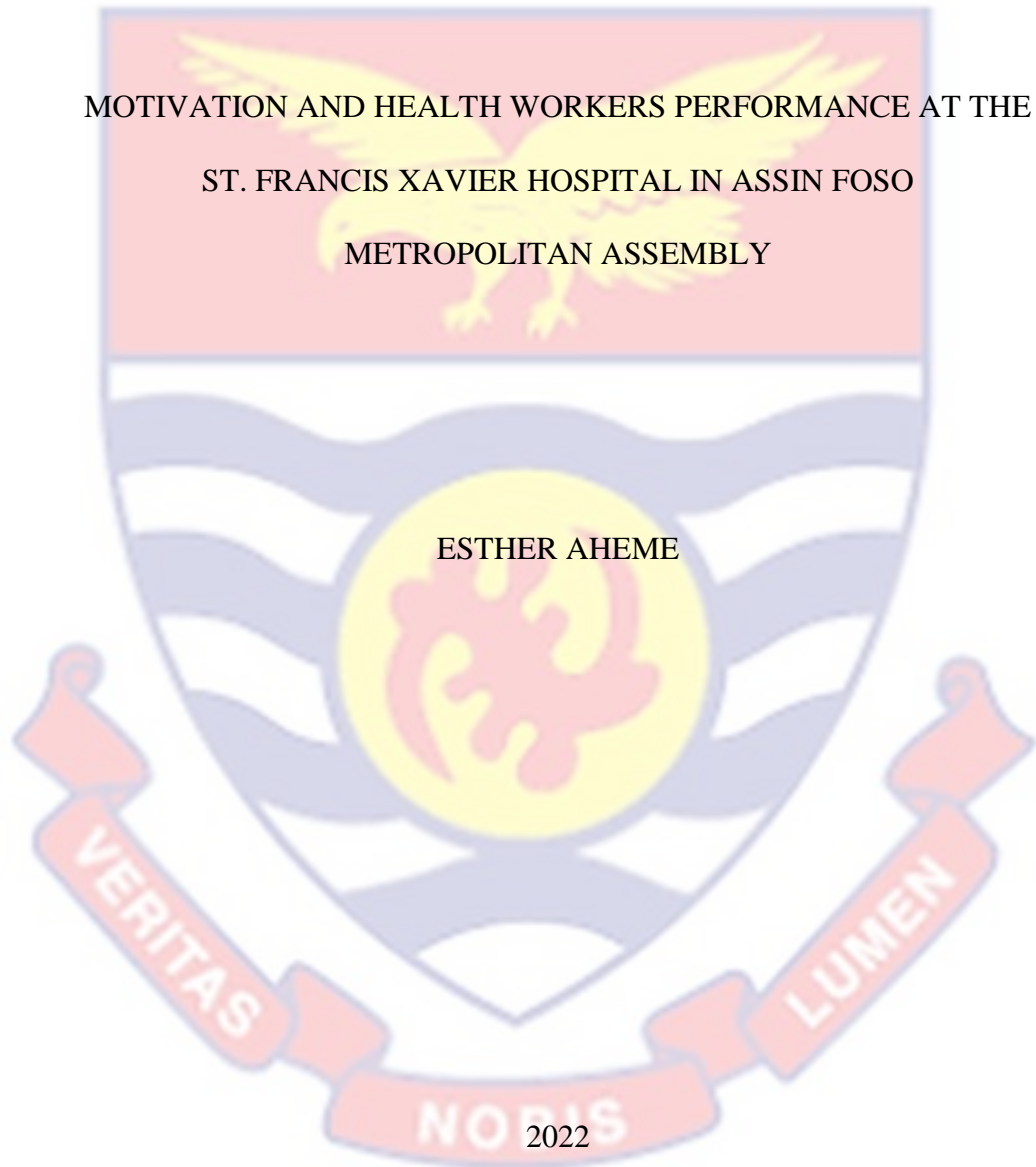


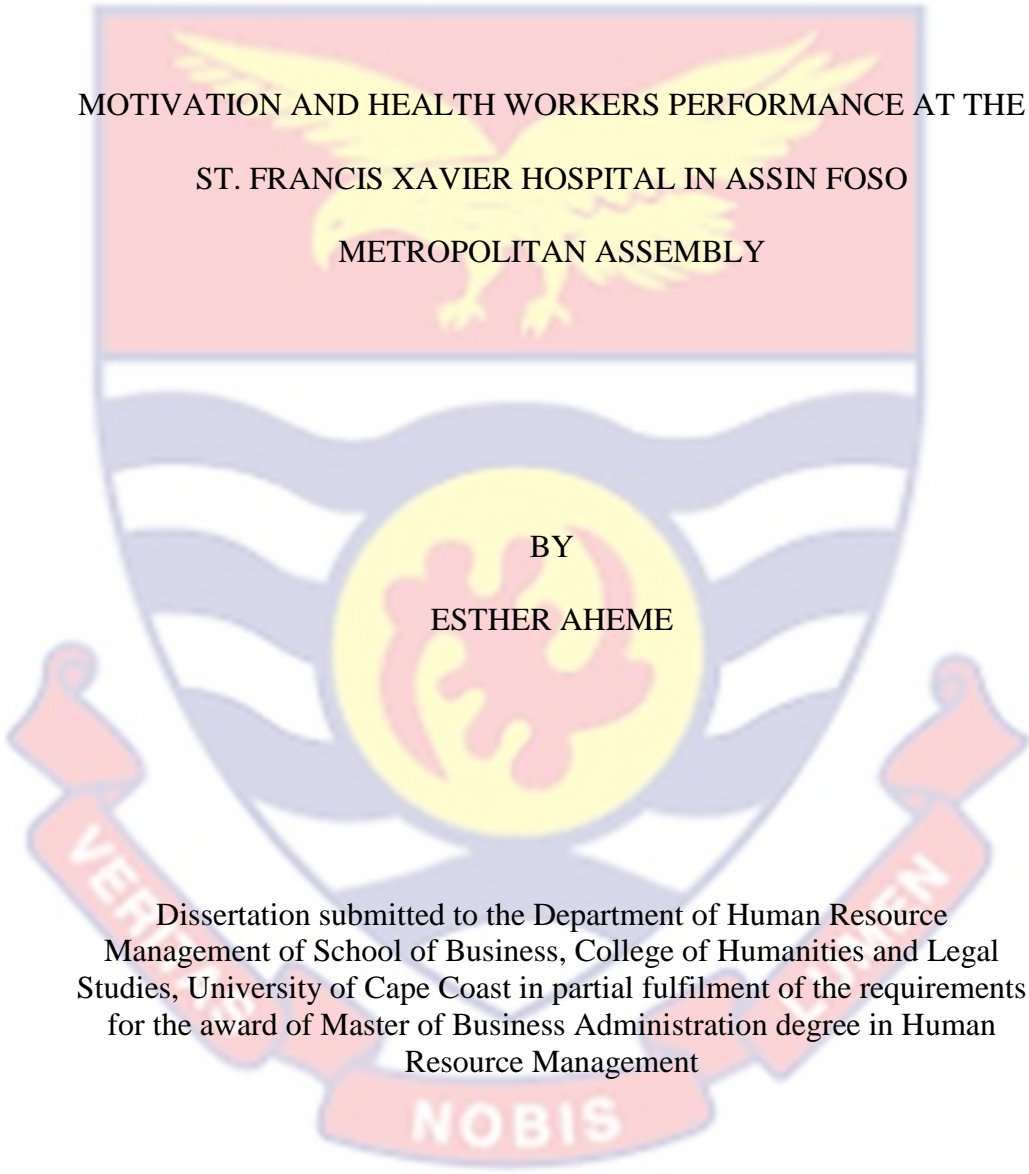
UNIVERSITY OF CAPE COAST

MOTIVATION AND HEALTH WORKERS PERFORMANCE AT THE
ST. FRANCIS XAVIER HOSPITAL IN ASSIN FOSO
METROPOLITAN ASSEMBLY

ESTHER AHEME



UNIVERSITY OF CAPE COAST



MOTIVATION AND HEALTH WORKERS PERFORMANCE AT THE
ST. FRANCIS XAVIER HOSPITAL IN ASSIN FOSO
METROPOLITAN ASSEMBLY

BY
ESTHER AHEME

Dissertation submitted to the Department of Human Resource Management of School of Business, College of Humanities and Legal Studies, University of Cape Coast in partial fulfilment of the requirements for the award of Master of Business Administration degree in Human Resource Management

JULY 2022

DECLARATION

Candidate's Declaration

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

Candidate's Signature..... Date.....

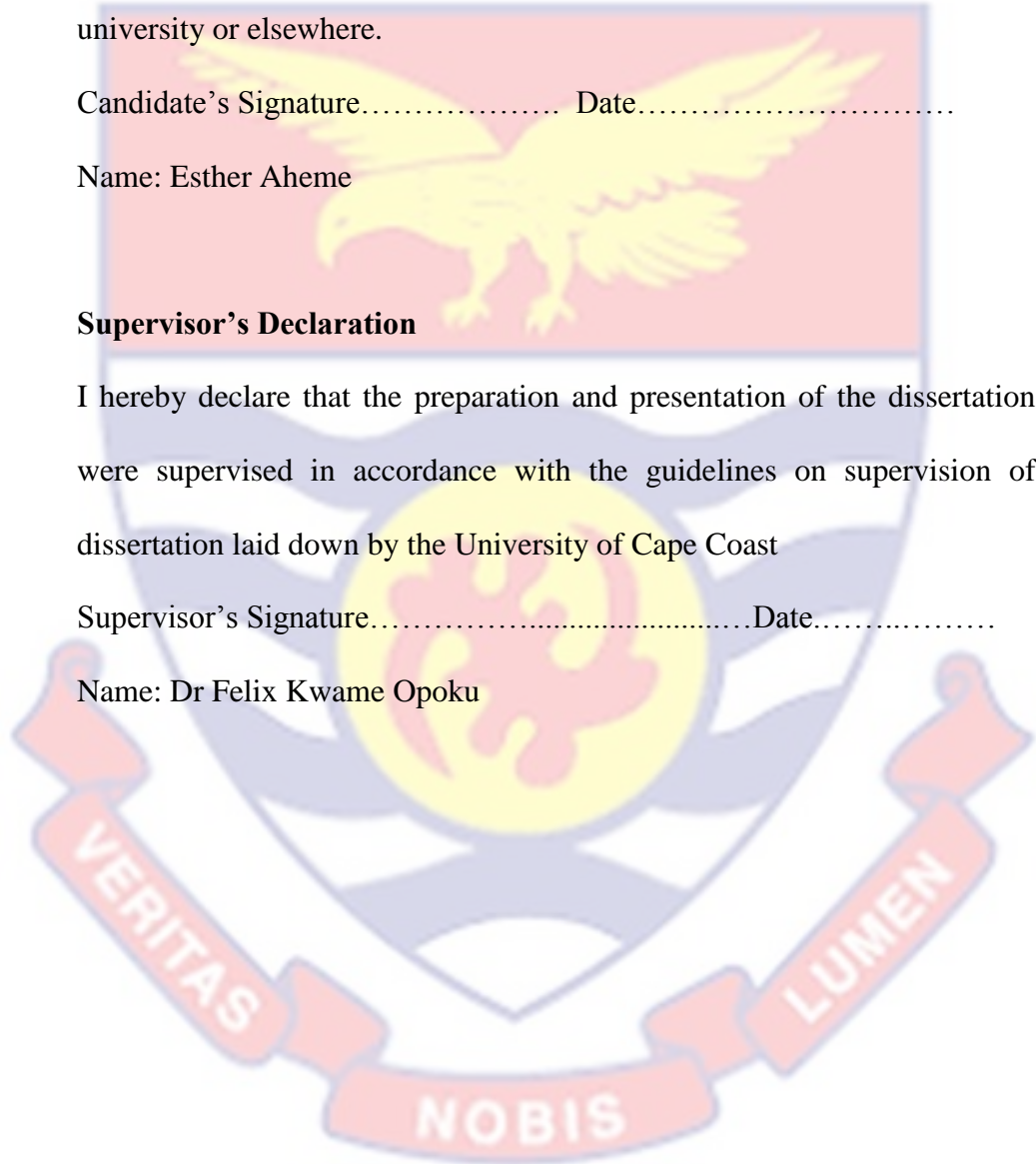
Name: Esther Aheme

Supervisor's Declaration

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

Supervisor's Signature.....Date.....

Name: Dr Felix Kwame Opoku



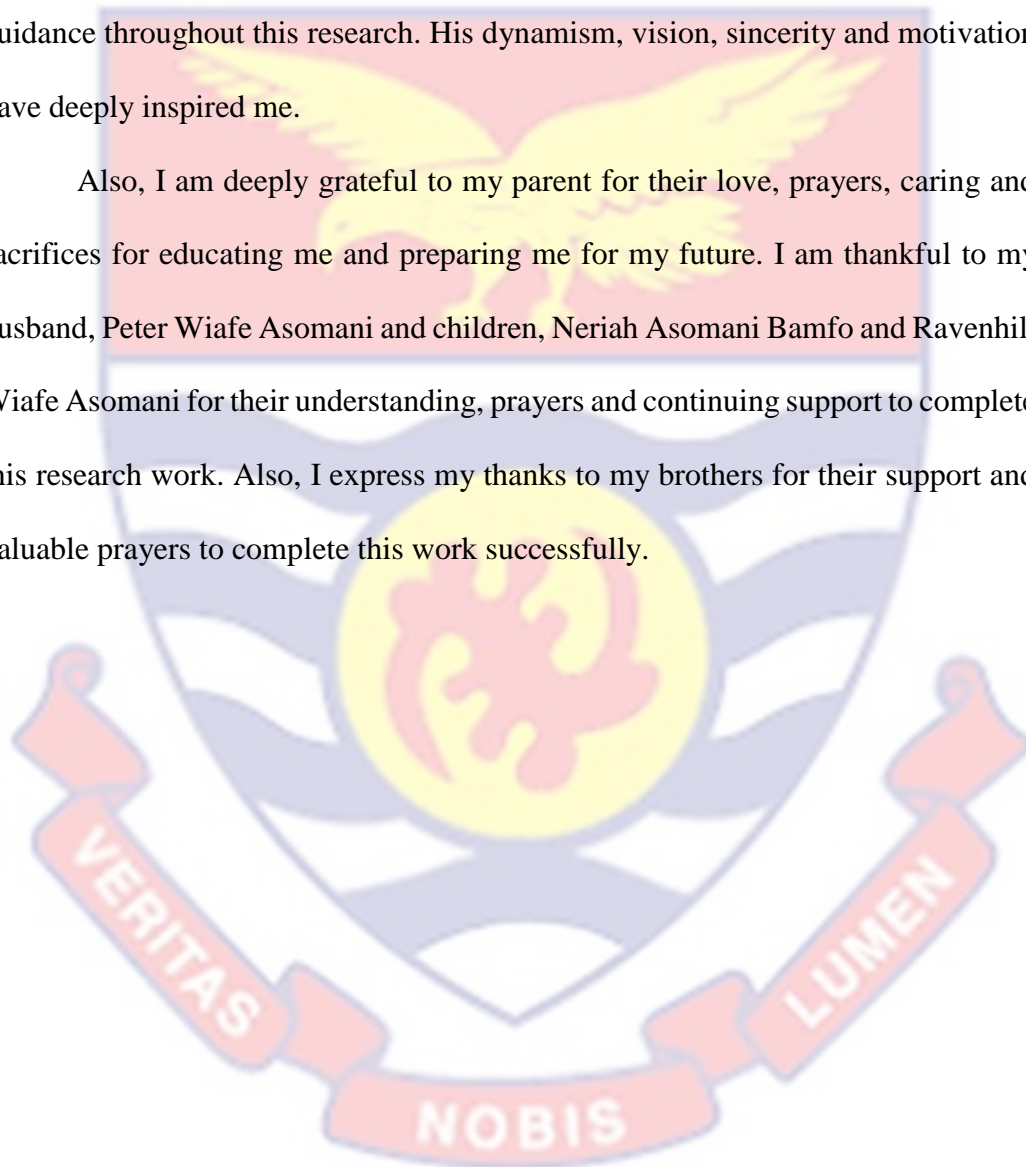
ABSTRACT

The purpose of the study was to examine motivation of health workers and their performance in Ghana, precisely, health institutions at St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly. In order to achieve the main objective, the following research objectives were asked to guide the study: assess the motivational packages available for the health workers, assess the level of performance of the health workers and examine the effect of motivation on health workers' performance. The quantitative research method and the explanatory research design were employed in the study. Out of the 290 employees, Yamane (1967) formula was used to randomly sample 176 respondents. Structured questionnaires were distributed to the sampled respondents of which 170 of them were appropriate for analysis. This constituted 96.6% response rate. Data obtained were analysed using descriptive and inferential statistical tools such as frequencies, means, standard deviations and regression. The study found that that motivation packages given to employees included bonuses, commissions, autonomy at work, and job security. It was found that, both monetary and non-monetary packages have a strong significant influence on health workers' performance. It was concluded that, both monetary and non-monetary motivation had a strong influence on health workers' performances. It was also recommended that management should focus on developing clear structures in order to strengthen and also enhance the non-monetary motivation currently available to health workers.

ACKNOWLEDGEMENTS

I would like to express my deep and sincere gratitude to my research supervisor Dr Felix Kwame Opoku, Senior Lecturer, Human Resource Management Department, University of Cape Coast for providing invaluable guidance throughout this research. His dynamism, vision, sincerity and motivation have deeply inspired me.

Also, I am deeply grateful to my parent for their love, prayers, caring and sacrifices for educating me and preparing me for my future. I am thankful to my husband, Peter Wiafe Asomani and children, Neriah Asomani Bamfo and Ravenhill Wiafe Asomani for their understanding, prayers and continuing support to complete this research work. Also, I express my thanks to my brothers for their support and valuable prayers to complete this work successfully.



DEDICATION

To classmates and circle of friends whom extended their help in the midst of problems while doing this work



TABLE OF CONTENTS

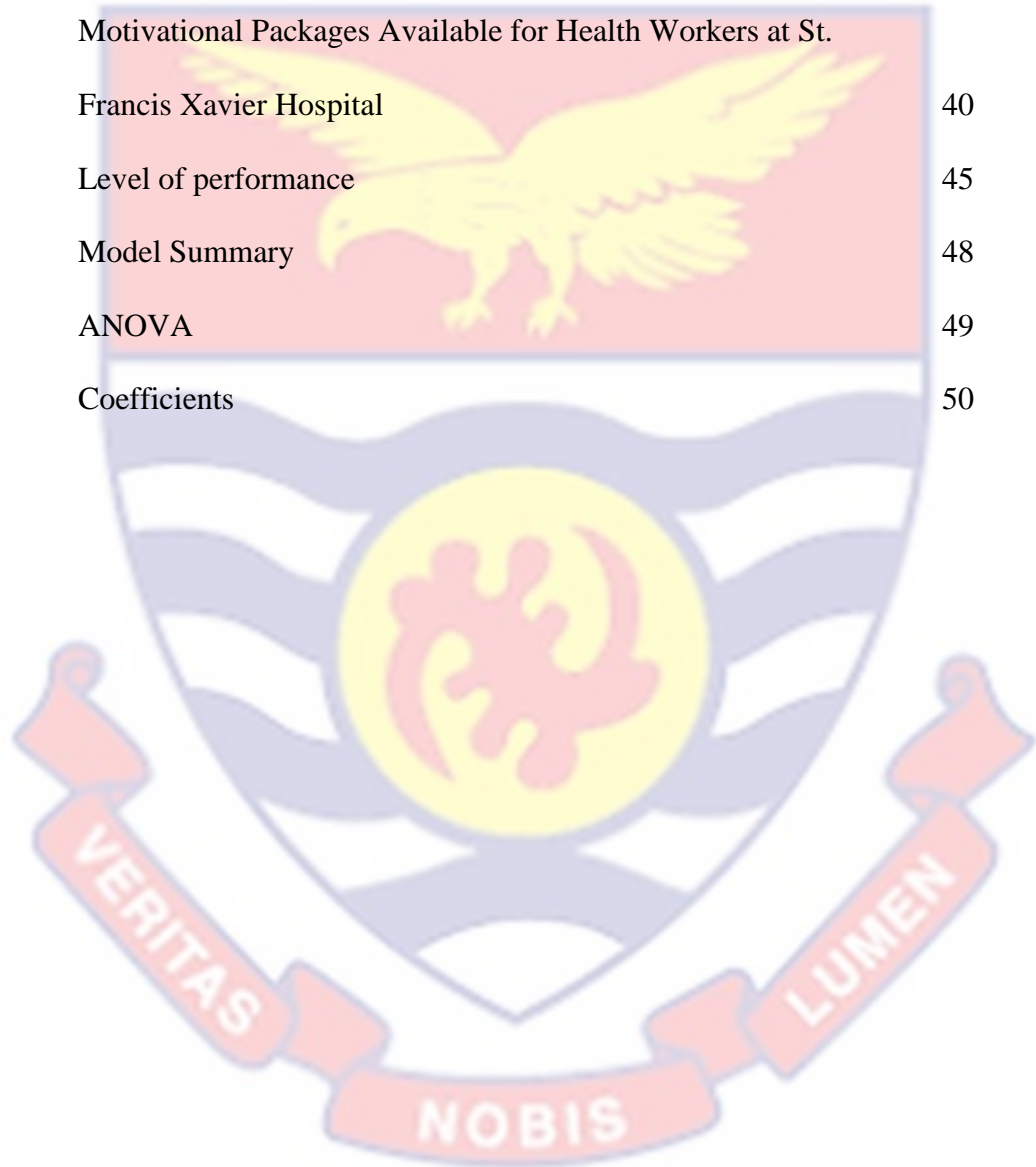
Content	Page
DECLARATION	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
DEDICATION	v
TABLE OF CONTENTS	vi
LIST OF TABLES	ix
LIST OF FIGURES	x
CHAPTER ONE: INTRODUCTION	
Background to the Study	1
Statement of the Problem	4
Purpose of the Study	5
Research Objectives	6
Research Questions	6
Significance of the Study	6
Delimitations	7
Definition of Terms	8
Organisation of the Study	8
Chapter Summary	9
CHAPTER TWO: LITERATURE REVIEW	
Theoretical Review	10
Herzberg's Two-factor Theory	10

Concept of Motivation	13
Concept of Performance	16
Measurement of Employee performance	17
Empirical review	17
Monetary and Non-monetary Motivation and Employee Performance	18
Conceptual Framework	25
Chapter Summary	27
CHAPTER THREE: RESEARCH METHODS	
Introduction	28
Research Approach	28
Research Design	29
Study Area	30
Population of the Study	30
Sample and Sampling Procedure	31
Data Collection Instruments	31
Data Collection Procedure	32
Data Analysis	32
Reliability and Validity	33
Ethical issues	34
Chapter Summary	34
CHAPTER FOUR: RESULTS AND DISCUSSION	
Introduction	36
Social-Demographic Information of Respondents	36

Assessing the Motivational Packages Available for Health Workers at St. Francis Xavier Hospital	38
Level of Performance of Health Workers at St. Francis Xavier Hospital as a Result of Motivation Received	44
Effect of Motivation on Health Workers' Performance at St. Francis Xavier Hospital	48
Chapter Summary	52
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	
Introduction	54
Overview	54
Summary of Key Findings	55
Conclusions	56
Recommendations	57
Suggestions for Further Research	58
REFERENCES	59
QUESTIONNAIRE	68

LIST OF TABLES

Table		Page
1	Reliability Statistics of Subscales	33
2	Demographic Information of Respondents	37
3	Motivational Packages Available for Health Workers at St. Francis Xavier Hospital	40
4	Level of performance	45
5	Model Summary	48
6	ANOVA	49
7	Coefficients	50



FIGURE

1 Conceptual Framework

26



CHAPTER ONE

INTRODUCTION

Motivation is a crucial instrument for the attraction and performance of talented employees that are dedicated to their responsibilities within the firm. Motivation of employees aims to promote the achievement of business goals through attracting, and retaining hard working ones (Shieh 2008; Petera 2011). Motivation is a crucial component of the overall management of an organisation. It is therefore imperative to examine how motivation is managed with healthcare institution and its relationship with performance.

Background to the Study

Human resource in the 21st Century is regarded as the most important resource of any organisation across the globe since their contributions primarily determine an organisation's success and/or failure (Hafiza et al., 2011). The human resource is also regarded as the mainstay of the other resources such as capital, financial and technological resources (Alegbejo, 2013). In this regard, organisations primarily expect human resource to perform at their best at all times in a bid to help attain organisational goals. However, this may not be achieved in the presence of poor job motivation (Kshirsagar & Waghale, 2014). Motivation may be described as the processes that account for the intensity, direction and persistence of efforts of an individual towards achievement of goals (Abdullah & Wan, 2013; Mandani & Minhaj, 2016).

Motivation generates benefits for organisations as it puts human resources into action, improves their efficiency levels, builds friendly relationships, provide

workforce stability and support them to achieve organisational objectives (Dessler, 2013). Motivation is provided to employees through several means which have been grouped under monetary and non-monetary incentives (Dessler, 2013; Herzberg, 1968). Herzberg, 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 influence employees to perform better. As such, organisations can attain their strategic aims when they constantly provide needed motivational incentives to keep high performing human resource (Sisodia & Agarwal, 2020).

High employee performance is very important, not only for organisational growth and success, but also for the development of the employees themselves (Aworemi et al., 2011). In health institutions, for instance, health workers are equally expected to provide quality service deliveries to patients/clients through enhanced performances. This is because, the contributions of healthcare providers are significant to the sustainability and development of a country’s active labour force (Deng et al., 2019). In view of this, developed countries such as Germany, China and USA constantly seek for unique ways in bid to obtain best performances from health workers despite their tremendous successes in healthcare deliveries (Delle, 2013; Goldberg & Levey, 2012).

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 (WHO, 2012). While worker performance is highly dependent on several factors including: availability

of resources and competencies of workers, increased motivation together with effective management practices and supervision are the key factors that generate these conditions for a more effective worker performance (Karan, 2016).

In Ghana, huge investments have been made by key stakeholders like government in bid to motivate public health workers to deliver quality healthcare services (Adzei & Atinga, 2012). Despite these huge investments, there is still much to be expected from health workers in the country (Odoom, 2015). Health workers frequently face motivational challenges which are created by the work they do, mode of payment and the organisational system within which they work (Ayalew, 2015; Odoom, 2015).

Today's competitive healthcare environment, combined with a lack of motivation, is causing health workers' conditions to deteriorate, contributing significantly to their poor performance (Ayalew, 2015). In Ghana, for example, patients and the general public have reacted negatively to most health workers' performance in public health institutions due to high levels of inefficiency in carrying out their duties (Adzei & Atinga, 2017; GNA, 2018; Odoom, 2018). According to Odoom (2018), the hallmark of the health services is usually associated with bad facilities, insufficient logistics, a lack of concern for ethical behaviour, and insufficient rewards and Francis Xavier Hospital is no exception.

Poor working conditions for health workers, including low morale, lack of professionalism, indiscipline, and long wait times for patients (Alhassan, et al., 2013). This have led to poor attitudes of health workers, low morale, lack of professionalism, indiscipline and long waiting time of patients before attaining

medical attentions (Aduo-Adjei et al., 2016). These negative experiences have a direct impact on health care workers' happiness, commitment, and, inevitably, results. As such, health unions, in their agitations for better motivational incentives, have employed various industrial actions notably sit-down strikes and picketing with minimal success and in turn, led to low public confidence in the health sector (Ghana News Agency, 2016).

Evidently, the compelling and competing demands facing health institutions in remote areas in Ghana are directly affecting best healthcare deliveries to patients. It has been found that, less motivated health workers of all categories in these remote areas wish to leave the country to seek better opportunities elsewhere Ghana News Agency (GNA, 2010). Unless and until health workers are adequately motivated for tasks fulfilment and goals achievement, the health sector of which St Francis Xavier Hospital is of no exception can never achieve success (Geen, 2019; Rahim & Mwanri, 2012; WHO, 2015).

Statement of the Problem

Studies have revealed that key stakeholders have implemented a variety of initiatives to boost motivational packages such as annual rewards, increased wages, and new incentives (especially for those who accept postings in disadvantaged areas) in order to improve their efficiency, but previous studies have revealed conflicting signals in regards to its effect (Ghana News Agency [GNA], 2016). Atinga, et al. (2020) revealed that healthcare employees complain that management of healthcare in recent times had taken away allowances and that their efforts are being overlooked. As a result, some employees are dissatisfied with management.

According to Adu, et al. (2019) employees work overtime to finish the day's tasks before heading home. However, some employees had to close at the required closing hour, whether their work had been completed completely or otherwise. Where work is not entirely completed, they resume the next working hour. Low morale at work, lower levels of commitment, and lower productivity among health workers have all resulted as a result of this (Quarshie et al, 2020). As a result, the problems of health worker motivation in Ghana, particularly in rural areas have still not been resolved. It is on this note that the study examines the influence of motivation on performance of health workers at the St. Francis Xavier Hospital, Fosu.

In Ghana, research on motivation and performance of health workers has primarily concentrated on intrinsic and extrinsic motivational factors (Aduo-Adjei et al., 2016; Adzei & Atinga, 2012; Alhassan et al., 2013; Aworemi et al., 2011; Odoom, 2015), with little attention paid to the health worker. In addition, despite the prevalence of poor service delivery due to a lack of motivational incentives, no research on this subject has been conducted focusing on health workers at St. Francis Xavier Hospital.

Purpose of the Study

The purpose of the study was to examine motivation of health workers and their performance at the St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly.

Research Objectives

Specifically, the following objectives were developed to:

1. Assess the motivational packages available for health workers at St. Francis Xavier Hospital.
2. Assess the level of performance of health workers at St. Francis Xavier Hospital as a result of motivation received.
3. Examine the effect of motivation on health workers' performance at St. Francis Xavier Hospital.

Research Questions

1. What are the motivational packages available for health workers at St. Francis Xavier Hospital?
2. What is the level of performance of health workers at St. Francis Xavier Hospital as a result of motivation received?
3. What is the effect of motivation on health workers' performance at St. Francis Xavier Hospital?

Significance of the Study

The study examines the influence of motivation on health workers' performance in St. Francis Xavier Hospital in the Assin Foso metropolis. The drive for the study was prompted by the recent industrial actions by health workers across the country aimed at seeking for better motivational incentives due to the poor and inadequate existing ones. These poor and inadequate motivation of these health

workers have affected their work performances leading to unnecessary delay of patients' recoveries and even loss of lives.

The study would help the health workers in overcoming their frustrations by having in-depth knowledge of the types of motivational incentives and the actual packages that will improve their performance if they are being provided to them. The results from this study will therefore, bring a positive change towards health workers' behaviour to work. The study would also provide the needed information that would guide the management of these hospitals to better align their strategies on motivation for optimum worker performance. It is anticipated to help inform decision making in the area of strategic planning with regard to staff motivation.

The result of this study would be beneficial to Ghana Health Service (GHS) policy makers since it would help them collaborate with Management and Labour Unions to have a good understanding of the type of incentive package that directly boost staff moral thus, enhance their performance and curtail these rampant industrial actions and appalling health services. Finally, the outcome of this study would augment existing literatures related to motivation systems of health workers in Ghana, although the study was limited to St. Francis Xavier Hospital. It would also serve as a guide for further research on innovative ways of motivation for the overall academic well-being of the nation.

Delimitations

The study was conducted within the framework of examining the influence of motivation incentives on health workers' performance. It focused on health workers in St. Francis Xavier Hospital in the Assin Foso metropolis therefore, other

private health institutions in this area were excluded. Moreover, other dependent variables such as satisfaction, commitment, turnover intentions and productivity were excluded from the study. In view of this, the result cannot be generalised to all health institutions in the country, but can be used to influence policy decisions.

Definition of Terms

Motivation refers to the intrinsic process that psychologically directs the behaviour of an individual.

Performance is the accomplishment of a given task measured against pre-set known standards of accuracy, completeness, cost and speed.

Health workers are “all people engaged in actions whose primary intent is to promote health” (World Health Report 2006).

Organisation of the Study

The study has been organised 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 and definition of terms as well as the organisation of the study. Chapter two centred on the reviews of relevant literature in relation to theoretical review, empirical review and conceptual framework. Chapter three discussed the research design, study area, population, data collection instrument, sampling procedure and data processing and analysis. The results and discussion of data were done in chapter four. Chapter five covered the summary of major findings, conclusions, recommendations and suggestions for further research.

Chapter Summary

Motivation is an issue that has little attention in the corporate sector, resulting in a slew of employee strikes. Organizations that do not correctly manage motivate will be unable to meet their goals owing to unproductive staff. The chapter reviewed the background on motivation, the forms of it, employee performance and the nexus between motivation and employee performance. The problem and gap in literature were also identified.



CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter presents the literature review on motivation and performance. The chapter presents the theoretical review and empirical reviews that summarise information from some similar researches done on this study. It finally concludes with the conceptual framework of the study.

Theoretical Review

For the purpose of this study, emphasis was based on the content (need) theory of motivation with respect to the Herzberg's two-factor theory since it clearly explains the study's research objectives and research questions.

Herzberg's Two-factor Theory

Frederick Herzberg propounded this generally recognised and accepted theory in a bid to modify Maslow's Hierarchy of needs theory (Herzberg, 1968). Herzberg proposed this theory on the question, "What do people want from their jobs?" Herzberg asked people to describe in detail, such circumstances when they felt exceptionally good to exceptionally bad. From the responses, he concluded that the opposite of satisfaction is not dissatisfaction (Cole & Hilliard, 2006). The relevance of the theory to the study is that, it clearly explains the objectives of the study which dwell on the motivational incentives and their influence on health workers' performance in health institutions.

Herzberg explained that eliminating dissatisfying characteristics from a job does not essentially make the job satisfying, but, rather, the availability of certain

factors in the organisation is natural and the presence of the same does not lead to motivation (Herzberg, 1968). However, it is their non-presence that demotivate 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 & Hilliard, 2006).

This theory suggests that, there are 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 were particular factors related with job satisfaction (motivation factors) which are those factors that have a direct relationship with the content of one's job and thus, are very vital in maintaining a reasonable level of motivation among employees. Some of these factors include the nature of the work itself, the possibility for growth, recognition, autonomy, challenges and status or achievements (Cole & Hilliard, 2006). The motivators are therefore seen as non-monetary incentives both job-related and social which are expected to motivate employees intrinsically.

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 impact 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 that, 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).

Herzberg's theory challenged the fundamental thesis of Taylorism that job satisfaction was one-dimensional, ranging along a continuum from satisfaction to dissatisfaction. Herzberg saw motivation to be two-dimensional and proposed that if management is to provide positive motivation, then equal attention should be given to both hygiene factors and motivating factors (Herzberg, 1968). 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). Herzberg suggests that, what really motivate health workers are the provision of incentives such as challenging jobs, achievement, recognition and opportunities for growth in their jobs.

In relation to the study, the absence of hygiene factors demotivates health workers but they do not in themselves motivate them to work harder (Cole & Hilliard, 2006). As an external factor, monetary incentives may prevent job dissatisfaction but do not necessarily motivate health workers. Thus, where health workers within the study area are dissatisfied with hygiene factors such as inadequate salaries, allowances, insurance packages, credit facilities and bonuses, they could be demotivated and eventually affect their performances. The theory also opines that non-monetary incentives have the power to induce health workers to employ much efforts in their jobs as much as monetary incentives. Simply put, the theory suggests that, health workers are generally motivated by non-monetary

incentives but they would need monetary incentives to avoid dissatisfaction and eventually be motivated to enhance performances.

Concept of Motivation

Motivation has been identified as a major influencer of employee performance and as such, has been defined in several ways. Vroom (1964, p.45) defined motivation as, “a process of governing choices made by persons or lower organisms among alternative forms of voluntary activity”. Mitchell (2002) posits that motivation is a psychological process that causes stimulation, direction and persistence of voluntary actions that are goal directed. Taljaard (2007) defined motivation as any influence that triggers, directs, or maintains goal-directed behaviour. He also suggested that reward management is also concerned with those non-financial rewards that provide intrinsic and extrinsic motivation. Greenberg and Baron (2008) views motivation as a set of processes based on a force that makes the behaviour strengthened and is directed towards the achievement of some goals.

Fan and William (2010) also defined motivation as, “a predisposition to behave in purposeful manner to achieve specific, unmet needs, the will to achieve and the inner force that drives individuals to accomplish personal and organisational goals” (p. 60). Grand (2010) was of the view that job motivation consists of two broad categories: intrinsic and extrinsic motivation where both represent a return from a job. For instance, a doctor may be motivated in carrying out his/her duties because of the opportunities to meet and assist patients, which is intrinsic motivation and/or because he/she is paid to do the job which is extrinsic motivation. Irimu et al (2014) revealed 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.

Motivation have been used since the 20th Century and they were championed by Frederick Taylor in bid to resolve problems associated with work (Taylor, 1947). Since then, they have been widely used by various sectors including health sectors across the globe. Motivation has been defined in diverse ways and Kohn (1993) defined it as a promise or act by a supervisor to achieve greater action from his/her subordinates. Motivation is also seen as things or benefits which are provided to employees to induce them to improve performances (Dessler, 2011). Studies have revealed that, motivation stimulates employees to work, enhance commitment, increase job satisfaction, shape employee behaviour, increase work enthusiasm, increase performance and organisational productivity (Gichuru, 2015; McShane & Glinow, 2010; Milne, 2007).

In view of this, motivation have been grouped under two (2) major classifications: monetary and non-monetary (Gichuru, 2015; Kohn, 1993; McShane & Glinow, 2010; Milne, 2007; Nawab & Bhatti, 2011). Monetary are incentives which provide rewards to employees in monetary terms (McShane & Glinow, 2010). In contemporary work settings, monetary motivation has been recognised as a major source of employee satisfaction since they do not only satisfy psychological needs but social and security needs as well (Gichuru, 2015; Mamdani & Minhaj, 2016). Also, they may be used to evade difficulties in the workplace and they include basic salary, allowance, performance bonuses, insurance and availability of

credit facilities (Chandler *et al.*, 2009; Dessler, 2011; Management Study Guide, 2016).

On the other hand, non-monetary motivation are incentives which cannot be measured monetary terms and thus cannot be quantified (Aktar et al, 2012; Lewis, 2013; Nawab & Bhatti, 2011). They are generally used to satisfy the self-actualisation needs of subordinates in an organisation. major examples of non-monetary incentives include quality of facilities, management and leadership, working relationships, career growth, working environment, performance appraisal and communication (Irimu *et al.*, 2014; Khan, Shahid, Nawab & Wali, 2013). Also, other studies have found these incentives to comprise job security of services, commendation, opportunities, recognition, praise, promotion, autonomy, acknowledgement, work flexibility and appreciation for work done (Chandler et al., 2009; Hameed et al, 2013; Lewis, 2013; Narsee, 2013; Odoom, 2015).

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

Concept of Performance

Previous studies have supported the concept of performance with proven reviews. Campbell et al (1993) proposed that performance is a behaviour exhibited or something done by the employee for organisational performance and is evaluated based on the results of operations, turnover and efficiency, as well as the effectiveness of services. Similarly, McCloy et al (2008) defined job performance as, “behaviours or actions that are relevant to the goals of the organization”. Therefore, job performance is not a single unified concept but rather a concept with several perspectives comprising more than one type of behaviour.

Furthermore, Layard et al (2009) posit that employees who have acquired enough skills work independently and they do not perform well in circumstances where autonomy is not guaranteed. Aguinis (2009) was also of the view that performance is about behaviour or what employees do and not what employees produce or the outcomes of their work. 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 unrecognised success.

According to Agarwal et al (2012) when employees actively partake in decision making and contribute in the implementation of changes that affect them, they implement these changes faster with higher performance compared to employees who do not partake in these alterations but are only informed and instructed to perform them. Armstrong & Taylor (2014) suggest that performance

is a matter not only of what employees do; neither is it only about what they attain, but how they achieve it as well.

Measurement of Employee performance

Gomes and Gomes (2011) constructed a criterion for measuring performance of health workers. Some of their performance measurement factors include work output, punctuality to work, quality of work, loyalty to the health service, responsiveness to patients and work efficiency. These factors serve as the basis for measuring workers' performance in a study by (Prytherch et al., 2013).

Similarly, a study conducted by Irimu et al. (2014) on used some of these factors to measure the performance of health workers. In their study, they used work output, work efficiency and quality of work as measurement of performance factors. In view of this, the study also adopted these measurement indicators in bid to measure performance of health workers in the study area.

Empirical Review

Previous studies have empirically proven the relation between motivation and employee performance in diverse fields (Chowdhury & Begum, 2012). This section presented reviews of related literatures in relation to the objectives of the study. The first sub-section presented reviews of literatures in relation to monetary motivation and employee performance, while the second sub-section presented reviews in relation to non-monetary motivation and employee performance.

Monetary and Non-monetary Motivation and Employee Performance

Previous studies have empirically proven the influence of monetary motivation on employees' performance. In contemporary literatures on this objective, Nawab and Bhatti (2011) did a quantitative study on the influence of employee compensation on organisational commitment and job performance in Pakistan. The study focused on the individual roles of financial and non-financial rewards towards organisational commitment and performance. The quantitative approach and descriptive survey design were employed in the study. However, no theory was employed to underpin the study. Likewise, the sampling technique was also not indicated. Structured questionnaires were used to collect 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 organisational commitment and performance.

Similarly, 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. The study was underpinned by Maslow's Need theory and Herzberg two-factor theory. Data was obtained using the questionnaires and analysed using a stepwise regression model. The study found a strong and positive effect of financial incentives on retention of health workers in the district hospitals.

Chowdhury and Begum (2012) did an empirical study to investigate the influence of reward management as motivational tool in various industries in Bangladesh. The purpose of the study was to find the relative strength of monetary and non-monetary rewards as motivational incentives given to employees in various organisations. The study employed the quantitative approach and the survey design, but no theory underpinned the study. The study collected data from 300 corporate respondents using face-to-face interview and questionnaires. Data obtained were processed using SPSS and MS Excel and analysed using Percentage analysis which was inappropriate for a quantitative study. It was found that, monetary rewards highly influence employees to perform better than non-monetary rewards such as opportunities for learning, job security and receiving appreciation.

Narsee (2013) also conducted a study to compare the impact of monetary and non-monetary reward programs towards employee and organisation motivation. The study aimed at discovering whether reward programme would lead to employee motivation. Using the quantitative approach, the study employed the descriptive survey design. The survey reveals that, monetary reward such as basic salary and performance bonuses have 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 analysed using both descriptive and inferential statistics and it was found that, financial benefits are the most important reward program.

Ijah (2013) conducted a study on the influence of motivation on employee performance in some selected manufacturing firms in Anambra State. The study

specifically 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 manufacturing firms of which 63 respondents were randomly sampled. Structured questionnaires were used to gather data which were then analysed using descriptive tools (frequencies, percentages and mean) and inferential tools (correlation). The study found that, there exist a relationship between extrinsic motivation and performance of employees. The study concluded that, extrinsic motivation given to the employees significantly influence their performances.

Hameed et al. (2013) conducted a study on the impact of incentive motivators (monetary) and organisation-based self-esteem on employee performance 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 but was not underpinned by a theory. The population consisted of employees in Pakistan's private banking sector. However, the population size was not indicated thus questioning the source of the sample size (232). Data were gathered from structured questionnaires and analysed using descriptive and inferential tools. The study found a positive and significant impact of incentive motivators (monetary) on employees' performance in Pakistan.

Bonenberger et al (2014) did a quantitative study on the effect of health worker motivation and job satisfaction on turnover intention 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 was not underpinned by any theory, however, using both descriptive and inferential statistical tools, the study found 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.

Hameed et al. (2014) carried out a study on the impact of compensation on employee performance in Pakistan's banking sector. The purpose of the study was to examine the impact of compensation on employee performance and as such, the quantitative approach and explanatory design. No theory was employed to underpin the study 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. The study concluded that, compensation in general had a progressive impact on employee performance and as such, are needed to improve both individual and organisational performances.

Also, 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 effect of motivational incentives on employee performance in selected SMEs in Kenya. The paper employed the quantitative approach, descriptive survey design and Herzberg's two-factor theory. However, the study failed to indicate the population size and sample size, but employed the

simple random sampling technique. Data were obtained from structured questionnaires and analysed 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 SMEs.

Mamdani and Minhaj (2016) carried out research on the effect of motivational incentives on employees' performance in banks of Karachi, Pakistan. The purpose of the study was to analyse 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 get better opportunities.

Zarei et al (2016) 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 thus, questioning the

foundations on which the study was built. Data were obtained from structured questionnaires and analysed using descriptive and independent samples t-test. 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.

Hameed et al. (2013) did quantitative research on how to increase employee performance by investigating the impact of incentive motivators (monetary) and organisation-based self-esteem (non-monetary) 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 but was not underpinned by a theory. The population consisted of employees in Pakistan's private banking sector. However, the population size was not indicated thus questioning the source of the sample size (232). Data were gathered from structured questionnaires and analysed using descriptive and inferential tools. The study found a positive and significant impact of organisation-based self-esteem (non-monetary) on employees' performance in Pakistan.

Ankomah et al (2016) carried out a study on health worker motivation and job performance. The purpose of the study was to examine the effect of motivation on health worker performance at the Accident and Emergency Department of 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 analysed using descriptives and inferential tool. 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 play major motivational roles to health workers in the department and enhances performance.

Aduo-Adjei et al (2016) also conducted a study on the impact of motivation on the work performance of health workers in Ghana. The aim of the study was to examine the impact of motivation and also determine how intrinsic and extrinsic motivating factors influence health workers' performance at 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 data which was then analysed using thematic content. The study found that, intrinsic motivation (non-financial) such as logistic provisions, job satisfaction and work environment affect work performance. It was concluded that, motivation is vital to ensure positive and improved performances of health workers in the study area.

Conceptual Framework

A conceptual framework provides a foundation for focusing on specific variables of the study. Employee motivation is generally influenced by factors such as job security, working environment, recognition, autonomy, flexibility of work, appreciation for work done, acknowledgement for years of service, relationship with peers/supervisors, promotion, career growth, salaries, allowances, insurance, credit facilities and bonuses (Ijah, 2013; Irimu *et al.*, 2014; Narsee, 2013).

These factors, based on the study's objectives, were grouped into monetary and non-monetary incentives and they represented the dependent variable. On the other hand, employee performance represented the dependent variable which implies that, a change in the factors of motivation directly influence the former. Simply put, a relationship has been found to exist between the variables (motivation and performance) where performance depends on the availability and adequacy of motivation (monetary and non-monetary) in order to change. This framework was presented in Figure 1.

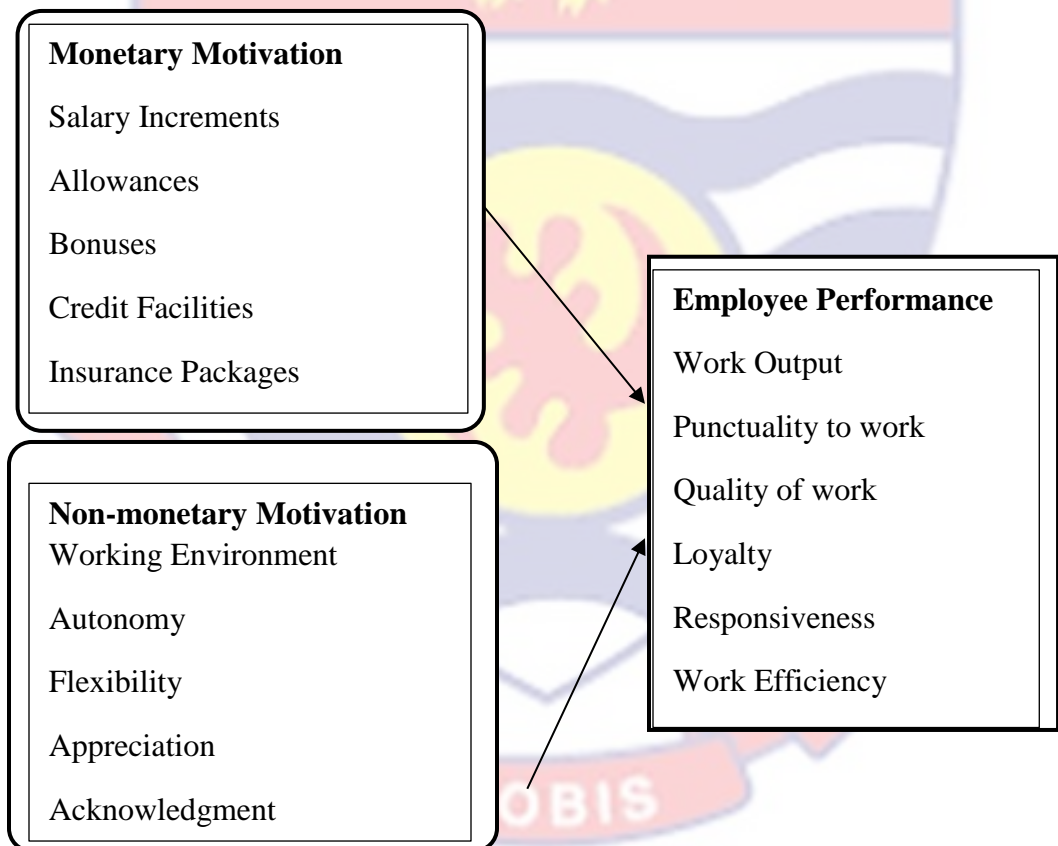


Figure 1: Conceptual framework explaining the possible influence of motivational incentives on health worker performance

Source: Author's Construct (2021)

Employee performance, as a dependent variable, was measured using indicators propounded by Gomes and Gomes (2011) and adapted by (Irimu et al., 2014; Prytherch et al., 2013). These indicators include work output, punctuality to work, quality of work, loyalty to the health service, responsiveness to patients and work efficiency. From the framework, employee performance is dependent on motivation and as such, it would remain constant, all other things being equal, if motivation remain the same. Whereas, the absence of or poor provision of motivation negatively influence health worker performance and vice versa.

Chapter Summary

This section presented reviews of related literature in line with motivation and performance. Health worker motivation was seen to be derived from both monetary (hygiene factors) and non-monetary (motivators) incentives and they eventually influence employees' performances. Herzberg's Two-factor theory underpinned the study due to its relatedness to the objectives. The study's variables (motivation and performance) were obtained from the theory and supported by literatures reviewed. Empirical reviews on the objectives were also discussed and the chapter concluded with a conceptual framework for the study which indicated that, health worker performance is highly dependent on motivational incentives given to them.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter entails the study area and the methods that were used in carrying out this research. It provides information on the research design, study area, study population, sample and sampling procedure, data collection instrument, data collection procedures and data processing and analysis.

Research Approach

Every research requires either the quantitative, qualitative or mixed method approach (Creswell, 2003). According to Creswell (2009), the approaches differ in philosophical assumptions; strategies of enquiry; methods of data collection, analysis and interpretation. Trochim (2000) made it clear that, social sciences methodology cluster around two logical reasoning; inductive which is tight coupled around qualitative approach and deductive which is associated with quantitative approach. This study adopts a quantitative approach. According to Strauss and Corbin (1990) the quantitative approach is suitable for the study because it allows for a formal, objective and systematic process to describe and test relations as well as examine cause and effect interactions among variables (Burns & Grove, 2005). According to Leedy and Ormrod (2010), quantitative research approach is more suitable if the purpose of the study is to explain, confirm and validate or to test theory. Thus, given the objectives of the study, it is imperative to adopt a quantitative approach as they seek to employ descriptive statistics and inferential statistic.

Research Design

This study used the descriptive survey design to ensure an accurate account of the characteristics of the study population. Quartey and Awoyemi (2002) describe descriptive survey design as the process of gathering data in order to answer research questions or test hypothesis which concerns the existing status of a phenomenon. According to them, this type of survey attempts to provide an accurate and objective description of a picture of an on-going situation or real-life situation. Fraenkel and Wallen (2003) are of the view that descriptive survey is used to gather information about prevailing conditions such as characteristics, abilities, preferences, satisfaction and behaviour of an individual or physical environment (workplace) or as in historical studies, changes in any of this overtime.

Aggarwal (2008) adds that descriptive survey design is devoted to the gathering of information about prevailing conditions or situations for the purpose of description and interpretation. According to him, this type of research design is not simply amassing and tabulating facts but also includes proper analyses, interpretation, comparisons, identification of trends and relationships. Descriptive survey is considered appropriate for this study because, as Fraenkel and Wallen (2003) and Gay (2002) opined, it has the advantages of (a) producing good number of responses from a wide range of people; (b) provides a meaningful picture of events and seeks to explain people's opinion and behaviour on the basis of data gathered at a point in time; and (c) it can be used with greater confidence with regards to a question of particular interest or value to the researcher.

Study Unit

The study area selected for the research work is the St. Francis Xavier hospital in the central region of Ghana. It is the District Hospital for both Assin North and South Districts. The 118-bed hospital provides vital medical care, across many departments, to patients from a catchment area population of 207,000, as well as those referred from other regions. In addition, it has become a practical teaching hospital where medical and nursing students from the Korlebu teaching hospital, as well as from the nursing school in Cape Coast and other different schools in Ghana, send their students to get their practical experience. St Francis Xavier Hospital is owned and run by the Archdiocese of the Cape Coast. The hospital provides services to patients in various departments including: laboratory, operating theatre, outpatient department, x-ray unit, ultrasonography, accident and emergency unit, public health unit, dental clinic, physiotherapy unit, chaplaincy, medical and surgical wards, paediatrics, obstetrics and gynaecology units and chest ward.

Population of the Study

According to Leedy and Ormrod, (2010) the population of a study refers to the target group about which the researcher is interested in gaining information and drawing conclusion. Kumekpor (2002) also described the population of a study as the number of all units of the phenomenon to be investigated that exists in the area of investigation. Zikmund *et al.* (2009) stipulated that there must be enough similarity within those elements within the population such that a sample of the elements will be a fair representation of the total elements of the population. The

population of interest for this study is the staff of the St. Francis Xavier hospital. The hospital has a total population of 315 consisting of permanent and contract staff.

Sample and Sampling Procedure

A subset of some part of a larger population that shares some set of characteristics of the larger group is termed as a sample (Zikmund & Babin 2017). Sekaran (2013) emphasized that a sample of a population consists of that proportion of the number of units selected for investigation. Gravetter and Forzano (2012) described sampling as the deliberate choice of a number of people who are to provide the data from which conclusions about the total population can be drawn. A simple random sampling technique was used to select a total of 176 staff that constituted the sample size. The sample size of 176 was based on Yamane (1999) formula for calculating sample size which is given as $n = \frac{N}{1 + N(e^2)}$ where n =sample size, N =population, and e =margin of error (0.05), or 95% confidence level.

Data Collection Instruments

The study employed the use of questionnaire. The questionnaires were mainly used to gather information from employees of the St. Francis Xavier hospital. The use of questionnaire allows the researcher to collect large amount of data in a relatively short time. The questionnaire was designed by the researcher. Both open and closed ended questions were included. Closed ended questionnaires are easier to analyse since they will be in an immediate usable form and again each item may be followed by alternative answers. Open ended questions permit a great

depth of response, a respondent is allowed to give a personal response, usually reasons for the response given would be directly or indirectly included in the study. The questionnaire comprised of three (3) sections, A, B and C. Section 'A' had four (4) items which covered demographic issues while Section 'B' had information motivational packages. Section 'C' also had information on performance indicators of the employees at the hospital.

Data Collection Procedure

Primary data were gathered for the study. The primary data were collected from the field by the researcher from the respondents. The purpose of the study was explained to the respondents and this paved the way for the retrieval of the questionnaires from respondent without difficulty. After formal permission for the data collection has been granted by management of the assembly, the questionnaires were be self-administered to the qualified respondents who were be randomly selected to participate in the study. This mode of primary data collection provided the opportunity for the researcher to establishing rapport with the respondents, thereby ensuring higher recovery rate (Leedy & Ormrod, 2010).

Data Analysis

Data collected from the questionnaire were analysed, summarised, and interpreted accordingly with the aid of descriptive statistical techniques as total score and simple percentage. The questionnaires were coded using the SPSS Version 25.0 template. Both descriptive and regression analysis were be used to analyse the data collected. The first and second specific objectives of the study were

analysed using percentages, mean, median and standard deviation. The last objectives, was analysed using the simple regression analysis.

Reliability and Validity

Reliability and validity are two key components to be considered when evaluating a particular instrument. Reliability, according to Bless et al (2000) are concerned with consistency of the instrument, and an instrument is said to have high reliability if it can be trusted to give an accurate and consistent measurement of an unchanging value. The validity of an instrument, on the other hand, refers to how well and instrument measures the particular concept it supposed to measure (Saunders & Lewis, 2012). The individual consistency reliability should be 0.7 or higher.

Table 1: Reliability Statistics of Subscales

Variable	Cronbach's Alpha
Overall	.960
Motivation Packages	.922
Employees' performance	.952

Source: Field survey (2021)

From Table 1, the Cronbach alpha for the variables; motivation packages and employees' performance ranged from 0.952 to 0.922. This implies that, all constructs and the scales used to measure the variables under study were reliable.

To ensure validity of questionnaires, the researcher would review other relevant literature that would serve as evidence and support the answers that would be found using the questionnaire, relevance being determined by the nature of their

research question and their own judgement (Saunders, et al., 2009). Further, the designed questionnaire would be submitted to the project supervisor for vetting, correction and approval before distributing it to the respondents.

Ethical issues

Ethical issues can be specified as one of the most important parts of the research. Some of the ethical issues considered in the study include observing institutional protocol before carrying out the data collection exercise at the assembly. An introductory letter would be obtained from the Department of Human Resource Management, school of business to introduce the researcher to the management of the hospital. The introductory letter was then be presented to the management indicating the purpose of the study. This was done to seek for permission to elicit data from the employees. The respondents were informed about the purpose of the research and what objective it sought to achieve. Again, the respondents would be encouraged to be objective in answering the items on the questionnaire. They were also assured of their anonymity and confidentiality of information provided through management. According to Malhotra and Birks (2007), research is expected to be free from any bias and it must be scientifically sound and reported honestly, thoroughly and completely.

Chapter Summary

The study was descriptive in nature since it tries to establish the role of financial and non-financial incentives on employee job performance. It used a primary data which was collected through a structured questionnaire. A simple random sampling technique was used to select respondents from the various

department of the hospital who can give the necessary information about the subject matter. The study was limited to only employees of St. Francis Xavier hospital and therefore can affect the generalization of the outcome. The outcome might suffer some biases because some respondents due to fear of possible victimization might not be very objective with their answers.



CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the findings that were obtained after the primary data were processed in SPSS (Version 22.0) configured with SPSS Process Macro through the application of appropriate statistical techniques. The study sought to examine motivation of health workers and their performance in Ghana, precisely, St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly. The findings were chronologically presented to reflect the order of the specific objectives considered in this study. The findings were presented on Tables in a summarized form which provided the platform for easy understanding and interpretation. This section takes into consideration discussion of the findings in relation to previous empirical studies and findings.

Social-Demographic Information of Respondents

The socio-demographic information of the respondents is presented on Table 2 with descriptive statistical tools of frequency and percentage. These demographic data provide means for in-depth comparative analysis. The sex distribution of the respondents indicated that majority of the respondents were females 91 (53.5%) whilst the remaining 79 (46.5%) were males. This means that the workforce structure of St. Francis Xavier hospital is female dominated. However, there was not much disparity between males and females and this again provides the avenue where further comparative analysis can be performed based on sexual orientations in the study.

Table 2: Demographic Information of Respondents

No	Variables	Options	Frequency	Percentage (%)
1	Sex	Male	79	46.5
		Female	<u>91</u>	<u>53.5</u>
		Total	170	100.0
2	Age range	Below 30 years	21	12.3
		30-40 years	53	31.1
		41-50 years	58	34.1
		51-60 years	23	13.5
		61years and above	<u>15</u>	<u>8.8</u>
		Total	170	100.0
3	Work experience	less than 5years	21	12.3
		5-10years	61	35.8
		11-15years	58	34.1
		16-20years	25	14.7
		21years and above	<u>15</u>	<u>8.8</u>
		Total	170	100.0
4	Highest level of education	Secondary	22	12.9
		Training college	45	26.4
		1 st Degree	58	34.1
		Post Graduate	<u>45</u>	<u>26.4</u>
		Total	170	100.0

Source: Field survey (2021)

The response rate to the questionnaire administered was (170 out of 176) 96.5%. Regarding the age range of the participants, the study revealed that majority of the respondents 21(12.3%) was between 41-50 years' category. Again, it was found that 53 respondents were between 30-40 years category which signifies that

31.1% of the respondents were within that age category. This was followed by those in 51-60 years and Below 30 year's categories as each group had 13.5% and 12.3% respectively. Furthermore, it was discovered that 15 (8.8%) of the respondents were 61 years and above. A critical analysis of the age range indicated that the institution had relatively older workforce structure nearing retirement (56.4% fell between 41-61 years and above). On the Highest level of education of the respondents, Table 2 revealed that 22 (12.9%) of the respondents were in the secondary category, 45 (26.4%) were in the training college category, 58 (34.1%) were 1st degree holders and 45 (26.4%) were 2nd degree holders.

Assessing the Motivational Packages Available for Health Workers at St. Francis Xavier Hospital

This section sought to provide findings relating to the first specific research objective of the study on assessing the available motivational packages for health workers at St. Francis Xavier Hospital. The motivational packages available were in measured using two constructs monetary and non-monetary packages. The main variable was evaluated in terms of descriptive statistics such as frequencies, mean and standard deviation. The results are presented in Table 3 and the relevant mean values were interpreted using mean values obtain from five-point Likert scale items.

The mid-point for the scale of agreement to an item was 2.90. Thus, any mean score below 2.90 indicated a low agreement to an item while any score equal to or above 2.90 indicated a strong agreement (as adopted by Mohammed, 2017; Tweneboah-Koduah, 2017). Whenever measures of central tendencies are

computed, there should be a corresponding measure of variations (Creswell & Creswell, 2017). The standard deviation shows the variations in the responses such that standard deviations closed zero (0) are more reliable than those far from zero. Table 3 therefore presents the respondents view on the motivational packages available for health workers at St. Francis Xavier Hospital.

A close observation of the findings in Table 3 shows that the respondents least agreed on the availability of health sponsorship package for them ($M=1.94$; $SD=1.17$), and that they do not have further studies sponsorship package ($M=1.54$; $SD=1.05$). Again, the respondents declined that there exist Christmas package for them ($M=1.70$; $SD=1.09$). With respect to welfare packages the respondents indicated that the welfare package is low ($M=1.70$; $SD=1.18$). Likewise, the respondents disagreed that they are given an adequate accommodation ($M=1.48$; $SD=0.93$). Further, it was shown that respondents are not given free transport ($M=1.89$; $SD=1.07$). In similar vein, respondents are not given bonuses for extra work done ($M=1.50$; $SD=1.02$) and overtime pay is not given ($M=1.72$; $SD=1.25$). Lastly, the respondents declined that they are given allowance at the workplace ($M=1.96$; $SD=1.23$). However, the respondents agreed that receive their salaries and basic wage respectively ($M=3.68$ and $M=3.57$; $SD=1.37$ and $SD=1.26$).

Table 3: Motivational Packages Available for Health Workers at St. Francis Xavier Hospital

Statement	1	2	3	4	5	Mean	Std. Dev.
Monetary motivational packages							
Availability of health sponsorship package	25(50%)	11(22%)	8(16%)	4(8%)	2 (4%)	1.94	1.17
Further studies sponsorship package	36 (72%)	7(14%)	3(6%)	2 (4%)	2 (4%)	1.54	1.05
Existence of Christmas package	31 (62%)	9 (18%)	6(12%)	2 (4%)	2 (4%)	1.7	1.09
Welfare package	31(62%)	12(24%)	2 (4%)	1(2%)	4(8%)	1.7	1.18
Adequate accommodation	36 (72%)	8(16%)	3(6%)	2 (4%)	1(2%)	1.48	0.93
Salaries	6(12%)	4(8%)	3(6%)	17(34%)	20(40%)	3.68	1.37
Free transport for staff	36 (72%)	9 (18%)	1(2%)	2(4%)	2(24%)	1.89	1.07
Bonuses	33(66%)	8(16%)	3(6%)	2(4%)	4(8%)	1.5	1.02
Overtime pay	30(60%)	9(18%)	3(6%)	5(10%)	3(6%)	1.72	1.25
Basic wage	4(8%)	8(16%)	1(2%)	15(30%)	22(44%)	3.57	1.26
Allowances	25(50%)	11(22%)	9(18%)	1(2%)	4(8%)	1.96	1.23
Total	262(53.8%)	96(19.7%)	41(8.4%)	23(4.7%)	65(13.3%)		
Non-Monetary Motivational Packages							
Career and Professional Development	24(48%)	16(32%)	6(12%)	1(2%)	3(6%)	1.86	1.11

Access to Benefits and Supports	28(56%)	13(26%)	5(10%)	4(18%)	0(0%)	1.7	0.95
Positive Working Environments	5(10%)	3(6%)	11(22%)	14(28%)	17(34%)	3.46	0.92
Flexible Working Arrangements	5(10%)	3(6%)	10(20%)	17(34%)	15(30%)	3.48	1.25
Dynamic and Challenging Task	6(12%)	6(12%)	9(18%)	13(26%)	16(32%)	3.44	1.37
Job Security	2(4%)	9(18%)	8(16%)	11(22%)	20(40%)	3.62	0.98
Recognition for exceptional work	5(10%)	3(6%)	6(12%)	12(24%)	24(48%)	3.82	1.21
Long service awards	31(62%)	10(20%)	3(6%)	1(2%)	5(10%)	1.62	1.1
Feedback	4(8%)	2(4%)	8(16%)	12(24%)	24(48%)	3.87	1.14
Participation	6(12%)	3(6%)	7(14%)	11(22%)	23(46%)	3.86	1.05
Total	111(22.5%)	68(13.8%)	73(14.7%)	95(19.2%)	147(30%)		

Source: Field survey (2021)

These findings could imply that monetary motivational packages exist, however, in an inadequate form. Hence respondents' displeasure in their responses. This reflect those employees at the health institution are not monetarily incentivised. This could lead to low morale staff and eventually low performance (Maestrini, Luzzini, Caniato & Ronchi, 2018). Likewise, it would affect their loyalty to the institution coupled with absenteeism (Hongoro & Normand, 2006). The institution may encounter lackadaisical approach to work by these administrators as nothing is given apart from their basic wages and salaries to motivate them to optimum performance (Englmaier, Grimm, Schindler & Schudy, 2018). As Herzberg stated the absence of motivational packages for staff would causes dissatisfaction, laziness and low motivation towards work. As such teachers would continue to decline any additional responsibilities given to them (Lambertini & Tampieri, 2015).

Comparing the findings with Hongoro and Normand (2006) assertion that at least half of the variation in turnover can be attributed to monetary motivational packages, these findings rather contradict this assertion and would lead to higher turnover at the workplace. Also, according to Delfgaauw, Dur and Souverijn (2018) bonuses are linked to the achievement of performance outcomes, and additional monetary motivational packages may enhance employee fellowships. However, the results, conversely, would yield poor employee relation in the institution. Again, the findings are in contrast with Shen, Nguyen, Das, Sachingongu, Chansa, Qamruddin and Friedman (2017) assertion that monetary motivational when given would moderate the performance–turnover relationship.

With respect to non-monetary motivational packages, the respondents proclaimed that they have a positive working environment ($M=3.46$; $SD=0.95$) as well as flexible working arrangements ($M=3.48$; $SD=1.25$). Also, they are given dynamic and challenging task to perform ($M=3.44$; $SD=1.37$). The respondents further indicated that they are provided with job security ($M=3.62$; $SD=0.98$) and also recognition for exceptional work ($M=3.82$; $SD=1.21$). Feedback is very necessary for effective employee performance and as indicated respondents are given feedback on their performance ($M=3.87$; $SD=1.14$). However, the respondents asserted that they are not offered career and professional development opportunities ($M =1.86$; $SD=1.11$). Also, they do not have access to benefits and any support ($M =1.70$; $SD=0.95$). In addition, respondents are not awarded base on their long stay with the institution ($M =1.62$; $SD=1.10$).

The findings are in line with Rosli and Rossi (2016) and Turban and Hurley (2016) assertion that if recognition is provided, it can be a powerful incentive motivator for performance improvement. In line with Lambertini and Tampieri (2015) feedback intervention would convey more task-relevant information to employees. These would in way motivate them to higher employee performance. Flexible working environment and positive environment improves the workplace atmosphere for higher productivity.

Level of Performance of Health Workers at St. Francis Xavier Hospital as a Result of Motivation Received

The second research objective of the study sought to examine the level of performance of health workers at St. Francis Xavier Hospital as a result of

motivation received. The performance level was measured using nine (9) items. Also, the responses to the items were measured with five-point numerical scale such that one (1) represents the least agreement to the issues while five (5) represents the highest agreeing to the issues. Again, the items were evaluated in terms of descriptive statistics such as percentages, mean and standard deviation. The relevant mean values presented in Table 4 were interpreted using mean values obtain from five-point Likert scale items. Table 4 therefore presents the level of performance of health workers at St. Francis Xavier Hospital as a result of motivation received.

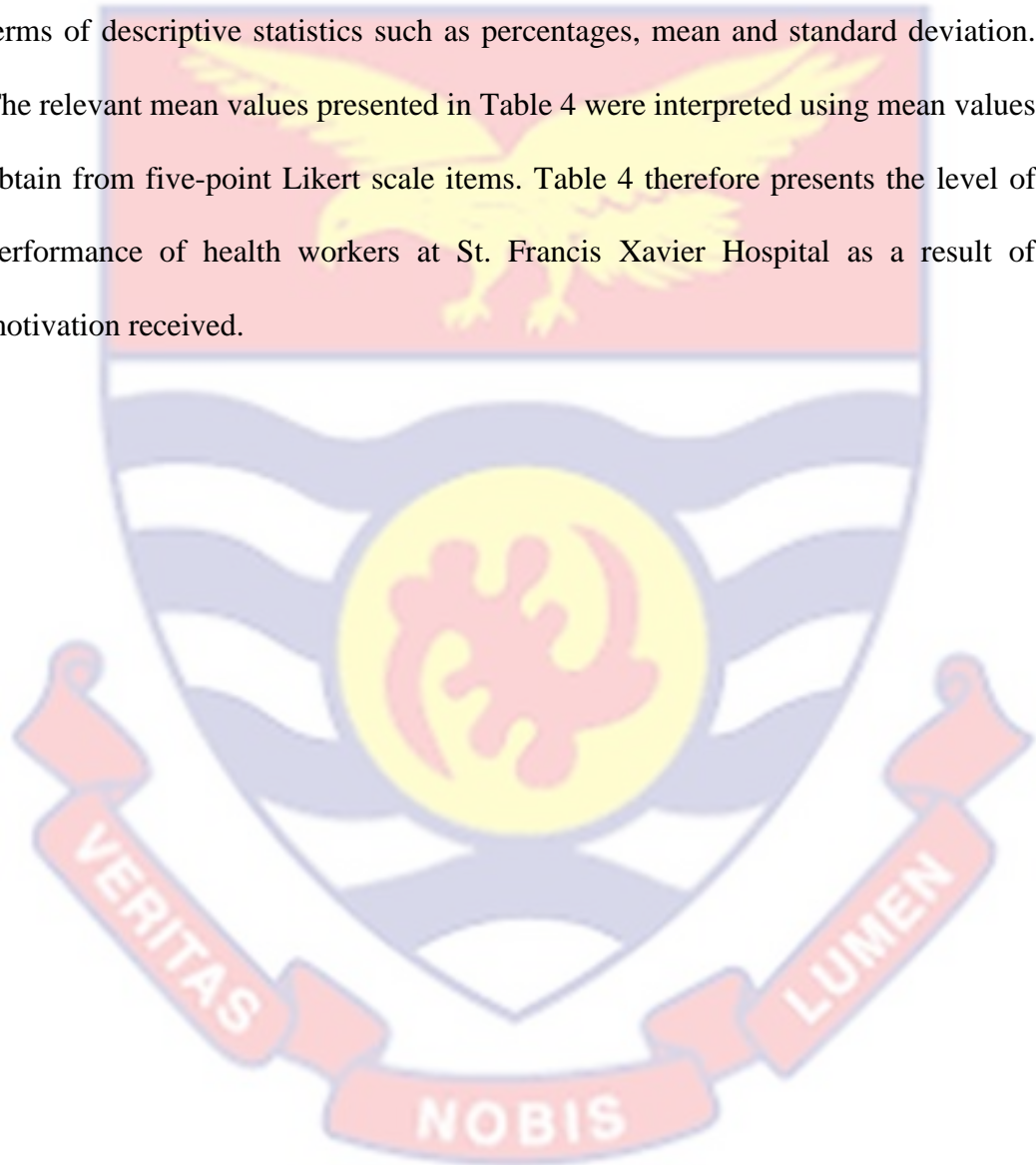


Table 4: Level of Employee Performance

Statements	Least	Slight	Moderate	Strong	strongest	Mean	Std Deviation
Improved Utilization of Out-Patient and Antenatal Services	0%	17%	44%	33%	10%	3.34	.86
Less time spent by patient at the OPD	0%	14%	63%	20%	7%	3.19	.75
Better provision of holistic care at all service points	0%	13%	50%	32%	9%	3.35	.81
Improvement in communication	0%	8%	55%	39%	2%	3.33	.64
Improvement interpersonal relationship	0%	37%	42%	19%	6%	3.38	.72
Improvement in effective monitoring mechanism	0%	36%	43%	15%	10%	2.94	.87
Low average length of stay	1%	20%	61%	16%	6%	3.05	.78
Low readmission rate	1%	28%	53%	14%	8%	3.00	.87
Perceived patient satisfaction	0%	17%	58%	22%	7%	3.18	.78

Source: Field survey (2021)

As presented in Table 4, the mid-point for the scale to an item was 2.9 (Dess, Lumpkin & McFarlin, 2005). Thus, any mean score below 2.90 indicated a low to the item while any score above 2.90 indicated high to the item. According to Wan, Wang, Liu and Tong (2014) anytime measure of central tendencies are computed, there is the need to also compute the measure of variation. In this study the variation is the central tendency is the mean while the variation is the standard deviation. However, there is no threshold for acceptable variation but each variation can be compared with the variations of other items under the same construct.

From Table 4 majority (42.3%) of the respondents indicated that due to the training received they have improved utilization of out-patient and antenatal service at the health institution, while 31.7% strongly agree to it as well ($M = 3.03$; Std Dev = .84). Similarly, 60.6% of the respondents moderately agree that they less time is spent by patient at the OPD as a result of training received ($M = 3.03$; Std Dev = .84). Once more, 48.1% indicated that there is a better provision of a holistic care at all service point at the health institution, while 30.8% also accented to same assertion ($M = 3.03$; Std Dev = .84). Majority (52.9%) agreed moderately that they have improved in communication ($M = 3.09$; Std Dev = .75).

Correspondingly, 52.9% agreed moderately that they have also improved in interpersonal relationship ($M = 3.09$; Std Dev = .75). Apart from improvement in communication and relationship, 40.4% of the respondents moderately agreed that there has been improvement in monitoring mechanism at the health institution ($M = 3.37$; Std Dev = .87). Further, as a measure of performance, the respondents (58.7%) revealed that there is low average length of stay of patients in the hospital

($M = 3.37$; Std Dev = .87). Congruently, 51% also asserted that there is low readmission rate of patient ($M = 3.37$; Std Dev = .87). Lastly, 55% perceived that patient are satisfied with treatment given to them ($M = 3.37$; Std Dev = .87).

The findings imply that health workers at St. Francis Xavier Hospital are able to effectively present or perform their tasks to reflect their quality and good service preferred by their organizations. Also, the implications are that the nurse are punctual to work, loyalty to the health service, and responsiveness to patients. These findings are in consistent with Olaniyan and Lukas (2018) assertion that when employee effectively manage and present their tasks, it reflects their quality and good service preferred by their organizations. Also, the findings are in line with Irimu, Greene, Gathara, Kihara, Maina, Mbori-Ngacha and English (2014) studies that factors indicating performance of health workers include work efficiency and quality of work. Further, the findings are reliable with Julian and Boone (2015), who indicated that in the healthcare, performance is measured in terms of successful birth, reduced neonatal and maternal death, improved utilization of out-patient and antenatal services, time spent at the OPD and provision of holistic care at all service points. Also, Olaniyan and Okemakinde (2008) mentioned that performance can be measured on improvement in communication, interpersonal relationship and leadership style, improvement in effective monitoring mechanism.

Effect of Motivation on Health Workers’ Performance at St. Francis Xavier Hospital

In this objective, results on the influence of monetary motivation on health workers’ performance at St. Francis Xavier Hospital was presented. Regression analysis was done where the linearity and the relationship between the two variables were analysed with motivation as the independent variable and health workers’ performance as the dependent variable. Table 5 gave the model summary of the output and it displayed the R, R squared, adjusted R squared, and the standard error. R is the Pearson product moment correlation coefficient which indicates the strength and direction of the linear relationship between the dependent variable (health workers’ performance) and the independent variable (motivation).

Table 5: Model Summary

Model	R	R Square	Adjusted R	
			Square	Std. Error of the Estimate
1	.694 ^a	.482	.460	6.12618

a. Predictors: (Constant), Monetary and Non-monetary Motivation

b. Dependent Variable: Work Performance

Source: Field survey (2021)

From Table 5, motivation and health workers’ performance are positively correlated, and the strength of the relationship is strong at (.694). Regarding this relationship between motivation and health workers’ performance, the correlation shows a strong positive and significant relationship between the two variables. The R Square explains the amount of variation that exists in the dependent variable (Work performance) caused by the independent variable (Motivation). Therefore,

the result further indicates that (48.2%) variation in health workers’ performance (as dependent variable) is explained by the independent variable (Motivation) and the remaining (51.8%) is explained by the residual (other factors not captured by the model). The implication is that, an increase in motivation would result in a medium increase in health workers’ performance and as such, motivation alone cannot influence health workers to perform well.

Table 6 is the ANOVA table which provides the test significance for R and R² using the F-statistic. The F statistic is the regression mean square (MSR) divided by the residual mean square (MSE). If the significance value of the F statistic is small (smaller than say 0.05) then the independent variables do a good job explaining the variation in the dependent variable.

Table 6: ANOVA^a

		Sum of				
Model		Squares	Df	Mean Square	F	Sig.
1	Regression	571.953	1	571.953	15.240	.000
	Residual	6042.341	161	37.530		
	Total	6614.294	162			

a. Dependent Variable: Work Performance

b. Predictors: (Constant), Motivation

Source: Field survey (2021)

In this analysis, the ρ -value is well below .05 ($\rho = .000$). Therefore, it can be concluded that, the R and R² between motivation and health workers’ performance is statistically significant.

The Table 7 also provides information that is useful for understanding the regression equation. Under the column marked unstandardized coefficient and sub-column B, the numerical value for the first row, labelled (constant), is the value for the intercept (a) in the regression equation. The numerical value on the second row, labelled as monetary incentives in this case (representing the independent variables), is the value for the slope (b) for the regression equation.

Table 7: Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
1 (Constant)	18.509	1.044		17.726	.000
Monetary	.727	.084	.694	3.904	.000
Non-Monetary	.834	.071	.758	7.490	.000

a. Dependent Variable: Employee Performance

Source: Field survey (2021)

Based on these results, the researcher can report the following regression equation, predicting health workers' performance based on the available motivation.

$$Y \text{ (Workers' performance)} = 18.509 + 0.727X_1(\text{monetary}) + 0.834X_2 \text{ (non-monetary)}$$

Hence, taking the values for the slope and the intercept in the resulting regression equation, the researcher can make the following assertions: According to the intercept, when there are no monetary incentives, thus, when monetary incentives is zero, health workers' performance will be at 18.509, and according

to the slope, for any additional monetary and non-monetary motivation, there will be an increase in health workers' performance by (72.7%) and (83.4%) respectively. Therefore, both monetary and non-monetary motivation have a significant influence on health workers' performance.

This finding was in line with a study by Nawab and Bhatti (2011) whose study revealed that, monetary motivation 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 motivation on retention of health workers, whereas Gichuru (2015) similarly found that, financial incentives had a strong effect on performance, while non-monetary motivation had a weak effect on performances of employees in the SMEs. The findings were also in congruent with Chowdhury and Begum (2012) who found that monetary rewards highly influence employees to perform better than non-monetary rewards.

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.

It is to note again that this finding was in line with studies by (Ankomah, Kumah & Karikari, 2016; Arora et al., 2015; Erbasi & Arat, 2012; Khan et al., 2013; Mamdani & Minhaj, 2016; Merchant & Stede, 2012). For instance, Arora et

al. (2015) found that non-monetary motivation such as recognition and training strongly influence job performance, while Mamdani and Minhaj (2016) also found that, non-monetary motivation had a moderate and positive impact on employees' performance. However, the study's finding contradicted studies by (Hameed et al., 2014; Gichuru, 2015; Ijah, 2013). For instance, Ijah (2013) found that, no relationship exists between non-monetary motivation and employee performance. Hameed et al. (2014) also found that, non-monetary 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 data obtained to answer the study's research questions. The chapter revealed that, both monetary and non-monetary motivation had a strong positive significant relationship with performances of health workers within St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly. The chapter concluded that, health workers in selected health institution at St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly are mostly influenced by non-monetary motivation such as having cordial relationships with others, appreciation for work done and having stronger positive work environment as compared to monetary motivation such as salary increments, bonuses and allowances.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents 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.

Overview

The purpose of the study was to examine motivation of health workers and their performance in Ghana, precisely, health institutions at St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly. In order to achieve the main objective, the following research objectives were asked to guide the study:

1. Assess the motivational packages available for health workers at St. Francis Xavier Hospital.
2. Assess the level of performance of health workers at St. Francis Xavier Hospital as a result of motivation received.
3. Examine the effect of motivation on health workers' performance at St. Francis Xavier Hospital.

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 hospital has a total population of 315 consisting of permanent and contract staff. Yamane (1999) formula was used to randomly sample 176 respondents. Structured questionnaires were distributed to the sampled respondents of which 170 of them were appropriate for analysis. This constituted 96.6% response rate. Data obtained were analysed using descriptive and inferential statistical tools such as frequencies, means, standard deviations and regression.

Summary of Key Findings

The first objective of the study sought to assess the motivational packages available for health workers at St. Francis Xavier Hospital. Based on this objective, the study carried out a descriptive analysis and found that both direct and indirect forms of compensation are given to workers at St. Francis Xavier Hospital. It was found that monetary motivation given to employees included bonuses, commissions, wages, salaries and advanced pay. However, it was found that overtime pay and incentives to ginger workers were not adequate. On non-monetary motivation it was found that the workers enjoy job security, a positive working environment, autonomy at work, flexible working arrangements, job security, recognition for exceptional work, acknowledgment, feedback and appreciation.

The second objective of the study sought to examine the performance of employees of St. Francis Xavier Hospital as a result of motivation enjoyed. Again, based on this objective, the study carried out a descriptive analysis and found that the workers irrespective of insufficient overtime and incentives given to them, the

other monetary and non-monetary packages are enough for them to work to come out with high quantity and quality of output, be present at work always, be efficient and effective on the job, maintain professional working relationships, meet deadlines and use Uses resources well.

The third objective of the study sought to examine the effect of motivation on employee performance at St. Francis Xavier Hospital. Again, based on this objective, the study carried out a correlational analysis and found a strong and positive significant relationship between the two variables. Moreover, based on the regression results, using the slope and intercept, it was found that, both monetary and non-monetary packages have a strong significant influence on health workers' performance at St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly.

Conclusions

This study has provided an overview and relevant discussion on motivational packages and performance of health workers. From the study's findings, it was concluded that, monetary motivation had a moderate strong influence on health workers' performance at St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly. This was surprising to find since reports (GNA, 2015) have revealed that, most of the industrial unrests in the Ghanaian health sector are as results of inadequate monetary incentives available to health workers. However, this study contributes to a better understanding of the actual (not perceived) factors that influence health workers to perform better.

Also, it was concluded that, non-monetary motivation had a strong influence on health workers' performances at St. Francis Xavier Hospital in Assin

Foso Metropolitan Assembly. 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. As such, the study's finding has contributed to a better understanding of the fact that, industrial unrests are not necessarily caused by inadequate monetary motivation but, rather, inadequacy of non-monetary motivation could be a major influential factor.

Recommendations

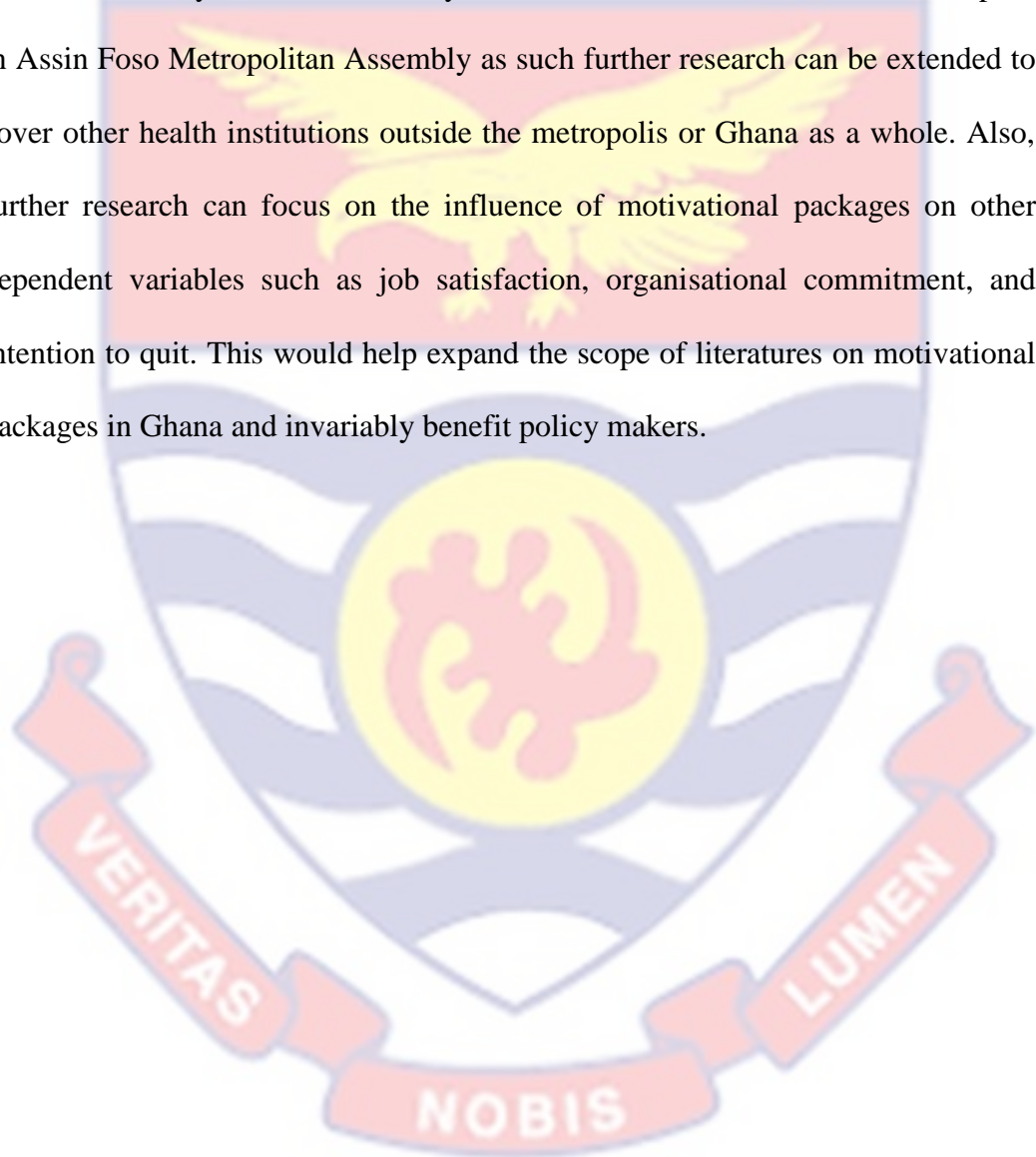
Based on the study's conclusions, the following recommendations were hereby made. First, the study recommended that, authorities in the health sector such as Ministry of health, its agencies and management of St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly should ensure that they continuously provide improved monetary incentives that are need satisfying to their health workers even though they were found to have a low influence on performance compare to non-monetary motivation. This is because, failure to provide adequate monetary motivation could go a long way to affect performances of individual workers who are influenced by them.

It was also recommended that, health authorities including Ministry of Health (MoH) and management of St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly should focus on developing clear structures in order to strengthen and also enhance the non-monetary motivation currently available to health workers. For instance, improved non-monetary incentives such as recognition through regular promotions based relevant performance appraisals and

weekly/monthly appreciation letters should be established in the various health institutions in bid to motivate health workers and invariably improve performances.

Suggestions for Further Research

This study was limited to only health workers at St. Francis Xavier Hospital in Assin Foso Metropolitan Assembly as such further research can be extended to cover other health institutions outside the metropolis or Ghana as a whole. Also, further research can focus on the influence of motivational packages on other dependent variables such as job satisfaction, organisational commitment, and intention to quit. This would help expand the scope of literatures on motivational packages in Ghana and invariably benefit policy makers.



REFERENCES

- Abdul Rahim, R., & Mwanri, L. (2012). Health workforce crisis: recruitment and retention of skilled health workers in the public health sector in Malaysia. *Asia Pacific Journal of Public Administration*, 34(2), 157-170.
- Abdullah, A. A., & Wan, H. L. (2013). Relationships of non-monetary incentives, job satisfaction and employee job performance. *International Review of Management and Business Research*, 2(4), 1085.
- Adu, M. D., Malabu, U. H., Malau-Aduli, A. E., & Malau-Aduli, B. S. (2019). Enablers and barriers to effective diabetes self-management: A multi-national investigation. *PloS one*, 14(6), e0217771.
- Adzei, F. A., & Atinga, R. A. (2012). Motivation and retention of health workers in Ghana's district hospitals: addressing the critical issues. *Journal of health organization and management*, 26(4), 467-485.
- Al-Badi, A., Tarhini, A., & Al-Kaaf, W. (2017). Financial Incentives for Adopting Cloud Computing in Higher Educational Institutions. *Asian social science*, 13(4), 162.
- Alegbejo, T. B. (2013). *A study of non-monetary rewards as a motivation tool for employee performance in Tesco* (Doctoral dissertation, University of East London).
- Ali, S. A. E. Z., Afridi, M., Shafi, M., Munawar, H., & Alvi, M. (2016). Impact of Tangible or Intangible incentives on job satisfaction among workers. *International journal of management excellence*, 7(3), 841-845.

- Allen, T., Whittaker, W., Kontopantelis, E., & Sutton, M. (2018). Influence of financial and reputational incentives on primary care performance: a longitudinal study. *Br J Gen Pract*, 68(677), e811-e818.
- Al-Nsour, M. (2011). Relationship between incentives and organisational performance for employees in the Jordanian Universities. *International journal of business and management*, 7(1), 78
- Armstrong, C., Flood, P. C., Guthrie, J. P., Liu, W., MacCurtain, S., & Mkamwa, T. (2010). The impact of diversity and equality management on firm performance: Beyond high performance work systems. *human resource management*, 49(6), 977-998.
- Atinga, R. A., Abor, P. A., Suleman, S. J., Anaba, E. A., & Kipo, B. (2020). e-health usage and health workers' motivation and job satisfaction in Ghana. *PLoS One*, 15(9), e0239454.
- Besley, T., & Ghatak, M. (2003). Incentives, choice, and accountability in the provision of public services. *Oxford review of economic policy*, 19(2), 235-249.
- Bilal, H., Shah, B., Kundi, G. M., Qureshi, Q. A., & Akhtar, R. (2014). Training and Financial Rewards as Predictors for "Employee-Engagement" in Private Sector Universities of Developing Countries. *Training*, 4(6).
- Blanchard, B. S. (2004). *System engineering management*. John Wiley & Sons.
- Bonner, S. E., Hastie, R., Sprinkle, G. B., & Young, S. M. (2000). A review of the effects of financial incentives on performance in laboratory tasks:

Implications for management accounting. *Journal of management accounting research*, 12(1), 19-64.

Brehm, M., Imberman, S. A., & Lovenheim, M. F. (2017). Achievement effects of individual performance incentives in a teacher merit pay tournament. *Labour Economics*, 44, 133-150.

Cerasoli, C. P., Nicklin, J. M., & Nassrelgrawi, A. S. (2016). Performance, incentives, and needs for autonomy, competence, and relatedness: a meta-analysis. *Motivation and Emotion*, 40(6), 781-813.

Coles, J. L., & Li, Z. F. (2018). Managerial attributes, incentives, and performance. *Incentives, and Performance (August 28, 2018)*.

Corgnet, B., Gómez-Miñambres, J., & Hernán-Gonzalez, R. (2018). Goal setting in the principal-agent model: Weak incentives for strong performance. *Games and Economic Behavior*, 109, 311-326.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: qualitative, quantitative, and mixed methods approach*. Sage publications.

Cunningham, J. B., Campbell, D., Kroeker-Hall, J., Burke, R. J., Cooper, C. L., & Antoniou, A. G. (2015). 9. Motivational goals and competencies of older workers who re-engaged in the workforce. In *The multi-generational and aging workforce: Challenges and opportunities* (pp. 183-211). Edward Elgar Publishing.

Dee, T. S., & Wyckoff, J. (2015). Incentives, selection, and teacher performance: Evidence from IMPACT. *Journal of Policy Analysis and Management*, 34(2), 267-297.

- Delfgaauw, J., & Dur, R. (2008). Incentives and workers' motivation in the public sector. *The economic journal*, 118(525), 171-191.
- Delfgaauw, J., Dur, R., & Souverijn, M. (2018). Team incentives, task assignment, and performance: A field experiment. *The Leadership Quarterly*.
- Dessler, G. (2013). *Fundamentals of human resource management*. Pearson.
- Dixit, V., & Bhati, M. (2012). A study about employee commitment and its impact on sustained productivity in Indian auto-component industry. *European journal of business and social sciences*, 1(6), 34-51.
- Englmaier, F., Grimm, S., Schindler, D., & Schudy, S. (2018). DP13226 The Effect of Incentives in Non-Routine Analytical Team Tasks-Evidence from a Field Experiment.
- Esteves-Sorenson, C., & Broce, R. (2016). *Do Monetary Incentives Undermine Performance on Intrinsically Enjoyable Tasks? A Field Test*. Working paper, Yale University, New Haven, CT.
- Gana, A. B., & Bababe, F. B. (2011). The Effect of Motivation on Workers Performance (A case Study of Maiduguriflour Mill Ltd. Borno State, Nigeria). *Continental J. Social sciences, willolud journal*, 4(2), 8-13.
- Geen, R. G. (2019). Social motivation. *Companion Encyclopedia of Psychology*, 522-541.
- Gerhart, B. (2017). Incentives and pay for performance in the workplace. In *Advances in Motivation Science* (Vol. 4, pp. 91-140). Elsevier.
- Glazer, A. (2004). Motivating devoted workers. *International journal of industrial organisation*, 22(3), 427-440.

- Guan, J., & Yam, R. C. (2015). Effects of government financial incentives on firms' innovation performance in China: Evidences from Beijing in the 1990s. *Research Policy*, 44(1), 273-282.
- Gutierrez, A. P., & Schraw, G. (2015). Effects of strategy training and incentives on students' performance, confidence, and calibration. *The Journal of Experimental Education*, 83(3), 386-404.
- Hafiza, N. S., Shah, S. S., Jamsheed, H., & Zaman, K. (2011). Relationship between rewards and employee's motivation in the non-profit organizations of Pakistan. *Business intelligence journal*, 4(2), 327-334.
- Hamilton, B. H., Nickerson, J. A., & Owan, H. (2013). Team incentives and worker heterogeneity: An empirical analysis of the impact of teams on productivity and participation. *Journal of political economy*, 111(3), 465-497.
- Henderson, L. N., & Tulloch, J. (2008). Incentives for retaining and motivating health workers in Pacific and Asian countries. *Human resources for health*, 6(1), 18.
- Herzberg, F. (1968). *One more time: How do you motivate employees* (Vol. 65). Boston, MA: Harvard Business Review.
- Howard, L. W., Turban, D. B., & Hurley, S. K. (2016). Cooperating teams and competing reward strategies: Incentives for team performance and firm productivity. *Journal of Behavioral and Applied Management*, 3(3), 1054.
- Howard, L. W., Turban, D. B., & Hurley, S. K. (2016). Cooperating teams and competing reward strategies: Incentives for team performance and firm productivity. *Journal of Behavioral and Applied Management*, 3(3), 1054.

- Huang, H., Mattke, S., Batorsky, B., Miles, J., Liu, H., & Taylor, E. (2016). Incentives, program configuration, and employee uptake of workplace wellness programs. *Journal of occupational and environmental medicine*, 58(1), 30-34.
- Hur, J. D., & Nordgren, L. F. (2016). Paying for performance: Performance incentives increase desire for the reward object. *Journal of personality and social psychology*, 111(3), 301.
- Jackson, S. E., Renwick, D. W., Jabbour, C. J., & Muller-Camen, M. (2011). State-of-the-art and future directions for green human resource management: Introduction to the special issue. *German journal of human resource management*, 25(2), 99-116.
- Kshirsagar, M., & Waghale, V. Y. (2014). Impact of financial and non-financial rewards on employee motivation. *International Research Journal of Management and Commerce*, 1(6), 61-74.
- Lambertini, L., & Tampieri, A. (2015). Incentives, performance and desirability of socially responsible firms in a Cournot oligopoly. *Economic Modelling*, 50, 40-48.
- Maestrini, V., Luzzini, D., Caniato, F., & Ronchi, S. (2018). Effects of monitoring and incentives on supplier performance: An agency theory perspective. *International Journal of Production Economics*, 203, 322-332.
- Mamdani, K. F., & Minhaj, S. (2016). Effects of motivational incentives on employees' performance: A case study of banks of Karachi, Pakistan. *South*

East Asia Journal of Contemporary Business, Economics and Law, 9(2), 32-39.

Marsden D. & Richardson R. 1994. Performing for Pay? The Effect of 'Merit Pay' on Motivation in a Public Service. *British Journal of Industrial Relations*, 243–26.

Muchapondwa, E., Biggs, H., Driver, A., Matose, F., Moore, K., Mungatana, E., & Scheepers, K. (2009). Using economic incentives to encourage conservation in bioregions in South Africa. *Economic research Southern Africa (ERSA) working paper*, (120).

Peterson, S. J., & Luthans, F. (2006). The impact of financial and nonfinancial incentives on business-unit outcomes over time. *Journal of applied psychology*, 91(1), 156.

Pouliakas K. & Theodossiou I. 2009. Confronting Objections to Performance Pay: The Impact of Individual and Gain-Sharing Incentives On Job Satisfaction. *Scottish Journal of Political Economy*. Vol. 56, No. 5, pp. 662–683

Rosli, A., & Rossi, F. (2016). Third-mission policy goals and incentives from performance-based funding: Are they aligned? *Research evaluation*, 25(4), 427-441.

Rynes S., Gerhart B. & Minette K. 2005. The Importance of Pay in Employee Motivation: Discrepancies Between What People Say and What They Do. *Human Resource Management*. Vol. 43(4), 381–394.

Sekaran, U. (2003). *Research methods for business*. Hoboken.

- Shen, G. C., Nguyen, H. T. H., Das, A., Sachingongu, N., Chansa, C., Qamruddin, J., & Friedman, J. (2017). Incentives to change: effects of performance-based financing on health workers in Zambia. *Human resources for health*, 15(1), 20.
- Shields, J., Brown, M., Kaine, S., Dolle-Samuel, C., North-Samardzic, A., McLean, P. & Plimmer, G. (2015). *Managing employee performance & reward: Concepts, practices, strategies*. Cambridge University Press.
- Suprpto, M., Bakker, H. L., Mooi, H. G., & Hertogh, M. J. (2016). How do contract types and incentives matter to project performance?. *International Journal of Project Management*, 34(6), 1071-1087.
- Terpend, R., & Krause, D. R. (2015). Competition or cooperation? Promoting supplier performance with incentives under varying conditions of dependence. *Journal of Supply Chain Management*, 51(4), 29-53.
- Ude, U., & Coker, M. A. (2012). Incentive schemes, employee motivation and productivity in organisations in Nigeria: Analytical Linkages. *Journal of business and management*, 1(4), 32-39.
- Welpe, I. M., Wollersheim, J., Ringelhan, S., & Osterloh, M. (2015). Incentives and performance. *Governance of research organizations, Cham [etc.]*.
- World Health Organization. (2015). *World health statistics 2015*. World Health Organization.
- Wright P., George J., Farnsworth S. & McMahan G. 1993. Productivity and Extra-Role Behavior: The Effects of Goals and Incentives on Spontaneous Helping. *Journal of Applied Psychology*. Vol. 78(3), 374–381

Wu, Y. (2017). Authority, Incentives, and Performance: Evidence from a Chinese Newspaper. *Review of Economics and Statistics*, 99(1), 16-31.

Yamane, T. (1967). Elementary sampling theory.



4. Highest level of educational qualification: HND Degree Post Graduate

Section B: Motivational Packages

Respondents would be asked to indicate their level of agreement with regards to each of the following statements on motivational packages used in the institution.

The responses would be measured Likert scale that ranged from 1 to 5 where 1 denotes least agreement and 5 denotes strongly agreement.

Items	SD	D	N	A	SA
Monetary motivation					
Credit facilities					
Insurance packages					
Existence of Christmas package					
Welfare package					
Salaries increment					
Free transport for staff					
Bonuses					
Overtime pay					
Basic wage					
Allowances					
Non-monetary					
Job security					
A positive working environment					
Autonomy at work					
Flexible Working Arrangements					
Job Security					

Recognition for exceptional work					
Acknowledgment					
Feedback					
Appreciation					

Section C: Employee Performance

You are kindly requested to indicate your degree of agreement with each of the statements on a five-point Likert response scale that ranged from 1 to 5 where 1 denotes least agreement and 5 denotes strongly agreement.

Indicators	1	2	3	4	5
Improved Utilization of Out-Patient and Antenatal Services					
Less time spent by patient at the OPD					
Better provision of holistic care at all service points					
Improvement in communication					
Improvement interpersonal relationship					
Improvement in effective monitoring mechanism					
Low average length of stay					
Low readmission rate					
Perceived patient satisfaction					

Thank you.