

UNIVERSITY OF CAPE COAST

EFFECT OF EMPLOYEES' INCENTIVES ON WORK PERFORMANCE
OF SOME SELECTED HEALTH FACILITIES WITHIN THE
CAPE COAST METROPOLIS

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OF SOME SELECTED HEALTH FACILITIES WITHIN THE
CAPE COAST METROPOLIS

BY

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in Human Resource Management

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DECLARATION

Candidate's Declaration

I hereby declare that this dissertation work is the result of my own original research and that no part of it has been presented for another degree in this University or elsewhere.

Candidate signature: Date:

Name: Rebecca Paintsil Quarm

Supervisor's Declaration

I hereby declare that the preparation and presentation of this dissertation were supervised in accordance with the guidelines on supervision of dissertation work laid down by the University of Cape Coast.

Supervisor's signature: Date:

Name: Prof. Daniel Agyapong

ABSTRACT

With respect to existing human resource, the low level of health worker incentives has often been identified as a central problem in health service delivery. This study examined employee incentives and work performance of health workers in selected health facilities within the Cape Coast Metropolis. The study adopted the quantitative approach. From a population of 290 employees, a sample size of 165 respondents were drawn. The study employed explanatory research design and structured questionnaires as data collection instrument. The data collected was analyzed using descriptive and inferential statistics such as mean, percentages, regression and Pearson correlation. The study revealed that poor delivery of health services was as a result of both inadequate monetary and non-monetary incentives provided to health workers. The study also revealed that majority hold the view that both monetary and non-monetary incentives increases their performance. Based on the findings of the study the researcher recommended that health authorities including Ministry of Health and management of health institutions within the Cape Coast Metropolis should focus on providing allowances, bonuses, credit facility as part of its monetary incentives to enhance performance. It is also recommended that regular promotion and job security measures as part of the non-monetary incentives be provided in order to strengthen and also enhance the performance of health workers.

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DEDICATION

To my children, husband, late father and mother.

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LIST OF ABBREVIATIONS

GHS	Ghana Health Services
MoH	Ministry of Health
WHO	World Health Organisation
O.P.D	Out Patients Department
GNA	Ghana News Agency
SPSS	Statistical Package for Social Sciences
CCMA	Cape Coast Metropolitan Assembly
MDGs	Millennium Development Goals

CHAPTER ONE

INTRODUCTION

In recent years, incentives of all kinds have been of concern to debaters focusing much attention on the pros and cons of its effect on individual performance. Incentive paid to employees of health arena is very essential for high-quality service delivery to patients/clients. However, due to poor and inadequate motivational incentives, health workers have been found to deliver poor services for several years.

In Ghana, low performance of health workers continue to hamper the progress of improving both access to and use of essential public health services. Poor quality of health services is mostly also aggravated by the compliance of inefficiency of the scarce/limited resources such as manpower, medical equipment, failure to treat patients in a timely manner and supplies. Health sector performance and in turn health workers outcomes critically depend on worker incentives. It is against this backdrop that the study seeks to assess the effects of employee incentives and performance of health workers in selected health facilities within the Cape Coast.

Background to the Study

Human resource is regarded as the backbone of other resources such as capital, financial and technological resources (Alegbejo, 2013). Health workers as a form of human resource are integral part of a country's health system hence they are very essential in the delivery of quality health care and in improving the delivery of healthcare services (World Health Organisation, 2006). Health care deliveries are highly labour intensive thus quality of services, equity and efficiency are all directly mediated by the enthusiasm of

health workers to sacrifice themselves in order to accomplish their tasks (World Health Organisation, 2012). It is not natural for people to act willingly without any reason buttressing their effort therefore knowing that there would be an incentive for anything done is great enough to induce them (Lumumba, 2012)

Delle (2013) described incentive as a system of payment emphasizing on the point of imparting on workers for higher production and productivity. Irimu (2014) also stressed that incentives generates benefits for organisations as it puts human resources into action, improves their efficiency levels, builds friendly relationships, provides workforce stability and supports them to achieve organisational objectives. Incentives are provided to employees through several means, but have been generally grouped under monetary and non-monetary incentives.

Herzberg, (1968) in his 'two factor theory' revealed that human resource is basically motivated by two sets of factors; hygiene (monetary) and motivators (non-monetary) and thus, their presence induce employees to perform better. Based on this theory it is assumed that organisations can only attain their strategic aims when they constantly provide the needed incentives to keep their human resource (employees) perform better.

Clearly, high employee performance is very important, not only for organisational growth and success, but also for the development of the employees (Aworemi, Abdul-Azeez & Durowoju, 2011). In this regard, organisations primarily expect their human resource to perform at their best at all times in a bid to help attain respective organizational goals. However, this can be difficult to achieve in the presence of poor job motivation (Kshirsagar

& Waghale, 2014). In health institutions, for instance, health workers are expected to provide quality service deliveries to patients/clients to enhanced performances. This is because, the contributions of healthcare providers are significant to the sustainability and development of a country's active labour force. In view of this, developed countries such as Germany, China and USA constantly seek unique ways in a bid to obtain and maintain best performances from health workers despite their tremendous successes in healthcare deliveries (Delle, 2013; Goldberg & Levey, 2012).

While worker performance is highly dependent on several factors including availability of resources and competencies of workers, the presence of these factors are not enough to guarantee expected performances of health workers (Karan et. al., 2016). Increased incentives, together with effective management practices and supervision, generate these conditions for a more effective worker performance (Karan et al, 2016). According to the World Health Organization (2010), there was a rising need to strengthen the health systems especially among the developing countries, to accelerate the attainment of the Millennium Development Goals (MDGs).

This was as a result of the identified constraints to achieving the MDGs which according to the study included the unavailability of properly trained and motivated workforce and that the need to improve these would lead to the retention of health workers.

In Ghana, public health institutions are corporate entities which cannot hide from the concept of incentives and as such, huge investments have been made by key stakeholders like the government and non-governmental organisations (NGOs) in a bid to induce public health workers to deliver

quality healthcare services (Adzei & Atinga, 2012). Despite these huge investments in developing health workers, infrastructure, providing medical equipment, among others, there are still much to be expected from health workers in the country (Odoom, 2015). Health workers frequently face incentive challenges which are sometimes created by the work they do, the mode of payment and the organisational systems within which they work. Consequently, they constantly crave for improved incentives packages which health care providers struggle to meet (Ayalew et. al., 2015).

Evidently, the compelling and competing demands facing health institutions in remote areas especially within the Cape Coast Metropolitan Assembly are directly affecting quality healthcare deliveries to patients. It has been found that less motivated health workers of all categories within the municipal either wishes to leave the metropolis or even the country to seek for better opportunities elsewhere (Ghana News Agency, 2010). Unless and until health workers are adequately motivated for tasks fulfillment and goals achievement, the health sector can never achieve the desired success (Hongoro & Normand, 2006).

Statement of the Problem

A number of interventions have been provided by governments to improve the performance of health workers (Escribano-Ferrer, 2016). In recent years, incentives of all kinds have been of concern to debaters focusing much attention on the pros and cons of its effect on individual performance. Incentive paid to health workers is very essential for high-quality service delivery to patients/clients.

However, due to poor and inadequate monetary incentives, health workers have been found to deliver poor services for several years. In Ghana, low performance of health workers continue to hamper the progress of improving both access to and use of essential public health services (Ghana Ministry of Health, 2015). Poor quality of health services is mostly also aggravated by the complaints of inefficiency of the scarce/limited resources such as manpower, medical equipment, failure to treat patients in a timely manner, high rate of casualty especially infant mortality rate, still birth and work supplies. Health sector performance and in turn health workers outcomes critically depend on worker incentives (Lynne et. al., 2002).

Even though key stakeholders have initiated a number of measures, which include improved incentives packages such as annual rewards, improved salaries and new incentives (especially those who accept posting to deprived areas) in order to enhance their performances, indications have revealed low results with regard to their effects (GNA, 2016). Therefore, the issues of health worker incentives in Ghana, especially in rural areas within the Cape Coast Metropolitan Assembly still remain unsolved. In addition, prior studies on incentive and performance of health workers in Ghana have focused on incentive factors such as intrinsic and extrinsic (Aduo-Adjei et. al., 2016); Adzei & Atinga, 2012; Alhassan et. al., 2013; Aworemi et. al., Odoom, 2015) with less focus on monetary and non-monetary incentives and performance of health workers.

Considering the foregoing, there are discussion on monetary incentive or non-monetary incentives that induce health workers to perform better since employees' incentives is inadequate or vice versa and no research has been

done in Cape Coast especially within the three health facilities. It is on this note that this study therefore looks at factors of monetary and non-monetary incentives having an effect on performance of health workers within the three selected health facilities in the Cape Coast Metropolis, Ghana.

Also, despite the prevalence of poor service deliveries resulting from inadequate employees' incentives, it is unclear as to which employees' incentives affect work performance. There is therefore the need to conduct a study of this nature to serve as an empirical evidence as it attempts to focus on the employees' incentives and performance of health workers in the selected health facilities within the Cape Coast Metropolis. Looking at the relevance of employees' incentives and performance of the health workers as well as the gaps that has been created in literature on the topic.

Purpose of the Study

The purpose of the study is on effect of employees' incentives on work performance of health workers in selected public health institutions in the Cape Coast Metropolitan Assembly.

Research Objectives

The study specifically sought to:

1. Examine the effect of monetary incentives on health workers' performance in Cape Coast
2. Assess the effect of non-monetary incentive on health workers' performance in Cape Coast.

Research Questions

The following research questions were formulated to answer the research objectives:

1. What is the effect of monetary incentives on health workers' performance?
2. What is the effect of non-monetary incentives on health workers' performance?

Significance of the Study

The study examines employee incentives and work performance of health workers in some selected health institutions in the Cape Coast Metropolis. The study will help the health workers in overcoming their frustrations by having an in-depth knowledge of the types of employees' incentives and the actual packages that will improve their performances. The results from this study will therefore bring a positive change towards health workers' behaviour to work. The study will also provide the needed information that will guide the management of these hospitals to better align their strategies on incentives for optimum worker performance. The study is anticipated to help inform decision making in the area of strategic planning, with regard to staff incentives.

The result of this study will also be beneficial to Ghana Health Service (GHS) policy makers since it will help them collaborate with Management of health institution and Labour Unions to have a good understanding of the types of incentive packages that directly boost staff morale thus, enhance their performance and curtail the rampant industrial actions and the appalling health care delivery services. In addition, the outcome of this study will augment

existing literatures related to incentive systems of health workers in Ghana, although the study was limited to some selected health institutions in the Cape Coast Metropolis. Finally, it will also serve as a guide for further research on innovative ways of incentives for the overall academic well-being of the nation.

Delimitations

The study was conducted within the framework of examining the effect of incentives and work performance of health workers'. It focused on health workers in selected health institutions in the Cape Coast Metropolis. Therefore, private health institutions in this area were excluded. Also, the study did excluded public health institutions which were outside the Cape Coast Metropolis. In view of this, the result cannot be generalized to all health institutions in the country, but can be used to change policy decisions. Again, the study limited its focus on certain variables of interest because these were the variables per preliminary checks was of most interest to the respondents.

Limitations

The study focused on the effect of employees incentives on work performance of Health Workers within the Cape Coast metropolis. In this regard Pearson Correlation was used to assess the correlations between the independent (incentives) and the dependent variable (work performance). Pearson correlation cannot concretely establish cause and effect but however can be used as a pointer for further and advanced statistical tools.

Definition of Terms

Incentives

Is an inducement or supplemental reward that serves as a motivational device for a desired action or behaviour. Anything that can attract an employee's attention and motivate them to work.

Employee performance

The job-related activities expected of a worker and how those activities were executed.

Health workers

These are workers within the health facilities of the Cape Coast metropolis.

Monetary incentives

Are money-based rewards given when a worker meets or exceeds expectations.

Non-monetary incentives

Are rewards someone benefits from without giving money.

Organisation of the Study

The study is organized into five chapters. Chapter one dealt with the study's introduction and it focused on the background to the study, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, delimitations, limitations, definition of terms and the organisation of the study. Chapter two centered on the review of relevant literature in relation to the theoretical review, the empirical review and the conceptual framework. Chapter three presents the research design, study area, population, sampling procedure, survey collection procedure and survey processing and analysis. The results and discussion are presented in chapter

four. Chapter five presented the summary of major findings, conclusions, recommendations and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter of the study reviewed relevant literature on the effect of employee incentives on the work performance of health workers in public health institutions in the Cape Coast Metropolitan Assembly. It begun with theoretical reviews and the empirical review and conceptual frame-work that summarized information from previous studies.

Theoretical Review

For the purpose of this study, emphasis was based on the content (needs) theory of motivation with respect to the Herzberg's Two-Factor Theory, Social Exchange Theory and Self-determination Theory since it clearly explains the study's research objectives and research questions.

Herzberg's Two-Factor Theory

Frederick Herzberg propounded this generally recognized and accepted theory in an attempt to amend Maslow's Hierarchy of Needs Theory in 1968. Herzberg proposed this theory on the question, "What do people want from their jobs?" Herzberg asked people to describe in details circumstances when they felt exceptionally good to when they felt exceptionally bad. From the responses, he concluded that the opposite of satisfaction is not dissatisfaction. Herzberg explained that eliminating dissatisfying characteristics from a job does not essentially makes the job satisfying, rather, the availability of certain factors in the organization is natural and the presence of the same does not lead to motivation. However, it is their non-presence that demotivates the workers. In a similar manner, there are certain factors, the absence of which

does not cause dissatisfaction, but their existence has an impact on motivation (Cole and Hilliard, 2006).

This theory suggested two different sets of factors; hygiene and motivators or satisfiers, which influence motivation and job satisfaction of an individual (Ott, 1989). The theory revealed that there are particular factors related with job satisfaction (motivation factors) which is a direct relationship to the content of one's job and thus, are very vital in maintaining a reasonable level of motivation among employees. It is reported that, factors within the working environment such as resources, quality of facilities, management and leadership, working relationships, performance appraisal and communication also contribute to worker motivation. The motivators are therefore mostly seen as non-monetary incentives both job-related and social related which are expected to induce employees intrinsically. (Irimu et. al., 2014)

Hygiene factors, on the other hand, are related to dissatisfaction, which are referred to as hygiene or maintenance factors. Hygiene factors are seen as monetary incentives and therefore, an external factor that do not cause any dissatisfaction; neither do they motivate workers (Herzberg, 1968). However, when they are poorly provided to workers, they lead to dissatisfaction and exert negative impacts on them. They are seen as maintenance factors that do not add to the job satisfaction and motivation of employees but only maintain them in the job. The theory stressed on adequate hygiene factors should be provided to meet the basic needs of employees and to prevent dissatisfaction with the job. Examples of hygiene factors include salary, wages, allowances, bonuses, and profit sharing (Chandler et. al., 2009).

The theory sees incentives to be of two-dimensions and it proposed that if management is to provide positive incentive or motivation then equal attention should be given to both hygiene factors and motivating factors (Herzberg, 1968). Non-monetary incentives have the power to induce health workers to employ much efforts in their jobs as much as monetary incentives.

It is important to note that, the presence of both monetary and non-monetary incentives contributes immensely to ensuring highly motivated employees (Narsee, 2013). This is because, employees are mostly induced by different incentives and as such, the presence of one aspect of the incentives may demotivate those who are not motivated by both. For instance, the presence of monetary incentives alone cannot satisfy or motivate all employees in an organization likewise the presence of only non-monetary incentives. However, it is important to identify the category of incentives that enhances employee performance the most in a bid to make them readily available at all times (Apeyusi, 2012 & Khan et. al., 2013).

Herzberg et al (1957) following investigation into the source of job satisfaction and dissatisfaction of accountant and engineers. It was assumed that people have the capacity to report accurately the conditions that made them satisfied and dissatisfied with their jobs. Accordingly, they sometime felt exceptionally good and exceptionally bad about their job and how long feelings persisted. It was found that the account of 'good' periods most frequently concerned the content of the job, particularly achievement, recognition, advancements, responsibility and the work itself. On the other hand, accounts of 'bad' periods most frequently concerned the context of the

job. Organisation policy and administration, supervision, salary and other working condition move frequently appeared in these accounts.

This theory has important implications for this study as it constitutes a good framework for the validity of the argument that non-monetary and monetary incentives are effective in motivating health workers (Herzberg, 1968). Simply put, the theory suggests health workers are generally motivated/induce by non-monetary incentives but they will need monetary incentives to avoid dissatisfaction and eventually be motivated to enhance performances.

Conceptual Framework

For the concept of employee incentives and its effect on health workers' performances to be well understood, there was a need to construct a conceptual framework that links these two concepts. The conceptual framework for this study was derived from reviewed literature. The following are incentives Health Organisation give to their workers are; job security, working environments, recognition, autonomy, flexibility of work, appreciation for work done, acknowledgement for years of service, relationship with peers/supervisors, promotion, career growth (Non-Monetary Incentives), salaries, allowances, insurance, credit facilities and bonuses (Monetary Incentives) (Muogbo, 2013 & Narsee, 2013).

Incentive is an inevitable aspect of the working sphere (Gichuru, 2015). It is also seen as the most important among the influencers of performance, it is also the most difficult to assess and manage (Hafiza et. al., 2011). The reason being that if a worker does not have the requisite knowledge to execute a task, the recommended solution will be training

programs to help them bridge that gap. However, if the worker is not motivated enough, then, there is the difficulty in determining what could be done to induce or motivate the employee to work effectively and efficiently (Griffin & Moorhead 2007). Incentives are individually driven, implying that what motivates an individual might not necessarily motivate another (Narsee, 2013). Employees incentives are often induce differently and to develop a work environment as an employer that promotes incentives, organisations need to be able to identify the individual need of employees and then emphasize on these needs. As a matter of urgency, organisations must develop ways of inducing their employees since what gets rewarded gets done effectively (LeBeoeuf, 1985)

Non-monetary incentives are incentives which cannot be measured in monetary terms and thus, cannot be quantified (Aktar et. al., 2012; Lewis, 2013; Nawab and Bhatti, 2011). Some of these factors include; the nature of the work itself, the possibility for growth, recognition, autonomy, challenges, and status or achievements (Cole and Hilliard, 2006) whiles monetary are in terms of physical assessments.

Based on the objectives of the study monetary and non-monetary incentives represented the independent variable. On the other hand, employee performance represented the dependent variable which implies that, a change in the factors of motivation directly induce the dependent variable (performance). Thus, a relationship has been found to exist between the variables (incentives and performance) where performance depends on the availability and adequacy of incentives (monetary and non-monetary) in order to change.

From Figure 1, it can be seen that, employee performance, as a dependent variable, was measured using indicators (work output, punctuality to work, quality of work, loyalty to the health service, responsiveness to patients and work efficiency) propounded by Gomes et. al., (2011). From the framework, employee performance is dependent on incentives and as such, it would remain constant, all other things being equal, if incentives remain the same. Whereas, the absence of or poor provision of incentives negatively affect health worker performance and vice versa.

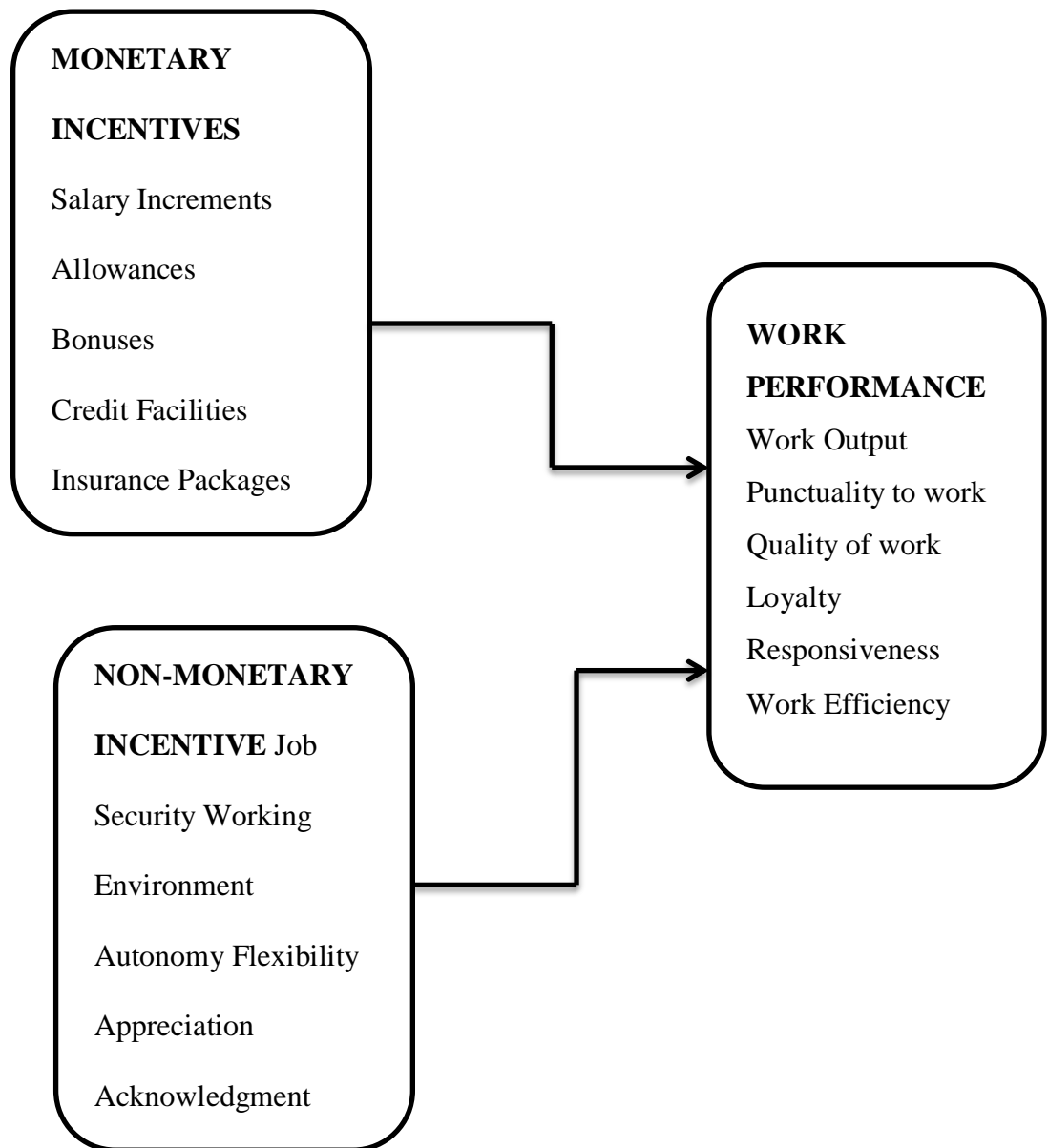


Figure 1: Relationship between incentives and performance

Empirical Review

It is very important for management of an organisation to consider why employees do what they do, why they act in a particular ways and the consistency of their work performance as well as their actions (Witts (2009). Studies have revealed that incentives stimulate employees to work, enhance commitment, increase job satisfaction, shape employee behaviour, increase work enthusiasm, increase performance and organizational productivity

(Gichuru, 2015; McShane & Glinow, 2010; Milne, 2007), Blanchard and Witts (2009) suggested that when health institutions fail to take the time to actively recognize and reward good performance, the desire for the job declines with every unrecognized success.

Nawab and Bhatti (2011) did a quantitative study on the influence of employee compensation on organizational commitment and job performance in Pakistan health work circles. The study focused on the individual roles of financial and non-financial rewards towards organisational commitment and performance. Thus, the quantitative approach and descriptive survey design were employed in the study. Structured questionnaires were used to collect survey, data and analysis was done using both descriptive and inferential statistical tools. The study's outcome revealed that financial compensation had a strong and positive effect on organizational commitment and performance. This supports the view that monetary incentive should be of much focus since both performance and the retention of works heavily depends on the monetary incentives they receive.

Muogbo, (2013) conducted a study on the influence of motivation on employee performance in some selected health firms in Anambra State, Nigeria. The study purposely investigated the influence of extrinsic and intrinsic motivation on employees' performance. The quantitative approach, descriptive survey design and the Equity Theory were employed in the study. The target population comprised 100 workers from 21 firms of which 63 respondents were randomly sampled. Structured questionnaires were used to gather data which were then analyzed using descriptive tools (frequencies, percentages and mean) and inferential tools (correlation). The study found that

there exists a relationship between extrinsic motivation and performance of employees ($r > \text{table value: } 0.42 > 0.197$). The study concluded that extrinsic motivation given to the employees significantly influenced their performances.

Other researchers conducted on conducted a quantitative research on how to increase employee performance by investigating the impact of incentive motivators (monetary) and organization-based self-esteem motivators (non-monetary) in all sectors in Pakistan. The study aimed at explaining the association between incentive motivators, organisation-based self-esteem and employee performance. The study employed the causal design. The population consisted of employees across the various sectors in Pakistan. Hameed (2013)

However, the population size was not indicated, thus questioning the source of the sample size (232). Data were gathered from structured questionnaires and analyzed using descriptive and inferential tools. The study found a positive and significant impact of incentive motivators (monetary) on employees' performance in Pakistan just as in the works of Muogbo (2013).

Narsee (2013) also conducted a study to compare the impact of monetary and non-monetary reward programs towards employee and organizational motivation. The study aimed at discovering whether reward programs would lead to employee motivation. Using the quantitative approach, the study employed the descriptive survey design. The survey revealed that monetary reward such as basic salaries and performance bonuses had the greatest impact to motivate employees, unlike the non-monetary reward. The study sampled 180 MBA students from a Johannesburg-based business school and administered online questionnaires to them. Data obtained

were analyzed using both descriptive and inferential statistics and it was found that financial benefits are the most important reward program.

A study on the impact of compensation on employee performance in Pakistan's banking sector was to examine the impact of compensation on employee performance and as such, the quantitative approach and explanatory design was used. No theory was employed to underpin the study thereby thus questioning the foundation on which the study was built. Structured questionnaires were administered to randomly sampled respondents. Using correlation and regression analysis, the study found that, monetary compensation had a significant and positive impact on the performance of employees just as the previous works reviewed. The study concluded that, compensation in general had a progressive impact on employee performance and as such, were needed to improve both individual and organisational performances. (Hameed et. al., 2014).

Gichuru (2015) did a paper on the effects of motivational incentives on employee performance in Small and Medium Enterprises (SMEs) in Kenya. The paper specifically looked at the effects of motivational incentives on employee performances in selected SMEs in Kenya. The paper employed the quantitative approach, descriptive survey design and Herzberg's Two-Factor Theory as the basis for the study. However, the study failed to indicate the population size and the sample size, but employed the simple random sampling technique. Data were obtained from structured questionnaires and analyzed using both descriptive and inferential statistical tools. The study found that, a positive relationship exists between motivational incentives and employee performance. However, financial incentives had a strong effect on

performance, whereas non-financial incentives had a weak effect on performances of employees in the Small scale and Medium Enterprises (SME's).

Mamdani and Minhaj (2016) carried out a research on the effects of motivational incentives on employees' performance in banks of Karachi, Pakistan. The purpose of the study was to analyze the impact of motivational incentives on employee performance. In this regard, the quantitative approach was employed, but, unfortunately, the research design used was not indicated. The study was also not underpinned by any theory. The study sampled 154 respondents from 15 different banks of Karachi using the proportionate stratified sampling technique. Data was collected through questionnaires and processed using SPSS. Both descriptive and inferential statistical tools were employed and it was found that, monetary incentives had a strong and positive impact on employees' performance. It was concluded that though monetary incentives had an impact on performance, employees had intentions of quitting their jobs if they got better opportunities.

Similarly, other researchers carried out research on the determinants of job motivation among frontline employees at hospitals in Tehran. The study employed the quantitative approach and cross-sectional design. The study sampled 300 employees from two (2) general and teaching hospitals using the stratified random sampling method. No theory underpinned the study, thereby questioning the foundations on which the study was built. Survey were obtained from structured questionnaires and analyzed using descriptive and independent sample t-tests. The study found that remuneration (monetary incentive) had the least influence on job motivation of the frontline

employees. It was concluded that extrinsic motivation such as salaries and other financial incentives have weak influence on job motivation. (Zarei, et. al., 2016).

However, works concentrating on the health sector in Ghana, in relation to their motivation and performance is minimal in literature. This is as a result of the perception that the health sector in Ghana is one of the well-paid sectors and thus motivational packages apart from their annual salary should not be of much concern. Adzei and Atinga (2012) did a study on motivation and retention of health workers in district hospitals in Ghana. The study sought to examine the impact of financial and non-financial incentives on motivation and retention of workers in district hospitals in Ghana. The study employed the quantitative design and sampled 285 health workers from 10 district hospitals in four (4) regions in Ghana excluding districts within the Central region. The study was underpinned by Maslow's Need theory and Herzberg's Two-Factor Theory. Data was obtained from questionnaires and analyzed using a stepwise regression model. The study found a strong and positive effect of financial incentives on retention of health workers as well as their performance in the district hospitals.

Bonenberger, Aikins, Akweongo and Wyss (2014) did a quantitative study on the effect of health worker motivation and job satisfaction on turnover in Ghana. The study employed the cross-sectional survey design and administered structured questionnaires to 256 health workers in three (3) districts in the Eastern Region. The study used both descriptive and inferential statistical tools. It found out that motivation (financial and non-financial) and job satisfaction were significantly associated with turnover intention. They

concluded that, the higher the levels of motivation and satisfaction, the lower the risk of health workers intending to quit.

A study on health worker motivation in Ghana paying particular attention to the role of non- financial incentives. (Ankomah, et. al., 2016). The study focused on non-financial incentives. The purpose of the study was to examine the effect of motivation on health worker performance at the Accident and Emergency Department of the Komfo Anokye Teaching Hospital. The quantitative approach and descriptive survey design were used in the study. The study was also underpinned by Herzberg's Two-Factor Theory and respondents were randomly sampled. Using structured questionnaires, obtained data were analyzed using descriptive and inferential tools. It was found that non-financial incentives have a strong and positive effect on health-worker motivation and performance. The study concluded that, non-financial incentives played major motivational roles to health workers in the department and enhanced performance.

Aduo-Adjei (2016) also conducted a study on the impact of motivation on the work performances of health workers in Ghana. The aim of the study was to examine the impact of motivation and also to determine how intrinsic and extrinsic motivating factors influenced health workers' performance at the Korle-Bu teaching hospital. The study employed the qualitative approach, but failed to indicate the design used. The study purposively sampled 15 health workers comprising paramedics and medics. The one-on-one interview was used to solicit for survey which was then analyzed using thematic content. The study found that, intrinsic motivation (non-financial) such as logistic provisions, job satisfaction and work environment affected

work performances. Another researcher in this area was Jaques (1961) who emphasized the need for such systems to be perceived as being fair and equitable. In other words, the rewards should not receive less monetary incentive than they deserve compared with their fellow workers. Jaques called this 'felt-fair' principle.

It was concluded that employee incentives is vital to ensure positive and improved performances of health workers in the study area. The findings of this study, however, were contrary to findings of previous works. This resulted in variations in findings which could be attributed to the differences in research areas and the methodological approaches as well as the tools adopted for collecting data.

Chapter Summary

This section presented reviews of related literature in line with motivation and employee performance. Health worker motivation was seen to be derived from both monetary (hygiene factors) and non-monetary (motivators) incentives and they eventually influenced employees' performances. Herzberg's Two-Factor Theory, Social Exchange Theory and the Theory of Self Determination underpinned the study because of its relatedness to the objectives. The study's variables (motivation and performance) were obtained from the theory and supported by literature reviewed. The chapter concluded with an empirical review on the objectives, that is, the effects of both monetary and non-monetary motivation on performances

CHAPTER THREE

RESEARCH METHODS

Introduction

The study examined the effect of monetary and non-monetary incentives on the performance of health workers in Ghana, focusing on some selected health institutions within the Cape Coast Metropolis. This chapter presented the research approach, research design, study area, population, sampling procedure, survey collection instrument, reliability and validity, survey collection procedures, ethical considerations and survey processing and analysis.

Research Approach

The choice of a research approach is primarily dependent on the research objectives of the study (Creswell, 2014). Consequently, the study adopted the quantitative approach since it was geared towards examining the influence of motivational incentives on employees' performance. This is because, a quantitative approach relies heavily on examining causes and effect relationships through statistical analysis (Lichtman, 2010). It also allows the incorporation of practices and norms of the natural scientific model to provide objective outcomes. To this end, the quantitative approach was chosen to obtain information on the effect of monetary incentives and non-monetary incentives on the performance of health workers in selected health institutions within the Cape Coast metropolitan.

Research Design

The study adopted the explanatory research design due to its research objectives. Specifically, the purpose of the study was to examine the effect of employees' incentives on employee performance and consequently, the adoption of the explanatory research design was appropriate. This is because, this design is used to examine effect and relationships between variables (Creswell, 2014). Also, it aids in obtaining objective responses from a large group, produce good and objective statistical results and allows generalization of the study's findings to an entire population. However, a major weakness of this design is that, a study's outcome could be affected by biased or inaccurate survey which could be obtained from respondents. In spite of this limitation, this design was appropriate due to the purpose of the study.

Study Area

The area under study was the health institutions within the Cape Coast Metropolitan Assembly (CCMA) in the Central Region of Ghana. From the website of Ghana districts, the CCMA is considered as one of the oldest districts in Ghana and it became a municipality in 1987 and eventually a metropolitan in 2007. Among other things, the municipality boasts of health institutions both privately and publicly owned. Specifically, it has a regional hospital (Cape Coast Metropolitan Hospital), district hospital, clinics and other private health centres that provide the population with healthcare. The regional hospital now teaching hospital, for instance, is one of three such facilities in Ghana that serve as a referral avenue for the region.

As such, these health institutions are mandated to provide timely and quality health care services to the populace without any glitches. This goal is

gradually becoming impossible due to various reasons including poor or inadequate incentives available to the health workers. Despite conscious efforts by key stakeholders including the government to help arrest these grave issues little results have been produced and thus poor performances continue to prevail. It is on this note that the study was carried out within this metropolis.

Population

The population comprised health workers in three selected health facilities within the Cape Coast metropolis. These selected health institutions are the Cape Coast Metropolitan Hospital, the Adisadel Urban Health Centre and the Ewim Health Centre. The target population summed up to 290 health workers from all the three health institutions. Specifically, the target population comprised health workers in various units/departments such as laboratory, maternity and children wards, psychiatry, emergency, administration and O.P.D. Health workers in these institutions are equally part of the health workers Union in Ghana and as such, the activities of the union also affect them. Due to this, their responses can be relied upon for generalizations of findings.

Measurement of the variables

The variable for this study are employees' incentives, work performance, monetary incentives and non-monetary incentives. They were measured as follows:

Employees' incentives: ere measured by monetary incentives and non-monetary incentives. Work performance of the three selected health institutions were measured by their work output, punctuality to work, quality

of work, loyalty and responsiveness. The monetary incentives were measured by the salary increment, allowances, bonuses, credit facilities and insurance packages.

The non-monetary as the last variable were measured by job security, working environment, autonomy, flexibility, appreciation, acknowledgement and cordial relationships.

The tables below show the total population size and sample proportions of Ewim Health Facility, Adisadel Health Facility and Cape Coast Metro Health Facility.

Table 1: Population Size and Sample Size of Ewim Health Facility

Unit Category	Population size		Sample Size	
Doctors		3		2
Visiting Doctors		4		2
Medical Assistants		2		1
Nurse - Emergency	-	7		
-O. P. D	-	6		
-Maternity	-	9		
-Children's Ward	-	6	28	16
Pharmacy		7		4
Health Information Statisticians		6		3
Administration		6		3
Accounts		7		4
Laboratory		7		4
Others		19		11
Total		89		51

Table 2: Population Size and Sample Size of Adisadel Health Facility

Unit Category	Population size	Sample Size
Doctors	2	1
Medical Assistants	3	2
Nurses		
– Emergency	4	
- O P D	7	
- Maternity	7	
- Children’s Ward	4	13
Pharmacy	5	3
Health Information Statisticians	4	2
Administration	4	2
Accounts	4	2
Laboratory	5	3
Others	9	5
Total	58	33

Table 3: Population Size and Sample Size of Cape Coast Metro Health Facility

Unit Category	Population size	Sample Size
Doctors	5	3
Medical Assistants	3	2
Nurse		
- Emergency	9	
-O. P. D	9	
-Maternity	14	
-Children’s Ward	9	
-Psychiatric	6	
-Male Ward	8	
-Female Ward	9	
-Optometry	6	40
Pharmacy	7	4
Health Information Statisticians	9	5
Administration	7	4
Accounts	8	5
Laboratory	7	4
Others		
- Domestic	9	
-Mortuary Attd.	8	
-Orderlies	10	15
Total	143	81

Table 4: Summary of population size of the three selected health facilities within the Cape Coast Metropolis

Ewim	Adisadel	Metro	Total
89	58	143	290

Source: Ghana Health Service, Cape Coast Metropolis, 2018

Sampling Procedure

It was impractical to collect survey on the whole population due to the size, as well as the time available for the study. It was therefore necessary to select a sample that would represent the whole population. The sample size for the study was 165 health workers which was determined using the Krejcie and Morgan (1970) sample size determination table. The stratified sampling technique was used in selecting the respondents from the population. This technique was used since it ensures that each person within the population from each stratum had equal chances of being included in the sample. Members selected had various levels of educational qualifications ranging from certificates to degrees in their professions.

Data Collection Instrument

The instrument used to collect the data was structured questionnaire since the study was quantitative in design and hence required a primary survey collection instrument. The questionnaire was useful in the sense that the study involved a large number of respondents, it was also cost effective as compared to interview; it also helped in reducing biases. In spite of the numerous benefits in the usage of questionnaires, low response rates, clarity of issues, and possible literacy issues are some of the drawbacks associated with it. The contents of the questionnaire were prompted by the research objectives and

research questions of the study and it was personally developed after a thorough review of related literature.

The questionnaire was structured in five sections: the first section requested for socio-demographic information about the respondents. The study used a Likert scale -rating scale with 1- least agreement and 5-highest agreement to solicit for information in relation to sections 2-4. From Nicole (2011), a Likert Scale is an ordinal psychometric measurement of attitudes, beliefs and opinions. In each question, a statement is presented in which a respondent must indicate a degree of agreement or disagreement in a multiple choice type format. The advantageous side of the Likert Scale is that they are the most universal method for survey collection, therefore they are easily understood. The responses are easily quantifiable and subjective to computation of some mathematical analysis.

Since it does not require the participant to provide a simple and concrete yes or no answer, it does not force the participant to take a stand on a particular topic, but allows them to respond in a degree of agreement; this makes question answering easier on the respondent. Also, the responses presented accommodate neutral or undecided feelings of participants. These responses are very easy to code when accumulating data since a single number represents the participant's response. Likert surveys are also quick, efficient and inexpensive methods for data collection. They have high versatility and can be sent out through mail, over the internet, or given in person.

Attitudes of the population for one particular item in reality exist on a vast, multi-dimensional continuum. However, the Likert Scale is uni-dimensional and only gives 5-7 options of choice, and the space between each

choice cannot possibly be equidistant. Therefore, it fails to measure the true attitudes of respondents. Also, it is not unlikely that peoples' answers will be influenced by previous questions, or will heavily concentrate on one response side (agree/disagree). Frequently, people avoid choosing the "extremes" options on the scale, because of the negative implications involved with "extremists", even if an extreme choice would be the most accurate.

The second section, solicited views from respondents on their level of agreement with the availability of monetary incentives. The third section designed to solicit information about the factors used by the health institutions to measure their work performance in corresponding to the monetary incentives. Also, the fourth section contained questions on respondents' level of agreement with the availability of non-monetary. The final section was also designed to solicit information about the factors used by the health institutions to measure their workers' performances in corresponding to non-monetary incentives and this was done to assist the study in using a reliable performance measure.

Data Collection Procedure

To ensure an easy survey collection exercise, an introductory letter endorsed by the Head, Department of Human Resource Management, School of Business was sent to the authorities in the three health institutions to basically seek permission to carry out the exercise in their various institutions, Ethnical Clearance was also sought from the Ghana Health Service – Dodowa Research Centre. Preliminary contacts were also made with the authorities of the three selected health institutions in Cape Coast. To ensure maximum and a timely response rate, a period of two (2) weeks was allocated for the collection

exercise. The major difficulty encountered during the exercise was the unfavourable time periods of the respondents due to busy work activities. However, this difficulty was minimized by conducting the exercise during their limited break periods. Also, one administrative staff of each of the selected health institutions assisted in the collection of the completed questionnaires from the respondents. They were given insights on what the study intended to achieve so as to assist respondents who had issues with some of the statements on the questionnaire.

Field Challenges

One area of constraint came from the difficulty in administering questionnaires to the respondents and the inability on their part to complete and submit questionnaires on time for survey analysis. It took a lot of effort in retrieving most of the questionnaires from the respondents due to their busy schedules.

Validity and Reliability

The study ensured that the instrument used was reliable and valid by conducting a pre-test with the developed questionnaire. The pre-test was conducted using 20 respondents from the University of Cape Coast Hospital because they had similar characteristics with the study area. This exercise was conducted to enable the researcher to identify any ambiguities, unrealistic and wrongful questions which could emanate from the actual field work. The pre-testing helped to update the instrument and also give a clue as to the length of time the actual survey collection exercise would last. The results from the pre-test also gave room for relevant corrections prior to the actual survey collection exercise.

To ensure reliability of the instrument, results from the pre-test method was used. The results of the reliability analysis using Cronbach’s Alpha was .909 which indicated that the instrument was valid and reliable and for that matter, good results could be obtained from the study. Validity of the instrument was also ensured when the sample of the questionnaire was given to the supervisor who had an in-depth knowledge in the research field. The supervisor painstakingly read and assisted with the necessary corrections of the questionnaire before the pre-testing exercise.

Reliability Test

Reliability of a scale gives an indication of how free it is from random error (Pallant, 2013) or the extent to which the scale produces consistent results if repeated measures are taken (Kent, 2007). Cronbach Alpha which measure internal consistency was used and it measures the degree to which all items on a scale measure an underlying construct (Pallant, 2013).

Table 5: Reliability Statistics

Variable	Cronbach's Alpha
Monetary incentives	.898
Monetary Workers performance	.959
Non-monetary incentives	.905
Non-monetary Workers performance	.914

Source: Field Survey, (2019)

The individual consistency reliability should be 0.7 or higher. From Table 5 above, the Cronbach alpha for the variables; monetary incentives, non-monetary incentives and health workers’ performance ranged from 0.898

to 0.959. This implies that, all constructs and the scales used to measure the variables under study were reliable.

Ethical Consideration

The study considered the ethical challenges it was likely to face and as such provided necessary measures to address them. Assurances were given to the respondents that their responses would remain highly confidential and that no part of their information would be leaked. This was done to avoid a breach of respondents' privacy. Also, the purpose of the study was thoroughly explained to the respondents in order to avoid deception. Moreover, consents were sought from the appropriate authorities before the exercise and respondents were allowed to voluntarily take part in the exercise. The goal of ethics in research is to ensure that no one is harmed or suffer any negative consequences from participating in research activities (Cooper & Schindler, 2007). With this in mind, all ethical issues were addressed appropriately.

Data Processing and Analysis

At the end of the entire survey collection exercise, credible checks were conducted to edit and ensure an error-free survey. The survey was then processed using Statistical the Package for Social Sciences (SPSS) software version 22. Responses were tabulated according to five scales (options) contained in the questionnaire with 1 representing least agreement and 5 representing highest agreement to the questions. The data were then analysed using descriptive statistics comprising frequencies such as means, deviations and percentages. Also inferential statistical tools such as correlations and linear regression were used to analyse the objectives of the study and

interpretations were appropriately done. Inferential statistical tools was preferred because from the sample size used for the study, appropriate conclusion can be drawn for the entire population.

Chapter Summary

Chapter three mainly dealt with the appropriateness of the research methods. It also discussed the population for the study, the sample size and the method used for sampling, the research approach adopted, as well as how the survey was collected. It again discussed reliability and validity of the survey collected, in addition to how the survey was analysed.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter entailed the socio-demographic characteristics of respondents, the monetary incentives on health workers' performance as well as the non-monetary incentives on health workers' performance. A total of 185 questionnaires were issued, but 165 were fully responded. Two (2) out of 165 respondents were not answered well and thus 163 were used for the analysis in this chapter. Therefore, the study attained a response rate of 88.1 percent which was acceptable for generalization of findings about the population.

Socio-Demographic Characteristics

This section analyzed the specific personal characteristics of the respondents of this study. Table 6 below presented the sex of the respondents and it revealed that, majority (90) of the respondents were females and this represents (55.2%) of the 163 respondents used. Thus, only (73) respondents were males, representing (44.8%). This implies that, the health workers within the study area being considered is dominated by females. Also, from Table 6, staff in the age bracket of 20 – 30 years were 64 representing about (39.3%) of the respondents. Also, 61 respondents representing about (37.4%) were between the ages of 31 – 40 years, while 22 of the respondents representing about (13.5%) were between the ages of 41-50 years.

Table 6: Socio-Demographic Characteristics of Respondents

	Frequency	Percent
Gender		
Female	90	55.2
Male	73	44.8
Age		
20-30	71	39.3
31-40	54	37.4
41-50	27	13.5
51-60	15	9.8
Unit		
O.P.D & Laboratory	18	11
Health Information & Statistics	9	5.5
Maternity & Children Ward	56	34.4
Psychiatry	7	4.3
Emergency	12	7.4
Optometry	6	3.7
Pharmacy	11	6.7
Obstetric & Gynecological	5	3.1
Administration	15	9.2
Others	24	14.7
Number of Years		
Below 5	71	43.6
6 – 10	38	23.3
11-15	24	14.7
16-20	16	9.8
Above 20	14	8.6
Total	163	100%

Source: Field Survey, (2019)

Finally, 15 of the respondents representing about (9.8%) were between the ages of 51-60 years. This implies that, majority of the respondents are young and within their active working stages. Also from Table 1 respondents

were asked to indicate the number of years they have been in service. The table revealed that, 71 of the respondents representing about (43.6%) have worked for less than 5 years, while 38 of the respondents representing about (23.3%) have worked between 6-10 years. Also, 24 of the respondents representing about (14.7%) have worked between 11-15 years, while 16 of the respondents representing about (9.8%) have worked between 16-20 years and finally 14 of the respondents representing about (8.6%) have worked for over 20 years in the health sector. This means that, majority of the respondents have worked for less than 5 years in the health institutions under consideration. This is however not surprising since most of the health workers within the study area are still very young and also within the active age bracket.

Different units in the hospital were considered as well and these results were also indicated in Table 6. From Table 1, majority of the respondents worked in the maternity and children unit (n = 56, 34.4%). This was followed by 24 respondents representing about (14.7%) who worked in other units/wards such as male ward, female ward mortuary and ANC respectively. This was also followed by O.P.D and laboratory units (n = 18, 11%), administration (n = 15, 9.2%), emergency (n = 11, 7.4%), pharmacy (n = 11, 6.7%), health information and statistics (n = 9, 5.5%), psychiatry (n = 7, 4.3%), optometry (n = 6, 3.7%), obstetric and gynecological (n = 5, 3.1%). This means that, majority of the respondents worked in the maternity and children's ward and thus play a crucial roles in ensuring safe deliveries of babies and health care of children.

Monetary Incentives and Health Workers' Performance

In this objective, results on the influence of monetary incentives on health workers' performance was presented. Five indicators were used to measure monetary incentives that is regular salary increase, allowances, bonuses, credit facilities and insurance packages. The assessment of this was done using means and standard deviations.

Table 7: Descriptive Statistics for Monetary Incentives

Items	Mean	Std. Deviation
Regular salary increments	3.18	1.030
Insurance packages	1.55	1.203

Source: Field Survey, (2019)

Motivated by monetary incentive such as regular salary increment with an average mean of (3.18) and a standard deviation of (1.030). Based on the mean value for regular salary increment, it implied that regular salary increase contributes about 3.2% to their work performance. This was followed by allowances for clothing, transportation, vehicle maintenance and childcare which had a mean of (2.72) contributing about 2.72% to work performance and a standard deviation of (1.229).

The current study examined the relationship between employee incentives and performance of health workers in selected health facilities within the Cape Coast Metropolis. The aim of the correlation matrix was to show the degree of association between monetary incentive indicators as a measure of workers incentives and work performance so as to enhance the ability to determine the extent to which the variables relate with each other.

Table 8: Pearson Correlation of monetary incentives and worker's performance

		Monetary Workers' Performance	Regular salary increments	Allowances	Bonuses	Credit facilities	Insurance packages
Monetary Workers' Performance	Correlation Sig. (2-tailed)						
Regular salary	Correlation Sig. (2-tailed)	.670** .000			.		
Allowances	Correlation Sig. (2-tailed)	.733** .000	.712** .000				.
Bonuses	Correlation Sig. (2-tailed)	.78** .000	.587** .000	.690** .000			
Credit facilities	Correlation Sig. (2-tailed)	.720** .000	.434** .000	.538** .000	.781** .000		
Insurance packages	Correlation Sig. (2-tailed)	.688** .000	.394** .000	.541** .000	.810** .000	.847** .000	

** . Correlation is significant at the 0.01 level (2-tailed).

The results from the correlation matrix was presented in Table 8 above. It can be deduced from the results above that, salary increment of health workers, Allowances, Bonuses, Credit facilities and Insurance Packages all correlated positively and significantly with their work performance ($r = 0.670, p < 0.01$; $r = 0.733, p < 0.01$; $r = 0.778, p < 0.01$; $r = 0.720, p < 0.01$ and $r = 0.688, p < 0.01$ respectively) during the period under study. This indicate evidence of a linear relationship between monetary incentives and performance, the relationship can be described as moderate (Cohen, 1988).

The current study assessed the employees’ incentives and work performance of health workers in some selected health institution within the Cape Coast Metropolis. It focuses on whether monetary incentives affect performance of health workers within the Cape Coast Metropolis. The results from the field survey was presented in Table 9, 10 and 11.

Table 9: Model Summary of Monetary Incentives and Work Performance

	R	Adjusted Square	Std. Error of the	Durbin-Watson
1	.858 ^a	.736	2.98239	1.776

Source: Field survey, (2019)

The results in Table 9 above showed that with an R^2 and adjusted R^2 value of 0.736 and 0.727 respectively, implies that monetary incentive dimensions strategy adopted or employed for the current study explains 73.6% and approximately 72.7% variation in health workers performance during the period of study respectively. The findings of the study therefore suggested that approximately 73% of the variation in health workers performance in the Cape

Coast Metropolis were explained jointly by the independent variables (salary increment, allowances, bonuses, credit facilities and insurance packages). Although, there were five dimensions for monetary incentives there existed a collinearity within some of the independent variables which may cause insignificant effect to workers performance.

Subsequently, an analysis of variance (an explanatory power test) was conducted between monetary incentive dimension and performance of health workers at 95% confidence level.

Table 10: ANOVA Test of Monetary Incentive on Work Performance

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	3890.574	5	778.115	87.481	.000 ^b
Residual	1396.457	157	8.895		
Total	5287.031	162			

Source: Field survey, (2019)

The result presented in Table 10 above revealed that the independent variables (salary increment, Allowances, bonuses, credit facilities and insurance packages) were significant joint predictors of performance of health workers ($F(4.162) = 87.481; p < .05$). Additionally, an individual t-test of significance was performed between monetary incentives dimension and work performance indicted in Table 7. From the result presented in Table 7, it was evident that salary increment ($\beta = 1.289; p = .000$) was statistically significant predictors in explaining work performance of health workers at 95% confidence level.

Table 11: Coefficients of Monetary Incentives Dimension on Work

Model	Unstandardized		Standardized		t	Sig.
	B	Std. Error	Coefficient Beta	Coefficient		
1 (Constant)	3.525	.770			4.575	.000
Regular salary increments	1.289	.336	.232		3.839	.000
Allowances	1.117	.310	.240		3.603	.000
Bonuses	.978	.400	.211		2.447	.015
Credit facilities	1.318	.403	.265		3.268	.001
Insurance packages	.335	.416	.070		.804	.423

Dependent variable: Work performance

Sources: Field survey, (2019)

This means that a unit increase in salary of health workers would result to 1.289 increase in performance, holding all other factors constant. Also, it was again evident that Allowances, Bonuses and Credit facilities were all statistically significant ($\beta = 1.117$; $p = .000$, $\beta = .978$; $p = .015$ and $\beta = 1.318$; $p = .001$ respectively) predictors in explain work performance of health workers at 95%. It can be deduced from the result that all these four (Salary increment, Allowances, Bonuses and Credit facilities) factors have a positive and statistically significant effect on their performance.

However, Insurance packages ($\beta = .335$; $p = .423$) was statistically insignificant predictor of health workers performance at 95% confidence level.

The findings of the study confirm study by Nawab and Bhatti (2011) whose study revealed that, financial compensation (monetary incentives) had a strong and positive effect on organisational commitment and performance. Adzei and Atinga (2012), for instance, found a strong and positive effect of financial incentives on retention of health workers, whereas Gichuru (2015) similarly found that, financial incentives had a strong effect on performance,

while non-financial incentives had a weak effect on performances of employees in the SMEs.

Likewise, the findings confirm Narsee (2013) findings that, financial benefits are the most important reward program. The findings were also consistent with Hameed et. al., (2013) who found a positive and significant impact of incentive motivators (monetary) on employees' performance in Pakistan. However, the finding also contradicted study by Zarei et. al., (2016) who found that, extrinsic motivation such as salaries and other financial incentives have moderate influence on job motivation.

Non-Monetary Incentives on Health Workers' Performance

This objective looked at the non-monetary incentives on health workers' performance. To achieve this, indicators used to measure non-monetary incentives were first analyzed with means and standard deviations using a mean scale of 1 to 5 with 1 to 2.9 indicating low levels and 3 to 5 indicating high levels (as adopted by Mohammed, 2017).

Based on the mean value for having cordial relationships, it implied that having cordial relationships about 4.61% to their work performance. This was followed by Regular promotion and career growth which had a mean of (4.52) contributing about 4.52% to work performance and a standard deviation of (0.925)

Table 12: Descriptive statistics for Non-Monetary Incentives

	Mean	Std. Deviation
Job Security	4.34	0.612
Positive working environment	4.44	0.639
Autonomy at work	4.31	0.864
Flexibility to work	4.30	0.924
Appreciated for executing my work	4.48	0.697
Acknowledgement	4.49	0.789
Having cordial relationships	4.61	0.603
Regular promotion and career growth	4.52	0.925

Sources: Field survey, (2019)

The current study examined the relationship between employees' incentives and performance of health workers in some selected health institutions within the Cape Coast Metropolis. The aim of the correlation matrix was to show the degree of association between non-monetary incentive indicators as a measure of workers incentives and work performance so as to enhance the ability to determine the extent to which the variables relate with each other.

Table 13: Pearson Correlation of non-monetary incentives and worker’s performance

		Non- Monetary Workers Performance	Job Security	Positive working environment	Autonomy at work	Flexibility to work	Appreciated for executing my work	Acknowledg ement	Regular promotion and relationships	career growth
Non-Monetary Workers' Performance	Correlation Sig. (2-tailed)									
Job Security	Correlation Sig. (2-tailed)	.485** .000								
Positive working environment	Correlation Sig. (2-tailed)	.528** .000	.515** .000							
Autonomy at work	Correlation Sig. (2-tailed)	.627** .000	.460** .000	.523** .000						
Flexibility to work	Correlation Sig. (2-tailed)	.700** .000	.395** .000	.530** .000	.832** .000					
Appreciated for executing my work	Correlation Sig. (2-tailed)	.649** .000	.321** .000	.444** .000	.600** .000	.667** .000				
Acknowledgement	Correlation Sig. (2-tailed)	.707** .000	.364** .000	.443** .000	.625** .000	.737** .000	.693** .000			
Having cordial Relationships	Correlation Sig. (2-tailed)	.608** .000	.334** .000	.399** .000	.486** .000	.479** .000	.656** .000	.681** .000		
Regular promotion and career growth	Correlation Sig. (2-tailed)	.727** .000	.357** .000	.344** .000	.628** .000	.704** .000	.587** .000	.713** .000	.646** .000	

** . Correlation is significant at the 0.01 level (2-tailed). Sources: Field survey, (2019)

The results from the field survey was presented in Table 13 above. It can be deduced from the results above that, only Job security gave a positive week significant correlation with their work performance ($r = 0.485, p < 0.01$). Positive working environment, Autonomy at work, Flexibility to work, Appreciated for executing my work, Acknowledgement, Having cordial relationships and Regular promotion and career growth all gave a positive moderate significant correlation with their work performance ($r = 0.670, p < 0.01$; $r = 0.627, p < 0.01$; $r = 0.700, p < 0.01$; $r = 0.649, p < 0.01$; $r = 0.707, p < 0.01$; $r = 0.608, p < 0.01$ and $r = 0.727, p < 0.01$ respectively)

The current study assessed the effect of employees' incentive and performance of health workers in some selected health institution within the Cape Coast Metropolis. It focuses on whether non-monetary incentives affect performance of health workers within the Cape Coast Metropolis. The results from the field survey was presented in Table 14, 15 and 16.

Table 14: Model Summary of Non-Monetary Incentives and Work

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.827 ^a	.684	.668	1.91479	2.005

Source: Field survey, (2019)

The results in Table 14 above showed that with an R^2 and adjusted R^2 value of 0.684 and 0.668 respectively, implies that non-monetary incentive dimensions employed for the current study explains approximately 68% and approximately 67% variation in health workers performance during the period of study respectively. The findings of the study therefore suggested that approximately 67% of the variation in health workers performance in the Cape

Coast Metropolis was explained jointly by the independent variables (Job Security, Positive working Environment, Autonomy at work, Flexibility to work, Appreciation, Acknowledgement, Cordial relationship and Regular promotion).

Subsequently, an analysis of variance (an explanatory power test) was conducted between non-monetary incentive dimension and performance of health workers at 95% confidence level.

Table 15: ANOVA Test of Non-Monetary Incentive on Work

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	1222.019	8	152.752	41.662	.000 ^b
Residual	564.632	154	3.666		
Total	1786.650	162			

Source: Field survey, (2019)

The result presented in Table 15 reveals that the independent variables (Job Security, Positive working Environment, Autonomy at work, Flexibility to work, Appreciation, Acknowledgement, Cordial relationship and Regular promotion) were significant joint predictors of performance of health workers ($F(4,162) = 41.662; p < .05$)

Table 16: Coefficient of monetary incentives Dimension on work

Model	Unstandardized		Standardized		T	Sig.
	B	Coefficients Std. Error	Coefficients Beta			
1 (Constant)	7.117	1.442			4.935	.000
Job Security	.762	.300	.141		2.538	.012
Positive working environment	.719	.312	.138		2.303	.023
Autonomy at work	-.149	.331	-.039		-.451	.652
Flexibility to work	.528	.378	.147		1.397	.164
Appreciated for executing my	.669	.344	.140		1.945	.054
Work						
Acknowledgement	.586	.351	.139		1.668	.097
Having cordial relationships	.281	.405	.051		.695	.488
Regular promotion and career	1.204	.274	.335		4.392	.000

Sources: Field survey, (2019) Dependent variable: Work performance

Additionally, an individual t-test of significance was performed between non-monetary incentives dimension and work performance indicted in Table 16. From the result presented in Table 16, it was evident that Job Security ($\beta = .762$; $p = .012$) was statistically significant predictors in explain work performance of health workers at 95% confidence level. This means that a unit percentage increase in Job Security of health workers would result to 76.2% increase in performance, holding all other factors constant. Also, it was again evident that Positive working Environment and Regular promotion were all statistically significant ($\beta = .719$; $p = .023$ and $\beta = 1.204$; $p = .000$ respectively) predictors in explain work performance of health workers at

95%. It can be deduced from the result that these three (Job Security, Positive working Environment and Regular promotion) factors have a positive and statistically significant effect on their performance.

However, Autonomy at work ($\beta = -.149$; $p = .652$); Flexibility to work ($\beta = .528$; $p = .164$); Appreciation ($\beta = .669$; $p = .054$); Acknowledgement ($\beta = .586$; $p = .097$) and Cordial relationship ($\beta = .281$; $p = .488$) was statistically insignificant predictor of health workers performance at 95% confidence level. The results of the study were consistent with studies by (Ankomah et. al., 2016; Erbası & Arat, 2012; Khan et al., 2013; Mamdani & Minhaj, 2016; Merchant & Stede, 2012).

For instance, Mamdani and Minhaj (2016) found that, non-monetary incentives had a moderate and positive impact on employees' performance. However, the study's finding contradicted studies by (Hameed et al., 2014; Gichuru, 2015; Muogbo, U. S., 2013). For instance, Muogbo, U. S. (2013) found that, no relationship exists between non-financial motivation and employee performance. Hameed et al. (2014) also found that, non-monetary compensation (indirect compensation) had a weak relationship with performance and thus its presence improves performance to a small extent.

Chapter Summary

This chapter presented the results and discussion of survey obtained to answer the study's research questions. The chapter revealed that, both monetary and non-monetary incentives had a strong positive significant relationship with work performances of health workers within the Cape Coast metropolis. The chapter concluded that, health workers in selected health institutions within the Cape Coast metropolis (Ewim Health Facility, Adisadel

Health Facility and Cape Coast Metro Health Facility) are mostly induced by non-monetary incentives such as having cordial relationships with others, appreciation for work done and having stronger positive work environment as compared to monetary incentives such as salary increments, bonuses and allowances.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presented the summary, conclusions and recommendations of the study. The summary and conclusions are based on the findings captured in chapter four. The chapter also presented the recommendations of the study based on the study's conclusions. The chapter concluded with suggestions for further research.

Summary of Key Findings

The study examined the effect of employee incentives on performance of health workers in Ghana, precisely, health institutions within the Cape Coast metropolitan assembly. As part of addressing the purpose of the study, two research objectives such as examining whether monetary incentives influence health workers performance and whether non-monetary incentives influence health workers' performance was formulated. The quantitative research method and the explanatory research design were employed in the study. The target population consisted of 290 health workers from various units/wards such as O.P.D, maternity and children, emergency, administrative units respectively in selected health institutions within the Cape Coast metropolis.

Out of the 290 employees, the Krejcie and Morgan (1970) sample size determination table was used to randomly sample 165 respondents. Structured questionnaires were distributed to the sampled respondents of 165 which 163 of them were appropriate for analysis and two of questionnaires were not answered well. Survey obtained were analyzed using descriptive and

inferential statistical tools such as frequencies, means, standard deviations, correlation and regression.

The first objective of the study sought to examine the effect of monetary incentives on the performance of health workers in selected health institutions within the Cape Coast metropolis. In an attempt to analysis this objective, Pearson correlation analysis was performed between the monetary incentive dimension and performance. The results revealed that correlation or relationship existed between monetary incentive dimensions and performance at 99% level of significance. Subsequently, multiple regression analysis was carried between the monetary incentive dimension and performance. The results showed that out of the five monetary incentive dimensions used (salary increment, allowance, bonuses and credit facilities) had a positive significant effect on performance of health workers, although jointly the four dimension explains greater variation in performance of health workers.

The second objective of the study sought to assess the effect of non-monetary incentives on health workers' performance in the selected health institutions within the Cape Coast metropolis. In an attempt to analysis this objective, Pearson correlation analysis was performed between the monetary incentive dimension and performance. The results revealed relationship existed between non-monetary incentive dimensions and performance. Subsequently, multiple regression analysis was carried between the non-monetary incentive dimensions and performance. The results showed that out of the eight non-monetary incentive dimensions used in the regression model, job security, positive working environment and regular promotion and career growth were the only indicators that had a positive linear statistical significant

influence on performance of health workers, although jointly the eight dimensions explained approximately 66.8% variation in performance of health workers.

Conclusions

This study provided an overview and relevant discussion on motivational incentives and performance of health workers. From the study's findings, it was concluded that, monetary incentives had a moderate strong influence on health workers' performance in health institutions within the Cape Coast metropolis.

Also, based on the second objective of the study, it was observed or found that, non-monetary incentives had also a moderate influence on health workers' performances in health institutions within the Cape Coast metropolis. This was not surprising to find since studies have revealed that, non-monetary incentives play crucial roles in employee' performance improvements across various sectors including the Ghanaian health sector. The regression and correlation analysis revealed that only few non-monetary indicators (job security, positive working environment and regular promotion and career growth) has a significant positive effect on workers performance.

Recommendations

Based on the study's conclusions, the following recommendations were hereby made. First, the study recommended that, authorities in the health sector such as Ministry of health, its agencies and management of the various health institutions within the Cape Coast metropolis should ensure that they continuously provide improved monetary incentives that are needed to

satisfying their health workers especially Insurance packages which was found to have a no influence on performance compare to other monetary incentives.

It was also recommended that, health authorities including Ministry of Health (MoH) and management of health institutions within the Cape Coast metropolis should focus on developing clear structures in order to strengthen and also enhance the non-monetary incentives currently available to health workers. For instance, improved non-monetary incentives such as autonomy at work, flexibility to work, appreciated for executing my work, Acknowledgement and Having cordial relationships should be established in the various health institutions in bid to motivate health workers and invariably improve performances. There should be more socialization programs to improve relationship between workers.

Suggestions for Further Research

This study was limited to only health workers in selected health institutions within the Cape Coast metropolis as such further research can be extended to cover other health institutions outside the metropolis or Ghana as a whole. Also would help expand the scope of literatures on incentives in Ghana and invariably benefit policy makers in other organizations. The researcher recommend future research into this area should adopt in-dept interview to bring out why monetary had a moderate strong influence and non-monetary, just moderate.

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APPENDICES

APPENDIX A TABLE OF SAMPLE SELECTION

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	307
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Source: Krejcie and Morgan (1970) S = Sample Size, N = Population

APPENDIX B

QUESTIONAIRES GUIDE FOR PATICIPANTS

SOCIO –DEMOGRAPHIC INFORMATION

1. Sex
2. Age
3. Unit
4. Number of years served in the health service

MONETARY INCENTIVES

5. On a scale of 1 – 5, please rate how these monetary factors of employee incentives have on your work performance. With 1 – least agreement and 5 – highest agreement

Items	1	2	3	4	5
Regular salary increments help me to do my bob well					
Allowances for clothing, transport, vehicle maintenance, child care induce me to perform well in the health service					
The bonuses I received entice me work harder					
Credit facilities such as loans form the health facility induce me to work well					
Insurance packages induce my job performance					

FACTORS USED TO MEASURE WORKER PERFORMANCE

Which of the following aspects of your work performance have an effect on monetary incentives above with 1 – least agreements and 5 – highest agreement

Work performance	1	2	3	4	5
Increased work output					
Punctual to work					
The quality of work					
Loyalty to the health facility					
Responsiveness to patients and efficiency					

NON-MONETARY INCENTIVES

6. On a scale of 1 – 5, please rate how these monetary factors of employee incentives have on your work performance. With 1 – least agreement and 5 – highest agreement

Incentives	1	2	3	4	5
Job security induce me to perform well					
A positive working environment is important for me to perform well on my job					
Autonomy at work induce me to perform even better					
Appreciated for executing my work induce me to work Well					
Acknowledgement for my years of service induce me to perform better					
Having cordial relationships with my co-workers and superiors help me to do my work well					
Regular promotion and career growth in the facility help me to perform well					

FACTORS USED TO MEASURE WORKER PERFORMANCE

Which of the following aspects of your work performance have an effect on monetary incentives above with 1 – least agreements and 5 – highest agreement.

Work performance	1	2	3	4	5
Increased work output					
Punctual to work					
The quality of work					
Loyalty to the health facility					
Responsiveness to patients and efficiency					

THANK YOU FOR YOUR PARTICIPATION