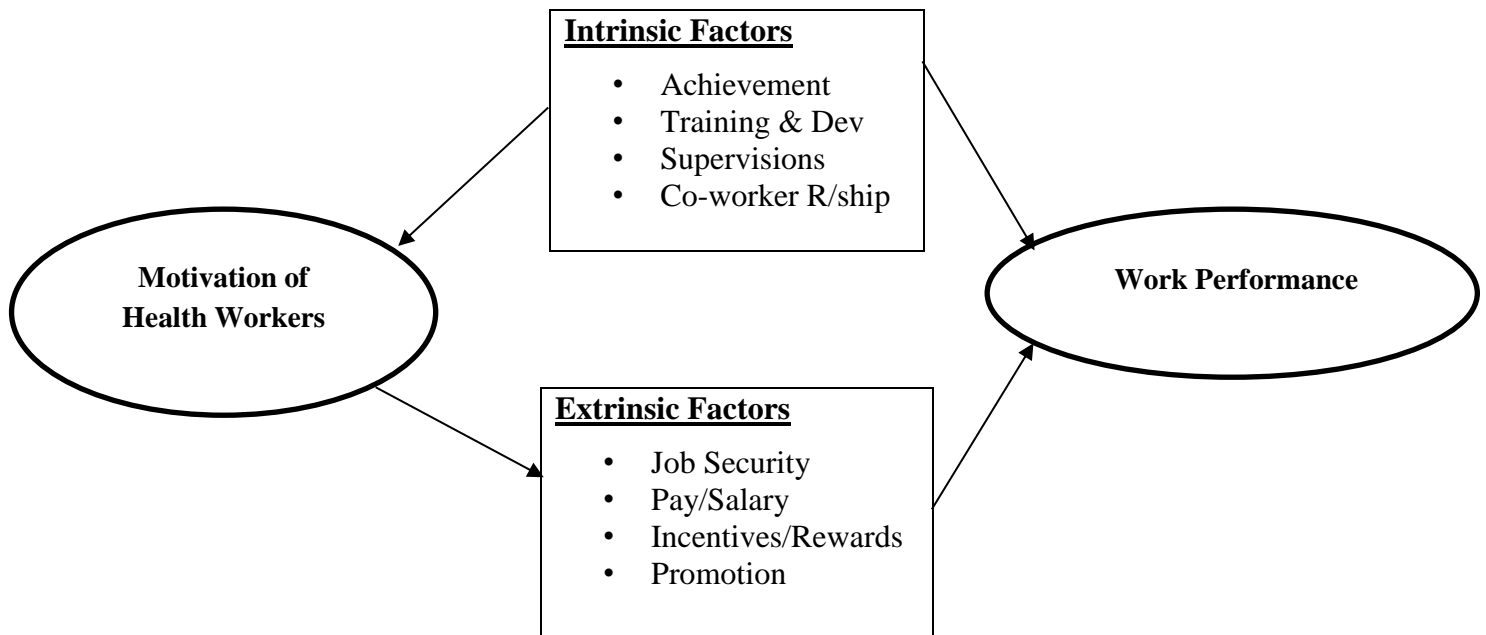
2.8. Motivators High Salaries and Benefits

Payment of salaries and other allowances on regular basis is a key driver of motivation and performance of health workers (WHO 2006). Willis-Shattuck *et al.* (2008), found that low salaries demotivate health workers as they felt that their skills were not valued. Improved salaries and benefits are major monetary incentives for workers to remain in the health sector (Henderson *et al.*, 2008). For example, since the mid 1990's, Vietnam encouraged doctors to work in communities in remote and less privileged areas by establishing permanent staff positions with salaries and allowances from the state budget (Henderson *et al.*, 2008). This measure improved the overall numbers of doctors working at the community level in Vietnam.

2.9. Interpersonal Relationship as a Motivator

According to Peters *et al.* (2010), revealed that health workers rated motivating factors such as good interpersonal relationship with colleagues at work as an enhancement to performance.

Fig 2.10: Conceptual Framework: Motivation and Work Performance.



Source: (Determinants of performance, Manzoor 2012)

2.11. Operational Definitions

One operational definition explains that motivation can be defined as the inner force that drives individuals to accomplish personal and organisation goal (Lindner, 1998). According to O'Reilly (1991), Katzell and Thompson identify work motivation as “a broad construct pertaining to the conditions and processes that account for the arousal, direction, magnitude, and maintenance of effort in a person’s job”.

Operational Definition of Extrinsic and Intrinsic Motivation are economic factors and psychological benefits.

2.12. Extrinsic motivation is often a result of tangible rewards such as money or promotions, or intangible rewards such as public praise.

2.13. Intrinsic motivation is marked by people who engage in activities based on their levels of enjoyment, or to help others. Whichever side employees lean to, either intrinsically and/or extrinsically motivated, will help to determine the most effective ways in which to motivate them.

Some typical factors that help employees to remain motivated include but are not limited to; interesting work, good wages, appreciation of work done, job security, feeling valued, good working conditions, feeling connected, personal loyalty to the company or co-workers, and sympathetic help with personal problems by management.

2.14. EMPIRICAL REVIEW

2.15. Globally: Health System Performance

From the world-wide perspective issues of health system performance is of much interest in recent times. According to the WHO report, (2012) concluded that there was need to strengthen health systems in order to improve the quality of health care delivery. In surveys undertaken world-wide it was found that motivation is one of the key factors that can get an organization to increase quality as motivation plays an important role in work performance (Abdulsalam & Mawoli, 2012). It was estimated globally that African countries needed at least, one million health workers as a supplement to the existing human resources in order to make progress towards the achievement of MDGs (Willis-Shattuck *et al.*, 2008). However, it is necessary to motivate the existing staff to retain and improve on the work performance. While the global health workforce is estimated at 59.2 million, only 3% is found in Africa, coping with 25% of the global disease burden. It is estimated that the health sector workforce density per 1000 population in Africa is 2.3 compared to 24.8 in the America (WHO, 2006).

Zambia is one of the Sub-Saharan African countries making a considerable progress in many health outcome indicators (Alhassan *et al.*, 2013). For instance, the percentage of antenatal and postnatal coverage improved from 25.5% and 30.8% in 2008, to 75.3% and 55.5% in 2014, respectively. The percentage of deliveries attended by skilled health staff also increased from 44.2% in 2008 to 53.3% in 2011. However, these achievements were insufficient to attain the 2015 targets for health related MDGs. This was due to factors, including understaffing in health facilities, inequitable distribution of health sector human resource, de-motivated staff and inadequate healthcare infrastructure (Alhassan *et al.*, 2013).

2.16 Evaluating Employees Performance.

Every employee will put up better performance if the incentives packages are rewarding and go along to the individual needs, taking into consideration economic factors (Henderson & Tulloch 2008). Afful-Broni (2012) revealed that the problem of job performance was due to lack of motivation. Therefore, mechanisms to direct a proportion of funds to workforce financial incentives would enhance worker performance and contribute to improved outcomes (WHO, 2006). Improved performance will mean availability, meaning improved waiting time, adequate staff ratios and attendance of health workers. Competency mean adherence to protocol during diagnosis and communication with patients. Productivity occupancy rate provided per worker or facility and being responsive will lead to client satisfaction, reduction in case fatality rates and reduction in services (WHO, 2006). According to Zurn *et al.* (2008), argue that performance does not depend only on knowledge and skills, but on motivation and job satisfaction. The working environment of a health facility will make great strides in improving

the effectiveness and quality of the services provided by the health worker. Health workers are responsive to the needs of their clients, but sometimes the services they provide may be timely. The enthusiasms with which the health workers perform serve as a motivation for the health workers to improve their performance and that of the health sector (Lutwama *et al.*, 2012). The World Health Organization declared 2006 to 2015 as a decade for the health workforce with emphasis on the performance and adequate human resources for health (WHO, 2006).

In evaluating employee performance, the most widely used method is the employee performance appraisal (Ilgen & Feldman, 1983). This is based on what the organization consider as acceptable standards. The output of the services is an objective measure of its outcome for most service organizations. Thus, for a hospital, the number of clients that visit can also be used as an objective measure of its output (Anyanwu, Sheth, Cardoso, Miller, & Kochut, 2011). Providing a basis for measuring health worker performance, since employee's performance is influenced by motivation, a link has been drawn between the dynamics of organisation and individual was studied based on which a new employee-employer social contract that enables organizations to improve worker commitment was proposed (Stum, 2001; Mullins, 2005).

2.17. Understanding the Concept of Motivation

According to Dubin (2002), "Motivation is the complex of forces starting and keeping a person at work in an organization. Motivation is something that puts the person to action, and continues him/her in the course of action already initiated". Motivation refers to the way a person is enthused at work to intensify his desire and willingness to use his energy for the achievement of organization's objectives. It is something that moves a person into action and continues him/her in the course of action enthusiastically. Motivation is a complex phenomenon, which is influenced by individual, cultural, ethnic and historical factors. Motivation can be defined as "a series of energizing forces that originate both within and beyond an individual's self". These forces determine the person's behaviour and therefore, influence his/her productivity (Jackson, 1995). According to De Cenzo *et al.*, (1996), people who are motivated use a greater effort to perform a job than those who are not motivated. In other words this means that all thinkable factors of physical or psychological aspects that we interact with, leads to a reaction within our self or of the entire organization. According to Latham and Ernest (2006) motivation was in the beginning of the 1900s thought only to be monetary. However, it was discovered during the 20th century that to motivate employees, there are more factors than just money. In their view, employees' satisfaction with their job is an important indicator for a good job performance and happy employees are productive. To them, motivation is a psychological factor and is affected by the

workers' mental attitude and health. Therefore, in order to be motivated, a person needs to have certain basic needs fulfilled. If these needs are lacking, a person's self-esteem and self-actualization cannot develop. This could result in lack of interest to progress and develop, both professionally and personally. There are several theories of human needs, which are the foundation of motivation. CIPD's Reward Survey (2005a) reveals that human resource (HR) and line managers fail to develop reward strategies for their employees. Guest and Conway, (2005) established their suggestions on the basis of CIPD's survey on employee welfare and emotional convention that managers fail to motivate and improve the performance of people whom they manage. The familiar notion that people leave managers, not organizations, suggests that the organizations concerned, were subjected to failure for holding managers responsible to understand their role in motivating people and to manage performance as effectively as they can. The biggest challenge for HR managers is to push line managers to manage and develop people.

2.18. Employee Motivation in Public Sector

The literature points to two contrary positions regarding the motivational effect of performance. One position argues that extrinsic rewards will be a source of motivation; while the other argues that intrinsic rewards have greater impact, particularly in a non-commercial setting. In the light of these two positions, the focus of the present paper is the motivational effect of intrinsic motivation. Agency theory suggests that people are motivated by extrinsic rewards and that employees will only perform tasks for which they are rewarded (Jensen and Meckling, 1976; Eisenhardt, 1989; Baiman, 1990). This means that people will only work to the best of their abilities if they consider the reward to be adequate. According to Jensen and Meckling (1976) agency theory states that individuals are wealth maximisers. Altruism is not considered to be a part of the principal/agent relationship. Ryan and Deci (2000) point out that the question of extrinsic/intrinsic motivation is a complex issue. They suggest that some forms of extrinsic motivation may appear to be intrinsic. In particular, they speak of "regulation through identification", which reflects a conscious valuing of a behavioural goal so that the action is accepted or owned as personally important. Thus, the significance of an extrinsic reward is related to the values of the employee; in other words, the efficacy of the extrinsic reward is linked to what the employee believes to be important. Gupta and Mitra (1998) using meta-analysis found that financial incentives are strong motivators. They found that financial incentives were particularly powerful with respect to performance quantity. However, results were uncertain when regarding performance quality – an important consideration in the human services sector. The results of research in the public sector appear to contradict the conclusions of Gupta and Mitra. According to O'Donnell and Shields (2002) the

application of performance-related pay in the Australian Public Service (APS) has been problematic. Similarly, the research of Marsden and Richardson (1994) found that performance-related pay had limited motivational effects. O'Donnell (1998) found that the attempt to apply performance bonuses to senior officers of the APS did not contribute to an improvement in performance. Also, the OECD (1993) questioned the motivational effects of pay increases and bonuses, particularly for senior public service managers. According to Gaertner and Gaertner (1985), performance appraisals that placed emphasis on the development needs of managers had the potential to increase the performance of the manager. This finding is in line with Ryan and Deci's (2000) idea of assimilation: the assimilation of the organisation's demands with one's own values and needs. Gaertner and Gaertner's finding suggests that extrinsic rewards coupled with training or feedback that could assist the individual to improve performance have greater significance than extrinsic rewards alone. Dowling and Richardson (1997) showed that UK National Health Service (NHS) managers were positive about role and goal clarity, and feedback and support from superiors. Hence, these factors – clarity of goal and support from superiors – are significant motivators. Redman et al. (2000) found that two-thirds of NHS managers reported that a performance management system contributed to their motivation. However, the performance-related pay component of the system was perceived negatively – particularly so in instances of performance pay being given to individuals where performance was heavily dependent on a team effort. The findings of Gaertner and Gaertner (1985), Dowling and Richardson (1997), Redman et al. (2000) and O'Donnell and Shields (2002) are supported by Frey's (1997) contention that, once pay exceeds a subsistence level, intrinsic factors are stronger motivators; and that extrinsic rewards by themselves are problematic and staff motivation also requires intrinsic rewards such as pride at doing a good job and a sense of doing something worthwhile. People working in the third sector do so despite generally lower pay because they consider the task to be important. Williams (1998) points out that people have different values, motives and perceptions and are not passive recipients who will automatically respond to work systems as management wishes. In keeping with the findings of Etzioni (1988) and Larson (1977), values are considered to be important in the development of an individual's commitment to an organisation. The importance of altruistic values in relation to employment in the third sector was highlighted by Jobome (2006), who found in his study of management pay in large UK Public Sector that intrinsic rewards dominated extrinsic ones. Holcombe (1995), consistent with the argument of Ryan and Deci (2000), argues that bringing about a congruence of individual values with organisational values is creating a sense of mission that is an employee's personal commitment to the organisation. In her study of the Grameen Bank in Bangladesh, Holcombe demonstrates how important employee identification with the organisation's goals and values is to the achievement of the organisation's mission. Holcombe appears to be in total agreement with Ryan and Deci (2000); also

with Brown and Yoshioka (2003). However, the latter found that a perception that pay was inadequate was a source of dissatisfaction, which could lead to a reduction of motivation. This point was also emphasised by Herzberg (2009), and is implicit in Frey (1997). Thus, the values and the mission of a Public Sector organisation are an important source of motivation, but extrinsic rewards cannot be ignored. Most agency models of motivation are only concerned with financial rewards (Frey, 1997), but Almer, Higgs and Hooks (2005), Etzioni (1988), and Larson (1977) argue that there are factors other than pay that motivate individuals to work in Public Sector organisations. In addition, Berry, Broadbent and Otley (1995) point out that organisational control, including such elements as goal setting, performance measurement and rewards, is pluralistic and people working in the 'caring services' may consider remunerative motivation as less important than the normative reward of 'doing a worthwhile job'. Similar conclusions were drawn by Bouillon et al. (2006) in their study of hospital managers; their research indicates that hospital managers were not motivated by individual opportunism alone. Brown and Yoshioka (2003) stated that many individuals in Public Sector organisations conceptualise money as a means to accomplish larger objectives and not as an end in itself. Therefore, financial incentives and controls may not be effective motivators in Public sector (PS). Speckbacher (2003) believes that PS organisations may attract committed employees precisely because the absence of owners is a signal to such employees that their selflessness will not be enriching someone else. This position has been supported empirically by Weisbrod (1983), Preston (1989), and Roomkin and Weisbrod (1999). Schepers et al. (2005) argue that employees working in third sector organisations would be motivated predominantly by social contact, working for and with people, altruism, personal growth, all of which are intrinsic factors, the motivational importance of which is the focus of the present research.

2.19 Articles of Motivation Reviewed World-Wide

2.20 South (Latin) America

Latin America is a group of countries and dependencies in the western hemisphere where languages such as Spanish, Portuguese, and French are predominantly spoken with estimated population of about 642.2million.

The Article reviewed in titled *The Health Workforce Motivation in Latin America and the Caribbean: An Analysis of Colombia, Costa Rica, Jamaica, Panama, Peru, and Uruguay* by Carmen Carpio and Natalia Santiago Bench. The article reviewed that there is far less research conducted about those Human Resources for Health issues in the LAC region. The search also produced far fewer articles that focused exclusively on Latin America, and none that dealt exclusively with the Caribbean. Of the 56 articles and some stand-alone publications reviewed, *only eight articles focused exclusively on Latin*

America: two articles discussed motivation for performance management and dual practice in Peru, one examined absenteeism in Costa Rica, another was an article on Chile's rural practitioner program that appeared in the *Bulletin of the World Health Organization*, and one was a WHO study on lessons learned on health worker salaries and benefits in Bolivia, Chile, and Peru. This raises the possibility that, while it is likely that there is a critical mass of work in the area of motivation for performance management and incentives in LAC, there seems to be a certain degree of under capture of this work in leading scientific journals in English. Alternatively, it is possible that not enough research or active publication was ongoing in these areas in LAC, since, if the contrary were true, the literature search, using reputable online databases, would have identified relevant articles in far greater numbers. Of course, testing conclusively which of these hypotheses is more robust could form the basis for a detailed stand-alone study. Such a study would draw upon a much more exhaustive and in-depth literature review of articles that not only covered a longer period but tapped many more articles from multilingual databases, having both far greater access to and coverage of Portuguese and Spanish publications.

Studies on the topic of *attracting and retaining health workers*, especially related to motivation in peri-urban and rural areas, seem to indicate that there are no set answers to this challenge. A coherent combination of financial, educational, and management incentives, as well as nonfinancial incentives, is critical for a successful strategy designed to attract and retain health workers. The important topic of *wages and incentives* gathers relevance and complexity as countries seek to attain universal health coverage (UHC), with a greater share of gross domestic product theoretically being allocated to health worker remuneration. This is belied by the seemingly declining fraction of health expenditure that goes toward paying health workers, because the pursuit of UHC calls for focusing on the health system as a whole. Overall, the implementation of financial incentives merits careful planning and management, in order to avoid loss of morale and staff grievances. The role of nonfinancial incentives should not be underestimated. Studies show that incentives such as providing study leave, training, support, and supervisor feedback go a long way in motivating and retaining staff. Assessing job performance requires a review of its measurement and metrics. A Latin American study on assessing district health managers found that factors associated with good manager performance included a favourable organizational structure (including written job descriptions and support from senior management), having decision power (including the ability to select and appoint new staff), and a good knowledge of operational realities on the ground were additional motivators.

2.21 Asia (India)

India, officially the republic of India is a country in South Asia. It is the second-most populous country. The Seventh-largest country by area, and the most populous democracy in the world. According to the Article: **Job satisfaction and motivation of health workers in public and private sectors: cross-sectional analysis from two Indian states** by David H Peters, et...al (2010).

According to this research article stated that ensuring health worker job satisfaction and motivation are important if health workers are to be retained and effectively deliver health services in many developing countries, whether they work in the public or private sector. The objectives of the paper were to identify important aspects of health worker satisfaction and motivation in two Indian states working in public and private sectors.

The results found showed that there was high variability in the ratings for areas of satisfaction and motivation across the different practice settings, but there were also commonalities. Four groups of factors were identified, with those relating to job content and work environment viewed as the most important characteristics of the ideal job, and rated higher than a good income. In both states, public sector health workers rated “good employment benefits” as significantly more important than private sector workers, as well as a “superior who recognizes work”. There were large differences in whether these factors were considered present on the job, particularly between public and private sector health workers in Uttar Pradesh, where the public sector fared consistently lower ($P < 0.01$). Discordance between what motivational factors health workers considered important and their perceptions of actual presence of these factors were also highest in Uttar Pradesh in the public sector, where all 17 items had greater discordance for public sector workers than for workers in the private sector ($P < 0.001$). Therefore, the research article concluded that there are common areas of health worker motivation that should be considered by managers and policy makers, particularly the importance of non-financial motivators such as working environment and skill development opportunities. But managers also need to focus on the importance of locally assessing conditions and managing incentives to ensure health workers are motivated in their work. The study of health workers in two states suggested that understanding motivation and satisfaction of health workers is highly dependent on the local context. Perhaps one of the most important implications of this is that health managers ought to be asking their own workers about their particular motivational factors, and developing plans locally to address them.

2.22 South Africa

According to research article on **Motivation and retention of health workers in developing countries: a systematic review** by Mischa Willis-Shattuck et..al (2008). The study stated that the constraint to achieving the MDGs is the absence of a properly trained and motivated workforce. Loss of clinical staff from low and middle-income countries is crippling already fragile health care systems. Health worker motivation is critical for health system performance and a key problem is how best to motivate and retain health workers. The authors undertook a systematic review to consolidate existing evidence on the impact of financial and nonfinancial incentives on motivation, retention and performance of health workers.

The results based on the twenty articles reviewed met the inclusion criteria. They consisted of a mixture of qualitative and quantitative studies. Seven major motivational themes were identified: financial rewards, career development, continuing education, hospital infrastructure, resource availability, hospital management and recognition/appreciation. There was some evidence to suggest that the use of initiatives to improve motivation had been effective in helping performance. There is less clear evidence on the differential response of different cadres.

In this article it was concluded that while motivational factors are undoubtedly country specific, financial incentives, career development, continues training and recognition/appreciation issues are core factors. Nevertheless, financial incentives alone are not enough to motivate health workers. It is clear that recognition is highly influential in health worker motivation and that adequate resources and appropriate infrastructure can improve morale significantly. The articles in this review explored motivational issues faced by health workers and made recommendations to improve health worker motivation. There were several common motivational themes identified and this was consistent with findings in opinion pieces and other non-systematic review articles, for instance that poor career paths and promotion opportunities lead to health workers feeling stuck and therefore more susceptible to the 'pull' factors of migration, and that improving working and living conditions maybe more effective than increasing wages to reduce migration flows. Overwhelmingly the studies concluded that policies and packages of incentives are urgently needed to improve motivation, retention and performance of health workers.

2.23 East Africa (Tanzania)

The Article on Motivation of Health Care Workers in Tanzania: *A case study of Muhimbili National Hospital* by Melkidezek T. Leshabari , et...al (2008). According to this article it states that Tanzanian health system is currently undergoing major reforms. As part of this, a study was commissioned into the delivery of services and care at the Muhimbili National Hospital. One of the main components of this comprehensive study was to measure the extent to which workers in the hospital were satisfied with the tasks they performed and to identify factors associated with low motivation in the workplace. The methods was a cross sectional study involving a sample of 448 hospital workers. Stratified sampling was used to randomly pick 20% of: doctors, nursing staff, auxiliary clinical workers and other administrative and supporting staff. About 44% of the workers were female.

The Results almost half of both doctors and nurses were not satisfied with their jobs, as was the case for 67% of auxiliary clinical staff and 39% of supporting staff. When asked why they were working in the health sector only one respondent indicated that their major motive for applying for the job was to make money. Many workers (56%) indicated that they wanted to work in the hospital to serve people and 20% were simply seeking employment of any kind. Ten percent of the workers said they applied for the job because of professional prestige. However, there was indications of dissatisfaction was is considered as a multi-factorial in origin. Amongst the contributing factors reported were low salary levels, the frequent unavailability of necessary equipment and consumables to ensure proper patient care, inadequate performance evaluation and feedback, poor communication channels in different organizational units and between workers and management, lack of participation in decision-making processes, and a general lack of concern for workers welfare by the hospital management. It was concluded that many workers at all levels in the hospital were not satisfied with the tasks they performed due to a variety of factors. Based on the study findings, several recommendations were made including setting defined job criteria and description of tasks for all staff, improving availability and quality of working gear for the hospital, the introduction of a reward system commensurate with performance, improved communication at all levels, and introduction of measures to demonstrate concern for the workers' welfare.

2.24. West Africa (Ghana)

The Article titled Impact of Motivation on the Work Performance of Health Workers (Korle Bu Teaching Hospital): Evidence from Ghana, by Kofi Aduo-Adjei et..al (2016). According to this article Motivation is a driver to health worker performance in most Ghanaian hospitals. In view of this,

Ghana's Ministry of Health had rolled out enough motivational policies to accentuate work performance of health workers. The focus of this study was to examine the impact of motivation and identify how intrinsic and extrinsic motivating factors affect the work performance of health workers at Korle-Bu Teaching Hospital (KBTH).

The methods is qualitative approach was adopted for the study, and purposive sampling was used to select fifteen (15) health workers including both medics and paramedics. An in-depth interview guide and one-on-one interviews were adopted to collect data from the staff at Korle Bu Teaching Hospital. A thematic content analysis was used to analyze the transcribed data.

The findings from the study revealed that job satisfaction, logistic provision, and an enabling work environment are intrinsic motivating factors that affect the work performance of health workers; extrinsic factors such as financial reward, accommodation, and transportation also impact work performance. Furthermore, motivation is key to the work performance of nurses and other health workers.

The Article concluded by recommending that the National Midwifery and Nursing Council (NMC) and the Ministry of Health (MOH) adopt motivational policies based on the intrinsic and extrinsic motivational blocks. Motivation is a major determinant of work performance for workers in Ghana. Healthcare workers revealed that intrinsic and extrinsic motivational policies have an impact on the work performance of both paramedics and medics at KBTH. Motivation is relevant for organizational performance; thus, a motivated worker is physiologically stable, psychologically balanced, and socially minded to effectively perform his/her duties with the needed attention. Motivation is a good thing; if managers and administrators appreciate what drives workers to give an effective work performance, resources will be channeled to get the maximum output from employees. Health workers are motivated by intrinsic and extrinsic factors. Thus, appreciating key financial and non-financial motivating factors is relevant for effective work performance among health workers.

Table 2.25: Summary of Research Articles Reviewed and Knowledge Gaps

Author/Year	Article/Country	Findings	Knowledge Gap
Carmen Carpio and Natalia Santiago Bench (2006).	<i>The Health Workforce Motivation in Latin America and the Caribbean.</i>	Study showed nonfinancial such as study leave, training, support, and supervisor feedback go a long way in motivating and retaining staff.	It failed to look at the financial aspect of motivation to health workers.
D.H. Peter et..al (2010).	<i>Motivation of Health workers. A cross-sectional Analysis. (India)</i>	Study showed good benefits as significant but also nonfinancial such as skills develop, recognition and good working environment.	The study failed to determine the extent to which health workers are motivated.
Melkidezek T. Leshabari , et...al (2008).	<i>Motivation of Health Care Workers: A case study of Muhimbili National Hospital. (Tanzania)</i>	Study showed that low salary levels, unavailability of equipments, poor feedback as cause of disengagement among health workers.	The study did not state whether intrinsic or extrinsic or both were motivation were necessary for motivation of health workers.

2.26. THEORETICAL REVIEWS

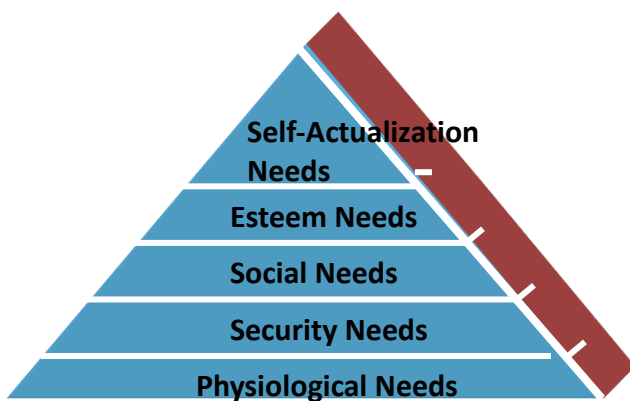
The theories of motivation try to explain why employees / workers behave the way they do. There are a number of literature on personalities relating to motivation and theories (Daft, Kendrick & Vershinima, 2010). These are classified into three groups, which include content, process and reinforcement theories (Daft *et al.*, 2010). Content theories of motivation give a lead to know about people's needs and the things which are necessary for their work (Lunenburg, 2011). Among the major content theories of motivation are (Lunenburg, 2011):

- Maslow's Hierarchy of Needs.
- Clayton Alderfer's ERG Theory.
- Herzberg's Motivation Hygiene Theory.
- McClelland's Acquired Needs Theory.
- The theories above have been explained below.

This study reviewed two only two theories Maslow Hierarchy of Needs and Herzberg's Motivation Hygiene Theory being the most appropriate to address the objectives of the study since it focus on the behavioural aspect of health workers with respect to the motivational factors presented at workplaces.

2.27. Maslow's Hierarchy of Needs Theory

According to Maslow (1943), there are five universal needs that motivate a person. These are explained below. Figure 2.2 below depicts Maslow's hierarchy of needs.



Source: Snyder, E and Grasberger, M (2004).

1. **Physiological Needs:** The basic physical needs for sustaining the human life. For example food, water, sleep, medicine, education etc.
2. **Safety Needs:** To be free of physical danger and of the fear of losing a job, property, food or shelter and to protect against any emotional harm. To have a safe home, secure income, sufficient salary, benefits and medical insurance.
3. **Social Needs:** Because people are social beings, they need to belong and be accepted by others. They like to have family and friends. People try to satisfy their need for affection, acceptance and friendship. Interaction and cooperation with co-workers and leaders
4. **Esteem Needs:** To be held in esteem both by themselves and by others. This kind of need produces such satisfaction as power, prestige status and self-confidence. It includes both internal esteem factors like self-respect, autonomy, achievements and external esteem factors such as status, recognition and attention.
5. **Self-actualization:** This is the highest need in Maslow's hierarchy. This need is to fulfil one's potential and self-fulfilment and maximize one's potential and to accomplish something. Employees in this rank try to maximize their knowledge, skills and performance to do a good job.

In principle the human being's desire is to satisfy his basic needs first and as he or she is always encouraged, seeking for higher needs. Maslow's message is simply this; people always have needs, and when one need is relatively fulfilled, others emerge in the predictable sequence to take its place. According to Maslow's theory, most individuals are not consciously aware of these needs yet we all supposedly proceed up the hierarchy of needs, one level at a time (Kreitner, 1995).

The relevance of Maslow's Theory for Manager's; behavioural Scientists who have attempted to test Maslow's Theory in real life claim it has some deficiencies. Even Maslow's hierarchical arrangement has been questioned. Practical evidence points toward a two level rather than a five-level hierarchy (Kreitner, 1995). Although, Maslow's theory is still useful in certain areas, the main strength of this theory is the recognition and identification of individual needs for the purpose of motivating behaviour (Bowditch *et al.*, 1997). Although Maslow's theory has not stood up well under actual testing, it teaches managers one important lesson: a fulfilled need does not motivate an individual. For example, the promise of unemployment benefits may partially fulfil an employee's need for economic security (the safety need).

In competing view, physiological and safety needs are arranged in hierarchical fashion, as Maslow contends. The contrary view is that, any one of the needs may emerge as the single most important need, depending on an individual. Edward Lawler, a leading motivation researcher, observed, "Which higher-order needs come into play after the lower ones are satisfied and in which order they come into play cannot be predicted. If anything, it seems that most people are simultaneously motivated by several of the same-level need, Lawler (1966).

The 'motivation to work' published by Maslow (Maslow 1943) probably provided the field of organizational behaviour and management with a new way of looking at employees job attitudes or behaviours in understanding how humans are motivated. Probably the best-known conceptualisation of human needs in Organisation has been proposed by this theory. Abraham Maslow was a clinical psychologist who introduced his theory based on personal judgment, which was generally known as the need hierarchy theory. According to him if people grew in an environment in which their needs are not met, they will be unlikely to function as healthy individuals or well-adjusted individuals. This idea was later applied to organizations to emphasize the idea that unless employees get their needs met on the job, they will not function as effectively as possible. Specifically Maslow theorized that people have five types of needs and that these are activated in a hierarchical manner. This means that these needs are aroused in a specific order from lowest to highest, such that the lowest-order need must be

fulfilled before the next order need is triggered and the process continues. If you look at this from a motivational point of view, Maslow's theory says that a need can never be fully met, but a need that is almost fulfilled no longer motivates. According to Maslow, you need to know where a person is on the hierarchical pyramid in order to motivate him/her. Then you need to focus on meeting that person's needs at that level (Robbins, 2013). The fundamental flaws of Maslow's Needs Theory, stems from his claim that, human needs patterned systematically from one stage to another. In reality, human needs, though revolve around the stages identified by him, but in some situations do not necessarily move progressively from one stage to another as he would have us believe. For instance, a person in some circumstances might compromise his physiological or safety needs in order to achieve some social goals. This research will examine relevance of the needs theory as a strategy for motivation by managers.

Bassett-Jones and Lloyd (2005) suggests that the content theorists led by Herzberg, assumed a more complex interaction between both internal and external factors, and explored the circumstances in which individuals respond to different internal and external stimuli. On the other hand, process theory, where Victor Vroom was the first exponent considers how factors internal to the person result in different behaviours. From the focus point of these two groups, one could observe that the process theories attempt or try to understand the thinking processes an individual might go through in determining how to behave in a workplace. The primary focus was on how and why questions of motivation, how certain behaviour starts, developed and sustained over time. It is true that human behaviour in general is dynamic and could affect the individual's personal attitude as well as factors surrounding that individual. These exogenous factors emanate from the environment in which the individual operates generate stimuli to employees.

It is my belief that employees in general are goal seeking and look for challenges and expect positive re-enforcement at all times. Hence, it could only be of benefit if organisations could provide these rewards and factors. As noted earlier, albeit employees are financially motivated, motivation could be seen as a moving target. What motivates differs among different people and may even change for the same person over a given period of time, developments within the modern organisation has probably made motivating employees even more difficult due to the nature of every individual, behaviour increasing the complexity of what can really motivate employees. According to Bassette-Jones and Lloyd (2005) expectancy, equity, goal setting and reinforcement theories have resulted in the development of a simple model of motivational alignment. The models suggest that once needs of

employees are identified and organizational objectives and also satisfy employee needs. If poorly aligned, then low motivation will be the outcome.

2.28 Fredrick Herzberg: Motivation-Hygiene Theory

In 1959 Herzberg, Mausner and Snyderman processed a research concerning motivation to work. They chose similar companies situated in Pittsburgh Industry area. They interviewed approximately 200 engineers and accountants working for those companies. The theory developed from this research concerns hygiene factors, which are necessary for the employee, according to Herzberg argues that intrinsic job factors are motivating, whereas extrinsic factors only placate employees. In this theory, there are two group factors. The first one is motivating factors or satisfaction and the second one is hygiene factors or dissatisfaction. According to Herzberg, the workers get motivated when they are responsible for their work. He also proposed that managers can give their employees more authority to their job and offer them direct and individual feedback in order to motivate and help employees to connect to their work (Wirralmet, 2007).

Furthermore, Herzberg also recommended that the job should have sufficient challenges to utilize the full ability of the employee. If the job is not sufficiently challenging enough and not used for an employee's full abilities, the company should replace the employee with the one who has a lower level of skill to do the job (Shah and Shah, 2007). Most empirical studies have refuted predictions based on Herzberg's theory. According to Herzberg's theory, he concluded that hygiene factors are related to dissatisfaction rather than satisfaction. However, recent researchers have found contradictions and opposite to his theory (Examstutor, 2007). Another problem with Herzberg's theory is that some employees show no particular interest in such motivators as opportunity for growth and advancement (Dubrin, 2002).

In spite of criticisms, Herzberg's theory provided a new way of thinking about worker motivation and his theory remains as an influential factor in an attempt to make the motivation theory in an organizational way (Dubrin, 2002). Herzberg's theory implication in real work life for a manager and management in the company who want to motivate their employees would include these activities: provide the employees with good compensation, flexible company policies and being connected to their own employees. In addition, the manager also recognizes the good work from their experience but do not motivate them to work. The explanation for hygiene factors could be a person's relationship with the environment in which one operates. Employers gives their employees the opportunities to grow and develop their skills, knowledge and experience. A significant development in motivation

was distinction between motivational and maintenance factors in job situation. This led to draw a distinction between what are called as “motivator’s and hygiene factor’s”. Thus, hygiene factors provide no motivation to the employees, but the absence of these factors serves as dissatisfied. Some job conditions operate primarily to dissatisfy employees when they are absent, but their presence does not motivate employees in a strong way. Many of these factors are traditionally perceived by management as motivator’s, but the factors are really potent as dissatisfies. They are termed as maintenance factors in job because they are necessary to maintain a reasonable level of satisfaction among the employees. The maintenance factors include, Company policy and Administration, Technical supervision, interpersonal relations with supervision, interpersonal relations with peers, salary, job security working conditions and among others. Herzberg also identifies the motivational factors to include achievement, recognition, advancement, work itself and possibility of growth.

There appears to be a great similarity between Herzberg’s and Maslow’s models. A careful examination of Herzberg’s model indicates that what he actually says is that some employees may have achieved a level of social and economic progress in the society and for them higher level needs of Maslow (esteem and self-actualization) are the primary motivators. However, they still must satisfy the lower level needs for maintenance of their current state. Thus, we can say that money might still be a motivator for operative employees and for some managerial employees (Chhabra 2010: p11.7-11.8). In this vein, hygiene factors are not sufficient condition in motivating employees but rather a precondition in enticing employees in promoting the organizational mission and objectives. This further suggests that, the issue of motivation is still a challenge in modern context despite the efforts of government policy of promoting workers well-being.

2.29. CHAPTER SUMMARY

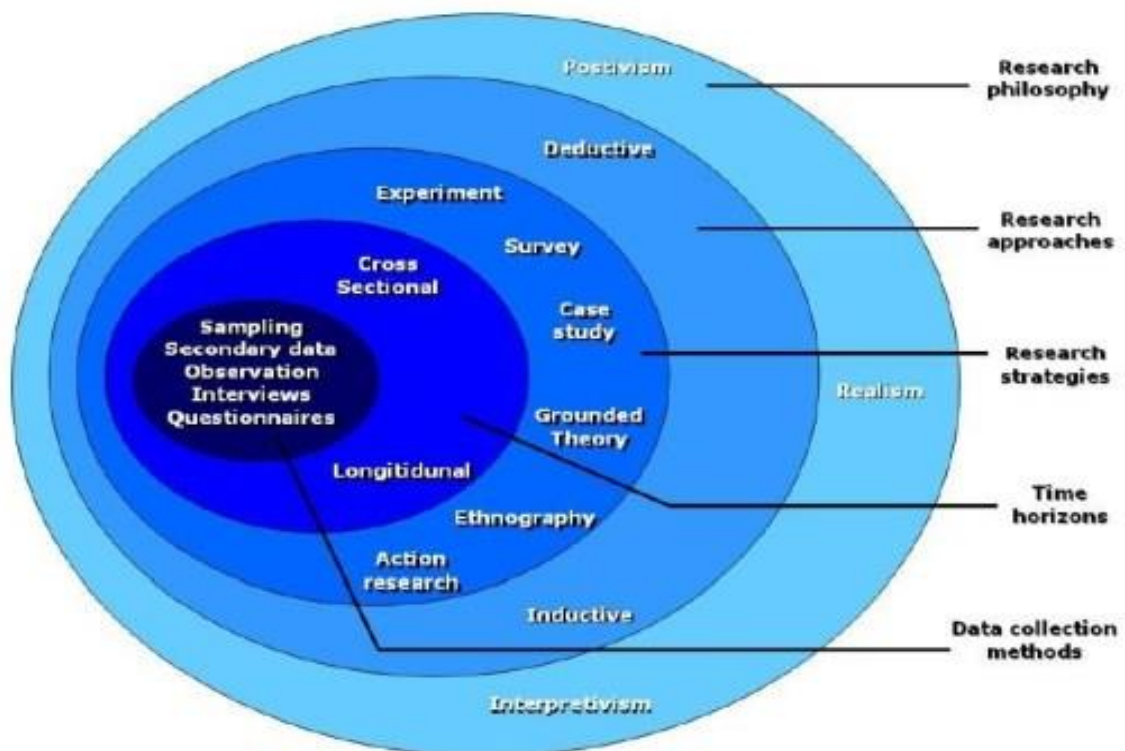
The literature review has presented studies on health worker motivation and performance. Based on the gaps in literature and there being no studies conducted at University Teaching Hospital (UTH) concerning health worker motivation and performance. This study sought to address the gaps by applying the reviewed literature to evaluate how motivation could influence health worker’s performance at the UTH in Zambia.

CHAPTER THREE RESEARCH METHODOLOGY

3.1. Introduction

This chapter outlined the research methodology and the sources used in order to answer the research aim and objectives. This chapter demonstrated to the reader the research process and the sources of information used.

Fig 3.2 Research Onion The figure below called the ‘Research Onion’ illustrates the different Research Methodology stages that are involved and this helped as a guide in doing so.



3.3. Research Philosophy

The research philosophy is a framework that shows how one should conduct the research. For the purpose of this research dissertation interpretivist view was the most suited Remenyi, Williams, Money and Swart (1998, p 35) described Interpretivism as “the details of the situation to understand the reality or perhaps a reality working behind them.” Interpretivism “advocates that it is necessary to understand

differences between humans in their role as social actors” (Saunders et al 2009, p 53). The interpretivist view was the most appropriate one to use for this research dissertation in the authors opinion as it is “highly appropriate in the case of business and management research, particularly in such fields as organizational behaviour, marketing and human resource management” (Saunders et al 2007, p 107)

3.5 Research Approach

There are two general approaches to research. Inductive and Deductive approaches. For this study, the Researcher followed the deductive approach since it utilized existing theories and tried to find answers from existing research and findings about motivation and health workers performance, which the researcher believed, would be used to form the basis to compare, analyse and investigate the findings of the research.

3.6 Research Strategies

The research strategy is a “general plan of how the researcher goes about answering the research questions or hypothesis” (Saunders et al, 2007, p 610). Descriptive and explanatory researches are the types of study that the author was engaged in for the purpose of this dissertation. Descriptive research produce an accurate representation of persons, events or situations and is used for quantitative analysis” (Saunders et al, 2007, p 596) while Explanatory research focuses on studying situations or a problem in order to explain the relationship between variables” (Saunders et al, 2007, p 598). This type of research is best suited for the qualitative research and analysis of the case study. The researcher used triangulation in this study to avoid misinterpretation due to different use of theories. Triangulation can enrich research as it offers a variety of datasets to explain differing aspects of a phenomenon of interest. It also helps refute where one dataset invalidates a supposition generated by another. It can assist the confirming of a hypothesis where one set of findings confirms another set. Finally, triangulation can help explain the results of a study.

3.7 Research Design

The mixed method approach (Embedded) was used where both qualitative and quantitative data was obtained. The qualitative method helped to obtain in-depth information whilst the quantitative helped to generalise the results. The use of both qualitative and quantitative method complemented each other in order to validate the method that was used to realize the objectives of the study.

3.8 Population and Sampling

Population can be defined as “every possible person that could be used in research” (Sutton 2004, p 3475) Sharpe, Peters & Howard (2002) state “the first thing in choosing a sample is to choose a target population to be sampled that permits interesting conclusions to be drawn and to select a sample in such a way that the conclusions are valid ” For the questionnaires the researcher chose a population of health workers from the Clinical Care Department at University Teaching Hospital to answer questions about motivation and how it relates to their performance. Clinical Care Health Workers, including nurses, midwives, doctors, pharmacists, biomedical scientists and radiographers who constituted the study population of 600 Health Professionals at the Hospital.

3.9 Sampling Technique

3.10 Stratified Random Sampling

It is a method of sampling that involves the division of a population into smaller sub-groups known as strata. In stratified random sampling or stratification, the strata are formed based on members' shared attributes or characteristics such as income or educational attainment. Stratified random sampling is also called proportional random sampling or quota random sampling. The importance of Stratified sampling is that it highlights differences between groups in a population, as opposed to simple random sampling, which treats all members of a population as equals, with an equal likelihood of being sampled. It is for this reason that the researcher decided to use stratified random sampling technique.

3.11 Disproportionate Stratification

Stratified random sampling ensures that each subgroup of a given population is adequately represented within the whole sample population of a research study. Stratification can be proportionate or disproportionate. In a proportionate stratified method, the sample size of each stratum is proportionate to the population size of the stratum. In a disproportional stratified sample, the size of each stratum is not proportional to its size in the population. The researcher may decide to sample 1/2 or 1/3 of the Health Workers in a stratum. Therefore, for the purpose of this research the researcher decided to use disproportionate stratification sampling.

3.12. Sample Size

A sample is a smaller, manageable version of a larger group. Samples are used in statistical testing when population sizes are too large. Whereas sample size of a case study refers to the number of units chosen from a population from which data will be gathered (Lavrakas, 2008).

3.13 Sample Size Determination

The **Cochran's (1963)**, module was used for sample size determination:

$$n = ((Z^2) \times P \times q)/E^2$$

Where;

n = the sample size

Z = the abscissa of the normal curve that cuts off an area of the tails

E = the acceptable sampling error

P = the estimated proportion that is present in the population q = 1 - p

Substituting,

$$Z = 1.96$$

$$P = 20\% = 0.2$$

$$q=1-p= (1-0.2) = 0.8$$

$$E =0.05$$

$$(1.96^2 \times 0.2 \times 0.8)/ 0.05^2$$

$$= \underline{245.68}$$

For unresponsiveness and non-return of some of the questionnaires, 5% rate will be added to the sample size: 5% of 245.86 = 12.29. Therefore, Sample Size (N) = **258**. Reduced Sample Size (N/2) = 129+1 =**130 Questionnaires**

Table 3.12: Sampling of Respondents

Category of Staff	Sample Size
Medical Doctors	20
Nurses	50
Midwives	25
Pharmacists	10
Biomedical Scientists	15
Radiographers	10
Total	129 + 1 = 130

3.13. Data Collection Tools

3.14. Questionnaire Design and Administration

Self-administered questionnaires were used to gather empirical data from the health workers through a structured questionnaire which was designed with close-ended questions to collect data on motivation and performance of health workers. The questionnaire was designed using Likert scale type of questions and responses. The responses consisted of: 1 = strongly disagree, 2 = Disagree, 3 = fairly agree, 4 = Agree and 5 = strongly agree. These were used to measure influence of motivation on performance. The instrument had been recently validated by Mutale *et al.* (2013), for use at a community level hospital in Zambia, the questionnaire was divided into four sections:

Section A collected data on demographically characteristics: age, sex, rank/position, educational background, ethnicity, religion and income.

Section B collected data on the intrinsic motivational factors: achievement, continuous education, incentives package and supervision.

Section C collected data on the extrinsic motivational factors (institutional): availability of equipment, job security, internal relationship, recognition and promotion, improved salary, and workload.

Section D collected data on the influence of motivation on quality of care delivery: availability of responsive/ friendly services, adequate human resource, equipment, and knowledge and skill. The questionnaire was self-administered taking the background of the respondents into consideration. Each respondent took 10 to 20 minutes to answer the questionnaire. In total, 130 questionnaires was given out for answering.

3.15 Secondary Data

Saunders et al (2009, p 600) define secondary data as “ data used for a research that were originally collected for some other purpose ” Within the literature review there were multitudes of books, journals, online resources, articles that have been used in order to gain further insight into the areas of motivation and health worker’s performance. As the literature reviewed was the mainstay of the dissertation, the secondary data was vital in the successful completion of this research dissertation.

3.16. Study Area

The study was conducted at the University Teaching Hospital (UTH) in Lusaka District, which is the largest hospital in Zambia. The UTH is the fifth largest hospital in Africa with the largest patient population (UTH, 2013). It was founded in 1934. It gained teaching hospital status in 1965, when the University of Zambia Medical School (UNZAMS) was established for the training of medical doctors (UTH, 2003). Currently, UTH has a bed capacity of 1,655, daily OPD attendance of 1000 and patient

admission of 200. It is the leading national referral hospital in Zambia. It has 8 departments in total of which 4 are administrative and 4 are clinical Care and diagnostic departments/units. UTH is also a National Health Insurance Service accredited health provider, which enables the insured to access healthcare services at the facility. Further UTH serves clients from all parts of the country and other SADC Countries (UTH, 2009). The clinical staff population of the hospital is 600 (UTH, 2013). The UTH was chosen purposely for the study based on several factors, including the fact that it serves a number of clients from all parts of the country and surrounding countries, therefore there was need to be concerned with health worker motivation to ensure improved healthcare outcomes.

3.17 Variables to the Study

Both dependent and independent variables were used in this study as explained.

3.18. Dependent variable

The dependent variable was health worker performance.

3.19. Independent variables

The following constituted the independent variables for the study.

Demographic characteristics: Age, sex, rank/position, educational background, marital status, duration of work, profession and income.

Intrinsic motivational factors: Achievement, Professional Development & Training and supervision.

Extrinsic motivational factors (institutional): Availability of equipment, job security, incentives, promotion and high salary.

Quality of health care delivery: adequate human resource, availability of adequate equipment and being competent (knowledge and skill).

3.20. Data Quality / Pre-test to the Study

A pre-test of the questionnaire was carried out at the National Tuberculosis and Research Centre, at UTH. This helped the researcher to review the questionnaire in order to ensure consistency across interviewers and also to focus on how comprehensive and relevance of the questions for the entire category of health workers included in the study.

3.21. Data Analysis and Presentation

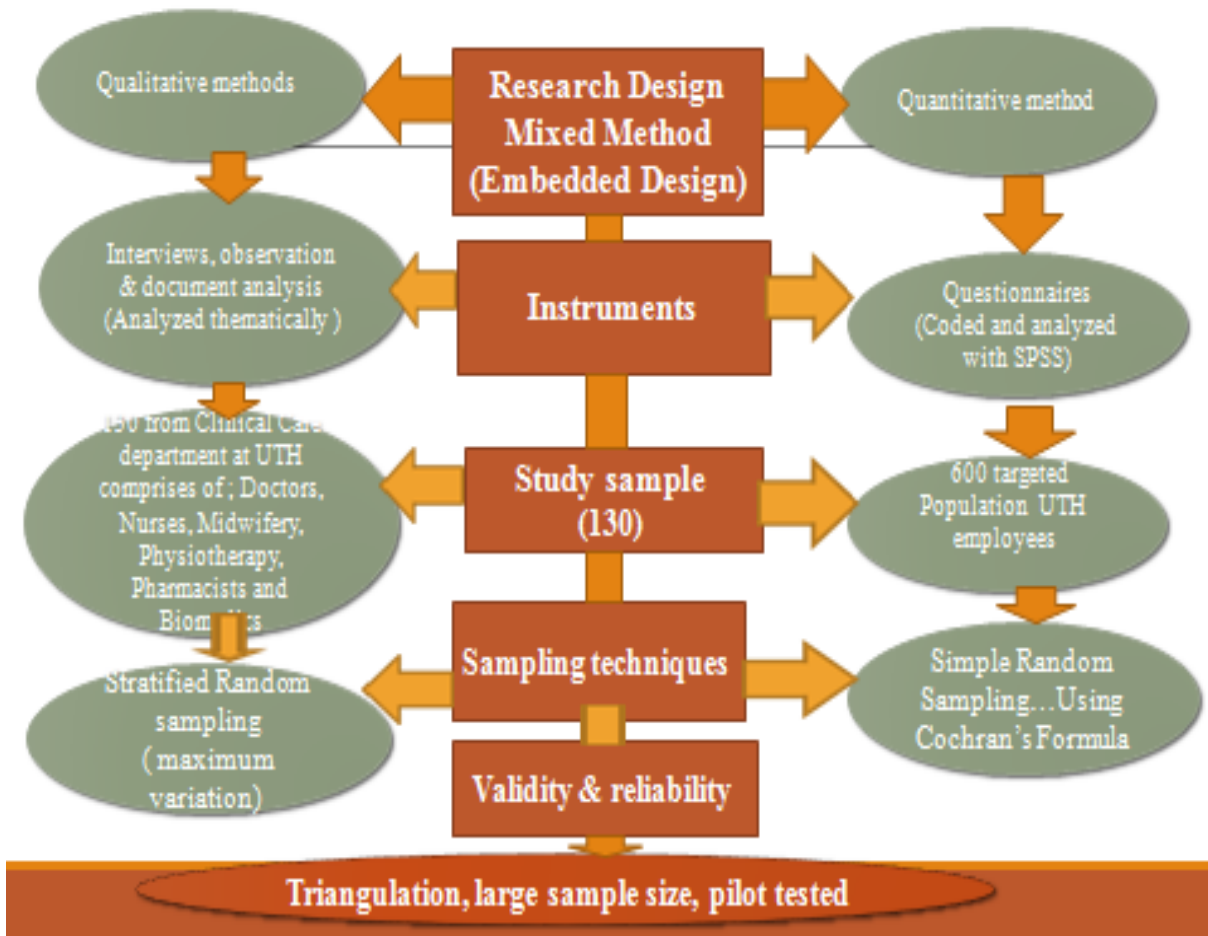
The returned questionnaires were edited and evaluated before entering them into statistical software for analysis. Data analysis was done using Statistical Package for the Social Sciences (SPSS) version 16.0 in this study for the purposes of analysis and presentation of results in chapter four. Descriptive statistics based on frequency tables and graphs was used to provide information on demographic variables. Continuous variables such as age, marital status, gender, were summarized as frequencies and percentages. The second part employed Multinomial regression test, which was used to determine the relationship between workers performance and the motivational factors. A *p*-value of (<0.05) was interpreted as significant. The results were presented in the tables and charts to ensure easy reading and understanding. The level of significance was set at a probability less than 5% ($p<0.05$).

3.22. Ethical Consideration

The author of this dissertation was aware of the importance of ethical consideration when conducting research “Ethics refers to the appropriateness of one’s behaviour in relation to the rights of those who become the subject of the work, or are affected by it” (Saunders et al, 2009, p 181). Equality for all the respondents involved was assured during the data collection process. The population sample age was Twenty (20) years and above and each of the participants consented to his/her participation. The Researcher collected data in a manner that protect the individuals and not disclosing their information in a format that would be harmful to the organisation and the individuals involved. It is the researcher’s obligation to assure ethical consideration such as the rights and safety of the participant (Parado, 1997).

The proposal of the study was approved by the Ethics Review Committee of UNZA-Graduate School of Business Studies and Permission was sought from the management at UTH before the study was conducted. The information of the respondents was confidential and there was no need for the respondents to include their names on the questionnaires. An introductory letter stating the purpose of the study and was sent to the management of University Teaching Hospital. The approval to conduct research from the University Teaching Hospital was given through the head of units before the study commenced.

Figure 3.23: CHAPTER SUMMARY OF RESEARCH METHODOLOGY



CHAPTER FOUR

ANALYSIS AND PRESENTATION OF DATA

4.1 Introduction

This chapter focused on the analysis, presentation and discussion of data gathered from the field. It captured the various issues of Motivation on public health workers in relation to their job performance with special reference to employees at University Teaching Hospital (UTH). The analysis is in line with the stated objectives of the study. The chapter was divided into four (4) sections. Section one (1) presented the socio-demographic characteristics of the respondents. Section two (2) presented the analysis of demographic effect on the Job performance of respondents. Section three (3) presents the analysis of the overall association between intrinsic factor, extrinsic factor and job performance. Section (4) presents chapter summary.

4.2. Demographic Characteristics

In this study a total sample size of 258 was determined using the **Cochran's** Module. However, due to time constraint in data collection, the total sample size was reduced to 129 half of the initial sample size. Therefore, the study surveyed 130 employees and 130 completed questionnaires were received representing, a response rate of 100% (130/130) of which more than half of the respondents, 80 of them representing (61.5%) were females and 50 representing (38.5%) were male. Respondents in the age group 30-39 years had the highest representation with a frequency of 50 representing (38.5%), followed by those in the age group 20-29 years with a representation of 43 which is (33.1%). Respondents in the age groups 40-49years and 50-59years were the lowly represented at 18 which was (13.8%) and 19 (14.6%) respectively. On marital status 70 of respondents representing (53.8%) of the sample were married, 53 of them representing (40.8%) were singles. Only 2 were divorced representing (1.5%) while 5 of them were widowers representing (3.8%).

Further of the 130 sampled 49 respondents were Diploma holders representing (37.7%) the most frequent qualification among health workers. Those with Bachelor's degrees were 34 representing (26.2%) while those with postgraduate degrees were 26 representing 20%. Respondents with Certificates were 21 representing (16.2%).

The following constituted the professions of the health worker who responded to questionnaires; Medical doctors were 20 representing (15.4%), Nurses were 50 representing (38.5%) being a profession with the highest number of responses. Followed by 25 Midwives with a representation of

(19.2%), Bio medics were 15 representing (11.5%) while Pharmacists and physiotherapists were equally represented at 10 each representing (7.7%). On the length of service, most of the respondents who had responded had been in the service between 5-9years with a representation of 53 which is (40.8%). Followed by those who had worked from 1-4years with a representation of 41 which is (31.5%). Respondents with 10-14years length of work were 28 representing (21.5%) while those who have worked above 15years were 6 and those with less than 1year were 2 representing (1.5%) and (4.6%) respectively. On the distribution of earnings, the data shows that most of the respondents earned (5,500-10,000 ZMW) with a representation of 82 which is (63.1%), followed by those earning below 5,500ZMW with a representation of 22 which is (16.9%). Those earning (10,000-15,000ZMW) were 20 representing (15.4%). Whereas, those earning 15,000-25,000 were 4 representing (3.1%). Only 2 of the respondents earned 25,000-35,000 representing (1.5%). The results are shown in Table 4.3. below.

Table 4.3: Demographic Characteristics Results

		Number (N)	Percentage (%)
Gender	Male	50	38.5
	Female	80	61.5
Total		<u>130</u>	<u>100</u>
Level of education attained	Certificate	21	16.2
	Diploma	49	37.7
	Bachelor's Degree	34	26.2
	Post Graduate Degree	26	20
Total		<u>130</u>	<u>100</u>
Marital Status	Married	70	53.8
	Single	53	40.8
	Divorcee	2	1.5
	Widower	5	3.8
Total		<u>130</u>	<u>100</u>
Profession	Medical Doctor	20	15.4
	Nurse	50	38.5
	Midwifery	25	19.2
	Pharmacist	10	7.7
	Biomedical Scientist	15	11.5
	Physiotherapist	10	7.7

Total		<u>130</u>	<u>100</u>
Age	20-29years	43	33.1
	30-39years	50	38.5
	40-49years	18	13.8
	50-59years	19	14.6
	Total	<u>130</u>	<u>100</u>
Earnings	Below 5,500	22	16.9
	5,500-10,000	82	63.1
	10,000-15,000	20	15.4
	15,000-25,000	4	3.1
	25,000-35,000	2	1.5
	Total	<u>130</u>	<u>100</u>
Length of Service	Less than 1year	2	1.5
	1-4years	41	31.5
	5-9years	53	40.8
	10-14years	28	21.5
	15 years and above	6	4.6
	Total	<u>130</u>	<u>100</u>

4.4. Graphical Representation of Social Demographics

To clearly present the social demographic data the Bar charts and Histograms were used in the presentation to show the composition and distribution of data on the selected category of statistics these are; Age, Profession and Earnings.

4.5 Age Distribution of Respondents

Table 4.3 above shows age composition and distribution of the respondents those who are between the age 20-29 constituted 43(33.1%), 30-39years 50(38.5%), 40-49years 18(13.8%) and 50-59years 19(14.6%).**Figure 4.6 (a)** and **Figure 4.6 (b)** show a cross tabulation analysis of gender and age indicating that there more women at every age group as compared to men accept for age group between 40-49 years with equal representation of 6.92% for both men and women. **Figure 4.6 (c)** below shows that age is normally distributed despite the majority of respondents being below the age of 40years with a representation of 93(71.6%) while those above 40years constituted 37(28.4%).

Figure 4.6 (a) Gender & Age Distribution Table

		Age				Total
		20 to 29 years	30 to 39 years	40 to 49 years	50 to 59 years	
Gender	Male	18	16	9	7	50
	Female	25	34	9	12	80
Total		43	50	18	19	130

Figure 4.6 (b): Graph of Gender and Age distribution

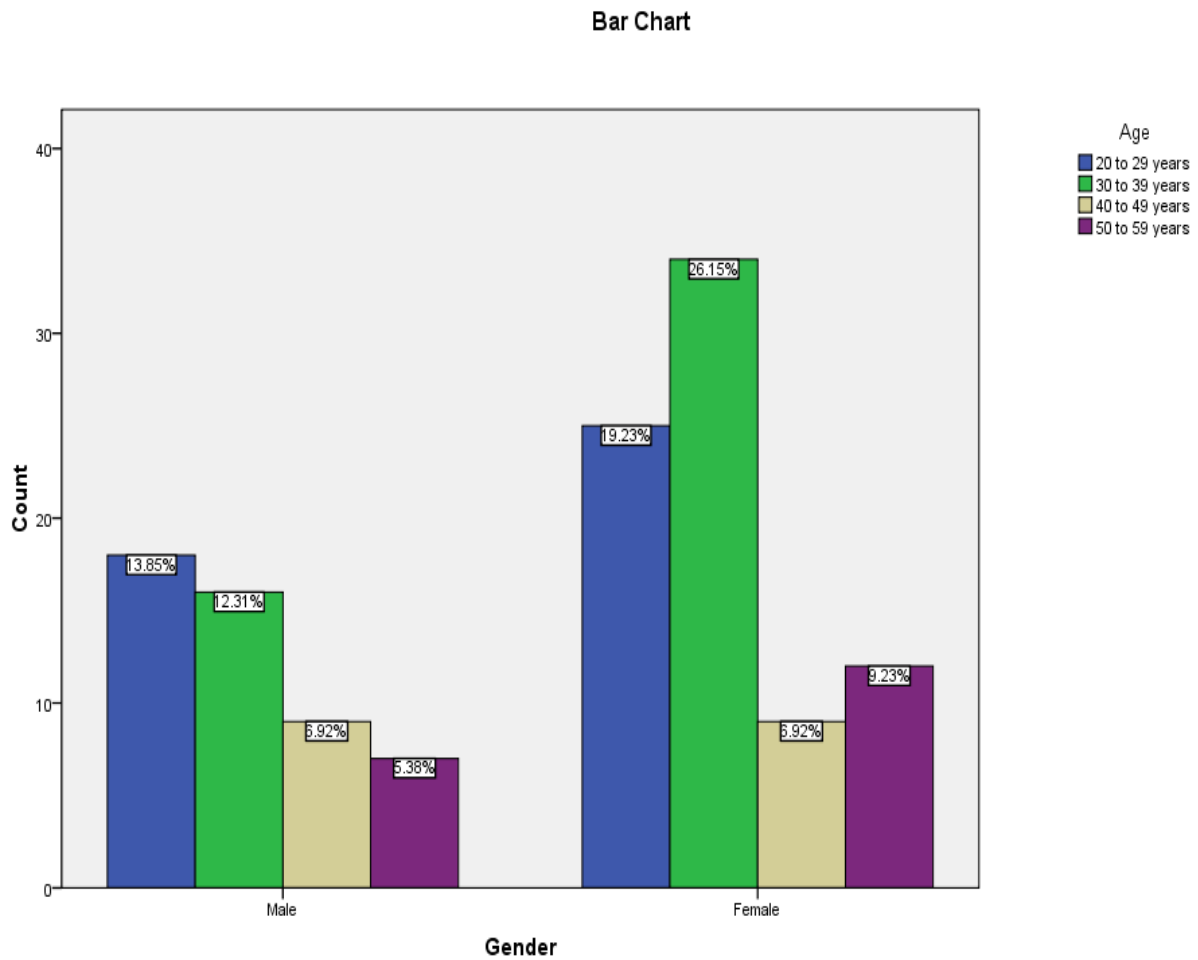
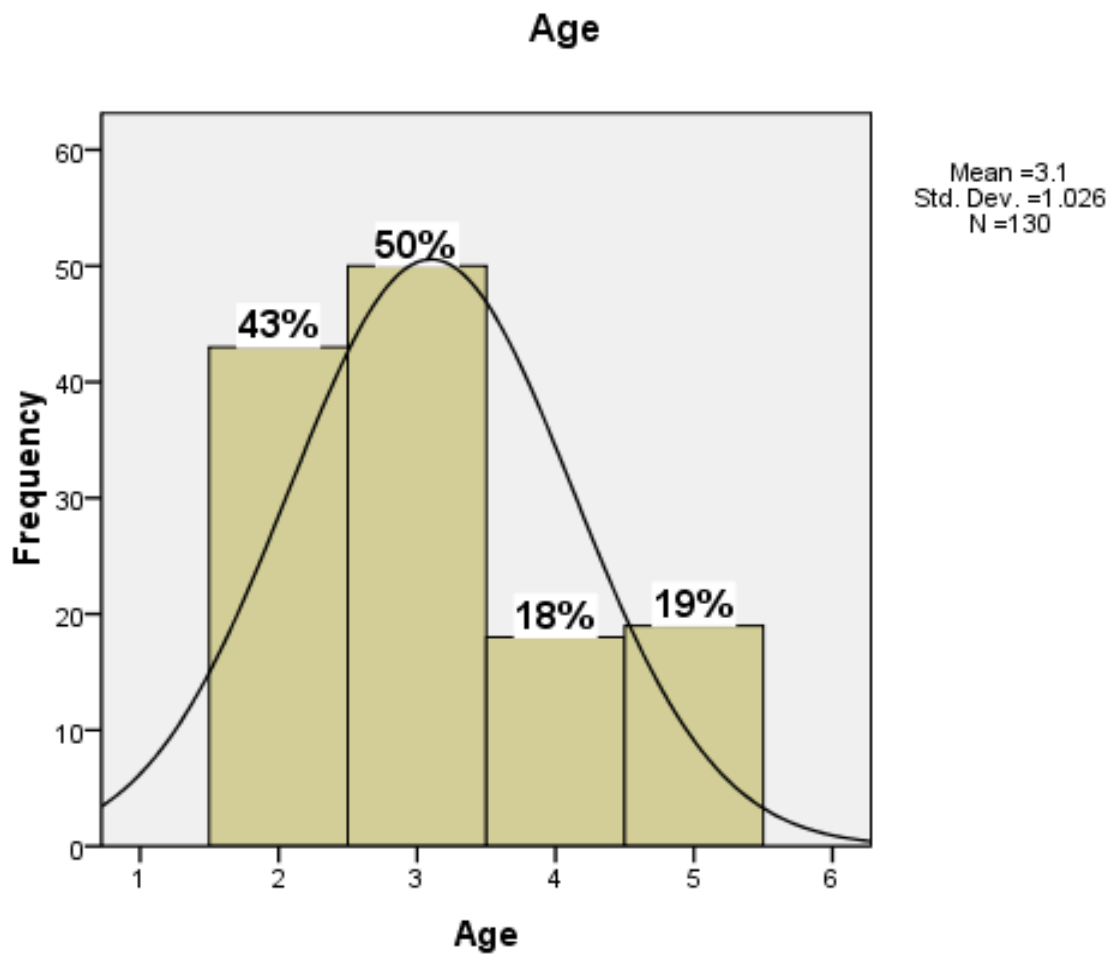


Figure 4.6(c): Normal Curve of Age Distribution



Professional Distribution of Respondents

Figure 4.6 (d) shows the distribution of respondents various professions that constituted the study with those in nursing being the most represented at 50(38.5%), Midwives 25(19.2%), Medical Doctors 20(15.4%), Biomedics 15(11.5%), Pharmacist 10(7.7%) and Physiotherapist 10(7.7%). Figure 4.6 (e) histogram normal curve shows that the professions were not normally distributed.

Figure 4.6 (d): Professions of respondents

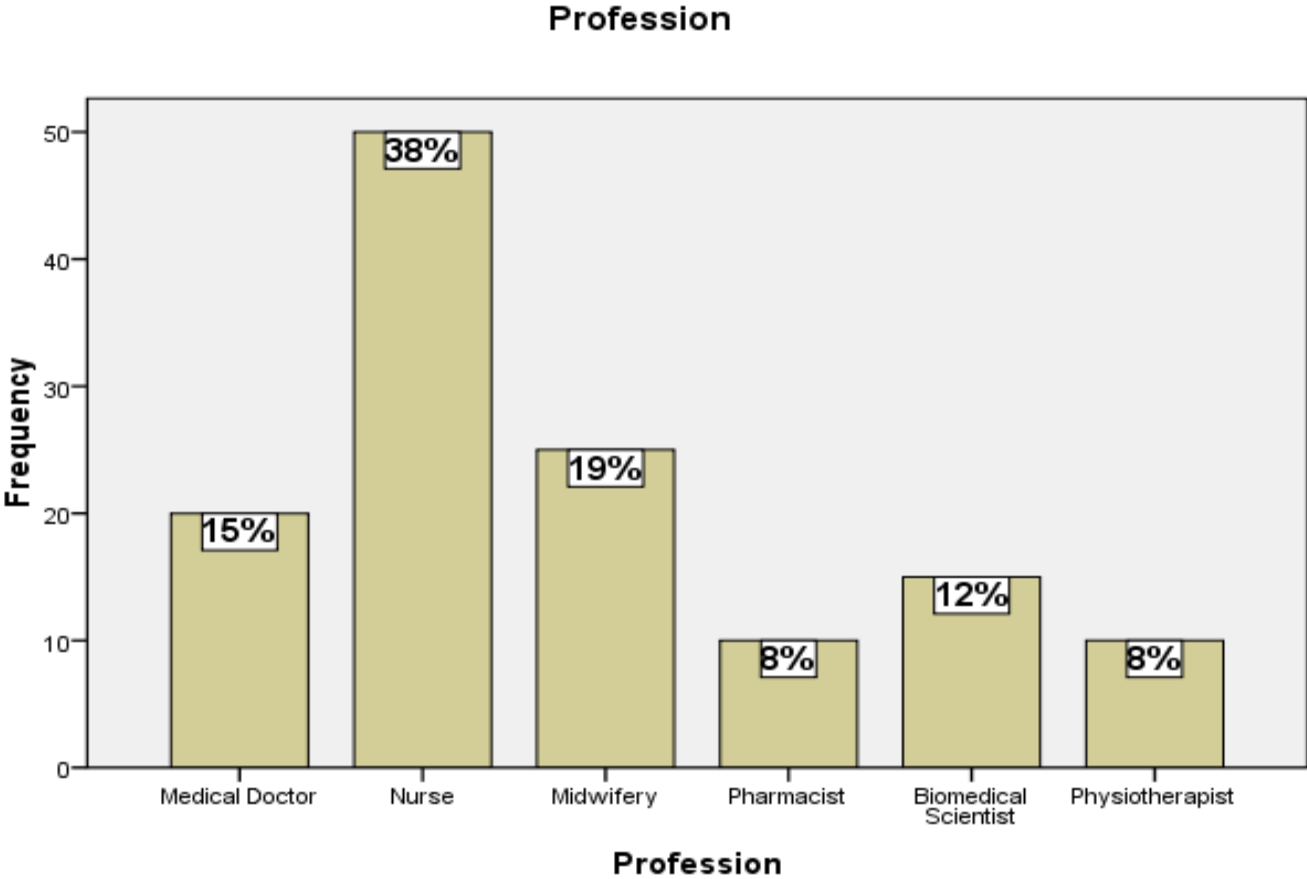
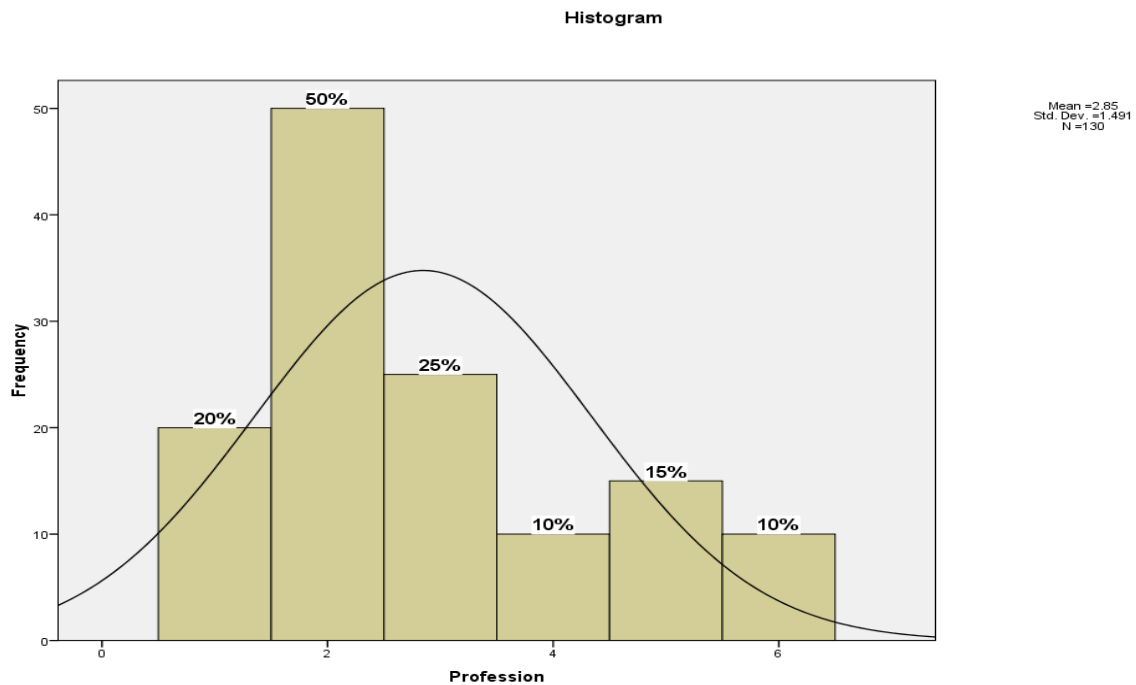


Figure 4.6 (e): Normal Curve



Earnings of respondents

Figure 4.6 (f) below shows the earnings of respondents, the majority earning below 5,500ZMW and 5,500-10,000ZMW with representation of 22(16.9%) and 82(63.1%) respectively while those earning between 10,000-15,000ZMW were 20(15.4%), 15,000-25,000 ZMW were 4(3.1%) and 25,000-35,000ZMW were 2(1.5%). **Figure 4.1.1(g) Normal Curve** shows that the earning of respondents was normally distributed.

Figure 4.6 (f) Earnings Distributions

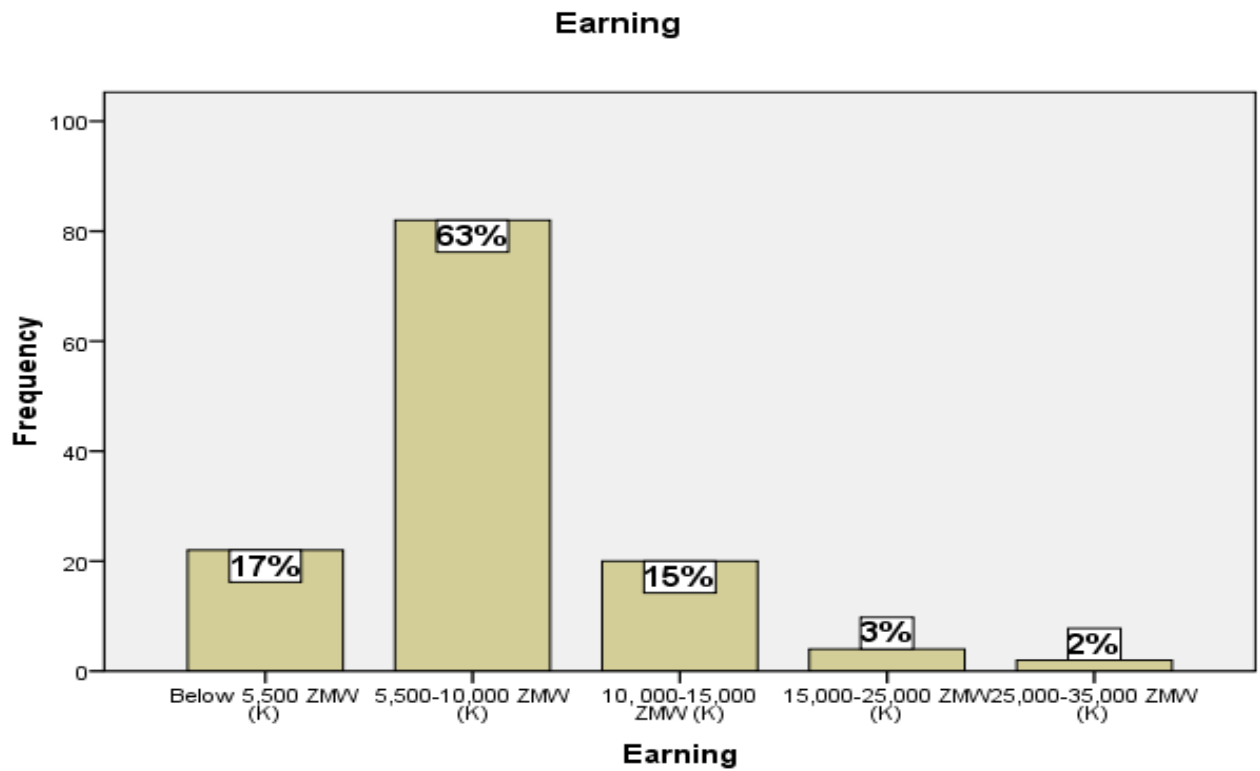


Figure 4.6 (g) Normal Curve for respondent's earnings.

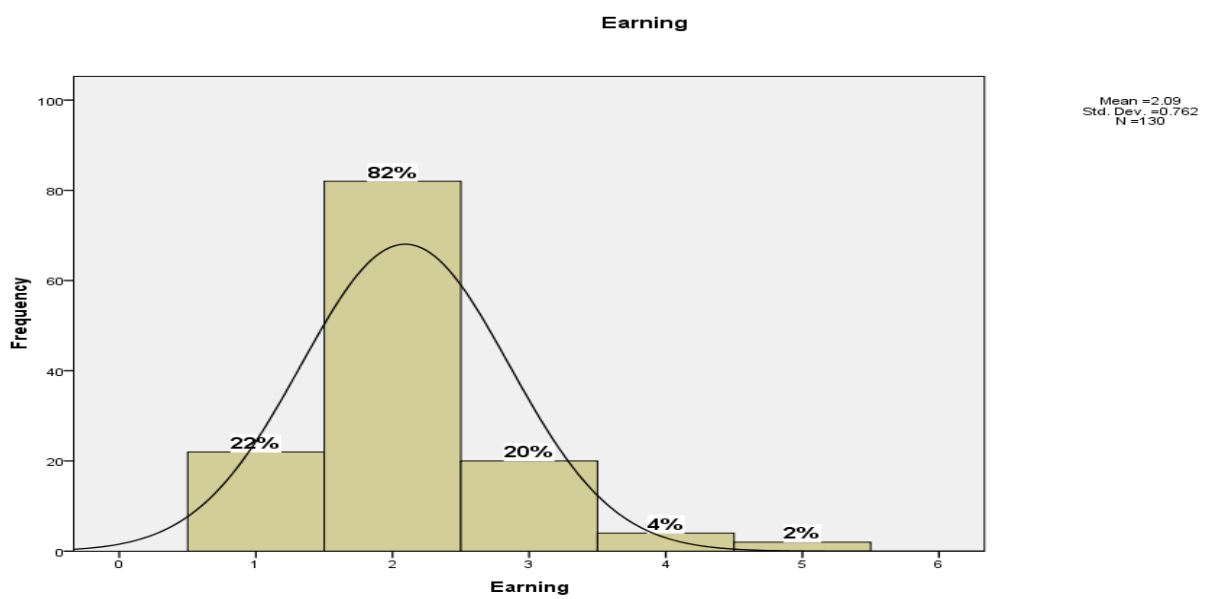
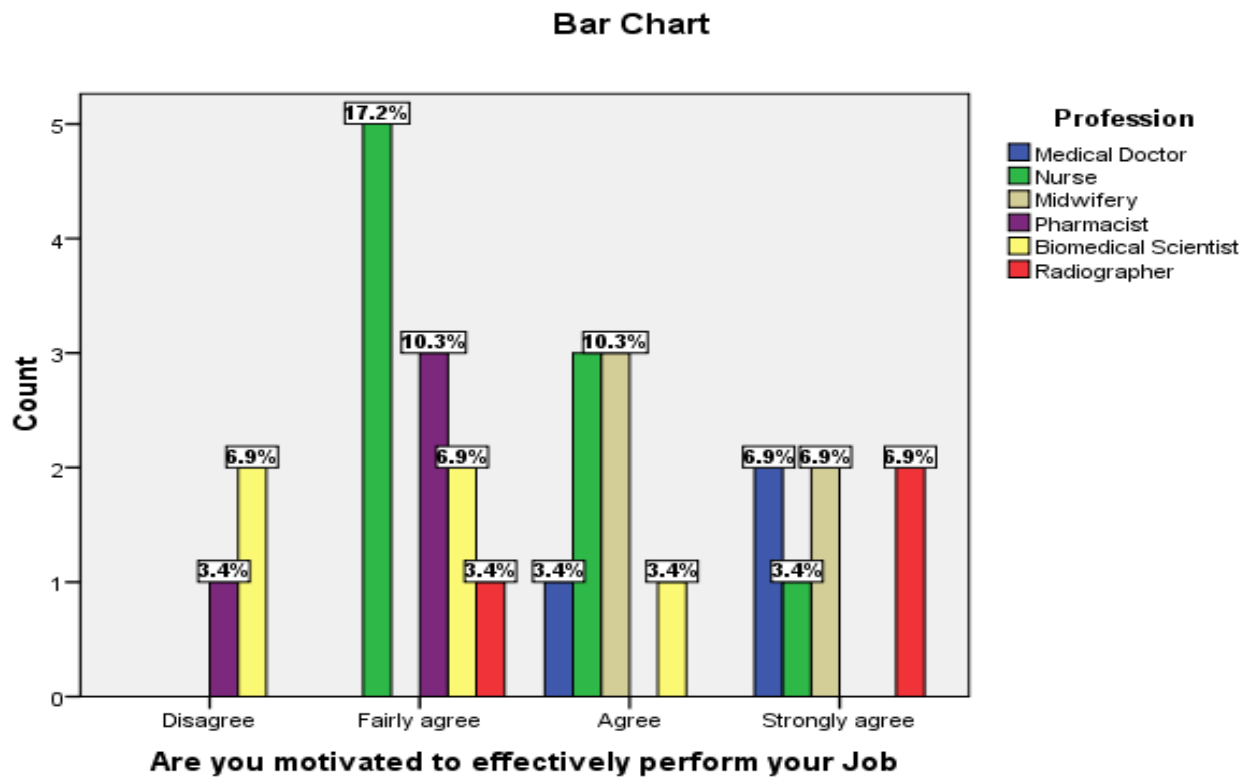


Figure 4.6 (h) Cross Analysis of Professions and Motivation to effectively perform their work.



The graphical representation above shows that (6.9%) of Pharmacists and (3.4%) of Bio medics are not motivated to perform their jobs effectively while the rest of front liner health professional are motivated to do their work.

4.7. Association between Social Demographics and Job performance

Multinomial logistic Regression which was done between social demographics and Job Performance to determine relationship produced the following results below in Table 4.7(a), (b), (c) and (d). Results in table 4.7(a) **Model Fitting Information** given that Job performance (Y) is a dependent variable while social demographic (X^d) is an independent variable. $Y=X^d + C$, the results obtained in 4.2(a) shows the significance value at 0.001 is less than the P-value at 0.05, implying that the baseline model is significantly different to the final model due to the independent variable introduced in the equation. Further table 4.7 (b) **Pseudo R-Squared** shows Nagelkerke value of $0.96 > 0.70$, this indicates that the proportion of variance explained by the independent variables (Social demographic) on the dependent variable (Job performance) in the regression had sufficient samples observed. Table 4.7 (d)

Goodness of Fit shows Pearson significant value of $0.90 > P\text{-value} (0.05)$, this implies that goodness of fit is consistent with data we were using and it's significantly fitting the model.

Table 4.7 (c) Multinomial Regression Analysis: Likelihood Ratio Tests

Effect	Model Fitting Criteria	Likelihood Ratio Tests		
	-2 Log Likelihood of Reduced Model	Chi-Square	df	Sig.
Intercept	6.931 ^a	.000	0	.
Age	10.466 ^b	3.534	2	.171
Years Worked	23.158	16.227	2	.001
Earnings	12.014 ^b	5.083	2	.079
Gender	17.607 ^b	10.675	2	.175
Education	31.598	24.667	4	.022
Marital Status	40.008	33.077	6	.095
Profession	37.654	30.723	8	.081

Tables 4.7 (c) show the results of the associations between social demographic characteristics (X^d) and job performance (Y). The analysis shows that there was a significant association between Length of Service and Job Performance given that the value of significant obtain from the regression analysis of 0.022 is less than the P-value of 0.05 ($\chi^2=16.227$; $P>0.022$). Also the association between Education level and Job Performance shows that there is a significant relationship given that the value of significance is 0.001 less than the P-value 0.05, ($\chi^2=10.675$; $P>0.001$). Therefore, we fail to reject the hypothesis that both Length of service or work experience and level of Education attained have a significant relationship with Job Performance. However, there was no significant association between; Age Group ($\chi^2=3.534$; $P<0.171$), Earnings ($\chi^2=5.083$; $P<0.079$), Marital Status ($\chi^2=33.077$; $P<0.095$), Gender ($\chi^2=10.675$; $P<0.175$) and Profession ($\chi^2=30.723$; $P>0.081$) since the significant values are greater than the P-value (0.05). Therefore, we reject the hypothesis that; Age, Earnings, Gender, Marital Status and Profession have a significant relationship with Job Performance.

4.8 Association between intrinsic, extrinsic and Job Performance

Given that the model of association is $Y = X^I + X^E + C$ where; Y is Job Performance a dependent variable while X^I is the Intrinsic factor of motivation and X^E is the Extrinsic factor of motivation which are both independent variables and C is the constant term. In determining the relationship among variables in a model, a Multinomial Regression analysis was used and produced the results in tables 4.3.0(a), (b), (c) and (d). The results in **table 4.8 (a)** Model Fitting Information shows that the baseline model is significantly different from the final model due to the introduction of the independent variables since the value of significant of (0.035) is less than the P-value at 0.05. This implies that the variables fit the model well. Further in **table 4.8 (b)** Goodness-of-fit produced value of significant (0.081) greater than P-value at 0.05 implying that goodness of fit is consistent with data we were using and it's significantly fitting the model while **table 4.8 (c)** Pseudo R- and Nagelkerke value of (0.999) > 0.70, this indicates that the proportion of variance explained by the independent variables (**Intrinsic factors** and **Extrinsic factors**) on the dependent variable (**Job performance**) in the regression had sufficient samples observed.

Table 4.8 (d) Multinomial Regression Analysis Likelihood Ratio Tests

Effect	Model Fitting Criteria	Likelihood Ratio Tests		
	-2 Log Likelihood of Reduced Model	Chi-Square	df	Sig.(p)
Intercept	5.166 ^a	.000	0	.
Achievement	12.563 ^b	12.398	4	.015
Training & Dev	13.194 ^b	13.028	4	.001
Supervision	3.706 ^b	3.540	4	.002
Incentives	5.595 ^b	5.430	4	.076
Hospital Supplies	5.545 ^b	5.399	4	.045
Job Security	2.773 ^b	2.607	4	.089
Work Relationship	5.545 ^b	5.379	4	.042
Promotion & Recog	5.421 ^b	5.232	4	.005
Salaries	11.895 ^b	11.729	4	.085
Staffing Levels	10.772 ^b	10.606	4	.002

Multinomial logistic regression in **Tables 4.8 (d)** showed significant associations between intrinsic factors and job performance and only one extrinsic factor (promotion) has a significant association

with job performance. Most of the extrinsic factors these are; Incentives, Job Security, High Salaries, Staffing Levels and Hospital Supplies were not significantly related with effective Job performance since the values of significance ($p > 0.05$). Except for promotions whose ($p < 0.05$). However, Achievements, Staffing Levels, Training & Dev, Supervision, Co-worker relationship were significantly related to effective Job performance ($p < 0.05$) as shown in Table 4.3.0(d) above.

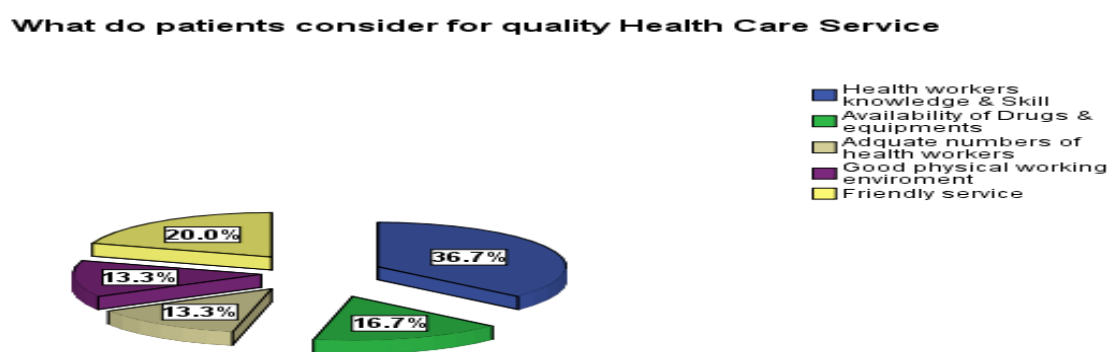
4.9 Hypothesis Testing Results

It would be recalled that the first hypothesis was that intrinsic motivation influences health worker performance. The study found significant influence of intrinsic motivational factors on health worker performance ($\chi^2 = 8.59$, $p = 0.015$). The second hypothesis of the study was that extrinsic motivation influences health worker performance. The study did not find significant influence of extrinsic motivational factors on health worker performance ($\chi^2 = 6.83$, $p = 0.071$) at 0.05 level of confidence. Therefore, we rejected the hypothesis that extrinsic motivational factors motivate public health workers to perform effectively. While we accept that intrinsic motivational factors motivate public health workers to perform effectively.

4.10 Respondents Perceptions

To understand the respondent's perceptions about patient's consideration of good health care service and their preferred rewards an analysis was done and the results are as presented below.

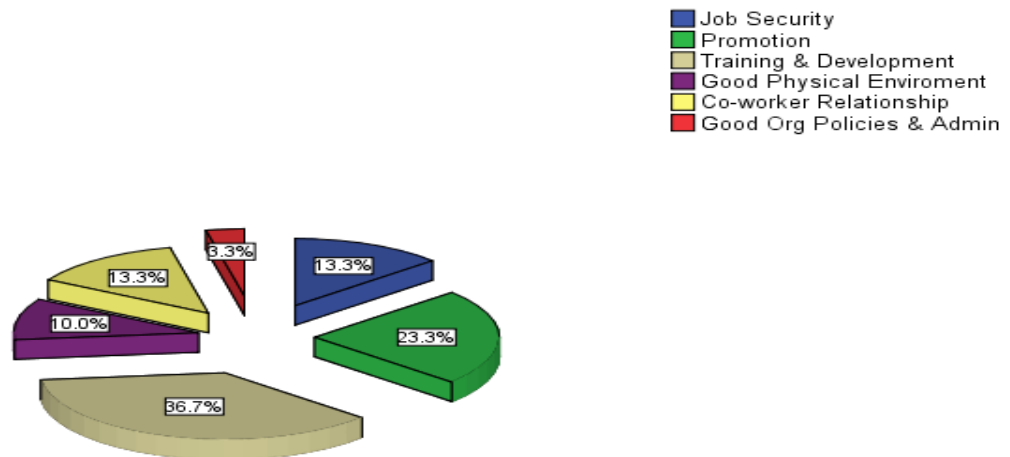
Figure: 4.11. Health worker's perception of Quality Health Care Service



The **figure 4.11** above shows that 36.7% of respondents think that patients consider Health workers and skills to be a determinant of good health care service, while 20.0% considered friendly service by health professionals as the determinant of good health care service, 16.7% considered availability of drugs and equipment as the determinant of good health care service while 13.3% considered adequate numbers of health workers and good physical working environments.

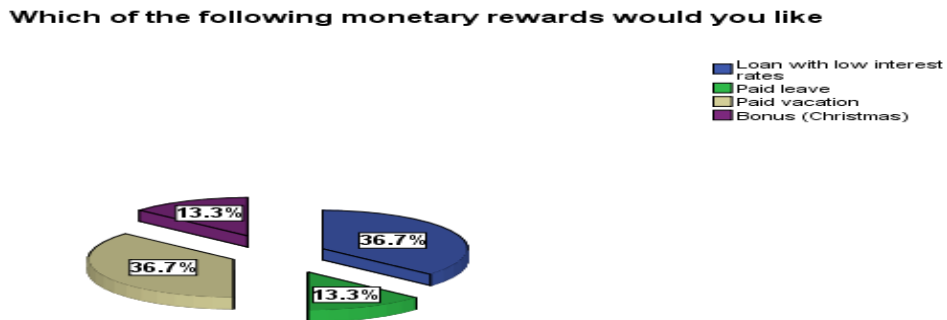
Figure 4.12: Non-Monetary Rewards

Which of the following Non-Monetary Rewards would you prefer



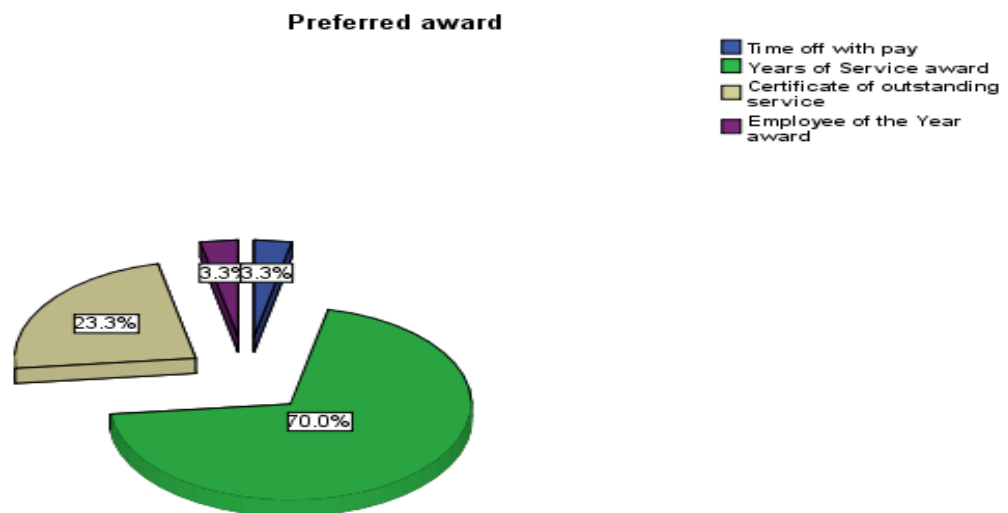
The **figure 4.12** above shows the analysis of preferred Non-Monetary Rewards among public health, 36.7% considered Training and Development as their most preferred reward, 23.3% considered Promotions while 13.3% considered Job Security and Co-worker Relationship as their preferred rewards. While 10.0% and 3.3% considered Good Physical Environment and Good Organisational Policies and Administration respectively as their preferred non-monetary rewards.

Figure 4.13 Monetary Rewards



The **figure 4.13** above shows that 36.7% of the respondents would prefer monetary rewards in terms of Loans with low interest rates and Paid Vacations Leave. While 13.3% would prefer Bonus such as Christmas bonus.

Figure 4.14 Employee Awards



The figure 4.14 above shows that 70.0% of respondents preferred years of service while 23.3% preferred Certificate of outstanding service award, 3.3% would prefer Time of with pay and Employee of the year award.

Figure 4.15 Terminal Benefits

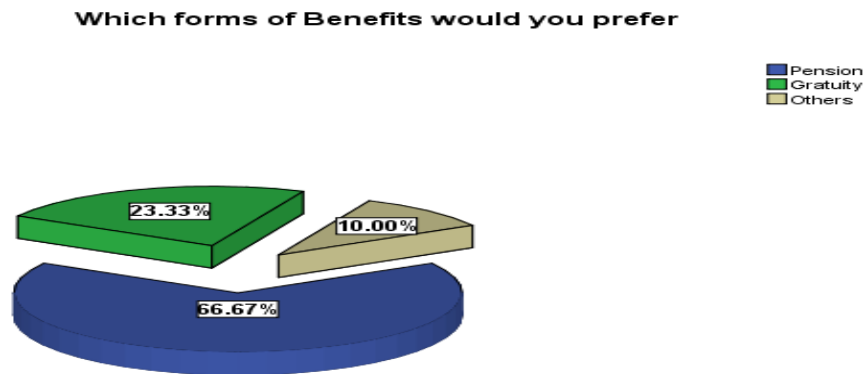


Figure 4.15 above shows that 66.7% would prefer terminal benefits in form of a Pension this implies that they would rather have a permanent and pensionable employment terms while 23.3% would prefer terminal benefits in form of gratuity this implies that they would rather have contract employment terms, only 10.0% would prefer other forms of terminal benefits such as shares option.

4.16 CHAPTER SUMMARY

The chapter sought to establish how intrinsic and extrinsic motivational factors could influence the performance of health workers and consequently improve the quality of health care. The analysis revealed that opportunities for professional development and training, worker's achievement, effective supervision, manager-subordinate (Co-worker) relationship and promotions were important predictors of health worker's performance. Further it was also found that the majority of respondent's considered knowledge and skill as the most patient's preference for good quality health care service. On monetary and non-monetary rewards: respondents most preferred rewards were Loans with low interest rates/paid vacation and Training and development respectively while on employee awards and terminal benefits the most preferred were Years of service award and Pension benefits respectively. The next chapter presents discussions of the results in relation to literature.

CHAPTER FIVE

DISCUSSION OF FINDINGS WITH LITERATURE

5.1. Introduction

This chapter presents the findings to the study in relation to literature review on the research topic. The findings are discussed in accordance with the stated objectives, research questions and hypothesis. The study sought to explore motivational factors in relation to public health worker's performance in terms of the quality of health service they provide to clients. The chapter is divided into four (4) sections. Section one (1) presents the social demographic characteristic of the respondents. Section two (2) presents the analysis of demographic effect on the Job performance of respondents. Section three (3) presents the analysis of the overall association between intrinsic factor, extrinsic factor and job performance. Section (4) presents chapter summary.

5.2. Demographic Characteristics

In this study, there were more females (61.5%) compared with males (38.5%). This distribution may probably be due to the general distribution of gender in the country as well as gender distribution for the various professions in the hospital. According to the 2017 national population and housing statistics showed out of the total population of 16.405 million 8.287million (50.5%) were females compared to males 8.118 million (49.5%) in the general population (Central Statistical Office-Zambia CSO, Report 2018). Additionally, professions such as nursing are predominately female out of the 50(38%) nurses who responded only 5(10%) were male. Further nurses constitute almost 50% of the workforce in the hospital (UTH Annual Report, 2013). This may have impacted on the gender distribution shown in this study. Similarly, to the gender distributions in this study, Lane (2010), surveyed more female (50.7%) compared with male (49.3%). Most respondents were in age groups 30-39years (38.5%) and 20-29years (33.1%). This may be due to the age at which they qualify to become professionals. Most of these professionals spend four (4) years in school and by the time they graduate and start working, they may be between 24-30 years. In addition, doctors spend close to 8 years in school and expected to graduate in their late 20s or early 30s. No respondent was above 60 years. This was to be expected as it is mandatory for all workers (civil and public servants) to go on compulsory retirement at age 60 years except in a few exceptional cases. Most respondents in the study, 49(37.7%) had a diploma and 34(26.2%) had diplomas. This was as a result of the professions in the hospital. Most professions (nursing, pharmacy, medical laboratory and radiography) have diplomas and certificates as the minimum requirement. Until recently, that these professions were required at Bachelor's degree level.

More than half of the respondents, 70(53.8%) were married and 53(40.8%). A similar observation was reported by Laurent (2011), the majority of the respondents, 72.2% were nurses while doctors constituted 17.3%. This distribution was expected as nurses form a greater part of the workforce in the hospitals. Most respondents, 53(40.8%) had worked for 5-9 years, 41(31.5%) had worked for 1-4 years and 34(26.1%) had worked for more than 10 years. Income level of participants in this study was fairly good as it was normally distributed most respondents were earning 5,500ZMW-10,000ZMW 82(63.1%). while a few earned above 10,000ZMW 26(30%). Respondent's level of income seemed to be driven by their educational level and profession. However, good remuneration did not have impact on the motivation of public health worker's performance shown in figure 4.2. (c), where earnings ($P > 0.05$).

5.3. Influence of Intrinsic Motivational Factors

The study identified intrinsic factors, which were perceived by respondents as impacting on their job performance. Maslow Hierarchy of Needs (1943), explains that esteem needs produce satisfaction as power, prestige, status and self-confidence. It includes both internal esteem factors like self-respect, autonomy and achievement; and external esteem factors, such as status, recognition and attention. A sense of degree of importance emerges after a person feels "belonging" to a group. Based on this premise, the findings relating to intrinsic motivational factors have been discussed.

Achievement and personal satisfaction were identified as intrinsic factors, which could positively impact on public health worker's job performance. An achievement such as getting difficult tasks, roles and responsibilities done motivates employees to look up to solving more difficult tasks and thereby increasing their performance. Personal satisfaction also propels employees to look forward to each day at work and psyche them to overcome any challenge they might encounter this consistent with the findings above in figure 4.3. (d) $p=0.015$ where $p < 0.05$ showing that a sense of Achievement is significant for the public health worker's performance.

The study also found that continuous education through training and development programmes improves respondent's skills and positively influence their performance similar to earlier observations (Patterson *et al.*, 2010). Training programmes tailored to specific aspects of employee's work enhance their skills giving them the know-how on new technologies that will help them to work easier and more efficiently. This improves their confidence and helps them to discharge their duties in a more effective manner. This assertion has been shown by Afful-Broni (2012), in a study on relationship between motivation and performance. Development programmes also help staff to develop their career by

creating a focused career path with defined roles that will enhance the way they work. Cumulative efforts from training and development effectively enhance individual performance, which translates into overall increased performance of the organization. This finding is supported by Ali and Howaidee (2012), who concluded that motivation through training and development is linked with employee's performance. This study is consistent with the results on training and development shown in figure 4.3(d). $P=0.001$ where $p<0.05$ therefore it can be concluded that training and development is significant to the public health worker's performance.

Respondents seemed to have suggested that effective supervision was important in improving performance. Employees like to be supervised by people who are experienced in their areas of work. Such guidance and experience can positively impact on their performance. This finding is similar to an earlier study by Mathauer and Imhoff (2006), which argued that health workers would perform well if there was supervision and feedback given to them. Similarly, Manogi *et al.* (2006), showed that improvement of communication at different levels of the health system promotes performance. In a facility where there are a lot of junior staff and supervision is reduced, the staff experience frustrations in career development and the use of skills (Bonenberger, Aikins, Akweongo, & Wyss, 2014). This is consistent with the findings of this study in **figure 4.3.0 (d)** it shows that effective supervision is significant to the health workers performance since $p=0.002$ where $p<0.05$.

Almost all respondents 115(88.5%) in the study agreed that good interpersonal relationship with co-workers enhances work performance. According to Lane 2011, health profession is an interdisciplinary team work involving contributions from other specialized areas within the workforce. When there is lack of interpersonal relationship with co-workers, it is very difficult to communicate with each other and this adversely affects the quality of output in the hospital, at every stage of health care delivery, communication, whether verbal or written is required for continuity of health provision. When communication is poor, the process is either truncated or its quality is compromised, leading to reduced performance. In cases where interpersonal communication is effective, exchange of ideas, skills and experience is often used to obtain optimum care for the patient and this leads to improved performance, (Peters, 2010). Similarly, to the findings of this study the co-worker relation is significant to health worker's performance since $p=0.042$ where ($p<0.05$) at 95% confidence interval.

5.4. Influence of Extrinsic Motivational Factors

It would be recalled that Herzberg (1959), developed two factor theories arguing that certain group of factors (motivation factors) could lead to job satisfaction whereas another group (hygiene factors) could prevent dissatisfaction. The hygiene factors are extrinsic to the job (Dieleman *et al.*, 2006). These are the conditions that surround the job and include company policy, job security, incentives, salary/pay and promotions (Herzberg, Mausner & Snyderman, 1993). Behavioural theorists argue that while higher salaries make employees happier, its absence neither makes employees angry nor lead them to dysfunctional teams (Jenkins, Milton, Gupta & Shaw, 1998). Against this background, the findings relating to extrinsic motivational factors have been discussed.

Respondents 85(65.4%) in the study were of the view that incentive packages were not available in the hospital (UTH) did not influence their performance since $p=0.076$ ($p>0.05$) figure 4.3.(d) shows that incentive packages was not significant at a 95% CI. This may be attributed to the type of incentive provided, its value, who is presenting and how it is presented. When there is inequity in the package provided, it loses its purpose and this negatively affects employee's performance. The primary aim of incentive package is to motivate employees to work more efficiently and this may positively influence their performance. When incentives are appropriately given to achieve intended purpose, it usually leads to improved performance. In agreement with the findings of this study, Manogi *et al.* (2006), argue that financial incentives alone cannot motivate staff but non-financial like supportive supervision, performance appraisal and promotions are prioritized by health workers for improving services they deliver.

Promotion was also identified as a major factor in motivating staff to improve performance 98(75.4%). When this happens, staff becomes aware that their efforts have been recognized both in private and publicly. This gives the staff some enthusiasm and they will want to do more. Such situations lead to improved performance across the value chain. However, when the system fails to recognize the contribution of staff, they become discouraged and refuse to give their best. This gradually leads to apathy towards assigned roles and responsibilities, leading to a decline in the general performance. Mbindyo *et al.* (2009). Promotions and recognitions are looked out for by employees and they know when they are due. When this fails to happen, they tend to think that their efforts are not good enough and not needed by the organization. They then tend to put in minimal efforts, which gradually affect their performance. However, when they are promoted as they envisaged, it motivates them to find more effective ways of improving their contribution to the organization, leading to improved performance. When both recognition and promotion occur at the appropriate time, the performance improvement is

twofold and vice versa. In a related study, Willis-Shattuck *et al.* (2008), suggested that promotion and recognition is highly influential in health worker's motivation. A research concluded that promotions and recognitions matters a lot and should be of concern to both employees and employers (Muohbo, 2013). This is consistent with the findings of this, it was found that promotions and recognition are significant to the effective performance of health workers as shown in figure 4.3(d) $p=0.005$ where ($p<0.05$) at 95% Confidence interval. This is contrary to most of the literatures reviewed in this study stating that intrinsic motivational factors are the only motivators of health worker's effective performance.

Respondents in the study were divided in their opinion on the impact of improved salary on overall performance. 65(50.1%) were of the opinion that just improved salaries enough to meet their expenses would influence their performance. According to Locke *et al.* (2005) when salaries are low, staffs are unable to meet their normal expenses and they might want to find alternative sources of income. This gives them divided attention and may come in exhausted from other jobs. They are therefore, unable to put in their best, leading to reduced performance. A similar argument has been recorded in earlier studies (McCoy *et al.*, 2008). However, when salaries are adequate and are paid on time, it motivates staff to concentrate on their assigned roles and committed to their work. They become more motivated to give in their all, leading to improved performance. This finding relates to earlier suggestion that improved salaries and benefits are major financial incentives for workers to be retained in the health sector (Henderson *et al.*, 2008). For example, Henderson *et al.* (2008), reported that since the mid 1990's, Vietnam has encouraged doctors to work in communities in remote and less privileged areas by establishing permanent staff positions with salaries and allowances from the state budget. This measure improved the overall numbers of doctors working at the community level in Vietnam. The study focused on higher salaries above normal compared to the ones offered in private hospitals, the findings showed that higher salaries are not significant to the health worker's performance given that $p=0.085$, where ($p>0.05$) at 95% confidence interval. This finding is consistent with Higgs and Hooks (2005), Etzioni (1988), and Larson (1977) who argued that there are factors other than pay that motivate individuals to work in Public Sector organisations. In addition, Berry, Broadbent and Otley (1995) point out that organisational control, including such elements as goal setting, performance measurement and rewards, is pluralistic and people working in the 'caring services' may consider remunerative motivation as less important than the normative reward of 'doing a worthwhile job'. Similar conclusions were drawn by Bouillon *et al.* (2006) in their study of hospital managers; their research indicates that hospital managers were not motivated by individual opportunism alone. Brown and Yoshioka (2003) stated that many individuals in Public Sector organisations conceptualise money

as a means to accomplish larger objectives and not as an end in itself. Therefore, financial incentives and controls may not be effective motivators in Public Health Sector (PHS).

On the average, respondents were divided on job security's impact on their performance. While half 66(50.8%) did not believe that it enhances their performance. According to Lutwama *et al* (2012), Job security is essential in providing the needed psychological stability. However, it leads to relaxation in the execution of duty this reduces effectiveness and efficiency in terms of job performance. When there is possibility of losing a job hanging on the necks of staff, they do not relax and put in their best. This eventually affects their day to day performance, leading to an overall effective work performance. On the other hand, when people have contractual jobs with minimum job security, they tend to put in their best and are eager to improve their skills to enhance their performance. Similar to the findings of this study job security was found not to be significant to the health worker's performance **figure 4.3.(d)** shows $p=0.089$ where ($p>0.05$) at 95% confidence level. Contrary to the findings of this study, Hitka and Sirotiakova (2009), reported that job security was an important motivational factor for workers. In the society, work is central in the lives of people. Sometimes, the respect accorded to people in terms of how they are treated or even addressed depends on whether or not, they work. The lack of job security in the organization may affect the personal lives of workers as well as the performance of the organization.

5.5 Other Factors Affecting Performance and Quality of Work

In this study 114(87.7%) respondents indicated that availability of adequate numbers of health workers at the health facility to deliver services improves performance hence the quality of healthcare provided, the findings in **figure 4.3. (d)** Shows that $p=0.002$ where ($p<0.05$). The findings are similar to Dieleman *et al.*, (2006) who found that understaffed health facility leads to overburdened staff with high possibility of dissatisfaction and errors. This reduces the performance of health workers and quality of health care provided as there can be long waiting times at the OPD, laboratory, pharmacy and imaging centres. This can adversely affect the quality of care provided to such clients. When the number of staff is adequate, clients spend less time at the facility and they receive the necessary attention required thereby improving performance and the quality of care provided to them. This point has been emphasised in earlier studies (WHO, 2006).

In this study 118(90.8%) responded that having Hospital Supplies and Equipment make achieving tasks easier and quicker and this leads to improved performance. The findings shows that Hospital supplies is significant to the performance of health workers since $p=0.045$ where ($p<0.05$). Further, literature

reviewed indicated that supplies such as gloves, syringes, and oxygen outlets enable health professionals to work more efficiently. Their absence could slow work down and prevent staff from delivering quality service. Moreover, without adequate gloves, health professionals may expose themselves to harmful and hazardous materials and this may prevent them from working efficiently. This supports earlier conclusion that to improve performance, working conditions must be improved (Alhassan *et al.*, 2013). The finding of this study is consistent with other studies, which stated that performance of workers depends on ability, skills, tools or equipment and motivation (Griffin & Moorhead, 2007; Lussier, 2008; Re'em, 2011). Appropriate structures for professional and personal enhancement for quality management processes from members of the health force are crucial in any health system (Sallis, 2014). Adequate resources and appropriate infrastructure may improve the morale of health workers significantly, thus improving performance (Willis-Shattuck *et al.*, 2008). Thus, Henderson and Tulloch (2008), concluded that the working environment has a strong influence on job satisfaction and performance, since all workers require adequate facilities and improved conditions to perform their work effectively.

5.6 CHAPTER SUMMARY

There is a significant relationship between motivation and performance (Afful-Broni, 2012). If individuals are highly motivated they will perform better, thus improving the quality of health care delivered. On the other hand, better performance may lead to a sense of achievement resulting in greater motivation. Most people are of the view that motivation is related to performance (Ali & Howaidee, 2012). However, some may also disagree on how much influence motivation has on performance and others may say that high levels of performance can be difficult to achieve when little or no motivation to perform is present (Fredrick & Hall, 2003). Motivated individuals may do more work, but careful management must be ensured so that they do not spend most of their energy on aspects of work they find stimulating, which may not be of benefit to the organization. When motivated individuals are provided with the requisite skills to do the job, it is also important to improve ability, good selection and training as well as pay attention to motivation (Karan, 2009). A motivated and qualified workforce is critical to increase the productivity and quality of health services in order to contribute to achieving health services targets (Dieleman *et al.*, 2006). Improving the function of human resource management is one of the measures of improving the health care of clients. (West *et al* 2006) A study conducted by (Epping-Jordan *et al* 2004), argue that properly equipping the facility with tool improves quality of health care.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter presents the overall position of the study based on the findings to the study in relation to the literature reviewed and objectives thereby answering the research questions about topic to the study at hand. The chapter is divided into five (5) sections. Section One (1) presents the overall summary to the study therefore findings are discussed in accordance with the stated objectives, research questions and hypothesis. Section Two (2) presents conclusion to the study based on the findings in relation to literature reviewed and objectives thereby stating the outcome of the study on the subject matter. Section Three (3) presents the recommendations, that's things that need to be done to improve the outcome of the study from the conclusion made in relation to empirical literature reviewed in order to incorporate the findings of other research works done elsewhere to improve the situation under study. Section Four (4) presents limitations to the study thereby bring out the challenges/hindrances to the study which are beyond the researcher effort. Section Five (5) Presents new areas to the study or improvements in order to improve on the outcomes or findings of the future research works on the subject of motivation for public health worker's effective work performance.

6.2 SUMMARY OF FINDINGS TO THE STUDY AND OBJECTIVES

The study sought to Evaluate motivational factors in relation to public health worker's performance in terms of the quality of health service they provide to clients.

The first objective to the study were to identify factors of motivation with impact on the health worker's performance. From the findings all intrinsic factors were found to be significant to health worker's effective performance with p value less than 0.05. According to Maslow's hierarchy of need Intrinsic factors of motivation are associated to self-actualization which is the highest need in the hierarchy this need leads to self-fulfillment and maximize one's potential. Employees in this rank try to maximize their knowledge, skills and performance to do a good job. On the extrinsic factors of motivation only promotion and recognition were found to be significant with p value of less than 0.05, this is consistent with Herzberg's-Motivation Hygiene theory, it considers extrinsic factors as hygiene factors and not motivators but the absence of hygiene factors such as promotions in a workplace may lead to dissatisfaction and low morale among employees.

The second objective was to determine the extent to which motivation influence health worker's performance. From the findings both intrinsic and extrinsic factors of motivation are necessary for health worker's performance. However, it was found that intrinsic factors have high influence while extrinsic factors have lower influence, this is consistent with empirical literature reviewed in chapter two of this study. The findings are contrary to New Public Management Theory which states that public sector employees are motivated by the value of work they do; therefore, public health workers whose work is to serve lives are expected to be motivated.

The third objective was to establish the relationship between motivation and health worker's performance at UTH. The findings showed that there is a significant association between motivation and public health worker's performance, this is consistent with the Maslow's hierarchy of Need and Herzberg's- Motivation Hygiene theory reviewed in chapter two of this study and empirical evidence of findings for research works on the subject matter understudy.

6.3. CONCLUSION

This section presents the conclusions of the study. The study makes conclusions in respect of the objectives and hypothesis spelt out in chapter one as presented, on the motivation of public health worker's job performance. From the findings of this study it can be concluded that all the intrinsic motivational factors are significant (since their *P* values are less than **0.05**) to motivate public health worker's to perform effectively. On the other hand, extrinsic motivational factors are not significant to motivate public health workers to perform effectively since (their *P* values are greater than **0.05**), accept promotion and recognition whose (*p* value is less than **0.05**) This is consistent with the literature reviewed that no employee would just want to be employed without any career progression by way of movement to higher positions in their work life, Dieleman *et al.* (2006). Further the study concludes that the availability of hospital supplies/equipment's and adequate staffing levels are both significant to motivate health workers to perform effectively given that their (*P* values are less than **0.05**) at 95% confidence interval.

6.4. RECOMMENDATIONS

The study provides the following recommendations for the attention of management, policy makers and practitioners in the health sector.

1. There is need for UTH Management to develop a robust human resources management mechanism to ensure effective administering of intrinsic motivational factors to health workers such as professional training and development programmes. Also design an appropriate

structure that will ensure clear delegation of authority and supervision with possibilities of promotions throughout the ranks of the health workers establishment.

2. Ensure adequate numbers of health workers at the facility with available hospital supplies/equipment's to enable health worker's performance effectively.
3. Management need to develop a performance management system to assess health worker's performance with defined criteria and measurements to give feedback on their individual performance.

6.5. LIMITATIONS TO THE STUDY

This study has some limitations. The first is that since the study focused on the motivational factors on the work performance of public health workers at University Teaching Hospital, any conclusions drawn from the study may not fit into every health institution within Zambia. However, the conclusions might extend to the other public health institutions that share similar organizational structure, hierarchy, and culture. The second is the fact that since employee survey data was used as the basis for evaluating employee's understanding of motivational factors and work performance in itself is another potential limitation and the fact that clients were not used to measure health worker performance. Such data is limited to making descriptive analysis and association and does not provide insight into cause and effect of the factors studied. The third is the fact that the data might be subject to bias by how the questionnaire is structured and the sincerity of respondent's answers. Recall bias may also have influenced the acquisition of information from the respondents. In spite of all these limitations, the internal and external validity of the study was not adversely affected.

6.6. AREAS FOR FUTURE RESEARCH

Future researchers should seek to address the challenges faced by the researcher. The researcher has not established the extent to which studied variables can influence performance of health workers at UTH, also having used a closed ended questionnaire in this study it is important to use an open ended questionnaire in the future research to understand why the respondents responded to the study in this manner. Further a much large sample size may be included in the future study since the study of motivation for work performance is more individualistic.

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APPENDICES

APPENDIX A

Participant's Consent Form

SCHOOL OF GRADUATE SCHOOL OF BUSINESS STUDIES

UNIVERSITY OF ZAMBIA

Dear Respondent I am an MSc.HRM student from the School of Graduate Studies, University of Zambia. This case study is on the, motivation of health worker at the UTH". It is in partial fulfilment of the requirements for the award of MSc.HRM degree. I would be grateful if you could be part of my research subjects. The research is for academic purposes and your opinion would be treated as confidential. You have the right to withdraw from this process at any stage you wish with no negative consequence to you, but it would be appreciated if you fully complete it. The interview will take about 10 to 20 minutes to complete. We will protect information about you taking part in this research to the best of our ability. We will neither use your name in any reports nor discuss your participation with anyone outside the research team. No payments will be made for your participation. This research has been reviewed and approved by the UNZA-GSB/ UTH Management. I understand all that has been explained to me about the study – objectives, benefits, risks and my rights, and I agree to participate in this study.

Signature of respondent _____ Date: _____

Thanks for your cooperation

Interviewer's Statement

I have explained this consent form to the participant in simple language that she/he understands, clarified the purpose of the study and procedure to be followed. The participant has freely agreed to participate in the study.

Signature of interviewer

Date / /

Address:

Katamba .K. Leonard

P O Box 32379

UNZA-GSB

Main Campus.

APPENDIX B
Questionnaire
SCHOOL OF GRADUATE STUDIES
UNIVERSITY OF ZAMBIA

Questionnaire Number []		
Question No.	Questions	Responses
Section A	Social-demographic Information	Indicate number of your Answer
1.	What is your Gender? 1. Male 2. Female	[]
2.	What is your age? 1. Below 20 years 2. 20 years to 29 years 3. 30 years to 39 years 4. 40 years to 49 years 5. 50 years to 59 years 6. 60 years and above	[]
3.	What is the highest level of school you attended? 1. Certificate 2. Diploma 3. Bachelor's Degree 4. Post Graduate 5. Other, please specify.....	[]
4.	What is your current marital Status? 1. Married 2. Single 3. Divorce 4. Separated 5. Widow	[]
5.	What is your profession? 1. Doctor 2. Nurse	[]

	3. Midwife 4. Pharmacist 5. Biomedical scientist 6. Radiographer	
6.	How long have you been working in this facility? 1. Less than 1 year 2. 1-4 years 3. 5-9 years 4. 10-14 years 5. 5 years and above	[]
7.	How much do you earn (per month)? 1. Below 4000 ZMW(K) 2. 4,000-10,000 ZMW (K) 3. 10,000-15,000 ZMW (K) 4. 15,000-25,000 ZMW (K) 5. 25,000-35,000 ZMW (K) 6. 35,000 and above	[]
Section B	Intrinsic Motivational Issues	
8.	Do the achievements at work enhance(s) your job performance? 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree	[]
9.	Is Continuous education through training and development programmes necessary for your effective performance? 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree	[]
10.	Does supervision at work motivates you to effectively perform your job? 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree	[]

11.	<p>Are incentive packages at the UTH necessary for your effective performance?</p> <p>1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree</p>	[]
Section C	Extrinsic Motivational Factor	
12.	<p>Are hospital supplies and equipments necessary for you to effectively perform your job?</p> <p>1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree</p>	[]
13.	<p>Does Job Security encourage you to effectively perform your job?</p> <p>1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree</p>	[]
14.	<p>Does good interpersonal relationship with co-workers enhance your work performance?</p> <p>1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree</p>	[]
15.	<p>Has promotion been a major factor in motivating you to effectively perform your job?</p> <p>1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree</p>	[]
16.	<p>Does your salary motivates you to effectively perform your job?</p> <p>1. Strongly disagree 2. Disagree 3. Fairly agree</p>	[]

	<p>4. Agree 5. Strongly agree</p>	
17.	<p>Do you think adequate numbers of health workers at the facility improves quality of health care delivery?</p> <p>1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree</p>	[]
Section D	Other factors of motivation for effective performance of health workers	
18.	<p>Which of the following factors of motivation would you prefer the most?</p> <p>1. Loans with low interest (e.g. Car loan & House loans) 2. Travel Allowances 3. Paid Vacation 4. Bonus (Christmas & Annual)</p>	[]
19.	<p>Which of the following monetary benefits would you prefer?</p> <p>1. Pension 2. Gratuity 3. Shares ownership 4. Others</p>	[]
20.	<p>Which of the following non-monetary rewards would you prefer?</p> <p>1. Job Security 2. Promotions and career growth 3. appreciation of work done 4. Training & development 5. Good Physical work environment 6. Relationship with core-workers 7. Good Org Policies & Admin 8. Work content 9. Time off work</p>	[]
21.	<p>Which of the following recognition awards would you prefer the most?</p> <p>1. Time off with pay 2. Years of service awards 3. Certificate of outstanding service 4. Employee award</p>	[]

22.	<p>What do you think patients consider being the determinant of quality health care service?</p> <ol style="list-style-type: none"> 1. Health workers Knowledge and Skill 2. Availability of Drugs and Equipments 3. Adequate numbers of health workers 4. Attractive physical working environment 5. Friendly Service 	[]
23.	<p>Are you motivated to effectively perform your Job?</p> <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	[]

THANK YOU

APPENDIX C: TIME - SCALE

ACTIVITY	SEP	OCT	NOV	DEC	JAN
TOPIC FORMULATION	■				
PROPOSAL PRESENTATION	■				
DESIGNING OF RESEARCH INSTRUMENTS		■			
COLLECTION OF DATA		■	■		
ANALYSIS OF DATA			■		
DRAFT THESIS				■	
THESIS DEFENCE				■	
THESIS SUBMISSION					■

APPENDIX D: BUDGET

• Transport (Fuel costs)	ZMW	2,000.00
• Stationary	ZMW	350.00
• Printing	ZMW	2,050.00
• Internet Bundles	ZMW	600.00
• Publication of Posters & Thesis	ZMW	2,000.00
• TOTAL	ZMW	7,000.00