**ASSESSMENT OF MOTIVATION LEVEL AMONG PRIMARY HEALTH CARE WORKERS IN TANZANIA – A CASE STUDY OF MUHIMBILI NATIONAL HOSPITAL**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTER OF BUSINESS ADMINISTRATION (HRM) OF THE OPEN UNIVERSITY OF TANZANIA**

**2013**

**CERTIFICATION**

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania, a dissertation titled: **“Assessment of Motivation Level Among Primary Health Care Workers in Tanzania – A Case Study of Muhimbili National Hospital”** in partial fulfilment of the requirements for the degree of Master of Business Administration of the Open University of Tanzania.

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**DECLARATION**

I, **Lufurano Donatian Domitian**, declare that this dissertation is my own original work and it has not been presented to any other University for a similar or any other degree award.

Signature:…………………………………

Date:………………………………..

**DEDICATION**

I wish to dedicate this dissertation work to my Beloved Parents: Late Father, DomitianT. A. Lufurano and the loving Mama, Helena Nyamichu Domitian, both of whom laid a foundation in me that lives on until now for the world to see without forgetting both my beloved Aunt the late Ma- Selina Nyanjura (Mariam Rajabu) and his husband the late Rajabu Msafiri who brought me up during early stages of my growth. I also dedicate this work to my lovely Wife, Kirsten Kokwijuka, who makes a blissful home with me. Constant prayers by Lufuranos, friends and other well-wishers are warmly received, highly valued, and greatly appreciated.

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**ABSTRACT**

The main objective of this study was to assess the motivation level among primary health care workers in Tanzania and hence match the motivators with the implementation of performance management in the workplace. The specific objectives were: to identify levels of work motivation of workers, to determine satisfaction levels of workers on incentives and to find out levels of satisfaction of individuals needs. This was a cross sectional study involving a sample of 258 hospital workers. The study was a qualitative one. Stratified sampling was used to randomly pick about 10% of: doctors, nursing staff, auxiliary clinical workers and other administrative and supporting staff. About 58% and 42% of the workers were females and males respectively. Problems facing primary health care workers in Tanzania 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. Therefore, many workers at all levels in the hospital were not motivated with the tasks they performed due to a variety of factors. That means performance, improved communication at all levels, and introduction of measures to demonstrate concern for the workers’ welfare.

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**ABBREVIATIONS**

AIDS : Acquired Immune Deficiency Syndrome

CEO : Chief Executive Officer

DHMT : District Health Management Team

DMO : District Medical Officer

FGD : Focus-Group Discussion

GTZ : German Technical Cooperation

HIV : Human Immune Deficiency

HRD : Human Resources Development

HRM : Human Resources Management

MBO : Management By Objective

MDG : Millennium Development Goals

MNH : Muhimbili National Hospital

MoH : Tanzania Ministry of Health

NBS : National Bureau of Statistics

NGO : Non-Governmental Organization

NSSF : National Social Security Fund

PHC : Primary Health Care

PHCF : Primary Health Care Facility

TB : Tuberculosis

WHO : World Health Organization

**CHAPTER ONE**

**1.0 INTRODUCTION**

**1.1 Background of the Problem**

In 1992 the Tanzania Ministry of Health (MoH) reviewed the national primary health care (PHC) strategy and decentralized primary health care delivery from national level to district level. It was envisaged that making local governments responsible for staffing and maintaining health centre and dispensary-based facilities would improve the provision of services (Ministry of Health, 1992). The strategy also incorporated continuing education to health workers as a means of improving their knowledge and skills and as an important motivation factor.

The MoH has developed career development structures for each category of health worker, including criteria for upgrading. Other incentives for health workers may include housing and appreciation of good performance as well as improvement communication between different levels of the health system. Guidelines for effective and efficient health care delivery require District Health Management Team (DHMT) members to directly supervise each PHC facility at least once a quarter (Ministry of Health, 1992).

Despite relatively wide distributed urban and rural health care services in Tanzania, questions about the functionality of the primary health care facility (PHCF) infrastructure still remain. Several Tanzanian studies have explored user satisfaction

with health services and quality of care given to users and found weaknesses in both structural and process quality aspects of care given to users (Gilson, L. et al). The quality of health services, their efficacy, accessibility, and viability depend mainly on the performance of those who deliver them (Dussault G, Dubois, 2003). From the literature, performance has been associated with training policies and improving health workers’ availability and retention (Hongoro C. et al). However, in Tanzania only one study has investigated job satisfaction: among rural medical aides who were providing oral health care (Ntabaye M K, et al).

The aim of this study was to assess the level of motivation among primary health care workers in Tanzania by focusing on Muhimbili National Hospital. In order to achieve that objective, an author was trying to: identify levels of work motivation of workers; determine satisfaction levels of workers on incentives; and find out levels of satisfaction of individual needs.

**1.2 Statement of the Problem**

There is a serious human resource crisis in the health sector in developing countries for example Tanzania (World Health Organisation, 2006). One of the challenges is the low motivation of health workers. Experience and evidence suggest that any comprehensive strategy to maximize health worker motivation in a development country context has to involve a mix of financial and non-financial incentives. The current human resources shortage in the health sector mainly of sub Saharan.

African countries – threatens the realization of plans for scaling up interventions to control the spread of diseases such as HIV/AIDS, malaria, and tuberculosis (TB). The (World Bank, 2004) states it clearly: Without improvements to the human resources situation, the health-related Millennium Development Goals can not be achieved. The problems are multiple, the most serious being staff shortages, particularly in rural and remote areas. In many countries, the effects of insufficient capacity development in the health system are aggravated by migration and a mounting burden of diseases. The (World Health Organisation, 2006) gathers ample evidence of the human resource challenges, but also provides ways forward to address the problems.

With respect to existing human resources, the low level of health workers motivation has often been identified as a central problem in health service delivery. For example, the results from a survey undertaken by the Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation, GTZ) among representatives of ministries of health and GTZ staff from 29 countries showed that low motivation is seen as the second most important health workforce problem after staff shortages.

In 2005 and 2012 there happened health workers boycotts in the country (Tanzania) specifically at Muhimbili National Hospital which led to several deaths innocent patients. The problems are multiple, a few to mention is like; persuading doctors to work in remote areas is difficult, and they typically do not remain long in the posts. Second, it is common for doctors to work in public and private sectors (referred to as dual practice), sometimes harming public service. That being the case this study is aiming at achieving the following specific objectives so as create the environment of improving motivation among MNH workers: identifying levels of work motivation of workers, determining satisfaction levels of workers on incentives and finding out levels of satisfaction of individual needs. Many studies done in the past at Muhimbili National Hospital about Motivation in Primary Health Care Workers did not point out the level of motivation among those workers, this is the knowledge gap identified and the current study will take filling in the gap as its main objective.

**1.3 Significance of the Study**

This study will generally show that health workers are strongly guided by their professional conscience and similar aspects related to professional ethos that keep them going despite the present motivation levels. Many health workers demotivated and frustrated precisely because they are unable to satisfy their professional conscience and impeded in the pursuit of their vocation due to lack of means and supplies at work and due to inadequate or inappropriately applied human resources management (HRM) tools.

The study will also indicate that the way HRM tools are applied is characterized by severe pitfalls affecting the motivation of health workers. The study will contribute to the available literature to enhance employees’ performance in Tanzania. The study will help policy makers in fields of workers’ environment to get knowledge about workers’ motivation levels for the betterment of decision making. The study will enable the Researcher to partially fulfil the conditions for the award of Master degree in Business Administration offered by the Open University of Tanzania.

**1.4 General Objective**

To assess the level of motivation among primary health care workers in Tanzania by focusing on Muhimbili National Hospital.

**1.5 Specific Objectives**

i. To identify levels of work motivation of workers

ii. To determine satisfaction levels of workers on incentives

iii. To find out levels of satisfaction of individual needs

**1.6 Research Questions**

i. To what extent workers are satisfied with work?

ii. Are incentives enough for workers’ needs?

iii. Do workers get important needs?

**CHAPTER TWO**

**2.0 LITERATURE REVIEW**

* 1. **Conceptual Definition**

**2.1.1 Definition of Motivation**

In the context, motivation can be defined as an individual’s degree of willingness to exert and maintain an effort towards organizational goals (Franco et al, 2000). Formally defined, motivation refers to forces within an individual that account for the level, direction, and persistence of effort expended at work. Direction refer to what person chooses when presented with a number of possible alternatives whether to exert effort toward product quality or product quantity. Persistence refers to how long a person sticks with a given action for example to try for product quantity and give up when it is found difficult to attain (Cascio, 1998).

**2.1.2 Definition of Level**

Level refers to the amount of effort a person puts forth for example a lot, a little; (Franco et al, 2000).

**2.1.3Definition of Level of Motivation**

Can be defined as an individual’s degree of willingness to exert and maintain certain amount of effort towards organizational goals (Franco et al, 2000).

**2.1.4 Definition of Valence**

Defined as value of the perceived outcome (What is in it for me?) by Victor V.1964.

**2.1.5 Definition of Instrumentality**

Can be defined as the belief that if I complete certain actions then I will achieve the outcome. (Clear path?)

**2.1.6 Definition of Expectancy**

Can be defined as the belief that I am able to complete the actions. (My capability).

**2.2 Critical Theoretical Review**

**2.2.1 Integration Model of Motivation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Motivation | Individual attributeWork effortOrganizational support | Performance |  Extrinsicrewards Equity comparisonIntrinsicrewards | Satisfaction |

 |
|  |

**Figure 1: Integration Model of Motivation**

**Source:** Schermerhorn, Hunt and Osborn, (1977

This model presents the inter-relationship among motivation-performance-satisfaction. The relationship between each issue with one another is not always direct but the circle process indicates where individual motivation works to effect level and quality of performance and in turn, the various outcome resulted from work performance, will affect the individual motivation.

Motivation influences performance which is determined by individual attributes such as ability and experience, organizational support such as resources and technology, and work effort – the point at which an individual’s level of motivation comes directly to bear. Individual motivation directly determines work effort, and the key to motivation is the ability to create a work setting that positively responds to individual needs and goals. Whether or not a work setting proves motivational for a given individual depends on the availability of rewards and their perceived value.

The content theories enter the model that guide to understanding individual attributes and identifying the needs that give motivational value to the possible rewards. When the individual experiences intrinsic rewards for work performance, motivation will be directly and positively affected. Motivation can also occur when job satisfactions result from either extrinsic or intrinsic rewards that are felt to be equitably allocated. When felt negative inequity results, satisfaction will be low and motivation will be reduced (Schermerhorn, Hunt and Osborn, 1997).

**2.2.2 Expectancy Theory**

According toVictor Vroom, (1964) motivation is a combination of: *Valence*: The value of the perceived outcome (What's in it for me?).

*Instrumentality*:  The belief that if I complete certain actions then I will achieve the outcome. (Clear path?)  *Expectancy*: The belief that I am able to complete the actions. (My capability?). The above forms Expectancy theory, with the notion that people will exert effort to achieve performance if it is achievable and potentially rewarding, is used to build the above integrated model of motivation (Schermerhorn, Hunt and Osborn, 1997).

**2.2.2.1 Inter-relationship Model**

The inter-relationship among components: motivation (M), expectancy (E), instrumentality (I), and valence (V) is presented by the equation: M = E x I x V. In which:

Expectancy: the probability that work effort will be followed by performance accomplishment. Expectancy would be equal to 0 if the person felt it were impossible to achieved the given performance level; it would be equal to 1 if a person were 100 percent certain that the performance could be achieved. Instrumentality: the probability assigned by the individual that a given level of achieved task performance will lead to various outcomes. Instrumentality also varies from 0 to 1.

Valence: the value attached by the individual to various work outcomes. Valences form a scale from -1 (very undesirable outcome) to +1 (very desirable outcome). Motivation to work hard to earn the merit pay will be low – if a person feels that he or she cannot achieve the required performance level. Motivation will be low if motivation to work hard to earn the merit pay will be low – if a person feels that he or she cannot achieve the required performance level.

Motivation will be low if instrumentality is low – if the person is not confident a high level of task performance will result in high merit pay raise. Motivation will also be low if valence is low – if the person places little value on a merit pay increase. Importantly, motivation will be low if any combination of these exists. Thus, the multiplier effect requires managers to act to maximize expectancy, instrumentality, and valence when seeking to create high levels of work motivation through the allocation of certain work rewards. A zero at any location on the right side of the expectancy equation will result in zero motivation (Schermerhorn, Hunt and Osborn, 1997).

Manager must try to intervene actively in work situation to maximize work expectancies, instrumentality and valences that support organizational objectives. To influence expectancies, managers should select people with proper abilities, train them well, support them with need resources, and identify clear performance goals. To influence instrumentality, managers should clarify performance-reward relationships and confirm these relationships when rewards are actually given for performance accomplishments. To influence valences, managers should identify the needs that are important to each individual and then try to adjust available to match these needs (Schermerhorn, Hunt and Osborn, 1997).

From the above theory, the author of this study has found that the lower the variables in the motivation relationship given above, the lower the motivation among primary

health care workers and vice versa. Therefore the theory has positive effect to this study.

**2.2.3 Motivation Contents**

The content theories help identify important needs and hence, determine what should be paid for the individual performance. Maslow’s Hierarchy of Needs Theorysays that the basic human needs were arranged in hierarchical order, physiological, safety, belonging, esteem, and self-actualization. The higher order needs would not become active until lower order needs could be satisfied. Once each level of needs is satisfied, those no longer motivate person (Schermerhorn, Hunt and Osborn, 1997). The needs that are most commonly discussed and used. In fact Maslow later added three more needs by splitting two of the above five needs. Between esteem and self-actualization needs was added:

Need to know and understand, which explains the cognitive need of the academic, and need for aesthetic beauty, which is the emotional need of the artist. Self-actualization was divided into: self-actualization which is realizing one’s potential, and transcendence which is helping others to achieve their potential Maslow (1954), Maslow and Lowery (1998). Someone who works towards the Maslow’s hierarchy of needs is motivated once the higher need is attained and at that time the previous need is no more. Maslow (1954).



**Figure 2: Maslow’s Hierarchy of Needs**

Source: Maslow and Lowery (1998)

From this hierarchy, physiological needs are to do with the maintenance of the human body for example, if someone is sick, then little else matters until the recovery. Safety needs are about putting a roof over our heads and keeping us from harm. If we are rich, strong and powerful, or have good friends, we can make ourselves safe. Belonging needs introduce our tribal nature. If we are helpful and kind to others they will want us as friends. Esteem needs are for a higher position within a group. If people respect us, we have greater power. Self-actualization needs are to become what we are capable of becoming, which would satisfy our greatest achievement. These are the needs that are most commonly discussed and used.

In fact Maslow later added three more needs by splitting two of the above five needs. Between esteem and self-actualization needs was added: need to know and understand, which explains the cognitive need of the academic, and need for aesthetic beauty, which is the emotional need of the artist. Self-actualization was divided into: self-actualization which is realizing one’s potential, and transcendence which is helping others to achieve their potential Maslow (1954), Maslow and Lowery (1998).

This theory helps us in one’s understanding that everyone is concerned about achieving own needs. Some research findings suggest that there is a tendency for higher order needs to increase in importance over lower order needs and these vary according to a person’s stage, the size of the organization, and even geographical location. There is also no consistent evidence that the satisfaction of a need at one level decreases its importance and increase the importance of the next higher need Schermerhorn, Hunt and Osborn, 1997.

The drawn managerial implication of the theory is that equity is interpreted subjectively by the reward receivers. It is not the reward giver’s that counts; it is how the recipient receives the rewards that will determine actual motivational outcomes. The burden lies with the manager or team leader to take this into account and try to minimize the negative consequences of any equity comparisons (Schermerhorn, Hunt and Osborn, 1997). The author of this study has identified that the theory has the positive effect to the study because an employee struggles to attain basic needs in so doing keeps on working hard.

The challenges to this theory is that there is no clear demarcation between one basic need and another, it is not also true that once the employee has attained the higher basic need the previous basic need does not motivate him any more. Take an example of the employee who has safety needs requires physiological needs as well.

**2.2.4 X and Y Theories**

These theories of human motivation describe different attitudes toward workforce motivation. Companies follow either one or the other theory. The managerial trust of subordinates is the key aspect to connecting self-actualization with work (Douglas McGregor, 1960).

**2.2.5. Theory X**

In this theory, which has been proven counter-effective in most modern practice, management assumes employees are inherently lazy and will avoid work if they can and that they inherently dislike work. As a result of this, management believes that workers need to be closely supervised and comprehensive systems of controls developed. A hierarchical structure is needed with narrow a control at each and every level. According to this theory, employees will show little ambition without an enticing incentive program and will avoid responsibility whenever they can. According to Michael J. Papa (Ph.D., Temple University; M.A., Central Michigan University; B.A., St. John’s University), if the organizational goals are to be met, theory X managers rely heavily on threat and coercion to gain their employee's compliance. Beliefs of this theory lead to mistrust, highly restrictive supervision, and a punitive atmosphere.

 The Theory X manager tends to believe that everything must end in blaming someone. He or she thinks all prospective employees are only out for themselves. Usually these managers feel the sole purpose of the worker's interest in the job is money. They will blame the person first in most situations, without questioning whether it may be the system, policy, or lack of training that deserves the blame. A Theory X manager believes that his or her employees do not really want to work, that they would rather avoid responsibility and that it is the manager's job to structure the work and energize the employee. One major flaw of this management style is it is much more likely to cause low revenues in large businesses.

This theory brings negative effects on workers according to author’s views. Intimidation to primary health care workers won’t be a solution of improving motivation among them. Workers are regarded as people who are not creative, and innovative which is not true. The author believes that under conducive working conditions, workers enjoy their duties and deliver more.

**2.2.6 Theory Y**

In this theory, management assumes employees may be ambitious and self-motivated and exercise self-control. It is believed that employees enjoy their mental and physical work duties. According to Papa, to them work is as natural as play. They possess the ability for creative problem solving, but their talents are underused in most organizations. Given the proper conditions, theory Y managers believe that employees will learn to seek out and accept responsibility and to exercise self-control and self-direction in accomplishing objectives to which they are committed.

A theory Y manager believes that, given the right conditions, most people will want to do well at work. They believe that the satisfaction of doing a good job is a strong motivation. Many people interpret theory Y as a positive set of beliefs about workers (Douglas McGregor, 1960). The author has revealed that in order to bring about success at working places managers must be open to a more positive view of workers and the possibilities that this creates. He thinks that theory Y managers are more likely than theory X managers to develop the climate of trust with employees is required for human resource development.

It's here through human resource development that is a crucial aspect of any organization. This would include managers communicating openly with subordinates, minimizing the difference between superior-subordinate relationships. This climate would include the sharing of decision making so that subordinates have a say in decisions that influence them. This theory is a positive view to the employees, meaning that the employer is under a lot less pressure than some one who is influenced by a theory X management 2.2.7 Herzberg’s Motivation-Hyegiene Theory.

According to Herzberg, there are both motivation and hygiene factors (needs) which form motivation-Hygiene theory. Motivation factors include: growth, work, responsibility, achievement, advancement, and recognition. These motivate workers at work in different ways. In growth factor, the worker learns new skills which in turn bring advancement within the current occupational specialty. If the job is boring then the worker experiences negative effects while positive effects are for easy and interesting job.

So work can bring about both negative and positive effects upon the employee. Responsibility motivates the employee once he has a control over the given job. The negative effect is experienced when there is no control over the job. Achievement includes employee’s satisfaction of completing a job, solving problems, and seeing the results of his efforts. The opposite brings negative effect. Recognition motivates the worker once a well done job has been recognized by others, failure to be recognized, the negative effect is experienced (Herzberg F, 1968).

Hygiene factors (basic needs) are: company policies and administration, supervision, interpersonal relations, working conditions, job security, and salary. Company policies and administration are feelings about the adequacy or inadequacy of company organization and management. This includes poor communications, lack of delegated authority, policies, procedures, and rules. Supervision refers the competency or technical ability of the supervisor. This includes the supervisors willingness to teach or delegate authority, fairness, and job knowledge. Interpersonal relation refers the relationships between the workers and supervisors, subordinates, and peers. This includes both job related interactions and social interactions within the work environment.

Status includes private office, important sounding title, secretary, company, car, and others. Working conditions involve physical environment of the job such as amount of work, facilities for performing work, light, tools, temperature, space, ventilation, and general appearance of the work place. Job security refers employees’ job tenure or objective signs of presence or absence of job security, not the feeling of security. Salary includes all forms of compensation and focuses on wage or salary increases or unfulfilled expectation of increases.

On his research, Herzberg discovered that the key determinants of job satisfaction were Achievement, Recognition, Work itself, Responsibility and Advancement. He also found that key dissatisfiers were company policy and administration, supervision, salary, interpersonal relationships, and working conditions. What struck him most was that these were separate groups with separate evaluation, and not a part of the same continuum. Thus if the company resolved the dissatisfiers, it would not create satisfaction.

Empirical example is that a worker needs to be paid on time each month so that he can pay his bills, if is not paid on time, he gets really unhappy this is negative effect to motivation. But when is paid on time, hardly notice it, this is positive effect to motivation. On the other hand, when my boss gives me a pat on the back, I feel good. I don’t expect this every day and don’t especially miss not having praise all of them.

The relevance of Herzberg’s theory to Human Resources Management (HRM) is the need to clarify whether the problem being addressed is mainly one of the job satisfaction or one of job dissatisfaction, and then to select the appropriate personnel management strategies. For example attending to salary levels and working conditions will primarily reduce job dissatisfaction and therefore increase staff retention. To improve motivation and thereby increase staff performance, attention should be given to motivating factors, for example by increasing the individual’s sense of achievement and recognition of that achievement. This is positive effect to motivation.

The author of this study finds this theory with both positive and negative effect. All factors (needs) mentioned in this theory, motivate workers in different ways, and some workers are more affected by some causes. If understood how the causes affect workers in specific ways, then it can be able to influence and motivate them effectively. From the theory, workers are motivated because they receive some benefits at least in part. Likewise, organizations benefits too. Each depends on one another because as workers struggle to satisfy their needs, they satisfy organizational needs. The challenge to this theory is that, misbehaving of employees at work costs much the employer as well for example truancy, illegal striking, and the like. Therefore the theory has failed to explain how misbehaviours of employees are accommodated.

**2.2.8 Aristotle’s Theory**

According to Aristotle every action must be due to one or other of seven causes: chance, nature, compulsion, habit, reasoning, anger, or appetite. All actions are due to either to emotion or reason and that we seek pleasant things and act to reduce pain. Chance events affect us all the time and, although some have little effect in changing what we do, a number of others force us to act or otherwise motivate us into action. Natural forces are those 'originating in the body, such as the desire for nourishment, namely hunger and thirst as well as other forces, such as to procreate. Compulsion occurs when we feel that we must act, even though we may not wish to act this way. This may be compliance with the law or dysfunctional obsessive-compulsive behaviour. Habit is unthinking action, and Aristotle said 'Acts are done from habit which men do because they have often done them before.' Whilst compulsion is unpleasant and un-useful repetition of action, habit is pleasant and generally useful.

Aristotle points out that rational and reasoned action are to defined ends, achieving something that serves personal goals. He also notes that when we act in a way that we believe to be rational then we also believe that it is good. Anger is sometimes interpreted as 'passion', anger can lead to extreme action. Anger is closely related to revenge, and anger curiously lessens when there is no prospect of vengeance. Aristotle notes that 'angry people suffer extreme pain when they fail to get their revenge'. Applying the pain-reduction principle, then perhaps it is not surprising that anger reduces in such circumstances. Appetite is sometimes interpreted as 'desire', appetite is 'craving for pleasure'. Whilst anger serves negative motivation, 'Appetite is the cause of all actions that appear pleasant'. Aristotle pointed out that wealth or poverty is not a cause of action, although the appetite for wealth may well motivate. These are all motivations that drive people in different ways, and some people are more affected by some causes than by others. If you can understand how the causes affect people in specific ways, then you may be better able to influence them and motivate them effectively.

This theory points out that motivation is obtained once unpleasant circumstance is eradicated for example if a worker gets salary, he is able to get necessary needs as a result motivated to continue working. This brings positive effect to motivation but once the salary is not obtained, the worker becomes demoralized and hence negative effect to motivation. The challenge to this theory is that, workers’ attendance control at work for example workers’ attendance register is unpleasant to workers, imagine the attendance control is eradicated, a good number of workers may tend not to attend the work is this motivation? Therefore not all unpleasant circumstances once eradicated create motivation.

**2.2.9 Cognitive Evaluation Theory**

When looking at task, we evaluate it in terms of how well it meets our needs to feel competent (Deci and Ryan, 1991). According to Deci and Ryan, if we think we will be able to complete the task, we will be intrinsically motivated to complete the task, requiring no further external motivation. Where a person has a stronger internal locus of control they will feel they are in control of how they behave. Where they have a strongerexternal locus of control*,* they will believe the environment or others have a greater influence over what they do. People may see external rewards as achieving some degree of controlover them or may see the reward as informational, such as where they reinforce feelings of competence and self-determination. When people see the reward as mostly for control they will be motivated by gaining the reward but not by enacting the requested behavior (Deci, 1975). The empirical example is that if you tell me that I have to run for President, I will not exactly throw my heart into the job. If, however, you tell me how the local council is looking for someone like me, who wants to help in local schools, then I'll be there before you have finished the sentence.

The relevance of the theory to motivation becomes when you ask workers to do a certain job, if you want them to be motivated then ensure that it falls within their current level of competency. Therefore, the primary health care workers must have ability on the jobs allocated to them in order to be motivated. In this circumstance, the theory has positive effect to motivation. On the other hand if workers are assigned the job which does not fall within their ability, then they will not be motivated to do it and therefore the circumstance causes negative effect to motivation.

 **2.2.10 Adam’s Equity Theory**

People will act to eliminate any felt inequity in the rewards received for their work in comparison with others. According to Adam, the theory suggests that any rewards must be perceived as equitable in the social context of the workplace (Schermerhorn, Hunt and Osborn, 1997). In workplace, people often evaluate the fairness through comparing their rewards as results from their contributions against other’s rewards. How they think about the fairness of the relationship will determine their individual motivation. In turn, motivation will induce their reaction related to work. When felt inequity is negative, that is, when the individual feels unfairly treated, he or she may decide to work less hard in the future or to quit job (Schermerhorn, Hunt and Osborn, 1997). The drawn managerial implication of the theory is that equity is interpreted subjectively by the reward receivers. It is not the reward giver’s intention that counts, it is how the recipient receives the rewards that will determine actual motivational outcomes. The burden lies with the manager or team leader to take this into account and try to minimize the negative consequences of any equity comparisons.

**2.2.11 Acquired Needs Theory (Three Needs Theory)**

In this theory needs are shaped over time by our experience over time. Most of this fall into three general categories of needs: achievement, affiliation, and power (McClelland, 1975). According to McClelland, workers tend to have one of this needs that affects them more powerfully than others and thus affects their behaviours as follows: Achievers seek to excel and appreciate frequent recognition of how well they are doing. They will avoid low risk activities that have no chance of gain. They will also avoid high risks where there is a significant chance of failure.

Affiliation seekers look for harmonious relationships with other people. They will thus tend to conform and shy away from standing out. They seek approval rather than recognition. Power seekers want power either to control other people for their own goals or to achieve higher goals. They seek neither recognition nor approval from others. McClelland found out that a common way of discovering our tendencies towards these is with a Thematic Appreciation Test, which is a set of black-and-white pictures on cards, each showing an emotionally powerful situation. The person is presented with one card at a time and asked to make up a story about each situation.

The theory challenges achievers with stretching goals, offers affiliation-seekers safety and approval, and warns power-seekers about turning the tables on you or use other Machiavellian methods. Make sure you have sufficient power of your own, or show how can help them achieve more power. From this theory, workers must understand their tendencies, curb the excesses and, especially if they seek affiliation, beware of those who would use this against them and for their own benefit alone. Recognition, harmonious relationship, and power for achieving higher goals have positive effect on motivation among workers.

**2.3 Motivational Strategies on Workers**

Cascio (1998) provides a model for managers to follow in motivating subordinates, based on motivation theories and types of rewards. There are three key areas of managers’ responsibility to coordinate and integrate human resource policy, these are: performance definition, performance facilitation, and performance encouragement.

**2.3.1 Employee Motivation Model**

 Define performance

|  |
| --- |
| To energize employee motivation |

 Encourage performance Facilitate performance

**Figure 3: Employee Motivation Model**

**Source:** Cascio, F. W. (1998)

Define performance refers to setting out the objectives. Encouraging performance is done by providing timely rewards that are valued by employees while performance facilitation is done by providing resources (Cascio 1998). Performance definition strategy is the description of what is expected of employees, plus the continuous orientation of employees toward effective job performance (Cascio, 1998). Performance description includes three elements: goal setting, measuring accomplishment of goals, and assessment (Cascio, 1998).

Goal setting enhances accountability and clarifies the direction of employee effort. The president of Hewllet Parckard commented: “The corporate goals (concerning profit, customers, fields of interest, growth, people, management, and citizenship) provide the basis framework for the management-by-objective system which gives individual managers a lot of freedom to be entrepreneurial and innovative. Measuring of accomplishment of goals is vital for specifying how far the performance has been reached, that is to measure the achievement of goals. By knowing how performance has been reached, employees become motivated. Regular assessment of progress toward goals encourages a continuing orientation toward job performance. If management takes the time to identify measurable goals but then fails to do assessment, it is asking for trouble. This is so because if there is no assessment of performance of the goals, then the goals cannot motivate employees to improve their performance.

In the process of performance definition, employee participation is important and discussed according to the concept of management-by-objectives. Motivational models such as a two-factor theory (Herzberg motivation-hygiene theory) and acquired needs theory mentioned above are the basis for the concept of management by objectives (MBO). The basis of the MBO idea, as it is called, is that individuals in an organization should know the items on their performance that will be evaluated. Employees, working with their supervisors in a collaborative process, set goals for themselves and time limits for fulfilling them. In this way, people know their goals, feel that they are achievable, and know that their achievements will be recognized. By participating in the setting of objectives, employees learn more about their overall company objectives and what their role in them (Schaefer, 1979).

Definition of Performance covers orientation programmes, job design, and performance appraisal programmes. Orientation deals with getting new employees who must be familiarized with working environment in order to become productive contributors. Orientation not only improves the rate at which employees are able to perform their jobs but also helps employees satisfy their personal desire to feel they are part of the organization’s social fabric. The human resource department generally orients newcomers to broad organizational issues and fringe benefits. Supervisors complete the orientation by introducing new employees to co-workers and others involved in the job (Werther and Davis, 1996).

Job design is very important for achieving a high quality of work. Effective job design requires a trade-off between efficiency and behavioural elements. Efficiency elements stress productivity; behavioural elements focus on employee needs. The role of managers and human resource specialists is to achieve a balance between this trade-off (Werther and Davis, 1996).

Performance appraisal is a critical activity of human resource management. Its goal is to provide an accurate picture of past and future employee performance. From a wide range of appraisal techniques, specialists select methods that most effectively measure employee performance against the previously set standards. Techniques can be selected both to review past performance and to anticipate performance in the future (Werther and Davis, 1996). So far, the philosophy of MBO applied in performance appraisal proved its effectiveness in terms of employee satisfaction and hence improved motivation to work.

Employee participation in their performance evaluation ensures employer truth and fairness consequently because it is employee who evaluates himself or herself what and how they committed to perform. Performance facilitation strategy is to eliminate roadblocks to performance. Like performance definition, it has three aspects: removing performance obstacles, providing the means and adequate resources for performance, and carefully select personnel (Vischer, 1999).

Removing performance obstacles according to Vischer, is the eradication of improperly maintained equipment, delays in receiving supplies, poor physical design of work spaces, and inefficient work methods in order to create high supportive task environments. If no performance obstacles removal, motivation will decline as employees become convinced that management does not really care about getting the job done. An example about the effective physical design of work space is open design work place implemented by Alcoa in Pittsburgh, Pennsylvania to motivate employees toward cooperation while gaining a large savings amount (Vischer, 1999). The building of company is common office of everyone, including its chief executive officer (CEO).

 This change relies on the requirement for quick, collaborative, de-emphasized hierarchy, and fact-based decision making. Flatten communication trees, culture-of-fun, effective and efficient team work, proper decorated and layouts of working place all contribute for employee satisfaction and motivation to work.

Adequate resources include financial, material, and human resources to get a job done right. Such a strategy is a self defeating and excessively costly in the long run, for employees begin thinking whether their assigned tasks can be done well.

Careful selection of employees is essential to employee motivation to perform. Poor staffing procedures (“placing round pegs in square holes”) guarantee reduced motivation by placing employees in jobs that either demand too little of them or require more of them than they are qualified to do. Such a strategy results in overstaffing, excessive labour costs, and reduced productivity.

Well organized selection, staffing and adequate training and have employees qualified for the job all help improve their performance. Meanwhile, selection, staffing, and training are implemented followed by the business strategy of company will also motivate employees because of their sense of identity. Performance encouragement strategyhas five aspects: value of rewards, amount of rewards, rewards coming on time, likelihood of rewards, and equity or fairness of rewards.

The value and amount of rewards is related to the choice of rewards to be used. Management must offer rewards to employees (job redesign, flexible benefit systems, and alternative work schedules) that employees personally value. Then a sufficient amount of reward must be offered to motivate the employee to put forth effort to receive it. The timing and likelihood of rewards is related to the link between performance and outcomes.

Whether the rewards are in the form of praises, incentive pay, promotions, or recognition for a job well done, timing and likelihood are fundamental to an effective reward system. If there is an excessive delay between effective performance and the receipt of rewards, the rewards lose their potential to motivate subsequent high performance. Equity or fairness can also encourage or discourage effective performance. It can be seen through comparison with standards such as: Others whereby a comparison with other people either within or outside the organization, Self whereby a comparison with one’s own rewards and contributions at a different time and with one’s evolving views of self-worth, and Systems whereby a comparison with what the organization has promised. Fairness is also to the employees’ understanding of their company’s pay system. Those who say that they understand the system also tend to perceive it fairly.

 Organizations with carefully designed policies need only to ensure that actions match intentions. It probably makes much less difference to employees’ perceptions of paying fairness what these policies are than seeing that they are followed consistently. But organizations that say one thing and do another find that paying injustice is one of their important products. Pay for performance is one principle of rewards to ensure increased motivation at work. Pay helps organization to attract and retain highly capable employees, and it can help to satisfy and motivate employees to work hard to achieve high performance (Schermerhorn, Hunt and Osborn, 1997). Pay may be awarded for individual productivity, organizational productivity or individual skill-knowledge.

Rewards strategy this is divided into two: extrinsic rewards and intrinsic rewards. It is very important in motivating employees; Extrinsic rewards are given to the individual by another person in the work setting. Employees may be awarded financially or non-financially. Financial rewards include salaries, benefits, and wages while non-financial rewards include protection, involvement in decision making, recognition, training opportunities, effective supervision, and supportive company culture (Cascio, 1998). Intrinsic rewards are received by individual directly though task performance. The answer for this problem is to tap into employees’ intrinsic motivation, their internal desire to do good job (Filipczak, 1999).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Financial component |  | Reward systems |  | Non-financial component |

|  |  |  |
| --- | --- | --- |
| * Direct payments (salaries)
* Indirect payments (benefits)
 |  | * Protection programmes
* Employees involvement in decision making
* Effective supervision
* Recognition
* Training opportunities
* Supportive,nurturing company culture
 |

**Figure 4: Organizational Reward Systems with Financial and Non-Financial**

**Source:** Cascio, F.W. (1998)

According to Herzberg, intrinsic rewards facilitate the stimulation in the employees to work hard. However, how high and difficult the goals are considered differently by different individuals. Also, effective management of intrinsic rewards involves the adequate and timely extrinsic rewarding since people may feel their achievement by the other’s recognition. Effective merit pay system strategyrefers to the system that increases basic salary of permanent employee at the working place. Paralleled with incentive system, merit pay system makes complete reward system of an organization. From the very inception of a merit pay system, it is important that employees feel a sense of ownership of the system (Herzberg, F. 1968).

|  |
| --- |
|  MERIT PAY SYSTEM THAT WORK  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Establish high standards of performance |  | Develop accurateperformance appraisalsystems |  | Teach supervisorshow to do appraisals andto give feedback |  | Link rewardsclosely toperformance |  | Use a wide rangeof increase |

**Figure 5: Guidelines for Effective Merit-Pay Systems**

Source: Cascio, F. W. (1998)

Effective incentive system strategy is the system which allows one-time supplements to basic payment (Cascio, 1998). Properly designed incentive programmes work because they are based on two well-accepted principles: (i) increased motivation improves performance (ii) recognition is a major factor in motivation. Such incentive programmes must strictly follow the rules:

*Be simple*: the rules of the system should be brief, clearly and understandable.

*Be specific*: employees need to know precisely what they are expected to do.

*Be attainable*: every employee should have a reasonable chance to gain something

*Be measurable*: measurable objectives are the foundation on which incentive plans are built. Some money for the programme will be wasted.

 Simple

 Measurable EFFECTIVE EMPLOYEE Specific

 INCENTIVE PROGRAMMES

 Attainable

**Figure 6: Requirement of an Effective Programme**

Source: Cascio, F. W. (1998)

**2.4 Empirical Study**

**2.4.1 Non-Tanzanian Studies**

Karabi B, Peter L, and Marie T (2001) on their study Community Health Worker Incentives and Disincentives: how they affect motivation, retention, and sustainability. The objective of the study examined the experience with using various incentives to motivate and retain community health workers (CHWs) serving primarily as volunteers in child health and nutrition programmes in developing countries particularly Afghanistan, El Salvador, Honduras, and Madagascar.

Methodology of the study included literature search using internet data bases, literature from recommended books, questionnaire, and interviews. The study came up with inconsistent remuneration, inequitable distribution of employment community workers, inadequate refresher training, and lack of respect at workplace. The recommendation of the study was that much research is still needed to determine the best ways to sustain long-term community health worker programmes and retain volunteer health workers. Friederike Paul (2008) conducted a qualitative study on Health Worker Motivation and the Role of Performance Based Finance Systems in Africa: a case of study of District Hospitals in Rwanda.

The objective of the study was to assess the role of performance based finance (PBF) approaches in promoting quality health-care in developing countries using the case of Rwanda. The findings of the study included the risk of crowding-out intrinsic motivation, foster self-interested behaviour which could promote setting incentives for gaming and multitasking and risk the quality of health-care services. The methodology involved primary sources which were published and unpublished documents and secondary sources which were findings from qualitative studies on the Rwanda PBF initiatives. The tools were explanatory, semi-structured, standardized, and structured interviews. The analysis was done by using descriptive functions of the statistical analysis program SPSS 15.0. The conclusion was that, health worker motivation depends on a large variety of factors starting at macro level to characteristics of the work environment such as availability of equipment, safety, leadership and communication, and equally importantly are issues related to individual health worker, particularly those factors associated with professional values and standards.

Recommendations were: improving communication and transparence between health workers and management, rewards not to be given to individuals rather as a team, availability of appropriate resources and established safe work environment, availability of skills; understanding and acceptance among health workers, existing regular evaluation, staff involvement in decision making, and effective supervision. Abdu Mohiddin (2006) on the study Could Health Worker Migration Bring Benefits to Malawi? The objective of the study was to find out the cause of the migration of health workers to developed countries.

The methodology used was literature review from research papers on the very topic. Those papers include published and unpublished ones. The study found that the major cause was a huge pay gap between Malawi and developed countries. The conclusion of the study was that Malawi could benefit from exporting health professionals while providing incentives for some to remain within or return to the domestic health system. Recommendations were: rich host government to remit part of a tax such as income tax or national insurance to the Malawian government for re-investment in public health, the state can charge fees for medical training in Malawi and the debt can then either be written off over a given number of years of public service in Malawi or paid through overseas earnings, the government can improve incentives for migrants to remit by allowing the holding of foreign currency accounts by Malawians working abroad, and reducing the cost of sending money from developed countries to Malawi.

**2.4.2 Local Studies**

Manongi et al (2006) conducted a study on Improving Motivation Among Primary Health Care Workers in Tanzania. The aim of that study was to explore the experiences of health workers working in the primary health care facilities in Kilimanjaro Region, Tanzania, in terms of their motivation to work, satisfaction and frustration, and to identify areas for sustainable improvement to the services they provide. The study employed the following methodology: from each district a list of all health workers employed in government dispensaries and health centres was obtained. The list was further stratified to nurses (all cadres) and clinicians (all those qualified to prescribe drugs to patients). Using a random table method, 12 nurses and 12 clinicians in each district were sampled and invited to participate in a focus-group discussion (FGD). The government health facilities were chosen primarily because the government health system is the backbone of the Tanzanian health system and employs most health workers, compared to the private sector. Initial contact concentrated on explaining sampling, objectives of the study and the voluntary nature of participation.

As a preliminary investigation a pilot study was carried out in a rural district outside the main study area. Four FGDs were conducted, two with nurses and two with clinicians. The findings were used to develop an interview guide. A semi-structured interview guide was used in the main study, which allowed flexibility within the discussion. This also allowed for additional questions on emerging themes to be incorporated using a continuous validation process.

**Table 1: A list of Cadres of Staff who Participated in FGD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cadre** | **Award** | **Training(yrs)**  | **Qualifications**  | **No. FGDs**  |
| Clinical Officer (CO), (MA) | Diploma | 3 | Pre-service for form IV and VI leavers | 8 |
| Clinical Officer (CO), (MA) | Diploma | 5 | In-service for Rural Medical Aide – who upgraded. | 8 |
| \*Rural Medical Aides (Assistant Clinical Officer) | Certificate | 2 | In-service – on-the-job training | 16 |
| Mother and Child Health Aides (MCHA) | Certificate | 2 | Pre-service course for form IV | 7 |
| Trained nurse midwife, grade B | Midwife certificate | 4 | In-service | 7 |
| General nurse, grade A | Nursing diploma | 4 | Pre-service for form IV | 2 |

 Source: Ministry of Health (1995)

The FGDs were conducted in Kiswahili by an experienced facilitator, assisted by the first author, who was the principal investigator (PI). An experienced nurse researcher (recorder) from the Community Health Department at Kilimanjaro Christian Medical Center (KCMC) took field notes. At the same time all the FGDs were tape-recorded and subsequently transcribed for thematic analysis by the PI (who is fluent in English and Swahili, so no intermediate interpreter was needed). Each session lasted from one hour to one hour and 30 minutes. Each of the six FGDs was opened with a broad study question from the facilitator.

Participants were asked to think about the functionality of the primary health care service and any issues that they felt inhibited their performance: participants seemed eager to be given the opportunity to discuss the topic. After the FGD had begun, the facilitator asked questions only when a priority area of the topic guide was not being addressed or when clarification was needed. Comments were occasionally given to move the talk to another level or to clarify issues. The results of the study from the three districts 64 participants overall attended the six FGDs. In each district the whole range of cadres was represented (from nurse auxiliary to Clinical Officer). Both male and female professionals were included, with an age range of 25 to 59 years. In all groups the participants were keen to discuss the issue of motivation and satisfaction among health workers. Among the themes that emerged from the FGDs, three were of particular relevance to this study and were voiced across all the FGDs:

Manongi et al. (2006) concluded that primary health care facilities are health gatekeepers to the community and it is important that they not be bypassed.

Recommendations included sustainable supportive supervision, regular performance appraisal, continuous career development, and transparent promotion in order to maximize effectiveness of health workers. Melkidezek, T. (2008) conducted a study on Motivation of Health Care Workers in Tanzania. The study was commissioned into the delivery of services and care at Muhimbili National Hospital.

**Table 2: Results of Research on Motivation at KCMC**

|  |  |  |  |
| --- | --- | --- | --- |
| **Problem** | **Proposed solutions by health workers** | **Recognized by DMO** | **Major constraints expressed by DMO** |
| *Training* | 1. Give untrained health workers formal training to acquire skills needed | Yes | 1. Not enough funds allocated |
|  | 2. In-service training | Yes | 2. Understaffing |
| *Understaffing* | Nurses currently working as administrators should be replaced by non-medical staff | Yes | Not enough funds to employ new staff. |
| *Acting upwards* | None | Yes | None |

Source: Hum Resource Health 2006

The objective of the study was to measure the extent to which workers in the hospital were satisfied with the tasks they performed and identify the factors associated with low motivation in the workplace.

Melkidezeck employed the following methodology: it 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 supportive staff. About 44% were females.

The results of the study showed that 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. This dissatisfaction was multi-factorial in origin. Among the contributing factors reported were low salary levels, the frequent unavailability 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 general lack of concern for workers welfare by the hospital management. The conclusion of the study was 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.

Yumkella and Swai, (2007) on Health Worker Retention Drivers in Tanzania aimed at finding out the factors causing deficit in health staffing. They used interviews and questionnaires to gather information. He then revealed high vacancy rates in rural areas with many unfilled positions for clinical officers, assistant medical officers, and nurses. Among final-year medical students less than half (48.5%) were willing to apply for or accept rural posts even though most of them grew up in rural areas. They came up with the results including the following elements: adverse working conditions, low compensation, overwhelming responsibilities in a challenging work environment, limited training opportunities, and inadequate supervision from managers.

The following were their recommendations: introduction of effective supervision, a fair career development, and improved compensation system so as to maximize effectiveness of health workers.

**2.5 Identified Gap in Assessing Motivation**

 Motivation gap requires two things, between which that gap can exist such as what is and what could be, what was and what is, what I want and what I do not want, and what I have got and what I have not got. Gaps are also the driver for disagreement between people where our internal motivators are different from others then we will disagree with them (Leon Festinger, 1972).

 According to Leon Festinger, there are three types of gaps: values gap in which one considers others bad and immoral in some way, beliefs gap in which one disagree on what is true and false, goals gap in which one may be seeking to achieve something but in working towards this he is preventing others reaching their goals. Therefore pointing out things that had not been noticed, show how important things are. The gap noticed by this study is that many studies done in the past at Muhimbili National Hospital about Motivation in Primary Health Care Workers did not point out the level of motivation among those workers. Therefore the current study will assess the level of motivation among primary health care workers in order to fill in the gap as its main objective.

**2.6 Conceptual Framework**

The conceptual framework of this study is in five categories: Workers Record, Survey Record, Response Record, Questions Record and comments Record.

Workers records will be revealed from the services being undertaken by the customer who enjoys the service provided by primary health care workers. The variables will be different services offered by primary health care workers examples medicine giving and customer care services. Survey records will be revealed from demographic information (data basing on location or role) about the product/service being provided by Primary health care workers.

The response records will involve unique response identifier whereby each customer will be having a unique response hence to make good results for research findings. Different comments will be provided through the use of questions record and comments record where all respondents will use their own comments and texts to explain their feelings as far as motivation is concern.

 The data will be analysed by using Inter-relationship Model (M = E x I x E) borrowed from Expectancy Theory (Vroom,V. 1964) whereby M stands for Motivation, E stands for Expectancy meaning effort followed by performance accomplishment, I stands for Instrumentality meaning level of achievement lead to various outcomes and V stands for Valence meaning value of outcomes and finally interpretation will give out the conclusion of the study.

**Multiplication Operation**

**Effect on Workers’ Motivation**

**Expectancy**

**Instrumentality**

**Valence**

**Figure 7: Conceptual Framework Diagram**

**Source:** Field Data (2013)

**CHAPTER THREE**

**3.0 RESEARCH METHODOLOGY**

**3.1 Research Paradigm**

This study employed qualitative research approach mainly because motivation is qualitative in nature (Vance, 2011). Research methodology refers to a systematic way applied to solve the research problem (Kothari, 1990). This can be achieved by employing appropriate research methodology.

**3.2 Study Design**

The study design is descriptive in nature that concerned with either determining the frequency with which something occurs or the relationship between two variables. This study used a set of scientific methods and procedures to collect raw data and created data structures that described the existing characteristics of a defined target population.

**3.3 Area of the Study**

The study was conducted in Dar es Salaam region at Muhimbili National Hospital (MNH) as a public hospital situated in west Upanga. The reason was that the hospital had large number (2700 workers) of primary health care workers compared to other.

**3.4 Study Population**

A population comprises of any set of persons or objects that posses at least one common characteristics (Busha and Harder, 1980). A population can be very large or small, depending upon the size of the group of persons or objects from which the researcher plans to make inference (ibid). Thus, a population refers to people that the researcher has in mind from which information (data) can be obtained. In this regards, basing to this study the population composed of the medical doctors, medical assistants, nurses, assistant nurses, and supporting staff from Muhimbili National Hospital.

MNH has 2700 employees of which 300 are doctors and specialists, 900 registered & enrolled nurses and the rest are supporting operations employees. MNH is organized into seven directorates which are Clinical Services, Nursing Services and Quality, Clinical Support Services, Human Resources, Finance and Planning, Technical Services, and Information and Communications Technology; it has 25 departments and 106 units.

**3.5 Sample size and Sampling Techniques**

Sample design is a definite plan for obtaining a sample from a given population (Kothari, 2003). It refers to the technique or to the procedures the researcher would adopt in selecting items for the sample. Also sample design may as well lay down the number of items to be included in the sample i.e. the size of the sample. Sampling techniques are: Probability sampling in which each sample has the same probability of being chosen, Purposive sampling in which the one selecting the sample is one making the sample representative depending on his opinion, Non-rule sampling in which a sample is taken without any rule, being the sample representative if the population is homogeneous and there is no selection bias. Probability sampling types are: random sampling with and without replacement, stratified sampling, cluster sampling, and systematic sampling (Paula L.B and Justo P.A, 2001).

This was a cross sectional study involving a sample of 258 hospital workers. Stratified sampling was used to randomly pick 10% of: doctors, nursing staff, auxiliary clinical workers and other administrative and supporting staff.

**3.6 Sources of Data**

Data of the study were obtained from both primary and secondary sources. Primary sources are the sources: from which the information is obtained from the audiovisual content, accompanying textual and multimedia materials, and containing original part of the item. The assessment of items from primary sources in most cases, the elements, Title, Language, Date and Director, can be found on or ascertained from the item itself, including labels or title frames, the audiovisual contents, or accompanying documentation and packaging.

The exceptions and possible complexities of ascertaining this information through primary sources are addressed in individual sections on each element. It is recommended that secondary sources be consulted in addition to primary sources to verify these attributes of or roles related to a work. It is less likely that primary sources will contain the aspect ratio of a work. Even when numerical ratios and/or textual statements appear, they may be referring to an aspect ratio modified for presentation rather than the original intended aspect ratio. Secondary sources are likely not to include the aspect ratio of a work or may also contain conflicting information. Please refer to the Aspect Ratio section for guidelines in interpreting the information from primary sources and heuristics for making the “best guess.” Comments on additional moving image work elements will be added to this section as we continue to develop and define the attributes of or roles related to a work (Scott M. Dutkiewicz, 2008). Secondary sources include: print or online reference or research works, abstracts, indexes, finding aids,publisher’s or distributor’s brochure or website, broadcast program schedule, container which is not an original part of the item (Karen Gorss Benko, 2008).

The key variables in the research questions were motivation strategies and health workers’ performance. Primary data on motivation strategies were collected from performance evaluators of MNH and the second source were primary health care workers. The study used secondary data i.e. information from published and unpublished materials. These were collected from hospital’s library, newspapers, and internet.

**3.7 Data Measurement**

Measurement of the above-mentioned variables, were achieved by asking the respondents to rate each item using a five liken scale. In some instances respondents

were asked to rank some factors in order of importance.

**3.8 Validation of the Instrument**

 Is defined by Churchill (1996) is the extent to which the instrument accurately measures what was intended to measure. To improve on validity, the questionnaires for this study were pilot tested for both hospital management and the primary health workers. Comments from the respondents helped the researcher to modify the content of the questionnaires so as to be able to capture the required information. The questionnaires were both in English and Kiswahili so as to allow respondents opt for one.

**3.9 Data collection Techniques**

Data collection techniques were: face-to-face interview, telephone interview, and mail questionnaire (W.R. Summerhill and C.L. Taylor, 1992). Each technique has certain strengths and weaknesses; consequently, it is difficult or impossible to select one being the best (W.R. Summerhill and C.L. Taylor, 1992). This study used combination of all these techniques depending on the circumstances in the field.

**3.10 Data Analysis**

Analysis of data is a process of inspecting, cleaning, transforming, and modeling data with the goal of highlighting useful information, suggesting conclusions, and supporting decision making (Vance 2011). The data of this study were presented in tables and simple interpretation be directly obtained from data in tables and thereafter will be analysed by using Inter-relationship Model (M = E x I x V) borrowed from Expectancy Theory (Vroom, V. 1964) whereby M stands for Motivation, E stands for Expectancy meaning the probability that work effort will be followed by performance accomplishment the expectancy varies between 0 and 1 inclusive, I stands for Instrumentality meaning the probability assigned by the individual that the level of achievement lead to various outcomes(confidence) the instrumentality varies from 0 to 1 and V stands for Valence meaning the probability of the value attached by the individual to various work outcomes valence varies from -1 to +1. Therefore motivation (M) will be low if one of the variables becomes negative and motivation increases when its value changes from left to the right on the number line.

**3.11 Validity of Data**

Data validity refers to degree of certainty that observed effects of experiment are actually the real ones (Pearson,R. 2006). In this study the data collection tools were set to guide respondents not to divert from the intended concepts and valid sources of information were used including files, people concerned and web site.

**3.12 Reliability of Data**

Data reliability refers to comparison of results from initial test with others to see the consistence of data (Pearson,R. 2006). In this study the data from one source were compared to that from other sources for checking the consistence. Data reliability refers to comparison of results from initial test with others to see the consistence of data (Pearson,R. 2006). In this study the data from one source were compared to that from other sources for checking the consistence.

**3.13 Ethical Issues**

Ethical data collection refers to collecting data in a way that does not harm or injure someone (Elliott and Jenkins, 1980). Harm and injury could range from outright physical injury to harmful disclosure of unprotected confidential health information. In comparison, truthful data collection refers to data that, once collected, are not manipulated or altered in any way that might impact or falsely influence results (Elliott and Jenkins, 1980). Assigning and ensuring responsibility for collecting and maintaining data is one of the most important ethical considerations, when conducting this study the author did the following: Oversighted the design of the method of data collection, Protected research subjects from harm, Secured and stored data safely to preserve the integrity and privacy of data, Delegated work with data to others and responsibility over the work of others and ensured responsibility of the use of data and truthful portrayal of data results.

**3.14 Established Report**

The report of this study is the layout of all necessary parts as per standard format of the Open University of Tanzania which composes of five chapters as follows: introduction in chapter one; literature review in chapter two; research methodology in chapter three; research findings, analysis and discussion in chapter four; and conclusion and recommendations in chapter five.

**CHAPTER FOUR**

**4.0 RESEARCH FINDINGS, ANALYSIS AND DISCUSSION**

**4.1 Research Findings**

In this study, the author presents, analysis and discusses empirical results obtained from the field work so as to guide him get answers of the questions set on the specific objectives of the study which are: to what extent workers are satisfied with work?, are incentives enough for workers’ needs? and do workers get important needs?. A total of 258 hospital workers participated in this study of these, 149 were females and 109 males. The level of motivation of primary health care workers was 0.08 which is very low and far away from the highest value 1 which could be the one if they were one hundred percent motivated.

**4.2 Research Analysis and Discussion**

**Figure 8: Response to Work Accomplishment Agewise**

**Source:** Field data (2013)

Figure 8 shows that the largest part of the respondents was formed by females with probability of 0.6 while the remaining part probability of 0.4 was formed by males. This implies that females facilitated more the data collection process than males. A good number of males did not respond and when required to do so they gave a list of excuses.

The figure shows that the probability of 0.5 of respondents with ages between forty to fifty years said that were able to complete work assigned to them daily while probability of 0.3 of respondents with ages below 40 years were able to complete their work. The probability of 0.2 of the respondents who were above fifty years of age and claimed to have completed the work assigned to them daily.

The data from the figure above show that the group of workers who have ages between forty and fifty years contributes most at performing their duties and that with ages above fifty years contributes least. It is also revealed by the chart that a good number of females with probability of 0.6 complete the work compared to males who lag behind with probability of 0.4. Therefore females are better performers of work assigned to them than males. The respondents with different ages have different levels of work accomplishment.

**Figure 9: Response to Work Accomplishment Educationwise**

**Source:** Field data (2013)

From the figure, males with probability of 0.7 seem to complete the work assigned to them compared to females with probability of 0.3 but this is mainly caused by a good number of primary school leavers falling in this category who afraid of being chased from work once misbehaved the same interpretation comes in for the case of group of standard seven leavers (males and females) with probability of 0.6 when compared with secondary and University leavers with probability of 0.4 in total. Therefore, respondents with different levels of education have different levels of work accomplishment.

 **Figure 10: Response to Satisfaction with Incentives**

**Source:** Field data (2013)

From the figure above, respondents with ages below forty years seem to be satisfied with both financial and non financial incentives with probability 0.5 in total.

**Table 3: Response to Satisfaction with Individual Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Needs** | **Males (prob.)** | **Females(prob.)** | **Total(prob.)** |
| Self-actualisation |  0.017 | 0. 073 | **0. 090** |
| Esteem | 0.024 | 0.086 | **0.110** |
| Belonging | 0.045 | 0.065 | **0.110** |
| Safety |  0.233 | 0.073 |  **0.306** |
| Physiological | 0.208 | 0.176 | **0.384** |
| **Total(probability)** | **0.527** | **0.473** | **1.000** |

Source: Field data (2013)

The human need in the higher level becomes important to the human being once not achieved after being achieved its importance decreases (Maslow and Lowery, 1998) From the above table, a good number of respondents were satisfied with level of achievement of physiological needs that is were satisfied with achievement of health, food and shelter. In other words, the degree of satisfaction with the level of achievement of individuals’ needs was increasing with decrease of levels of needs.

Generally, respondents were not satisfied with the level of achievement of individual needs because probability of 0.690 of the respondents fell in the category of esteem and self actualization needs. Therefore by applying Inter-relationship Model which is M = E x I x V the following are levels of motivation among primary health care workers: For respondents with ages below forty years at the category of self-actualisation needs:

M = 0.3x0.5x0.09 = 0.0135 while respondents with ages from forty to fifty years at the same category of needs their level of motivation is;

 M = 0.5x0.3x0.09 = 0.0135.

For respondents with ages above fifty years at the same category of needs their level of motivation is M = 0.2x0.2x0.09 = 0.0036

From these calculations, respondents with ages below forty years are most motivated with level of achievement of self-actualisation needs followed by respondents with ages from forty to fifty and those with ages above fifty years are the least motivated. Generally motivation level of respondents in the case of self-actualisation needs is given by the sum of 0.0135, 0.0135, and 0.0036 which is 0.0306.

In the similar way levels of motivation in other cases of needs are calculated and shown on the Figure 11.

 **Figure 11: Levels of Motivation with Individual Needs at Different Ages**

**Source:** Field data (2013)

Therefore from the figure above, the level of motivation of respondents was 0.42. That means the total sum of values of motivation at different levels of primary health care workers in Tanzania is 0.42. Therefore on average the level of motivation of primary health care workers in Tanzania is 0.08 after dividing 0.42 by five which is the number of considered needs for them. From the above analysis, it is obvious that the level of motivation of workers is low that is 0.08 which is far below the highest value 1 if they could be one hundred percent motivated. To answer the basic questions therefore the primary health care workers in Tanzania are not satisfied with work, the incentives given to them are not enough for their needs.

**CHAPTER FIVE**

**5.0 CONCLUSION AND RECOMMENDATIONS**

**5.1 Conclusion**

A comprehensive study of the MNH was recently undertaken as part of more wide-ranging reforms of the health system in Tanzania. Effects of recent and ongoing reforms were identified and analyzed, and recommendations were made based on the findings to seek further improvement to the country’s system of providing efficient and adequate clinical care. Here, we report on the status of personnel satisfaction and motivation amongst workers at the Hospital, one of the major components of the overall study.

Interviews conducted on a representative sample of all employees revealed a general dissatisfaction with their work. This finding applied to more than half of the doctors and nurses, two-thirds of other support staff and over one-third of supporting staff. The reported level of satisfaction did not correlate with gender or professional background, but did show a negative correlation with level of education. The factors associated with the general lack of motivation were further explored to reveal problems with task descriptions and feedback, acknowledgment and reward for good service, communication at all levels, poor facilities affecting patient care, and a perceived lack of concern by the hospital management for the welfare of the workers. Together, these factors generally undermine the work output of the Hospital with the potential to significantly compromise the provision of clinical care.

When initially asked why they were dissatisfied with their work, the study respondents cited main 3 reasons, which were low salaries or reward, problems in the working environment and inadequate facilities for performing expected tasks. A significant number of workers in all categories reported that they had considered resigning from the hospital because of these reasons. This study highlighted and confirmed earlier research that low motivation amongst workers is a major factor in clinical staff leaving rural areas for the city or leaving the country altogether.

To conclude therefore, the findings of the study indicate that there is a need for the hospitals’ management and the Government as a whole to address weaknesses identified and implement recommendations to improve the present motivation among primary health care workers in Tanzania.

**5.2 Recommendations**

 Although pay conditions were amongst the factors contributing to low motivation, the study showed that this was only part of a larger and more complex problem. Based on the extensive survey of personnel reported here, several recommendations are proposed: First, the hospital management needs to set clear performance goals and job description for workers at all levels. The goals should form a basis for evaluation tasks completed, both by workers themselves and by management. Positive reinforcement should be administered for work well done.

Second, comprehensive performance evaluations should be conducted frequently and appropriate reinforcement given for good service with less focus on punitive measures. Third, salary increases or promotion should be regularly considered to reward good performance. However, alternative forms of reinforcement should also be introduced and used frequently, including verbal reinforcement, letters of short-and long-term training for workers who excel in their performance, and recognition for tasks performed well, priority for creating an environment where good service generates self-motivation for the workers.

Fourth, there is need to initiate mechanisms to improve communication amongst workers in different units and between management and workers. This may involve improving internal telephone communication, developing a better communication system night workers such as providing mobile phones.

**5.3 Summary of the Results**

It was revealed that the primary health care workers were: satisfied with work by 0.08 (8%), satisfied with incentives by 0.5 (50%), and satisfied with individual needs by 0.53 (53%) for males and 0.47 (47%) for females.

**5.4 Implication of the Results**

The results suggest that the health management and the Government should address the pointed out weaknesses and implement the given recommendations quickly.

**5.5 Limitations of the Study**

i) The entire exercise brings difficulties on reaching the place for data collection.

1. Limitations to workers and management on not releasing information.
2. Limitations on unscheduled workers on day tasks.
3. Difficulties on accessing the research sample at the right time.
4. Limitations on controlling the budget.

**5.6 Areas for Further Research**

I suggest the following areas for further research: levels of motivation of primary health care workers on work, satisfaction of primary health care workers on incentives, and satisfaction of primary health care workers on individual needs.

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**APPENDIX**

**Demographic Characteristics of MNH**

AH1: Demographic Characteristic of Workers of MNH

**Source:** Extracted from data analysis (2013)

**Levels of Education of Workers of MNH**

AH2: Levels of Education of Workers of MNH

**Source:** Extracted from data analysis (2013)

**Professional Category of Workers of MNH**

 AH3: Professional Category of Workers of MNH

**Source:** Extracted from data analysis (2013)

**Levels of Satisfaction of Workers of MNH**

AH4: Levels of Satisfaction of Workers of MNH

**Source:** Own histogram extracted from data analysis (2013)

**Meeting Frequency of Workers of MNH**

AH5: Meeting Frequency of Workers of MNH

**Source:** Own histogram extracted from data analysis (2013)