

**EFFECT OF MOTIVATION FACTORS ON EMPLOYEES' JOB  
PERFORMANCE IN PUBLIC PRIMARY HEALTHCARE FACILITIES: A  
CASE OF ILEMELA DISTRICT, MWANZA CITY**

**GI SELA JOHN ORASA**

**THE DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF MASTER IN HUMAN  
RESOURCE MANAGEMENT OF THE OPEN UNIVERSITY OF TANZANIA**

**2014**

**CERTIFICATION**

The undersigned certifies that, he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation titled: *“Effect of Motivation Factors on Employees’ Job Performance in Public Primary Health Facilities: A Case of Public Primary Health Facilities in Ilemela District, Mwanza City”* in partial fulfillment of the requirements for the Degree of Master of Human Resource Management of the Open University of Tanzania.

.....

Dr. Gerry Batonda

(Supervisor)

.....

Date

## **COPYRIGHT**

No part of this dissertation may be reproduced, stored in any retrieval system, or transmitted in any form by any means, electronic, mechanical, photocopying, recording or otherwise without prior written permission of the author or the Open University of Tanzania in that behalf.

**DECLARATION**

I, **Gisela John Orasa**, do hereby declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

.....

Signature

.....

Date

**DEDICATION**

This work dedicated to my beloved Husband and my children for their support and spiritual prayers during my entire studies. Also my dedication goes to “All persons close to me, to whom I owe my success so much”.

## ACKNOWLEDGEMENT

In the preparation and compilation of my report, I feel obliged to express my gratitude to many individuals who have contributed directly to make this report successful, their moral and material support especially in data collection, processing, writing and compilation.

First of all, I would like to thank the Almighty God for protection, strength and good health throughout the period of my study. Sincere appreciation should go to my research supervision Dr. Gerry Batonda, for his insights, constructive criticism, guidance and support that made it possible for me to conduct my research thank you so much.

My special gratitude goes to the management of public primary health facilities in Ilemela district, Mwanza city for their assistance in conducting my research by providing information that enabled me to write this dissertation. My sincere appreciation also goes to the staff of the Open University of Tanzania (OUT) for their cooperation and assistance.

I would like to thank my classmates Victoria Mabuba and Dismas Kisoka, for their contribution towards the completion of this study. Lastly, but not least I would like to thank all those people who assisted me and their names do not appear in this report, rather I say thank you all, God bless you.

**ABSTRACT**

The purpose of this study was to examine the effect of motivational factors on workers performance in Tanzania primary Healthcare facilities, a case of public primary health facilities in Ilemela District of Mwanza city. The study aimed at: (i) to assess the level of motivation to perform among healthcare workers in Primary Health Care Facilities in Ilemela District of Mwanza city, (ii) to establish motivational techniques/tools used by heads of Primary healthcare facilities to motivate workers in Ilemela District of Mwanza city, (iii) to determine the healthcare views of workers about intrinsic and extrinsic motivation factors/ tools, (iv) to determine impact of intrinsic and extrinsic motivation factors used heads of healthcare facilities on overall workers' performance and (v) to identify patients' opinions about the performance of healthcare workers. A survey was carried with 52 healthcare workers that included nurses, doctors and health inspectors. In addition, in- depth interviews were carried out with some nurses and doctors. Data are analyzed using statistics package for social sciences (SPSS) version 16.0. The study revealed that the healthcare workers motivation to join the medical service profession was due to job security and absence of job alternative and salary was not a concern. Overall, level of motivation among workers was low due to low or absence of re-numerations to supplement salary. The study further revealed that the currently used motivational tools were inadequate and undesired. Appropriate remuneration, introduction of challenging work but interesting and definition of career path development programs could improve workers morale to work and have an impact on patients satisfaction.

## TABLE OF CONTENTS

|  |             |
|--|-------------|
| <b>CERTIFICATION.....</b>                            | <b>ii</b>   |
| <b>COPYRIGHT.....</b>                                | <b>iii</b>  |
| <b>DECLARATION .....</b>                             | <b>iv</b>   |
| <b>DEDICATION .....</b>                              | <b>v</b>    |
| <b>ACKNOWLEDGEMENT .....</b>                         | <b>vi</b>   |
| <b>ABSTRACT .....</b>                                | <b>vii</b>  |
| <b>LIST OF TABLES .....</b>                          | <b>xiii</b> |
| <b>LIST OF FIGURES .....</b>                         | <b>xiv</b>  |
| <b>LIST OF APPENDICES.....</b>                       | <b>xv</b>   |
| <b>LIST OF ABBREVIATIONS .....</b>                   | <b>xvi</b>  |
| <b>CHAPTER ONE .....</b>                             | <b>1</b>    |
| <b>1.0 INTRODUCTION.....</b>                         | <b>1</b>    |
| 1.1 Introduction .....                               | 1           |
| 1.2 Background of the Study.....                     | 1           |
| 1.3 Statement of the Research Problem.....           | 3           |
| 1.4 Research Objectives.....                         | 5           |
| 1.4.1 Specific Objectives .....                      | 5           |
| 1.5 Research Questions.....                          | 6           |
| 1.6 Justification and Significance of the Study..... | 6           |
| 1.7 Delimitation and Scope of the Study .....        | 8           |
| 1.8 Definition of Keyterms .....                     | 8           |
| 1.9 Organization of the Research Report.....         | 9           |



|            |   |           |
|------------|---|-----------|
| 10         | Conclusion.....   | 10        |
|            | <b>CHAPTER TWO .....</b>                                | <b>11</b> |
| <b>2.0</b> | <b>LITERATURE REVIEW .....</b>                          | <b>11</b> |
| 2.1        | Introduction.....                                       | 11        |
| 2.2        | Motivation.....   | 11        |
| 2.2.1      | Definition of Motivation.....                           | 11        |
| 2.2.2      | Importance of Motivation .....                          | 13        |
| 2.3        | Motivation Theories .....                               | 13        |
| 2.3.1      | Content Theories .....                                  | 14        |
| 2.3.2      | Process Theories.....                                   | 19        |
| 2.4        | Factors Enhancing Employees’ Motivation.....            | 23        |
| 2.4.1      | Monetary Motivators Versus Non-Monetary Motivators..... | 24        |
| 2.5        | Intrinsic and Extrinsic Motivation.....                 | 26        |
| 2.6        | Tanzania Health System .....                            | 30        |
| 2.6.1      | Structure of the Tanzanian Health System.....           | 30        |
| 2.6.2      | The Health Workforce .....                              | 34        |
| 2.6.3      | Primary Health Care Service.....                        | 37        |
| 2.7        | Empirical Literature Review .....                       | 38        |
| 2.8        | Conceptual Framework.....                               | 43        |
| 2.9        | Research Gap .....                                      | 44        |
|            | <b>CHAPTER THREE .....</b>                              | <b>46</b> |
| <b>3.0</b> | <b>RESEARCH METHODOLOGY.....</b>                        | <b>46</b> |
| 3.1        | Introduction.....                                       | 46        |
| 3.2        | Research Design.....                                    | 46        |

|            |   |           |
|------------|---|-----------|
| 3.3        | Geographical Study Area.....                            | 48        |
| 3.4        | Target Population.....                                  | 49        |
| 3.5        | Sources of Data and Data Collection Instruments .....   | 50        |
| 3.5.1      | Data Sources .....                                      | 50        |
| 3.5.1.1    | Primary Data .....                                      | 50        |
| 3.5.1.2    | Secondary Data .....                                    | 50        |
| 3.5.2      | Data Collection Methods .....                           | 50        |
| 3.5.2.1    | Questionnaires.....                                     | 51        |
| 3.5.2.2    | In-depth Interview .....                                | 51        |
| 3.5.2.3    | Documentary Review .....                                | 52        |
| 3.6        | Data Analysis.....                                      | 52        |
| 3.7        | Reliability and Validity of Research Design .....       | 53        |
| 3.7.1      | Reliability .....                                       | 53        |
| 3.7.2.2    | Validity .....  | 53        |
| 3.8        | Ethical Considerations.....                             | 54        |
| 3.9        | Problems and Limitations in the Research .....          | 55        |
| 3.10       | Conclusion.....   | 56        |
|            | <b>CHAPTER FOUR.....</b>                                | <b>57</b> |
| <b>4.0</b> | <b>DATA PRESENTATION, ANALYSIS AND DISCUSSION .....</b> | <b>57</b> |
| 4.1        | Introduction.....                                       | 57        |
| 4.2        | Background of Respondents .....                         | 57        |
| 4.2.1      | Category of Respondents and Response Rate.....          | 57        |
| 4.2.2      | Demographic Characteristics of Respondents .....        | 58        |
| 4.2.2.1    | Gender of Respondents.....                              | 58        |

|         |   |           |
|---------|---|-----------|
| 4.2.2.2 | Age of Respondents.....   | 58        |
| 4.2.2.3 | Respondents' Position .....   | 59        |
| 4.2.2.4 | Respondents' Education Level .....  | 59        |
| 4.2.2.5 | Respondents' Work Experience.....   | 60        |
| 4.2.2.6 | Respondents' Monthly Income .....   | 60        |
| 4.2.2.7 | Respondents' Motivation to Join Healthcare Profession.....  | 61        |
| 4.3     | Research Objectives .....   | 62        |
| 4.3.1   | Research Objective 1: To Assess the Level of Motivation Among<br>Healthcare Facilities in Ilemela District, of Mwanza City .....  | 62        |
| 4.3.2   | Research Objective 2: To Establish Motivation Tools / Techniques Used by<br>Heads of Healthcare Facilities to Motivate Workers in Ilemela District of<br>Mwanza City..... | 63        |
| 4.3.3   | Research Objective 3: To Determine the Healthcare Workers Views about<br>Intrinsic and Extrinsic Motivation Factors .....   | 65        |
| 4.3.4   | Research Objective 4: Evaluate how Employees' Performance at Healthcare<br>Facilities is Related to Motivation .....  | 70        |
| 4.3.5   | Research Objective 5: To Determine Strategies that Can be Employed to<br>Motivate Healthcare Staff at Ilemela Healthcare Facilities .....                                 | 72        |
| 4.3.6   | Other Issues.....   | 72        |
|         | <b>CHAPTER FIVE .....</b>   | <b>74</b> |
|         | <b>5.0 CONCLUSION AND RECOMMENDATIONS .....</b>   | <b>74</b> |
| 5.1     | Introduction.....   | 74        |
| 5.2     | Research Objectives .....   | 74        |

|       |  |           |
|-------|--|-----------|
| 5.2.1 | Research Objective One: To Assess the Level of Motivation to Perform<br>Among Healthcare Workers in Primary Health Care Facilities in Ilemela<br>District of Mwanza City .....       | 74        |
| 5.2.2 | Research Objective Two: To Establish Motivational Techniques/Tools Used<br>by Heads of Primary Healthcare Facilities to Motivate Workers in Ilemela<br>District of Mwanza City ..... | 75        |
| 5.2.3 | Research Objective Three: To Determine the Healthcare Views of Workers<br>about Intrinsic and Extrinsic Motivation Factors/ Tools .....  | 75        |
| 5.2.4 | Research Objective Four: To Determine Impact of Intrinsic and Extrinsic<br>Motivation Factors used Heads of Healthcare Facilities on Overall Workers'<br>Performance .....           | 77        |
| 5.2.5 | Research Objective Five: To Determine Strategies that Can be Employed to<br>Motivate Healthcare Staff at Ilemela Healthcare Facilities .....   | 77        |
| 5.3   | Recommendations .....  | 78        |
| 5.4   | Suggested Areas for Further Research .....   | 79        |
|       | <b>REFERENCES .....</b>  | <b>81</b> |
|       | <b>APPENDICES.....</b>   | <b>85</b> |

## LIST OF TABLES

|  |    |
|--|----|
| Table 3.1: Summary Types of Research Design: Definition, Where it Focuses and<br>When is Used..... | 47 |
| Table 3.2: Population of the Study by Size and Number of Workers in the Target<br>Population.....  | 49 |
| Table 4.1: Gender of Respondents.....  | 58 |
| Table 4.2: Respondents' Age .....  | 58 |
| Table 4.3: Respondents' Position .....   | 59 |
| Table 4.4: Respondents' Education level.....   | 59 |
| Table 4.5: Respondents' Work Experience.....   | 60 |
| Table 4.6: Respondents' Monthly Income .....   | 60 |
| Table 4.7: Respondents' Motivation To Join Healthcare Profession .....                             | 61 |
| Table 4.8: Respondents' Level of Motivation at Work .....  | 62 |
| Table 4.9: Tools/Techniques Currently Used to Motivate Healthcare Workers .....                    | 63 |
| Table 4.10: Techniques / Tools that would Motivate Healthcare Workers .....                        | 64 |
| Table 4.11: Types of Intrinsic Factors of Motivation.....  | 66 |
| Table 4.12: Extent Intrinsic Factors Influence Employees' Working Morale .....                     | 66 |
| Table 4.13: Types of Extrinsic Factors of Motivation.....  | 67 |
| Table 4.14: Extent Extrinsic Factors Influence Employees' Working Morale .....                     | 68 |
| Table 4.15: Importance of Motivation Factors.....  | 69 |
| Table 4.16: Relationship Between Employee Motivation and Work Performance...                       | 70 |
| Table 4.17: Strategies to Motivate Healthcare Workers .....  | 72 |
| Table 4.18: Other Comments about Intrinsic and Extrinsic Motivation Factors .....                  | 73 |

**LIST OF FIGURES**

Figure 2.1: Flame Technique for Creating Intrinsic Motivating Environment ..... 28

Figure 2.2: Motivation and Hygiene Factors..... 30

Figure 2.3: Conceptual Framework ..... 44

**LIST OF APPENDICES**

Appendix 1: Questionnaire for Healthcare Workers Only ..... 85

Appendix 2: Interview Guide Healthcare Workers ..... 93

**LIST OF ABBREVIATIONS**

|        |  |
|--------|--|
| AIDS   | Acquired Immunodeficiency Syndrome           |
| AMOs   | Assistant Medical Officers                   |
| CO i/c | Clinical officer in charge                   |
| HIV    | Human Immunodeficiency Virus                 |
| HRH    | Human Resource for Health                    |
| MMAM   | Mpango wa Maendeleo ya Afya ya Msingi        |
| MLHW   | Mid- Level Health Workers                    |
| MoHSW  | Ministry of Health and Social Welfare        |
| PHSDP  | Primary Health Service Development Programme |
| TB     | Tuberculosis                                 |
| URT    | United Republic of Tanzania                  |
| WHO    | World Health Organization                    |



## **CHAPTER ONE**

### **1.0 INTRODUCTION**

#### **1.1 Introduction**

This research examined the effect of motivation factors (both intrinsic and extrinsic) on employees' performance in Tanzania Health System – a case of public healthcare facilities in Ilemela district of Mwanza city. This chapter is an introduction chapter to the study. The chapter begins with background to the study, followed by statement of research problem and research objectives. It also presents the significance and justification of the research, scope and delimitation of the study. Finally it gives key definitions used in this research.

#### **1.2 Background of the Study**

Motivations are energizing factors and are the main cause for movement of any living organism including human being. Because, motivation will keep the workers committed to their duties and do their jobs seriously and joyfully. One of the reasons for successfulness of employees and thus organizations is the presence of motivational factors at high degree in those organizations.

The concept of motivation is used to explain the distinction between employees which have the same talents, abilities and opportunities to do their jobs in a similar organization and are under the same employment conditions and with the same facilities, but demonstrate different performances. These employees perform their jobs in such a manner that the jobs are required to be done with relatively more efforts, so they can try more to play the role for which they are asked (Ramprasand

2013). Thus, improved productivity is driven by positively motivated employees by the organization (Oosthuizen, 2001).

The awareness of the motivating factors and factors leading to increased job satisfaction allow the implementation of targeted strategies of continuous improvement (Unterweger *et al.*, 2007). Bolman and Deal (2008) showed that when workers are dissatisfied with their work they withdraw and exhibit behaviours such as absenteeism, rebellion and attitude that affects their performance which leads to loss of productivity and effectiveness in the organization but if they are satisfied with their jobs they effectively utilize their skills and the organization benefits. Bearing this in mind one can see that satisfaction at job is important to both the workers and organization.

Furthermore, employees have both intrinsic and extrinsic needs (Mustafa, 2012; Nadin, 2012). An employee who is intrinsically motivated, undertakes tasks satisfaction, for the feeling of accomplishment and self-actualization. On the other hand, an extrinsically motivated employee may perform activity duty in order to obtain a reward such as salary. Nevertheless both factors influence employee' behavior (Din 2008; Mustafa, 2012).

Therefore, the aim of the organization such as hospitals should be to build on and enhance extrinsic motivation for its workers to perform the healthcare service effectively, but also at the same time to supply some of intrinsic motivation along the way for organization improvement.

Despite the importance of extrinsic and intrinsic variables of motivation on employees' performance little is known about the influence of these factors on healthcare workers' performance in public healthcare facilities in African countries such as Tanzania. In particular to what extent do intrinsic and extrinsic factors affect the level of employee' performance in public hospitals (healthcare facilities).

### **1.3 Statement of the Research Problem**

Well pleased and well-motivated employees deliver exceptional service to the organization with outstanding results to back it up. Hospital (Healthcare Facility) staff finds it difficult to meet the needs of their patients if their personal needs are not satisfied (Ovretveit 1990, Linn *et al.*, 1985). The management of a hospital/healthcare facility is responsible for the welfare and effectiveness of their staff coupled with an excellent service to the patients (Hansefeld, 1983; Oladotum, 2013). Employees need to be motivated to increase productivity.

Prior literature has proven that the ability to understand what employees" want and their individual various needs is the first step in designing a strategy to engage them to create a hospital experience that results are not just in great outcomes, but in a positive patient experience (Stanowski, 2009). It is important for a service oriented organization (i.e. hospital) to know and understand the motivating needs of its employees since health systems" performance is dependent on workers motivation (Franco, 2002).

However, in Tanzania there are media reports of deteriorating standards in healthcare services especially in public hospitals plus poor professional performance. One of

cited reasons for this poor service performance in Tanzanian public hospitals is the absence of adequate motivation of hospital workers especially low salary level and poor working conditions (The Guardian, 14 February 2012). There is a call to examine the effect of motivation on the performance in Tanzanian hospitals in the context of current and dynamic environment (Kwesigabo *et al.*, 2012).

Several studies on motivation and work performance have conducted, for example in Nigerian construction industry (Aiyetan and Oltuah, 2006); Sweden small and medium enterprises (Edmund and Nilsson, 2007); Ultimate Companion Limited of Cameroon (Akah 2010), and among hospital workers in Cyprus (Oladatum, 2013) and primary healthcare facility workers in Dar es Salaam, Tanzania (Malekia 2009). These studies indicated in today's environment, employees including healthcare workers are motivated by both intrinsic (internal) factors and extrinsic (external) factors and that none of the two sets of factors should be overlooked by managers when motivating employees for higher performance.

However, most of these studies were conducted outside Tanzania. Furthermore, Tanzanian studies in healthcare facilities other than that of Malekia (2009) focused on higher level facilities such as Referral Hospitals (Muhondisa and Fimbo 2006; Leshabari 2008; Chandler *et al.*, 2009) or at PHCF in Kilimanjaro Region which used qualitative methods in assessing motivation on performance of health workers (Manongi *et al.*, 2006). Recent studies focused on whether there was workforce crisis in Health system (Kwesigabo *et al.*, 2012). A research gap to understand motivation factors that influence performance of health workers at lower healthcare facilities

level still exist. This research intended to fill this gap. Therefore, this study was examined the effect of motivation factors (both intrinsic and extrinsic) on employees' performance in Tanzania Health System – a case of public healthcare facilities in Ilemela district of Mwanza city.

#### **1.4 Research Objectives**

The general objective of this research was to examine effect of motivation (intrinsic and extrinsic) factors on workers' performance in Tanzanian Primary Healthcare Facilities institution – A case of public healthcare facilities in Ilemela district of Mwanza city.

##### **1.4.1 Specific Objectives**

The general objective was guided by the following specific objectives

- (i) To assess the level of motivation to perform among healthcare workers in Primary Health Care Facilities in Ilemela District of Mwanza city.
- (ii) To establish motivational techniques/tools used by heads of Primary healthcare facilities to motivate workers in Ilemela District of Mwanza city.
- (iii) To determine the healthcare views of workers about intrinsic and extrinsic motivation factors/ tools in Ilemela District of Mwanza city.
- (iv) To determine impact of intrinsic and extrinsic motivation factors used heads of healthcare facilities on overall workers' performance in Ilemela District of Mwanza city.
- (v) To identify patients' opinions about the performance of healthcare workers in Ilemela District of Mwanza city

### **1.5 Research Questions**

- (i) What is the level of motivation to perform among healthcare workers in Primary Health Care Facilities in Ilemela District of Mwanza city?
- (ii) What motivational techniques/tools are used by heads of Primary healthcare facilities to motivate workers in Ilemela District of Mwanza city?
- (iii) What are the views of healthcare workers about intrinsic and extrinsic motivation factors/ tools in Ilemela District of Mwanza city?
- (iv) What is the impact of intrinsic and extrinsic motivation factors used heads of healthcare facilities on overall workers' performance in Ilemela District of Mwanza city?
- (v) What are patients' opinions on the performance of healthcare workers in Ilemela District of Mwanza city?

### **1.6 Justification and Significance of the Study**

This research relating to workers' motivation and its impact on their performance in the public primary healthcare facilities in Ilemela in Mwanza city of Tanzania is worthy of academic study on following grounds.

First, primary healthcare facilities provide essential healthcare services closer to the community. They also a big source of employment of graduates from various institutions as well as generate skilful healthcare workers through training different cadres (MoHSW-PHSDP, 2008). Second, workers play a very significant role in the provision of primary healthcare services and it is argued that the presence of motivation factors in the work place influences employee's job performance and

productivity (Witte, 2007). It was expected that the study unveiled the effects of motivation which are used by heads of healthcare facilities, Ministry of Health and how workers perceive motivational tools.

The research is timely given the recent worsening of healthcare service in Tanzania health system (Guardian, 14 February, 2012). The findings from this study gave a better understanding of factors associated with motivation to perform among healthcare workers in Ilemela District. It also provided basis policy formation regarding the types of motivation packages in healthcare facilities especially in lower level healthcare facilities.

The information gathered from this research could be used healthcare stakeholders and decision makers to plan for the future intervention strategies to improve healthcare workers motivation to perform tasks well and this will contribute to the improvement of quality of healthcare services at primary health care. Furthermore, understanding of motivation factors associated with healthcare workers to perform in PHCTs will further assist in accelerating the long-term efforts of attaining Millennium Development Goals (MDGs) of universal coverage and delivery of primary healthcare services to the needy population more effectively and with greater coverage in Tanzania.

Fourth, the findings of this research was added to the body of knowledge in the field of motivation in primary health care services, especially public healthcare facilities particularly on suitability and adequacy of motivation packages to be introduced to lift workers morale at National level.

### **1.7 Delimitation and Scope of the Study**

The study examined how motivation (both intrinsic and extrinsic) factors influence motivation of workers' performance in public primary healthcare facilities Ilemela District, Mwanza city. The study focuses only on government public health facilities Ilemela District of Mwanza city and also assessed the role of heads of healthcare facilities in motivating healthcare workers. The geographical area for the study was mostly in Ilemela District which has many public primary health facilities and have become publicly known for their poor healthcare services (performance) in Lake Zone. The study singled out both employees and heads of healthcare facilities they are subject of public criticism and they hold key to healthcare service delivery.

### **1.8 Definition of Keyterms**

**Employee motivation** is “the willingness to exert high levels of effort toward organizational goals, conditioned by the effort's ability to satisfy some individual need.” (Ramlall, 2004).

**Organisation employees** are employees that depend on the receipt salary and/commission from the organisation they work for as their main source of income.

**Healthcare workers** also known Human Resource for Health (HRH) or healthcare providers comprise of all people whose main activity is to enhance health by providing health services in a socially desired and technologically/professionally standard quality. Such workers include doctors, nurses, pharmacists, laboratory technicians, the management team, supporting staff such as financial officers and cleaners (WHO Factsheet 2006).



**Incentives** are reward and/or punishment that healthcare providers face from the organisation in which they work and specific intervention they provide (WHO Report 2008).

**Motivation** is an individual's degree of willingness to exert and maintain an effort towards organisational goals (Franco, 2002).

**Intrinsic motivation** is an inducement derived from within the person or from the activity itself and, positively affects behavior, performance, and well-being (Ryan & Deci, 2000).

**Extrinsic motivation** is said to exist when behavior is performed for its own sake rather than to obtain material or social re-enforcers (Ryan & Deci, 2000).

**Performance** is the combination of healthcare providers being available (retained and present) competent, productive and responsive.

**Primary Healthcare facilities** are health units such as dispensary and health care centre which provide basic healthcare services made accessible to individuals and families at community level (basic operational definition for the study).

## **1.9 Organization of the Research Report**

This research has five chapters. Chapter one provided the introduction, background of the study, statement of the research problem, research objectives, research questions, justification and significance of the study, delimitation and scope of the study and definition of key terms. Chapter two presented with the definition of motivation, importance of motivation, theoretical literature review, empirical literature review, conceptual framework and a research gap. Chapter three presented

the research design, target population, sources of data and data collection methods, reliability and validity of the research design, ethical consideration and problems in the research. Chapter four consisted of data presentation, data analysis and discussion regarding the effect of motivation factors on workers' performance. And last is chapter five which presented the conclusion of the research findings/results and recommendations.

## **10 Conclusion**

This chapter provided the background to the study, the statement of the research problem and objectives to guide the research work were presented. The chapter also presented scope and delimitation of the study as well as definitions of terms. It also presented the conceptual framework of the various variables in study. The next chapter presents detailed literature review relevant to the research problem.

## CHAPTER TWO

### 2.0 LITERATURE REVIEW

#### 2.1 Introduction

The purpose of this chapter is to lay grounds for the study by reviewing concepts and theories on employee motivation and performance. It also examines intrinsic and extrinsic motivational factors as well as relationship between motivation and work performance. The chapter also reviews some of studies conducted on employees' motivation and performance.

#### 2.2 Motivation

##### 2.2.1 Definition of Motivation

Motivation is defined as “the forces within a person that affects his or her direction, intensity and persistence of voluntary behavior (Mcshane *et al.*, 2000). Robbins and Coulter (2005) further suggest that motivation refers to the “process that account for an individual’s willingness to accept higher levels of effort to each organizational goals conditioned by the effort’s ability to satisfy some individual need”. If managers today are to assume responsibility to lead employees towards attaining organizational goals, it is then crucial for them to comprehend the psychological process of motivation. Other researcher such as Kreitner (1995), Buford, Bedeian & Linder (1995), Higgins (1994) all cited in Linder (1998) define motivation as “the psychological process that gives behavior a purpose and direction, a predisposition to behave in a purposive manner to achieve specific unmet needs, an unsatisfied need, and the will to achieve, respectively.

The above definitions can be summarized in one definition, according to Greenberg and Baron (2000) indicated that motivation can be divided into three main parts. The first part looks at arousal that deals with the drive, or energy behind individual (s) action. People tend to be guided by their interest in making a good impression on others, doing interesting work and being successful in what they do. The second part refers to the choice people make and the direction their behaviour takes. The last part deals with maintaining motivated behaviour which clearly defines how long people have to persist at attempting to their goals.

It can be observed from the above definitions that, motivation in general, is more or less basically concerned with factors or events that moves, leads, and drives certain human action or inaction over a given period of time given the prevailing conditions. Furthermore the definitions suggest that there need to be an” invisible force” to push people to do something in return. It could also be deduced from the definition that having a motivated work force or creating an environment in which high levels of motivation are maintained remains a challenge for today’s management. This challenge may emanate from the simple fact that motivation is not a fixed trait but rather a dynamic phenomenon as it could change with changes in personal, psychological, financial or social factors.

In this dissertation, the definition of motivation by Greenberg & Baron (2003) is adopted, as it is more realistic and simple as it considers the individual and his performance. That is, motivation is “the set of processes that arouse, direct, and maintain human behaviour towards attaining some goal”. (Greenberg &Baron, 2003)

### **2.2.2 Importance of Motivation**

Motivation is an important in the work place because motivation implies arousal and maintenance of interest in the doing an activity. Motivation is of enormous importance with regards to enhancing performance in any organization. Every manager strives to motivate his or her employees to greater and higher performance towards achieving organizational mission. It is the considered view of Moorhead and Griffin (1998) that performance is dependent on three factors, namely, Ability, Environment and Motivation which can be expressed as follows:  $P = M + A + E$ . Ability which is the employees' skill and capacity to perform a given work, can be acquired in the case of its deficiency, through a training program or a transfer to a simpler job. Environment, which refers to the requisite physical material resources and equipment to do the job, can also be provided.

However, motivation that entails a worker wanting to do the job cannot be easily provided or generalised. It requires extra effort on the part of the manager to determine what will motivate the employee to work hard enough to meet set performance levels. Thus, motivation is important in an organisation in as much as it determines employees performance in conjunction with ability and environment (Moorhead and Griffin, 1998).

### **2.3 Motivation Theories**

The subject of motivation has been present in the literature from the early beginning of 20th Century. Although, many theories have been developed and a plenty of research has been conducted, factors that motivates people to perform well at work are still a controversial topic. Many researchers as a starting point for their work in

the field of motivation used the most known theories and models of motivation which are divided into major categories: content and process theories

### **2.3.1 Content Theories**

These content theories include Maslow's hierarchy of needs (Fincham & Rhodes, 2005) and Herzberg's Two - factor theory examples of content theories. They are concerned with individual needs and goals which are said to be the same for every person.

#### **(i) Maslow's Hierarchy of Needs**

Abraham Maslow (1967) developed the hierarchy of needs, which suggests that individual needs exist in a hierarchy consisting of physiological needs, security needs, belongingness needs, esteem needs, and self-actualization needs. Physiological needs are the most basic needs for food, water, and other factors necessary for survival. Security needs include needs for safety in one's physical environment, stability, and freedom from emotional distress. Belongingness needs relate to desires for friendship, love, and acceptance within a given community of individuals. Esteem needs are those associated with obtaining the respect of one's self and others. Finally, self-actualization needs are those corresponding to the achievement of one's own potential, the exercising and testing of one's creative capacities, and, in general, to becoming the best person one can possibly be.

Unsatisfied needs motivate behavior; thus, lower-level needs such as the physiological and security needs must be met before upper-level needs such as belongingness, esteem, and self-actualization can be motivational. According to the

implications of the hierarchy, individuals must have their lower level needs met by, for example, safe working conditions, adequate pay to take care of one's self and one's family, and job security before they will be motivated by increased job responsibilities, status, and challenging work assignments.

Maslow's theory has not received a great deal of support with respect to specific notion it proposes (Greenberg & Baron, 1995). To them this model is theorized to be especially effective in describing the behaviour of individuals who are high in growth need strength because employees who are different to the idea of increasing their growth will not realize any physiological reaction to their jobs. Maslow's theory influences all bank employees regardless of the age, gender, qualification and so on; they choose occupation that they like to be satisfied.

**(ii) Two - Factor Theory (Herzberg's 2002)**

The second content theory is Herzberg's two factor theory. His theory is actually based on Maslow's hierarchy of needs but he distinguishes needs in hygiene factors and motivators or growth factors. This Herzberg theory brought a lot of interest from academics and from managers who were looking for ways of motivating their employees. The reason for so much interest in Herzberg's results comes from a dual character of his work. His theory not only describes employees' needs but also goes further and presents how to enrich jobs and make workforce more motivated (Fincham & Rhodes, 2005). Herzberg indicates that job satisfaction and job dissatisfaction are not opposite phenomena (Herzberg, 1968). According to him the opposite of satisfaction is rather no satisfaction and the opposite of dissatisfaction is

no dissatisfaction. Herzberg suggests that satisfaction and dissatisfaction are produced by different factors. People are satisfied at their work by factors.

Herzberg highlighted that when an institution hygiene factors do not exist (e.g. salary, job security, working conditions, level and quality of supervision, company policy and administrative and interpersonal relations) employees are dissatisfied and if these factors exist this does not mean that employees are motivated or satisfied- this is because based on his research the opposite of de-motivation is motivation only semantically and not when it comes to understanding the behaviour of employees in their jobs(Herzberg, 1968).

Herzberg's theory provides a strong link between motivation and performance of employees in banking institutions. He presents that performance can come as an emanation of feelings like achievement, advancement, growth which are related with motivation. He emphasized the importance of job enrichment and he separated it from job enlargement which includes increased responsibility and involvement, opportunities for advancement and the sense of achievement. The following is a glance at each of the motivation factors according to Herzberg.

*Achievement:* An example of positive achievement might be if an employee completes a task or project before the deadline and receives high reviews on the result, the satisfaction the employee feels would increase. However, if that same individual is unable to finish the project in time or feels rushed and is unable to do the job well, the satisfaction level may decrease.



*Recognition:* When the employee receives the acknowledgement they deserve for a job well done, the satisfaction will increase. If the employees work is overlooked or criticized it will have the opposite effect.

*Work itself:* This involves the employees' perception of whether the work is too difficult or challenging, too easy, boring or interesting. *Responsibility:* This involves the degree of freedom employees have in making their own decisions and implementing their own ideas. The more liberty to take on that responsibility the more inclined the employee may be to work harder on the project, and be more satisfied with the result.

*Advancement:* This refers to the expected or unexpected possibility of promotion. An example of negative advancement would be if an employee did not receive an expected promotion or demotion.

*Possibility of Growth:* This motivation factor includes the chance one might have for advancement within the institution. This could also include the opportunity to learn a new skill or trade. When the possibility/opportunity for growth is lacking or if the employee has reached the peak or glass ceiling, as it is sometimes referred to, this could have a negative effect on the satisfaction the employee feels with their job and position.

The following are the hygiene factors, which work in the same way with positive or negative attributes. However, these factors can only have an effect on the dissatisfaction one feels. *Institution Policy or Administration:* An employee's

perception of whether the policies in place are good or bad or fair or not, changes the level of dissatisfaction that employee will feel.

*Personal or Working Relationships:* This is those relationships one engages in with their supervisors, peers, and subordinates. How someone feels about the interaction and discussions that take place within the work environment can also effect dissatisfaction working conditions: This includes the physical surroundings that one works within, such as the facilities or location.

*Salary:* This factor is fairly simple, the increase or decrease of wage or salary effects the dissatisfaction within a company a great deal.

*Personal Life:* Although people try to separate the two, work and personal life, it is inevitable that one will affect the other.

*Feeling a Job Security:* This is a pretty significant factor. The sense of job security within a position or organization as a whole relates to the dissatisfaction as well (Ruthankoon & Ogunlana 2003)

Herzberg says that leaders should avoid placing strong emphasis on fulfilling hygiene needs as this will result in employees relying too heavily on extrinsic rewards and may pose impediments to the long term success of the organization. Instead, leaders should focus on designing more intrinsically challenging task, provide recognition and empowering employees when certain level of ability is demonstrated, which are the true motivators, when fulfilled, contribute to long term

positive effect on employees job performance. This research adopted the Herzberg's (2000) two factor theory as it looks at intrinsic and extrinsic factors of motivation.

### **2.3.2 Process Theories**

Process theories are characterized by a dynamic character, not static as in content theories. The main concern is not what motivates people but how motivation occurs. Process theories attempted to explain how and why peoples' behavior is directed to certain choices. The focus of all process theories is put on "the role of individual's cognitive processes in determining his or her level of motivation" (Fincham & Rhodes, 2005). The process theory which seems to be the core one is the Expectancy Theory. This model was originally presented by Vroom (1968), however many other later researchers tried to adapt and develop it.

#### **(i) Vroom Expectancy theory**

Vroom's Expectancy theory comprises three factors: valence, instrumentality and expectancy. Vroom describes valence in a relation to peoples' affecting preferences toward particular outcomes. The valence of outcome is positive if a person prefers attaining it instead of not attaining. In contrast, the negative valence of outcomes characterize situation when a person prefers not attaining it instead of attaining. The third possibility is zero valence of outcome, which means that a person is indifferent between attaining and not attaining outcome or not. The instrumentality is a belief that one action lead to another. Final y, the expectancy is defined as a belief about likelihood that a particular behavior will be followed by a particular outcome (Vroom, 1964). Values of those three factors can be used to calculate the motivational force of the job.

In brief, Vroom's theory suggests that a job is motivating for employees when they can see a relationship between performance and outcome, if they have abilities to do the job and if they see outcome as satisfying their needs. Thus, Vroom's theory can be a suggestion for managers to focus on main aspects of their subordinates perceptions. Vroom theory is helpful in explaining occupational choices and in predicting tasks that people will work most and least hard at (Fincham & Rhodes, 2005).

#### **(ii) Equity theories**

Another group of process theories - equity theories, are related to the distribution of resources. There are three main aspects that are common for all equity theories. Firstly, they suggest that employee perceive a fair return for his/her contribution at work. Secondly, they imply that employees compare the return they received to the return received by other employees for the same job. Finally, they assume that employees who are in inequitable position comparing to others will try to do something to reduce the difference (Carrell & Dittrich, 1978).

The most influential and often cited in the literature of motivation is the Equity Theory, which was put forward in 1963 by Adams. The theory distinguishes between employee's inputs and outputs. Inputs are understood as the number and value of contributions that person make to his or her work. On the other hand, outputs are described as the nature and quantity of received rewards for doing the job (Pinder, 1998). According to Adam's theory different employees stress different inputs and outcomes as the most important for them.

However, all people evaluate their outcomes in a relation to their inputs and judge a fairness of this relation. The theory that people not only evaluate the equity by comparing the amount of their inputs and outputs but they also make social comparisons with other people. They feel that they are not treated fairly if other people receive better outputs for the same job. Thus, employees who encounter inequity try to do something to reduce it.

The equity theory presents the most common consequences of perceived inequity. The first and the most common behavior is changing employee's own effort to increase or reduce performance. If it is not possible to solve the problem of unfairness by changing effort then employee try to cognitively reevaluate outcomes and inputs. That means for example reconsideration of own credentials or effort in a comparison to credentials or effort of a person who was chosen as a referent. The inequity may lead to some dysfunctional reactions such as stealing from employer. Finally, employee may simply decide to withdraw from a company (Pinder, 1998).

### **(iii) Goal Setting Motivation theory**

Locke and Latham (1979) introduced the goal setting motivation technique which, according to them, is not only more effective than other methods, but also can be treated as a support for them. In their approach a goal is defined as an object or aim of an action that is attained in a specific limit of time. One of their core findings is that the highest level of performance and effort are produced when the difficulty level of attaining goals is also very high. The only limit there is an ability of a person who tries to attain a goal. The authors found that people perform better if a specific

difficult goal is set than if they are asked to perform as well as they can (Locke & Latham, 2002). Their work also showed that performance does not differ among employees regardless goals are assigned to people or if people participate in choosing their own goals. This was explained by the fact that usually superior that assigns the goal is treated like an authority. Furthermore, the act of assigning a goal means that superior believes that subordinate has ability to fulfill that goal. As a result people became motivated to prove their competences.

Finally, the assigned goals are helpful with defining peoples' standards used to attain their self-satisfaction from performance (Bandura, 1988, as cited in Locke & Latham, 1990). If there is an influence of setting goals on peoples' performance there must be some mechanism that explains it. In fact,

Locke and Latham (2002) based on their own research and other researchers results (Wood & Locke, 1990), distinguished even four of them. First, goals direct effort and attention toward all activities that are related to achieving them. Difficult goals lead to more effort than easy goals, so it can be said that goals in general have energizing function. Moreover, they prolong effort, so they affect persistence. The forth mechanism is an indirect action caused by goals that lead to the discovery, arousal or to use of task-relevant strategies and knowledge.

The influence of goals on performance can be stronger in some circumstances. For example, one of them is a situation where an employee is committed to his/her goal, which occurs when the attainment of a goal is important for him and he believes that

he is able to achieve it. Another important factor is a feedback that helps people to adjust a level of effort needed to attain the goal (Locke & Latham, 2002).

#### **2.4 Factors Enhancing Employees' Motivation**

Employees want to earn reasonable salaries, as money represents the most important incentive, when speaking of its influential value (Sara et al, 2004). Financial rewards have the capacity to maintain and motivate individuals towards higher performance, especially workers from production companies, as individual may use the money to satisfy their needs. Therefore, pay has a significant impact in establishing employees' diligence and commitment, being a key motivator for employees. Nevertheless, studies have shown that pay does not boost productivity on the long term and money does not improve performance significantly (Whitley, 2002). Moreover, focusing only on this aspect might deteriorate employees' attitude, as they might pursue only financial gains. Fortunately, there are other non-financial factors that have a positive influence on motivation, such as rewards, social recognition and performance feedbacks.

Numerous researches have also pointed out that rewards lead to job satisfaction, which in turn influence directive and positively the performance of the employees. Moreover, rewards are one of the most efficient tools of management when trying to influence individual or group behavior, as to improve organization's effectiveness. The vast majority of companies use pay, promotion, bonuses and other types of rewards to motivate employees and to increase their performance. In order to use salary as a motivator, managers have to develop salary structures, according to the importance of each job, individual performance and special allowances.

Employees can also be motivated through proper leadership, as leadership is all about getting things done the right way. In order to achieve these goals, the leader should gain the employees' trust and make them follow him. Nevertheless, in order to make them trust him and complete their tasks properly for the organization, the employees should be motivated (Baldoni, 2005). The leaders and the employees help one another to attain high levels of morality and motivation.

Trust represents the perception of one individual about others and his willingness to act based on a speech or to comply with a decision. Therefore, trust is an important factor for an organization that wants to be successful, as it has the ability to enhance employees' motivation and foster interpersonal communication.

Irrespective of the degree of technical automation, attaining high levels of productivity is influenced by the level of motivation and effectiveness of the staff. Therefore, developing and implementing employee training programs is a necessary strategy to motivate workers. In addition, a good communication between the managers and the workforce can instigate motivation, as the degree of ambiguity decreases.

#### **2.4.1 Monetary Motivators Versus Non-Monetary Motivators**

Motivation can be described as intrinsic and extrinsic. Some factors are more motivating than others. Most researchers put much effort to find out which of the factors are the best motivators. The most common factors that are taken into consideration are two categories: monetary and non-monetary incentives. As Armstrong (2007) suggested, money is a motivator because it satisfies a lot of needs.



It is a factor which is indispensable for life and which is needed to satisfy basic needs of survival and security. Higher needs such as self-esteem can also be satisfied by it. With money people are able buy things that show their status and create a visible sign of appreciation. In other words, money is a symbol of many intangible goals what makes it a powerful motivating factor.

There is no consensus about the role of money as motivator. Some studies confirm that in fact money is a good motivator, while others while others have found that money is not at all a motivator. For example, Rynes, Gerhart and Minette (2004) and (Deci & Ryan, 2000) in their study on the importance of pay in employee motivation found that money is not a motivator for every person and not in every circumstance. However, it is an important factor for most people such as employees. These researchers suggest that money is much more important in peoples' actual choices than in their responses to the question about importance of money as a motivator. That might lead to an underestimation of monetary rewards as one of motivating factors in job settings.

Similar results about the importance of money as a motivator come from Agarwal's (2010) study based on a literature review on motivation and executive compensation. In his opinion money is still the most crucial motivating factor for employee that makes him perform well in the company. He agrees that intrinsic rewards motivate executives but after a certain point of career money seems to have greater importance. Agarwal goes further in his conclusions as he indicates that long-term incentives are less effective than short-term, performance based incentives. This is

the result of associated risk and uncertainty about the future which comes with long-term incentives.

In the extant literature, there are many supporters of financial incentives as motivators while on the other hand, there is a large group of researchers who neglect the fact that money is a good motivator. Some of them are very critical about the use of money as a motivator. For example, McClelland (1968) writes that “money isn’t nearly so potent a motivating force as theory and common sense suggest it should be”. He cites other authors’ research that showed no influence of money on peoples’ motivation in boring and fatiguing jobs but indicated other factors that had influence such as freedom to schedule their work by employees.

Some results that support McClelland words come from *McKinsey Quarterly* survey conducted in June 2009 (Dewhurst, Guthridge, & Mohr, 2009). Responses received from 1,047 executives, managers, and employees around the world showed that three non-cash motivators (praise from immediate managers, leadership attention, a chance to lead projects or task forces) are more effective motivators than the three highest-rated financial incentives (cash bonuses, increased base pay, and stock or stock options). Another study on health workers motivation which was not related to business environment also showed that non-financial motivators play important role in employees’ motivation (Mathauer & Imhoff, 2006).

## **2.5 Intrinsic and Extrinsic Motivation**

Motivation present in workplace is two types: intrinsic and extrinsic (Adam 2007). This implies that job related variables affecting motivation have intrinsic and

extrinsic motivational values that drive the employees to perform. Given that most employees are intrinsically and extrinsically motivated simultaneously, hence a conclusion can be made that intrinsic and extrinsic motivation are not mutually exclusive (Deci & Ryan, 2000).

Intrinsic motivation stems from the word “internal” which implies motivation comes from within the individual or from the activity itself and positively affects behavior, performance, and well being. In other words, this type of motivation is self generated when intrinsically motivated, the individual will also strive to satisfy three innate psychological needs: namely needs for autonomy, competence, and relatedness (Deci & Ryan, 2000). Such employees like to have a substantial amount of freedom to make decision, or empowering a channel to impress creativity, opportunities for advancement, recognition for good work, to be treated in a polite and thoughtful manner, and possess the position to take on tasks that are both challenging and meaningful of which he/she would feel an inherent sense of accomplishment upon successful completion. For instance an employee who has encountered an intriguingly difficultly problem is unlikely to surrender just because the problem appears to be unsolvable. Instead the employee will put forth his /her rest efforts, say by investing more time of taking the task home; as he/she views the problem as challenging and worthwhile to complete. In fact many researchers have acknowledged and proven that intrinsic motivation does have a positive long-term effect and is regarded as the “true motivation” (Lai, 2009).

Taking into account of the above discussion, an authoritative management style is no longer practical if the organization wishes its employees to take more initiative and

stay committed to management objectives. Thus, the work place atmosphere must enable the employees to satisfy the higher order needs. In this regard managers' can help to cultivate an intrinsic motivating environment by applying the FLAME technique as shown in Figure 2.3.

|    |                  |  |
|----|------------------|--|
| 1. | Feedback         | Performance feedback facilitates explicated behaviour.   |
| 2. | Lots of skills   | Employees are more motivated if the task requires them to take use of a variety of skills. In the process, it also allows employees to acquire new competencies.                                 |
| 3. | Autonomy         | Employees who are employed to make decisions about their job and are able to work without close supervision are more likely to work productively.  |
| 4. | Mind             | Employees who are given ownership over their task i.e. held accountable for the outcomes are inclined to act responsibly because they "own" the job.   |
| 5. | Effect on others | When employees know or witness the results of their work have influences on others, (colleagues, departments, organization), they will be motivated to ensure that they perform to their utmost. |

**Figure 2.1: Flame Technique for Creating Intrinsic Motivating Environment**

Source: Cornelius & Associates (2008)

On the other hand, extrinsic motivation refers to motivation that comes from outside an individual in exchange for external rewards and is not derived from the work itself (Deci & Ryan 2000). Extrinsic motivation takes the form of tangible monetary or non-monetary incentives such as pay rise, gift certificates, material possessions, vacation trips, wall plaques, company banquets, movie tickets and prestige evaluations among others. For example, an employee may work doubly hard to finish

a project before the scheduled deadline because of the tangible reward that accompanies for working effectively.

Extrinsic rewards can act as positive reinforce, they have been found to be an effective motivation tool for short-term gains (Adam, 2007). That is, meeting immediate goals, it may have long-term adverse effects / impacts on employees behaviour. Furthermore, in contrast to extrinsic motivation, intrinsic motivation is said to exist when behavior is performed for its own sake rather than to obtain material or social re-enforcers. The concept of intrinsic motivation was an important challenge to behaviorism, and has roots in White's (1959) competence or effectance motivation. Maslow (1943) and Alderfer (1969) addressed similar needs.

A lot of research work indicates that employees who do not expect to receive extrinsic rewards outperform those who expect rewards (Kohn 1993). However, extrinsic rewards can still be useful if administered under the right conditions/ circumstances such as the absence or low levels of intrinsic motivation or when the role is unchallenging and mundane (routine). In case of healthcare facilities, intrinsic motivation of workers can be measured in terms of job satisfaction derived from working at hospital, enjoyment of healthcare profession, the challenging and competitive nature of healthcare, recognition, career achievement and control over others. On the other hand of extrinsic motivation of doctors/nurses on the other hand, can be measured in terms of externally administered rewards like salary, free accommodation, free meals, weekly duty and duty allowances, advance payments in case of financial problems, leave of absence and free medical care among others.

In summary, motivation factors are related to work content, while hygiene factors are related to work environment as summarized in Figure 2.2.

| <b>Motivation factors<br/>(intrinsic)</b>   | <b>Hygiene factors<br/>(Extrinsic)</b>  |
|---|---|
| <ul style="list-style-type: none"> <li>• Achievement</li> <li>• Recognition</li> <li>• Responsibility</li> <li>• Work itself</li> <li>• Advancement</li> <li>• Personal growth</li> </ul> | <ul style="list-style-type: none"> <li>• Company/organisation policy and administration</li> <li>• Interpersonal relations</li> <li>• Working conditions</li> <li>• Salary/wages</li> <li>• Job security</li> <li>• Status</li> <li>• Benefits</li> </ul> |

**Figure 2.2: Motivation and Hygiene Factors**

Source: Griffin (2008, p.440)

## 2.6 Tanzania Health System

This section provides an overview of structure of Tanzania's health system and the different types of health workers who staff it. Most importantly, for readers unfamiliar with Tanzania, we explain Tanzania's particularly acute health workforce shortage.

### 2.6.1 Structure of the Tanzanian Health System

At independence in 1961, Tanzania developed a national health system that committed itself to providing the mostly non-urban population with access to health services. To meet the health needs of the rapidly growing, largely rural population, the government structured the health system to send people from a local first point of

contact to increasingly specialized, more central facilities; this multi-tiered decentralized health system continues to operate to this day.

Most rural people seek care first from traditional healers and then medical care as they deem necessary. The Ministry of Health and Social Welfare (MOHSW) estimated in 2007 that about 60 per cent of all those seeking health services depend on some traditional health services, and that about 53 per cent of deliveries take place at home, most with traditional birth attendants (URT Ministry of Health and Social Welfare (2007). There is a hierarchy of conventional medical facilities that provide clinical and preventive services to Mainland Tanzanians.

*Primary care:* Most village governments employ two or more health workers commonly known as village health workers (VHW). After a short training, VHWs run a community health post providing health education and care for minor ailments to families in their home with supervision by staff at the next level of referral, the *dispensary*. Dispensaries are ideally run by a clinical assistant (a secondary school graduate with 2 years of training in anatomy, physiology, hygiene, diagnostic methods, and treatment of common illnesses). The clinical assistant is aided by an enrolled nurse (secondary school graduate with 2 years training in nursing care of minor ailments).

However, because of acute staff shortages, it not unusual to find a dispensary especially in remote and hard to reach districts having neither a clinical assistant nor a nurse; instead, such a facility may be run by health worker without any professional training commonly known as a medical attendant. Dispensaries provide maternal and child health care, treat simple medical problems during pregnancy such

as anemia, assist with normal deliveries, and offer basic outpatient curative care to between 6000 and 10 000 people. Some dispensaries include basic laboratory and dental services, conduct outreach, and provide, for example, directly observed therapy for tuberculosis patients.

Supervising the dispensaries are *health centers* that serve populations of about 50 000. Clinical officers (secondary school graduates with 3 years of basic clinical training) run health centers supported by enrolled nurses. Although intended to provide preventive care, health centers have 10–20 beds and provide reproductive health services and minor surgery.

*Hospital care:* There are over 132 districts in Tanzania with populations ranging from 1.4 million people in Kinondoni district to 46 000 people in the most sparsely populated district of Mafia, and about 51 642 for Pangani district (URT, Ministry of Health and Social Welfare, 2009). Most of these districts have a government-run *district hospital*; others rely on religious organizations to sponsor non-governmental hospitals to become designated district hospitals and be eligible to receive government subsidies. District hospitals offer outpatient and inpatient services not available at dispensaries or health centers, including laboratory and x-ray diagnostic services and surgical services, including emergency obstetric care. Although medical doctors serve in some of the district hospitals, many are run by assistant medical officers (AMOs) (clinical officers with a further 2 years clinical training), supported by clinical officers and enrolled and registered nurses.



Several districts (ranging from 4 to 8) are grouped into a region each of which has a *regional hospital* – there are currently 18 regional hospitals throughout the country. Although the range of services at regional hospitals is similar to those at district hospitals, they are larger and offer more specialized medical care. Personnel include general surgeons, general medical physicians, pediatricians, general and specialized nurses and midwives. Also located here are the public health staff who organize the programs to protect the population and prevent disease and injury.

Four *specialized referral hospitals* provide specialized care to regions grouped into four zones. These are teaching hospitals that provide complex health care requiring advanced technology and highly skilled personnel. Two of these teaching hospitals are run by faith-based organizations.

*Public health programs* are led nationally by the MOHSW, frequently as vertical programs, for example, the National AIDS Control Program, Reproductive and Child Health program, TB and Leprosy Control program, School Health program, and several others. District Health Management Teams coordinate and supervise health service delivery in their respective districts. The team is normally led by the district medical officer who is typically a medical doctor with a master's degree in public health, and includes at least one nurse, an environmental health officer, a records officer, dentist, and pharmacist. The team is responsible for supervising priority programs; for example, maternal and child care, HIV/AIDS prevention and treatment, TB prevention, surveillance and control of disease, and enforcement of environmental and occupational health regulations.

The numbers of health facilities in the country, both public and private, as counted in 2006 by the MOHSW totaled 4679 dispensaries, 481 health centers, and 219 hospitals. The government is continuing speeding up system expansions with construction of 5853 new health care facilities between 2007 and 2017 (URT, Ministry of Health and Social Welfare, 2008).

### **2.6.2 The Health Workforce**

The size of the health workforce (both health professionals and other health workers) has declined in absolute numbers and relative to the size of the population. The decline in absolute numbers was significant during the 1990s when the Government of Tanzania retrenched the health workforce and imposed an employment freeze – resulting in a loss of one-third of the health workforce (Mæstad, 2006; Centre for Economic Governance and AIDS in Africa, 2009).

In 2006, the MOHSW estimated that there were 29 000 staff working in government health facilities (an estimated 65 per cent shortage) and about 6000 staff working in private facilities (an estimated 86 per cent shortage) (URT, Ministry of Health and Social Welfare, 2008). To expand the number of facilities to meet its development plan (URT, Ministry of Health and Social Welfare, 2007). The MOHSW estimated that an additional 144 700 workers would have to be trained and employed to work in the government sector and a further 39 400 for the non-government sector, between 2007 and 2017 (URT Ministry of Health and Social Welfare, 2008).

*Types of health workers:* Tanzania relies on a range of health workers to staff public health programs and provide clinical care. Only a very small proportion of these health workers are professionals, for example, doctors, dentists, pharmacists, or specialized nurses. Most are ‘mid-level health workers’ (MLHW) that is ‘health care providers who have received less training and have a more restricted scope of practice than professionals; who, in contrast to community or lay health workers, however, do have a formal certificate and accreditation through their countries’ licensing bodies’ (Lehmann, 2008).

AMOs, with 5 years of clinical training after secondary school graduation (staggered between periods of practice), manage many of the district hospitals. Usually referred to as doctors, these AMOs provide preventive, clinical, and surgical care, and supervise clinical officers and clinical assistants, and the registered and enrolled nurses working in district hospitals, health centers, and dispensaries. In Tanzania, nurses and midwives make up 27 per cent of the health workforce compared to about 50 per cent in the rest of Africa, and only 1.7 per cent are doctors compared with 9.7 per cent in the rest of Africa (African Health Workforce Observatory, 2006).

*Distribution of health workers:* Despite the goal since independence to reach people living in rural areas, and despite having structured health facilities to serve villagers, most of the health workforce is concentrated in urban areas where there are hospitals. Many factors influence where health workers choose to practice: career plans, salary levels, recruitment and appointment procedures, and retention measures (Wyss, 2004).

Individual worker preferences often do not match population health needs. Looking at doctors specifically, a 2006 survey found that 52 per cent of all doctors work in the Dar es Salaam region; Dar es Salaam had 25 doctors for every 100 000 people compared with the national average of 3.5 doctors per 100 000 people (MOSW & WHO, 2007). In 14 out of 26 regions, there was only one doctor or fewer per 100 000 people (MOSW & WHO, 2007).

*Training institutions and programs to upgrade workers' skills:* Of all the cuts in the Tanzanian health workforce in the 1990s, it was training institutions, the cornerstone of skills development for human resources that were most adversely affected. In 2008, the MOHSW judged these institutions to fall 74 per cent short of staff (URT Ministry of Health and Social Welfare, 2008).

The Ministry of Education and Vocational Training oversees nine universities that train health professionals and the MOHSW runs 26 vocational training institutions to train other health workers. The MOHSW made significant efforts to upgrade thousands of health workers in past years, notably by investing in vocational training and establishing specific training centers in different zones in the country. Ironically, in-service training so needed to improve skills and quality of service decreases staff availability as health workers must travel from their posts to attend training courses.

### **2.6.3 Primary Health Care Service**

Primary health Care services form the basement of the pyramidal (hierarchical) structure of health care services in Tanzania. It is made of number of dispensaries, health centers and District hospital at the district level. Currently the health facilities for both public and private include 4,679 dispensaries, 481 health centers and 219 hospitals distributed throughout the country. The dispensaries and health centers that are at a center of primary health care facilities were planned to serve an average population of 10,000 and 50,000 respectively (MoHSW, 2007). However, with increasing population and slow pace/stagnation of construction primary health facilities, the average population served by each dispensary and health centers is more than the planned population, overstretching the effective functioning of the current primary health care facilities. The problem is compounded with shortage of staff, inadequate medical equipment and other supplies.

The geographical accessibility of the current primary health facilities is reported to be at about 90% of people living within five kilometers. Nevertheless, there is a great variation among districts, besides, land terrain and lack of reliable transport poses a greater danger to expecting mothers and very sick patients to access health services when they need them. These factors influence the accessibility of primary health services (MoHSW, 2007).

In brief, taken together, population growth, too few health workers and their poor morale (motivation), lack of equipment and medical supplies, and increasing health burdens from chronic and emerging diseases have overwhelmed the capacity of the

health system. The overall performance of health service delivery is unsatisfactory at all levels, especially in the public sector.

Commitment by the government and other stakeholders of adequate financial and human resources, together with their efficient and effective utilization is required for improving Tanzania's health system and the health of its population. These issues raised in section supports the need for research on motivation of workers at primary healthcare centre facilities.

## **2.7 Empirical Literature Review**

Several researchers have examined factors that motivate workers and their subsequent impact their work performance. This section presents a review of some most recent empirical studies on motivation and job performance in various industries including education. Aiyetan and Oltuah (2006) conducted a research on the relationship between motivation and performance of workers in the Nigerian construction industry. The purpose was to identify a number of motivational schemes that enhance the performance of two types of workers: construction workers and office workers.

The study used two sets of questionnaires: one set was administered on management staff and the other on non-management staff (operatives). The study revealed that salaries paid to operatives in the study were below the stipulations of the Nigerian National Joint Industry Council. It further showed that operatives are rarely promoted, and operatives prefer financial incentives to non-financial incentives. The study recommended that increases in salary via promotion, overtime allowances and

holidays with pay should be used as motivators (financial incentives) for increase in performance of construction workers (operatives).

A study on motivation was undertaken in Sweden by Edlund and Nilsson (2007) and focused on the factors managers use to motivate employees and differences regarding gender and age in medium-sized Swedish enterprises. A qualitative case study methodology was used to interview managers in two companies in Northern Sweden. The findings showed that motivation was an individual thing and managers have a hard task motivating their employees. It also found that employees of today are more motivated by intrinsic factors rather than extrinsic factors which were dominant in the past. However, none of the two sets of factors should be overlooked by managers when motivating employees. The most unusual finding in that study concerning gender and age was that managers do not motivate their employees differently with reference to gender and age.

Calista (2009) examined motivation through incentive programs in Singapore on 380 white collar workers, using questionnaire administered online. The results of the study showed that incentives had a very strong motivational potential influence on employees' willingness to work harder. The three motivating factors were interpersonal relationship, workplace environment and interesting work, all of which have the potential to motivate employees at higher levels. For long-term motivation, job related factors such as meaningful work, flexible working hours, and friendly social gestures were found to be effective motivators, while monetary, social

gathering, tangible items such as awards, certificates and gifts were most effective motivators for short-term.

A Ghanaian study was conducted on motivation by Kwasi (2010). The purpose of the study was to examine factors of motivation that will lead to employees being highly motivated for increased performance at the workplace with particular reference to the Building and Road Research Institute (BRRI). It surveyed a sample of workers using a questionnaire and data was analyzed using SPSS package. The results of the study indicated that elements such as empowering employees and involving workers in decision making played an important role in motivating employees.

Malekia (2009) conducted a cross-sectional research using a structured interview guide among 326 healthcare workers in three municipalities of Dar es Salaam, Tanzania. The purpose was to assess motivation to perform among healthcare workers in primary healthcare facilities. The study found that 71.8 percent of the health workers were motivated to perform their tasks well, while 28.2 percent were not motivated. Both financial and non-financial incentives were seen to influence motivation. However, the study found the main motivating factors were community recognition/appreciation, fairness in performance assessment, reward system and education.

Akah (2010) conducted study of motivation in Ultimate Companion Limited, Douala, Cameroon. Its purpose was to examine factors that motivate employees in order to have increased performance within the company. It surveyed a sample of 74 employees in the company and data analysed using descriptive statistics. The study



found that employees at Ultimate companion limited had an overall fair job satisfaction. The employees are not satisfied with their current salary situation at the company which illustrate that financial motivation was important within a company.

The findings equally showed that majority of the employees are motivated most to perform when they receive non-financial rewards. Also, majority of the employees showed a great intrinsic value for higher performance. Finally, the study recommended that the management at Ultimate companion limited should use multiple motivational strategy in order to achieve greater performance from the employees.

Nadim *et al.* (2012), conducted a research on Effects of Motivational Factors on Teachers' Job Satisfaction in public sector degree colleges of Punjab, Pakistan The objective of this study is to analyze the effects of intrinsic and extrinsic motivational factors on teacher job satisfaction in public sector degree colleges of Punjab, Pakistan. Data was collected from 406 respondents from public sector colleges in the Punjab. SEM was used to test the hypotheses using AMOS package.

The results of the study revealed that there is significant positive relationship between intrinsic motivational factors and teacher job satisfaction. Similarly, statistically significant positive relationship is also found between extrinsic motivational factors and teacher job satisfaction. It also found that extrinsic and intrinsic factors have a positive impact on teachers' performance at public colleges has However, it is found that teacher job satisfaction in largely caused by intrinsic motivational factors as compare to extrinsic motivational factors

Kiruja and Mukuru (2012) conducted seeking to establish the effect of motivation on employee performance in the Public Middle Level Technical Training Institutions in Kenya. The study used structured questionnaire and interview to collect data. It found that employees are not satisfied with their pay and work environment. Limitations: the study was conducted in one county and therefore cannot be generalized in other public and private institutions.

Afful-Broni *et al.* (2012) conducted study about the relationship between motivation factors and employee performance in the education sector in Nigeria. Their study pointed out that income level in the organisation impact positively on the employee performance. Abdulsalam *et al.* (2012) further found both positive and negative relationship between motivation and performance among academic staff in Pakistan universities

Lamprey, Lamprey and Atwini (2013) carried out a study on motivation and Performance of Librarians in Public Universities in Ghana. The study using a questionnaire surveyed seventy-two librarians in six public universities in Ghana. The study revealed that the motivational level of librarians in public universities in Ghana is high and that the motivational level affects majority of librarians positively. That is, both intrinsic and extrinsic factors that motivate librarians in public universities in Ghana.

## 2.8 Conceptual Framework

Figure 2.3 is the conceptual framework showing the relationships between independent and dependent variables, as well as intervening variables. The independent variables are conceptualized as extrinsic motivation factors/tools and these include as wages and wages, free meals, allowances, accommodation and transport. The second set of independent variable are intrinsic factors/tools which include, good working environment, appreciation of work well done, opportunity for career development, leadership, empowerment, involvement in decision making and promotion (Hertzberg, 1960).

In contrast, the dependent variables were conceptualized to be efficiency of service delivery, quality of patient care, number of repeat patients, number of patients customers' complaints and change job skills or career development. The independent variables were noted in literature to have an impact on dependent variables (Aiyetan and Oltuah, 2006; Edmund and Nilsson, 2007; Malekia 2009; Akah, 2010, Oladatum, 2013). Other factors such as other government policy, economic climate and cultural difference of employees collectively known as intervening variables have been taken into consideration because of their moderating effect on the dependent variables.

### Independent variables

#### Extrinsic Factors

- Wages & salary
- Free Meals
- Allowances
- Accommodation
- Transport allowance

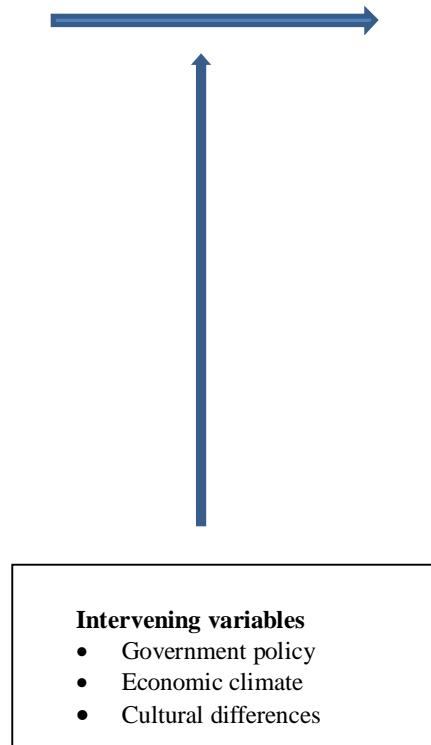
#### Intrinsic Factors

- Job satisfaction
- Interesting work

### Dependent variable

#### **Employees' performance**

- Efficiency of service delivery
- Quality of patient services
- Number of service per day
- Improvement or change in job skill level



**Figure 2.3: Conceptual Framework**

Source: Developed for this research (2014)

## **2.9 Research Gap**

Most these studies discussed above showed that there was a myriad of motivating factors which can be put into categories. First are intrinsic factors which include good working conditions, job security, loyal to employees, appreciation for job well done, promotion, career development, involving employees into decision making, interpersonal relationship and friendly social gestures, leadership, workplace environment, interesting work, tangibles items such as awards, certificates and gifts, and financial incentives such as bonuses. The second category is extrinsic factors such as good wages, allowances, free meals, accommodation and transport allowances. However, most of these studies were conducted outside Tanzania. Furthermore were undertaken in overseas countries and no study has been conducted

in Tanzania. This study therefore, was examined the effects of intrinsic and extrinsic factors of ' motivation on employees' performance in Tanzanian public primary health care facilities in Ilemela district, Mwanza city

## CHAPTER THREE

### 3.0 RESEARCH METHODOLOGY

#### 3.1 Introduction

The previous chapter reviewed the relevant literature on the study topic. This chapter focuses on the methodology used in this study to address research objectives. It explains the research design, geographical areas of study, target population, sample size and sample sampling techniques, and data collection methods and data analysis. Furthermore, this section discusses reliability and validity of data and finally the ethical considerations in relation to this research.

#### 3.2 Research Design

Research design is the conceptual structure within which research is conducted. It constitutes the blueprint for the collection, measurement and analysis of data (Kothari, 2008). In essence, research design is a plan and structuring for selecting the sources and types of information needed to answer the research questions (Cooper and Schindler, 2001). In literature, there are several categories of research designs namely exploratory, explanatory, case-study and descriptive (Easwaran and Singh, 2010). Table 3.1 summarizes the characteristics of each research design.

In this research, descriptive research study was adopted because it is concerned with defining “who”, “where”, “when”, “how” and “what” of the decision problem with narration of facts characteristics of individuals, group or situation that the research is investigating (Kothari 2008; Easwaran & Singh, 2008). Furthermore, this study adopted a descriptive research design, which according to Cooper and Schindler

(2003) involves surveying people and recording their responses for analysis. The justification for the adoption of descriptive research design is based on its ability to generate the required data from the sampled micro-entrepreneurs for analysis.

**5Table 3.1: Summary Types of Research Design: Definition, Where it Focuses and When is Used**

| No | Type of research design            | Definition   | Where it focuses   | Situations it is used  |
|----|------------------------------------|--|--|--|
| 1. | <b>Exploratory research design</b> | Conducted about a research problem when there are few or no earlier studies to refer to.   | Focus is on gaining insights and familiarity for later investigation or undertaken when problems are in a preliminary stage of investigation | Useful approach for gaining background information on a particular topic. Flexible and can address research questions of all types (what, why, how). |
| 2. | <b>Causal research design</b>      | understanding a phenomenon in terms of conditional statements in the form  | Causal effect (no-mothetic perspective)  | Used to measure what impact a specific change will have on existing norms and assumptions.   |
| 3. | <b>Descriptive Research design</b> | help provide answers to the questions of who, what, when, where, and how associated with a particular research problem           | used to obtain information concerning the current status of the phenomena  | Used to describe "what exists" with respect to variables or conditions in a situation.   |
| 4. | <b>Case-study design</b>           | in-depth study of a particular research problem rather than a sweeping statistical survey.                                       | used to narrow down a very broad field of research into one or a few easily researchable examples  | Useful for testing whether a specific theory and model actually applies to phenomena in the real world & when not much is known about a phenomenon.  |
| 5. | <b>Cross-sectional design</b>      | have three distinctive features: no time dimension, a reliance on existing differences rather than change following intervention | can only measure differences between or from among a variety of people, subjects, or phenomena rather than change.                           | provide a 'snapshot' of the outcome and the characteristics associated with it, at a specific point in time.   |

Source: <http://libguides.usc.edu/content.php?pid=83009&sid=818072>; Easwaran & Singh (2010)

In addition, a combination of quantitative and qualitative approaches was used for several reasons. First, since this is not a statistical research what was needed was to gather views of the population and the number of participants (entrepreneurs) was not critical but rather attempts be made to be representative. Secondly, the research seeks to understand the phenomenon in terms of effects of motivation on employees' performance. Thirdly information gathered from questionnaire complements data from interviews.

### **3.3 Geographical Study Area**

The study area was conducted in Ilemela District of Mwanza region which is located in Lake Zone. Mwanza region has a population of 2.9 million (2002 census) and is composed of seven districts (Ukerewe, Magu, Sengerema, Misungwi, Ngudu, Nyamagana, Ilemela) and covers an area of 19,592km<sup>2</sup>. Mwanza city has a total population of approximately 876,646 (URT Census, 2012). The study area was selected for several reasons.

First, Ilemela has the highest Mwanza city is the second largest city in Tanzania after Dar es Salaam. First, Ilemela District which part of Mwanza City has the highest number of healthcare facilities in Mwanza. Second, the Ilemela District is close to the researcher's work place and easy to access the required research. Furthermore, the district was selected due to larger cultural of workers in the healthcare facilities which represent most ethnic groups in Tanzania. The main economic activities in the district are retail trade, banking services, hotels and restaurants, education and manufacturing.



### 3.4 Target Population

A population may be a group of people, organizations, houses, records, legislators, and so on (Nachmias and Nachmias, 1981). The specific nature of the population depends on the purpose of investigation.” (Finn *et al.*, 2000). The target population for this study included two categories of respondents. The first category was non-managerial healthcare workers that have been employed with healthcare facilities for at least one year. These were 15 non-managerial doctors and 40 nurses the study involved this category of people s because they are the respondents that were involved in provision of health care services to patients in public healthcare facilities and were perceived to have the relevant information that would enable the researcher to assess effect of motivation on employee performance.

**Table 3.2: Population of the Study by Size and Number of Workers in the Target Population**

| No | Categories of Population  | Size/Number | Sample Size |
|----|---|-------------|-------------|
| 1. | 12 Public Primary Healthcare facilities - Nurses                          | 40          | 40          |
| 2. | 12 Public Primary Healthcare facilities – Doctors in Management Positions | 12          | 12          |
| 3. | Non-Managerial Doctors  | 15          | 15          |
| 4. | District Health Inspectors  | 2           | 2           |
|    | <b>Total</b>  | <b>79</b>   | <b>79</b>   |

**Source: Mwanza City Health Report (2013)**

Another category was management at the Healthcare facilities which comprised of 12 doctors in managerial positions at each healthcare. The population in this category was included because part of their influence has impact on employees’ motivation. In summary, the study included these categories of the population because the

researcher wanted to get diverse views from the target population to provide meaningful data. Details of each category are given in Table 3.2

### **3.5 Sources of Data and Data Collection Instruments**

#### **3.5.1 Data Sources**

Data are facts and other relevant materials, past and present which serve as basis for study and analysis (Krishnaswami and Ranagnatham 2006). In social research such as this study, the data needed may be broadly classified as primary and secondary data.

##### **3.5.1.1 Primary Data**

Kothari (2008) defined primary data as those data collected afresh and for the first time and mostly are original in character. In this study, various research instruments were used to collect primary data and these include self-administered questionnaires and interview. The primary data was based on the research objectives of the study.

##### **3.5.1.2 Secondary Data**

Secondary data is the data that is already in existence and found in published reports, books and internet (Saunders *et al.*, 2003) and may be used by researchers for their studies (Krishnaswami and Ranagnatham, 2006). In this research, the secondary data was collected from reviewing existing from reports at healthcare facilities in Ilemela District.

#### **3.5.2 Data Collection Methods**

This study used a combination of self-administered questionnaires and interview as a means of primary data collection. Each is described.

### **3.5.2.1 Questionnaires**

The first primary data collection method to be used in this research was a questionnaire (Saunders et al 2003, p.486). The researcher designed questionnaires for employees and management of healthcare facilities in Ilemela district (Appendices I & II) which focused on respondents' profile as well as employees' motivation and their performance. The aim of using this method is to get broad-based views from the respondents. It included close-ended of pre-determined answers and a few open ended questions. The questionnaire also uses a 5-point Likert rating scale to secure the degree of the presence of the variables of interest in the study population. In cases of open ended questions the respondents were encouraged to express themselves more freely as well as provided any other information as they saw fit.

The questionnaire was first pre-tested with experts and few respondents for clarity and completeness and their comments were incorporated in the final version. Furthermore, taking into account the respondents' English comprehension and to increase more understandability, a Kiswahili version of questionnaire was then developed for respondents not conversant with English. The researcher personally distributed a total of 79 questionnaires to employees and management in the study area and collected them later at a time agreed with the respondents.

### **3.5.2.2 In-depth Interview**

The second primary data collection instrument was semi-structured in-depth interview and this was used to collect qualitative data (Krishnaswami and Ranganatham 2006). Interview method of collecting data involves researcher posing

questions as oral-verbal stimuli and reply from the participants in terms of oral-verbal response (Kothari 2008).

The guiding questions on each research objective were prepared in advance as indicated in the interview protocol (Appendix III). The method was applied to only selected few employees and management and this gave the researcher an opportunity to explore information about the research questions to compliment and corroborate data from questionnaires and interview.

### **3.5.2.3 Documentary Review**

The researcher will also take precautions to corroborate data from questionnaire and interview with data from other sources such as documents. In this study, the secondary data was obtained from documentary review of report such as Healthcare salary increase reports, changes in job design and other reports on employee performance at healthcare centres in Ilemela. In summary, using a variety of data sources helped the researcher to get a broader picture of the effects of motivation on employee performance of healthcare workers in Ilemela district.

## **3.6 Data Analysis**

This research obtained data from two main sources. Descriptive statistics used to analyses and present the data from questionnaires. In particular, the researcher used SPSS software package version 17.0 to generate frequency distribution tables as means of presenting data. The data was summarized, analyzed and interpreted as on each research objective.

In contrast, qualitative data from interview scripts, notes and statements made by interviewees was systematically coded, and classified into broad descriptive categories - exploring themes, meanings and/or issues as well as quotations that emerged from the information gained from interview. These data were further linked to the research objectives/questions to generate meaning and explanation on the study topic.

### **3.7 Reliability and Validity of Research Design**

In research, there are two criteria used for judging the quality of research design and these are reliability and validity. How these criteria were met is discussed next.

#### **3.7.1 Reliability**

*Reliability* refers to the consistency with which repeated measures produce the same result across time and across observers (Patton, 1990; 2002). In order to ensure reliability of the data, all the questionnaires used in the research were uniform to all respondents. Furthermore, the reliability of questionnaire was achieved through pre-testing with experts and selected respondents from the target population which ensured that, respondents understood the questions in the same way. At the same time all data collected about the research was uniformly processed to ensure consistency and stability of research results. Data was further analyzed uniformly to ensure that the results and conclusions drawn from the study could reproduced if the research will be conducted again using similar technique.

#### **3.7.2.2 Validity**

*Validity* is the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure (Polit and Hungler, 1999,

p.717). Researcher ought to be concerned with both external, internal and construct validity.

*External validity* relates to the generalizability of research findings from survey research to entire population (Mackey and Gass 2005). Since this research is not a statistical study and the aim was to sample widely, external validity was achieved by analytical generalization by comparing research evidence with results in existing literature.

*Internal validity* addresses the extent to which the differences that have been found for the dependant variable directly relate to the independent variable (Mackey and Gass 2005). In this study, internal validity was achieved by specifying the units of analysis in section 3.4 and developing the conceptual framework as shown in figure 1.1.

**Construct Validity** is the degree to which a test measures what it claims, or senses, to be measuring (Brown, 1996). It refers to whether the operational definition of a variable actually reflects the true theoretical meaning of a concept. In this study, construct validity was achieved by pilot testing of the construct – the research instrument with some experts and make necessary adjustment to ensure that it measures what is intended to be measured.

### **3.8 Ethical Considerations**

Privacy and confidentiality are the major ethical considerations in any research study (Emory and Cooper 1995). The research satisfied these concerned as follows.

- (i) The researcher first obtained a letter from the sponsoring University (Open University of Tanzania) to introduce herself to the Healthcare facilities management before the commencement of the study. Permission to conduct the research was also requested from all the gatekeepers, who were the Ilemela District Commissioner.
- (ii) The respondents were assured that the names and other personal information would not be disclosed.
- (iii) The respondents were free to withdraw anytime during the course of data collection. That is, the researcher ensured as much as possible that participation in the research was voluntary.
- (iv) The collected data was presented as a group instead of individual analysis.
- (v) The research respected the rights of the sponsoring institution (Open University of Tanzania) by conducting the research objectively.

### **3.9 Problems and Limitations in the Research**

In the course of conducting research, various problems were encountered. The main problem experienced by the research was the refusal by some respondents to complete questionnaire. Some respondents were not willing to co-operate even after they were shown a letter that gave permission to the researcher to conduct the study or gave the excuse that they did have time. This was overcome in explaining the purpose of research and how the information they will provide was to be confidential.

The process of collection the questionnaire proved to be challenging because some respondents failed to complete the questionnaires on time and the researcher spent a

considerable amount of time visiting different healthcare facilities to follow up the collection of questionnaires. Despite this, an adequate number of questionnaires were returned to make the study valid.

In addition, there was a problem related language of communication. Initially the questionnaire was in English, most respondents were not conversant with English language. This problem was overcome by designing Kiswahili language version of the questionnaire that was back translated into English prior to data analysis.

There were no funds allocated to students by University to conduct their research and this put a great deal of financial strain on the study. The research overcomes this problem by personally conducting the field study and working 10 to 12 hours per day. Furthermore, some of interviews were tape recorded to save field study time. In conclusion, the adoption of the strategies and tactics as outlined in this section, they enabled the researcher to put in place safeguards resulting in a valid and reliable quality research outcome.

### **3.10 Conclusion**

The chapter has explained and justified the research methodology used during the data collection and data analysis in this study. The chapter also described how data analysis was conducted as well as how the requirements for reliability and validity of research design were met. Ethical considerations and problems encountered in this research were also discussed in this chapter. The next chapter deals with analysis and discussion of research results.



## **CHAPTER FOUR**

### **4.0 DATA PRESENTATION, ANALYSIS AND DISCUSSION**

#### **4.1 Introduction**

In this chapter, data regarding the effect of motivation (intrinsic and extrinsic) factors on workers' performance in Tanzanian Primary Healthcare Facilities institution – A case of public hospitals in Ilemela district of Mwanza. The presentation is arranged in line with the research questions that guided the study, including:

- (i) To assess the level of motivation to perform among healthcare workers in Primary Health Care Facilities in Ilemela District of Mwanza.
- (ii) To establish motivational techniques/tools used by heads of Primary healthcare facilities to motivate workers in Ilemela District of Mwanza.
- (iii) To determine the healthcare views of workers about intrinsic and extrinsic motivation factors/ tools.
- (iv) To determine impact of intrinsic and extrinsic motivation factors used heads of healthcare facilities on overall workers' performance.
- (v) To identify patients' opinions about the performance of healthcare workers.

However, the background characteristics of respondents are firstly presented to provide a clear picture of the nature of people that participated in the study.

#### **4.2 Background of Respondents**

##### **4.2.1 Category of Respondents and Response Rate**

The study involved all healthcare workers in public Primary health facilities in Ilemela District of Mwanza city. A total of 77 questionnaires were sent out and 52

were returned complete and useable. This represents 67.5 % response rate which it is above industry standard of 40- 60% (Mugenda and Mugenda 2003).

## 4.2.2 Demographic Characteristics of Respondents

### 4.2.2.1 Gender of Respondents

**Table 4.1: Gender of Respondents**

| Gender       | Frequency | Percent      | Cumulative Percent |
|--------------|-----------|--------------|--------------------|
| Male         | 13        | 25.0         | 25.0               |
| Female       | 39        | 75.0         | 100.0              |
| <b>Total</b> | <b>52</b> | <b>100.0</b> |                    |

Source: Field data (2014)

Table 4.1 shows that 75% of respondents were female and 25% were male. These results suggest that the public Primary health facilities work force in Ilemela district is dominated by women. This is expected because healthcare workers particularly nursing profession is generally female occupation in African countries.

### 4.2.2.2 Age of Respondents

**Table 4.2: Respondents' Age**

| Age (years)  | Frequency | Percent      | Cumulative Percent |
|--------------|-----------|--------------|--------------------|
| 21 – 25      | 1         | 1.9          | 1.9                |
| 26 – 35      | 14        | 26.9         | 28.8               |
| 35 – 45      | 30        | 57.7         | 86.5               |
| > 45         | 7         | 13.5         | 100.0              |
| <b>Total</b> | <b>52</b> | <b>100.0</b> |                    |

Source: Field data (2014)

Table 4.2 indicates that 57.7% of respondents are 36 - 45years age category, 26.9% in 26 – 35 years old, 13.5% over 45 years and only 1.9% are 21 – 25 years category. The results suggest that 84.6% of healthcare workers are in their most productive and energetic age of 26-45 years and thus would be expected able to handle associated work demands.

#### 4.2.2.3 Respondents' Position

Table 4.3 shows that 59.6% of respondents are nurses, 17.3% are Clinical officers, 1.9% are administrators (Co i/c) and 13.5% are non- classified healthcare workers. These results further confirm earlier results (table 4.1) that the majority of healthcare workers are nurses.

**Table 4.3: Respondents' Position**

| <b>Worker's Position</b> | <b>Frequency</b> | <b>Percent</b> | <b>Cumulative Percent</b> |
|--------------------------|------------------|----------------|---------------------------|
| Nurse                    | 31               | 59.6           | 59.6                      |
| Clinical officers        | 9                | 17.3           | 76.9                      |
| Administrator            | 1                | 1.9            | 78.8                      |
| Other                    | 11               | 21.2           | 100.0                     |
| <b>Total</b>             | <b>52</b>        | <b>100.0</b>   |                           |

Source: Field data (2014)

#### 4.2.2.4 Respondents' Education Level

**Table 4.4: Respondents' Education level**

| <b>Education level</b> | <b>Frequency</b> | <b>Percent</b> | <b>Cumulative Percent</b> |
|------------------------|------------------|----------------|---------------------------|
| Diploma                | 30               | 57.7           | 57.7                      |
| Other                  | 22               | 42.3           | 100.0                     |
| <b>Total</b>           | <b>52</b>        | <b>100.0</b>   |                           |

Source: Field data (2014)

Table 4.4 shows that the majority of respondents (57.7%) are diploma and the rest (42.3%) have other qualifications such as certificates. This implies that most healthcare workers in Ilemela District are reasonably educated as the healthcare occupation requires some kind of occupational training.

#### 4.2.2.5 Respondents' Work Experience

**Table 4.5: Respondents' Work Experience**

| Work Experience | Frequency | Percent      | Cumulative percent |
|-----------------|-----------|--------------|--------------------|
| 1-3 years       | 9         | 17.3         | 17.3               |
| 4-6 years       | 11        | 21.2         | 38.5               |
| Above 6 years   | 32        | 61.5         | 100.0              |
| <b>Total</b>    | <b>52</b> | <b>100.0</b> |                    |

Source: Field data (2014)

Table 4.5 shows that 61.5% of respondents have above 6 years work experience in the healthcare industry; while 21.2% have 4-6years and 17.3% 1 -3 years' work experience. These results suggest that 82.70% of healthcare workers have very good work experience of above 4 years.

#### 4.2.2.6 Respondents' Monthly Income

**Table 4.6: Respondents' Monthly Income**

| Monthly income (Tzshs) | Frequency | Percent      | Cumulative percent |
|------------------------|-----------|--------------|--------------------|
| < 300,000              | 1         | 1.9          | 1.9                |
| 300,001- 500,000       | 12        | 23.1         | 25.0               |
| 500,001-1,000,000      | 37        | 71.2         | 96.2               |
| >1,000,000             | 2         | 3.8          | 100                |
| <b>Total</b>           | <b>52</b> | <b>100.0</b> |                    |

Source: Field data (2014)

Table 4.6 shows that 71.2% of respondents earn a monthly income of 500,000-1000,000, 23.1% 3000, 000- 500,000, 3.8% above 1,000.000 and only 1.9% earn less than 300, 000. These results suggest that healthcare are paid above National minimum monthly salary (200,000) and appear to be somewhat reasonably remunerated.

#### 4.2.2.7 Respondents' Motivation to Join Healthcare Profession

**Table 4.7: Respondents' Motivation To Join Healthcare Profession**

| <b>Reason for joining</b> | <b>Frequency</b> | <b>Percent</b> | <b>Cumulative Percent</b> |
|---------------------------|------------------|----------------|---------------------------|
| Job Security              | 38               | 73.1           | 73.1                      |
| Good Salary               | 6                | 11.5           | 84.6                      |
| No job alternative        | 3                | 5.8            | 90.4                      |
| Good working condition    | 3                | 5.8            | 96.2                      |
| Other                     | 2                | 3.8            | 100.0                     |
| <b>Total</b>              | <b>52</b>        | <b>100.0</b>   |                           |

Source: Field data (2014)

As showed in Table 4.7, the majority of workers (73.1%) joined healthcare professional for job security reasons, 11.5% for good salary, 5.8% because of no other alternative jobs, 5.8% for good working conditions and 3.8% for other reasons such as suiting their life style and opportunity for promotion. These observations were summarized by comments from one interviewee:

*“Before joining nursing I had notices lots of people with university degrees loitering around, while those with work in private sector never stayed in one job for long time. It was not the case in healthcare where there are understaffed and once you are in the system, you have a job for life. This is what attracted me most”*

Thus, these results confirm the old held belief that jobs in public sector are more secure in terms tenure than in private sector.

### 4.3 Research Objectives

This study had four research objectives and results of each objective are discussed next.

#### 4.3.1 Research Objective 1: To Assess the Level of Motivation Among Healthcare Facilities in Ilemela District, of Mwanza City

##### (i) Level of Motivation at Work

**Table 4.8: Respondents' Level of Motivation at Work**

| Level of motivation | Frequency | Percent      | Cumulative Percent |
|---------------------|-----------|--------------|--------------------|
| Very low            | 18        | 34.6         | 34.6               |
| Low                 | 23        | 44.2         | 78.8               |
| Undecided           | 4         | 7.7          | 86.5               |
| Good                | 6         | 11.5         | 98.1               |
| Very high           | 1         | 1.9          | 100.0              |
| <b>Total</b>        | <b>52</b> | <b>100.0</b> |                    |

Source: Field data (2014)

Table 4.8 shows that, 44.2% of respondents' level of motivation is low, 34.6% very low, while 11.5% consider it good, and 1.9% very good and 7.7% are neutral. These results suggest that the majority of healthcare workers (78.8%) are not motivated to do their work. These results are consistent with earlier media reports that healthcare workers in Tanzania are not motivated because of low remuneration and poor working conditions.

**4.3.2 Research Objective 2: To Establish Motivation Tools / Techniques Used  
by Heads of Healthcare Facilities to Motivate Workers in Ilemela  
District of Mwanza City**

- (i) **Different tools/techniques workers at healthcare facilities are being motivated**

**Table 4.9: Tools/Techniques Currently Used to Motivate Healthcare Workers**

| <b>Tools &amp; Technique used</b> | <b>Frequency</b> | <b>Percent</b> |
|-----------------------------------|------------------|----------------|
| Appreciation by boss and others   | 12               | 8.2            |
| Good and regular salary           | 2                | 1.4            |
| Working conditions                | 5                | 3.4            |
| Praise for objective attainment   | 15               | 10.2           |
| Praise and thanks from patients   | 31               | 21.1           |
| Monetary allowances               | 1                | 0.7            |
| Flexible working hours            | 41               | 27.9           |
| Authorization to make decisions   | 39               | 26.5           |
| Other                             | 1                | 0.7            |
| <b>Total</b>                      | <b>147</b>       | <b>100.0</b>   |

Source: Field data (2014)

Table 4.9 shows that 27.9% of healthcare workers are being motivated by flexible working as hours , 26.5% authorization to make decisions, 21.1% praise and thank you from patients, 10.2% praise from their bosses for objective attainment and appreciation by bosses. 8.2% of the health care workers are motivated by working conditions while only 1.4% are motivated by regular salary and 0.7% by monetary allowances. This implies that, intrinsic motivation factors are the ones that are giving healthcare workers' morale to perform their activities. This observation is supported by comments from an interviewee.

*“Salary is good because we need it to meet our basic needs and other living expenses. But what drives and sustains me and other fellow workers to come every day to work and stay at work for eight hours is being given the authority to make decision when handling a healthcare problem and words like thank you from saving a life from a patient and praise from our bosses for having served patients and other administrative duties”.*

These results suggest that healthcare workers in public primary health facilities in Ilemela District are mostly motivated by non-monetary tools (intrinsic factors) and little by monetary tools such as regular salary payment and allowances (extrinsic tools). These results agree with previous studies by Akah (2010) who indicated that intrinsic factors motivate workers for higher performance. These results confirmed earlier by Nadim *et al.* (2012) who demonstrated job satisfaction is largely caused by intrinsic motivational factors.

**(ii) Different Techniques/Tools Healthcare Workers would Like to be Motivated**

**Table 4.10: Techniques / Tools that would Motivate Healthcare Workers**

| <b>Motivation factors</b>       | <b>Frequency</b> | <b>Percent</b> |
|---------------------------------|------------------|----------------|
| Appreciation by boss and others | 5                | 2.4            |
| Understanding my colleagues     | 25               | 12.0           |
| Good working relationship       | 28               | 13.5           |
| Achieving work targets          | 36               | 17.3           |
| Sharing creativity with others  | 39               | 18.8           |
| Working under pressure          | 8                | 3.8            |
| Understanding policies          | 45               | 21.6           |
| Work Challenges                 | 22               | 10.6           |
| <b>Total</b>                    | <b>208</b>       | <b>100.0</b>   |

Source: Field data (2014)



Table 4.10 shows that 21.6% of respondents would like to be motivated by understanding healthcare policies and goals, 18.8% by sharing creativity with others, 17.3% achieving work targets, 13.5% good working conditions and 12.0% understanding their colleagues. Other motivation factors were appreciation from their bosses (2.4%), work challenges (10.6%) and working under pressure. These results suggest that it is the intrinsic factor that actually motivates workers more than extrinsic factors.

### **4.3.3 Research Objective 3: To Determine the Healthcare Workers Views about Intrinsic and Extrinsic Motivation Factors**

- (a) Healthcare workers' views on Intrinsic factors of motivation (i) Types of intrinsic factors of motivation**
- (ii) Extent intrinsic factors influence employees' working morale**

Table 4.11 shows that over 90.0% of all respondents agreed / strongly agreed that intrinsic motivation factors are very important in their working career. The respondents agreed with statements such as healthcare profession facilitate wider interaction with other people, being nurse / doctor was their life goal, having a responsibility that gives sense of control and challenging nature of health care profession. These findings further indicated that intrinsic motivation and performance are interdependent.

Table 4.12 shows that 71.2% of respondents find intrinsic motivators affect their working morale to as small extent, while 17.3% to a large extent and 11.5% have no influence at all. These results show that healthcare workers are not able to link intrinsic motivators to working morale.

**Table 4.11: Types of Intrinsic Factors of Motivation**

| Intrinsic factors                                  | Agree |         | Undecided |         | Disagree |         |
|--|-------|---------|-----------|---------|----------|---------|
|  | Count | Percent | Count     | Percent | Count    | Percent |
| Working in Healthcare Satisfaction                 | 49    | 94.2    | 1         | 1.9     | 2        | 3.8     |
| Enjoying or liking the profession                  | 51    | 98.1    | 0         | 0.0     | 1        | 1.9     |
| Challenging nature of healthcare                   | 47    | 90.4    | 1         | 1.9     | 4        | 7.7     |
| Being a nurse or doctor is noble                   | 49    | 94.2    | 1         | 1.9     | 2        | 3.8     |
| Recognition and respect                            | 47    | 90.4    | 0         | 0.0     | 0        | 0.0     |
| Having responsibilities that give sense of control | 49    | 94.2    | 1         | 1.9     | 2        | 3.8     |
| Responsibilities performed give sense of control   | 47    | 90.4    | 3         | 5.8     | 2        | 3.8     |
| Being a nurse or doctor is my life goal            | 49    | 94.2    | 0         | 0.0     | 3        | 5.8     |
| Nurse or Doctor is more useful profession          | 52    | 100.0   | 0         | 0.0     | 0        | 0.0     |
| Healthcare profession facilitate wider interaction | 52    | 100.0   | 0         | 0.0     | 0        | 0.0     |

Source: Field data (2014)

**Table 4.12: Extent Intrinsic Factors Influence Employees' Working Morale**

| Level of Influence | Frequency | Percent      | Cumulative Percent |
|--------------------|-----------|--------------|--------------------|
| To large extent    | 9         | 17.3         | 17.3               |
| To small extent    | 37        | 71.2         | 88.5               |
| Not at all         | 6         | 11.5         | 100.0              |
| <b>Total</b>       | <b>52</b> | <b>100.0</b> |                    |

Source: Field data (2014)

In general, Table 4.12 shows that over 50% of respondents were intrinsically motivated but to a small extent, so it needs some effort to motivate them so as to ensure performance. These results imply that healthcare workers value factors that are internal generated than external generated to be motivated. These results further confirm that motivation is an innate drive within a person.

**(b) Healthcare Workers' Views on Extrinsic Factors of Motivation**

**(i) Types of Extrinsic Factors Of Motivation**

Table 4.13 shows the majority of the respondents (over 92%) disagree / strongly disagreed extrinsic factors motivate them to work harder. In fact, they also disagreed (69.2%) that prompt and timely salary payments motivate to work harder.

**Table 4.13: Types of Extrinsic Factors of Motivation**

| Extrinsic factors                                | Agree |         | Undecided |         | Disagree |         |
|--|-------|---------|-----------|---------|----------|---------|
|  | Count | Percent | Count     | Percent | Count    | Percent |
| Salary Caters my basic needs                     | 2     | 3.8     | 0         | 0.0     | 50       | 96.2    |
| Free accommodation or allowances                 | 3     | 5.8     | 0         | 0.0     | 49       | 94.2    |
| Free meals                                       | 1     | 1.9     | 0         | 0.0     | 51       | 98.1    |
| Prompt and timely salary payments                | 12    | 23.1    | 4         | 7.7     | 36       | 69.2    |
| Healthcare Facilities' weekly duty allowances    | 1     | 1.9     | 1         | 1.9     | 50       | 96.2    |
| Extra monthly allowances paid by MoHSW           | 1     | 1.9     | 2         | 3.8     | 49       | 94.2    |
| Healthcare Facilities offer financial assistance | 1     | 1.9     | 0         | 0.0     | 51       | 98.1    |
| Possibility to get advance payment by MoHSW      | 1     | 1.9     | 0         | 0.0     | 51       | 98.1    |
| MoHSW organises social events for workers        | 4     | 7.7     | 0         | 0.0     | 48       | 92.3    |
| Nurse or Doctors good performance is praised     | 5     | 9.6     | 2         | 3.8     | 45       | 86.5    |

Source: Field data (2014)

**(ii) Extent Extrinsic Factors Influence Employees' Working Morale****Table 4.14: Extent Extrinsic Factors Influence Employees' Working Morale**

| <b>Level of Influence</b> | <b>Frequency</b> | <b>Percent</b> | <b>Cumulative Percent</b> |
|---------------------------|------------------|----------------|---------------------------|
| To large extent           | 7                | 13.5           | 13.5                      |
| To small extent           | 39               | 75.0           | 88.5                      |
| Not at all                | 6                | 11.5           | 100.0                     |
| <b>Total</b>              | <b>52</b>        | <b>100.0</b>   |                           |

Source: Field data (2014)

Table 4.14 shows that 75.0% of respondents agree that extrinsic motivation factors influence their performance to a small extent, 13.5% to a large extent and 11.5% not at all. These results the desired extrinsic motivators are absent and therefore healthcare workers are not motivated from them.

The comparison of Table 4.11 with Table 4.13 highlight several insights. First, intrinsic and extrinsic motivation factors are important to all health workers. Second, on extrinsic aspects of motivation, monthly salary was not seen as being enough to encourage them to perform their job well. This is because majority of them were paid low salary amount compared to the extent of the job and normal life so that transport allowances, meal and accommodation allowances is a challenge to them. This was summed up by comment from one healthcare worker:

*“We would like the MoHSW to consider both factors in motivating health workers for better health service results. Our salaries have not been reviewed and revised and what we get is far too low to motivate one to go for work. Once we are there we are always worrying how we will meet the payment of this continuous rising of cost of living in Tanzania. Our government does listen to us.”*

For intrinsic aspects of motivation (Table 4.11), it was revealed that intrinsic motivation increased their morale to perform their activities to a large extent (78.8%), while as low 18.3% were not motivated by intrinsic factors and 0.8% of respondent did not respond to this part. One interviewee summarized this observation as follows:

*“In normal circumstances where monetary in form of salary and allowances payments are reasonable, workers are motivated by internal drive factors such as job satisfaction, authority to make important decisions not just routine decisions and work environment”.*

These results imply that, intrinsic motivation affects healthcare workers morale to perform their health care services. The finding correlates with Kesser & Ryan (1996) views that intrinsically motivated behavior is alleged to derive from inside and has to do with satisfying innate psychological needs, including needs for competence and autonomy.

### (c) Importance of motivation factors

**Table 4.15: Importance of Motivation Factors**

| <b>Ranking of Motivation Factors</b>        | <b>Frequency</b> | <b>Percent</b> |
|---|------------------|----------------|
| Job Satisfaction                            | 23               | 8.2            |
| Recognition job well done                   | 84               | 30.0           |
| Sense of Achievements                       | 66               | 23.6           |
| Good Salary & allowances                    | 32               | 11.4           |
| Training & Career Development opportunities | 75               | 26.8           |
| <b>Total</b>                                | <b>208</b>       | <b>100.0</b>   |

Source: Field data (2014)

As shown in Table 4.15, recognition for work done was considered most important motivation factors (30.0%), followed by training and development opportunities (26.8%), then sense of achievement (23.6%), good salary and allowance (11.4%),

and lastly job satisfaction (8.2%). These results further confirm with earlier results that extrinsic factors such as salary are maintenance factors rather than motivational factors. That is, they have to be there to keep employees from being de-motivated.

#### 4.3.4 Research Objective 4: Evaluate how Employees' Performance at Healthcare Facilities is Related to Motivation

**Table 4.16: Relationship Between Employee Motivation and Work Performance**

| Statement   | Strongly Disagree | Disagree |           | Neutral |           | Agree   |           |         | Strongly agree |         |
|---|-------------------|----------|-----------|---------|-----------|---------|-----------|---------|----------------|---------|
|   | Frequency         | Row N %  | Frequency | Row N % | Frequency | Row N % | Frequency | Row N % | Frequency      | Row N % |
| I help and treat patients when motivated            | 4                 | 7.7%     | 2         | 3.8%    | 7         | 13.5%   | 12        | 23.1%   | 27             | 51.90%  |
| The motivation I get makes me become more efficient | 12                | 23.1%    | 5         | 9.61%   | 14        | 26.9%   | 12        | 23.1%   | 9              | 17.3%   |
| I provide excellent services when motivated         | 2                 | 3.8%     | 3         | 5.8%    | 9         | 17.3%   | 16        | 30.8%   | 22             | 42.3%   |
| I work harder to serve more patients when motivated | 2                 | 2.2%     | 3         | 5.8%    | 7         | 13.5%   | 15        | 22.8%   | 25             | 48.1%   |
| I work better with colleagues when motivated        | 2                 | 3.8%     | 2         | 3.8%    | 8         | 15.4%   | 17        | 32.7%   | 23             | 44.2%   |

Source: Field Data (2014)

Table 4.16 shows how healthcare employees work (do their job) when motivated. With regard to treatment of patients, 75% of respondents agree/strongly agree, 11.5% disagree/strongly disagree and 13.5% are neutral that they help and treat patients well when motivated. Next, 40.4% of the respondents agree/strongly agree, 32.71% disagree/strongly disagree and 26.9% are neutral that motivations they get at work help them to become efficient.

In addition, 73.1% of the respondents agree/strongly agree, 9.6% disagree/strongly disagree and 17.3% neutral that they provide excellent service to patients when motivated. Furthermore, 70.9% of the respondents agree/strongly agree, 8% disagree/strongly disagree and 13.5% are neutral that they work hard to get new patients when they are motivated.

Moreover, 76.9% of the respondents agree/strongly agree, 7.6% disagree/strongly disagree and 15.4% they work better with colleagues when motivation. These imply healthcare facility employee get high morale when motivated and vice versa. This observation echoes one interview comments:

*“The big impact of low motivation level is that the health facilities the medical professionals work below their desired performance such as, bad language to the patients, healthcare facility workers ask for money from the patients and the Centre experience high rate of absenteeism. Generally, employees work at low morale”.*

Thus, these results suggest that performance of healthcare facilities employees is higher than normal when motivated by their respective healthcare facilities. The healthcare facilities ought to pay more attention to what motivates employees and if they do that employee will work at higher level and improve work performance.

#### 4.3.5 Research Objective 5: To Determine Strategies that Can be Employed to Motivate Healthcare Staff at Ilemela Healthcare Facilities

Table 4.17 shows that 84.6% of respondents (healthcare workers) were in favor of appropriate remuneration to reward high performance, followed by career path-goal definition (67.3%) and lastly introduction of challenging but interesting job schedules (63.5%). These results highlight the foundation and most important issue for healthcare workers right now is remuneration suggesting that intrinsic factors such as salaries are motivators.

**Table 4.17: Strategies to Motivate Healthcare Workers**

| Strategies  | Applicable |         | Not applicable |         |
|---|------------|---------|----------------|---------|
|   | Count      | Row N % | Count          | Row N % |
| Strategies for improving motivation                       |            |         |                |         |
| Appropriate remuneration for high performance             | 44         | 84.6%   | 8              | 15.4%   |
| Introduction of challenging but interesting job schedules | 33         | 63.5%   | 19             | 36.5%   |
| Career path - goal should be well defined                 | 35         | 67.3%   | 17             | 32.7%   |

Source: Field data (2014)

#### 4.3.6 Other Issues

Table 4.18 indicates that, the majority of healthcare workers (52.2%) demanded for increase in salary so as to match with the increasing cost of living in Ilemela-Mwanza. Coombs (1985) cited that when employees ' salaries fail to keep pace with the cost of living they undergo a reduction in real income, their morale suffers and



the able ones shift to better paying jobs, thus pulling down the quality of healthcare service in public hospitals. A comment from an interview supports this observation:

*“The cost of living in this city (Mwanza) and everywhere in Tanzania is constantly increasing but our salaries and allowances have not changes. How does one expect one to come to work and perform a good job when his basic needs are not met? These are the foundation and after that intrinsic motivation factors must be put forward rather than extrinsic motivation to improve employee performance”*

These results support earlier findings and suggest that intrinsic motivation has a positive impact on performance. If healthcare workers are not intrinsically motivated, it will obviously pave the way to poor performance.

**Table 4.18: Other Comments about Intrinsic and Extrinsic Motivation Factors**

| <b>S/N</b> | <b>Intrinsic and Extrinsic Motivation Factors</b>  | <b>Frequency</b> | <b>Percent</b> |
|------------|--|------------------|----------------|
| 1.         | Healthcare workers salary should be increased  | 68               | 52.2           |
| 2.         | The healthcare on duty be provided with a duty allowance                                 | 42               | 32.3           |
| 3.         | Intrinsic motivation factors should be implemented after getting extrinsic factors right | 20               | 15.4           |
| 4.         | <b>Total</b>   | <b>130</b>       | <b>100.0</b>   |

Source: Field Data (2014)

## **CHAPTER FIVE**

### **5.0 CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

This study was an examination of the effect of motivation factors (both intrinsic and extrinsic) on employees' performance in Tanzanian healthcare system – a case of public healthcare facilities in Ilemela District of Mwanza city. This section presents conclusion and recommendations which will assist the primary healthcare sector in their quest for service of excellence and gain public confidence in the health system.

#### **5.2 Research Objectives**

##### **5.2.1 Research Objective One: To Assess the Level of Motivation to Perform Among Healthcare Workers in Primary Health Care Facilities in Ilemela District of Mwanza City**

The research findings indicated that the level of motivation among healthcare workers is low. That is the majority of healthcare rate level of motivation very low flow and only a small percentage rated it good to very good.

The majority of the workers indicated that the high percentage of unmotivated workers was due to low salaries and little or absence of other remuneration payments such as duty allowance and accommodation allowance. Even other compensating incentives such as flexible working hours and latitude to make decisions concerning patient's conditions were noted to be absent. All these contributed to low level of motivation at Primary healthcare facilities in Ilemela.

**5.2.2 Research Objective Two: To Establish Motivational Techniques/Tools Used by Heads of Primary Healthcare Facilities to Motivate Workers in Ilemela District of Mwanza City**

The study revealed that several motivation tools / techniques are being used at the primary healthcare sector. These in order of frequency use, included provision of flexible working hours, authority to make routine decisions and praise and thank you comments from patients other minor but somewhat important motivation tools used were praise for attainment of healthcare facility goals, appreciation they receive from their bosses and working conditions. Salary was rated as one of the least motivating factors because it is too low.

In contrast, what would motivate healthcare workers in order of importance included understanding Healthcare policy, sharing creative ideas with fellow workers, achieving work targets, good working relationship, understanding fellow colleagues and lastly appreciation from their bosses. Thus, these are mismatch between how employees are motivated and their desired kind of motivations factors. This calls for attention to MoHSW and local administration authorities to implement appropriate motivation tools in healthcare facilities within their jurisdiction.

**5.2.3 Research Objective Three: To Determine the Healthcare Views of Workers about Intrinsic and Extrinsic Motivation Factors/ Tools**

Research findings indicated that some healthcare workers were intrinsically motivated and others not motivated those who were intrinsically motivated, they supported that, working as nurse or doctor at these healthcare centres to give them a

great deal of job satisfaction, they enjoy or like their profession, challenging nature of healthcare (no day is the same), they thrive on having responsibilities that gives them a sense of control and get a buzz from recognition and respect they get from patients and their guardians. These motivations healthcare workers get influence to a small extend their working morale in contrast, workers who were not intrinsically motivated, they disagreed with the notion that being a doctor or nurse is a noble profession these day us and did not see prospects in career development in both short and long term and indicated that a medical profession in Tanzania is not as valued as in other developing countries.

Extrinsic motivation of healthcare workers can be measured in terms of externally administered tools such as salary and allowance, free accommodation, financial assistance and recognition braise from MoHSW. The study indicated that the extrinsic motivators found in healthcare facilities are not good enough or equal to all healthcare facilities. Respondents (healthcare workers) indicated that their absence causes many financial problems as well as logistics problems such as arriving at work late, and high degree of absenteeism. The majority of the healthcare workers indicated that they were motivated to some extent by existing extrinsic motivating factors, and only a small percentage found current extrinsic motivation factors to be satisfactory. This may be attributed to earlier findings that not all extrinsic factors were made available to healthcare workers in primary public healthcare sector in Ilemela district.

In terms of their preference of the types of motivations factors that would encourage to improve their performance, healthcare workers ranked recognition for job well

done first, training, followed by training and career development opportunities and then sense of work achievements. These results indicate that the Ministry of Health need to look intrinsic as well extrinsic motivation factors for developing acceptance standards of service performance in the industry.

#### **5.2.4 Research Objective Four: To Determine Impact of Intrinsic and Extrinsic Motivation Factors used Heads of Healthcare Facilities on Overall Workers' Performance**

The research findings revealed that the majority of the healthcare workers would do their job better when they are motivated and only a small percentage disagreed. They also indicated they would work better with fellow colleagues and treat patients well when they are motivated with the right tools. They again cited salary and allowance as being one of the desired motivators for better and high performance. Thus, motivation is a combination of both intrinsic and extrinsic factors.

#### **5.2.5 Research Objective Five: To Determine Strategies that Can be Employed to Motivate Healthcare Staff at Ilemela Healthcare Facilities**

The research identified a list of strategies for the improvement of employees' morale and motivation in Ilemela District. These include appropriate remuneration, introduction of challenging but interesting job schedules and definition a career path development programs. To the workers, that is all they needed for sustainable work performance in the study area.

All in all, the level of motivation among healthcare workers in Ilemela District is low, there are inadequate levels of motivations tools being used during the study

period and this has led to poor health care service delivery and demoralized workforce.

### **5.3 Recommendations**

The results of this study have identified various issues that need immediate attention by stakeholders in the primary healthcare sector. First, the research has revealed that healthcare workers would like to be motivated by understanding healthcare policies and goals, and sharing their experience with others while most used motivation tools at healthcare facilities are flexible working hours and being given authority to make decisions. This leads to mismatch between the desired and what is being offered. The healthcare authorities in Ilemela District in consultation with workers representatives should discuss and set up appropriate motivation tools. They should also make healthcare policy known to the healthcare workers. This will not only ensure that healthcare workers are working well but will also in many ways minimize disagreements between management and workers in the performance standards.

Second, the study revealed that although extrinsic motivation factors were important, healthcare workers emphasized intrinsic motivation such as having responsibilities, interaction between workers as well as recognition for achievement and respect of their profession. Thus, the healthcare facility administrators should incorporate a mix of intrinsic and extrinsic motivation tools as well as introduce brand new motivators to enable healthcare workers to be sustainably motivated and keep their morale and performance at high level.

Third, the study revealed the healthcare workers were unhappy with the present remuneration package and some regarded it to be below average public sector given the conditions they operate in. The healthcare workers representatives in consultation with Ministry of Health and Social Welfare should negotiate and set up appropriate salary scales and allowances that are in tune with the current economic environment. This will not only ensure healthcare workers get adequate salaries and allowances to meet their basic need but will also provide one of the most important extrinsic motivation factors for workers to increase their performance at healthcare facilities.

Lastly, one of the key intrinsic factors for healthcare workers is career path and professional development. This was noted to be lacking in the studied healthcare facilities in Ilemela District and de-motivated workers who wanted to advance their careers in medical field. The Ministry of Health and Social Welfare should develop a national training and development policy and award programs based on performance to enable workers to upgrade their skills and knowledge in their field or other relevant and urgently manpower areas . This will encourage to not only competition among healthcare workers at national level but also will motivate them for higher performance as well as positively improve community perception of public healthcare system.

#### **5.4 Suggested Areas for Further Research**

The study examined the effect of motivation (intrinsic and extrinsic) factors on workers' performance in Ilemela District, Mwanza city. There is need to conduct more extensive studies in other cities / regions in Tanzania to generalize the results to the entire population.

The research revealed that despite the importance of motivation, no study has been conducted on the impact of motivation on patient's satisfaction with healthcare service that they get. Therefore, there is need to conduct research of the effect of healthcare workers' motivation on patients' satisfaction. There is also need for research on the impact leadership styles at healthcare facilities as many non-managerial workers complained about their unprofessional managers.

This research was a cross-sectional research. There is a need for longitudinal study to see changes of the effect of motivation factors (both intrinsic and extrinsic) on employees' job performance over a period of time.



## REFERENCES

- Aiyetan, A.O. and Olotuah, A.O. (2006). Impact Of Motivation On Workers' Productivity In The Nigerian Construction INDUSTRY, pp. 239 - 248
- Akah, N. W. (2010). Employee motivation and performance in Ultimate Companion Limited, Douala-Cameroon, Master's Degree Dissertation
- Asim, M. (2012). Impact of Motivation On Employee Performance With Effect Of training: Specific To Education Sector Of Pakistan,
- Ayam, J. Kusi, A.G., Nyamekye, T A; Kyei, A. A. & Amoah A. (2012). Effects of Motivation on employee Performance at First Allied Savings and Loans Limited, Adum Branch, Kumasi, Bachelor Degree Thesis, Christian Service University College, Kumasi, Ghana.
- Azar M & Shafighi A A (2013). The Effect of Work Motivation on Employees' Job Performance (Case Study: Employees of Isfahan Islamic Revolution Housing Foundation), International Journal of Academic Research in Business and Social Sciences September 2013, Vol. 3, No. 9, pp. 431-445.
- Baron, R.A. (1983). "Behavior in Organization: understanding and managing the human side of work" Boston: Allyn and Baron Inc., 1983
- Baker, A.(2012). Evaluation Services, Online Sources: [www: evaluationservices.com](http://www.evaluationservices.com)
- Bennet, S. and Franco, M.L. (1999). *Public Sector Health Workers Motivation and Health Sector Reforms: A Conceptual Frame Work*. Major Applied Technical Paper No.1. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc.
- Brown J D (1996), Testing in the language programs. Upper Saddle River, New Jersey: Prentice-Hall Regents.

- Bryman, A. (2004), *Social Research Methods*, 2nd Edition, Oxford University Press Inc., New York., pp.8-11
- Burns, N. & Groove, S. (2001). *The Practice of Nursing Research: Conduct, Critique and Utilization*, Philodophia, USA
- Calista, L. (2009). *Motivating employees through incentive programs*, Bachelor Degree Thesis, Jyvaskyala University of Applied Sciences
- Chandler, C. I., Chonya, S. Mtei, F., Reyburn, H. and Whitty, C.J. (2006). *Motivation, money and respect: a mixed-method study of Tanzanian non-physician clinicians*, *Social Science Med* 2009 Jun; 68(11): pp. 2078-88.
- Edmund, M. & Nilsson, H. (2007). *Employee Motivation in Medium sized Manufacturing Enterprises: Two case studies from Northern Sweden*, Master's Degree Thesis, Lulea University of: Technology, Sweden.
- Field data (2014). *Data analysis from survey results (March 2014) using Questionnaires among Healthcare Facilities in Ilemela District, Mwanza Tanzania*
- Henderson, L.N. and Tulloch, J. (2008). *Incentives for retaining and motivating health workers in pacific and Asian countries: Human Resources for Health.*
- Herzberg, F. (1966). *Work and Nature of Man*, Word Publishing Company, Cleveland
- Kombo K.D. and Tromp A.L.D. (2006). *Proposal and Thesis writing: An Introduction*, Paulines Publications Africa, Nairobi
- Kothari, C.R (2008). *Research Methodology, Methods and Techniques*, New Age Inter National Publication, New Delhi

- Krishnaswani O.R. (2003). *Methodology of Research in Social Sciences*, Himalaya Publishing House, New Delhi, India
- Kwasi R.O. (2007). *Motivation for High Performance. Case: Building and Road Research Institute (BRRRI), Ghana*, Master's Degree Thesis, Ghana
- Kwesigabo, G. Mughwira, A. Mwangu, D. Kakoko, C. WarrinerI, Mkony, C.A.J. Killewo, J. Macfarlane, S. B. Kaaya, E. E. and Freeman, P. (2012). Tanzania's health system and workforce crisis, *Journal of Public Health Policy* (2012) 33, S35–S44. doi:10.1057/jphp.2012.55, pp. 2-16
- Leshabari, M.T., Muhondwa, E.P.Y., Mwangu, M. A and Mbembati, N.A.A.(2008) *Motivation of Health Care Workers in Tanzania: A case study of Muhimbili National Hospital*, East African Journal of public Health, 5(1):32-37
- Maestad, O. (2006). *Human Resource for Health in Tanzania: Challenges, Policy Options and Knowledge Gaps*.Chr. Michelsen Institute Report (CMI).17 Discussion paper
- Malekia, S. E. (2009). *Factors associated with motivation among HealthCare Workers in Plublic Primary Healthcare Facilities in Dar-es-Salaam*, Masters' Degree Thesis. Muhimbili University of Health and Allied Sciences, Tanzania
- Manongi, R.N, Marchant, T.C. and Bygbjerg, I. C. (2006). *Improving motivation among Primary Healthcare Workers in Tanzania: a Health Worker Perspective*, Human Resources for Health, pp. 1-6
- Maslow, A.H. (1943). *A Theory of Human Motivation*. *Psychological Review*, Harper and Row Publisher, New York, USA.
- Mathauer, I., Imhoff, I. (2006). *Health worker motivation in Africa: the role of non-financial incentives and human resource management tools*. *Human Resource for Health*, p 4:24.

- Mbembati, N.A., Mwangu, M., Muhondwa, E.P. and Leshabari, M.T. (2008). Performance indicators for quality in surgical and laboratory services at Muhimbili national hospital (MNH) in Tanzania. *East African Journal of Public Health*5(1): pp13–16.
- McShane, S.L & Von Glinow, M.A (2000). *Organizational behavior*, McGraw Hill: Irwin.
- Ministry of Health and Social Welfare,(2008). *Primary Health Service Development Program 2008: Ministry of Health Tanzania*.
- Nadim, M. Chaudhry, M. S., Kalyar M. N. & Riaz, T. (2012). Effects Of Motivational Factors On Teachers’ Job Satisfaction: A Study On Public Sector Degree Colleges Of Punjab, Pakistan, *The Journal of Commerce*, Vol. 4, No. 4, pp.471-492.
- Pallant, J. (2007). *SPSS Survival Manual: A Step by Step Guide to Data Analysis Using SPSS* (3rd Ed.). Crows Nest, N.S.W.: Allen &Unwin.
- Ramprasad, K. (2013). Motivation and Workforce Performance in Indian industries, *Research Journal of Management Sciences* Vol. 2(4), pp. 25-29,
- Saunders, M. Lewis, P. & Tronhill, A. (2003), *Research Methods for Business Students*, 3<sup>rd</sup> Edition, Prentice-Hall, England
- Vroom, V. (1964), ” *Work and Motivation*”. New York: Wiley, 1964
- Willis-Shattuck M, Bibwell P, Thomas S, Wyness L, Blaauw D. and Ditlop P (2008). Motivation and retention of health workers in developing countries: a systematic review, *Human Resource for health*.

**APPENDICES****Appendix 1: Questionnaire for Healthcare Workers Only****PART A: BACKGROUND INFORMATION ABOUT HEALTHCARE WORKERS**

(Tick the right option or fill the right answer in the spaces provided)

## 1. Gender

 Male Female

## 2. Age (Years)

 < 21 21 – 25 26 – 35 35 – 45 > 45

## 3. Position/Title at Healthcare Centre

 Nurse Doctor Administrator/Manager Other (please specify) \_\_\_\_\_

## 4. Education level

 Diploma Degree

- Postgraduate  
 Other (please specify)

5. How long have you been employed in Healthcare Sector

- Less than a year  
 1 – 3 years  
 4-6 years  
 Above 6 years

6. Monthly income

- < 300,000  
 300,001 – 500,000  
 500,001 – 1,000,000  
 > 1,000,000

7. What motivated you to join the Medical/Healthcare profession?

- Job Security  
 Good salary  
 No job alternative  
 Good Working conditions  
 Other (please specify) \_\_\_\_\_

**PART B: LEVEL OF MOTIVATION AT WORK – RO1**

(You may tick more than one choice)

8. What motivates you most at work?

- Appreciation at work by my boss and others  
 Understanding my colleagues

- Developing a good working relationship with colleagues
- Achieving my targets at work
- Sharing creativity with others
- Working under pressure
- Understanding healthcare policies and goals
- When faced with different challenges at work
- Other (Please specify) \_\_\_\_\_

9. How do you rate your level of motivation in working at your Healthcare facility?

|           | Very low | Low | Undecided | Good | Very high |
|-----------|----------|-----|-----------|------|-----------|
| Statement | 1        | 2   | 3         | 4    | 5         |
|           |          |     |           |      |           |

Give an explanation for your choice:

---

### **PART C: TECHNIQUES & TOOLS USED TO MOTIVATE WORKS – RO 2**

1. Which of the following are used to motivate you to do your work?

(You may tick more than one choices)

- Appreciation at work by my boss and others
- Good and regular Salary
- Working Conditions
- Praise from my boss achieving my targets at work
- Praise and thank you from patients
- Monetary Allowances

- Flexible working hours
- Being given authority to makes decisions
- Other (Please specify) \_\_\_\_\_

**PART D (i): INTRINSIC MOTIVATION SECTION AMONG WORKERS**

1. For each of the following statement, please indicate (by ticking) the extent to which you agree them, using the following scale: (*Strongly Agree, Undecided, Disagree and strongly disagree*).

| Statements  | Responses      |       |           |          |                   |
|---|----------------|-------|-----------|----------|-------------------|
|   | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 1. Working in Healthcare Facility gives me a great deal of job satisfaction                           |                |       |           |          |                   |
| 2. I enjoy like profession  |                |       |           |          |                   |
| 3. The challenging nature of healthcare service has kept me in the profession                         |                |       |           |          |                   |
| 4. Being Nurse/doctor is a noble profession   |                |       |           |          |                   |
| 5. Working in Healthcare facility gives me recognition and respect from the community                 |                |       |           |          |                   |
| 6. I have responsibilities I perform at the Healthcare facility gives a sense of control over others. |                |       |           |          |                   |



|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 7. The responsibilities I perform at the Healthcare facility give a sense of control over others.    |  |  |  |  |  |
| 8. Being Nurse/Medical Doctor is one of my goals in life   |  |  |  |  |  |
| 9. I am more useful to the community as Nurse /Doctor than any other profession                      |  |  |  |  |  |
| 10. Being a Nurse/Doctor enables me to interact and develop relationship with people from many areas |  |  |  |  |  |

2. To what extent have the intrinsic motivators increased your morale to perform your healthcare responsibilities?

To big extent

To small extent

Not at all

**PART D (ii): EXTRINSIC MOTIVATION AMONG HEALTH CARE WORKERS**

1. For each of the following statements about extrinsic motivation, please indicate (by ticking) the extent to which you agree them, using the following scale: (Strongly Agree, Agree, Undecided, Disagree and strongly disagree).

| Statement  | Responses      |       |           |          |                   |
|--|----------------|-------|-----------|----------|-------------------|
|  | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
| 1. I am paid a salary that is enough to cater for my basic needs                           |                |       |           |          |                   |
| 2. The Healthcare facility provides me free accommodation/allowance for accommodation.     |                |       |           |          |                   |
| 3. I get free meals at Healthcare facility   |                |       |           |          |                   |
| 4. Salary payments are prompt & on time  |                |       |           |          |                   |
| 5. The Healthcare facilities offers weekly duty allowances                                 |                |       |           |          |                   |
| 6. Extra Healthcare allowances paid by the MoHSW on monthly basis                          |                |       |           |          |                   |
| 7.The Healthcare facilities offers financial assistance to Nurses/Doctor                   |                |       |           |          |                   |
| 8. It is possible to get advance payment from the MoHSW in case I have a financial problem |                |       |           |          |                   |
| 9. The MoHSW/Healthcare facility organizes social events Nurse/Doctors and their families. |                |       |           |          |                   |
| 10. Nurse/Doctors who perform well are given praises/ recognition by MoHSW                 |                |       |           |          |                   |

2. To what extent have the extrinsic motivators increased your morale to perform your healthcare responsibilities?

To a big extent

To a small extent

Not at all

3. Kindly indicate by ticking the corresponding number against each factor of motivation you consider the most important that would influence performance at work.

1- Below average 2-average 3- above average 4-credit and 5-excellent

| No  | MOTIVATION FACTORS                      | RANKS |   |   |   |   |
|-----|---|-------|---|---|---|---|
|     |   | 1     | 2 | 3 | 4 | 5 |
| i   | Job Satisfaction                        |       |   |   |   |   |
| ii  | Recognition                             |       |   |   |   |   |
| iii | Sense of achievement                    |       |   |   |   |   |
| iv  | Good salary                             |       |   |   |   |   |
| V   | Training & Development<br>Opportunities |       |   |   |   |   |

#### **PART E: GENERAL INFORMATION**

4. In your opinion, what can be done to motivate staff at the Healthcare facilities in Ilemela District?

(You may tick more than one choice)

- a) Appropriate remuneration to reward high performance
- b) Introduction of challenging but interesting job schedule

c) Career path – goal should be well defined and vigorously pursued

d) Other (please specify)

---

5. How do you think the current motivational system at Healthcare facility in Ilemela can be improved? (That is, what can be done to improve Nurses/Doctor motivation in your Healthcare facility?)

---

---

---

6. What other comments can you make about the use present tools/techniques of motivating Healthcare workers in Tanzania? Please write your comments below

---

---

---

Thank you for your cooperation

**Appendix 2: Interview Guide Healthcare Workers**

1. Please tell me a story of your experience of motivation among health workers in Ilemela district

---

---

---

2. What is the level of motivation to perform among health workers in Primary Health Care Facilities in Ilemela District of Mwanza city?

---

---

---

3. What motivational techniques/tools are used by heads of Primary Healthcare Facilities to motivate workers in Ilemela district of Mwanza city?

---

---

---

4. What are the views of healthcare workers about intrinsic and extrinsic motivation factors/tools?

---

---

---

5. What is the impact of intrinsic and extrinsic motivation factors used heads of healthcare facilities on overall workers' performance?

---

---

---

6. What other comments can you make on motivation among health workers in Tanzania generally or Ilemela in particular?

**Thank you**