

**ENSIGN COLLEGE OF PUBLIC HEALTH KPONG
EASTERN REGION**

**INFLUENCE OF MOTIVATION ON HEALTH
WORKER PERFORMANCE AT HO MUNICIPAL
HOSPITAL, HO IN THE VOLTA REGION OF
GHANA**

BY

MABEL ADOM

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Faculty of Ensign College of Public Health in Partial Fulfillment of the
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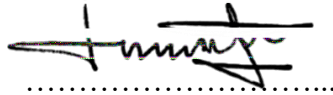
MASTER OF PUBLIC HEALTH

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DECLARATION AND CERTIFICATION

I, Mabel Adom, declare that this submission is my own work towards the MPH and that to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgment has been made in the text.

Mabel Adom



12/06/2020

Student's name

Signature

Date

Student's ID

MPH 187100139

Certified by:

Dr Edward Sutherland



14/06/2020

Supervisor's name

Signature

Date



14-06-2020

Dr Stephen Manortey

.....

.....

Head of Academic Programme

Signature

Date

DEDICATION

This research work is dedicated to God of Major 1, to my brother Mr Newell Yao Soglo of E. P. University College, Ho. and my lovely Sister Vivien Eunice Gedzie my mentor. My Soulmate Mr Frank Haizel and my two lovely children Makafui and Dereck for their priceless love, support and encouragement which enabled me to pursue this programme to a successful end.

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ABSTRACT

The role of motivation in enhancing performance levels of workers can hardly be underestimated. This study assessed the impact of motivation on the performance of health workers at the Ho Municipal Hospital. Specifically, it sought to find out whether motivation had any effect on the performance of the clinical staff of the hospital. A descriptive survey research was adopted as the research design with one hundred and ninety- four out of two hundred and nine staff responding constituting 93% response rate.

The data from the questionnaire administered were coded and analyzed using STATA version 14 software. Tables were used to depict results obtained from the respondents. The study examined both intrinsic and extrinsic motivators which, in the view of the respondents influenced their performance levels.

For intrinsic, the study revealed that respondents were intrinsically motivated by knowledge and skills acquisition, continuous education, environment and personal satisfaction as well as working with or without supervision. Extrinsically, it was found that health workers were enthused about improved salary, incentive packages, recognitions and promotion as being motivators that enhanced their performance levels.

The study thus accepted a positive relationship between motivation and performance. In order to sustain health workers' motivation levels for enhanced performance and quality service delivery, it was recommended that a policy be put in place by health sector managers to ensure equity, fairness and transparency in administering issues of motivation.

Finally, it was proposed that in looking at motivation, and for it to have a lasting effect on performance, both intrinsic and extrinsic motivation should be explored.

CHAPTER ONE

INTRODUCTION

1.1 Background Information

One of the most important factors that move every human being to achieve their goal is motivation. It is that guiding principle that enables people to stay focused on the path of success regardless of the challenges that may be encountered. Globally, many organizations are relying on employees for success and competitiveness (Armstrong, 2011). Hence, motivation has become a familiar concept and is being used by most organizations as a tool for organizational success all over the world. Understanding what motivates an employee has always been a key challenge for managers, but considering the importance of it for an organization's success, one has to continuously attempt to understand it better. With human capital gaining prominence over financial capital in the recent times, it becomes all the more important. Today, the competitive advantage of a business is determined by its people. Hence, the use of good motivation is becoming more and more critical (Armstrong, 2011). According to psychologists, motivation is a force that determines the direction of the person's behavior, level of effort and performance in an organization (Cerasoli, 2014). From the management perspective, it drives efforts to satisfy the needs, desire and wishes of individuals (Armstrong, 2011). Staff motivation, therefore, in institutions refers to the organized efforts and activities aimed at making the staff happy, healthy and duty conscious in order to inspire, help and encourage them perform to their level best (Bhuvaniah et al., 2015). In organizations, staff motivation and welfare help to uphold the staff firmly together and inspire them to achieve set goals.

Motivation could be intrinsic or extrinsic. Intrinsic motivation derives from within the person. It refers to the direct relationship between a worker and the task, and is usually self-applied. Examples of intrinsic motivation are achievement, challenge and competence which are derived from performing one's job well (Anitha, 2013). Extrinsic motivation comes from the work environment, external to the person and his or her work. Good salary, fringe benefits, enabling policies and various forms of supervisions are good examples of this type of motivation (Rheinberg, 2018).

1.2 Problem Statement

The debate about motivation rotates around the idea that if an employee is happy with his/her work and working environment, he/she is bound to perform better, enjoy a stronger bond with the job and organization and thus is sustained for a longer time period (Dessler, 2011).

This becomes mostly important in the service sector where the employee is directly in contact with the recipients of the service. This idea may further be translated into the realm of health, where a health worker can be said to play a fundamental role in ensuring health care. The scope of influence of health workers stretches over various aspects of a client's life. As a result, Chudi-Oji (2013) posits that workers must be well motivated to ensure they are emotionally content with their job. This will enable them to positively impart what they do as well as the environment within which it is disseminated.

In Ghana, over the years, efforts have been made by successive governments to satisfy health workers' needs and increase their motivation on the job. Among them are health workers' performance based awards schemes, study leave with pay, provision of accommodation among others. In spite of these commendable efforts by governments to promote motivation among health workers, there is still the impression that health care staff still grapples with problems of motivation in the country. This may be seen in the various strike or threats of strike actions embarked on by health workers in recent times

(Adzei et al, 2012). The Ho Municipal Hospital is a government hospital located in the Volta Region of Ghana which aside from government incentives also strives to motivate its healthcare workers through several means like provision of lunch, residential accommodation and continuous staff development programmes.

The question however remains as to the influence of motivation on health worker performance at the hospital and factors driving it. To date, there has been no such research conducted at the hospital. There is need for managers at all levels to think of how to get their workforce to work towards achieving their organizational goals of providing quality health care to meet the expectations of clients and to achieve the Millennium Development Goals (MDGs) now Sustainable Development Goals (SDGs) (WHO, 2015). This study therefore looks at the impact of motivational factors on health worker performance in service delivery using the Ho Municipal Hospital in Ghana as a case study. The research will generate empirical evidence which will help guide the Hospital administration and managers of similar hospitals in achieving their organizational goals of providing quality healthcare services

1.3 Rationale of Study

Motivation has been considered as an important subject all over the world as it is necessary for the growth of health systems and the development of societies all over the world. This has led to some researches being carried out on the topic by various authors. For example, the objective of a paper by Mosammod and Nurul-Kabir, (2011), was to evaluate motivation of employees in different pharmaceutical companies in Bangladesh. The primary focus was on the relative importance of motivational factors and their impact on the overall job satisfaction of employees. It also investigated the impact of pharmaceutical type, work experience, age, and sex differences on the attitudes toward motivation. The result indicated that salary, efficiency in work, supervision, and co-worker relation were the most important factors contributing to motivation.

In their study, Javed et al., (2014), tried to examine the motivation level of employees to help organizations to know about the elements that influence motivation. The results showed significant positive association of employee empowerment, work place environment, job loyalty and job performance with job motivation. From the studies illustrated above, it is evident the issue of motivation plays an important role with regards to performance. In the context of this study, as compared to the ones presented, the results of this study provides useful information to the Ho Municipal Hospital authorities as to what motivational factors amongst its health delivery staff drive quality service outcomes and thus the attainment of organizational objectives in their unique setting. It is also instructive in that managers of the health sector would be aware of the role of

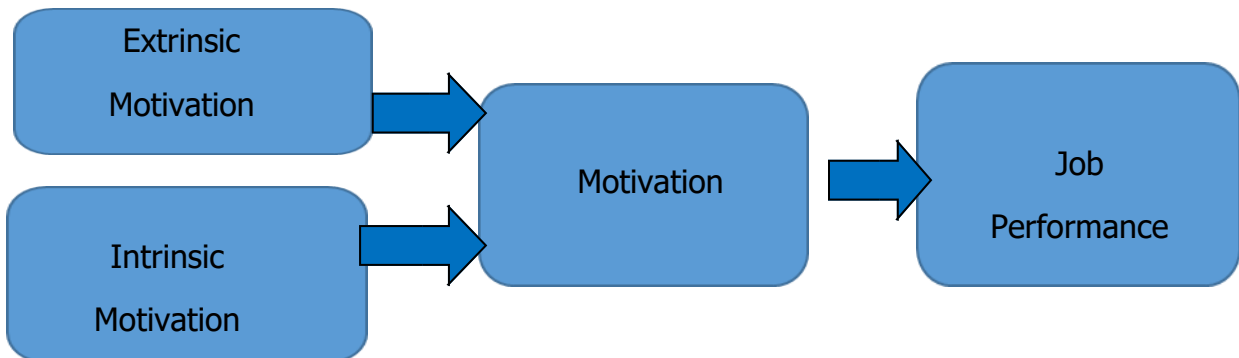
motivation and therefore apply same in various other health facilities to engender desired goals of the sector.

1.4 Conceptual Framework for Health Worker Motivation and Performance The model developed below by Mohd et al., (2012), explains how applying compensation on ability can influence job performance. It shows arrows from the two main types of motivation to how an employee will be satisfied due to motivation received and also how motivation impacts on job performance. To Mohd et al., (2012), whilst extrinsic motivation relates to external environment, the intrinsic motivation on the other hand are those psychological motivations. Though all the types of motivation according to researchers (Mohd et al, 2012; Njanjal et al, 2013; Ngui et al, 2014) impact positively on performance, many researchers lamented that indeed an extrinsically motivated person will be committed to his work as they view the job as tasks that are rewarding to him (Law et al., 2017). Thus an extrinsically motivated person will be committed to the extent that he can gain or receive external rewards for his job.

Law, et al., (2017). further suggested that for an individual to be motivated in a work situation there must be a need, which the individual would have to perceive a possibility of satisfying through some reward. If the reward is intrinsic to the job, such a desire or motivation is intrinsic. However, if the reward is described as external to the job, the motivation is described as extrinsic. Other studies suggest that the self-reinforcing relationship also could work for intrinsic motivators (Zhang et al, 2018; Vallerand et al, 2011).

The relationship between employee motivation and job performance has been studied for a long period with the conclusion that employee motivation and performance are indeed related (Thibault et al., 2017). In the work of Thibault et al.,(2017), performances are dependent upon the individual's level of motivation; the individual's level of motivation can be intrinsically and or extrinsically based. This conceptual framework can apply to health workers, the health service and in the enhancement of performance. For instance if health care workers are properly motivated both financial and non-financial, chances are that performance levels will soar.

Figure 1: Conceptual Framework for Health Worker Motivation and Performance



Source: Thibault et al., 2017

1.5 Research Questions

The study sought to provide answers to the following questions:

1. To what extent does intrinsic motivation influence health workers' performance at HMH?
2. How does extrinsic motivation affect the performance of health workers at the HMH?
3. Is there a relationship between motivation and performance of health workers?

1.6 General Objectives

The general objective of this study is to assess the impact of motivation on the performance of health workers at the Ho Municipal Hospital (HMH) in the Volta Region.

1.7 Specific Objectives

1. To examine how intrinsic motivation influences health workers' performance at the HMH
2. To determine the influence of extrinsic motivation on the performance of health workers
3. To establish if a relationship exists between motivation and performance

1.9 Profile of the Study Area

The study was carried out at the Ho Municipal Hospital in the Volta Region of Ghana. Before February, 1999, the Ho Municipal Hospital was the Volta Regional Hospital. The hospital being the municipal health facility is the final referral point in the municipality. It is a one hundred and forty (140) bed capacity hospital with a staff population of two and ninety-six (296). The services available in the hospital include; out-patient department (OPD), emergency, surgical, obstetrics and gynecological, pediatric, laboratory, laboratory, psychiatric, radiology, blood transfusion, chest clinic and internal medicine among others.

Referrals are received from all over Ghana that is from other districts, regions, and beyond.

1.10 Scope of the Study

The study was limited in context to factors influencing motivation, intrinsic and extrinsic forms of motivation as well as the link between motivation and performance.

Geographically, the study covered the staff of Ho Municipal Hospital.

1.11 Organization of the Study

This study is organized into six chapters.

Chapter one introduces the research through background of the study, statement of the problem, rationale of the study, research questions, objectives of the study, significance of the study, scope of the study, and organization of the study. Chapter two comprises the literature review which looked at relevant literature to obtain detail knowledge on the topic under study. Chapter three focuses on the methodology employed in the study. This involves research design, study population, study variables, sampling, sampling techniques, data collection tools, and data analysis. Chapter four presents the results of the study. Chapter five discusses the findings of the study and chapter six outlines the study conclusions, and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a review and analysis of theoretical and empirical frameworks of motivation and performance at the workplace. The chapter highlights the following among others: health sector performance, employee performance and motivation, intrinsic and extrinsic motivation, theories of motivation and performance and performance measurement.

2.2 Health System Performance

Health service performance is crucial to the growth and development of countries and therefore, the survival of the populations in these countries (Ebuehi et al, 2011). It is through the good performance indicators of the health sector that the well-being of people is assured.

Mullei et al., (2010), identifies the 7s namely; strategy, structure, skills, style of management, systems and shared values as key interrelated factors determining the performance of an organization and by extension, the health sector. The HR elements in this (staff, skills, shared values and structure) can be expected to play a significant role in changing organizational performance. These authors argued that the most common words used to assess the impact of these related elements are efficiency, effectiveness and quality which should translate into better performance of health service workforce. It is likely that, the implications of these words are to question the extent to which the human resources are well-managed, properly trained, motivated, appropriately skilled, sufficient to undertake the required work and well – supported in their (working conditions) environment. One should also be interested in the extent to which the activities of the health service elements or institutions result in: reduced morbidity, lowered preventable mortality, less evidence of recurrent illness and increased health awareness (Adzei et al., 2012). Interest may also be on the extent to which the activities undertaken by the institutions or elements of the health service are appropriate to skills available, case loads and type of population and their needs. All of these factors provide some measure of quality of management of those responsible for HR and of the likely performance of the workforce (Adzei et al., 2012).

Overall, indicators should be seen as one part of a wider approach to improving HR and health service performance involving: identifying and supporting desired improvements in the service performance and creating an environment in which achieving these improvements is seen to be desirable and worthwhile to managers in the service (Ghana Health Service, 2014).

2.3 Employee Performance

Performance is the accomplishment of work assignments or responsibilities of individuals.

It is a person's ability to perform all the tasks and duties required. It is one's ability to exert a certain level of energy to get a job or task done (Whitman et al., 2010). There will be zero performance if no energy is spent. In other words, in the views of these authors, performance as the accomplishment of work assignments or responsibilities should contribute to the organizational goals, including behaviour and professional demeanor (actions, attitude, and manner of performance) as demonstrated by the employees approach to completing work assignment. It refers to the actual effort that the individual undertakes in order to carry out the work.

Performance is often defined simply in output terms and in the achievement of quantified objectives but performance is a matter not only of what people achieve but how they achieve it. Imre et al., (2014), confirmed this by including the phrase 'carrying out' in their conception of performance, indicating that accomplishment, execution, carrying out, working out of anything ordered or undertaken cannot be lost on performance. High performance results from appropriate behaviour, especially discretionary behavior, and the effective use of the required knowledge, skills and competencies (Mohd et al., 2012). Performance management must examine how results

are attained because this provides the information necessary to consider what needs to be done to improve those results.

The concept of performance has been expressed by Hannay, (2010), as he noted that performance means both behavior and results. Behaviors emanate from the performance and transform performance from abstraction to action not just the instruments from results, behaviors are also outcomes in their own right, the product of mental and physical effort applied to tasks- and can be judged apart from results. This definition of performance leads to the conclusion that when managing performance both inputs (behavior) and outputs (results) need to be considered.

Dessler,(2011), contends that many people associate performance with the ability of the employee himself to determine the quantum of work done. According to Dessler (2011), an employee's performance is based on individual factors, namely: personality, skills, knowledge, experience and abilities. Whilst it can and often does indeed include work quantity, it goes far beyond it, in that, performance looks at both quantitative and qualitative results of work achieved by an employee in carrying out their duties according to responsibilities assigned.

Employee performance plays an important role in the organization's performance. It comprises what the employee does or does not do. Performance involves quality of output, quantity of output, timeliness of the output, cooperation and the presence at work (Ngui et al., 2014). Employee performance can be defined as the record of outcomes achieved for each job function during a

specified period of time (Anitha, 2013). However, performance could be measured by variety of parameters which show an employee's pattern of performance over time.

Performance in the organization context is usually defined as the extent to which an organizational member contributes to achieving the goals of the organization. It involves an organization communicating its mission and strategies to the employees, setting individual performance targets to meet the employees as well as the organization mission. The continuous review of performance management ensures organizational performance (Ying 2012).

2.4 Employee Motivation

The word motivation has been derived from the word *motive* which means any idea, need or emotion that prompts an individual into action. Heckhausen (2018), also defined motivation as the force within an individual that accounts for the level, direction, persistence of effect at work. Thus, this can ignite, direct and or maintain behaviour. To Heckhausen, (2018), motivation is a person's active participation and commitment to achieve the prescribed results which obviously will require some amount of incentives. That is why in this study, the variable; motivation involves both intrinsic and extrinsic motivators. It is of relevance to argue that the concept of motivation is not as easy to comprehend. No wonder its practice in the world of work still remains challenging. Confirming this complexity, Rheinberg et al., (2018), propose that the concept of motivation is abstract because different strategies produce different results at different times and there is no single strategy that can produce guaranteed favourable results at all times.

Kuglanski et al., (2018), in confirming the views of Rheinberg et al.,(2018), posited a strategy of motivation being the willingness of an employee to contribute high levels of efforts towards his or her work, conditioned by the capacity of the effort to satisfy needs as well as his or her personal environment. By implication, a motivated employee ought to exhibit an effort to get things done. This active participation and commitment to achieve results is what is the bottom line. Basically, from the above views, employee motivation is seen as the inner drive or push that leads to a certain human action or inaction in a given time, given specific prevailing conditions. It is a force that considers individual inner drive in the pursuit of pushing people to do something in turn (Armstrong, 2011).

However, the process of motivation usually starts with someone recognizing unsatisfied needs, then establishment of a goal to be achieved and thus satisfying the need and accomplishing the goal (Zhang, 2018). Motivation can also be affected by the social context. This context comprises the organization values and culture, leadership and management as well as groups or teams in which people work (Nyambegera, et al., 2016; Nguyen et al., 2019). These attitudes or values may greatly discourage academically able young men and women from enrolling in health related training courses. By the same yardstick, many health workers may also resort to other employment opportunities that will make them more comfortable. Motivation is closely related to job performance not merely job satisfaction which is a characteristic of motivated employees or quality of work life improvement programs (Kim, 2017). Thus, for a health institution to have a motivated workforce, they need to create an environment in which higher levels of motivation is maintained.

The motivation of health workers is crucial for every society and this fact has been underlined variously by different scholars. Adzei et al. (2012), Ebuehi et al., (2010), Nyambegera et al., (2016)

and World Health Organization (2010) have perceived health worker motivation as an inspiration or encouragement for them to do their best in the workplace. Law, (2017), has conceptualized motivation as being located in the forces that bring about the arousal, selection, direction, and continuation of behavior in the worker. In this study, health worker motivation is considered as tangible or intangible working conditions that have the potential to influence health workers positively to demonstrate desirable behavior leading to a high quality professional practice and performance. Desirable behavior includes positive attitudes towards clients and encouraging positive perceptions of employer and work conditions and beliefs about self as a valuable professional health worker.

2.4.1 Intrinsic Motivation

It is an inducement from within a person that positively affects behavior, performance and well-being. Intrinsic motivation is said to exist when behavior is exhibited for its own sake rather than to obtain material or social reinforcement (Cerasoli et al., 2014). In this study, intrinsic motivation of health workers include job satisfaction which is derived from the various health professions, enjoyment of the profession, challenges and competitive nature of work, recognition and career development, and control over others.

These are the self-generated factors that influence people to behave in a particular way or move in a particular direction. These include autonomy, responsibility, challenge, ability, interest among others. This type of motivation will have a deeper and long term effect inherent within individuals; not imposed from outside and more subtle and hard to measure (Law, 2017).

Intrinsically motivated behaviors are seen when there is no other apparent reward except the activity itself and what people will do without external inducement. Instances of intrinsic motivation according to Thibault et al, (2017) are hunger, a sense of duty, altruism, and a desire to feel appreciated.

Hung et al., (2011), stated that intrinsically motivated behaviors are innate and can result in creativity, flexibility, and spontaneity while extrinsically motivated behaviors are generally done as a consequence of pressure and result in low self-esteem and anxiety. However, even the mere identification of intrinsic /extrinsic behaviors has been a topic of debate (Rheinberg et al., 2018; Kim, 2017; Rogstadins et al., 2011). Despite this, the distinction between intrinsic and extrinsic motivation is an important one given their impact upon each other.

Taking these findings into the realm of motivation in organizations, managers and those in charge of motivating employees must be aware of the fact that by simply applying extrinsic motivation methods without also addressing intrinsic factors, they could be doing more harm than good. In the same way, managers must understand that by simply rewarding workers through extrinsic means, they are actually perpetuating a destructive cycle of continual reward and decreased intrinsic motivation (Kroll et al., 2015).

2.4.2 Extrinsic Motivation

This has to do with what is done for people to motivate them. This includes rewards, praise, promotion, and punishment. This type of motivation will have an immediate effect, but might not last long, and rival organizations may easily replicate them (Armstrong, 2011)

Extrinsic motivation is an externally administered reward as in wages, salaries, accommodation among others (Locke, 2018). In other words, a critical point to underscore is that extrinsic does not mean outside the person but rather outside the task; it pertains to what a chosen activity can lead to (Rheinberg &Engeser, 2018).

Heckhausen (2018) in his survey posited that there exist two broad types of extrinsic incentives (financial and non- financial) that are most effective for managing performance behaviour at the individual level. Emmet et al., (2013), asserts that money remains the most significant motivational strategy. These scholars demonstrated the motivational power of money through the process of job choice. They explained that money has the potential to attract, retain and motivate individuals towards higher performance. Dessler, (2012), stated that many managers use money to reward or punish workers. This is done through the process of rewarding employees for higher productivity by instilling fear of loss of job (eg premature retirement due to poor performance). The desire to be promoted and earn enhanced pay may also motivate employees. Salary is an extensively researched extrinsic motivator. Recent studies of Zhang et al., (2018), resulted in considerable evidence that higher wages directly affect job performance. They also argue that in Heckhausen (2018) in his survey posited that there exist two broad types of extrinsic incentives (financial and non- financial) that are most effective for managing performance behaviour at the individual level. Emmet et al., (2013), asserts that money remains the most significant motivational strategy. These scholars demonstrated the motivational power of money through the process of job choice. They explained that money has the potential to attract, retain and motivate individuals towards higher performance. Dessler, (2012), stated that many managers use money to reward or punish workers. This is done through the process of rewarding employees for higher productivity by instilling fear

of loss of job (eg premature retirement due to poor performance). The desire to be promoted and earn enhanced pay may also motivate employees. Salary is an extensively researched extrinsic motivator. Recent studies of Zhang et al., (2018), resulted in considerable evidence that higher wages directly affect job performance. They also argue that in the case that labour turnover is costly for an organization because of severance, training and hiring costs), firms could pay higher wages to decrease quit rates and making savings on turnover costs.

In contrast to the above view, some scholars in their criticism contend that the emphasis is too much on reward based on quantity of output rather than quality which cannot lead to quality service (Kerr et al, 2013). Kerr et al., (2013), observed that the problem with relying too much on money as motivator is that it can encourage employees to focus on whatever will earn an immediate incentive rather than on finding long-term solutions or creating new approaches. This view is upheld by Thibault et al., (2017), with the need for managers to be mindful of overreliance on money in motivation as this can be counterproductive.

2.4.3 Classification of Motivation

There are quite a number of debates surrounding the actual classification of motivation as scholars continue to grapple with the subject matter. In most of the cases, two main groupings have been recognized: Intrinsic and extrinsic with each of these having its own variants. Sprangler et al 2014; Rheinberg et al 2018) all lend credence to this proposition by including achievement motivation under intrinsic motivation.

Locke, (2015), in his construct of classification of motivation came up with three classifications namely; intrinsic motivation, extrinsic motivation and achievement motivation. Each of these and the features associated are highlighted in the below:

Table 2.1: Summary of the Trichotomy of Motivation

DESCRIPTION	INTRINSIC MOTIVATION	ACHIEVEMENT MOTIVATION	EXTRINSIC MOTIVATION
Short definition	Linking or wanting and activity for its own sake	Recurrent concern for a standard of excellence	Doing something in order to get some future value
Core Aspect/Related goals	Enjoyment and pleasure form the experience	Achievement : meeting a standard improvement, skill building	Attainment of valued outcomes
Locus of Incentive/ Affective reaction	Inside the activity, the pursuit of action, Happiness during the pursuit of action.	In the improvement, in the challenge. Pride in achievement, success or progress.	Outside the activity, in the consequences. Satisfaction with outcome
Applications in organizations	Reflect likes and dislikes. Affective task visualization. Match task with interest.	Clear performance standard. Give feedback. Encourage learning from mistakes	Make goals meaningful. Link goals to company vision. Recognize merits

Source: Locke, 2015

This study's focus is mainly on intrinsic motivation and extrinsic motivation and therefore, inferences will reflect these.

2.5 Theories of Motivation

There is a general agreement among psychologists that with a few exceptions, which will be noted, all behaviors are motivated, people have reasons for doing the things they do and that behavior is oriented towards meeting certain goals and objectives (Seijts et al., 2013). That is why Freud and other psychologists like Taylor generally agreed that, an individual is motivated by the desire to satisfy a number of needs, some of which he is not consciously aware of (Seijts et al., 2013). Differences of opinions exist as to the nature and relative importance of these needs.

2.5.1 Content Theories

Proponents of the content theory of motivation postulates that motivation starts with unfulfilled need. Content theorists such as Maslow, (1943), and Herzberg et al. (1959), among others seek to determine how managers motivate their employees by studying their needs and assisting them appreciate the things and behaviour that satisfy them. In fact, the content theories assert that motivation is a phenomenon that enhances the performance level of an individual. Some of these theories are discussed in the following sessions:

2.5.2 Maslow's Theory of Motivation

Maslow, (1954), came up with the theory of hierarchy of needs. This is based on clinical supervision and logic. In this theory of motivation, he stresses that individuals are motivated to satisfy several different kinds of needs, which are more pressing than others. Maslow's theory

states that if a number of features of a person's needs are unsatisfied at any given time, satisfaction of the most current ones will be more pressing than that of others. So Maslow was on the idea that a satisfied need does not determine behavior but unsatisfied need determines behaviour (Norhayate, 2012). This implies that the health worker's behavior in the hospital is a function of his needs. In other words, his needs influence his behavior in the workplace in no small measure.

2.5.3 Herzberg's Theory of Motivation

Herzberg established what he called hygiene or maintenance factors and motivators. According to him, there are certain extrinsic factors which by their presence do not increase the workers satisfaction on the job, but their absence may lead to job dissatisfaction and lower productivity among employees (Mohd et al., 2012). Accordingly, Mohd et al., (2012), suggested that such extrinsic job conditions were environmental factors over which the employee has limited influence. They include payment, interpersonal relations, organizational policy and administration, supervision and working conditions. These are called hygiene factors or dissatisfiers. The significance of this factor is that, it does not only rely on extrinsic rewards for motivating employees for higher production but also incorporates in the job itself those ingredients that could help motivate employees.

Though researchers support Herzberg, his work is not free of criticism. Critics questioned how he gathered his data. However, Herzberg's theory is in many ways a gross over simplification as various aspects of the motivations theories clearly show in it (Njanjal et al., 2013).

It has made a major contribution in focusing attention on jobs redesign for the purpose of making the work more intrinsically satisfying (Dessler, 2011).

Hence, Herzberg's theories have been found to be applicable in the field of health in the following ways:

Motivation is related to leadership for good leadership sets an example, provides guidance, encouragement and instructions. This can be one of the greatest motivational strategies of all health facilities.

Another feature of motivation of workers is that if health workers are properly motivated, this can change an otherwise mediocre group into a highly productive team.

Good motivation of health staff is definitely related to morale. In a large organization, high morale is difficult to attain and motivation of health care staff is a prime factor in achieving it.

2.5.4 McGregor's Theory of Motivation

Another human relation theorist McGregor advanced the belief about human behavior that could be held by different managers. He sees two sets of assumption made by managers about their employees:

The first view indicates that average human beings have an inherent dislike of work and will avoid it if possible. As a result of these human characteristics of dislike of work, most people must be coerced, controlled, directed and threatened with punishment to get them to put forth adequate effort towards the advancement of the organization objectives (Nguyen, 2019). The average human being prefers to be diverted, wishes to avoid responsibility, has relatively little ambition and wants security above all. The holders of this view believe that, motivation of workers can be attained through authority and fear and that, employees have to be closely watched if result must be obtained (Nyambegera et al, 2016). In summary, this side of the theory emphasized control and

extrinsic rewards. On the other hand, the second assumption called theory y, sees man in a more favorable light. Here, workers under this concept of management possess potential that is generally untapped by most working environments. It has the following assumptions: The time spent on physical and mental efforts in work is as natural as play or rest. External controls and the threats of punishment are not the only means for bringing about effort towards organizational objectives (Guntert, 2015).

People will exercise self-direction and self-control in the service of objective to which they are committed. Commitment to objectives is a function of the rewards associated with their achievement. The most important of such rewards is the satisfaction of ego and selfactualization towards organizational objectives (Heckhausen, 2018). An average human being learns under proper condition not only to accept but also to seek responsibility. The capacity to exercise a relatively high degree of imagination, ingenuity and creativity in the solution of organizational problems is wide and not narrowly distributed in the population (Armstrong, 2011).

Under the conditions of modern industrial life, the intellectual potentialities of the average human beings are only partially utilized. This theory presents aspects of participation and concern for workers morale; encouraged managers to begin to delegate authority for making decisions; enrich or enlarge jobs by making them less exacting as the way to motivate employees to higher performance.

In conclusion, this theory summarized the employee's behavior using the two sides of its X and Y. As it was stated above, the x side of it emphasized control and extrinsic rewards they side of it emphasized the managerial concern for workers' morale and encouraged managers to begin to delegate authority for making decisions; enrich or enlarge job by making them less repetitive as the ways to motivate employees to higher performance.

The implication of this theory is that health workers should always be able to effectively exercise control and proper management of the hospital while they take care of patients in various ways, considering individual differences and environmental conditions, among others which will enhance easier health care delivery (Ebuehi et al., 2011).

2.5.5 Cognitive- Field Theory of Motivation

This theory was popularized by Kurt Lewin. In an attempt to explain the theory, he proposed certain motivational constructs. These are:

Tension: In an organism, tension is created by disequilibrium within the organism, which the organism wants to release through activities. The activities which help in releasing tension have position valence in an organism and valence directs behavior. Tension continues till the organism attains its goals (Kerr et al. 2013).

Need: Two types of need were proposed here and these are genuine need and quasi need. Genuine needs can come from the physiological conditions of the organism such as hunger, thirst, shelter etc. Quasi need is tension that arises from intentions, acts of will and other arbitrary commitments of the individual. Every organism has a characteristic structure of needs which create tension thereby making the organism to be activated (Hofer et al., 2010). **Force and Valence:** The desirability of an activity is called valence and the tendency to engage in the act is called force. Valence influences choice while force is more useful for speed or persistence of behavior.

Need gives rise to force signifying a valence activity and the organism having no need of the environment, registers no valence and no force is also generated.

In summary, the cognitive field theory of motivation is a direct function of the combinations of tension, need, force and valence.

This theory is applicable in the field of health and also to what happens in the life of a health worker. For instance, like one of the motivational constructs “Needs” such as hunger, thirsty, shelter etc. the worker that is characterized with these problems will not perform well in the hospital, and thereby affecting the overall service delivery.

However, when health workers are motivated such as payment of housing and transport allowances, their salaries are paid regularly, when they get car loans and maintenance allowances, these will enhance positive attitude towards their tasks and as such ensure high performance (Adzei et al., 2012).

Process Theories

Process theorists try to interrogate the reasons for which people pursue certain goals. They therefore, provide descriptions and analysis of how behaviour is energized, directed, sustained and or stopped (Banmann et al., 2011). This body of knowledge is built on the scientific management model developed by Frederick Taylor in 1911. The process theory is also based on the assumption that a person will be motivated to work if rewards and penalties are tied directly to his performance. It is also anchored on the principle of reinforcement which states that people can be conditioned to act in certain ways if they are rewarded for behaving as input (Bock, 2015). Some process theories are expectancy, goal and equity as discussed below:

Victor Vroom’s Theory of Motivation

Victor Vroom,(1964), in his own contributions advanced the expectancy valence theory. He stated that if the individual worker believes that working hard will lead to salary increase, he will intensify his effort and work hard. The theory recognizes that people act only when they have a reasonable expectation that their actions will lead to a desired goal. Victor Vroom called this:

“Expectancy theory” which places emphasis on performance, noting that, there must be a clearly recognized goal and relationship between performance and outcome. Motivation is a function of the expectancy of attaining a certain outcome in performing a certain act multiplied by the value of the outcome for the performance.

$$M(f) = E \times V$$

Where M = Motivation

E = Expectancy

Expectancy theory has two outcomes; first, outcomes that are highly valued, and have high expectations of being realized, will direct a person to make a greater effort. Secondly, outcomes with high expectations, which are less highly valued or even disliked will reduce the effort expected.

The significance of this theory is that an administration should take cognizance of the relationship of the first and second outcomes and use them to motivate staff

(Guntert, 2015).

Alderfer’s Existence, Relatedness and Growth (ERG) Theory of Motivation Clayton P.

Alderfer distinguishes three categories of human needs that influence workers’ behavior;

Existence, Relatedness and Growth as follows:

Existence needs: These needs are basic material needs for one’s existence or survival.

Psychological and safety needs include hunger, thirst and sex.

Relatedness needs: These are needs that desire to establish, maintain and develop interpersonal relations such as involvement with family friends, co-workers and employers.

Growth needs: These are needs for the fulfillment of one’s development as well as internal esteem and self-actualization (desires to be creative, productive and to complete meaningful task)

(Masunda, 2015).

In addition, the ERG model acknowledges that if a higher need remains unfulfilled, the person may regress to lower level needs that appear easier to satisfy. This is known as the Frustration Regression Principle and vice versa referred to as Satisfaction Progression.

Implications of Alderfer's ERG Theory

Organizations must appreciate that an employee has several requirements/needs that must be satisfied at the same time. According to the ERG theory, if the organization focuses exclusively on one requirement at a time, this may not successfully motivate the employee. The frustration-regression aspect of the theory has an auxiliary influence on workplace motivation. For instance, if an employee is not provided with development or learning opportunities in an organization, the employee may revert to meeting the relatedness need such as socializing needs. However, if the environment or circumstances do not permit, the employee may revert to the need for monetary rewards to satisfy those socializing needs. The earlier the organization comprehends and determines this, the more steps it will take to fulfill those needs which are unfulfilled until such time that the employee can pursue growth

(Kim, 2017).

Criticism of Alderfer's ERG Theory

In Clayton Alderfer's ERG theory, the fact that the needs are not strictly demarcated goes against the theory. This is one of the important reasons for lack of popularity for Alderfer's theory. The term 'relatedness' used in the theory is particularly confusing; and like other content theories, it fails to contribute effectively to human resource management

(Armstrong, 2011).

Adam's Equity Theory of Motivation

Equity theory suggests that employees compare their pay with what other employees get as their pay. Satisfaction with pay is connected with the pay employees receive from their organizations compared with the amount received by others. The theory also indicates that pay satisfaction depends on the difference between the actual pay received by employees and what they feel they should have received (Ngui et al., 2014).

According to Ngui et al., (2014), employees who perceive that they have been underrewarded or over- rewarded, restore equity by changing their own inputs, or choosing a different person for comparison, or ultimately quitting the job. Equity theory is vital because it highlights the fact that employees are not only concerned with the absolute amount of rewards they receive, but with the rewards they receive relative to the rewards of others. It therefore, recommends that managers should not underpay or overpay some of their employees, but ensure that every employee is treated fairly.

Implications of Adam's Equity Theory

Employees compare themselves with other employees who do not put in the inputs that are equal to the outputs they receive. They tend to compare themselves with other employees to find out if they are being treated fairly. Employees may seek the balance between their inputs and outputs and it is not always possible to give them correct balance. However, to give a fair outcome to all employees, the managers should try to understand the employees better (Armstrong, 2011). Managers should therefore, know what the employee are aiming for and try to give them the best possible reward they expect.

Criticism of Adam's Equity Theory

Traditional research on equity theory only measures whether the work effort increases or decreases but fails to test whether the magnitudes of these increases or decreases are in line with what equity theory will predict. This theory provides weak support for the variety of alternative models that are able to make the same predictions of equity (Ngui et al, 2014).

2.6 Performance and Performance Measurement

The measurement of an employee's performance allows for rational administrative decisions at the individual employee level. It also provides for the raw data for the evaluation of the effectiveness of such personnel - system components and processes as recruiting policies, training programmes, selections rules promotion strategies, and reward allocations (Brown et al., 2010).

Gupta et al., (2013), looks at performance measurement as a process of quantifying the efficiency and effectiveness of action. They further added that the activities required to measure performance include three elements as follows: a) individual measures that qualify the efficiency and effectiveness of actions. b) a set of measurements that are combined to assess the performance of an organization as a whole. c) a supporting infrastructure that enables data to be acquired, collated, sorted, analyzed, interpreted and disseminated. Performance management helps to rate the performance of the employee and evaluate their contributions towards organization achievement. Where the process is formally and properly structured, it helps the employees to clearly understand their roles and responsibilities and give directions to the organizational goals and also review their performance. Clearly, the modern paradigm shift is that performance management takes into

account the performance of the employees and focuses on the improvement of their future performance (Ngui et al., 2014).

Performance management is the continuous process of identifying, measuring, and developing the individuals and teams; aligning their performance with the organization's goals (Dessler, 2011). Using measurement to manage performance enables the manager or supervisor to be fair and balanced in the assessment process. This is very important to assess performance because no two people are the same when it comes to individual capabilities, competencies and execution of a given task.

Performance management is often related to Performance-Related Pay (PRP), although by no means all organizations claim to use performance management and have PRP. Nevertheless, PRP is an important element in many performance schemes because it is believed to motivate; it is said to deliver the message that performance and competencies are important, and it is thought to be fair to reward people according to their performance, contribution or competence (Imre et al., 2014). Closely linked to performance and measurement issues are the need for target or objective setting in most organization including Ghana Health Service where managers are enjoined to sign performance agreements with their supervisors to deliver on some set objectives during the year under review (Ghana Health Service, 2014).

2.7 Relationship between Motivation and Performance and Delivery of Quality Health

Care Services: At the centre of health care delivery is adequate motivation of health workers (Adzei et al., 2012). Motivation results in better performance as well as knowing and doing the right thing (Kim, 2017). Ideally every employee will put up better performance if the incentive packages are rewarding and in line with the capacity to meet needs of the individual.

In this regard, while economic factors play a part in motivating of health workers (World Health Organization, 2010), other factors are equally crucial. For instance, many health workers in Ghana often leave the sector to seek greener pastures elsewhere (Adzei et al., 2012). These movements of health workers in Ghana inevitably leave the sector poorer in terms of quality health care with net effect being translated into an area like poor child health indicators. Research has highlighted the fact that in every organization, employee motivation is necessary because it leads to service quality delivery (Nyambegera, 2016).

Going by the definitions of motivation, one can simply conclude that efficiency, good performance and high productivity are direct function of adequate motivation on the part of workers in an organization. According to Mullei et al., (2010), when workers are properly motivated, leading to efficiency, good performance and high productivity, the implication of this is sudden and sustained rise in national growth and development and invariably the general improvement in the welfare of the citizens.

Thibault et al., (2017), in their view on the link between motivation and performance allude to Elton Mayor's Studies on the work habits of the employees at the Hawthorne Western Plant where it was discovered that efficiency in the production process and increased output were realized when employees were motivated and the reverse being the case when they were not motivated.

In the field of health, the role of motivation cannot be over emphasized. That is to say that motivation plays a very significant role in attaining the overall health aims and objectives through the service delivery process (Ebuehi et al., 2011).

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The aim of this chapter is to explain methods used in carrying out this research, how the research was designed and reasons for the choice of methodology used. The chapter comprises the research design, data collection techniques, population of study, study variables, sampling, data handling and data analysis.

3.2 Research Methods and Designs

This research work was quantitative. It sought to determine the role of motivation in impacting performance or service delivery of health workers. Given the nature of the research which involved variables that were more or less cause and effect and were very closely related, it became necessary to be more quantitative than qualitative.

In addition, a case study approach was employed. Case studies are a useful way to explore, examine or bring to light variables, phenomena, processes and relationships that have not been thoroughly researched and as such deserve more intensive investigation (Robert, 2010). The primary aim of a case study is to help the researchers determine the factors, and the relationships among the factors that have resulted in the current behaviours or status of the subject of the study. The essence of using a case study design was to gain insight into the state of motivation at the Ho Municipal Hospital.

Cross-sectional studies are carried out at one time point or over a short period (Levin, 2006).

In this way cross-sectional studies provide a ‘snapshot’ of the outcome and the characteristics associated with it, at a specific point in time. A cross-sectional study design is used when the purpose of the study is descriptive, often in the form of a survey. Usually there is no hypothesis as such, but the aim is to describe a population or a subgroup within the population with respect to

an outcome and a set of risk factors. Thus, a cross-study research study approach was also employed.

3.3 Data Collection Techniques and Tools

In this research, a questionnaire developed by Bennet et al. (2001) and adopted by Mbindyo *et al.* (2009), to measure the motivation of health personnel at district hospitals in Kenya was the main instrument reviewed and employed for data collection. The questionnaire was provided to gather the information from the staff of the hospital. Instruments on the likert scale were designed for the respondents. The responses on the Likert scale consisted of: 1 = strongly disagree 2 = disagree 3 = fairly agree 4 = agree 5 = strongly agree. To make analysis easier, the closed ended questions was provided with alternatives and clear instructions to respondents. The open-ended questions were intended to give respondents the latitude of freedom to express their views in an unconstrained manner. The questionnaire was divided into various sections to capture the critical areas spelt out in the objectives for the study

3.4 Study Population

The population of this study comprised employees of the Municipal Hospital in Ho Municipality. The population was heterogeneous as the hospital had staff with different educational backgrounds, social status as well as duration of service. The hospital has a population of two hundred and ninety- six (296) staff. However, the target population for this study consisted of two hundred and nine (209) made up of clinicians including, nurses, doctors, radiographers, biomedical scientists, physician assistants, dieticians, and pharmacists.

3.4.1 Inclusion Criteria

These included all full time employed clinical staff within, at least six months work experience. The rationale behind these inclusion criteria was to obtain responses from health workers who were more experienced and well informed about their environment and voluntarily wanted to be part of the study.

3.4.2 Exclusion Criteria

All categories of staff who were officially on leave or absent because of illness and all categories of supporting staff who do not directly render care to patients at the hospital were excluded.

3.5 Study Variables

The two main variables in question under this research are motivation and performance (service delivery). The former, being an independent variable while the latter, dependent. As noted in the previous chapter motivation is a concept that energizes an individual or a group of individuals to act in a certain way. These can be intrinsically and extrinsically based. Thus, these forms of motivation were demonstrated in this study to impact performance (service delivery) in the health sector.

3.6 Sampling

In this research, purposeful sampling method was employed. The total population of staff at the hospital is 296, however the sample used was 209 constituting all the clinical staff. One hundred and ninety-four (194) out of the 209 responded to the questionnaire, made up of 93%, and therefore was used for this study. Normally, the purposeful sampling method is used when the researcher wants to focus on a limited number of informants; who are selected strategically so that their in-

depth information would give optimal insight into an issue (Roberts, 2010). As a result, the research adopted an example of purposeful sampling referred to as critical case sampling, where those who could make the difference with respect to their involvement were approached. The 15 clinicians who could not respond to the questionnaire were excluded due to ill-health, annual leave and further studies. The study focus was aimed at all the clinicians whose number is 209. As a result, it was found unnecessary to engage in sample size determination.

3.7 Pre-Testing

A questionnaire was developed to collect data from the sample frame. The questions were mainly ordered on a likert scale. The questionnaire was divided into various sections to capture the critical areas spelt out in the objectives of the study. For the purpose of this study, both the face and content validity were ensured. To ensure validity of the instruments, the initial drafts of the instruments were scrutinized by three experts in questionnaire and content construction who were required to check for all flaws in the instruments. The content validity of the instruments was also enhanced by the suggestions from the experts. Based on the suggestions and comments, the necessary corrections were made and this enhanced a thorough validation in order to ensure that the instruments actually measured what it was intended to measure in relation to the research questions. The final version of the instruments was trial tested on a sample of twenty staff members who were not part of the study sample, precisely from Peki Government Hospital, Peki. The issue of reliability was also addressed. To prevent unreliability, the researcher, first of all ensured that the wording of the questions were not ambiguous; ensured that the questions were administered from the same setting; ensured that all respondents were asked if they were ready and willing to answer the questions.

3.8 Data Handling

First, a letter was sent to the Hospital Medical Superintendent for permission to be granted in order to administer questionnaire on the premises. After the design and pre- testing of the data collection instruments, the researcher administered it personally. This was to ensure that the questionnaires reached the target group and also helped to explain, if or when problems arose, to the respondents. This helped also to show how important the findings were to the researcher and assured the respondents that their views were really needed and would be treated with importance and confidentiality. The self-administration helped the researcher to know and observed the respondents on how they accepted the questionnaires and whether their responses were valid or reliable.

A total of two hundred and nine (209) questionnaires were distributed to the respondents. After a day or two the researchers went back and collected the answered questionnaires because the respondents may forget to fill in the questionnaire or misplace them entirely.

3.9 Data Analysis

The data from the questionnaires was coded for easy entry into the Stata 14 software. Frequency distribution tables were used to depict results obtained from the respondents on the factors that influence motivation among health workers at the hospital, the influence of intrinsic motivation, the influence of extrinsic motivation on employees' performance, and the link between motivation and performance. Inferences and calculations were made from the measures and compared with the existing literature to arrive at the conclusion for the study.

3.10 Ethical Considerations

As with all research projects, this study observed all protocols regarding ethical considerations. Every effort was made in ensuring that the work went through all academic rigors deserving of scholarship. In this direction, the highest levels of honesty, privacy, confidentiality, secrecy and disclosure was employed to protect respondents and also in the entire work. The Ensign College of Public Health's requirements of ethics in research were adhered to and therefore informed the way respondents consent was sought for this work.

3.12 Assumptions

This study has a number of assumptions to enhance its success as stated: the assumptions that all the respondents had a considerable level of education which promoted their understanding of the content of the instruments administered. It was also assumed that the subject matter of motivation is quite familiar to the health workers who are at the centre of this research.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents results on the analysis of the study. It also contains description of data obtained from the instrument and their discussions as well as tables and charts of data obtained.

4.1 Method

Questionnaires were solicited from two hundred and nine (209) employees of Ho Municipal Hospital. Employees were told that their participation would help provide a better understanding of the unique needs of stress on job performance in health service delivery. They were also told that their responses would be completely anonymous. They completed the twenty-four (24) question instrument and submitted their responses. Of the two hundred and nine (209) employees, one hundred and ninety-four (194) completed the questionnaire with fifteen (15) failing to respond for various reasons cited in section 3.6 of the previous chapter. The final number of questionnaires used in the analysis was one hundred and ninetyfour (194) which represented 93% which is positive response.

4.2 Demographic Data

Table 4.1: Age Breakdown of Respondents

	Doctors		Nurses		Midwives		Pharmacists		Biomedical Scientists		Total	
	Age	%	Age	%	Age	%	Age	%	Age	%	Age	%
Below 20	0	0.00	1	0.99	1	1.49	0	0.00	0	0.00	2	100.00
20-29	0	0.00	45	44.55	28	41.79	2	2.98	9	60.00	84	100.00
30-39	3	60.00	45	44.55	33	49.25	2	2.98	6	40.00	89	100.00
40-49	2	40.00	10	9.90	5	7.46	2	2.98	0	0.00	19	100.00
Total		100.00		99.99		99.99		8.94		100.00		100.00

Source: Field Survey May, 2020

Among the age groups, below 20, nurses and midwives represented 0.99% percent and 1.49% percent respectively, then between 20-29 nurses, midwives, pharmacists and biomedical scientists had 44.55% percent, 41.79% percent, 2.98% percent 60 percent respectively.

Between the ages of 30-39; doctors, nurses, midwives, pharmacists and biomedical scientists, scored the highest percentages of the following: 60%, 44.45%, 49.25%, 2.98% and 40% respectively. Doctors, nurses, midwives, pharmacists and biomedical scientists with the age group of 40-49 had the lowest percentages. These were 40%, 9.98%, 7.46%, 2.98%, 0.00% respectively.

Table 4.2: Results of the Highest Qualifications of Respondents

Highest Qualification	Frequency	Percentage
Certificate	25	12.89%
Diploma	79	40.72%
Bachelor's disagreed	79	40.72%
Post Graduate	11	5.67%
Total	194	100

Source: Field Survey, May, 2020

The researcher wanted to know the highest educational background of respondents. The results showed diploma and bachelor degree holders had the same percentage of 40.72%, certificates holders had 12.89% and post graduate or second degree had 5.65%

Table 4.3: Results showing how long respondents have been working in the facility

	<1yr	1-4yrs	5-9yrs	10-14yrs	15yrs	Total
Doctors	0(0.00%)	2(2.22%)	2(4.65%)	1(3.57%)	0(0.00%)	5(2.58%)
Nurses	15(51.72%)	43(47.78%)	23(53.49%)	17(66.71%)	3(75.00%)	101(52.06%)
Midwives	11(37.93%)	33(36.67%)	13(30.23%)	9(32.14%)	1(25.00%)	67(34.54%)
Pharmacists	1(3.45%)	1(1.11%)	3(6.98%)	1(3.57%)	9(0.00%)	6(3.09%)
Biomedical Scientists	2(6.90%)	11(12.22%)	2(4.65%)	0(0.00%)	0(0.00%)	15(7.73%)
Total	29(100.00)	90(100.00)	43(100.00)	28(100.00)	4(100.00)	194(100.00)

Source: Field Survey, May 2020

The researcher wanted to find out the number of years the categories of respondent worked in the Ho Municipal Hospital. Of the respondents who worked for less than one year, nurses were highest, 51.72%. Biomedical scientists represented 6.90% whilst pharmacist, constituted 3.45% as the lowest. Those who worked for between 1 and 4 years, 43 nurses 47.78% represented the highest. This is followed by midwives, 33 (36.67%), biomedical scientists were 11(12.22%) and the lowest being pharmacists, 1(1.11%). Respondents who have been in the facility for between 5 and 9 years were represented as follow: nurses 23 (53.49%) as highest, 13 midwives constituted 30.23%) and pharmacists, 3 (6.98%). Both doctors and biomedical scientists had same number of respondents, 2 each representing, 4.65% For those who worked in the hospital for between 10 and 14 years, nurses recorded

66.71% midwives, 32.14% while pharmacists and doctors had same percentage of 3.57% There was no biological scientist in this category. Respondents with up to 15 years and above stay in the hospital showed nurses, 75% and midwives 25% respectively.

Table 4.4: Working with little or no supervision motivates me to improve performance

	Strongly Disagree	Disagree	Fairly Agreed	Agreed	Strongly Agreed	Total
Doctors	1(4.76%)	0(0.00%)	1(3.57%)	1(1.09%)	1(3.57%)	4(2.06%)
Nurses	12(52.17%)	12(52.17%)	15(53.57%)	45(48.38%)	17(60.71%)	101(52.06%)
Midwives	8(34.78%)	9(39.13%)	8(28.57%)	36(38.70%)	6(21.42%)	67(34.53%)
Pharmacists	0(0.00%)	0(0.00%)	1(3.57%)	2(2.15%)	3(10.71%)	6(3.09%)
Biomedical Scientists	0(0.00%)	2(8.69%)	3(10.71%)	9(9.67%)	1(3.57%)	15(7.73%)
Total	21(100%)	23(100%)	28(100%)	93(100%)	28(100%)	194(100%)

Source: Field Survey, May, 2020

The table shows that the group with the highest response rate of strongly disagree was nurses with the percentage of 52.17% disagree, 53.57% fairly agreed, 48.39% agreed to working without supervision or little supervision. Finally, 60.17% of nurses strongly agreed to the statement.

Overwhelming majority of doctors fairly agreed, 3.57%, agreed, 1.08% and strongly agreed, 3.57%. 4.76% of doctors however, strongly disagreed with the statement. In the case of midwives, 38.09%, strongly disagreed, and 39.13% disagreed. 28.57% fairly agreed, 38.71%, agreed and 21.42%, strongly agreed. Generally, all the pharmacists agree to working with little or no supervision thus: fairly agreed, 3.57%, agreed, 2.15% and strongly agreed, 10.17%. Biomedical scientists recorded 8.70%, for disagreed, and fairly agreed was 10.17%, 9.68% and 3.57%, went for agree and strongly agree respectively.

Table 4.5: My achievement and personal satisfaction in my work enhance(s) my performance

	Strongly Disagreed	Disagreed	Fairly Agreed	Agree	Strongly Agreed	Total
Doctors	0(0.00%)	1(11.11%)	0(0.00%)	2(2.38%)	2(3.17%)	5(2.58%)
Nurses	6(42.86%)	6(66.67%)	12(50.00%)	41(48.81%)	36(57.14%)	101(52.06%)
Midwives	6(42.87%)	25(22.22)	9(37.56%)	30(35.71%)	20(31.75%)	67(34.54%)
Pharmacists	1(7.14%)	0(0.00%)	2(8.33%)	2(10.71%)	3(4.17%)	6(3.09%)
Biomedical Scientists	1(7.14%)	0(0.00%)	2(8.33%)	9(10.71%)	3(4.76%)	15(7.73%)
Total	14(100%)	9(100%)	24(100%)	84(100)	43(100%)	194(100%)

Pearson chi2(16) – 9,2819

Pr -0.901

The researcher delved into the respondents to know whether their achievement and job satisfaction enhance their performance and the highest strongly disagreed groups fell on nurses

of 42.86% and midwives 42.87% followed by strongly agreed 57.14% and 31.75% respectively.

Biomedical scientists largely responded thus: fairly agree, 8.33%, agree,

10.71% and strongly agree, 7.73%. Majority of doctors' and pharmacists' responses ranged from fairly agree to strongly agree.

Table 4.6: Continuous education through training and development programs will help improve my skills and influence(s) performance

	Strongly Disagreed	Disagree	Fairly Agreed	Agreed	Strongly Agreed	Total
Doctors	1 7.14	1 20.00	0 0.00	0 0.00	3 3.41	5 2.58
Nurses	8 57.14	3 60.00	12 52.17	31 48.44	47 53.41	101 52.06
Midwife	4 28.57	1 20.00	8 34.78	25 39.06	29 32.95	67 34.54
Pharmacist	0 0.00	0 0.00	1 4.35	3 4.69	2 2.27	6 3.09
Biomedical Scientist	1 7.14	0 0.00	2 8.70	5 7.81	7 7.95	15 7.73
Total	14 100.00	5 100.00	23 100.00	64 100.00	88 100.00	194 100.00

Source: Field Survey, May, 2020

The researcher sought to know whether training on the job and continuous education helped to influence their skills of job performance. Strongly disagreed was 57.14% for nurses and 28.57% for midwives. The group which strongly agreed was nurses and midwives 53.41% and 32.95% respectively. Most of the doctors strongly agree, 3,41%, same with pharmacists and biomedical scientists who mostly agree with the statement.

Table 4.7: Job security helps to enhance my performance

	Strongly disagreed	Disagreed	Fairly Agreed	Agreed	Strongly Agreed	Total
Doctor	0 0.00	1 16.67	0 0.00	1 1.54	3 4.23	5 2.58
Nurse	14 70.00	4 66.67	19 59.38	37 56.92	27 38.03	101 52.06
Midwives	6 30.00	1 16.67	10 31.25	17 26.15	33 46.48	67 34.54
Pharmacist	0 0.00	0 0.00	0 0.00	5 7.69	1 1.41	6 3.09
Biomedical Scientist	0 0.00	0 0.00	3 9.38	5 7.69	7 9.86	15 7.73
Total	20 100.00	6 100.00	32 100.00	65 100.00	71 100.00	194 100.00

Pearson chi2(16) – 26,2310 Pr = 0.051

The study wanted to find out if job security also enhanced work performance. Based on these, the result of strongly disagreed for nurses was 70% and midwives, 30%. Looking at it on the other side with strongly agreed responses, nurses recorded 38.03% and midwives were 46.48%. Doctors, pharmacists and biomedical scientists were generally for either agree or strongly agree in their responses.

Table 4.8: Good interpersonal relationship with coworkers enhance work performance

	Strongly disagreed	Disagreed	Fairly agree	Agreed	Strongly agreed	Total
Doctors	0 0.00	0 0.00	0 0.00	1 1.12	4 5.00	5 2.58
Nurses	0 0.00	0 0.00	8 38.10	51 57.30	42 52.05	101 52.06
Midwives	2 100.00	2 100.00	11 52.38	28 31.46	24 30.00	67 34.54
Pharmacists	0 0.00	0 0.00	2 9.52	2 2.25	2 2.05	6 3.09
Biomedical Scientists	0 0.00	0 0.00	0 0.00	7 7.86	8 10.00	15 7.73
Total	2 100.00	2 100.00	21 100.00	89 100.00	80 100.00	194 100.00

Pearson chi2(16) = 19,8539 Pr = 0,227

The researcher was inquisitive to know how interpersonal relationship would enhance work performance and it was revealed that 52.05% of nurses stated that they strongly agree it encouraged them to perform well. Respondents in doctors, pharmacists and biomedical scientists categories unanimously responded under fairly agree, agree and strongly agree. For midwives, 52,38% fairly agree, being the highest in their category,

Table 4.9: Responsive/friendly services offered by workers in this facility enhance client’s satisfaction and quality of care delivery in the hospital

	Strongly disagreed	Disagreed	Fairly agreed	Agreed	Strongly agreed	Total
Doctors	0 0.00	0 0.00	0 0.00	3 4.00	2 2.82	5 2.58
Nurses	4 44.44	2 33.33	12 36.36	43 57.33	40 56.34	101 52.06
Midwives	2 22.22	4 66.67	13 39.39	25 33.33	23 32.39	67 34.54
Pharmacists	1 11.11	0 0.00	3 9.09	1 1.33	1 1.41	6 3.09
Biomedical Scientists	2 22.22	0 0.00	5 15.15	3 4.00	5 7.04	15 7.73
Total	9 100.00	6 100.00	33 100.00	75 100.00	71 100.00	194 100.00

Pearson $\chi^2(16) = 21.0475$ Pr = 0.177

The table depicts that nurses were in agreement with 57.33%, those who strongly agree recorded, 56.34%. They were also the highest to also disagree with 44.44%. Midwives had the highest percentage of 66.67% as they disagree. The answers of the biomedical scientists were mostly in agreement: fairly agree, 15.15%, 4.00% for agree and 7.04% in strongly disagree. Doctors and pharmacists in general terms agree to the statement.

Table 4.10: Availability of adequate numbers of health workers at the facility to deliver the service improve quality of health care delivery

	Strongly disagreed	Disagreed	Fairly agreed	Agreed	Strongly agreed	Total
Doctors	0 0.00	0 0.00	0 0.00	1 1.28	4 5.26	5 2.58
Nurses	5 71.42	5 71.42	10 38.46	44 56.41	37 48.68	101 52.06
Midwives	1 14.29	2 28.57	12 46.15	28 35.90	24 31.54	67 34.54
Pharmacists	0 0.00	0 0.00	0 0.00	1 1.24	5 4.56	6 3.09
Biomedical Scientists	1 14.29	0 0.00	4 15.34	4 5.13	4 7.89	16 7.73
Total	7 100.00	7 100.00	26 100.00	78 100.00	76 100.00	194 100.00

Pearson chi2(16) 16.8381 Pr = 0.396

The nurses scored highly, 71.42% in each case in respect of strongly disagree and disagree respectively. 46.15% of midwives fairly agree to the statement. Majority of the doctors, 4 (5.26%) responded, strongly agree. The pharmacists in majority also strongly agree 5 (4.56%). Biomedical scientists answered as: strongly agree, 14.29%, fairly agree, 15.34%, 5.13% and strongly agree with 7.89%.

Table 4.11: My knowledge and skills help to improve safety of patients and influence quality of health care delivery

	Strongly disagreed	Disagreed	Fairly agreed	Agreed	Strongly agreed	Total
Doctor	0 0.00	0 0.00	2 6.90	3 4.17	0 0.00	5 2.58
Nurse	2 40.00	6 54.55	17 58.62	31 43.06	45 58.44	101 52.06
Midwife	3 60.00	4 36.36	7 24.14	28 38.89	25 32.47	67 34.54
Pharmacist	0 0.00	1 9.09	1 3.45	1 1.39	3 3.90	6 3.09
Biomedical Scientist	0 0.00	0 0.00	2 6.90	9 12.50	4 4.19	15 7.73
Total	5 100.00	11 100.00	29 100.00	72 100.00	77 100.00	194 100.00

Pearson chi2(16) = 15.9695 Pr = 0.455

The table shows that all the five doctors sampled largely agreeing to the statement, same with all the biomedical scientists. One pharmacist in each case responded disagree, fairly agree and agree. Three (3) pharmacists, however strongly agree. 54.55% of nurses disagree whilst 58.44% recorded strongly agree. In the case of midwives, 60.00% strongly disagree, 36.36% disagree and 38.89% responding, agree.

Table 4.12: Incentive package at the Ho Municipal Hospital helps me to improve my performance

	Strongly Disagreed	Disagreed	Fairly Agreed	Agreed	Strongly Agreed	Total
Doctors	0 0.00	1 4.76	1 4.35	3 3.61	0 0.00	5 2.58
Nurses	15 42.86%	14 66.67%	12 52.17%	43 51.81%	17 53.13%	101 52.06%
Midwives	13 37.14%	4 19.05%	7 30.43%	30 36.14%	13 40.63%	67 34.54%
Pharmacists	2 5.71%	2 9.52%	0 0.00%	5 6.02%	2 2.41%	6 3.09%
Biomedical Scientists	5 14.29%	0 0.00%	3 13.04%	5 6.02%	2 6.25%	15 7.73%
Total	35 100.00	21 100.00	23 100.00	83 100.00	32 100.00	194 100.00

Pearson chi2(16) – 16.4485

Pr – 0.422

The researcher wanted to know if any kind of motivation or incentive contributed towards the performance of respondents in the hospital. Nurses emerged with the highest percentage of 42.86% for strongly disagree. The same category of nurses 53.13% strongly agreed that incentives boosted their performance. Midwives scored 40.63% under strongly agree.

14.29% of biomedical scientists, being the highest in that category strongly disagree. One (1) doctor disagree while the rest of them either fairly agree or agree.

Table 4.13: Availability of materials and equipment for my work, including safe work environment help to improve my work

	Strongly disagreed	Disagreed	Fairly agreed	Agreed	Strongly agreed	Total
Doctors	0 0.00	0 0.00	1 4.17	0 0.00	4 5.19	5 2.58
Nurses	6 50.00	7 63.64	12 50.00	39 55.71	37 48.05	101 52.06
Midwives	3 25.00	3 27.27	10 41.67	22 31.43	29 37.66	67 34.54
Pharmacists	1 8.33	1 9.05	1 4.17	2 2.86	1 1.30	6 3.09
Biomedical Scientists	2 16.67	0 0.00	0 0.00	7 10.00	6 7.79	15 7.73
Total	12 100.00	11 100.00	24 100.00	70 100.00	77 100.00	194 100.00

Pearson chi2(16) – 14,3194 Pr = 0.575

The table shows that 50.00% of nurses strongly disagree to the statement. 63.64% disagree, 50.00% fairly agree and 55.71% agree. Nurses who strongly agree had a percentage of 48.05%. Midwives responded generally within the ranges of fairly agree, 41.67%, agree, 31.43%. and strongly agree, 37.66%. Majority of the biomedical scientists either agree, 10.00% or strongly agree, 7.79%. Four (4) doctors in majority represented 5.19% to strongly agree.

Table 4.14: Recognition and promotion have been a major factor for motivating staff to improve performance

	Strongly disagreed	Disagreed	Fairly agreed	Agreed	Strongly agreed	Total
Doctors	1 20.00	0 0.00	0 0.00	3 3.85	1 1.35	5 2.56
Nurses	2 40.00	4 66.67	17 54.84	38 48.72	40 54.05	101 52.06
Midwives	2 40.00	1 16.67	9 29.03	29 37.18	26 35.14	67 34.54
Pharmacists	0 0.00	1 16.67	2 6.45	2 2.56	1 1.35	6 3.09
Biomedical Scientists	0 0.00	0 0.00	3 9.68	6 7.69	6 8.11	15 7.73
Total	5 100.00	6 100.00	31 100.00	78 100.00	74 100.00	194 100.00

Pearson chi2(16) = 16.1240 Pr = 0.444

Nurses had 54.05% against the midwives 35.14% stating that they strongly agreed that promotion were the major motivation to increased work performance. The same group of staff stated that nurses and midwives disagreed with 66.67% and 16.67% respectively. Four

(4) doctors out of a total of 5 responded agree, 3.85% and strongly agree, 1.35% respectively. The same goes for biomedical scientists where twelve (12) out of 15 responded; agree, 7.69% and strongly agree, 8.11%.

Table 4.15: Improved salary is enough to meet my normal expenses and influence my performance

	Strongly disagreed	Disagreed	Fairly agreed	Agreed	Strongly agreed	Total
Doctors	0 0.00	1 16.67	0 0.00	1 1.54	3 4.23	5 2.58
Nurses	14 70.00	4 66.67	19 59.38	37 56.92	27 38.03	101 52.06
Midwives	6 30.00	1 16.67	10 31.25	17 26.15	33 46.48	67 34.54
Pharmacists	0 0.00	0 0.00	0 0.00	5 7.69	1 1.41	6 3.09
Biomedical Scientists	0 0.00	0 0.00	3 9.38	5 7.69	7 9.86	15 7.73
Total	20 100.00	6 100.00	32 100.00	65 100.00	71 100.00	194 100.00

Pearson chi2(16) = 26.2310

Pr = 0.051

On how an improved salary could influence performance, majority of doctors either agreed or strongly agreed. Nurses who strongly disagreed recorded 70%, 66.67% disagreed. The rest of the responses for nurses included; fairly agree, 59.38%, agree, 56.92% and strongly agree, 38.03%. For midwives, most of them, 46.48%, strongly agreed to the statement. All the pharmacists responses were either agree or strongly agree

Table 4.16: Availability of drugs and equipment increase productivity which influence(s) quality of health care delivery

	Strongly disagreed	Disagreed	Fairly agreed	Agreed	Strongly agreed	Total
Doctor	1 5.00	0 0.00	0 0.00	0 0.00	4 5.41	5 2.58
Nurse	10 50.00	2 28.57	23 60.53	28 50.91	38 51.35	101 52.06
Midwife	7 35.00	4 57.14	14 36.84	20 36.36	22 29.73	67 34.54
Pharmacist	1 5.00	1 14.29	1 2.63	1 1.82	2 2.70	6 3.09
Biomedical Scientist	1 5.00	0 0.00	0 0.00	6 10.91	8 10.81	15 7.73
Total	20 100.00	7 100.00	38 100.00	55 100.00	55 100.00	194 100.00

Pearson chi2(16) = 16.9953

Pr = 0.386

Four (4) doctors in majority strongly agree with a percentage of 5.41%, 51.35% of nurses strongly agree being the highest. Midwives disagree with the highest percentage of 57.14%. For fairly agree, nurses were highest with 60.53%. The nurses were followed by midwives, 36.84% and pharmacists, 2.63%.

Table 4.17: I see a link between motivation and performance

	Strongly disagreed	Disagreed	Fairly agreed	Agreed	Strongly agreed	Total
Doctors	0 0.00	0 0.00	0 0.00	1 1.66	4 4.65	5 2.57
Nurses	7 38.89	11 38.46	5 71.42	40 66.66	38 44.18	101 52.06
Midwives	11 61.11	12 47.82	2 28.57	14 23.33	27 31.39	67 34.53
Pharmacists	0 0.00	0 0.00	0 0.00	1 1.66	5 5.81	6 3.09
Biomedical Scientists	0 0.00	0 0.00	0 0.00	4 6.66	12 13.95	16 8.24
Total	18 100.00	23 100.00	7 100.00	60 100.00	86 100.00	194 100.00

Pearson chi2(16) 16.8381

Pr = 0.496

Doctors agree, 1.66% and strongly agree with 4.65%. Same goes with pharmacists and biomedical scientists who all either agree or strongly agree. Thirty-eight (38) nurses strongly agree with 44.18% whilst 40, 66.66% agree. On the part of midwives, 27, 31.39% strongly agree and 14, 23.33% agree.

CHAPTER FIVE

DISCUSSION

The discussion chapter provides a critical review of findings from data as presented in the preceding chapter and to appraise how well the research questions have been addressed. In addition, the outcome of the primary research will be linked to the literature review.

The first objective of the study was to examine how intrinsic motivation could influence health workers' performance. The findings in the following sections highlight this objective: On working with little or no supervision all the respondents largely sampled agreed to working with little or no supervision. Nurses strongly agreed by 60.71% and those who agreed were 45 in number, 48.39%. 53.57% of nurses also fairly agree. Doctors recorded 3.57% and pharmacists, 10.71% in strongly agree. Nine (9), Nine (9), 39.13% of midwives disagree with the statement, but 36 of them in majority, 38.71% agree. Majority of biomedical scientists either agree or strongly agree. For instance 9 out of the 15 of them agree with 9.68%. The findings go to show that respondents in the study are motivated when they work with little or no supervision. In other words, they are comfortable to be allowed to work with some leverage, autonomy or freedom and ability to use discretion. This conclusion is corroborated by Mohd et al, (2012), Cerasoli et al, (2014) and Law, (2017) who listed supervision or control over others, responsibility, and autonomy as important issues capable of motivating workers to perform.

Achievement and personal satisfaction as a motivator was tested in the study. Doctors agree with 2.38% and 3.17% as strongly agree respectively. For biomedical scientists, majority, 10.71% agree to the statement. Pharmacists responded with agree, 10.71% being the highest. On the part of nurses, 36, 57.14% strongly agree, 41 of them, 48.81% agree. Six

(6), 66.67% of nurses however disagree. In the case of midwives, 30, 35.71% agree, 20, 31.75% strongly agree and 9, 37.56% fairly agree. Six (6) midwives strongly disagree with 42.87%. It thus appears from the results that respondents are motivated by their achievement and personal satisfaction. These views are supported by Heckhansen, (2018), who contends that commitment to objectives is a function of the rewards associated with their achievement. Thus the most important of such rewards is the satisfaction of ego and self-actualization towards organizational objectives. Other authors also lend credence to the finding here. Sprangler et al, (2014), Rheinberg et al, (2018) and Cerasoli et al, 2014 are unanimous in their agreement that personal satisfaction and achievement are required by some workers as their motivation for accomplishing tasks leading to excellent service delivery.

Another intrinsically motivating issue raised in the study was continuous education through training. Doctors strongly agree, 3.41%. Nurses strongly disagree with 8, 57.14% and strongly agree by 53.41% with 47 of them and 31, 48.44% however indicated agree. Twenty-nine (29) and 25 midwives respectively either strongly disagree or agree. Three (3) out of 6 pharmacists agree with 4.69% and 7 biomedical scientists strongly agree by 7.95%. The overwhelming support for continuous education and its impact on performance go to show how this intrinsic motivation is priceless to the respondents of this study. Dessler, (2011), substantiates these results with the assertion that individual employees performance is based on such factors as; personality, skills, knowledge, experience and abilities. Same views are expressed by Mohd et al, (2012), when they posit that high performance can result from appropriate behaviour and the effective use of knowledge, skills and competencies. Indeed these can only be acquired through continuous education and training.

Furthermore, findings revealed that respondents are enthused with their job security as all of them support the statement. Three (3) doctors, constituting the majority strongly agree same with biomedical scientists. The rest of the professionals were in majority by responding to either agree or strongly agree. The findings here confirm the views of Dessler (2011) and Mohd et al, (2012) that jobs should be made intrinsically satisfying for employees.

Some workers appreciate it when there is good relationship among colleagues, which goes a long way in ensuring high performance. This intrinsic motivator was tested in the study. Most of the respondents fairly agree, agree and strongly agree that good interpersonal relationship with co-workers enhance work performance. Good interpersonal relationship with co-workers as intrinsic motivation is confirmed by Mohd et al, (2012). These authors mention such drivers of workers' motivation as interpersonal relations, supervision, payment, and organizational policy and administration.

Additionally, the study sought to find out how responsive or friendly services offered by workers enhanced clients satisfaction and quality of care delivery. The respondents, in their unanimity, supported the statement. The implication is that the clinicians are intrinsically motivated by the provision of friendly services. Masunda, (2015), believes in the need to maintain and develop interpersonal relations such as involvement with co-workers, employers and friends.

At a place like a hospital, workers ideally would want the facility to have the required numbers of workers at post. The study tried to find out whether there was the availability of the required health workers to enhance quality service delivery. This can also ensure that workers are not overloaded or stressed unnecessarily at work. When the respondents were asked to respond to the statement, nurses agree with 44, 56.41% and 37, 48.68% in strongly agree respectively. All 5 doctors either agree or strongly agree same with biomedical Scientists and pharmacists. For midwives, 28,

35.90% agree, 24, 31.54% strongly agree and 12, 46.15% in fairly agree. These results largely show that availability of adequate members of staff motivated them since it leads to quality health service delivery. Cerasoli et al, (2014) and Mohd et al, (2012), are of the opinion that for workers to be motivated, there should be some preconditions in place.

Acquisition of skills and knowledge was considered vital by the researcher and therefore, respondents were asked to respond to the statement as this could affect their performance and service delivery. Doctors, Biomedical Scientists, midwives and nurses mostly responded; fairly agree, agree and strongly agree to the importance of knowledge and skills acquisition as intrinsic motivators to them, which have gone a long way in improving their performance and service delivery. The results here have been upheld by Dessler, (2011), who stresses on knowledge, skills and abilities as drivers of employee motivation. The second objective of this study has been to determine the influence of extrinsic motivation on the performance of health workers. Areas covered here include; incentive packages, availability of materials and equipment, recognition and promotion and improved salary.

Incentive packages are important to workers and these extrinsically motivate them. The responses of those sampled indicate that twelve (12), 52.17% of nurses fairly agree. Fortythree (43) agree with 51.81% and 17, 53.13% strongly agree. Most, (30), 36.14% of the midwives agree. Thirteen (13), 40.63% of them strongly agree. Two (2), 9.52% of pharmacists disagree whilst 5, 6.02% agree. Five (5), 14.29% strongly agree on the part of biomedical scientists. Only one (1) doctor out of five (5) disagree. The rest either fairly agree or agree. From the above it is clear that the findings show overwhelmingly that respondents of this study cherish incentive packages as part of the tools for performance improvement. These views of the respondents have been corroborated by Heckhausen (2018) who posits that there are two broad types of extrinsic incentives; financial

and nonfinancial that are most effective for managing performance behaviour at the individual level. The issue of availability of materials and equipment for work, including safe work environment in performance improvement was interrogated in the study. On this score, doctors strongly agree, 4, 5.19% with 1, 4.17% fairly agree. For nurses 7, 63.64% disagree, 6, 50.00% strongly disagree, 39, 55.71% agree 12, 50.00% fairly agree and 37, 48.05% strongly agree. Midwives recorded 10, 41.67% for fairly agree, 22, 31.43% being agree and 29, 37.66% as strongly agree. Biomedical scientists and pharmacists were unanimous in agree and strongly agree. The overall picture by these findings indicates that clinicians at the hospital are motivated to improve performance when materials and equipment for work, including safe work environment exist. Mohd et al., (2012), alludes to among others, good organizational policy and administration that provides employee needs as well as better working conditions as extrinsic motivation for workers. The study looked at recognition and promotion as extrinsic motivation for staff. Four (4) out of 6 doctors either agree or strongly agree. Four (4), 66.67% of nurses disagree, 17, 54.84% fairly agree, 38, 48.72% and 40, 54.05% strongly agree. On the part of midwives, 29, 37.18% and 26. 35.14% agree and strongly agree respectively. The rest; pharmacists and biomedical scientists also were in total agreement for recognition and promotion. These findings depict largely a situation where respondents of this study favour recognition and promotion as motivators for enhanced performance. Cerasoli et al, (2014), postulate a number of key areas for extrinsic motivation including; personal satisfaction, enjoyment of the profession, recognition, and career development.

Another area highlighted in this work has been improved salary which continues to dominate motivation literature especially in respect to extrinsic form of motivation. In this study, findings depict, all respondents supporting the statement, implying that with improved salary clinicians'

performance levels would go higher. The outcomes here are endorsed by a number of theorists: Emmet et al, (2013), Dessler, (2012) all view money as one of the most significant motivational strategies for employers and employees. Locke (2018) and Zhang et al, (2013), also confirm that wages and salaries have direct effects on performance.

Since the study area is a hospital, the researcher sought to ask respondents whether availability of drugs and equipment increase performance and quality service delivery. Majority of the respondents declared overwhelming support for the statement, an indication that workers are likely to be motivated if tools, items and logistics are available to enhance their work and those of their clients. Mohd et al., (2012) agree on the provision of better working conditions for staff as prerequisites to performance.

The third objective of the study was to establish if a relationship exists between motivation and performance. From the findings as presented, it is clear that there is a link. Doctors agree, 1.66% and strongly agree with 4.65%. Same goes with pharmacists and biomedical scientists who all either agree or strongly agree. Thirty-eight (38) nurses strongly agree with 44.18% whilst 40, 66.66% agree. On the part of midwives, 27, 31.39% strongly agree and 14, 23.33% agree.

For instance, respondents of this study who are extrinsically motivated attested to the fact that once motivational packages are extended to them, they will trigger their performance levels. In the same manner respondents agreed that if their salary levels were improved, their performance would also improve. Thirty-seven (37), 56.92% of nurses agreed to this. Thirty-Three (33), 46.48% of midwives strongly agreed and 17, 26.15%, agreed. Five (5) pharmacists out of six (6) agreed that improved salary is equal to improved performance.

For those who are intrinsically motivated, the study's findings show that knowledge and skills acquisition will allow them enjoy improved performance. Theory is grounded in the fact that there exists a link or relationship between motivation and performance and for that matter quality service delivery. Mullei et al, (2010) put it more generally that workers should be properly motivated, leading to efficiency, good performance and high productivity. The implication of this, according to these authors, is sudden and sustained rise in national growth and development and invariably the general improvement in the welfare of the citizens. Specifically, on quality health care delivery, Adzei et al., (2012), stress that at the centre of health care delivery is adequate motivation of workers. Ebuehi et al, (2011) are in support of this when they argue that in the field of health, the role of motivation cannot be overemphasized. That is to say that motivation plays a vital role in attaining the overall health aims and objectives through the service delivery process.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

This chapter summarizes and presents detailed conclusions derived from the research as well as putting across recommendations.

6.1 Conclusions

This research set out to assess the impact of motivation on the performance of health workers at the Ho Municipal Hospital in the Volta Region with the following objectives:

First, the study examined the influence of intrinsic motivation on health workers' performance. The findings revealed that intrinsic motivation has an impact on performance at the facility examples in the study support this view. On personal achievement and personal satisfaction, 4 (2 in each case) out of 5 doctors either agree or strongly agree. Nine (9), 10.71% and 3, 4.76% respectively of biomedical scientists agree and strongly agree. A total of 89 nurses out of 101 sampled, responded fairly agree, agree and strongly agree. On the part of midwives, 30, 35.71% agreed and another 20, 31.75% in strongly agreed. In the case of pharmacists, majority were in agreement as well. Another intrinsic motivation variable; continuous education through training also followed the trend of unanimity in agreement amongst respondents. For instance, 47, 53.41% of nurses, a total of 54 out of 67 midwives sampled, agree and strongly agree respectively. Three (3) doctors out of 5 strongly agree just like 5 out of 6 of pharmacists and 12 out of 15 of biomedical scientists in either agree or strongly agree.

Second, the study determined the influence of extrinsic motivation on the performance of health workers. Findings proved that the workers when extrinsically motivated can enjoy higher levels of performance. Some examples in the study illustrate this view. In the case of incentive packages, majority of the respondents approved of such as impacting their performance. Forty-three (43), 51.81% of nurses agree and 4 doctors out of 5 fairly agreed and agreed respectively. Thirty (30) midwives and another 13 agreed and strongly agreed, that is 43 out of 67 of their population. Most of the pharmacists and biomedical scientists also responded agreed and strongly agreed. Another variable of extrinsic motivation; recognition and promotion were endorsed by respondents as affecting their performance and service delivery positively. Pharmacists, biomedical scientists and doctors were unanimous in their preference for recognition and promotion. Four (4) out of 5 doctors agreed and strongly agreed respectively, 3 out of 6 pharmacists and a total of 12 out of 15 biomedical scientists responded in agree and strongly agree. Majority of nurses and midwives recorded higher levels of agreement. Thirty-eight (38), 48.72% agree and 40, 54.05% strongly agree. Twenty-nine (29), 37.18% midwives agree and 26, 35.14% in strongly agree.

Finally, the study tried to establish whether a relationship exists between motivation and performance. It was revealed that there was a connection between motivation and performance. For instance, respondents believed that knowledge and skills acquisition motivate them to improve performance and quality health delivery service. Extrinsically, incentive packages motivate respondents to perform. All these are indicative of the fact that motivation when well managed at the workplace can result in performance and quality service delivery.

The field survey has proved useful in arriving at conclusions for this research as indicated in the summary findings in the paragraph below:

- i) The issue of whether intrinsic motivation has any influence on performance was discussed. This was upheld through the research findings as it was clearly shown by the respondents that intrinsic motivation has an impact on performance. This thus responded to the second research question as well.
- ii) Extrinsic motivation and its effect on performance were explored by this study. It was found that a link existed between extrinsic motivation and performance. The third research question was answered as a result.
- iii) The research also succeeded in establishing a relationship between motivation and performance. By confirming the link between these two variables, means the last research question was answered.

6.2 Recommendations

The respondents at the Ho Municipal Hospital, by this study, have shown the inevitability of motivation and its impact on performance. In order for the health sector to attain its objectives of providing quality health care, the following recommendations are made for careful consideration and possible action to further improve the situation and also for exploration for further research:

Further research should be conducted on a larger scale by considering other health institutions in Ghana since the study was only limited to Ho Municipal Hospital due to time constraints. Moreover, it was observed that unlike nurses and midwives, the population of doctors, pharmacists and biomedical scientists were negligible which could not help in the anyway the researcher would have wanted. Such a future study, therefore, will look at other dimensions, including expanding the population of respondents and thereby make generalizations of findings more plausible.

There is need for policy makers of health in Ghana to put in place policies governing motivation in the sector. The existence of such a policy will make administering of motivational packages to staff become more equitable, fair and transparent.

It is evident by this research that relying on either intrinsic or extrinsic motivation alone can be disastrous. It is therefore, incumbent on management to note this and strike a balance of the two when dealing with motivational issues of staff.

Health managers should attend regular training programmes on motivation so as to appreciate new trends on ways to handle employee needs.

Management should also learn to study their staff with the view of knowing what motivates each of them. This knowledge, when applied well, will engender higher performance from individual staff members and that of the organization.

REFERENCES

ADZEI, F AND ATINGA, R. (2012) Motivation and retention of health workers in Ghana's district hospitals: addressing the critical issues. *Journal of Health Organization & Management* 26 (4), 467-485.

AMSTRONG, M, (2011). A Handbook of Human Resource Management Practice (12th ed), London: Kogan page.

BANMANN, N & SCHEFFER, D. (2011). Seeking flow in the achievement domain. The achievement flow motive behind flow experience. *Motivation and Emotion*, 35(3), 267-284.

BENNET S, FRANCO L. M., KANFER R, STUBBLEBINE P, (2000). The Development of Tools to Measure the Determinants and consequences of Health Worker Motivation in Developing Countries, Major Applied Research 5.

BOCK, L, (2015). Work rules. New York: Twelve (Grand Central).

BROWN, M, HYATT, D AND BENSON J. (2010). Consequences of the performance appraisal experience, *Performance Review*,39(3),375-396

CERASOLI, C, NICKLIN, J & FORD, M (2014) Intrinsic motivation and extrinsic incentives jointly predict performance: A 40-year meta-analysis. *Psychological Bulletin*, 140 (4), 980-1008.

DESSLER, G. (2011) Human Resource Management (12th ed). New Jersey: Pearson

EBUEHI O, AND CAMPBELL, P. (2011), Attraction and retention of qualified health workers to rural areas in Nigeria: a case study of four LGAs in Ogun State, Nigeria, *Rural and Remote Health*, 11 (1515). 356-367

Ghana Health Service, (2014), Annual Report

GUNTERT, S. (2015). The impact of work design, autonomy support, and strategy on employee outcomes. A differentiated perspective on self-determination at work. *Motivation and Emotion*, 39 (1) 74-87.

GUPTA. V AND KUMAR, S. (2013). Impact of performance appraisal justice on employee's engagement. A study of Indian Professionals. *Employees Relations*, 35(1), 61-78.

HANNAY, M (2010). Performance appraisal, who knows the best? *Journal of Human Resources Education*, 4(4), 88-101.

HECKHAUSEN, J, & HECKHAUSEN, H (EDS) (2018). Motivation and action, (3rd ed). Berlin; Springer.

HECKHANSEN, H. (2018). Historical trends in motivation research. In J. Heckhansen & H Heckansen (Eds), *Motivation and Action* (3rd ed.), 15-65), Berlin: Springer.

HUNG, S. DURCILLOVA, A, LAI, H & LIN, W (2011). The influence of intrinsic and extrinsic motivation on individuals' knowledge sharing behaviour, *International Journal of Human-Computer Studies*, 69, 445-427.

HOFER, J, BUSCH, H, BOND M & LAW, R. (2010). Is self-determined functioning of a universal prerequisite for motive goal congruence? Examining the domain of achievement in three cultures. *Journal of Personality*, 78 (2), 747-780.

IMRE B, AND GYULA B. (2014). Impact of compensation on Employees Performance *International Journal of Business and Social Science*, 5 (2) 855-870

KERR, S & LEPELLEY, D. (2013). Stretch goals: Risks, and best practices. In E. A. Locke & G. P. Latham (Eds), *New developments in goal setting and task performance*. New York: Routledge

KIM, J. (2017). The contrary effects of intrinsic and extrinsic motivations on burnout and turnover intention in the Public Sector. *International Journal of Manpower*, 39 (3), 486500.

KRAMER, W. S. THAYER, A & SALAS E. (2013). Goal setting in teams. In E. A. Locke & G P Latham (Eds), *New developments in goal setting and task performance*. New York: Routledge

KROLL, A. AND PORUMBESCU, G. (2015). When extrinsic rewards become “Sour Grapes: An experimental study of adjustment in intrinsic and prosocial motivation, *Review of Public Personnel administration*, 39 (4), 467-486

KRUGLANSKI, A, FISHBACK A, & PRIERRO A. (2018). A structural model of intrinsic motivation: On the Psychology of means-ends fusion. *Psychology of Review*, 125 (2), 165182.

LAW, K, CHAN, A AND OZER, M. (2017). Toward an integrated framework of intrinsic motivators, extrinsic motivators and knowledge sharing, *Journal of Knowledge Management* 21 (6), 1486-1502.

LOCKE, E & LATHAM, G (2013). New developments in goals setting and task performance. New York. Routledge.

LOCKE, E. (2015) Theory building, replication, and behavioral priming. *Perspectives on Psychological Science* 16 (3), 408-414.

MASUDA, A., LOCKE, E & WILLIAMS, K. (2015). The effects of Simultaneous learning and performance goals on performance: An inductive exploration. *Journal of Cognitive psychology*, 27(1), 37-52.

MBINDIYO, P. M., BLAAUW, D., GILSON, L. ET AL (2009) Developing a tool to measure health worker motivation on district hospital in Kenya, *Human Resource for Health* 7, 40

MOHD, F. M. SAIDAH, N. B., BIBI, N (2012). The effect of rewards towards job performance motivation among administrators in higher educational provider in Malaysia.

International Journal of Business and Commence (9), 67-78.

MORISANO, D, HIRSH, PERESM J, PIHL, R & SHORE B. (2010) Setting elaborating, and reflecting on personal goals and improved academic performance. *The Journal of*

Applied Psychology, 95 (2) 255-264.

MULLEI, K. ET AL (2010) Attracting and retaining health workers in rural areas: investigating nurses' views on rural posts and policy intervention. *BMC Health Services*

Research, Vol. 10.

NGUYEN, T (2019) Do extrinsic motivation and organisational culture additively strengthen intrinsic motivation in online knowledge sharing? An empirical study, *Vine*

Journal of Information and knowledge management systems, SOCI, 75-93.

NJANJAL, W. L., MAINA, R. N, KIBET L. K. KAGENI N. (2013). Effect of Reward on Employee, *Organizational Behaviour* 15 (116), 261-282.

NGUI, T. K. ELEGWA M, HAZEL, G. G. (2014). Effect of reward and compensation strategies on Performance. *Compensations of Benefits Review*, 34 (2), 34-40.

NGUYEM, T, NHAM, T, FROESE, F AND MALIK A. (2019), Motivation and knowledge sharing: a meta-analysis of main and moderating effects. *Journal of Knowledge*

Management 23(5), 998-1016.

NORHAYATE, W. W. (2012). A proposed conceptual framework for rewards and Maslow A. (1943): A theory of human motivation. *Psychological Review*, 30 (15), 310-396.

NYAMBEGERA, S AND GICHERN (2016). Extrinsic and intrinsic factors influencing employee motivation: Lessons from AMREF health Africa. *International Journal of Business and Social Research*

RHEINBERG F. & ENGESER, S (2018). Intrinsic motivation and flow. In J. Heckhausen S H. Heckhausen (Eds), *Motivation and action* (3rd ed.) pp579-622). Berlin: Springer.

REHINBERG F, & VOLLMEYER, R. (2018). *Motivation* (9th ed). Stuttgart, Germany: Kohlhammer

ROBERTS, C.M (2010). *The dissertation journey: A practical and comprehensive guide to planning, writing, and defending your dissertation* (2nd ed). CA: Corwin Press

POCH R AND MARTIN, B (2015) Effect of Intrinsic and extrinsic motivation on usergenerated content. *Journal of strategic Marketing*, 23(4), 305-317.

ROGSTADINS, J, KOSTAKOS V, AND KUTTUR A. (2011). An Assessment of intrinsic and extrinsic motivation on task performance in crowdsourcing markets. *Proceedings of the Fifth International Conference on Weblogs and Social Media*.

SPANGLE, W, TIKHOMIROV, A, SOTAK, K PALRECHA, R (2014). Leader motive profiles in eight organizations. *The Leadership Quarterly*, 25 (6) 1080-1094.

THIBAUT A, KINDLEIN J. TREPAMER, S, HOUSON D. & BRODBECK, F (2016). Why individuals want money is what matters: Using self-determination theory to explain the differential relationship between motive for making money and employee psychological health. *Motivation and Emotion*, 40(2).

THIBAUT A GAGNE M, FOREST J & GURRERO, S (2017). The Relationship between financial motivation and performance. *Journal of personnel psychology*, 16(2) 61-76.

VALLERAND, R. AND LELAND. D, (2011). The MPIC model: The perspective of the hierarchical model of intrinsic and extrinsic motivation, *psychological inquiry* 22: 45-57.

WHITMAN, D. S. VAN ROOY, D. L AND VISWESVARAN, C. (2010). Satisfaction, citizenship behaviours, and performance in work units: A meta-analysis of collective construct relations. *Personnel Psychology*, 63(1), 41-81.

WORLD HEALTH ORGANIZATION (WHO). (2010). Increasing health workers in remote and rural areas through improved retention: global policy recommendations.

Geneva: WHO.

ZHANG, Y ZHANG, J AND LI, J (2018) the effect of intrinsic and extrinsic goals on work performance. Prospective and empirical studies on goal content theory. *Personnel Review*, 47 (4), 900-912.

ZHANG. J, ZHANG, Y, SONG Y AND GONG, Z (2016). The different relations of extrinsic, introjected, identified regulation and intrinsic motivation on employees' performance: Empirical studies following self-determination Theory. *Management Decision*. 54(10), 2393-2412.

APPENDICES

Appendix one QUESTIONNAIRE

IMPACT OF MOTIVATION ON THE PERFORMANCE OF HEALTH WORKERS

Dear Sir/Madam,

My name is Mabel Adom. I am a Student at Ensign College of Public Health, Kpong. I am conducting a research on “**Impact of Motivation on Health Workers’ Performance at Ho Municipal Hospital in the Volta Region of Ghana**”. I will be grateful if you could spare some time to answer this questionnaire. You are hereby assured of anonymity and that any information provided will be treated with the utmost confidentiality. If at any point you feel reluctant to participate, you have the right to opt of the exercise. Thank you.

SECTION A

1. Socio-demographic information

Male
Female

2. What is your age?

- (a) Below 20 years
- (b) 20-29 years
- (c) 30-39 years
- (d) 40-49 years
- (e) 50-59 years
- (f) 60 years and above

3. What is your highest qualification?

- (a) Certificate (b) Diploma (c) Bachelor’s Degree (d) Post Graduate (e) Other,
please specify.....

4. What is your current marital status?

- (a) Married
- (b) Single
- (c) Divorced
- (e) Separated
- (f) Widowed

5. What is your profession?

- (a) Doctor
- (b) Nurse

- (c) Midwife
- (d) Pharmacist
- (e) Biomedical Scientist
- (f) Other, please specify.....

6. How long have you been working in this facility?
- (a) Less than one year
 - (b) 1-4 years
 - (c) 5-9 years
 - (d) 10-14 years
 - (e) 15 years and above

SECTION B

Intrinsic Motivational Issues

7. Working with little or no supervision motivates me to improve performance (a) Strongly disagree
- (b) Disagree
 - (c) Fairly agree
 - (d) Agree
 - (e) Strongly agree
8. Incentive package at the Ho Municipal Hospital helps me to improve my performance (a) Strongly disagree
- (b) Disagree
 - (c) Fairly agree
 - (d) Agree
 - (e) Strongly agree
9. My achievement and personal satisfaction in my work enhance(s) my performance.
- (a) Strongly disagree
 - (b) Disagree
 - (c) Fairly agree
 - (d) Agree
 - (e) Strongly agree
10. Continuous education through training and development programs will help improve my skills and influence(s) performance
- (a) Strongly disagree
 - (b) Disagree
 - (c) Fairly agree
 - (d) Agree
 - (e) Strongly agree

11. Feeling emotionally drained and burned out after each day's work affects performance
- (a) Strongly disagree
 - (b) Disagree
 - (c) Fairly agree
 - (d) Agree
 - (e) Strongly agree

SECTION C

Extrinsic Motivational Factor

12. Availability of materials and equipment for my work, including safe work environment help to improve my performance
- (a) Strongly disagree
 - (b) Disagree
 - (c) Fairly agree
 - (d) Agree
 - (e) Strongly agree
13. Job security helps to enhance my performance
- (a) Strongly disagree
 - (b) Disagree
 - (c) Fairly agree
 - (d) Agree
 - (e) Strongly agree
14. Good interpersonal relationship with coworkers enhances work performance. (a) Strongly disagree
- (b) Disagree
 - (c) Fairly agree
 - (d) Agree
 - (e) Strongly agree
15. Recognition and promotion have been a major factor for motivating staff to improve performance
- (a) Strongly disagree
 - (b) Disagree
 - (c) Fairly agree
 - (d) Agree
 - (e) Strongly agree
16. Improved salary is enough to meet my normal expenses and influence my performance (a) Strongly disagree
- (b) Disagree
 - (c) Fairly agree
 - (d) Agree
 - (e) Strongly agree

17. My performance in the last twelve (12) months have been appraised by my supervisor (a) Strongly disagree
(b) Disagree
(c) Fairly agree
(d) Agree
(e) Strongly agree
18. Overall, I scored..... out of 100%
19. My score previous performance appraisal by my supervisor has motivated me to perform better now than over.
(a) Strongly disagree
(b) Disagree
(c) Fairly agree
(d) Agree
(e) Strongly agree

SECTION D

Influence of motivation on quality of health care delivery

20. Responsive/friendly services offered by workers in this facility enhance clients' satisfaction and quality of care delivery in the hospital
(a) Strongly disagree
(b) Disagree
(c) Fairly agree
(d) Agree
(e) Strongly agree
21. Availability of adequate numbers of health workers at the facility to deliver the service improves quality of health care delivery
(a) Strongly disagree
(b) Disagree
(c) Fairly agree
(d) Agree
(e) Strongly agree
22. Availability of drugs and equipment increase productivity which influence(s) quality of health care delivery
(a) Strongly disagree
(b) Disagree
(c) Fairly agree
(d) Agree

(e) Strongly agree

23. My knowledge and skills help to improve safety of patients and influence quality of health care delivery

(a) Strongly disagree

(b) Disagree

(c) Fairly agree

(d) Agree

(e) Strongly agree

24. I see a link between motivation and performance

(a) Strongly disagree

(b) Disagree

(c) Fairly agree

(d) Agree

(e) Strongly agree

Thank you.