UNIVERSITY OF CAPE COAST

FACTORS MOTIVATING DOCTORS AND NURSES AT THE CAPE COAST TEACHING HOSPITAL

BY
GIFY QUAYE

Dissertation submitted to the Department of Management Studies, School of Business Studies, University of Cape Coast, in partial fulfillment of the requirements for the award of Master of Business Administration, Human Resource Management.

2015
DECLARATION

Candidate’s Declaration

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

Candidate’s Signature……………….. Date

……………….

Name: Gifty Quaye

Supervisor’s Declaration

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

Supervisor’s Signature………………..

Date……………….

Name: Mrs. Abigail Opoku Mensah
ABSTRACT

People occupy a very important place in every meaningful organization. Thaw (2002) has pointed out that without people there is no organization. This therefore requires that personnel be motivated enough to enable relevant organizations achieve their goals. As a result of poor motivation packages, the health sector in Ghana, for example, has recorded a decline in the number of skilled personnel in some metropolis (Ministry of Health, 2014). According to the 2014 annual report of the Cape Coast Teaching Hospital, 17 nurses and 6 doctors vacated their posts from 2010 to 2013, thereby worsening the already limited staffing strength. The purpose of the study was to find out the various factors influencing worker motivation at the Cape Coast Teaching Hospital. A descriptive study design was used in this study. The study used both close and open ended structured questionnaire to collect data on motivation from respondents. In all, 131 out of a study population of 277 partook in the study. Data analysis was done with SPSS Version 21.0. Results were presented using graphs, tables and pie chart. While 45.8% of respondents said that they remained in the metropolis because there are prospects for career development, 44.3% said the presence of schools were motivating factors to stay and work in Cape Coast. It is recommended that, since academic pursuits remain the major motivating factor among medical and nursing staff of the hospital, a more friendly policy on further studies must be implemented. Such a policy must consider certificates from studies without leave.
ACKNOWLEDGEMENTS

I attribute the success of this work to a host of individuals and institutions who were kind and resourceful to me in various ways. A special mention must be made of Mrs. Abigail Opoku Mensah my supervisor. I thank the management and staff of the School of Business, University of Cape Coast for giving me all the academic and administrative support in the course of my entire studies and particularly in the writing of this dissertation.

My sincere gratitude also goes to institutions which readily came to my aid with official documents and information in the course of producing this work. These include the Ministry of Health, Ghana Health Service, Central Regional Health Directorate, Cape Coast Metro Health Directorate, Cape Coast Metropolitan Assembly, and the management and staff of the Cape Coast Teaching Hospital. The information supplied by these institutions was indispensable in laying the foundation for this study.

This acknowledgement is incomplete without the mention of Joel Tetteh Zutah, who assisted with the data processing.
DEDICATION

To my mother, Rose Daniels; my husband, Isaac Kobina Eshun; and the entire Adams, Brown and Quaye families of Cape Coast.
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CHAPTER ONE
INTRODUCTION

Background to the Study

Management practitioners and scholars agree that people occupy a very important place in every meaningful organization. Thaw (2002) has pointed out that without people there is no organization. He identifies three main elements of every organization as people, structure and purpose. Thaw (2002) believes that all three elements are needed for an organization to exist and function. Armstrong (2001) also observed that it is the people’s individual and collective efforts which contribute to the achievement of any organizations’ objectives (Armstrong, 2001). Both Armstrong (2001) and Cole (2002) agreed that the most important single resource in any organization is human resource (Cole, 2002).

All over the world, employers and managers have found it increasingly difficult to hire and maintain the desired caliber of staff (Miskell & Miskell, 1994). Simply hiring the best people with extraordinary competence and abilities does not necessarily guarantee high productivity or performance. Much also depends on the factor of motivation. In fact, job performance is said to be an interaction between ability and motivation (DeCenzo & Robbins, 2002).

A working definition of motivation provided by Robbins and Langton (2001) is that motivation is the process that accounts for an individual’s intensity, direction and persistence of effort towards achieving a goal. This implies that whether or not an employee chooses to work hard towards the achievement of set goals of the organization at any given point in time, will
depend to a large extent on certain forces or factors which are driving him to
do so. It is these factors that every manager needs to identify in each individual
in order to sustain the person’s efforts at work.

The situation of motivation is more difficult in a developing country like
Ghana. One peculiar situation in the health sector, for example, in Ghana is the
scarcity of health personnel in some metropolis (Ministry of Health, 2014).
Available figures at the Ministry of Health shows, for example, that as at 2014
the Greater Accra, Ashanti, Eastern, Western, and Central regions which have
well endowed cities and towns had more health personnel than less endowed
regions and towns such as the Brong-Ahafo, Northern, Upper East and Upper
West regions. Table 1 illustrates this picture.

<table>
<thead>
<tr>
<th>Region</th>
<th>Count</th>
<th>%</th>
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<tbody>
<tr>
<td>Greater Accra</td>
<td>15,896</td>
<td>19.0</td>
</tr>
<tr>
<td>Ashanti</td>
<td>15,011</td>
<td>18.0</td>
</tr>
<tr>
<td>Eastern</td>
<td>8,124</td>
<td>14.6</td>
</tr>
<tr>
<td>Western</td>
<td>6,660</td>
<td>8.0</td>
</tr>
<tr>
<td>Central</td>
<td>7,261</td>
<td>8.9</td>
</tr>
<tr>
<td>Volta</td>
<td>6,847</td>
<td>8.3</td>
</tr>
<tr>
<td>Brong-Ahafo</td>
<td>7,690</td>
<td>9.4</td>
</tr>
<tr>
<td>Northern</td>
<td>7,219</td>
<td>8.5</td>
</tr>
<tr>
<td>Upper East</td>
<td>4,160</td>
<td>5.0</td>
</tr>
<tr>
<td>Upper West</td>
<td>2,676</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>National total</strong></td>
<td><strong>81,544</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Ministry of Health, 2014
It is common knowledge that health professionals like doctors, nurses, anesthetists’ and pharmacists used to “flee” the country for greener pastures due to the relatively poor conditions of work in the country (Ministry of Health, 2007). Statistics available at the Ministry of Health on the brain drain of some health professionals in the country shows that 4,265 doctors, 55,045 nurses, and 430 pharmacists left the country for greener pastures for greener pastures within ten years. (Ministry of Health, 2002). This drain in staffing strength has also been observed at the Cape Coast Teaching Hospital where this study was undertaken (Central Regional Teaching Hospital, 2013).

Statement of the Problem

Motivation has been described as the force that drives an individual towards the achievement of a goal. Without a motivated workforce, organizational goals cannot be achieved successfully. In Ghana, institutions located in the cities which are less endowed and expensive to live, find it more difficult to retain their staff than their counterparts in the more endowed cities. Cape Coast is one of such cities that are less endowed and somewhat difficult to live. According to Consumer Price Index, a newsletter of the Ghana Statistical Service, the year-on-year inflation rate for Central Region, where Cape Coast is located in 2011 was 11.15 per cent which is above the National rate of 8.58 per cent. In 2012, the year-on-year inflation rate was 9.4 per cent which is also above the National rate of 8.8 per cent. In 2013, the year-on-year inflation rate was 14.8 percent being above the national inflation rate of 13.5 per cent. In 2014, Central Region recorded inflation rate above the National inflation rate of 14.7 per cent (Ghana Statistical Service, 2014). This suggests a relatively higher cost of leaving in the Cape Coast Metropolis, which is a
possible demotivating factor for persons seeking to work in the metropolis.

In the health sector, aside those leaving the country for greener pastures abroad, clinics and hospitals in the less endowed and expensive areas are unable to attract and retain the needed staff to enhance effective health care delivery. At the Cape Coast Teaching Hospital, little is known about the pattern of motivation of workers in the selected area of study (Ministry of Health, 2010), although knowledge of factors that motivate workers to perform satisfactorily is crucial to the attraction, retention and performance of staff in any organization. According to the Annual reports 2010 to 2014 of Cape Coast Teaching Hospital, in 2010, 7 nurses and 3 doctors vacated their posts. In 2011, 4 nurses and 1 doctor vacated their posts. In 2012, 6 nurses and 3 doctors vacated their posts. In 2013, 6 nurses and 2 doctors vacated their posts. In 2014, no doctor or nurse vacated post. These notwithstanding, a significant number of clinical staffs have retained their positions in the facility. This research therefore sought to examine the various factors influencing worker motivation at the Cape Coast Teaching Hospital.

**Purpose of Study**

The purpose of the study was to examine the various factors influencing worker motivation at the Cape Coast Teaching Hospital (CCTH).

**Objectives of the Study**

The main aim of this study was to examine the factors motivating doctors and nurses at the Cape Coast Teaching Hospital (CCTH). The specific objectives of the study were:

1. To examine the level of motivation of doctors and nurses at CCTH.
2. To identify the conditions that is favorable for doctors and nurses working
at CCTH.

3. To identify factors that demotivates doctors and nurses working at CCTH.

**Research Questions**

1. What is the level of motivation of doctors and nurses at CCTH.
2. What working conditions are favorable for doctors and nurses at CCTH.
3. What are the factors that demotivate doctors and nurses working at CCTH.

**Significance of the Study**

The examination of the factors motivating doctors and nurses at the Cape Coast Teaching Hospital is significant in several ways. The study will bring to light the strengths and weaknesses of the strategies adopted by the hospital management in attracting and motivating doctors and nurses to stay at the hospital. This can bring about an improvement in doctors and nurses attraction and retention rate. The possible improvement in the motivational packages will be of direct benefit to staff of the hospital in their quality of life.

The study is also of significance to the people of Cape Coast in that the ability of the hospital to attract and retain health personnel will go a long way to assure them of accessible and quality health care services in the Metropolis.

The study could also change the general bias against working in some part of the country if people get to know about certain good opportunities that exist in some of these areas. Academically, the study will contribute to knowledge in management, especially worker motivation in organizations.

**Limitations of the Study**

A study of this nature could have been conducted in all Teaching Hospitals in Ghana, but due to limited resources and time, this was not possible. The study was therefore limited to only the Cape Coast Teaching Hospital to ensure
better coverage and effective work. The study looked at doctors and nurses of the Cape Coast Teaching Hospital only. This would affect the degree of accuracy of the generalization and representativeness of the findings to other Teaching Hospitals.

Another major limitation for the study was the very short time that was available to the researcher. This considerably restricted the researcher from having the opportunity of conducting the study over wider geographical area with equally larger participants.

**Definition of Terms**

**Motivation**: the willingness to exert and maintain an effort towards achievement of organizational goals.

**Demotivation**: the reluctance to exert and maintain an effort towards achievement of organizational goals.

**Organization of the Study**

The study is organized in five chapters. The first chapter is the introduction. It gives the background to the study, the problem statement, the study’s objectives, research questions, and the justification for the study. Chapter two, deals with the review of relevant literature. The third chapter describes the study area and the methodology adopted for the study. Chapter four presents analysis discussion of the study’s findings while the last chapter, Chapter five gives a summary of the findings as well as conclusions and recommendations.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter aimed at summarizing the theoretical bases that have influenced managers’ attempts towards achieving a motivated workforce. Areas reviewed under this section include the theories of motivation, definition and explanation of motivation, the importance of motivation, the forms of motivation and some factor that motivate employees.

Theories of Motivation

Theories of motivation provide the theoretical basis of the concept of motivation. They help to draw certain generalizations about how people could be motivated in any organization. Motivation theories have been classified into two main categories. These are Content or Needs Theories and Process Theories.

Content Theories:

Content theories are concerned with those needs that stimulate a person to move in a certain direction. For those behind these theories, motivation is caused by unsatisfied human needs which create tension and disequilibrium in a person. To restore the balance a goal that will satisfy the need is identified and behaviour is chosen towards the achievement of the goal. Various needs theories, however, differ in the kinds and number of needs they propose and whether these needs are in a hierarchy or not. The most popular of Content or Needs Theories include Maslow’s five scale hierarchy of needs; Herzberg’s Two Factor Theory; Alderfer’s ERG Theory and McClelland’s Achievement theory.
Maslow’s Hierarchy of Needs:

The most famous classification of needs is the one formulated by Abraham Maslow in 1954 (Armstrong, 2001). Maslow suggested that there are five major human need categories which apply to people in general. These needs begin from the fundamental physiological needs and rise through a hierarchy of safety, social and esteem needs to the highest need for self-actualization. Physiological needs are the basic needs of the human body in order to sustain life. These include food, shelter, clothing, oxygen, sex, sleep, exercise, leisure and so forth. Safety needs are those concerned with security or protection against danger, threat and deprivation, whether physical or emotional. They include the need for peace and comfort, orderly, clean environment and need for long term economic security. Social needs include the needs for love, affection, friendship, acceptance and belongingness to a group or organization.

The next level of needs according to Maslow is known as the esteem or ergo needs. These are divided into two, self-esteem and esteem of others. Self-esteem needs include the desire to achieve, independence and confidence. The external esteem needs include high status, recognition, appreciation and prestige in the eyes of others. The highest in Maslow’s hierarchy of needs is Self-actualization or self-fulfillment. This involves the need to develop oneself to realize what one believes he is capable of becoming in life. Such needs include intellectual curiosity, accomplishing challenging tasks, creativity, personal growth and so forth. According to Maslow self-actualization needs can never be fully satisfied; one can always reach the next higher step.

Maslow’s needs hierarchy explains that only an unsatisfied need tends to motivate behaviour and this begins from the lower order needs and progresses
to the higher order needs for most people. Maslow’s theory of motivation is very popular among practicing managers. Many organizations are actually applying the logic of his hierarchy of needs, though not to the letter. Compensation systems, for instance, are designed to enable people satisfy their lower order needs such as the bodily and safety needs. Jobs content and training opportunities are also designed to meet the higher order needs of esteem and self-actualization. According to Maslow hierarchy of needs if doctors and nurses at CCTH are provided with their basic needs based on individual’s priority it will motivate them to give their best.

Empirical evidence (as cited in Cole 1996), however, does not agree with Maslow’s rigid and hierarchical arrangement of human needs. Obviously, determining the need level of an individual can be very difficult. All people do not operate at the same level of needs or react similarly to the same situation. On the contrary, different people may have different priorities at the same time. It is, therefore, difficult to accept that people’s needs progress steadily up a strict hierarchy. The most important value of Maslow’s theory is that, it provides a basis for other theories of motivation as discussed subsequently in this work.

**McClelland’s Achievement – Affiliation – Power Needs Theory**

McClelland’s theory of needs recognizes that different people have different needs categorized as need for Achievement, need for Affiliation and need for Power (as cited in Cole 1996). In McClelland’s terms, ‘need’ refers to the ‘desire’ for something rather than something inherent in the individual as Maslow conceives.

The need for Achievement is the desire by some people to excel or do
something better or more efficiently than it has been done before. Such people are happiest working in an enabling environment in which they can bring about innovation. Other people are motivated by the need for power. This is a desire to have influence or impact on others. Such people are happiest in jobs that give them control over budgets and decision making. For some people, their driving force is the need for Affiliation. They have the desire to establish and maintain close friendly relations with people. Such people enjoy working with other people like them and around them.

McClelland’s needs theory of motivation argues that most people have developed a degree of each of these three needs, but the intensity varies from one person to another. For example an individual may have a high need for Achievement, moderate need for Power and low need for Affiliation. This person’s motivation to work will vary greatly from that of others who have high need for Power or Affiliation. An employee with high need for Achievement would respond positively to higher responsibility. Those with need for Affiliation would be motivated by demonstration of warmth and support from the manager, while a person with need for Power would be moved by the investment of autonomy of actions that affect the fate of others.

Despite the fact that McClelland has over simplified human needs into only three types, his theory is quite consistent with the empirical world of individual differences among people. Based on McClelland’s theory, desires of doctors and nurses at CCTH should be known in order to put in strategies to satisfy their individual desires. This can be done through needs assessment.

Alderfer’s ERG Theory:

Alderfer (1972) considers human needs to be in three main categories of
Existence, Relatedness and Growth (ERG) needs which are in a hierarchy as Maslow conceives. According to Alderfer Existence needs are those core basic things in life which are required by every individual in order to exist or survive on day to day basis. These include food, shelter and clothing, what Maslow refers to as physiological needs. Relatedness needs on the other hand refer to the desire of every one to have interpersonal relationships with others. This is what Maslow calls social needs while McClelland calls it the need for Affiliation.

The need for Growth is an intrinsic desire for personal development or status recognition which is also synonymous with Maslow’s need for Esteem. Though Alderfer also subscribes to the idea of a hierarchy of needs like Maslow, he concedes that more than one need can be important to an individual at the same time. He also argues further that if a higher order need is not being satisfied there is a desire for more of a lower order need. Alderfer’s theory is an improvement upon Maslow’s conception of needs hierarchy by recognizing that an individual can have the desire for more than one need at a time. Alderfer’s weakness, just like Maslow, still remains that individuals are different in their needs and that those needs are not necessarily in a hierarchy.

Herzberg’s two- factor theory: doctors and nurses at CCTH should be provided with individuals needs to motivate them to work.

For Herzberg two-factor theory (1959), only two groups of factors affect job motivation: hygiene or maintenance factors and motivators of satisfiers. By hygiene factors Herzberg is referring to those factors extrinsic to the job or factors found within the job environment which when unfavourable can jeopardize individual motivation at the work place. Such factors include
organizational policies and administration, interpersonal relations, technical supervision, job security, working conditions, salary and aspects of personal lives that are affected by the work.

The Motivators on the other hand are those things intrinsic to the job performance or outcomes derived from the job itself. These include achievement, recognition, challenges, responsibilities and opportunities for promotion or advancement and personal growth. According to Herzberg, the hygiene factors in themselves do not motivate but are necessary conditions in order to sustain the positive effects of the motivators. The Motivator, when present in addition to the hygiene factors, actually creates motivation in the individual. Hence, the hygiene factors are necessary but not sufficient conditions for motivation to occur without the motivators or satisfiers. At best, they can prevent an individual from being dissatisfied but do not motivate the individual either. In short, both favourable hygiene factors and motivators must be present in an organization for true motivation to occur.

Herzberg’s Two-Factor theory underpins the basic understandings of motivation. The theory reiterates the fact about the two types of motivation factors, that is the intrinsic and the extrinsic factors. The fact that intrinsic factors create a longer-lasting effect on motivation and should be preferred to extrinsic factors is also reaffirmed (Cole 1996, Robbins & Langton 2001). The theory also has a strong empirical support for various approaches to job design which seek to motivate people to higher performance by way of job rotation, job enlargement and job enrichment.

On the contrary, Herzberg’s theory fails to take account of individual difference by assuming that all people are motivated by the same kind of needs
– hygiene factors and motivators. The theory also assumes that satisfaction leads to higher performance or productivity which has not been proved by any research so far. Herzberg’s theory suggests that if doctors and Nurses are provided with conducive environment it will motivate them to higher productivity. Table 3 presents a comparative summary analysis of the main content theories of motivation discussed above.

Table 2: Summary of the Needs Theories of Motivation

<table>
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<tr>
<th>Maslow</th>
<th>McClelland</th>
<th>Alderfer</th>
<th>Herzberg</th>
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<tr>
<td>Physiological needs</td>
<td>-</td>
<td>Existence needs</td>
<td>Hygiene Factors</td>
</tr>
<tr>
<td>Safety needs</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Social needs</td>
<td>Need for Affiliation</td>
<td>Relatedness needs</td>
<td>Motivators</td>
</tr>
<tr>
<td>Esteem needs</td>
<td>Need for Achievement</td>
<td>Growth needs</td>
<td>-</td>
</tr>
<tr>
<td>Self –Actualization</td>
<td>Need for Power</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Adapted from Robbins and Langton (2001)

The comparative overview of the needs theories clearly brings out the fact that individuals do have needs and that they can be highly motivated to achieve those needs. The types of needs and their importance vary by individual and probably vary over time for the same individual. When rewarding individuals, one should consider their specific needs. Obviously, in a work place, the challenge posed by the needs theories is how to design a reward structure that could completely take into account the specific needs of each employee.

The Process Theories:

The most widely known process theories are the Expectancy and the Equity Theories. These theories try to explain the thought processes which cause
motivation in the individual and which could be exploited by another person to motivate the other. For example, the management of a hospital in the rural area such as the Holy Family Hospital in Berekum which wishes to motivate its workers could find out the expectations of the workers and try to meet them as much as possible.

**Expectancy Theory:**

Vroom in 1964 (as cited in Cole 1996) propounded the Expectancy Theory of motivation. The concept explores the relationship between Expectancy, Instrumentality and Valence (VIE), which produce or stimulate motivation in the individual employee.

Expectancy, according to Vroom (1964), is the extent of the individual’s perception or belief that a particular action is going to lead to a particular outcome, i.e. effort-performance relationship. If the individual perceives that his effort will result in high performance then his expectancy will be high and where effort is unrelated to performance expectancy is weak or low. Where effort – performance relationship is not strong then expectancy is moderate.

Instrumentality, according to Vroom, refers to the individual’s perception that performance will lead to desirable outcomes or rewards. Hence, if the individual strongly believes that high performance will lead to better rewards or outcomes such as pay rise, promotion or achievement, then instrumentality will be high. On the other hand if high performance will not lead to any better outcome or reward then instrumentality will be low. Where the individual believes that performance and reward are unrelated, then instrumentality is almost nil.

Valence in Vroom’s concept refers to the individual’s perception that
outcomes or rewards available are desirable or are of a particular value to him. What is desirable to each individual may, however, vary from person to person. Two main types of employee rewards are identified here – Intrinsic and Extrinsic. The extrinsic rewards are those offered directly by the organization such as pay, promotion, fringe benefits, working conditions etc. while the intrinsic rewards are personal satisfactions derived from performing the job, such as Achievement, Recognition or Self-esteem, Affiliation, Self-actualization etc. Where an employee is satisfied with the outcome, the valence is positive. Valence is negative if the individual does not desire the available outcome or reward. The individual may also be indifferent to the outcome, in which case valence is nil.

Vroom’s conception is that for the individual to be motivated these three factors or conditions must be met in such a manner that they create a driving force which generates into effort, performance and desired rewards which satisfy the employee. Hence, for an employee to be motivated Expectancy, Instrumentality and Valence must all be high. The theory, however, concedes that effort alone cannot lead to high performance. It must be complemented by the individual’s characteristics and role perception. The individual’s characteristics consist of skills, knowledge, abilities and experience which come into play in the performance of his job. Performance will be high if he has more of the desirable job characteristics.

Expectancy theory fails to consider the relative fairness of performance based rewards. For instance, if the margin between an increment in the rewards of a hardworking staff and that of a generally lazy person is perceived to be insignificant, then the reward will not be motivating enough to the hardworking
person. This is despite the fact that the rewards may meet his (the hard worker’s) needs all right. This led to the theory of Equity.

**Equity Theory:**

Closely related to Vroom’s theory is the Equity Theory by Porter and Lawler in 1967 (as cited in Griffin 1999). Porter and Lawler (1967) in their studies came out with the conclusion that workers are not motivated to high performance in the situation where performance does not lead to satisfaction or equitable rewards to the individual employee. According to them employees make comparisons of their job inputs (effort, experience, education and competence) with outcomes (salary levels, salary raises and recognition) relative to those of others. Porter and Lawler argue that people view their outcomes and inputs as a ratio and then compare it to the ratio of others. This other person may belong to the same organization or a comparable group. Expectancy theory suggests that if doctors and nurses are rewarded equitably it will motivate staff to increase productivity.

**Reward and Motivation**

The question of what motivates people is not an easy one to answer. It has been asserted that an organization’s reward package is its most important tool of motivation (Griffin, 1999). According to Griffin (1999), employees are motivated when they know that their performance will be measured, evaluated and rewarded accordingly. According to Cole (2002), employees reward generally consists of two main components. These are basic pay (monetary or cash reward) and benefits (non-pay rewards).

The monetary reward or compensation refers to the employee’s basic salary or pay for work done which is paid either weekly or mostly at the end of every
month. The non-pay benefits also known as fringe benefits or perks refer to items such as Social Security or Pension benefits, life or health insurance, awards, meal subsidies, transport allowance, car loans, office car allocation, sabbaticals, housing loans etc.

**Money and Motivation**

Money in the form of pay or some other form of remuneration to employees such as bonuses, allowances and commission in return for their effort at work, is the most obvious extrinsic reward (Armstrong, 2001). Money in this sense is therefore, fundamental in any employer-employee relationship. With bills to pay and mouths to feed, many people will work hard to earn enough into the bank account in order to remove those troublesome family worries. However, once the threshold of comfort has been reached and there is steady flow of money coming from the job, is it possible that money will still motivate the worker any longer? In other words the question that scholars often ask is to what extent is money a motivator? There is, however, no one simple answer to this question. Two strands of thought, however, emerge from the various Needs and Process theories of motivation. One shows that money is a motivator while the other says that money is not a motivator.

For the Needs theories money is an immediate and powerful tool of motivation as far as the satisfaction of basic human needs are concerned. For example, according to Maslow’s needs hierarchy theory, money is likely to be a motivator to people who are still grappling with physiological needs (food, shelter, and clothing) and safety or security needs. People who are thriving for higher order needs such as Esteem and Self Actualization are less concerned about money in the work. According to Alderfer’s Existence, Relatedness and
Growth theory, people will be motivated by money when they have a strong need for existential or survival needs which correspond to Maslow’s physiological and safety needs.

From Vroom’s Expectancy theory, where pay is contingent upon performance money will motivate people to higher performance since that will lead to further realization of their personal goals. The Equity theory of Porter and Lawler in 1967 (as cited in Griffin 1999) argues that, performance does lead to satisfaction if pay scales are equitable or fair to the individual employee. According to them employees make comparisons of their job inputs (effort, experience, education and competence) with outcomes such as salary levels and salary raises, relative to those of others. Equity theory, therefore, suggests that apart from being a medium of exchange, money also has a symbolic value. An employee’s salary is the primary outcome against which we can compare inputs to determine whether one is being treated fairly or not. For instance, if an organization pays one Executive GH¢80,000 a year and another GH¢95,000, it means that the latter is earning GH¢15,000 more. The deeper meaning, however, is a message from the organization to both employees, of how much it values the contribution of each of the two executives.

Doyle (1992) has also observed that money as a medium of exchange is the means by which employees can obtain their numerous needs to satisfy their desires. According to Doyle (1992), money is also the “score card by which employees assess the value that the organization places on their services and by which employees can compare their value to others”.

Those theories or individuals that suggest that money is not a motivator
generally argue that money is not everything that the worker is interested in. 
From Herzberg’s Two Factor theory, Money is classified as a Hygiene factor, 
serving as a means of avoiding dissatisfaction. For him the real motivators of 
work are desire for achievement, recognition, advancement, autonomy and 
work. For McClelland, people are motivated by their need for Affiliation, 
Achievement and Power which have nothing to do with money.

Mitra et al. (1995) came out with their findings that unless marginal 
differences in pay increases are significant, money cannot motivate a 
workforce. According to their research marginal pay increases must be at least 
7% before it can be motivating. Unfortunately, their study showed that 
marginal pay increases for most employees, the non-managerial employees, 
averages only 5%.

Filipczak (1994) argues that at best money does motivate some people 
under certain circumstances. To him money motivates some individuals’ 
performance when they perceive money as being very essential or a means of 
satisfying their basic needs. However, for most employees, basic needs or 
lower-order needs, such as food, clothing, shelter, sex etc are substantially 
satisfied. Again, employees who could be termed “high achievers” are not 
motivated by money but intrinsically by the results of their performance. 
Filipczak (1994) also argues that money will not motivate employees where 
rewards or pay are not linked to performance. Unfortunately, pay levels are 
mostly determined by experience, collective bargaining, cost of living in the 
country and the organization’s financial situation.

Summarizing the above arguments for and against money as a motivator, it 
is difficult to draw a general conclusion. This is because individuals are unique.
Some will be much more motivated by money than others. Money will motivate some people in certain circumstances. Thus, it may not be possible to transform every one into a highly motivated worker over-night by introducing a performance-related pay.

**Definition of Motivation**

The concept of motivation has been variously defined by different people. For the purposes of this study, two of such definitions are discussed here. Robbins and Langton, (2001) have described motivation as the processes that account for an individual’s intensity, direction and persistence of effort towards obtaining a goal. The underlying emphases in this definition are intensity, direction, and persistence. Intensity of effort refers to how hard a person tries to do something, while direction here refers to a course of action which is beneficial to the job and the job performer. Persistence is a reference to how long the desired effort can be sustained in the person. Hence, motivated individuals are capable of staying with a task long enough to achieve a goal. In other words, persistence is an important unit of measuring motivation.

Cole (2002) defines motivation as the term used to describe the processes, both instinctive and rational, by which people seek to satisfy the basic drives, perceived needs and personal goals which trigger human behaviour. Cole’s definition adds another dimension to motivation by indicating the fact that motivation does not occur in a vacuum but is essentially caused by certain factors which represent the personal needs of the worker. These needs serve as the driving forces for the person’s chosen cause of action towards a goal with a desired outcome for that personal need.

Cole (2002) and Robbins and Langton (2001) identify two main types of
factors which motivate people. According to them intrinsic factors are a person’s inner desires which move him or her in doing something such as personal interest or satisfaction, challenge, feeling of achievement and self esteem. They are intangible rewards. On the other hand, extrinsic motivators originate outside the person and are tangible rewards such as pay, promotions, awards, bonuses, etc. By comparison extrinsic motivators have an immediate and more powerful effect on motivation than intrinsic motivators. However, intrinsic motivators tend to have longer term effect because of their inherent and non-imposed nature.

Mullins (as cited in Armstrong, 2001) identifies four main characteristics or conceptions of motivation. First, motivation is based on the individual. Every person is unique as far as motivation is concerned. This is because every individual has a variety of changing and often conflicting needs and expectations which differ from person to person. Secondly, motivation is also intentional in the sense that it is under the control of the individual. An individual may refuse to be influenced by a gesture which is aimed at actually motivating him/her and therefore, will not choose a behaviour or course of action as expected. Thirdly, motivation is said to be multifaceted. It has so many dimensions, including factors which motivate people, the forces inside an individual which drive and energize the person to choose a desired behaviour and the process of motivation itself.

**Importance of Motivation**

As noted by Robbins and Langton (2001) in their definition above, motivation is critical to the achievement of goals and for that matter organizational success. This invariably links motivation to the individual’s job
performance. This is also underscored by Stahl (1995) who says that job performance is a multiple of motivation and ability, thus:

Performance = Motivation × Ability. In this case performance is almost nil in the case where the individual has a high ability to perform a job but is unfortunately not motivated. Put mathematically, where motivation or ability is zero, then performance will also be zero.

Factors that Motivate Employees

Many researchers have been undertaken on the subject of motivation by scholars both outside and within Ghana. They all made attempts towards identifying factors which motivate workers in various organizations and contexts.

Caudron (1993) carried out a study among 2,500 workers in America to determine the primary motivator among workers. The outcome was that workers varied over what was their primary motivator. All the workers were, however, unanimous in ranking money as their number two motivator. Caudron’s study seems to prove the point that people may not work only for money, but if money is eliminated completely the number of people coming to work will be seriously reduced. Caudron (1993:33) argues further that “for a vast majority of the workforce, a regular pay cheque is absolutely necessary in order to meet their basic physiological and safety needs”. The conclusions of Caudrons study cannot, however, be taken as the Gospel truth for all workers all over the world, hence, the need for an assessment in other parts of the world.

Another study was conducted by Locke et al in 1980 (as cited in Robins and Langton, 2001) at the University of Maryland to compare four main methods
of motivating employee performance, namely, money, goal setting, participation in decision making and redesigning jobs to give workers more challenge and responsibility. The results showed that average improvement in performance were as follows: 30% for money, 10% for goal setting, less than 1% for participation in decision making while job redesign improved performance by an average of 17%. Locke’s study reveals that though money is an important is certainly a very strong motivator of employee performance, not every one is primarily motivated by money. The outcome of Locke’s study cannot be used to draw a general conclusion on factors motivating workers every where in the world and in every organization.

In Ghana, several studies have also been done to find out factors influencing motivation of workers in the country. Valogo (2007) researched into the level of motivation and retention of graduate teachers in the Bolgatanga Municipality. His study found out that graduate teachers were mostly motivated by relationships and achievements but dissatisfied with their status or recognition and salary, among others. The study also reveled that graduate teachers perceived other jobs to be better than teaching. Valogo’s findings, though useful, are quite limited to the education sector and also located in a regional capital. The sectoral and geographical settings of his study could render his study limited in general and may not hold true for health care delivery in rural areas.

Sefa (2007) also studied the effect of motivation on productivity in three business organizations, namely Peace FM, Pipes and Plastics and Poly Products in Accra. Sefa (2007) found out that the employees of these organizations generally felt demotivated to work hard. The greater number of
the workers (90%) was, however, motivated by the monetary reward they received rather than promotion, status and recognition. Sefa’s study is useful in bringing out some of the motivational factors among Ghanaian workers but the study was done in the capital city of Accra and within a business environment the concerns of workers could be different from health delivery and in rural areas.

Quarcoo (2007) also carried out a study on the significance of motivation to performance of Health Workers in the Berekum District of the Brong Ahafo Region of Ghana. The main aim of his study was to find out how health workers were responding to certain incentives introduced by the Ministry of Health such as the Additional Duty Hours Allowance (ADHA), sponsorships for further studies, vehicle hire purchase scheme among others. He was particularly interested in whether there were any differences in the performance of males and females. The outcome of his study was that no significant differences existed between the performance of males and females. Quarcoo’s work did not, however, focus on details of the factors motivating health workers to stay at the Teaching hospital and in the Cape Coast Metropolitan as a whole. Apart from the general incentives package of the Ministry for all Health Workers, there could still be other underlying factors of motivation pertaining to this hospital and the metropolitan as a whole.

**Conceptual Framework**

The study used the Expectancy Theory of Vroom propounded in 1964 (as cited in Cole, 1996) as its guide. The theory explains how the process of motivation occurs in the individual employee. By the Expectancy Theory, it would be assumed that a doctor or nurse will put in more effort when he
perceives that the effort will boost his performance (Expectancy); that performance will lead to rewards (Instrumentality); and that in the end, attractive rewards (intrinsic or extrinsic) are indeed available (Valence).

Expectancy theory, however, fails to consider the relative fairness of performance based rewards. For instance, if the margin between an increment in the rewards of a hardworking nurse and that of a generally lazy nurse is perceived to be insignificant, then the reward will not be motivating enough to the hardworking nurse. This is despite the fact that the rewards may meet the hard worker’s needs all right. In this study, the behaviour being assessed is whether or not doctors and nurses at the Cape Coast Teaching Hospital feel motivated to work. The factors influencing this behavior are:

1. **Rewards:** Do the doctors and nurses remain in the hospital or work harder because they perceive some benefits or motivation. If yes, what are these benefits or motivation?

2. **Hospital policy:** Are there policies in place that influence the working behaviour of doctors and nurses as well as their decision to remain in the facility? If yes, how does it influence these staff?

3. **Socio-demographics:** Does age, work experience, sex or educational level have an effect on worker motivation?

Figure 1 shows a pictorial view of the Expectancy theory.
Figure 1: Expectancy Theory Framework

Source: Adapted from Cole, 1996.
CHAPTER THREE
METHODOLOGY

Introduction

This chapter outlines the main features of the Cape Coast Teaching Hospital in terms of its location, population, and prospects as a health delivery system in the Cape Coast Metropolis. The methodology adopted in carrying out the study is also detailed out, which are the research approach, study design, study population, sampling procedure, data collection issues, instrument, ethical consideration, field work challenges, and data processing and analysis.

Research Approach

The general approach used for the study was quantitative, although a qualitative tool was also used to collect data from management members. The study used close-ended questionnaire to solicit views on motivating factors among nurses and doctors at the Cape Coast Teaching Hospital. Meanwhile, open-ended questionnaire was used to solicit views of management members on motivation issues pertaining to the hospital, as well as prospects of the facility for the future. Common views of management members were identified and merits discussed.

Research Design

A descriptive research design was used in the study. This type of research is commonly used in the Social Sciences and Education to find out the present picture of a situation or a population (Osuala, 2001). The design enables researchers to gain a full understanding of a complex phenomenon while the results are useful for purposes of making decisions and policies. Descriptive research is basic for assessing situations as a prerequisite to inferences and
generalizations. That is, it is a necessary step to finding answers to questions. The design often relies on descriptive statistics which provide commonly used measures for reducing raw data into easy-to-understand forms. Among the descriptive statistical techniques are frequency distribution, percentiles and averages. A major setback of descriptive research, however, is that it cannot establish cause and effect relationships or predict conclusively what the future situation will be.

Study Setting

The Cape Coast Teaching Hospital (formerly Central Regional Hospital) is located in the Cape Coast metropolis in the Central Region of Ghana. The hospital is currently a four hundred (400) bed capacity referral hospital situated at the Northern part of Cape Coast. It is bounded on the North by Abura Township, on the south by Pedu Estate /4th Ridge, Nkanfua on the east and Abura Estate on the west. The hospital was the first of a series of ultra-modern Regional Hospitals established by the Ministry of Health and started full operations on 12th August, 1998 and was adjudged the best Regional Hospital in 2003. It was transformed into a teaching hospital with the inception of Medical Sciences in the University of Cape Coast, with the first batch of students graduating in June 2013. The hospital’s vision is to achieve a world class centre for best practice in medical and nursing services by 2020 and its mission is to improve the health and health care of all Ghanaians. A six member Hospital Management Team (HMT) led by the Hospital administrator, manages the affairs of the hospital.

The Cape Coast metropolis, as compared to other regions, is predominantly occupied by the least endowed and is rather an expensive metropolis to live in.
Cost of living is high, thus making it difficult for first timers to stay. Despite this fact, the Cape Coast Teaching Hospital has been able to attract and maintain a good number of health personnel over the years. The hospital indicates that it has been able to maintain relatively high and stable staffing strength. From 2009 to 2013, the hospital had staff strength of 362 (2009), 394 (2010), 448 (2011), 481 (2012), and 591 (2013) (Central Regional Teaching Hospital, 2013). When compared to the distribution of staff in the Central Region, the hospital has one of the highest staffing levels among the Metropolis, perhaps because of its status and mandate as a teaching hospital.

**Population**

The population for the study consisted of the doctors and nurses of the Cape Coast Teaching Hospital. The total number of doctors and nurses of the hospital was 277 as at the time of this study. According to the 2013 annual report of the Cape Coast Teaching Hospital (CCTH), administrative and supporting staffs form 44.8% of its personnel. They include accountant/finance officers, statistician/health information officers’ administrators, secretaries, procurement officers, security guards, hospital orderlies (cleaners), laundry, and transport and maintenance staff. Other categories of staff include Anesthetists, biomedical scientists, laboratory technicians, radiographers, x-ray technicians; physiotherapists form about 10% of the staff population. For the purposes of this study, only two categories (nurses and medical doctors) were considered since they form a majority among the various categories of professionals in the hospital, and since their works are directly related.
Table 3: Staff Strength by Professional Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Population</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff</td>
<td>61</td>
<td>22.02</td>
</tr>
<tr>
<td>Nursing staff</td>
<td>216</td>
<td>77.98</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>277</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Field data, 2015.

**Sampling and Sampling Procedure**

A convenience sampling method was employed in selecting respondents. Convenience sampling uses the part of the population which is readily available. This is non-probabilistic and perhaps the most common sampling strategy for qualitative research (Patton, 1990).

The method allows the researcher to obtain her information from respondents who are readily available and willing to participate in the study. Hence, the sample may not necessarily be proportional to the population. The method was used in this case because staff of the hospital work in three shifts and also enjoy routine off duty periods. This would have made it difficult reaching many respondents if they were randomly selected. Using Epi Info Version 7 Stat Calc, a sample size of 131 was chosen for the study (CL: 90%, CI:.5 p:.5). The sample distribution is given in Table 4.
Table 4: Sample Distribution

<table>
<thead>
<tr>
<th>Category</th>
<th>Population</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff</td>
<td>61</td>
<td>38</td>
</tr>
<tr>
<td>Nursing staff</td>
<td>216</td>
<td>93</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>277</strong></td>
<td><strong>131</strong></td>
</tr>
</tbody>
</table>

Source: Field data, 2015.

Data Collection Issues

Issues pertaining to time and availability on the part of prospective respondents affected the data collection process. Due to busy routines on the part of nurses and doctors at the teaching hospital, it was rather difficult and time taking to get them to respond to the questionnaires. Again, it was quite challenging retrieving responses from those who opted to fill out the questionnaires for the same reason described above.

Research Instrument

The primary data were gathered mainly through the use of questionnaire which were personally administered to some respondents on one-on-one basis. Other respondents opted to fill out the questionnaire on their own since that was more convenient to them. The questions were divided into three sections, namely personal data of respondents, factors influencing respondents’ motivation and lastly, how motivation of workers can be improved in the hospital.

Questions posed under the personal details of respondents covered areas such as age, sex, length of service, highest educational level, and monthly income. Some of the questions concerning the factors influencing respondents’ motivation were the reasons why they kept on working in the hospital, their
level of motivation and what conditions they find favourable in the Cape Coast metropolis. Under the section concerning the improvement of motivation of workers in the hospital, questions posed included what issues pertaining to work in the hospital made respondents dissatisfied and what suggestions they had for improving motivation in the hospital. While some of the questions were closed ended, others were open ended depending on the subject in question.

The researcher also observed staff as they carried out their duties at their various units in order to find out their general attitude towards work and clients. The Hospital Management Team Members (HMT) were also interviewed on one-on-one basis using a separate questionnaire from that of the staff, to find out the strategies adopted by the hospital to motivate doctors and nurses. The gathering of secondary data was done through review and summary of relevant theories, past researches and official records and data which concerned the research topic.

Ethical Considerations
To have access to the study setting in order to engage respondents, an introductory letter taken from the University of Cape Coast was submitted to the Medical Director of the hospital. When permission was granted, prospective respondents were then engaged and questionnaires were administered. Prospective respondents were assured of confidentiality of information provided should they agree to participate in the study. They were also informed that they could opt out at any time should they wish otherwise.

Field Work Challenges
Aside the difficulty the researcher encountered in engaging respondents due to their busy routines, retrieving filled out questionnaires was likewise
challenging as it took the researcher several days of follow-up. This also affected the time and budget allocated for the study as supplementary budget had to be prepared to make up for the increment in expenditure.

**Data Preparation and Analysis**

Most of the questionnaires were pre-coded before administration to facilitate easy tabulation and analysis. Open ended questionnaire were coded after the data collection exercise. Responses were cross-checked on the field as a quality check on the data. Coded data on responses were fed into the computer based programme, SPSS Version 21.0 for display and analysis. For example, to analyze responses of respondents to the likert scale statement “The level of motivation in this hospital is high”, the following codes were fed into the software: 1= Strongly Agree 2=Agree 3=Unsure 4=Disagree 5=Strongly Disagree. This allowed the researcher to analyze the respondents’ perception on the level of motivation at the Cape Coast Teaching Hospital. By using the Analyse feature, the SPSS programme generated figures, frequencies, percentages and tables to show results of the data analysis. These descriptive statistics were then used as basis for discussing the key variables involved in the study.

**Summary**

The study sought to identify factors motivating nurses and doctors at the Cape Coast Teaching Hospital. In all, 131 participants were interviewed out of a population of 277 nurses and doctors. A quantitative approach was used. The study also used a descriptive study design. A convenience sampling technique was used to select respondents. Responses were collated and analyzed with the statistical programme SPSS Version 21.0. The SPSS programme generated
frequencies, figures and tables to show results of the data analysis, which were then discussed.
CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

Introduction

The objectives of this study were to determine the factors which motivate staff of the hospital and assess the areas in which worker motivation can be improved in the hospital. It was also aimed at drawing lessons for motivation of people in rural areas. This chapter therefore presents the profile of respondents and discusses the findings made in relation to the objectives of the study.

Demographic Characteristics of Respondents

In all, 131 respondents took part in the study, representing 47.3% of the entire population of 277 staff. This section briefly analyses the social, educational and demographic characteristics of the respondents in the study as outlined in Table 5. This covers their length of service, sex, household size, education qualifications, level of income, and professional category.

The study recognizes the assumption that the sex of a person also influences the ability and willingness to relocate to join their partners; females are the ones who normally relocate to their husbands. Table 5 shows that 44.3% of the respondents were males while 55.7% were females, indicating that females generally outnumber males in the hospital population studied.
The age distribution of respondents ranged from 20 years to 50 years and above. The research showed that the ages of 72 respondents ranged from 20-
29 years, while those of 48 respondents ranged from 30-39 years. Seven (7) of the respondents fell within the age category of 40-49 years while 4 respondents were observed to be 50 years or above. The findings show that the hospital has a youthful staff.

The professional background of prospective participants was a key factor in the selection of respondents for the study as this was a way of ensuring proper representation of the two categories of staff. From the findings, nursing professionals constitute 71% whiles the medical doctors were 29%.

Information on the size of the respondents’ families gives a better understanding of factors underlying their levels of motivation to stay and work in the Cape Coast Teaching Hospital, considering the cost of living in the metropolis. The findings show that 56 of the respondents had between 1-3 household members, 59 respondents had 4-6 household members, 11 respondents had 7-9 household members whiles 5 of the respondents had 10 and above.

Regarding educational qualifications of respondents, the findings show that 55.7% had diploma qualification, 35.1% had bachelor’s degree, and 7.6% had Master’s degree while 1.5% had other qualifications. Knowing the educational levels of respondents’ gives a better understanding of the factors underlying their motivation.

In terms of length of service at the hospital 97 respondents had served at the hospital for between 1-10 years, with 26 less than 1year, 5 had served for 11-20 years and 1 had served for 20 years and above. Motivated staffs are likely to stay longer and perform better.
Income Levels

From the findings, 44.3% being a majority of the respondents fell within a monthly income group of GH¢1,500 – 1,999; 17.6% of respondents fell within GH¢2,000–2,499; 15.3% of respondents were within salary range of GH¢1,000– GH¢1,499; 14.5% of respondents were between GH¢3,000–3,499 whilsts 9 respondents received between GH¢2,500–2,999 and 2 respondents received between GH¢3,500–4,000. Income levels of the respondents are relevant to the study since monetary reward is an important factor in analyzing worker motivation in the Cape Coast Teaching Hospital.

![Figure 2: Monthly Salary of Respondents](https://erl.ucc.edu.gh)
Grade Classification

In terms of job grade, 42% of respondents were staff nurses/staff midwives; 16% respondents were senior staff nurses/senior midwives, 16% respondent were medical officers, 6.9% respondent were Nursing Officers/Midwifery Officers or Senior Nursing Officers, 1.5% of respondents were Principal Nursing Officers/Principal Midwifery Officers or Specialists while 0.8% were consultants. The grades of respondents vary appreciably although staff Nurses outnumber the other staffs.

Table 6: Grade Classification of Respondents

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Nurse/Staff Midwife</td>
<td>55</td>
<td>42.0</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>21</td>
<td>16.0</td>
</tr>
<tr>
<td>Senior Staff Nurse/Senior Midwife</td>
<td>9</td>
<td>6.9</td>
</tr>
<tr>
<td>Nursing Officer/Midwifery Officer</td>
<td>9</td>
<td>6.9</td>
</tr>
<tr>
<td>Senior Nursing Officer/Senior Midwifery Officer</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Specialist</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Consultant</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Medical Officer</td>
<td>21</td>
<td>16.0</td>
</tr>
<tr>
<td>House Office</td>
<td>11</td>
<td>8.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>131</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Field data, 2015.
The Level of Motivation of Respondents

An assessment of motivation among workers revealed many factors. These spanned from logistics, attractive fringe benefits, effective supervision, personal satisfaction, challenging nature of work, friendly relations, promotion prospects, and carrier development. The study sought to find out the factors motivating doctors and nurses working with the Cape Coast Teaching Hospital. Table 7 shows staff perception of motivation at the facility.

The observation that respondents have remained at post although they also claimed that the level of motivation in the facility is reportedly low can be better interpreted in the context of the assumptions made by Cole (2002) and Robbins and Langton (2001) that certain inner factors (intrinsic factors) affect motivation.

From Table 7, it is observed that the level of motivation is low as 41.2% of the respondents said that they disagree that the level of motivation is high while 18.3% said they strongly disagree that the level of motivation is high. This perhaps explains the observation by the Cape Coast Teaching Hospital in 2014 that 23 nurses and 9 doctors vacated post from 2011 to 2013.

Regarding availability of Equipment and Tools as a motivation factor, 43.5% respondent also said that there are not enough logistics to work with in the hospital. This could also be a militating factor against motivation among personnel at the facility.
# Table 7: Level of Motivation of Respondents

<table>
<thead>
<tr>
<th>Statements</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The level of motivation in this hospital is high.</td>
<td>Strongly Agree (%): 3.1</td>
</tr>
<tr>
<td>2. There are enough equipment and tools to work with at this hospital.</td>
<td>Agree (%): 14.5</td>
</tr>
<tr>
<td>3. There is effective supervision and guidance in the performance of work</td>
<td>Unsure (%): 22.9</td>
</tr>
<tr>
<td>4. Doctors and Nurses are attracted to this hospital based on personal</td>
<td>Disagree (%): 41.2</td>
</tr>
<tr>
<td>5. Doctors and Nurses remain in this hospital because they wish to achieve</td>
<td>Strongly disagree (%): 18.3</td>
</tr>
<tr>
<td>challenging goals</td>
<td></td>
</tr>
</tbody>
</table>

There are attractive fringe benefits available in this hospital.

<table>
<thead>
<tr>
<th>Strongly Agree (%): 3.1</th>
<th>Agree (%)</th>
<th>Unsure (%)</th>
<th>Disagree (%)</th>
<th>Strongly disagree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.9</td>
<td>29.0</td>
<td>20.6</td>
<td>35.1</td>
<td>8.4</td>
</tr>
<tr>
<td>11.5</td>
<td>48.9</td>
<td>19.8</td>
<td>14.5</td>
<td>4.6</td>
</tr>
<tr>
<td>6.9</td>
<td>22.9</td>
<td>38.9</td>
<td>17.6</td>
<td>9.9</td>
</tr>
<tr>
<td>9.9</td>
<td>27.5</td>
<td>35.1</td>
<td>20.6</td>
<td>3.8</td>
</tr>
</tbody>
</table>
Concerning effective supervision and guidance in the performance of work as a tool for motivation at the hospital, (48.9%) of respondents agreed that there is effective supervision and guidance. Health procedures need to be supervised to ensure quality of care. Career development (45.8%) came next to effective supervision. In a globalized and fast changing world, there is no doubt that every professional would want to be abreast with current knowledge and skills. The hospital provides these opportunities by way of giving study leave with pay to qualified staff to pursue higher courses from degree to  

### Table 7 continued

<table>
<thead>
<tr>
<th></th>
<th>6. Doctors and Nurses remain in this hospital because they want to get good recognition.</th>
<th>4.6</th>
<th>29</th>
<th>30.5</th>
<th>24.4</th>
<th>9.9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7. Doctors and Nurses remain at this hospital because there is friendly relations among staff.</td>
<td>8.4</td>
<td>37.4</td>
<td>22.9</td>
<td>21.1</td>
<td>8.4</td>
</tr>
<tr>
<td></td>
<td>8. Doctors and Nurses remain at this hospital because of promotion prospects.</td>
<td>3.8</td>
<td>26</td>
<td>31.3</td>
<td>26</td>
<td>10.7</td>
</tr>
<tr>
<td></td>
<td>9. Doctors and Nurses remain at this hospital because there are prospects for career development.</td>
<td>6.1</td>
<td>39.7</td>
<td>29.8</td>
<td>17.6</td>
<td>4.6</td>
</tr>
<tr>
<td></td>
<td>10. Doctors and Nurses remain at this hospital because of accessibility and proximity of schools.</td>
<td>9.2</td>
<td>29.8</td>
<td>33.6</td>
<td>16.</td>
<td>10.7</td>
</tr>
<tr>
<td></td>
<td>11. Doctors and Nurses remain at this hospital because there are opportunities for part time work in other private hospitals in the region.</td>
<td>6.1</td>
<td>16</td>
<td>25.2</td>
<td>29.8</td>
<td>22.9</td>
</tr>
</tbody>
</table>

Source: Field data, 2015.
masters degree programmes. Also available are in-service training programmes, workshops and short courses as a form of continuous education for staff. One sure means to attain personal growth is career development. According to Maslow’s needs hierarchy, personal growth is one of the esteem needs of man, which is pursued after satisfying his basic physiological and safety needs (Maslow, 1954). These are the major factors that motivate employees at the hospital.

**Conditions Favorable for Working Life at the Cape Coast Teaching Hospital**

The study found out that apart from the factors pertaining to the hospital which had an influence on the motivation of staff, certain conditions within Cape Coast metropolis as a whole also contributed to the motivation of workers. These conditions ranged from low rents through conducive weather conditions through availability of educational facilities to low cost of transportation. Some of the workers live quite close to the work place and hardly board commercial vehicles around the town but most of them do not have accommodation in the hospital bungalows and have to stay in nearby communities. There are buses which pick the staff that are living outside the hospital bungalows to work and back home. A few others use their own vehicles to work with virtually no traffic jams on the road. Also, another factor that motivates some of the staff is the quiet and serene environment of the hospital. A significant proportion of the respondents (18.3%) admitted that other factors influenced their decision to remain in the metropolis although they failed to specify them.
There are many schools in the Cape Coast Metropolis. Children can have every opportunity to attend good schools from basic to tertiary level, if they so wish, without going outside the metropolis. This is because of the presence of secondary/technical schools as well as a teacher training college, nursing/midwifery training colleges and university offering all the programmes one can think of, from education to medicine in the metropolis.

While 45.8% of respondents said that they remained in the metropolis because there are prospects for career development, 44.3% said the schools were a motivating factor to stay and work in Cape Coast. This observation, to a
significant extent, conflicts with that of Sefa (2007) where monetary reward was reported as the main motivation factor among some workers in Accra.

**Extra Income Generating Opportunities**

Besides the motivation derived from conditions of service provided by the hospital and from the jobs staff were performing, 63.4% of the respondents do not engage in any income generating activities but solely depend on the monthly salary to support their families as well as themselves. The figure implies that monetary motivation will most likely be appreciated by a majority of the personnel as also identified by Sefa (2007). 15.3% engage in distributive trade, 7.6% are into gardening whiles 2.3% are engaged in household project as shown in table 8.

**Table 8: Other Income Generating Activities**

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequencies</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gardening</td>
<td>10</td>
<td>7.6</td>
</tr>
<tr>
<td>Peasant Farming</td>
<td>4</td>
<td>3.1</td>
</tr>
<tr>
<td>Commercial</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Agriculture</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Commercial</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Transport</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Distributive Trade</td>
<td>20</td>
<td>15.3</td>
</tr>
<tr>
<td>Household Projects</td>
<td>8</td>
<td>6.1</td>
</tr>
<tr>
<td>Other</td>
<td>84</td>
<td>64.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>131</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Field data, 2015.
Improving Worker Motivation in the Hospital

The study also delved into areas which needed to be addressed by the management of the Cape Coast Teaching in order to improve motivation of its workers. Some of the areas identified included leadership style, no challenging tasks, inadequate recognition of performance, poor sense of belongingness, irregular promotions and inadequate career development prospects, among others (See Figure 4).

![Demotivating Factors in the Hospital](image)

**Figure 4: Demotivating Factors in the Hospital**

From figure 4, the major demotivating factor among the workers was leadership style as noted by 51.1% of respondents. Here, most of the complaints come from the fact that the leadership style is not the best. 22.9% of respondents were also not happy about the inadequate recognition of
performance. Both nurses and doctors complained about inadequate recognition and leadership style. The findings conflicted with those of Valogo (2007) who identified relationships and achievements as key motivation factors among some teachers in Bolgatanga municipality, although Valogo also reported a strong dissatisfaction with poor recognition and inadequate salary among the teachers.

It was also observed that 10.7% had a poor sense of belongingness at the Cape Coast Teaching Hospital. 3.8% of respondents said that there are no challenging tasks and (2.3%) inadequate career development prospect as a results of a 5-year bonding system attached to sponsorships for further studies or payment of $10,000 in lieu of serving the bond. Other issues included slow procedures for processing the necessary documents for staff to be paid by the Controller & Accountant General’s Department, selection of best worker, absence of motivation of staff regularly or monthly, no provision of day care centers or school within the hospital vicinity for staff’s with children aged 6 months to 2 years. Others grievances include not having enough equipment and logistics to work with.

**Outcome of Interview with Management**

The questionnaire for management sought to find out the policies and interventions put in place by the facility to motivate staff, as well as future prospects of the hospital. When asked how management gets personnel to work at the teaching hospital, respondents noted that the facility gets its workers through posting from Ministry of Health and transfers from other hospitals. The study also sought to find out what conscious efforts management make towards motivation of workers in the hospital in relation to competitive salary,
allowances, staff association, work environment and promotions. Management responded that:

a. Salaries are paid according to grade/rank and by educational qualification of staff.

b. Allowances are paid as prescribed by government under a common public sector policy.

c. The facility did not restrict staff from joining any association whatsoever.

d. Promotion is granted on merit and on time as per the working conditions. Personnel can also be promoted out of turn for very exceptional performance.

e. The work environment is conducive, hygienic and safe with required protective clothing or gears.

To improve the motivational packages for staff in future, the hospital intends to reinforce an existing policy called the Performance Related Allowance (P.R.A) to boost allowance and motivation; this recognizes best performing personnel. The policy on free medical care for staff and immediate family, as mentioned by the management respondent, will be revived.

Question 3 sought to find out what particular motivation package in place is not working and needs to be changed. Management responded that the package that catered for the medical care of staff’s immediate family (spouse and children) was not working. Also the policy that allows management to refuse to accept qualifications of staff, if the hospital is not informed of their training, is not working.
Question 4 sought to find out what plans management had towards improvement of motivational packages for staff in the future. Management responded that it had plans to pay Performance Related Allowances (P.R.A) to staff to boost performance and innovation. Management also had plans to introduce various motivational packages i.e., Education (capacity development), End of Year Awards and Free Medical Care.

Summary

The main objective of the study was to identify factors motivating doctors and nurses at the Cape Coast Teaching Hospital. Analyses of the responses to the questionnaire issued suggested that the level of motivation is low as perceived by 41.2% of the respondents. While 45.8% of respondents said that they remained in the metropolis because there are prospects for career development, 44.3% said the schools were a motivating factor to stay and work in Cape Coast. It was also observed that motivational needs of respondents had little to do with promotions and salary but rather much to do with leadership and management style of the facility as perceived by a 51.1% majority of the respondents. This suggests a perception of an important weakness in the management of the facility. Although this could possibly be linked to policy formulation, the study did not probe further.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This study was carried out to examine the factors motivating doctors and nurses at the Cape Coast Teaching Hospital. Specifically, the study sought to examine the level of motivation of doctors and nurses at the teaching hospital, to identify conditions that are favourable for doctors and nurses at the hospital, and to identify factors that demotivate these doctors and nurses. The approach to the study was quantitative and a descriptive research design was used. A total of 131 respondents, representing two broad professional categories of staff in the hospital (nurses and doctors) were interviewed using structured questionnaire. The computer programme, SPSS Version 21.0, was used to analyze the data collected. A summary of the main findings, conclusions and recommendations are outlined in this chapter.

Summary

The study found out that the level of motivation at the hospital is low as perceived by 41.2% of the respondents. While 45.8% of respondents said that they remained in the hospital because there are prospects for career development, 44.3% said that proximity to schools was a motivating factor to stay and work at the teaching hospital. The major demotivating factor identified among the workers was leadership style as noted by 51.1% of respondents. Here, most of the complaints came from the perception that the approach to leadership was inadequate. 22.9% of respondents also felt demotivated by a perception of inadequacy in recognition of performance. When interviewed on plans to improve worker motivation in the future,
management responded, among other plans, that it intends to introduce a Performance Related Allowance (P.R.A) which would be aimed at recognizing best performing personnel.

**Conclusion**

The findings of the study suggested a perception of a low level of motivation among workers at the Cape Coast Teaching Hospital. It was also observed that motivational needs of respondents had little to do with promotions and salary but rather much to do with management style, availability of educational institutions within the metropolis in which the hospital is situated, and for that matter prospects for career development. The findings suggested a perception of an important weakness in the management of the facility. Although this could likely be linked to policy formulation, the study did not probe further.

An interview with management on the outlook for the future in terms of motivation revealed that the hospital intends to introduce a Performance Related Allowance (P.R.A) policy that will recognize personnel as per their individual achievements. This disclosure supported the perception of a significant proportion of the respondents that recognition of staff performance was inadequate.

**Recommendations**

Based on the results of this study, the following recommendations are made to the management of CCTH and the Ministry of Health.

1. Regular staff award and incentives should be instituted; that is, performance based rewards should be instituted to recognize hard working employees in the hospital.
2. Since academic pursuits and career development prospects remain the major motivating factors among medical and nursing staff in the Cape Coast metropolis, a more friendly policy on further studies should be implemented. Such a policy, for example, may review terms of bonding and study leaves. The facility may also consider certificates acquired without approved study leave.

3. Again, since leadership style stood out as the major demotivating factor among respondents, management should conduct an assessment on itself to identify those issues that inform such a reaction by the doctors and nurses and address the issue accordingly.

4. Although the negative reaction of respondents to leadership style could likely be linked to policy formulation, the study did not probe further. It is therefore recommended that further studies look at the role of policy formulation in the motivation of staff at CCTH. Finally, further studies may seek to identify and compare motivation factors among ancillary health personnel such as pharmacists, biomedical scientists, radiographers, etc.
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APPENDIX A

QUESTIONNAIRE FOR STAFF

This questionnaire aims at soliciting information for a research work being undertaken to establish factors influencing worker motivation at the Cape Coast Teaching Hospital in partial fulfillment of the requirement for Master of Business Administration, (Human Resource Management). Your Opinions are important to the study and any information you provide will be treated as confidential and for academic purpose only. Again, no portions of it shall divulge to the public without your prior consent. Thank you for your cooperation.

Instructions

Please answer each question with a tick (√) or short answer in the dotted space provided as the case may be.

Section One: Personal details of respondent

1. **Gender:** Male [ ] Female [ ]
2. **Age:** 20-29 [ ] 30-39 [ ] 40-49 [ ] 50 and over [ ]
3. **Which category of staff in the hospital do you belong to?**
   Medical Officer [ ] Nursing [ ]
4. **What is the number of people in your household?**
   1. 1 – 3 [ ]
   2. 4 - 6 [ ]
   3. 7 – 9 [ ]
   4. 10 and above [ ]
5. **What is your highest educational qualification?**
   1. Diploma [ ]
   2. Bachelor’s Degree [ ]
   3. Master’s Degree [ ]
   4. Phd [ ]
   5. Any other, specify……
6. For how long have you been working in this hospital?

   1. Less than 1 year [ ]
   2. 1-10 years [ ]
   3. 11-20 years [ ]
   4. Above 20 years [ ]

7. What is your monthly salary range?

   1. GH¢1000 – 1499[ ]
   2. GH¢1500 – 1999[ ]
   3. GH¢2,000 – 2499 [ ]
   4. GH¢2500 – 2999[ ]
   5. GH¢3,000 – 3499[ ]
   6. GH¢3500 – 4000 [ ]

   7. |Other (Specify)……………………………….

8. What is your grade or level in the hospital?

   1. Staff Nurse/Midwife [ ]
   2. Senior Staff Nurse/Midwife [ ]
   3. Nursing Officer/Midwifery Officer [ ]
   4. Principal Nursing/Midwifery Officer [ ]
   5. DDNS [ ]
   6. Management staff [ ]
   7. Consultant [ ]
   8. Specialist [ ]
   9. Medical Officer [ ]
   10. House Officer [ ]

Section B: Factors influencing respondent’s motivation

Using the guide, please answer the following items; the responses are your objective analysis and your personal views about factors influencing worker motivation at the Cape Coast Teaching Hospital. There is no correct or wrong answer. Please tick (√ ) as appropriate.
Guide

1= Strongly Agree  2=Agree  3=Unsure  4=Disagree  5=Strongly Disagree

<table>
<thead>
<tr>
<th>Statements</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>The level of motivation in this hospital is high</td>
<td></td>
</tr>
<tr>
<td>There are enough equipment and tools to work with at this hospital</td>
<td></td>
</tr>
<tr>
<td>There are attractive fringe benefits available in this hospital</td>
<td></td>
</tr>
<tr>
<td>There is effective supervision and guidance in the performance of work at this hospital</td>
<td></td>
</tr>
<tr>
<td>Doctors and Nurses are attracted to this hospital based on personal satisfaction</td>
<td></td>
</tr>
<tr>
<td>Doctors and Nurses remain in this hospital because they wish to achieve challenging goals</td>
<td></td>
</tr>
<tr>
<td>Doctors and Nurses remain in this hospital because they want to get good recognition.</td>
<td></td>
</tr>
<tr>
<td>Doctors and Nurses remain at this hospital because there is friendly relations among staff</td>
<td></td>
</tr>
<tr>
<td>Doctors and Nurses remain at this hospital because of promotion prospects</td>
<td></td>
</tr>
<tr>
<td>Doctors and Nurses remain at this hospital because there are prospects for career development.</td>
<td></td>
</tr>
</tbody>
</table>
10. What conditions do you find favourable to working life in the Cape Coast Metropolis?
   a. Good water supply [  ]
   b. Low rent [  ]
   c. Low cost of transportation [  ]
   d. Low food prices [  ]
   e. Conducive weather conditions [  ]
   f. Availability of educational facilities [  ]
   g. Other (specify) ………………………………………………………………………

11. Apart from the remuneration you receive from the hospital, what other income generating activities are you involved in?
   a. Gardening [  ]
   b. Peasant farming [  ]
   c. Commercial Agriculture [  ]
   d. Commercial transport [  ]
   e. Distributive trade [  ]
   f. Housing projects [  ]
   g. Other (specify) ………………………………………………………………………
Section Three: Improving motivation of workers in the hospital

12. What factors sometimes make you dissatisfied with working conditions in this hospital? Leadership Style [ ] No challenging tasks [ ]

Inadequate recognition of performance [ ]
Poor sense of belongingness [ ] Irregular promotions [ ]

Inadequate career development prospects [ ] Others (specify)………..

13. Suggest specific ways of improving motivation of workers in Cape Coast Teaching Hospital as a whole.

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
APPENDIX B

QUESTIONNAIRE FOR MANAGEMENT

1. How do you get people to come and work in this hospital?

1. Through sponsorship of trainees in Health Training Institutions [ ]
2. Through media advertisement [ ]
3. Unsolicited applications [ ]
4. Through posting from Ghana Health Service [ ]
5. Through transfers from other hospitals [ ]
6. Others (specify) .................................................................

2. What conscious efforts has the management made towards motivation of workers in this hospital in relation to the following areas?

I. Competitive salary .............................................................
II. Allowances ........................................................................
III. Staff Association ..............................................................
IV. Work environment .............................................................
V. Promotions ...........................................................................
VI. Career development ...........................................................
VII. Fridge benefits (list) .........................................................

3. What is the effect of these motivational strategies, with reference to question 2, on the staff and the hospital in the following areas?

1. Attraction of staff ....................................................................
2. Performance of staff/ quality health care .................................
3. Retention of staff .................................................................
4. Other (specify) ..................................................................

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4. What particular motivation package in place is not working and needs to be changed?

..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

5. What plans do you have towards improvement of motivational packages for staff in future?

..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................
APPENDIX B

UNIVERSITY OF CAPE COAST

SCHOOL OF BUSINESS

Dear Respondent,

CONSENT FROM

I am undertaking a research project on the factors influencing motivation of workers at the Cape Coast Teaching Hospital in the Central Region. The project is mainly for academic purposes. It is in partial fulfillment of the requirements for the award of a Masters degree in Human Resource Management at the School of Business, University of Cape Coast.

I am kindly soliciting your assistance in completing this questionnaire. All information you give will be treated with utmost confidentiality. You may, however, opt out if you do not wish to participate in the study. Thank you so much.

……………………

Respondent’s signature