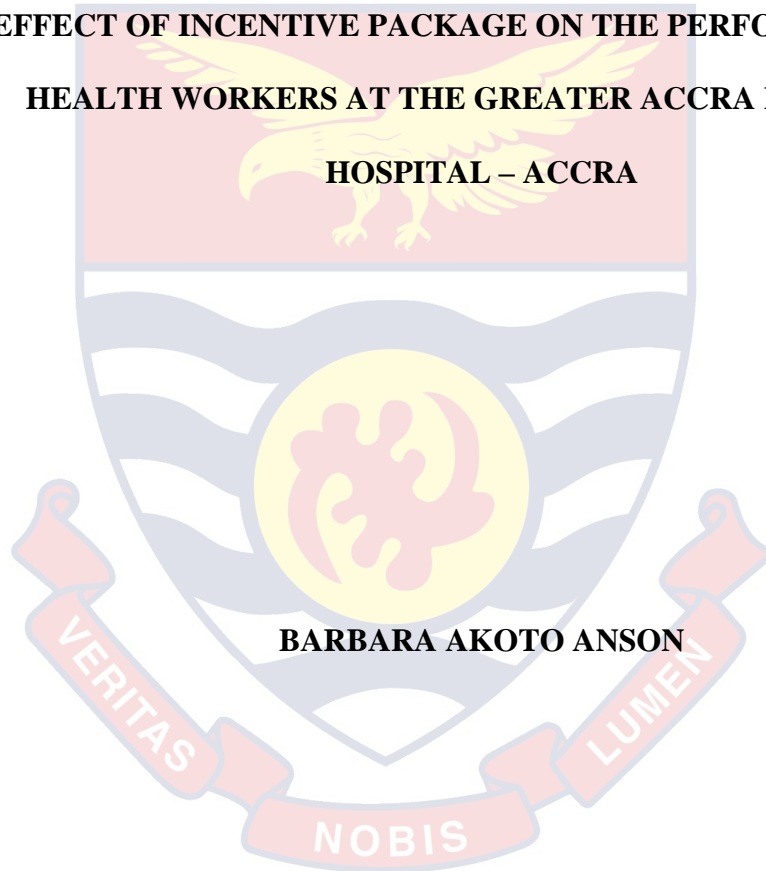


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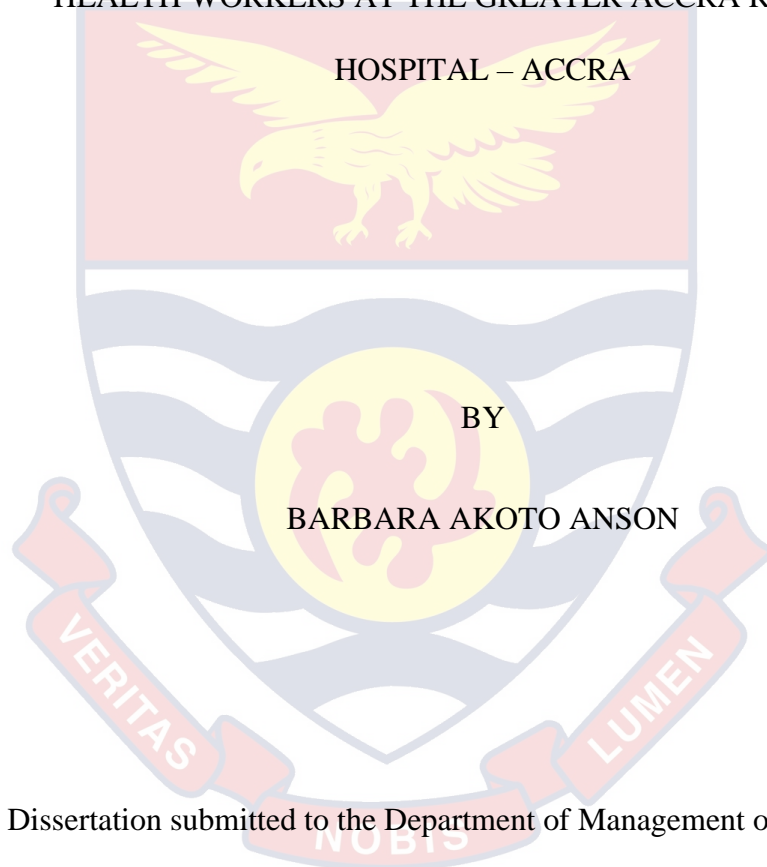
**EFFECT OF INCENTIVE PACKAGE ON THE PERFORMANCE OF
HEALTH WORKERS AT THE GREATER ACCRA REGIONAL
HOSPITAL – ACCRA**



2019

UNIVERSITY OF CAPE COAST

EFFECT OF INCENTIVE PACKAGE ON THE PERFORMANCE OF
HEALTH WORKERS AT THE GREATER ACCRA REGIONAL



Dissertation submitted to the Department of Management of the 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 General Management

MAY 2019

DECLARATION

Candidate's Declaration

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

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

Barbara Akoto Anson

Supervisor's Declaration

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

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

Dr. Nick Fobih

ABSTRACT

Human resource is widely acknowledged as the centre of all development processes in any organisation worldwide. In health organisations, for instance, health workers are expected to remain highly committed and loyal to their jobs. The main objective of the study was to determine the influence of motivation on health worker performance. This study applied an exploratory cross sectional design using quantitative methods. The study sample included a total of 324 clinical health personnel from the Accra Regional Hospital. Self-administered structured questionnaires were used to collect data from participants. Statistical analysis used was descriptive statistics such as frequencies and percentages was used to analyze the socio demographic variables. Logistic regression tests were employed to analyze relationship between socio demographic and intrinsic and extrinsic motivational factors and how these motivational factors influences health workers' performance. Multinomial regression revealed that achievement, recognition and effective supervision improved work performance, however incentive was not significantly associated with performance. Improved salary, availability of equipment, availability of adequate human resource and good interpersonal relationship enhanced worker performance. Overall the findings of the study suggest that to improve the performance of health workers at Accra Regional Hospital, there is the need for carefully defined motivational factors that are reliable and strategically relevant ensuring that they are free from criterion contamination and deficiency.

KEY WORDS

AMA Accra Metropolitan Authority

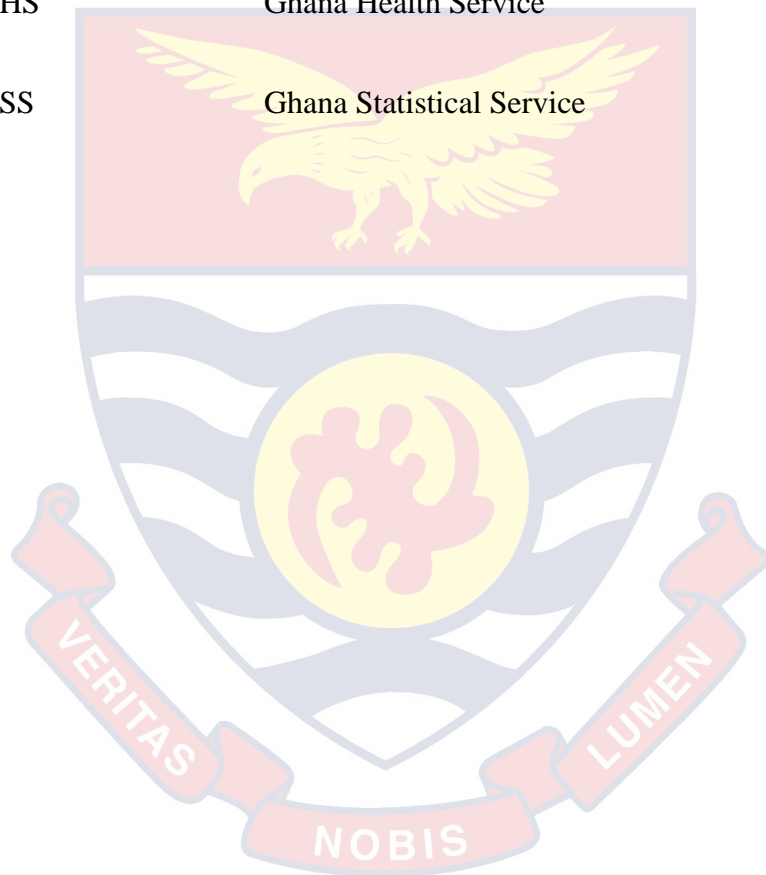
DG Development Goals

ERG Existence Relatedness Growth

GAR Greater Accra Region

GHS Ghana Health Service

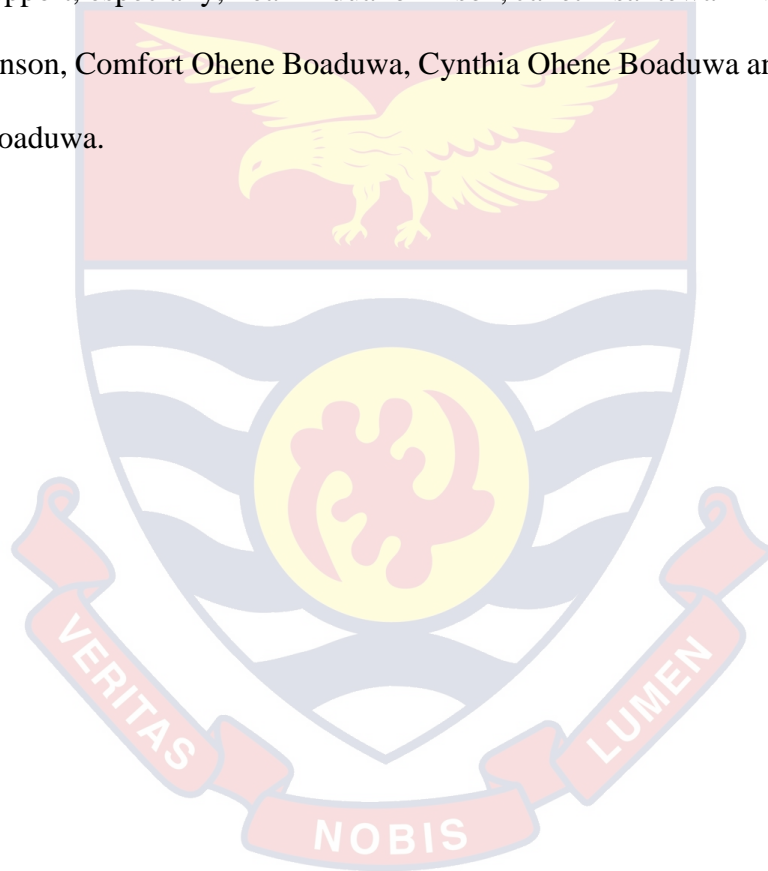
GSS Ghana Statistical Service



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DEDICATION

To my Late father Nana Danso Asomani II and my children



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CHAPTER ONE

INTRODUCTION

Employees are the one of the most critical and important asset of every organization. The performance of workers depends on ability, tools or equipment and motivation (Noe, Hollenbeck, Gerhart, & Wright, 2017). While motivation is seen as the most important, it is also the most difficult to manage (Osabiya, 2015). The reason is that if a worker lacks ability or knowledge to perform, a training programme can help to acquire more skills as well as tools can be provided if there is none. However, if motivation is the problem, there will be difficulty in determining what could be done to motivate the employee to work harder and well (Griffin & Moorhead 2007).

Bulkus and Green (2009), explain that motivation is derived from the word “motivate”, which means more push or influence to proceed to fulfilling want. Performance on the other hand, is a combination of staff being available, competent, productive and responsive (WHO, 2006). Health workers are part of a country’s health system and they are very important in improving health outcomes. Therefore, adequately trained, skilled and motivated health workers in appreciable numbers at facilities where they are needed, is essential in the delivery of quality health care (WHO, 2010). Motivation is present in almost every life function, but a common place we find the need to apply it is in the work place (Charadraserker, 2011). Thus, motivation is the effort a person is willing to put in his or her work to achieve goals and objectives.

Background to the Study

Given the global nature of the existing socio-economic challenges, it has become quite difficult for most organizations to cope with the unending employee demands, among them being the provision of an appropriate incentive scheme. Incentives provide an avenue through which management can effectively link performance and competence of the employees (Pay, 2013). However organizations offer varied incentive schemes for their employees (Nawab and Bhatti, 2011). According to Franco et al. (2002) an incentive is seen as an available means that is applied so as to influence the willingness of the health sector professionals to enhance their input while maintaining their effort towards attaining organizational goals.

According to Cole and Kelly (2011) the issue of consistency, frequency and provision of employee incentive schemes is one of vital components of motivating employees to encourage good performance. Motivation is giving people incentives that will cause them to act in desired ways. The use of incentives is one of the work policies that are essential in the quest for the achievement of defined goals in an organization, specifically performance goals (Certo 2016). According to Wang & Barney (2007), employee incentives here refer to an element of payment linked to the working performance of an individual or working group as a result of prior arrangement. Armstrong (2010) referred to employee performance as the outcome, accomplishment of work as well as the results achieved, which is linked to the strategic goals of the organization, customer/client satisfaction and economic contributions.

At most times, most people or employers consider monetary benefits increasing employees' salaries disproportionately - as incentive. Though it is

true, it must also be noted that there are other factors that encourage an individual to give off his or her best. These factors include Satisfaction of job, Job Security, Job Promotion, and Pride for accomplishment among others. Since these are not directly related to money they are known as Non-monetary incentives (Yavuz, 2004). Non-monetary incentive has a significant and distinct role that infuses enthusiasm in a worker to perform.

Wiscombe (2002), in trying to explain a study by Lawler (1973), non-monetary incentive has a significant outcome of achieving organizational goals. With regards to increasing economic decline, most organizations have considered the use of non-monetary incentives that are not valued in monetary terms (Kepner, 2001). This has also increased the popularity of the usage of non-monetary incentives. There are lots of advantages to the organization when they offer employees with flexible hours, recognition and opportunity to contribute than when employees are rewarded with cash as posited by Warren (2007).

Poor condition of service of health workers, particularly, the poor infrastructure of hospitals, low level of salaries, insufficient and inadequate specialist and sub-specialist services in hospitals, long waiting time, poor staff attitudes, indiscipline, and intermittent shortage of material resources unquestionably reflect the negative levels of commitment and lack of professionalism. A lot of strategies have been put across to normalize the situation since these serve as a powerful disincentive to workers' efficiency. The Accra Regional Hospital as a corporate entity cannot divulge itself from the concept of incentives.

Most institutions, especially the Health sector, in Ghana offer incentives to their employees to enable them achieve their objectives, however most believe in monetary incentives such as pay increases, bonuses and others as compared to incentives such as recognition, opportunities to participate in organization's decision making as postulated by (Aktar et al., 2013). This study seeks to examine how these incentive schemes or packages whether monetary or non-monetary incentives actually affect doctors' performance at the Accra Regional Hospital at Accra.

Statement of the Problem

According to Torrington (2008) the performance of an employee depends on the strength of employee incentive schemes given by the institution where he or she belongs. Employee incentive is given accordingly to encourage the behavior and work done. In the right sense, motivational incentives should produce better employee performance. Few studies are supported by an explanation of how incentives in work place affect employee performance. Employee performance is measured through, service delivery, productivity, creativity, complains and turnover.

Even though management of the various hospitals has instituted a number of incentive packages for doctors including annual rewards to boost performance, anecdotal evidence has revealed conflicting messages with regard to its effect. So the question is, how effective are these incentive packages on the performance of doctors at the Accra Regional Hospital? The study therefore looks at the effects of incentive packages on doctors' performance in the Health Services of Ghana, especially the Accra Regional Hospital. It is believed that

the shortage of staff cuts across all clinical staff, including nurses, doctors, midwives, biomedical scientists and pharmacists.

The surgical department reported that it lost 20 nurses in 2014, through resignation, retirement and death. These had not been replaced as at first half of 2015. It is anticipated that the implication of this trend affects provision of quality health care to the clients because there is inadequate human resource, thus increasing workload. It is becoming increasingly difficult as this trend is affecting the motivation and performance of staff. Even though management had instituted some motivational packages, including award to staff members, it is believed that more could be done to cover a greater number of staff as the current coverage is limited (ARH, 2015).

It is known that migration/emigration of health workers from Accra Regional Hospital to better and well-endowed clinics and hospitals is becoming common. This migration has created problems of understaffing and demotivation of staff due to excessive workload, poor supervision and lack of continuous education programmes for staff. It has been observed that request from staff to be transferred outside the hospital are being turned down

Purpose of the Study

The purpose of the study was to explore how incentive packages affect the performance of doctors. These sought to know the perception of doctors, forms of incentives, and the effectiveness of incentive packages on the performance of doctors at the Accra Regional Hospital.

Objectives of the Study

The main objective of this study is to examine the effects of incentive package on the performance of doctors at the Accra Regional Hospital – Accra.

The specific objectives for the study are to:

1. assess how intrinsic and extrinsic motivation influence the performance of health workers at the Accra Regional.
2. identify the forms of incentives available to the health workers at the Accra Regional Hospital at Accra.
3. Assess how these incentives affect the performance of health workers at Accra Regional Hospital.

Research Questions

The following are the underlying research questions which will help in unraveling the impact of monetary and non-monetary incentives on motivation.

1. How do intrinsic and extrinsic motivation influence the performance of health workers at the Accra Regional?
2. What are the forms of incentives available to the health workers at the Accra Regional Hospital at Accra?
3. How do these incentives affect the performance of health workers at Accra Regional Hospital?

Significance of the Study

The study is expected to enable the researcher gain deeper insight into the incentive packages available and its effects on doctors' performance at Accra Regional Hospital. This research sought to provide the needed

information that would guide the Management of various hospitals to better align their strategies on motivation with their staff performance measurement systems for optimum staff performance. The findings are expected to help inform decision making in the area of strategic planning with regard to doctors' motivation and performance.

The study will be very useful to other researchers interested in the area of incentives to medical doctors. That is, the outcome of this study will serve as a base for academicians who want to conduct further studies on the impact of staff performance especially in the health sector for the betterment of the Health service in Ghana. The outcome of this study is to augment the existing store of knowledge on the subject available and serve as a catalyst for further research on innovative ways of motivation for the overall academic well-being of the nation.

Delimitation of the Study

This study will confine itself to interviewing the effect of incentive packages on the performance of doctors at the Accra hospital in Accra. The study will focus on Accra hospital only even though there are other hospitals in the Greater Accra Region. The study will also focus on doctors only though there are many workers and professionals on the hospital. The choice of doctors at the Accra Hospital in Accra for the study will help reduce the stress of going around for respondents. It will also help get all the data at one confined area.

Limitations of the Study

The most apparent limitation of this study is the measure of performance of health workers. Another limitation of this study is that the researcher could

not report what exactly happened in the hospital within the period of discourse but only relied on the information provided by the respondents. Due to financial constraint, the study is limited to only the Accra Regional Hospital at Accra. Despite these challenges, the researcher followed the due process to ensure that the finding of this research reflects the reality on the ground.

Organization of the Study

The study was organised in five chapters with chapter one presenting the study's introduction in relation to background to the study, statement of the problem, purpose of the study, objectives, research questions, significance of the study, delimitation, limitation of the study, definition of terms and organisation of the study. Chapter two dealt with literature review which has theoretical review, empirical reviews and the conceptual framework. Chapter three discussed the research methods of the study which covers research design, study organisation, population, sampling procedure, data collection instrument, data collection procedure, ethical considerations and data processing and analysis. Chapter four covered results and discussion and chapter five dealt with the summary of major findings, conclusions and recommendations of the study. This chapter concluded with suggestions for further research on this topic.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Ridley, (2008) states that literature review is the section that a researcher identify the theories and previous research, which have influenced the choice of research topic and the methodology you are choosing to adopt. This section explores the ways that incentive schemes are used within organisations before expanding into the impacts they may have on employees. Further detail is provided by analyzing the benefits and drawbacks these incentive schemes can have on organisations. The differences between financial reward schemes and non-financial rewards, long term and short-term incentives and individual and collective incentives are evaluated with additional conclusions made as to the problems that may occur when using these schemes.

Motivational theories relevant to the study and the role of money as an incentive are also discussed in the chapter. To be able to assess the effect of incentive packages on the performance of doctors in the Accra hospital in the Greater Accra Region of Ghana, there is the need to identify the incentive correlates, as well as other concepts in the literature about the topic.

Meaning of Incentives

The term incentives has attract various meanings and definition. In simple words, incentive is anything that attracts a worker and stimulates him or her to work. The incentives can be financial and non-financial. Both types of incentives play important role under different conditions. For example, financial incentives are considered more valued under the work

conditions where wages are at low levels. On the contrary, non-financial incentives are more preferable where wage levels are high and the rate of tax is progressive.

However, a review of research evidences indicates that there is a shift in emphasis in the demands of employees and their unions from financial to non-financial benefits. Managers in any organisation use a variety of incentives to motivate employees. According to Ivancevich and Matteson (1990:171) “organizations use is a variety of rewards to attract and retain people and to motivate them to achieve their personal and organizational goals.” Rewarding employees in an organisation is therefore crucial for the organisation’s success. Incentives packages are external stimuli which can be used as stimulants to productivity.

Reward management deals with the strategies, policies and processes required to ensure that the people’s value and contributions they make to achieving organizational , developmental and team goals is recognized and rewarded (Armstrong 2012:6). Rewards play an important role in motivating employees and driving them to perform at their best and to retain top performers. Luthans (2002) also stated, “organisations provide rewards to their personnel in order to try to motivate their performance and encourage their loyalty and retention”.

According to Ivancevich and Matteson (1990) incentives are used for increasing job performance and ensuring organizational commitment. According to these authors, it is valued incentives that are used to motivate, they can result in exertion of effort to achieve high levels of performance. Incentives

can also be used to develop organizational commitment, which leads to a sense of loyalty and identification with the organization.

Various definitions of incentive package

Different authors have defined the term incentive differently. We produce here a few of these definitions. According to the National Commission on Labor, "Wage incentives are extra financial motivation. They are designed to stimulate human effort by rewarding the person, over and above the time rated remuneration, for improvements in the present or targeted results". Burak and Smith (2011) have defined incentive as, "An incentive scheme is a plan or program to motivate individuals for good performance. An incentive is most frequently built on monetary re-wards (incentive pay or a monetary bonus), but also may include a variety of non-monetary rewards or prizes".

According to Venkata Ratnam and Srivastava (2009), "A wage incentive scheme is a method of payment for work of an acceptable quality produced over and above a specified quantity or standard". Now we can define incentive as a system of payment under which the amount payable to his output. Such a payment is also called 'payment by results' (PBR). Thus, PBR refers to a method, which provides for the "direct linking of workers earnings to a measure of their performance".

Meaning of Performance

In discussing the effect of incentive packages on performance is that it is important to first understand what performance is. Armstrong, (2012) clearly states that performance is a complicated and complex notion. Performance is regarded as the outcome achieved from a work done or an activity. Armstrong (2012), Chung (2013) argues that performance is a function of ability and motivation. The employee must also be motivated. According to Armstrong (2012) if one of the two factors is missing the employee will not perform. “People need both ability and motivation to perform well and if either ability or motivation is zero then there will be no effective performance” Armstrong (2012). According to Maier (1955, 1965)’s model, cited in Chung (2013) Performance (P) is a function of Ability (A) and Motivation (M): $P = (AXM)$.

This analysis is very important because in some instances as much as companies offer an array of rewards and incentives, some employees will not perform to the expectations of the organization because they may lack other variables like ability. As Ivancevich and Matteson (1990) rightly put it, “performance results from a combination of the effort of an individual and the individual’s level of ability, skill and experience.” Rewarding employees and giving them incentives is a way to motivating them and influencing their level of effort. Most authors agree that rewarding and providing incentives to employees has a direct effect on their performance. Ivancevich and Matteson (1990) further agree and state that “because employees consider these rewards important they have significant effects on behaviour and performance.”

Incentive packages generally influence performance by providing the means to recognize achievement, competence and merit (Armstrong (2012). This therefore confirm the notion that incentive packages and reward can make a major contribution in the creation and maintenance of a high performance culture and also rewards can exert considerable influence over the attraction and retention of talented employees. According to Armstrong (2012) rewards makes an overall positive impact on performance by helping develop and implement a high performance culture, one in which the values, norms and the HR practices of an organization combine to create a climate in which the achievement of high levels of performance is a way of life.

An analysis of the above statement reveals that where good incentive packages are effectively administered, high performance will become the way of life, a high performance work system will be created and individuals and team performance will be enhanced. It is crucial also to state that, the process of rewarding high performance focuses the organization's attention on the kind of behaviour that is necessary to performance well. A high performance culture will then emanate because performance expectations will be well defined and understood.

Types of Incentives

Incentives can be defined as awards given out when pre-determined objectives have been attained within an organization. When an employee's performance exceeds a pre-determined target, they tend to be granted a form of incentive payout (Appelbaum & Mackenzie, 1996). This payout can be a one-off payment, a bonus, or take the form of an addition to base pay that

then remains until the next decision period. Bonuses in the future then become contingent on future performance whereas additions to base pay become part of the compensation landscape once it is granted, being independent of future performance. Sometimes, opportunities for career progression are seen as an incentive device because they ultimately entail financial rewards and, in many cases, involve opportunities for growth and development. The following sections discuss some of the commonest classifications of employee incentives.

Individual and Group Incentives

Milgrom and Roberts (1992) have identified 'individual' as well as 'group incentives'. Examples of the former include stock options and commissions. Individual incentives could induce hard work and discourage mediocre employees from joining the organization (Lazear, 1998a). Kanungo and Mendonca (1992) identify the following requirements for schemes for individuals:

- a) The employee must be capable of attaining the desired level of performance
- b) The employee must consider the reward valuable and highly dependent on performance.

This latter condition creates a 'line of sight' between performance and reward. 'Line of sight' describes the employee's ability to see how effort translates to higher performance and ultimately greater rewards (Zobal, 1999). Individual incentives may, however, undermine productivity in a team environment where cooperation is key to improved performance.

Examples of group incentives include Profit Sharing Plans, Employee Stock Ownership Plans (ESOPs) and Gain Sharing Plans.

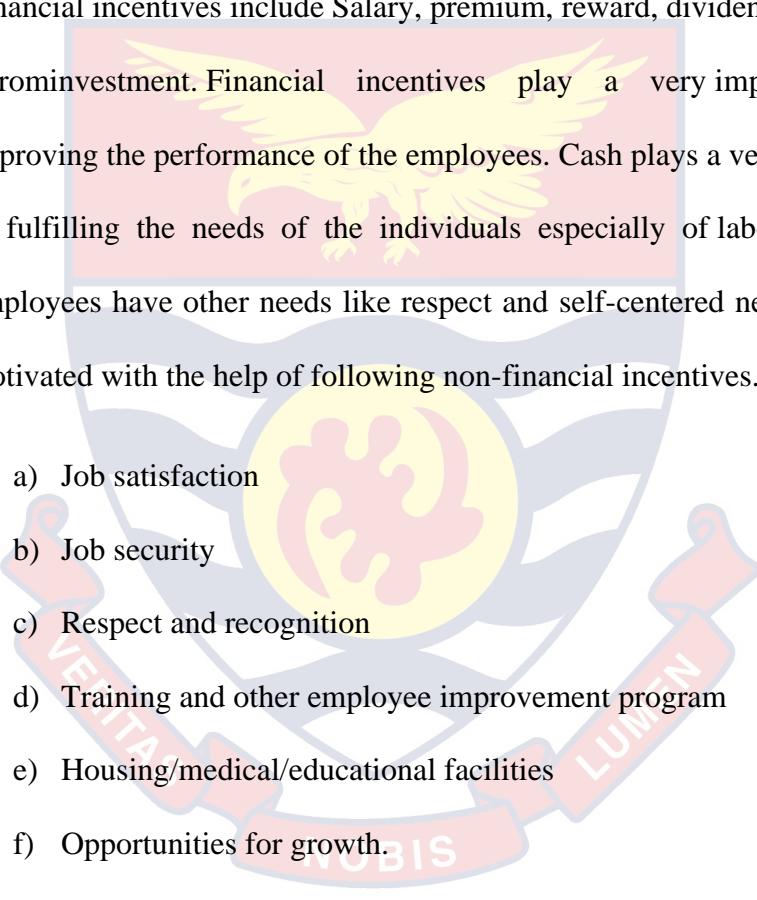
Team/group incentives could introduce a sense of collective responsibility within the firm with the aim of achieving superior performance through team effort. The reason is that organizational change that emphasizes teamwork among people who previously worked largely as individuals will lead to higher performance only if cooperation is rewarded (Zobal, 1998). Team rewards could be undermined by free riding, which weakens incentives for individuals to do their best. Team rewards may call for a system of peer monitoring, in addition to pre-employment screening of potential employees who are not team players (Ichniowsky and Shaw, 2003). This cannot obviously eliminate free riders completely.

Short-Term and Long-Term Incentives

Short-term incentives include annual bonuses and commissions based on the preceding period's performance. Incentives can also be deferred or long-term in the sense that the benefits are not realized until after some time period has elapsed. Examples include contributions to pension funds for company executives and non-vested options awarded to employees. In the case of the latter, the employee must stay with the company for a specified period in order to vest the options; the employee loses the options if they quit the company earlier (Lazear, 1999). The usual argument is that such non-vested options encourage employee retention. The issue of worker retention will be explored in another section.

Financial and Non-Financial Incentives

The examples above are examples of financial incentives. However, there are also non-monetary incentives that do not always involve actual cash awards. Examples of non-monetary incentives include company cars, recognition and opportunities for training and development. The next section explores mainly economic theories of worker motivation. Financial incentives include Salary, premium, reward, dividend, bonus, income from investment. Financial incentives play a very important role in improving the performance of the employees. Cash plays a very important role in fulfilling the needs of the individuals especially of labor class. As the employees have other needs like respect and self-centered needs, they can be motivated with the help of following non-financial incentives.

- 
- a) Job satisfaction
 - b) Job security
 - c) Respect and recognition
 - d) Training and other employee improvement program
 - e) Housing/medical/educational facilities
 - f) Opportunities for growth.
 - g) Suggestion scheme, praise, employee-superiors relationship etc

The role of Money in Incentive Package and Employee Performance

The role of money as reward or incentive has received different views by different authors. For example, Armstrong (2012) stated that commentators who question the usefulness of financial rewards often contend that money is

much less important than many people think. To what extent this view is true has been a source of great debate for many years. Different researches and studies have been carried out with different results for and against the notion that money is not important factor in motivating employees. Luthans (2002) gave a strong view that money has long been viewed as a reward and for some people, it is more important than anything else their organisation can give them.

Luthans (2002) also further states that money is an important motivator and can lead to higher levels of performance mainly because of the power it has and the ability it has to help employees get other needs like achievement and recognition, status and respect, freedom and control and power. Pfeffer (1998) states that “people do work for money but they work even more for meaning in their lives.” He goes on to say that people work for fun and companies that do not take that into consideration are bribing their employees and will eventually lose their loyalty and commitment. Many authors around the world support the first assertion that people work for money.

Authors who write from less developed countries tend to agree that money is the main reason why people work and is the main motivator and that without it many people would not work. Doyle (2003) even says that because of the need for money, people are even prepared to do humiliating and dangerous jobs. Doyle (2003) further states that there seems little reason to doubt that one of the main reasons people work is to earn money to buy themselves necessities to sustain their lives. She further states that people are willing to continue working for money even if it is a source of serious dissatisfaction and grievance. According to (Doyle 2003) pay is the reason why

millions of people get out of bed and go to work ,what they do when they get there can be another entirely different matter and this is where the difficulty starts. Very few authors support the view that money is the sole motivator, most have expressed reservations or totally disagree with this notion.

According to Armstrong (2012) many surveys have been done to assess the relative importance of a salary in relation to other factors affecting motivation. Kohn (1998) states that numerous studies have shown that money ranks behind other factors as a motivator. According to Armstrong (2012) other researchers like Jurgensen (1978), Ritchie and Martin (1999), Slovic and Lichtenstein (1971) also found that money ranked lower than other factors as a motivator.

Employee Incentives and Performance

The term incentive refers to something that intends to ignite one and or calls for greater effort to act in a given manner. In the study, an incentive referred to an inducement that was given to the health professionals in public hospitals in order to motivate, encourage and maintain a desired behaviour (Allen and Kilmann, 2001). Hicks and Adams (2003) are of the view that incentives are mechanisms aimed at achieving a specific change in behaviour. Whereas performance refers to how well an employee fulfils assigned task through effort and skill, an incentive refers to an inducement for a desired action. Incentive pay is a form of compensation given to employees upon attainment of some form of job performance (Armstrong, 2009).

Organizations have resorted into the adoption of relevant and appropriate incentives in order to encourage employees to elicit their best skills

while increasing their effort (Yap et al., 2009). Various forms of incentive plans are offered to employees, such as commission and bonus awards. Similarly, Franco et al. (2002) identified incentives as a means applied by the employer to influence the health professionals' willingness to exert and maintain effort towards attaining organization goals. In the case of the Accra Regional Hospital, the provision of effective and appropriate incentives to doctors entirely rests on the governments and by extension other major stakeholder.

Incentives are used by organizations in order to reach certain goals, encourage a certain behavior and team-spirit for collective awards. Incentive systems are not universally applicable, but are likely to play a role in enhancing individual effort or performance where the conditions and the scheme designed are right (Manjunath and Rajesh, 2012). According to Petrescu and Simon (2008). A balanced incentive programme introduced in an organization is likely to motivate employees and as a result lead to improved performance.

Both monetary and non-monetary incentives can be used in this case. However, Nolan, 2012 and Priyce et al., (2011) indicated that non-monetary incentives are proving themselves as being more effective tools in the workplace than the monetary incentives. There is need to link the individual employee incentives to the organizational objectives in order to provide them with a touch or a feeling of ownership of their assigned jobs (Lee and Chen, 2011). Unlike individual incentives, the group incentives encourage team spirit. For example when each employee in the group realizes that they all have equal responsibility in attaining a certain performance target, they encourage one another to work harder, by virtue of the fact that one's gain depends on the partner's input to performance (Chiu et al., 2002).

Job Performance

In general, in empirical studies, performance studies often because research object dimensions differ, mainly due to the industrial organizational goals, organizational structure is different, and they adopt different performance objectives. Therefore, performance refers to the organization of a program of action to achieve goals, and how far to reach a specific target level for a measure. George (1990) claimed that the performance evaluation of service enterprises in addition to concrete outcomes - service performance, but should also include assessment of the performance -related behavior .

Newman & Maylor (2002) measure of job performance indicators will be divided into behavioral performance (employee attendance and retention rates, work or service quality) and service performance (customer satisfaction and re-visit rate) . Lings (2004) compilation of relevant literature, the job performance measurement indicators are divided into behavioral performance (employee retention, employee motivation and morale, employee satisfaction, organizational commitment, work or service quality) and service performance (customer satisfaction, financial performance). Borman et al. (1993) proposed job performance is divided into two categories: task performance and contextual performance. The research will take the point of Borman et al. (1993), task performance and contextual performance are two variables as measurement indicators for job performance.

Performance Measurement

If the award of incentives to the employees of an organization is not to be arbitrary, a performance measurement system must be an integral part

of an incentive plan. Jensen and Meckling (1986) describe performance measurement as a process of attributing value weights to various levels of performance to represent the magnitude of achievement on each measure. Amaratunga and Baldry (2003) define it as “a process of assessing progress towards achieving pre-determined goals, including information on the efficiency by which resources are transformed into goods and services, the quality of those outputs and outcomes, and the effectiveness of organizational operations in terms of their specific contributions to organizational objectives”.

Neely et al (1995) define a performance measure as a “metric used to quantify the efficiency and/or effectiveness of an action”. Typically, within an organization, a collection of metrics are used, forming a “performance measurement system”(ibid). The performance measurement system is not only the basis for determining who qualifies for rewards but even more importantly a reflection of the goals and strategies of the organization as a whole (Woodford and Maes, 2002).

Peck (2000) distinguishes between market based performance measures and accounting based measures. McKenzie and Shilling (1998) identify traditional accounting measures, the commonest example being accounting profits and value-based measures with Economic Value Added (EVA) as the easiest example; hybrid measures combine financial and non-financial measures, the balanced scorecard being a typical example. Performance measures can also be classified as financial, non-financial, subjective and objective.

Financial and Non-Financial Performance Measurement

Financial measures are extracted from the statements issued by the firm on its financial performance. This includes accounting profits, earning per share and Economic Value Added. The latter is used to evaluate a manager on the relation between profits and the assets used to generate them. It is appropriate in a line of activity where asset utilization costs are important (Jensen and Meckling, 1986).

Non-financial performance measures are not derived strictly from financial records. Examples include product quality, customer satisfaction, market share or even employee turnover. They are normally used jointly with financial performance measures, as in the balanced scorecard. They are considered better than short-term profits in measuring the firm's progress towards its long-term goals. Whereas financial measures evaluate past achievement, some non-financial measures could be shown to be drivers of future performance. They also enjoy the advantage of being less susceptible to manipulation in addition to being easy to understand, providing feedback for timely corrective action (Banker et al, 1998).

Perhaps the most important reason cited by Banker et al (1998) for using a non-financial performance measure is that they are lead indicators of financial performance. Among the non-financial measures identified above, customer satisfaction has been identified as a key measure that is an important predictor of long term performance in business areas where repeat business is important (Phillips et al 1990; Griffin and Hauser, 1993; Hauser et al, 1994). Using the case of a chain of establishments in the hospitality industry, Banker et al (1998) demonstrated that both financial and non-

financial performance improved after implementing an incentive plan designed to include non-financial measures.

Objective and Subjective Performance Measures

Performance measurement can be more or less subjective or objective depending on the difficulty of measuring a worker's output. Where this is easy, the appropriate incentive scheme is usually called performance-related pay (PRP). PRP would then involve paying the worker an amount that depends on some objective measure of his output. Holmstrom and Milgrom (1991) show the difficulties of implementing incentive pay in multi-tasking situations. Burgess and Metcalfe (1999) infer from this that PRP could be inappropriate even if performance can be measured accurately because it may increase attraction for activities that are measurable and rewarded, at the expense of not so easy to measure but equally important tasks. They infer from Holmstrom's model that performance-related pay would be inappropriate in public sector firms, given that such jobs involve many difficult to measure tasks.

In service firms, where output/performance measurement may be problematic, subjective measures come into play. Incentive payments are thus classified as merit pay. Subjective assessments are not verifiable by a third party; thus the evaluator could distort the evaluation *ex-post* for private gain, weakening the incentives for employees to work hard (Burgess and Metcalfe, 1999). Measurement difficulties should increase the likelihood of the use of merit pay plans, team rewards and bonuses in service

organizations, (including the real estate sector) instead of explicit PRP schemes.

The exact nature of a performance measurement system depends on whether a sub-unit of the firm is organized as a cost, revenue, profit, and expense or investment center. A cost center aims at minimizing costs for a given output. Revenue centers aim at maximizing total revenue for a given price. A profit center's performance derives from the difference between its revenues and costs. A variant of a profit center, an investment center focuses on the relationship between profits and the assets used to generate them. A sub-unit of a firm can also be organized as an expense center typically providing services for the rest of the firm without levying any charges on the consuming sub-units of the firm. Real estate firms may be organized as cost, revenue, profit or investment centers depending on their core business and internal subdivisions. Thus a single firm could be a combination of cost, revenue, profit and expense centers.

Thus, the performance measure used for an incentive plan within an organization may vary across sub-units of the firm. Peck (2000) notes the widespread use of Accounting Profits as the basis of determining executive bonuses. Jensen and Meckling (1986) and Delves (1999) suggest, for example the use of EVA for firms that use a lot of physical capital such as real estate companies. Delves (1999) points out the merits of EVA over accounting profits as a performance measure. Accounting profits do not take into account the use of the firm's equity. Thus, what EVA does is to subtract from the firm's after tax net operating profits some form of rent for using its own assets. Thus, a firm may be profitable accounting wise and yet show

negative performance once this profit is compared with the owners' asset charges.

Neely et al (1995) suggests a 3-level analysis of any performance measurement system. At the level of individual measures, they suggest an assessment of the actual measures used, their purpose, costs as well as benefits. Analyzing the system as a whole involves, among other things, considering what they regard as all the appropriate elements of a performance system: internal, external, financial and non-financial; the relationship between the measures and the long and short-term objectives of the firm; the presence or absence of any conflict between the measures. At the firm level, the system can be analyzed in terms of the extent to which it conforms to the firm's strategies as well as the organizational culture; whether the measurement system is consistent with the existing recognition and reward structure; whether some measures deal with customer satisfaction as well as how the firm compares with its competitors.

Limitations of Incentive Plans as Employee Motivator

Incentive plans are accepted as a people management tool. This arguably is in line with recommendations of agency theorists who believe this is one of the best ways of taming opportunistic managers and motivating employees. As already mentioned, these recommendations rest on two disputed assumptions about agents opportunistic behavior and economic rationality. In particular, if not all agents are out to maximize their economic benefits, then the reliance on financial incentives as a motivator for all employees becomes questionable. Some of the major conclusions of the

Towers Perrin Talent Report (2001) are that attractive pay and benefit packages may serve as effective recruitment tools, but retention may require factors such as leadership development and the extent to which employee skills are tapped. In addition, employee motivation depends on factors such as recognition and promotion of talented workers, and a culture that promotes teamwork and innovation. Employee motivators also differ across age groups; thus while leadership development and challenging work would motivate workers between the ages of 30 and 44, work/life balance and recognition/reward for talent and leadership issues appear to be important to older workers⁹. These findings have also been confirmed by a survey of the real estate sector (The Equinox Report 2003).

Given that competing firms replicate pay and benefit programmes, retention and motivation of workers require firms to differentiate themselves in terms of non-financial rewards. All this is in agreement with socio-economic views that agent heterogeneity imply different things motivate different people. Lazear (1999) questions the wisdom of staff retention, especially when the value of a worker's outside opportunities exceeds his intra-firm value; he suggests everyone will be better off negotiating his/her exit. He recommends retention only when the firm has made unique investments in the worker or that the worker has talents that are uniquely valuable to the firm.

Recent research on the limitations of incentive plans would suggest that firms can limit the adverse effects of the presence or absence of incentive contracts if they implement what is called 'complementary human resource practices': employee training, hiring criteria that screens out free

riders or people without good team skills¹⁰, establishment of a team culture, job design and employee hierarchies. These not only limit the negative impacts of using incentive pay but also strengthen their productivity impacts (Ichniowsky and Shaw, 2003).

Theoretical Framework

It is useful to review some of the significant motivational theories because each person is motivated differently and it would be helpful to identify what makes them tick in order to align employees' goals to the organizational goals. Over the years, many theorists have attempted to explain the complexity of motivation in the workplace. Each theoretical perspective illuminates how motivation influences work performance. The theories can be broadly classified into three groups: content theories, process theories and reinforcement theory. In this chapter, theories related to the purpose of this research will be presented.

Two Factor Approach

Herzberg's motivation-hygiene approach, a theory closely connected to the corporate world, was derived from an empirical experiment conducted on employees to determine job satisfaction. Determinants entailing satisfaction are labelled as motivators, whereas hygiene factors tend to lead to dissatisfaction. Individuals will strive to satisfy hygiene needs so as to reduce dissatisfaction but do not necessarily induce long-term satisfaction but inadequate or the absence of good hygiene factors will cause dissatisfaction. However, dissatisfaction will not result from unsatisfied intrinsic needs nor reduce dissatisfaction when these needs are met. (Herzberg, Mausner,

Snyderman 1959) Motivation factors are related to work content while hygiene factors are related to work environment (Griffin 2008, 440.) as summarized below:

According to Herzberg et al. (1959), managers should avoid placing strong emphasis on fulfilling hygiene needs as this will result in employees relying too heavily on extrinsic rewards and may pose impediments to the long term success of the organization. Instead, managers should focus on designing more intrinsically challenging task, provide recognition and empowering employees when certain level of ability is demonstrated, which are the true motivators, when fulfilled, contribute to long-term positive effect on employees' job performance.

Expectancy Theory

Vroom's expectancy theory suggests that motivation levels of employees depend on three guiding principles: Expectancy (E-P) is the probability that exerting effort will lead to high levels of performance. For E-P to be positive, the employee must possess the appropriate skills, education, experience and necessary training to perform. Instrumentality (P-O) refers to the employee's perception that performance will lead to the desired outcome. The P-O expectancy will be positive if the employee believes good performance will result in a promotion or pay rise.

Valence refers to how the employee perceives the attractiveness of the reward. The attractiveness of each reward differs between employees. For valence expectancy to be positive, organizational managers need to determine the kinds of available rewards the employee values the most. The

reward may be monetary or non-monetary. According to Vroom, motivation level can be computed using the following formula:

$$\text{Motivation} = \text{Expectancy} \times \text{Instrumentality} \times \text{Valence}$$

The theory advocates that motivation is present only when employees perceive a positive correlation that effort leads to job performance and job performance leads to rewards. (Griffin 2008, 444.) To put in simply, if the strength of either expectancy or instrumentality or valence is zero or insignificant, there will be no motivation. If an employee who has the ability to perform well does not expect a reward or does not find the reward attractive, then he/she will not be so motivated to do the job. For motivation levels to be high, all three factors must be high too. It is clear, from the expectancy theory, that incentives play a crucial role in motivating employees.

Equity Theory

Adam's equity theory is used to explain how employees judge the fairness of rewards received in proportion to resources invested for completing a task by assessing one's own investment-reward ratio, and compare it against the ratio of another colleague holding a similar position. (McShane et al. 2000, 79.) A comparison can be made using the formula below: Investments made by the employee are termed 'inputs' while rewards are known as "outcomes". In order to receive outcomes such as extrinsic rewards and/or intrinsic rewards, the employee must first invest inputs such as time, commitment, effort, and experience. One of the following three may result from the above equation.

The ideal situation would be the employee feels equitable in terms of reaping the rewards sowed relative to a fair comparison with the other. Conversely, an unbalanced equation may indicate that the employee is over-rewarded or under-rewarded. The over-rewarded employee may feel compelled to be more productive. Whereas in the case of under-reward, the employee will seek equilibrium by lowering input or negotiating a pay rise or, in the worst scenario, leave the organization.

Behavior Modification

B.F. Skinner's behavior modification theory was built on the model of operant conditioning that uses stimuli such as reinforcements, punishment or extinction to elicit acceptable behaviors and curtailing undesirable behaviors (Martin 1988). This theory does not recognize that employees are motivated by needs or a process of motivation. Instead, it deals with how an employee's future actions are based on consequences of past actions. A behavior associated with rewarding consequences tends to be repeated and other behaviors that evoke unfavorable consequences are likely to be avoided. (Dessler 2008) According to McShane et al. (2005, 46.), research often proved the technique successful in modifying behavior as organizations see employees working more efficiently and learning more quickly than before.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

This chapter presents the methodology of the study. It deals with the techniques used to collect data from participants for the research. It includes description of the study area, research design, data and sources, sample size, instrument, sampling procedure, data collection, data processing and analysis and ethical considerations.

Brief Profile of the Study Area

The Greater Accra Region has the smallest area of Ghana's 10 administrative regions, occupying a total land surface of 3,245 square kilometers which is less than all the other administrative regions. This is 1.4 per cent of the total land area of Ghana. It is the second most populated region, after the Ashanti Region, which has more people in it, with population of 4,010,054 in 2010, accounting for 16.3 per cent of Ghana's total population (GSS, 2010). The Greater Accra Region is the most urbanized region in the country with 87.4% of its total population living in urban centers. In 1960, Greater Accra, then referred to as Accra Capital District, was geographically part of the Eastern Region. It was, however, administered separately by the Minister responsible for local government. With effect from 23rd July, 1982, Greater Accra was created Greater Accra Region Law (PNDC 26) as a legally separate region.

The Greater Accra Region is bordered on the north by the Eastern Region, on the east by the Volta Region, on the south by the Gulf of Guinea, and on the west by the Central Region. It is the smallest region of Ghana in total

area, and is made up 16 administrative areas. The Greater Accra has three public four-year institutions, the University of Ghana in Accra, Ghana Institute of Journalism and University of Professional Studies, East Legon, Accra. In addition, there are number of private universities and university colleges spread through the region. The region has over 50 senior high schools across (GSS, 2012).

The Greater Accra Region has over 70 government hospitals and 340 private hospitals. Accra Regional Hospital is one of the largest hospitals in the Greater Accra Region of Ghana. The location of the hospital provides about five thousand people living around La, Osu, Nima, Kotobabi, Airport Residential Area, Legon, and other surrounding communities with quality health care. The hospital is believed to have been opened by the British around 1928 and a considerable amount of renovation as well as new constructions have been carried out over the years. It has an ultra-modern 420-bed capacity, a comprehensive diagnostic and treatment block with 24-hour surgery department, delivery unit, accidental and emergency unit, pharmacy, a logistic building, a 42-accomodation facility for staff, a school of Anesthesia, a mortuary and a new road network. They offer all the range of healthcare services from Out Patient Services to Critical Care Services.

Research Design

The study employed the case study design using the quantitative approach to collect data from health workers on the influence of intrinsic and extrinsic motivation on worker performance. Quantitative research strategy was applied because it seeks to systematically and scientifically measure the relationship between variables in order to support or reject some of the

hypothesis (Bryman, 2013; Silverman, 2013). The use of the case study was pioneered by Sigmund Freud in his lengthy and detailed observations with his patients who helped him develop the use of free association (Abba-Afari, 2011).

Case study is known as a triangulated research strategy which constitutes an aspect of qualitative research methodology and gives room for the study of a particular individual, institution, programmes or event to be investigated in depth for a specific period of time. It is defined as a “research strategy based upon an empirical inquiry that investigates a phenomenon within its real-life context,” (Abba-Afari, 2011). Leedy and Ormrod (2005) are of the view that, case study is especially suitable for learning more about a little known or poorly understood situation for example how politics influence education in Ghana.

As a result, this design allowed the researchers to gather extensive data on the individual, institution, or programmes or events under investigation. In another view, Berg (2007) tends to endorse the fact that case study can provide a deep understanding of phenomenon, events, people and organizations and in essence open the door for a sense making processes created and used by individuals involved in such settings. From the above premises, it can be inferred that qualitative method and case study design are appropriate for conducting in depth enquiries into the circumstances and conditions on understanding how incentive packages affect the performance of doctors at the Accra Regional Hospital at Accra.

Population of the Study

Blaikie (2009) describes population as the group or collection of people that the researcher is interested in gathering data about and which provides the basis of analysis. The target population for the study was different categories of health workers at the Accra Regional Hospital at Accra. It comprises the surgeons, specialists, and medical doctors. The total number for the target population for the study was unknown since there was no available data.

Sample Size and Sampling Technique

Participants for this study were selected through a non-probability sampling technique. The researchers obtained 10 participants through the purposive sampling technique. In relation to purposive sampling, the study sought to select participants based on their positions, experiences and number of years served. This implied they were in the best position to provide the researchers with accurate information for the study. A simple random method was applied to select the different categories of health workers. When a selected individual was unavailable or declined to participate in the study, the next health worker on the list was chosen. The total numbers were selected according to the quota assigned to that particular category of health personnel. This was employed because the researcher wanted the different category of the study population to have an equal chance of being represented in the sample.

Data and Sources

Data sources will comprise of both primary and secondary sources. The responses that will be elicited from the doctors of the hospital will serve as the primary data for the study. The analysis of the primary data to address the set research questions will be enriched by the secondary sources of data. These data

include; published and unpublished articles, theses, journals, books and news items. The World Wide Web using the internet will also provide a broad mechanism for the search and collection of the secondary data on the duties and responsibilities of doctors and how incentive packages affects their performances.

Data Collection Instrument

A structured questionnaire was designed with close-ended questions to collect data on motivation and performance. The questionnaire was designed and coded using Likert scale type of questions and responses. The responses consisted of: 1 = strongly disagree, 2 = Disagree, 3 = fairly agree, 4 = Agree and 5 = strongly agree. These were used to measure influence of motivation on performance. Motivation was measured using the data collection instrument developed by Bennet *et al.* (2001), and adapted by Mbindyo *et al.* (2009), who measured motivation of health personnel in district hospitals in Kenya. The instrument had been recently validated by Mutale *et al.* (2013), for use at a community level hospital in Zambia.

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instrument had been recently validated by Mutale *et al.* (2013), for use at a community level hospital in Zambia.

The questionnaire was divided into four sections. Section A collected data on socio- demographic characteristics: age, sex, rank/position, educational background, ethnicity, religion and income. Section B collected data on the intrinsic motivational factors: achievement, continuous education, incentives package and supervision.

Section C collected data on the extrinsic motivational factors (institutional): availability of equipment, job security, internal relationship, recognition and promotion, improved salary, and workload. Section D collected data on the influence of motivation on quality of care delivery: availability of responsive/ friendly services, adequate human resource, equipment, and knowledge and skill. The questionnaire was self-administered taking the background of the respondents into consideration. Each respondent took 10 to 20 minutes to answer the questionnaire (see appendix B).

Data Collection Procedure

Prior to carrying out the data collection exercise, permission letter signed by the Head of Department of Management was sent to the authorities of the hospital for their consent and approval. After obtaining clearance, the letter was also attached to each questionnaire. This was done in order to assure credibility of the whole data collection exercise. In total, 338 questionnaires were given out and 324 were completely answered. The majority of the respondents were nurses and the others were doctors, pharmacists, midwives, radiographers and biomedical scientists. To ensure maximum and timely response rate, a period of two (2) weeks was allocated for the data collection

exercise and this was basically due to the busy schedules of the staff of the hospital. The entire data collection exercise was personally carried out.

Data Processing and Analysis

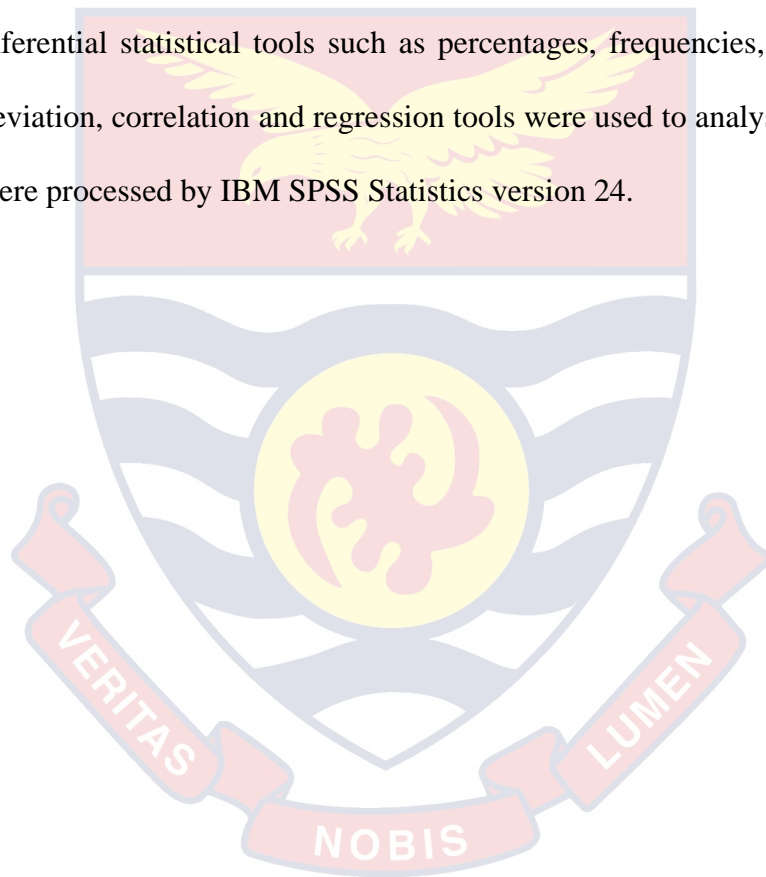
Data collected from the field were scrutinised to ensure that any possible errors such as incomplete and wrongly filled questionnaires were taken out. The error-free data were then carefully coded and entered into a software known as Statistical Package for Social Sciences (SPSS) version 24. This software was then used to process the data to enable analysis. Moreover, the data analysis was done using statistical tools such as descriptive and inferential tools respectively. With the descriptive analysis, tools such as frequencies, percentages, mean and standard deviations were used. It is to note that, demographic information and research objective one (1) employed the descriptive tools. With the inferential analysis, the linear regression was used to analyse research objectives two (2) and three (3) of the study.

Ethical Considerations

It was imperative to protect information gathered from participants in the course of the research. The researchers ensured that responses given by participants could not be traced back to them in the analysis. Participants' names were not included in the interview guide to ensure confidentiality. Participants were obliged to provide written informed consent, which requires that participants were competent and had full understanding of the study, voluntariness in participation and the freedom to decline or withdraw at any time during the research process (Terre Blanche, Durrheim & Painter, 2006).

Chapter Summary

This chapter discussed the research methods employed to achieve the purpose of this study. The chapter therefore presented the research approach, design, study area, population, sampling procedure, data collection instrument, data collection procedure, data processing and analysis employed in the study. Specifically, the study used the quantitative approach and adopted the explanatory design. The chapter also revealed that both descriptive and inferential statistical tools such as percentages, frequencies, means, standard deviation, correlation and regression tools were used to analyse the data which were processed by IBM SPSS Statistics version 24.



CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the results and discussion section of the study.

Socio-Demographic Characteristics

The study surveyed 338 employees and 324 completed questionnaires were received representing a response rate of 95.9% (324/338). More than half of the respondents, 191 (59%) were females and 133 (41%) were males. 143 (44.1%) of the respondents were in age group 30-39 years, 119 (36.7%) were in age group 20-29 years while no one was above 60 years. 118 (36.4%) had a bachelor's degree, 98 (30.2%) had diploma while 39 (12%) had certificate. Respondents also mentioned other levels of education such as advanced diploma and post graduate degrees. More than half of the respondents, 194 (59.9%) were married, 124 (38.3%) were single and 6 (1.8%) were divorced.

Majority of the respondents, 234 (72.2%) were nurses, 56 (17.3%) were doctors, 17 (5.2%) were midwives, 11 (3.4%) were pharmacists while the least, 3 (0.9%) were biomedical scientists and radiographers. 98 (30.2%) had worked for 5-9 years, 74 (22.8%) had worked for 1-4 years and 36 (11.1%) had worked for more than 15 years. The results are shown in Table 4. 1.

Table 4.1: Socio-demographic characteristics of respondent

<u>Variable</u>	<u>Frequency</u>	<u>Percent (%)</u>
Sex		
Male	133	41.0
Female	191	59.0
Total	324	100
Age group		
< 20	2	0.6
20-29	119	36.7
30-39	143	44.1
40-49	40	12.3
50-59	20	6.2
60 and above	0	0.0
Total	324	100
Level of education		
Certificate	39	12
Diploma	98	30.2
Bachelor's degree	118	36.4
Post graduate	55	17.0
Others	14	4.3
Total	324	100
Marital status		
Married	194	59.9
Single	124	38.3
Divorced	2	0.6
Separated	4	1.2
Widowed	0	0.0
Total	324	100
Profession		
Doctor	56	17.3
Nurse	234	72.2
Midwife	17	5.2
Pharmacist/Technician	11	3.4
Biomedical scientist	3	0.9
Radiographer	3	0.9
Total	324	100
Duration of work		
Less than a year	61	18.8
1-4	74	22.8
5-9	98	30.2
10-14	55	17.0
15 years and above	36	11.1

Total 324 100

Figure 4.1 shows monthly earnings of respondents. Almost half of the respondents, 161 (49.7%) earn 1000-1900¢, 87 (26.9%) 2000-2900¢. Only 13 (4%) earn 4000-4900¢ and above 5000¢.

Development programmes helps in improving their skills and influences their performance. However, more than half of the respondents, 211 (65.1%) refuted the opinion that working with little or no supervision motivates them to improve their performance. Less than half of the respondents, 154 (47.5%) were of the opinion that incentive packages at the GARH help them to improve their performance. But in this case there were no such incentives.

Table 4.2: Influence of intrinsic motivational factors on performance

Intrinsic motivational Factors	Strongly disagree N (%)	Disagree N (%)	Fairly disagree N (%)	Agree N (%)	Strongly agree N (%)
Achievement	5 (1.5)	7 (2.2)	41 (12.7)	160 (49.4)	111 (34.3)
Continuous education	13 (4.0)	3 (0.9)	13 (4.0)	118 (36.4)	177 (54.6)
Little or no supervision	86 (26.5)	125 (38.6)	54 (16.7)	41 (12.7)	18 (5.6)
Incentive package	74 (22.8)	49 (15.1)	47 (14.5)	79 (24.4)	75 (23.1)

Source: Field Survey (2019)

Influence of Extrinsic Motivational Factors on Performance

More than half of the respondents, 246 (75.5%) reported that materials and equipment availability helps to improve their performance. A little over half, 258 (51.9%) were of the opinion that job security helps to enhance their performance. Majority of the respondents, 298 (92%) agreed to the fact that good interpersonal relationship with co-workers enhances their work

performance. In terms of recognition and promotion been a major factor for motivating staff to improve performance, 254 (78.5%) of the respondents supported it. More than half of the respondents, 193 (59.5%) were of the opinion that increasing their salaries were ok to meet their normal expenses and influence their performance. Additionally, 258 (79.7%) of the respondents agreed to the assertion that feeling emotionally drained and burned out (workload) after each day’s work could affect their performance. The results are shown in table 4.3.

Table 4.3: Influence of extrinsic motivational factors on performance

Extrinsic motivational factors	Strongly disagree	Disagree	Fairly disagree	Agree	Strongly agree
	N (%)	N (%)	N (%)	N (%)	N (%)
Avail of equip	22 (6.8)	16 (4.9)	40 (12.3)	102 (31.5)	144 (44.4)
Job Security	10 (3.1)	11 (3.4)	45 (13.9)	135 (13.9)	123 (38.0)
Inte rel	4 (1.2)	3 (0.9)	19 (5.9)	145 (44.8)	153 (47.2)
Rec Promo	5 (1.5)	12 (3.7)	53 (16.4)	132 (40.7)	122 (37.7)
Imp Sal	23 (7.1)	39 (12.0)	69 (21.3)	95 (29.3)	98 (30.2)
Workload	6 (1.9)	18 (5.6)	42 (13.0)	112 (34.6)	146 (45.1)

Source: Field Survey (2019)

Influence of Motivation on Quality of Health Care Delivery

Table 4.4 presents results of respondents’ understanding of how motivation influences quality of health care delivery. Majority of the respondents, 261 (80.5%) shared the assertion that responsive/ friendly services offered by workers enhance client’s satisfaction and quality of care delivery in the hospital. In addition, a large proportion of respondents, 88.6% agreed that

availability of adequate numbers of health workers at the facility to deliver the service improves quality of care delivery. Almost all the respondents, 303 (93.5%) believe that availability of adequate quantity of drugs at the facility to deliver the service improves quality of care delivery. Majority of the respondents, 310 (95.6%) shared the opinion that their knowledge and skills help to improve safety of patients and influence quality of care delivery.

Table 4.4: Influence of motivation on quality of health care delivery

Influence of Motivation	Strongly of disagree	Disagree	Fairly disagree	Agree	Strongly agree
	N (%)	N (%)	N (%)	N (%)	N (%)
Friendly Serv	4 (1.2)	17 (5.2)	42 (13.0)	121 (37.3)	140 (43.2)
Avail HR	7 (2.2)	6 (1.9)	24 (7.4)	125 (38.6)	162 (50.0)
Avail drugs	4 (1.2)	2 (0.6)	15 (4.6)	104 (32.1)	199 (61.4)
eqp					
Knowl/skill	4 (1.2)	0 (0.0)	10 (3.1)	109 (33.6)	201 (62.0)

Source: Field Survey (2019)

Associations between selected demographic characteristics and intrinsic motivational factors

Tables 4.5a and 4.5b show associations between demographic characteristics and intrinsic motivational factors. Table 4.5a shows that there was a significant association between sex and intrinsic motivational factors ($\chi^2=11.427$; $p<0.022$). More females, 156 (62.1%) strongly agreed that intrinsic motivational factors could influence performance as compared with male, 105 (37.90%)

Table 4.5a: Associations between selected demographic characteristics and intrinsic motivational factors

Variable	Strongly disagree N (%)	Disagree N (%)	Fairly disagree N (%)	Agree N (%)	Strongly agree N (%)	χ^2	p-value
Sex							
Male	2 (50.0)	2 (11.8)	24 (57.1)	52 (43.0)	53 (37.9)	11.427	0.022*
Female	2 (50.0)	15 (88.2)	18 (42.9)	69 (57.0)	87 (62.1)		
Age group							
< 20	0 (0.0)	1 (5.9)	0 (0.0)	0 (0.0)	1 (0.7)	14.874	0.534
20-29	1 (25.0)	4 (23.5)	14 (34.7)	42 (34.7)	58 (41.4)		
30-39	3 (75.0)	8 (47.1)	19 (45.2)	54 (44.6)	59 (42.1)		
40-49	0 (0.0)	3 (17.6)	6 (14.3)	15 (12.4)	16 (11.4)		
50-59	0 (0.0)	1 (5.9)	3 (7.1)	10 (8.3)	6 (4.3)		
60 and above	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)		
Level of education							
Certificate	0 (0.0)	5 (29.4)	5 (11.9)	16 (13.2)	13 (9.3)	12.884	0.681
Diploma	1 (25.0)	4 (23.5)	12 (28.6)	36 (29.8)	4 (32.1)		
Bachelor's degree	2 (50.0)	5 (29.4)	17 (40.5)	45 (37.2)	49 (35.0)		
Post graduate	1 (25.0)	3 (17.6)	8 (19.0)	20 (16.5)	23 (16.4)		
Others	0 (0.0)	0 (0.0)	0 (0.0)	4 (3.3)	10 (7.1)		
Marital status							
Married	3 (75.0)	13 (76.5)	26 (61.9)	75 (62.0)	77 (55.0)	12.051	0.442
Single	1 (25.0)	3 (17.6)		43 (35.5)	61 (43.6)		
Divorced	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.7)	0 (0.0)		
Separated	0 (0.0)	1 (5.9)	0 (0.0)	1 (0.8)	2 (1.4)		

Widowed	0 (0.0)	0 (0.0)	0 (0.0)	0	0 (0.0)		
Profession					(0.0)		
Doctor	0 (0.0)	0 (0.0)	9 (21.4)	21	26 (18.6)	21.744	0.355
				(17.4)			
Nurse	4 (100.0)	13 (76.5)	29	86	102		
			(69.0)	(71.1)	(72.9)		
Midwife	0 (0.0)	2 (11.8)	3 (7.1)	5	7 (5.0)		
				(4.1)			
Pharmacist/Technician	0 (0.0)	1 (5.9)	0 (0.0)	8	2 (1.4)		
				(6.6)			
Biomedical scientist	0 (0.0)	0 (0.0)	1 (2.4)	1	1 (0.7)		
				(0.8)			
Radiographer	0 (0.0)	1 (5.9)	0 (0.0)	0	2 (1.4)		
				(0.0)			

Source: Field Survey (2019)

In table 4.5b the study did not find any association between how duration of work, monthly earnings and intrinsic motivational factors could influence quality of health care. Most respondents, 78 (59.8%) who agreed to the assertion that intrinsic motivational factors could influence performance and quality of care had worked for 5-9 years. Respondents who agreed (50.4%) and strongly agreed

Table 4.5b: Associations between selected socio-demographic characteristics and motivational factors

Variable	Strongly disagree N (%)	Disagree N (%)	Fairly disagree N (%)	Agree N (%)	Strongly agree N (%)	χ^2	p-value
Duration of work							
Less than a year	1 (25.0)	1 (5.9)	7 (16.7)	22 (18.2)	30 (21.4)	7.693	0.957
1-4	1 (25.0)	5 (29.4)	9 (21.4)	27 (22.3)	32 (22.9)		
5-9	1 (25.0)	4 (23.5)	15 (35.7)	36 (29.8)	42 (30.0)		

10-14	0 (0.0)	5 (29.4)	8 (19.0)	22 (18.2)	20 (14.3)		
15 years and above	1 (25.0)	2 (11.8)	3 (7.1)	14 (11.6)	16 (11.4)		
Monthly earnings							
< 1000	0 (0.0)	3 (17.6)	3 (7.1)	10 (8.3)	13 (9.3)	11.983	0.917
1000-1900	3 (75.0)	9 (52.9)	16 (38.1)	61 (50.4)	72 (51.4)		
2000-2900	1 (25.0)	5 (29.4)	13 (31.0)	32 (26.4)	36 (25.7)		
3000-3900	0 (0.0)	0 (0.0)	4 (9.5)	9 (7.4)	8 (5.7)		
4000-4900	0 (0.0)	0 (0.0)	3 (7.1)	6 (5.0)	4 (2.9)		
5000 and above	0 (0.0)	0 (0.0)	3 (7.1)	3 (2.5)	7 (5.0)		

5% significant level

Source: Field Survey (2019)

Associations between selected demographic characteristics and extrinsic motivational factors

Tables 4.6a and 4.6b show the association between selected demographic characteristics and extrinsic and quality of health care indicators. Table 4.6a shows that there was a significant association between age group and extrinsic motivational factors ($\chi^2=28.13, p<0.030$). No associations were found between sex, level of education, marital status, profession and extrinsic motivational factors. Among respondents who thought extrinsic motivational factors influenced quality of health and performance, most (44.4%) were in age group 20-29 years and 35.9% in age group 30-39 years. The results are shown in tables 4.6a and 4.6 b

Table 4.6a: Associations between selected demographic characteristics and extrinsic motivational factors

Variable	Strongly disagree N (%)	Disagree N (%)	Fairly disagree N (%)	Agree N (%)	Strongly agree N (%)	χ^2	p-value
Sex							
Male	0 (0.0)	2 (66.7)	6 (31.6)	63 (43.4)	62 (40.5)	4.665	0.323
Female	4 (100.0)	1 (33.3)	13 (68.4)	82 (56.6)	91 (59.5)		
Age group							
<20	0 (0.0)	0 (0.0)	1 (5.3)	0 (0.0)	1 (0.7)	28.13	0.030*
20-29	0 (0.0)	0 (0.0)	8 (42.1)	56 (38.6)	55 (35.9)		
30-39	4 (100.0)	0 (0.0)	7 (36.8)	64 (44.1)	68 (44.4)		
40-49	0 (0.0)	2 (66.7)	3 (15.8)	17 (11.7)	18 (11.8)		
50-59	0 (0.0)	1 (33.3)	0 (0.0)	8 (5.5)	11 (7.2)		
60 and above	0 (0.0)						
Level of education							
Certificate	0 (0.0)	1 (33.3)	2 (10.5)	19 (13.1)	17 (11.1)	12.098	0.737
Diploma	2 (50.0)	0 (0.0)	7 (36.8)	46 (31.7)	43 (28.1)		
Bachelor's degree	1 (25.0)	1 (33.3)	5 (23.6)	45 (31.0)	66 (43.1)		
Post graduate	1 (25.0)	1 (33.4)	3 (15.8)	29 (20.0)	21 (13.7)		
Others	0 (0.0)	0 (0.0)	2 (10.5)	6 (4.1)	6 (3.9)		
Marital status							
Married	4 (100.0)	3 (100.0)	10 (52.6)	92 (63.4)	85 (55.6)	9.364	0.672
Single	0 (0.0)	0 (0.0)	9 (47.4)	49 (33.8)	66 (43.1)		
Divorced	0 (0.0)		0 (0.0)	1 (0.7)	1 (0.7)		
Separated	0 (0.0)	0 (0.0)	0 (0.0)	3 (2.1)	1 (0.7)		

Widowed	0 (0.0)	0 (0.0)	0 (0.0)	0	0 (0.0)		
Profession					(0.0)		
Doctor	1 (25.0)	1 (33.3)	5 (26.3)	27	22 (14.4)	15.132	0.769
				(18.6)			
Nurse	3 (75.0)	2 (66.7)	11	99	119		
			(57.9)	(68.3)	(77.8)		
Midwife	0 (0.0)	0 (0.0)	3 (15.8)	8	6 (3.9)		
				(5.5)			
Pharmacist/Technician	0 (0.0)	0 (0.0)	0 (0.0)	7	4 (2.6)		
				(4.8)			
Biomedical scientist	0 (0.0)	0 (0.0)	0 (0.0)	3	0 (0.0)		
				(2.1)			
Radiographer	0 (0.0)	0 (0.0)	0 (0.0)	1	2 (1.3)		
				(0.7)			

*Significant at 5%

Source: Field Survey (2019)

In table 4.6b, there was no significant association between duration of work, monthly earnings and extrinsic motivation factors.

Table 4.6b: Associations between selected socio-demographic characteristics and extrinsic motivational factors

Variable	Strongly disagree	Disagree	Fairly disagree	Agree	Strongly agree	χ^2	p-value
	N (%)	N (%)	N (%)	N (%)	N (%)		
Duration of work							
Less than a year	0 (0.0)	0 (0.0)	2 (10.5)	32	27 (17.6)	18.646	0.564
				(22.1)			
1-4	0 (0.0)	0 (0.0)	6 (31.6)	31	37 (24.2)		
				(21.4)			
5-9	3 (75.0)	1 (33.3)	7 (36.8)	40	47 (30.7)		
				(27.6)			
10-14	0 (0.0)	1 (33.3)	4 (21.1)	26	24 (1.7)		
				(17.9)			
15 years and above	1 (25.0)	1 (33.4)	0 (0.0)	16	18 (11.8)		
				(11.0)			
Monthly earnings							

<1000	0 (0.0)	0 (0.0)	2 (10.5)	14 (9.7)	13 (8.5)	25.715	0.175
1000-1900	3 (75.0)	0 (0.0)	9 (47.4)	75 (51.7)	74 (48.4)		
2000-2900	0 (0.0)	1 (33.3)	4 (21.1)	35 (24.1)	47 (30.7)		
3000-3900	0 (0.0)	1 (33.3)	3 (15.8)	10 (6.9)	7 (4.6)		
4000-4900	1 (25.0)	0 (0.0)	1 (5.3)	4 (2.8)	7 (4.6)		

Source: Field Survey (2019)

Table 4.7: Factors influencing motivation of respondents

Variable	<i>p</i> -value	Exp(B)	95% Lower	Upper	
Intercept		00.006			
Sex					
Male	0.768	1.437	0.131	5.943	
Female	Ref	1	1	1	
Age group					
< 20	0.999	0.976	0.23	4.049	
20-29	0.816	2.078	0.004	9.609	
30-39	0.032*	3.496	1.786	4.472	
40-49	0.812	2.008	0.007	6.949	

50-59	0.999	0.993	0.087	4.356
60 and above	Ref	1	1	1
Educational level				
Certificate	0.947	1.309	0.489	3.233
Diploma	0.909	1.578	0.001	4.430
Bachelor's degree	0.796	2.809	0.001	2.463
Post graduate	Ref	1	1	1
Marital status				
Married	0.907	0.604	0.056	2.051
Single	0.907	0.598	0.921	3.102
Divorced	0.941	0.495	0.431	5.863
Separated	0.942	0.55	0.342	2.165
Widowed	Ref	1	1	1
Profession				
Doctor	0.940	1.8	0.251	3.764
Nurse	0.995	1.056	0.452	1.092
Midwife	0.966	0.697	0.563	1.275
Pharmacist/Technician	0.929	2.456	0.591	1.028
Biomedical scientist	0.513	2.164	0.214	21.885
Radiographer	Ref	1	1	1
Duration of work				
Less than a year	0.991	0.971	0.006	1.432
1-4 years	0.917	0.791	0.013	2.762
5-9 years	0.553	0.286	0.005	1.654

10-14 years		0.522	0.249	0.003	1.564
15 years and above		Ref	1	1	1
Income Earned					
<1000		0.995	1.032	0.892	2.543
1000-1900		0.899	1.773	0.642	1.342
2000-2900		0.831	2.493	0.001	1.423
3000-3900		0.888	1.84	0.432	2.154
4000-4900		0.822	2.659	0.001	1.432
> 5000	Ref	1	1		
Intrinsic factors		0.036*	3.736	1.649	4.564
Extrinsic factors		0.026*	2.077	1.243	3.17

*Significant at 5%

Source: Field Survey (2019)

Multinomial logistic regression showed significant associations between most of the intrinsic and extrinsic motivational factors and performance. Incentives and workload It would be recalled that the first hypothesis was that intrinsic motivation influences health worker performance. The study found significant influence of intrinsic motivational factors on health worker performance ($\chi^2= 9.485, p=0.028$). The second hypothesis of the study was that extrinsic motivation influences health worker performance. The study found significant influence of extrinsic motivational factors on health worker performance ($\chi^2= 12.829, p=0.018$).

Chapter summary

The chapter sought to establish how intrinsic and extrinsic motivational factors could influence the performance of health workers and consequently improve the quality of health care. The analysis revealed that opportunities for professional workers recognition, effective supervision, manager-subordinate / workload were important predictors of health worker performance. The next chapter presents discussions of the results in relation to literature.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction

This chapter presents the findings of the study in relation to reviewed literature on the research topic. The findings are discussed in accordance with the stated objectives and research questions. The study sought to explore the influence of motivation on health worker's performance in terms of the quality of health service they provide to clients. This chapter is in five sections. Section one presents summary of the demographic characteristics of the respondents. Section two presents intrinsic motivational factors. Section three presents issues on extrinsic motivational factors. Section four presents issues on quality of care delivery. Section five presents the chapter summary.

Socio-demographic characteristics

In this study, there were more females (59%) compared with males (41%). This distribution may probably be due to the general distribution of gender in the country as well as gender distribution for the various professions in the hospital. The 2010 national population and housing census showed that there were more females (51.2%) compared to males (48.8%) in the general population (Ghana Statistical Service 2012). Additionally, nurses who are predominantly females form more than 50% of the workforce in the hospital (KBTH Annual Report, 2013). This may have impacted on the gender distribution shown in this study. Similarly, Evans (2008), surveyed more females (51%) compared with males (49%).

Contrary to the gender distributions in this study, Lane (2011), surveyed more males (53%) compared with females (47%). Most respondents were in age groups 30-39 (44.1%) years and 20-29 (36.7%) years. This may be due to the

age at which they qualify to become professionals. Most of these professionals spend four (4) years in school and by the time they graduate and start working, they may be between 24-30 years. In addition, doctors spend close to 8 years in school and expected to graduate in their late 20s or early 30s. No respondent was above 60 years. This was to be expected as it is mandatory for all workers (civil and public servants) to go on compulsory retirement at age 60 years except in a few exceptional cases.

Respondents in this study were much older than those in the study by Kukanja (2013), who had most of his respondents in age 20-25 years. Most respondents in the study, 36.4% had a bachelor's degree and 30.2% had diplomas. This was as a result of the professions in the hospital. Most professions (nursing, pharmacy, medical laboratory and radiography) have first degree as the minimum requirement. Until recently, these programs were offering diplomas and certificates. More than half of the respondents, 59.9% were married and 38.3% were single. Respondents were generally, above 20 years and customarily qualified to marry. The distribution may be attributed to the ages of the respondents. A similar observation was reported by Laurent (2011).

Majority of the respondents, 72.2% were nurses while doctors constituted 17.3%. This distribution was expected as nurses form a greater part of the workforce in the hospital. Most respondents, 30.2% had worked for 5-9 years, 22.8% had worked for 1-4 years and 11.1% had worked for more than 15 years. Income level of participants in this study was fairly good as most respondents were earning 1000-1900 ₵ (49.7%) while a few earned above 5000 ₵ (4%). Respondents' level of income seemed to be driven by their educational

level and profession. Good remuneration impact on the level of satisfaction of employees and motivates them to give their very best. Contrary to the findings of this study, Miljković (2007), found that the level of income of respondents was skewed to the upper ranges.

Influence of intrinsic motivational factors on performance

The study identified intrinsic factors, which were perceived by respondents as impacting on their job performance. Maslow (1943), explains that esteem needs produces satisfaction as power, prestige, status and self-confidence. It includes both internal esteem factors like self-respect, autonomy and achievement; and external esteem factors, such as status, recognition and attention. A sense of degree of importance emerges after a person feels 'belonging' to a group. Based on this premise, the findings relating to intrinsic motivational factors have been discussed.

Achievement and personal satisfaction

Achievement and personal satisfaction were identified as intrinsic factors, which could positively impact on employees' performance. An achievement such as getting difficult tasks, roles and responsibilities done motivates employees to look up to solving more difficult tasks and thereby increasing their performance. Personal satisfaction also propels employees to look forward to each day at work and psyche them to overcome any challenge they might encounter.

Continuous education

The study also found that continuous education through training and development programmes improves respondents' skills and positively influence their performance similar to earlier observations (Patterson *et al.*, 2010).

Training programmes tailored to specific aspects of employees' work enhance their skills level, show them new technologies that will help them to work easier and more efficiently. This improves their confidence and helps them to discharge their duties in a more effective manner. This assertion has been shown by Afful-Broni (2012), in a study on relationship between motivation and performance.

Development programmes also help staff to develop their career by creating a focus career path with defined roles that will enhance the way they work. Cumulative efforts from training and development effectively enhance individual performance, which translates into overall increased performance of the organization. This finding is supported by Ali and Howaidee (2012), who concluded that motivation is linked with performance.

Supervision

Respondents seemed to have suggested that effective supervision was important in improving performance. Staff want to be supervised by people who are experienced in their areas of work. Such guidance and experience can positively impact on their performance.. This finding is similar to an earlier study by Mathauer and Imhoff (2006), which argued that health workers would perform well if there was supervision and feedback. Similarly, Manogi *et al.* (2006), showed that improvement of communication at the different levels of the health system promotes performance. In a facility where there are a lot of junior staff and supervision is reduced, the staff experience frustrations in career development and the use of skills (Bonenberger, Aikins, Akweongo, & Wyss, 2014).

Incentive packages

Respondents (47.5%) in the study were of the view that incentive packages were not available in the hospital did not influence their performance since the p value of ($p < 0.995$) was not very significant at a 95% CI. This may be attributed to the type of incentive provided, its value, who is presenting and how it is presented. When there is inequity in the package provided, it loses its purpose and this negatively affects their performance. The primary aim of incentive package is to motivate employees to work more efficiently and this may positively influence their performance. When incentives are appropriately given to achieve intended purpose, it usually leads to improved performance. In agreement with the findings of this study, Manogi *et al.* (2006), argue that financial incentives alone cannot motivate staff but non-financial like supportive supervision, performance appraisal and promotions are prioritized by health workers for improving services they deliver.

Influence of extrinsic motivational factors

It would be recalled that Herzberg (1959), developed two factor theory arguing that certain group of factors (motivations) could lead to job satisfaction whereas another group (hygiene factors) could prevent dissatisfaction. The hygiene factors are extrinsic to the job (Dieleman *et al.*, 2006). These are the conditions that surround the job and include company policy, job security, supervision, interpersonal relation and salary/pay (Herzberg, Mausner & Snyderman, 1993). Behavioural theorists argue that while higher salaries make employees happier, its absence makes people angry and lead to dysfunctional teams (Jenkins, Milton, Gupta & Shaw, 1998). Against this background, the findings relating to extrinsic motivational factors have been discussed.

Availability of materials and equipment

Having the right materials and equipment make achieving tasks easier and quicker and this leads to improved performance. Materials such as gloves, syringes, and oxygen outlets enable health professionals to work more efficiently. Their absence could slow work down and prevent staff from delivering quality service. Moreover, without adequate gloves, health professionals may expose themselves to harmful and hazardous materials and this may prevent them from working efficiently. This supports earlier conclusion that to improve performance, working conditions must be improved (Alhassan *et al.*, 2013).

The finding of this study is consistent with other studies, which stated that performance of workers depends on ability, skills, tools or equipment and motivation (Griffin & Moorhead, 2007; Lussier, 2008; Re'em, 2011). Appropriate structures for professional and personal enhancement for quality management processes from members of the health force are crucial in any health system (Sallis, 2014). Adequate resources and appropriate infrastructure may improve the morale of health workers significantly, thus improving performance (Willis-Shattuck *et al.*, 2008). Thus, Henderson and Tulloch (2008), concluded that the working environment has a strong influence on job satisfaction and performance, since all workers require adequate facilities and improved conditions to do their work effectively.

Job security

On the average, respondents were divided on job security's impact on their performance. While half (51.9%) believe that it enhances their performance, others did not. Job security is essential in providing the needed

psychological stability to staff to enable them work more efficiently. However it was significant at a p value of ($p=0.001$). When there is also the possibility of losing job hanging on the necks of staff, they lack the confidence and peace to put in their best. This eventually affects their day to day performance, leading to an overall minimal performance.

On the other hand, when people feel they have job security, they tend to put in their best and are eager to improve their skills to enhance their performance. Contrary to the findings of this study, Hitka and Sirotiakova (2009), reported that job security was an important motivational factor for workers. In the society, work is central in the lives of people. Sometimes, the respect accorded to people in terms of how they are treated or even addressed depends on whether or not, they work. The lack of job security in the organization may affect the personal lives of workers as well as the performance of the organization.

Interpersonal relationship

Almost all respondents (92%) in the study agreed that good interpersonal relationship with co-workers enhances work performance. Health profession is an interdisciplinary team work involving contributions from other specialized areas within the workforce. When there is lack of interpersonal relationship with co-workers, it is very difficult to communicate with each other and this adversely affects the quality of output in the hospital. At every stage of health care delivery, communication, whether verbal or written is required for continuity of health provision. When communication is poor, the process is either truncated or its quality is compromised, leading to reduced performance. In cases where interpersonal communication is effective, exchange of ideas,

skills and experience is often used to obtain optimum care for the patient and this leads to improved performance. A similar assertion has been documented (Peters, 2010).

Recognition and promotion

Recognition and promotion was also identified as a major factor in motivating staff to improve performance (78.5%). When this happens, staff become aware that their efforts have been recognized both in private and publicly. This gives the staff some enthusiasm and they will want to do more. Such situations lead to improved performance across the value chain. However, when the system fails to recognize the contribution of staff, they become discouraged and refuse to give their best. This gradually leads to apathy towards assigned roles and responsibilities, leading to a decline in the general performance. Mbindyo *et al.* (2009).

Promotion is also looked out for by employees and they know when they are due. When this fails to happen, they tend to think that their efforts are not good enough and not needed by the organization. They then tend to put in minimal efforts, which gradually affect their performance. However, when they are promoted as they envisaged, it motivates them to find more effective ways of improving their contribution to the organization, leading to improved performance. When both recognition and promotion occur at the appropriate time, the performance improvement is twofold and vice versa. In a related study, Willis-Shattuck *et al.* (2008), suggest that while recognition is highly influential in health workers' motivation, it is also believed that adequate resources and appropriate infrastructure may improve the workers' morale significantly. A

research concludes that reward package matters a lot and should be of concern to both employees and employers (Muohbo, 2013)

Improved salary

Respondents in the study were divided in their opinion on the impact of improved salary on overall performance. (59.5%) was of the opinion that improved salary was enough to meet their expenses and influence their performance. When salaries are low, staff are unable to meet their normal expenses and they might want to find alternative sources of income. This gives them divided attention and may come in exhausted from other jobs. They are therefore, unable to put in their best, leading to reduced performance. A similar argument has been recorded in earlier studies (McCoy *et al.*, 2008).

However, when salaries are adequate and are paid on time, it motivates staff to concentrate on their assigned roles and committed to their work. They become more motivated to give in their all, leading to improved performance. This finding relates to earlier suggestion that improved salaries and benefits are major financial incentives for workers to be retained in the health sector (Henderson *et al.*, 2008). For example, Henderson *et al.* (2008), reported that since the mid 1990's, Vietnam has encouraged doctors to work in communities in remote and less privileged areas by establishing permanent staff positions with salaries and allowances from the state budget. This measure improved the overall numbers of doctors working at the community level in Vietnam.

Workload

Respondents (79.7%) were of the opinion that feeling emotionally drained and burned out after each day's work could affect their performance. Workload if not checked leads to overburdened staff who come in tired already

from the previous day's work. This creates fatigue, which slows them down both physically and psychologically. In such situations, errors are committed more often and this leads to reduced performance (Prabhakar, 2016). On the other hand, when workload is within accepted range, respondents have enough rest and come in with refreshed minds and bodies ready to perform their tasks and responsibilities.

This enables them to work more efficiently with less error, leading to improved performance. Similarly, Ayizem and Suuk (2012), revealed that the National Health Insurance Scheme (NHIS) had promoted access to healthcare among the insured. However, increased use of health care services by those who were insured led to increased workloads for the health care providers, thus, influencing their behaviour, for example, and culminating in long waiting time.

Influence of motivation on quality of health care delivery

The study also sought to determine the influence of motivation on quality of care delivery. The literature observes that human performance of any sort is improved by increase in motivation, which is likely to influence strongly any attempts to change or improve health workers and hospital practice (Mbindyo *et al.*, 2009). The thinking is that enthusiasm with which health workers perform serve as a motivation for them to improve their performance and that of the health sector (Lutwama *et al.*, 2012).

Responsive/ Friendly Services

Respondents (80.5%) believed that responsive services when offered by workers in the hospital enhance client's satisfaction and quality of care delivery in the hospital. When clients are well served using responsive approach, they feel respected and this improves the quality of care given to them. They also

tend to be more comfortable with the health facility and its workers. They find it easy to communicate their problems to them to make it easier for them to identify their challenge and provide the necessary remedy to them. In such situations, clients go home satisfied with improved quality of health care delivery. In situations where this is lacking, clients find it difficult to communicate with workers and workers also find it difficult to identify their challenge, which may leave them dissatisfied and with reduced quality of health care provided. This is in accordance with WHO (2006), report on interventions to improve health worker performance and productivity

Availability of human resources

The study also identified that availability of adequate number of health workers at the health facility to deliver services improves quality of care provided (88.6%). Understaffed health facility leads to overburdened staff with high possibility of dissatisfaction and errors. This reduces the quality of health care provided as there can be long waiting times at the OPD, laboratory, pharmacy and imaging centres. This can adversely affect the quality of care provided to such clients. When the number of staff is adequate, clients spend less time at the facility and they receive the necessary attention required thereby improving the quality of care provided to them. This point has been emphasised in earlier studies (Dieleman *et al.*, 2006; WHO 2006).

Availability of drugs and equipment

Furthermore, 93.5% of the respondents agreed that availability of drugs and equipment could increase productivity, which would influence quality of care delivery. Drug availability ensures that optimum care is provided when needed. Its absence will mean clients have to go and look for them from elsewhere and

this delays treatment and can sometimes lead to fatal situations. Inadequate equipment or lack of it could delay both diagnosis and treatment. Results are usually needed from the laboratory and imaging units for diagnosis to be made promptly. When clients are unable to access necessary equipment, they are forced to go elsewhere and pay more. This delays treatment, leading to reduced quality of health care delivery (Zurn *et al.*, 2005).

Knowledge and skills

Majority of the respondents significantly shared the opinion that their knowledge and skills could help to improve safety of patients and influence quality of care delivery. Having adequate knowledge of appropriate safety measures ensures that clients are well catered for using best practices. This improves the quality of health care provided to them, leading to their overall satisfaction. Thus, Griffin and Moorhead (2007), suggested that when a worker lacks ability or knowledge to perform, a training programme could help them to acquire more skills as well as tools could be provided if there was none. Continuous education, interactive training and professional/career development geared towards the priority health conditions and needs of the population improved health worker competency and motivation (Dieleman *et al.*, 2006).

Association between socio-demographic characteristics and intrinsic motivational factors

The study also found significant association between sex of respondents and intrinsic motivational factors. However, there was no significant association between age group, level of education, marital status, profession and

motivational factors. This may be attributed to the fact that they were all of barely the same age ranges and educational levels. Majority of them were also married and this may have accounted for this. The same observations were made for duration of work, monthly earnings and motivational factors' influence on performance.

Conclusions

This section presents the conclusions of the study. The study makes conclusions in respect of the objectives spelt out in chapter one as presented below. Conclusion on how intrinsic motivational factors influence health care workers' performance. This was achieved by assessing intrinsic factors influencing workers' performance. The study identified achievement and personal satisfaction ($p < 0.092$) and continuous training and development as intrinsic motivational factors that could influence performance. While Dieleman *et al.* (2006), reported similar findings, Mbindyo *et al.* (2009), identified lack of training and development as demotivates that could affect performance and productivity of health care workers.

The study concludes that availability of equipment and drugs could motivate staff to work so as to enhance their performance. However, Dieleman *et al.* (2006), found that the lack of resources was a demotivation for health care workers. Similar to earlier findings, this study concludes that effective interpersonal relationship recognition and promotion were influential factors that could enhance health workers' performance (Henderson & Tulloch, 2008; Peters, 2010). Furthermore, improved salary ($p < 0.001$) and less workload ($p > 0.982$) were identified as other extrinsic motivational factors that could

influence health workers' performance in the health institution, similar to earlier evidence documented (Willis-Shattuck *et al.*, 2008).

However, the study did not find job security, incentives package and supervision as influential factors on health workers' performance among respondents. This supports the conclusion that financial incentives alone are not enough to motivate workers but more factors should be taken into consideration (Agyapong *et al.*, 2004). Moreover, it confirms the revelation that supportive supervision is important in motivating workers to improve their performance (Manongi *et al.*, 2006). The study concludes that responsive/ friendly services adequate equipment and drugs adequate number of employee and adequate knowledge and skills of employees' safety influenced quality of health care delivery to clients. Thus, this supports literature that for providers to achieve superior quality of care, the environmental factors like reducing burnout by improving staff numbers, workload and enhancing the environment should be considered during care delivery (Alhassan *et al.*, 2013; Bagaert *et al.*, 2014).

Recommendations

The study provides the following recommendations for the attention of management, policy makers and practitioners in the health sector.

1. There is the need for employees to be involved at all stages of designing motivational factors that directly influence performance to ensure buy in from all.
2. There is the need for employees as well as managers to be educated thoroughly on the impact of motivational factors on performance. This will ensure that subjectivity and office

politicking do not distort the reviews. Managers should have the ability to listen, coach, counsel and develop rather than focus on judgment alone.

3. There is the need for a feedback mechanism to be created to enable employees to also assess their motivational levels and performance themselves.

4. There is the need for performance standards to be measured by criteria directly related to the job and derived from a thorough job analysis.

Limitations to the study

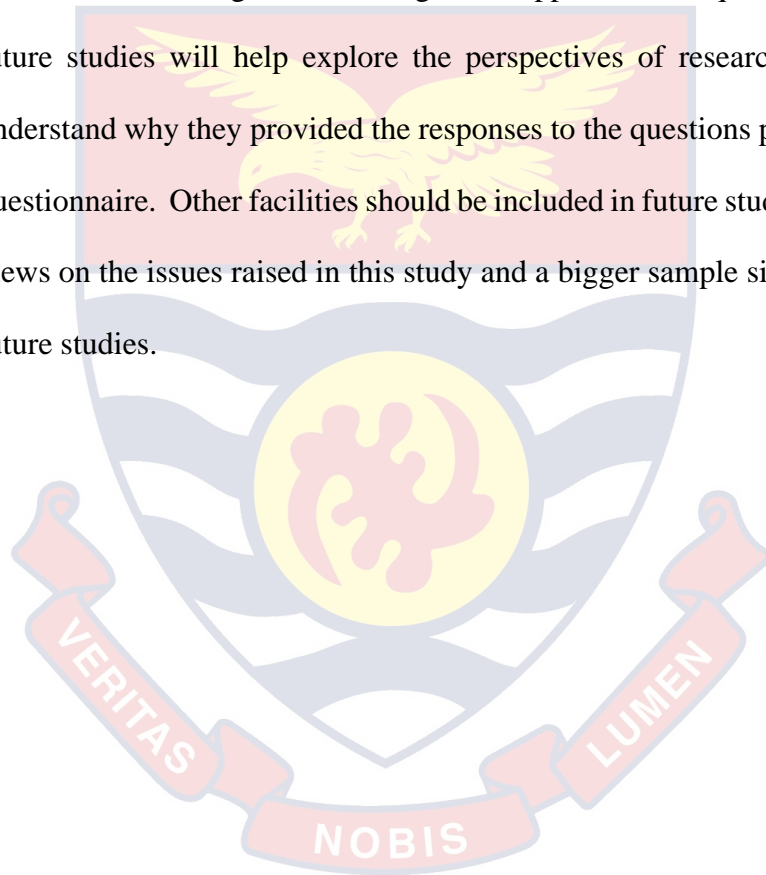
This study has some limitations. The first is that since the study focused on the impact/influence of motivational factors on the performance of employees and quality health care at KBTH, any conclusions drawn from the study may not fit into every health institution within Ghana. However, the conclusions might extend to the other health institutions that share similar organizational structure, hierarchy, and culture. The second is the fact that since employee survey data was used as the basis for evaluating employees' understanding of motivational factors and performance in itself is another potential limitation and the fact that clients were not used to measure health worker performance.

Such data is limited to making descriptive analysis and association and does not provide insight into cause and effect of the factors studied. The third is the fact that the data might be subject to bias by how the questionnaire is

structured and the sincerity of respondents' answers. Recall bias may also have influenced the acquisition of information from the respondents. In spite of all these limitations, the internal and external validity of the study was not adversely affected.

Future Research

Future researchers should seek to address the challenges faced by the researcher, including the following. The application of qualitative method in future studies will help explore the perspectives of research participants to understand why they provided the responses to the questions posed through the questionnaire. Other facilities should be included in future studies to know their views on the issues raised in this study and a bigger sample size can be used in future studies.



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APPENDIX

UNIVERSITY OF CAPE COAST

SCHOOL OF BUSINESS

DEPARTMENT OF MANAGEMENT

**EFFECT OF INCENTIVE PACKAGE ON THE PERFORMANCE OF
HEALTH WORKERS AT THE GREATER ACCRA REGIONAL
HOSPITAL – ACCRA**

Dear Sir/Madam,

This questionnaire seeks to solicit information from you to aid a research project. This exercise is solely for academic purposes and therefore guided by all relevant ethical standards of research. You are personally assured of total anonymity and confidentiality of your responses. Under no circumstances will they be used for any other purpose than stated. Please provide your candid responses to the questions as they relate to your firm.

Thank you.

	QUESTIONS	RESPONSE
Section A	Socio-demographic information	
1	Sex 1. Male 2. Female	<input type="checkbox"/>
2	What is your age? 1. Below 20 years 2. 20years to 29 years 3. 30 years to 39 years 4. 40 years to 49 years 5. 50 years to 59 years 6. 60 years and above	<input type="checkbox"/>

3	<p>What is the highest level of school you attended?</p> <ol style="list-style-type: none"> 1. Certificate 2. Diploma 3. Bachelor's Degree 4. Post Graduate 5. Other, please specify..... 	<input type="text"/>
4	<p>What is your current marital Status</p> <ol style="list-style-type: none"> 1. Married 2. Single 3. Divorced 4. Separated 5. Widowed 	<input type="text"/>
5	<p>What is your profession?</p> <ol style="list-style-type: none"> 1. Doctor 2. Nurse 3. Midwife 4. Pharmacist 5. Biomedical scientist 6. Radiographer 	<input type="text"/>
6	<p>How long have you been working in this facility?</p> <ol style="list-style-type: none"> 1. Less than 1 year 2. 1-4 years 3. 5-9 years 4. 10-14 years 5. 5 years and above 	<input type="text"/>
7	<p>How much do you earn (per month)?</p> <ol style="list-style-type: none"> 1. Below 1000 ₵ 2. 1000-1900 ₵ 3. 2000-2900 ₵ 4. 3000-3900 ₵ 5. 4000-4900 ₵ 6. 5000 and above 	<input type="text"/>
Section B	Intrinsic Motivational Issues	
8	<p>My achievement and personal satisfaction in my work enhance(s) my performance.</p> <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	<input type="text"/>

9	<p>Continuous education through training and development programmes will help improve my skills and influence(s) performance</p> <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	_
10	<p>Incentive packages at the KBTH help me to improve my performance</p> <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	_
Section C	Extrinsic Motivational Factor	
11	<p>Availability of materials and equipment for my work, including safe work environment help to improve my performance</p> <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	_
12	<p>Job security helps to enhance my performance</p> <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 4. Fairly agree 5. Agree 	_
	<ol style="list-style-type: none"> 6. Strongly agree 	
13	<p>Good interpersonal relationship with coworkers enhances work performance.</p> <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	_
14	<p>Recognition and promotion have been a major factor for motivating staff to improve performance</p> <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	_

15	Improved salary is enough to meet my normal expenses and influence my performance <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	<input type="text"/>
16	Feeling emotionally drained and burned out after each day affects performance <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	<input type="text"/>
Section D	Influence of motivation on quality of care delivery	
17	Responsive/friendly services offered by workers in this facility enhance clients' satisfaction and quality of care delivery in the hospital <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	<input type="text"/>
18	Availability of adequate numbers of health workers at the facility to deliver the service improves quality of care delivery <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	<input type="text"/>
19	Availability of drugs and equipment increase productivity which	

	influence(s) quality of care delivery <ol style="list-style-type: none"> 1. Strongly disagree 	
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	<ol style="list-style-type: none"> 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	_
20	<p>My knowledge and skills help to improve safety of patients and influence quality of care delivery</p> <ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Fairly agree 4. Agree 5. Strongly agree 	_

THANK YOU

