

UNIVERSITY OF GHANA

**ASSESSING THE IMPACT OF MOTIVATION ON THE WORK
PERFORMANCE OF NURSES AT THE AMASAMAN MUNICIPAL
HOSPITAL**

BY

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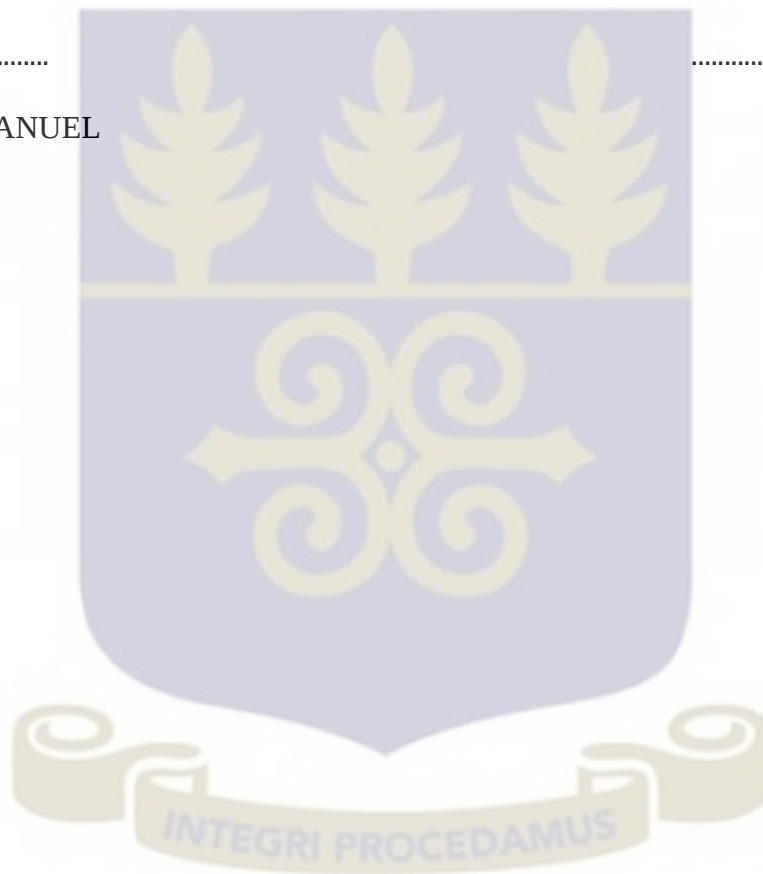
JULY, 2015

DECLARATION

I do hereby declare that this work is as a result of my own research and has not been presented by anyone for any academic award in this or any other university.

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CERTIFICATION

I hereby certify that this thesis was supervised in accordance with procedure laid down by the university.

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DATE



DEDICATION

I dedicate this project to the Almighty God for granting me wisdom, knowledge and understanding to carry out this study. I also dedicate this work to my wife, Mrs, Veronica Odoom, Children; Emmanuella, Edwin and Estherlyn Bekai Odoom, my Siblings – Elizabeth, Eric, Ernest, Ebenezer, Emelia and Gifty, Lawyer George Kofi Bekai and my Pastor, Rev. John K. Asmah for helping to make this journey a success.



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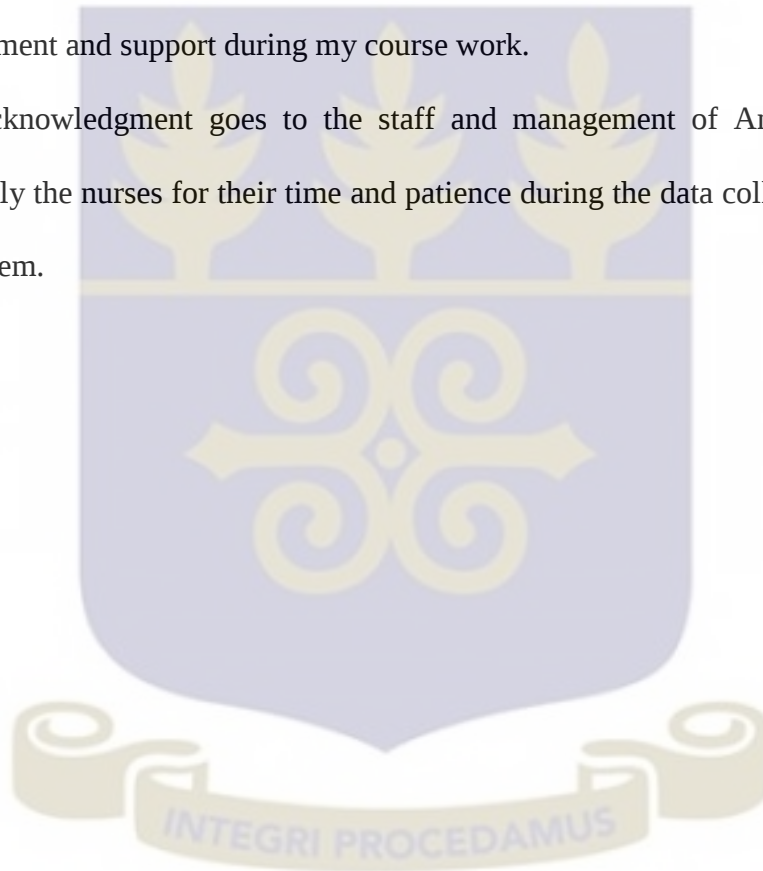


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ABBREVIATION, ACRONYMS AND OPERATIONAL DEFINITION

A. List of Abbreviation and Acronyms

ICN:	International Council of Nurses
EVA:	Economic Value Added
OPD:	Out-Patients Department
WHO:	World Health Organization
AIDS:	Acquired Immune Deficiency Syndrome
DDN:	Deputy Director of Nursing Services
PNO:	Principal Nursing Officers
SNO:	Senior Nursing Officers

B. Operational Definition

- **Motivation:** is defined as intrinsic and extrinsic incentive to nurses to boost their morale to work hard.
- **Work performance:** is defined in this study as the ability to accomplish a work done with satisfaction to the worker.
- **Intrinsic factors:** is referred to as internal motivation factors put in place by the hospital to ensure work performance.
- **Extrinsic factors:** are defined as the other motivational policies outside the purview of management of premise of the facility that are put in place to ensure effective work performance

ABSTRACT

Motivation is a driver to health worker performance in most Ghanaian hospitals. In view of this, the Ministry of Health has rolled out motivational policies to accentuate work performance of nurses. The focus of this study was to examine the impact of motivation of nurses on work performance at Amasaman Municipal Hospital. This study aimed at identifying the intrinsic and extrinsic motivation factors of work performance, examine existing policies aimed at improving work performance of nurses and propose various options of motivational policies that could improve the work performance of nurses. A qualitative approach was adopted for the study with purposive sampling for selecting 20 nurses. An in-depth interview guide was used to collect data from nurses at Amasaman Municipal Hospital. Thus, one-on-one interview process was adopted to collect data from nurses. A thematic content analysis approach was adopted to analyze the transcribed data. Key findings from the study revealed that job satisfaction and logistic provision are intrinsic motivation factors; while extrinsic motivation factors that influence work performance are financial reward, accommodation and transportation. Again, the study noted that the welfare policy, accommodation for prescribers and the annual package should be sustained to improve the work performance of nurses at Amasaman Municipal hospital. It further noted that motivational policies such as award schemes and transportation should be introduced to improve the work performance of nurses. Motivation is key to work performance of nurses. Ghana Health Service (GHS) and Ministry of Health (MOH) should adopt motivational policies based on the intrinsic and extrinsic motivation for effective work performance of nurses.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter discusses the background to the study, problem statement, objectives and research questions. It further highlights the operational definition of terms, significance of the study, organizational of work, and summary and conclusion.

1.1 Background to the Study

Motivation is a prerequisite for better organizational performance. Motivation maybe described as the processes that account for an individual's intensity, direction and persistence of effort toward attaining a goal. In most cases, motivation stems from a need, which must be fulfilled, and this in turn leads to a specific behavior (Lambrou *et al*, 2010). However, it is not only an inherent factor in the individual but also a group incentive to act or not to act. It is defined as an intrinsic process that psychologically directs the behavior of an individual (Kreitner 1995; Grafham *et al.*, 2004). Furthermore, Nahavandi and Malekzadeh (1999) relate motivation to organizational performance. In the healthcare field, attaining health objectives in a population depends to a large extent on the provision of effective, efficient, accessible, viable and high-quality services by healthcare professionals who are technically driven by motivation (Lambrou *et al.*, 2010).

In this era, the willingness of employees to work and stay in an organization depends on the extent to which they are adequately motivated (Adams & Hicks, 2000). Ideally, every employee will put up better performance if the incentive packages are rewarding and in line with the capacity to meet the needs of the individual. In this regard, while economic factors play a crucial role in the motivation and retention of health workers as well as nurses in

healthcare facilities and other work post (Henderson & Tulloch, 2008), other factors are equally important for their loyal stay.

The workforce in the health sector has specific features that cannot be ignored and motivation can play an integral role in many of the compelling challenges facing healthcare today. In this era, the task of motivation is exacerbated by the nature of the economic relationship between those using the system and the system itself (physicians, patients and hospitals), and secondly, the heterogeneity of the workforce to be managed.

Some studies contend that health organizations are faced with external pressures that cannot be effectively met without appropriate adjustments to the workforce and the development of the workforce, thus, appears to be a crucial part of the health policy development process. Motivation as a health care policy is a engine for healthcare development and growth in all the facet of healthcare delivery in Ghana (Agyepong *et al.*, 2011).

In Africa, health workers face a hierarchy of motivations or disincentives generated by the work they do, the way they are paid, and the organizational and system context in which they work. Motivational packages are generally designed to encourage providers to furnish specific services; encourage cost containment; support staff recruitment and retention; enhance the productivity and quality of services and allow for effective management (Hongoro and Normand, 2006). More so, empirical evidence indicate that poor worker motivation can be seen across countries at different levels of development. The number of health workers is related to the level of development because of the tight resource constraints facing developing countries and supply constraints, often exacerbated by migration of skilled workers and prevalence of AIDS (Awase *et al.*, 2003).

Franco *et al.*, (2010), indicated that motivational issues at work may show themselves in many ways, but common manifestations include: lack of courtesy to patients; tardiness and absenteeism; poor process quality such as failure to conduct proper patient examinations; and

failure to treat patients in a timely manner. Yet, health sector performance, and in turn, health outcomes, are critically dependent on worker motivation (Martinez & Martineau, 1998). Healthcare is highly labor-intensive, and thus, service quality, efficiency, and equity are all directly mediated by worker's willingness to apply themselves to their task. While worker performance is dependent on, or limited by, resource availability and worker competencies, the presence of these factors is not sufficient in themselves to ensure desired worker performance.

Worker performance is also contingent on worker's willingness to come to work regularly, work diligently, be flexible, and carry out the necessary tasks (Hornby & Sidney, 1988). Increased motivation combined with effective management practices and supervision creates these conditions for a more effective workforce performance. Health sector policy makers and health facility managers must recognize the importance of work motivation in reaching sectoral and organizational goals, and they must understand the links between their current policies and worker motivation (Van Lerberghe *et al.*, 2002).

In Ghana, there is considerable progress in many health outcome indicators. For instance, the percentage of antenatal and postnatal coverage improved from 42.2% and 33.8% in 2008 to 91.3% and 64.7% in 2011 respectively. The percentage of deliveries attended by skilled health staff also increased from 44.2% in 2008 to 52.3% in 2011. Likewise, the number of outpatient visits per capita improved from 0.77 in 2008 to 1.07 in 2011 (Ghana Health Service, 2011). However, these achievements are insufficient to attain the 2015 targets for the health related Millennium Development Goals (MDGs). This is due to a number of factors, including understaffing in health facilities, inequitable distribution of health sector human resources, de-motivated staff and inadequate healthcare infrastructure (Alhassan *et al*, 2013). To attain the health related MDGs, there is the need for more comprehensive quality improvement interventions, including a health sector human resource (HSHR) approach

(Alhassan *et al.*, 2013). There is therefore the need to ascertain the influence of motivation on work performance in the nursing profession.

1.2 Work Performance, Motivation in the Context of Nursing

Nursing care is a vital component of patient care and is a key determinant of quality of healthcare services. Nursing helps individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. The nurse requires competence to develop and perform functions that promote and maintain health and comfort as well as prevent ill-health. Nursing also includes the assessment, planning and giving of care during illness and rehabilitation, and encompasses the physical, mental, spiritual and social aspects of life as they affect health, illness, disability and dying (World Health Organization, 1996)

Nursing promotes the active involvement of the individual and his or her family, friends, social group and community, as appropriate, in all aspects of health care, thus encouraging self-reliance and self-determination, while promoting a healthy environment.

Nursing is both an art and a science. It requires the understanding and application of specific knowledge and skills, and it draws on knowledge and techniques derived from the humanities and the physical, social, medical and biological sciences (International Council of Nurses, 1987). While severe nursing shortages have been identified in many developing countries including Ghana, a recent report highlighted that many developed countries are also experiencing a shortage (Maloreh - Nyamekye, 2013). Such health human resource shortages have been described as symptomatic of inadequate recruitment and retention strategies (Zurn *et al.*, 2005; Buchan & Calman, 2005; Leurer, Donnelly & Domm, 2007). Motivating nurses can help them overcome obstacles such as poor working conditions, personal safety concerns and inadequate equipment. Given the current challenges related to human resources for health

(HRH) in most developing countries (Luoma & Crigler, 2002; Joint Learning Initiative, 2004).

1.3 Problem Statement

According to WHO (2006), the African continent is currently facing severe human resource crisis in the health sector. These human resource shortages appear to have affected the delivery of quality and efficient health services. Sub-Saharan Africa has the lowest health worker to population ratio in the whole world (Friederike, 2009). This trend is even getting worse, taking country specific case studies because of internal and external migration. According to Dieleman *et al* (2003), the issue of low motivation in the work place is one major contributor to the brain drain of health workers from Africa to other countries and from rural to urban areas within the same country. More so, for decades, researchers have been studying factors influencing performance in health organizations with emphasis on worker factors and work environment factors. Nurses constitute the largest human resource element in healthcare organizations (Alhasssan et al., 2013), and therefore appear to have a great impact on quality of care and patient outcomes. Job performance has often been examined in the light of work attitudes such as job satisfaction and organizational commitment. Nurses' attitudes towards their jobs; and commitment to their employers have been compelling to researchers due to their impact on behavior at work and quality of patient care. In Saudi Arabia, interest has been growing on issues related to performance in healthcare organizations, as a reflection of the increasing interest in quality improvement (Al-Ahamadi, 2008).

Numerous scholars have investigated performance of nurses in the context of motivation (Parker & Kulik, 1995; Borda & Norman, 1997; Judge *et al.*, 2001; Siu, 2002; Abualrub, 2004; Tzeng, 2004; Fort & Voltero, 2004; Yang & Huang, 2005; Mrayyan, 2006; Hall,

2007). Some studies focused on the contribution of nursing care to patient outcomes such as quality of care and patient satisfaction healthcare settings. In Canada, a nursing role effectiveness model linking nursing role performance to patient outcomes was examined. The study revealed that nurse structural variables such as level of education and hospital experience influence several aspects of performance: coordination of care and quality of communication with patients. Unit structural variables such as level of autonomy, amount of time available for care, and role tension affected nursing performance. In Taiwan, staff nurses' morale was found to be a predictor of patient satisfaction (Yang & Huang, 2005). In Jordan, Mrayyan (2006) examined patient satisfaction, nurse job satisfaction, and quality of care, and concluded that nurses had borderline level of job satisfaction, while patients reported moderate levels of satisfaction with care, and head nurses reported satisfaction with quality of nursing care.

In Ghana, there is an extant studies on motivation of healthcare workers that is skewed in the quantitative direction. More so, some of these studies construct regression models to know the relevant motivation factors that induce high work performance among health workers (Agyepong *et al*, 2004; Beaglehole & Dal Poz, 2004; Kwansah *et al.*, 2012; Lori *et al.*, 2012).

For example, Agyepong (2004), studied the relationship between Health worker (internal customer) satisfaction and motivation in the public sector in Ghana. Again, Beaglehole and Dal Poz (2004) observed the challenges and the policy dimension of the public health workforce in Ghana. A study by Kwansah *et al* (2012), detailed the policy focus on incentives for rural service among nurses in Ghana. This study adopted the qualitative approach to further add to the inconclusive studies in the qualitative direction of motivation and work performance of nurses, the study focused mainly on assessing the impact of motivation on work performance among nurses in Ghana with reference to Amasaman Hospital.

1.4 General Objectives

The main objective of the study was to assess the impact of motivation on the performance of nurses at the Amasaman Municipal Hospital.

1.5 Specific Objectives

- (i) Identify both intrinsic and extrinsic motivating factors of work performance by Nurses among Nurses at the Amasaman Municipal Hospital.
- (ii) To determine whether there are policies aimed at improving nurses' performance at Amasaman Municipal Hospital
- (iii) To propose various options of motivational policies that could effectively improve upon work performance of nurses at Amasaman Municipal Hospital.

1.5 Research questions

- i. What are the intrinsic and extrinsic motivating factors affecting work performance among nurses in Amasaman Municipal Hospital?
- ii. How do motivational interventions impact on the work performance of nurses at Amasaman Municipal Hospital?
- iii. Are there any policies aimed at improving the work performances of nurses at Amasaman Municipal Hospital?
- iv. What is the impact of these policies on nurses at Amasaman Municipal Hospital?

1.6 Significance of the Study

Improving the performance of workers has gained attention in both private and public sectors. Attention also needs to be placed in the effort of motivating workers. Efforts need to be made to ensure that reasons preventing optimal performance are identified. A lot of studies and literature focus on motivation but little attention has been given to motivation and the

implication on work performance related to nurses in Ghana. This study will fill the gap on the body of knowledge related to motivation among nurses. This research will also inform policy makers in the Ministry of Health and the Ghana Health Service, Nurses and Midwives Council and Management of the Amasaman Municipal Hospital on the directives on motivation that could effectively result in better work performance of nurses in Ghana.

Moreover, this study enabled the Researcher acquire better insight into the problem of motivation and work performance and therefore suggest appropriate measures to address the challenge in Amasaman Municipal Hospital.

1.7 Organization of the Work

The work comprises of six chapters. The first chapter elaborates on the background of the research and spells out the problem under study. It also set out the purpose, objectives, research question, significance of the study, scope of the study and Chapter organization. The second chapter deals with review of relevant literature, including theoretical foundations of the study relating to the theories on motivation, as well as the empirical evidence on motivation, work performance and the work profile of nurses in Ghana. In this work, the Chapter three outlines the relevant methodology for the study involving the research approach, study design, scope of the study, study population, study setting, sampling, data collection instrument, sources of data, data analysis and management as well as ethical consideration. The chapter four concentrates on data analysis and interpretation of the data. Chapter five discusses the main key findings of the study. The final chapter (Six) of the study will provide summary, conclusion and recommendation of the study. The recommendation for the findings was directed to inform policy on motivation and to build institutional capacities in the Amasaman hospital.

1.8 Chapter Summary and Conclusion

This chapter provides an overview of the background to the problem on motivation and the impact to health workers performance. It further discusses the problem statement, key objectives as well as research questions. The justification for this study is captured in this chapter.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews the relevant literature on motivation of Nurses and other related concepts used for this research. The chapter is classified into theoretical literature and empirical literature. The former explores extensively literature on definitional complexities of motivation and its inherent values; whilst the latter reviews the empirical work undertaken by various scholars with the goal of establishing relationships and identifying research gaps in those studies. The chapter also contains the theoretical frameworks within which the study was positioned. The researcher adopted the McGregor Theory X and Theory Y; Abraham Harold Maslow's Theory of Need and the Frederick Herzberg's Hygiene Motivational Factors Theory to provide the anchor that clearly links the study to the discipline of health service management.

2.1 Concept of Motivation: Definition and Overview

The concept of motivation has been used extensively in the literature and scholars have various perspectives regarding it (Armstrong, 2001). The idea is that the concept of motivation has over the years become a battleground for a variety of disciplines and theories. Motivation, according to Bulkus and Green (2009), is derived from the word "motivate", which means a move, push or influence to proceed for fulfilling a want. Bartol and Martin (2008) describe motivation as a power that strengthens behaviour, gives route to behaviour, and triggers the tendency to continue (Farland et al, 2011). This explanation observes that in order to attain assured targets; individuals must be satisfactorily energetic and be clear about their determinations. In the view of Bedian (2003), it is an internal drive to satisfy an

unsatisfied need and the will to accomplish. Motivation is also a progression of moving and supporting goal-directed behaviour (Chowdhury, 2006). It is an internal strength that drives an individual to pull off personal organizational goals (Reena *et al*, 2009). It is an internal strength that drives an individual to pull off personal organizational goals (Reena *et al*, 2009). The concept has variously been defined as an intrinsic process that psychologically directs the behaviour of an individual (Kreitner, 1995; Grafham *et al.*, 2004). Motivation is also described as the strength within an individual that accounts for the level of direction and amount of effort used at work (Johns, 1996). According to Locke and Latham (2004), motivation is not only an inherent factor in the individual but also a group incentive to act or not to act. Nahavandi and Malekzadeh (1999) relate motivation to organizational performance. They define motivation as a driver of stable mind, aspiration, force or interest within the individual that translate into action. It can be inferred from these definitions that to motivate someone is to stimulate the person's interest or cause him to desire to do something. Motivation has also been defined as the characteristic of an individual's willingness to expend effort and strength towards the pursuit of particular set of behaviours (Tabassi & Bakar, 2009); it could also be viewed as a process by which people choose between alternative forms of behaviour in order to achieve goals (Cole 2000); and finally, a way for us to get a better understanding of why people work and why they exhibit certain behaviours in the work place (James, 1999). Jones (1955) provides two main definitions of motivation:

Firstly, he defines motivation as a process and this means that it is possible to identify at a point in time during which an individual is motivated or not

Again, there is a subjective reaction, which is present in and underlies the behaviour of a motivated individual. Motivation is therefore the force that energizes, directs, maintains and sustains behaviour towards a given goal in a work environment. Motivation refers to the means of creating an inner state in the individual that energizes or moves him and directs or

channels his behaviour towards achieving organizational goals (Garvey, 1997). The individual employee has his needs and problems, which, if satisfied and/or resolved, will liberate his energies towards the performance of organizational tasks. At the same time, there are organizational issues that concern the employee, and the resolution of such matters will also enhance the employee's attitude to his roles in the organization.

The needs of the employee could be internal to him, or external within the organization, and the way they are perceived may differ from employee to employee. But however, each employee views his needs; they must be addressed if the employee will contribute his utmost in the workplace. The means of addressing these needs of the employee is what is referred to as motivation.

Mowday, (1982) describes motivation as a driving force for organizational commitment. According to him, organizational commitment is "an attachment to the organization, characterized by an intention to remain in it, identification with the values and goals of the organization and a willingness to exert efforts on its behalf. This makes individuals to consider the extent to which their own values and goals relate to that of the organization as part of organizational commitment; therefore it is considered to be the linkage between the individual employee and the organization.

John (1991) viewed motivation as the forces within the individual that account for the levels direction, and persistence of effort expended at work. Simply put, a highly motivated person works hard at a job while an unmotivated person does not. Motivation is the desire within a person causing that person to act for one reason: to reach a goal. Thus, motivation is a goal directed drive, and it seldom occurs in a void- (Robert & John, 2000).

Cole (1997) described motivation as a process in which people choose between alternative forms of behaviour in order to achieve personal goals. He added that, the goals sought by individuals can be relatively tangible, such as monetary reward or promotion, or intangible,

such as self-esteem or job satisfaction. The rewards available to an individual are generally classified under two headings- intrinsic and extrinsic rewards. Intrinsic rewards are those that drive from the individual's own experience; extrinsic rewards are those that are conferred on a person from outside.

According to Raimon and Timothy (1991), motivation is a set of forces, originating both within and outside the individual that initiate behaviour and determine its forms, direction, intensity and duration. This definition indicates that motivation drives people to behave in certain ways. It recognizes that many forces, internal and external to the individual, may simultaneously play roles. And it sees motivation as not, only initiating behaviours but also guiding it, influencing its strength, and determining whether or not it is sustained.

From the definitions above, motivation suggests a set of factors that drive the attention and efforts of individual or group of workers to towards the achievement of some set targets or organizational behaviour which are usually tied to organizational short and long term objectives. This suggests that individuals are propelled into certain organizational efforts if there are certain incentives, whether monetary or non-monetary are provided are promised. From the organization's perspective, a main object is to have the employee put up certain traits that that are in the organization's best interest. Through motivation, an employee can put up positive attitude to work by working hard, being punctual and regular to work and contributing meaningfully to the fulfilment of the organization's mission. In all human organizations, it is motivation that strengthens, directs and sustains human behaviour (Huitt, 2003; Ogunrin *et al.*, 2007).

Table 1.0: Summary of Key definition

1	Bulkus & Green	2009	move, push or influence to proceed for fulfilling a want.
2	Bartol & Martin	2008	Motivation as a power that strengthens behaviour, gives route to behaviour, and triggers the tendency to continue.
3	Bedian	2003	Motivation is an internal drive to satisfy an unsatisfied need and the will to accomplish
4	Reena et al	2009	It is an internal strength that drives an individual to pull off personal organizational goals
5	Mowday	1982	describes motivation as a driving force for organizational commitment.
6	John	1991	Motivation is the forces within the individual that account for the levels direction, and persistence of effort expended at work.
7	Cole	1997	Motivation is a process in which people choose between alternative forms of behaviour in order to achieve personal goals
8	Raimon & Timothy	1991	Motivation is a set of forces, originating both within and outside the individual that initiate behaviour and determine its forms, direction, intensity and duration

Authors source

2.2 Forms of Motivation

In all human organisations, it is motivation that strengthens, directs and sustains human behaviour (Huitt, 2003; Ogunrin *et al.*, 2007). An important addition to these definitions is that motivation may be influenced by factors that are intrinsic or extrinsic to the individual. However, since the intrinsic factors are relatively hard to define, emphasis has often been placed on the extrinsic factors, which include the ability of managers to satisfy an employee's needs. The sections below explain both intrinsic and extrinsic forms of motivation.

2.2.1 Intrinsic motivation

This form of motivation is the one that is driven by an interest or enjoyment in the task itself, and exists within the individual rather than relying on any external pressure. Intrinsic motivation is the motivation to do or act in one's own interests or simply for the enjoyment of the activity itself (Hennessey & Amabile, 2005). Robbins (2003) depicts that it is the desire to work on something that is interesting, challenging, satisfying, exciting or involving.

Intrinsic motivation has been studied by social and educational psychologists since the early 1970s. Explanations of intrinsic motivation have been given in the context of Fritz Heider's attribution theory, Bandura's (1999) work on self-efficacy, and Deci & Ryan's (1985), cognitive evaluation theory. Intrinsic motivation is the innate and natural propensity to engage an individual's interests and exercise an individual's skills and capabilities, and in so doing, to look for and achieve optimal opportunities and challenges (Deci & Ryan, 1985). This motivation comes from internal tendencies and can direct and motivate behaviour without the presence of constraints or rewards (Deci & Ryan, 1985).

When an individual is intrinsically motivated he or she will move for the challenge or the enjoyment instead of the promise of rewards or avoiding punishment (Deci & Ryan, 1985). The cognitive evaluation theory, as part of the self-determination theory, specifies factors in social contexts that cause variability in intrinsic motivation (Deci & Ryan, 1985). This cognitive evaluation theory states that those interpersonal events and structures (like feedback, rewards, communication and so on) that lead to feelings of competence during a certain action can increase intrinsic motivation for the specific action since these feelings permit satisfaction of the innate psychological need for competence that is inherent for humans (Deci & Ryan, 1985). The cognitive evaluation theory states furthermore that feelings of competence need to be combined by a sense of autonomy (or internal perceived locus of causality) in order to increase intrinsic motivation (Deci & Ryan, 1985).

In the view of Amabile (1993), intrinsic motivators are necessarily bound up with work itself. The intrinsic motivation of having pleasure in a certain activity could propel the individual to spend many days practicing a sport, an instrument, and so on. Therefore, the individual derives satisfaction from such an activity which serves a motivator to work performance.

2.2.2 Extrinsic motivation

This form of motivation comes from outside of the individual. Common extrinsic motivations are rewards like money and grades, coercion and threat of punishment. Competition is in general, extrinsic because it encourages the performer to win and beat others not to enjoy the intrinsic rewards of the activity. A crowd cheering on the individual and trophies are also extrinsic incentives.

Extrinsic motivation refers to performing an activity with a feeling of being pressured, tension, or anxiety just to make sure that one would achieve the result that one desires (Lindenberg, 2001). Hennessey and Amabile (2005) depict that extrinsic motivation is the motivation to do something to make sure that some external goal is attained or that some external imposed constraint is met. Extrinsically motivated behaviours are actions that cause the attainment of rewards that are externally imposed, including material possessions, salary, additional bonuses, positive feedback and evaluations from others, fringe benefits, and prestige (Ryan & Deci, 2000b).

Socio psychological research has indicated that extrinsic rewards can lead to over justification and a subsequent reduction in intrinsic motivation. In one study demonstrating this effect, children who expected to be (and were) rewarded with a ribbon and a gold star for drawing pictures spent less time playing with the drawing materials in subsequent observations than children who were assigned to an unexpected reward condition and to children who received no extrinsic reward (Lepper, *et al* 1973). Motivation is an emotive state causing persons to want or need something intensely enough to put forth the necessary efforts to achieve it.

2.3 Performance Management and Parameters of Performance

A system can only be said to be performing if it delivers high quality interventions, care or services (Arah *et al*, 2003). However, performance and quality are not necessarily identical

and interchangeable concepts. A widely accepted definition of quality proposed by the Institute of Medicine conceptualizes quality as the degree to which health services for individuals and populations are consistent with current professional knowledge and increase the likelihood of desired health outcomes (Institute of Medicine, 2001)

Authors differ as to the understanding of performance management. Katz and Green (1997) define performance management as "...a system composed of an orderly series of programmes designed to define, measure, and improve organizational performance". The PSMPC (2000) defines performance management as "...helping people to work more effectively by improving individual and team performance, increasing the overall productivity of an agency" in the context of staff management. The Institute of Personnel Management as quoted by Martinez (2003) defines performance management as "...a strategy which relates to every activity of the organization set in the context of its human resources policies, culture, style and communications systems. The nature of strategy depends on the organizational context and can vary from organization to organization".

Performance management is a shared process between managers, the individual and the teams they are supervising; it is designed to improve the performance of an organization and the people working within it (Armstrong 1994; Torrington & Hall 1998). Performance management is based on agreed objectives, competencies required to undertake the work and development plans for achieving the objectives. Performance management

Performance measurement could be defined as "the regular measurement of the results (outcomes) and efficiency of services or programs." This entails the regular measurement of progress towards precise outcome (it is a fundamental component of any effort at managing for results), a customer oriented procedure that focuses on maximizing benefits and minimizing negative cost for customers of service and programs. When performance is not measured or is measured inaccurately, those using the information will be misled and bad

judgments will be likely followed. Therefore, the old saying “garbage in garbage out” provides more credence. (Hatry, 2006) Performance measurement offers general information that can be exploited for decision making purposes both for management and for all levels of employees. In this aptitude, the performance measurement system can become the instrument panel. This instrument panel is used for strategic maneuvering, day to day running of the organization and planning, implementing improvements and changes. (Andersen & Fagerhaug, 2002) Conventional measures of organizational performance were financial and accounting based. Currently it has evolved into sophisticated systems which have several functions. Firstly, the financial measures as tools were used to control the financial re-sources of companies in order to support organizational objectives. Secondly, financial performance measures acted as barometers to indicate achievements against major organizational objectives. Thirdly, they also serve as motivators for future achievements. Furthermore, by providing a window of the past they were thought to be the influencing factors for future successes. Notwithstanding the merits of the financial and accounting measures in assessing performance, the fact that they were cost based and backward looking provided little motivation (Manzoni & Islam 2009). The insufficiencies of traditional finance based measure of performance prompted the search for enhanced metrics to measure performance. Financial specialists adopted measures such as; activity based cost, economic value added, the balance scorecard that has been happily welcomed and has drawn so much interest in the world of commerce as the most cited work in 1998, 2000 and 2002 at the performance measure association conference (Manzoni & Islam 2009). Economic profit, often referred to as economic value added or *EVA* can be described as the after tax operating profit remaining after deducting a charge for the capital employed in the business.

2.3.1 Ways to measure employee performance

Performance appraisal has become a continuous process by which an employee's understanding of a company's goals and his or her progress toward contributing to them are measured. Performance measurement is an on-going activity for all managers and their subordinates. In the view of Halala (2008), performance measurement uses the following indicators of performance:

- i. **Quantity:** the number of units produced, processed or sold is a good objective indicator of performance (Halala, 2008). Relating this to the current study, by quantity, one refers to the number of patients that a nurse is able to attend to within a given time period. This relates to the ability to provide nursing care and treatment to more patients given a small time period.
- ii. **Quality:** It is not just the quantity that is needed, but the ability to perform to a desirable outcome is key. The quality of work performed can be measured by several means. The percentage of work output that must be redone or is rejected is one such indicator.
- iii. **Timeliness:** How fast work is performed is another performance indicator that should be used with caution. In field service, the average customer's downtime is a good indicator of timeliness.
- iv. **Cost-effectiveness:** The cost of work performed should be used as a measure of performance only if the employee has some degree of control over costs (Halala, 2008).
- v. **Absenteeism or tardiness:** An employee is obviously not performing when he or she is not at work. Other employees' performance may be adversely impacted by absences too (Halala, 2008).

- vi. **Adherence to policy:** Deviations from policy indicate an employee whose performance goals are not well aligned with those of the company too (Halala, 2008).
- vii. The author further provides some key instruments and procedures to measure or assess the performance of employees. Here are some of the ways in which performance is assessed from the aforementioned indicators:
 - a) **Managers appraisal:** A manager appraises the employee's performance and delivers the appraisal to the employee. Manager appraisal is by nature top-down and does not encourage the employee's active participation. It is often met with resistance, because the employee has no investment in its development.
 - b) **Self-appraisal:** The employee appraises his or her own performance, in many cases comparing the self-appraisal to management's review. Often, self-appraisals can highlight discrepancies between what the employee and management think are important performance factors and provide mutual feedback for meaningful adjustment of expectations.
 - c) **Team appraisal:** This is similar to peer appraisal in that members of a team, who may hold different positions, are asked to appraise each other's work and work styles. This approach assumes that the team's objectives and each member's expected contribution have been clearly defined (Halala, 2008).

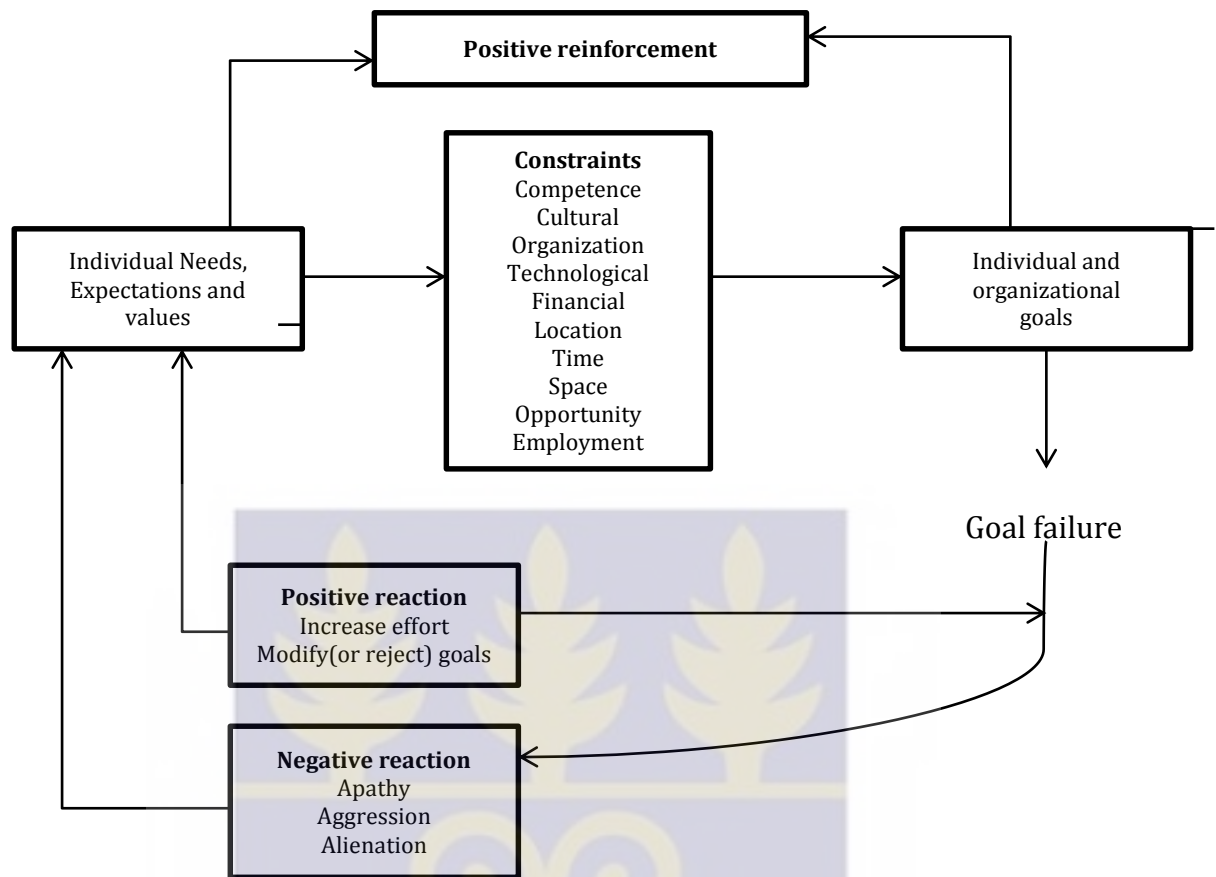


Fig.1.0: Motivation and employee performance

Source: Halala (2008)

The degree of effort expended to achieve these outcomes will depend on:

The individual's willingness to perform and his or her commitment to these outcomes in terms of the value attached to a particular outcome.

- The individual's competency or capacity to perform the tasks
- The individual's personal assessment of the probability of attaining a specific outcome
- The opportunity to perform (which is central to empowerment).

A number of organizational constraints or barriers, if not minimized, may restrict high levels of individual performance.

Figure 2.1, shows that if the outcome or goal is attained, then the individual experiences a reduction in pressure or tension, and goal attainment positively reinforces the expended effort

to achieve the outcome. As a result of this positive experience, the individual may repeat the cycle. On the other hand, if the outcome is frustrated after a reasonable passage of time, then the individual experiences goal frustration and arrives at a decision point. The individual is presented with three alternatives:

1. Exit from the organization
2. Renew attempts at goal achievement, or modify or abandon the goals
3. Adopt a negative response to the frustration experience, and perform at below-optimum levels.

The challenge for managers is to create organizations in which the opportunities to perform through competency building and empowerment are maximized and the impediments to performance are kept to a minimum to avoid the negative consequences of goal frustration. In effect, motivation is a means to reduce and manipulate this gap. It is inducing others in a specific way towards goals specifically stated by the motivator. The motivational system must be tailored to the situation and to the organization (Hakala, 2008).

Despite the copious amount of literature and research into the most effective methods of motivating people, true human motivation will always be a subjective matter. So long as there is freewill, it is highly unlikely that any theory of motivation will work for all people. The sheer number of theories, needs, and methods of motivation are a testament to this fact. However, the vast body of literature, only partially touched upon in the preceding text, makes tremendous efforts to define and propose the means by which managers, leaders, and authority figures can attempt to shape human behavior.

2.4 Performance in the Health Sector

In the health field, the assessment of quality of healthcare service had solely been based on the outcome of health service. However, recently, evaluation of processes of healthcare has

been done in terms of the technical aspects of healthcare but not of interpersonal care. Unfortunately, the assessment of interpersonal care is left behind in the assessment of service quality in the healthcare sector in developing countries. However, many researchers have mentioned the importance of taking into consideration the welfare of healthcare employees from the perspective of the workers as a way of improving the client quality in healthcare organizations is a key factor in improving the overall quality of healthcare (Zineldin, 2006).

Wiggers (1990), also noted the importance of interpersonal skills when assessing healthcare services. Furthermore, Collier (1994), mentioned that evaluating the client quality is crucial because a poor client quality can overshadow higher levels of clinical quality.

Ideally, the health employees' performance or quality which is defined from the point of patients' view is a perceived service quality and is explained as the consumer's judgment about excellence of overall health services including every aspect of service such as technical, functional, environmental and administrative, based on perceptions of what is received and what is given (Zeithaml, 1988).

In assessing the performance of workers especially, in the service sector the SERVQUAL model has widely been used to examine the extent to which health workers perform along certain key indicators. SERVQUAL is an instrument for assessing customer perceptions and expectations of service quality in service organizations. In short, it is based on the gap measures of expectation and perception of patients regarding the quality of healthcare services (Parasuraman *et al.*, 1988).

Perhaps, it is the most widely tested and evaluated instrument for the generic measurement of perceived quality (Davies *et al.*, 1999). This instrument was frequently applied in for-profit services in developed countries. However, a number of researchers have evaluated the quality of healthcare using this tool in public hospitals. Babakus and Mangold (1992) and Taylor and Cronin (1994) tested the SERVQUAL in healthcare services and concluded these dimensions

were appropriate and transferable to hospital services, although Taylor and Cronin commented that health service managers should adapt the SERVQUAL model in accordance with their own environments rather than automatically adopt it. Youssef (1996) and Curry and Sinclair (2002), who empirically tested the 34 SERVQUAL model in UK hospitals, also mentioned that this survey instrument was broadly transferable to health services in both public and private sectors.

Exploratory research conducted in 1985 showed that clients judge the service quality by using this instrument regardless of type of service, even though the importance of dimensions varies from service to service (Luke, 2007). The SERVQUAL instrument consists of 22 pairs of statements that measure consumer's expectations and perceptions of service performance; and these statements are loaded into 5 dimensions of service quality, including reliability, responsiveness, assurance, empathy and tangibles.

(i) Reliability

Reliability is the ability to perform the promised service accurately and dependably. It means that the service is accomplished on time without any errors (Parasuraman, 1991). Therefore, if nurses are able to deliver services to patients or their clients on time without any errors, the nurse's performance is deemed reliable.

(ii) Responsiveness

Responsiveness is the willingness to assist patients and provide prompt service (Parasuraman, 1991). Keeping customers waiting with no apparent reason can create a low perception of quality. This suggests that nurses ought to treat patients in real time by as far as practicable reducing waiting periods of patients.

(iii) Assurance

Assurance is the ability to be knowledgeable, to show courtesy and to convey trust and confidence (Parasuraman, 1991). It includes the following features: competence to perform service, politeness and respect for customers and effective communication with the customer.

(iv) Empathy

Empathy is provision of care and the ability to show compassion towards customers. It includes approachability, sensitivity, and understanding patients' needs (Parasuraman, 1991). Mostly, nurses have been touted as being inhumane and appear not to show compassion to their patients (Parasurman *et al*, 1985). Therefore, a key indicator to assess the performance of nurses is the level with which they treat their clients with compassion and empathy they deserve.

(v) Tangibles

Tangibles deal with the physical appearance of the facility, which satisfied the customers interest and desire. The availability of adequate seating and the cleanliness of the washrooms are key constituents of tangibility.

2.4.1 Effects of Motivation on Performance of Nurses

The concept of motivation has been argued largely in the literature; and there exists a positive relationship between employees' motivation and organizational performance (Revelle & Anderson, 1995). Nurses' work motivation has proven to be important for their intent to work (Brewer *et al.*, 2009) and job satisfaction (Blegen, 1993; Freeman & O'Brien-Pallas, 1998; De Loach & Monroe, 2004), detection of the factors that increase and decrease the motivation levels of nurses is considered to be useful as a means of preventing their dissatisfaction and burnout (Engin & Cam, 2009), or intention to quit nursing (Yildiz *et al.*, 2009). Moreover, a motivated and satisfied nurse has probably greater readiness to take care

of patients and collaborate, and thereby provide a better healthcare service. Motivated nurses have reported stronger behavioural, verbal and outcome empowerment than unmotivated nurses (Suominen et al., 2001), whereas low work motivation and job satisfaction, on the contrary, have lead to a decrease in both service quality and patients' intention to return for future care as well as to an increase in the cost of patient care (Yildiz et al., 2009). Improvement of personnel performance forms the core of high quality healthcare. However, the rate of recent changes has tested the motivation of all healthcare workers who would rather spend their energy on supporting the status quo (Melia, 2006) or on looking for another job (Yildiz et al., 2009). In order to ensure evidence-based continuity, content and quality of practice, several nurse managers and researchers have been looking for a comprehensive model or theory of work motivation for instant use (e.g. Benson and Dundis, 2003; Cubbon, 2000; Moody and Pesut, 2006).

There is no doubt that a relationship exist between motivation and workers performance. Several studies suggest that this relationship is a positive one (Yamaguchi, 1999; Douglas & Morris, 2006) and that workers who are not motivated may change their jobs (Pillay, 2009). Researches have revealed that there are different factors that motivate workers (Ogunrin, Ogunrin & Akerele, 2007). Such factors may include teamwork (Maxwell, 2008), financial incentives (Adzei & Atinga, 2012), sense of performance (Tikam, 2011), culture (Yamaguchi, 1999), levels of relations at work (Lopes, 2011), income (materialism); leisure; perquisites; and work per se (Douglas & Morris, 2006).

2.4 Empirical Evidence

In an empirical study based on data from the European Working Conditions and European Social Surveys, illustrating the social benefits of cooperation in terms of work participation, results show that high levels of relational and moral goods at work are associated with high

levels of participation. However, substantial differences were observed between countries (Lopes, 2011).

2.4.1 Factors of Motivation

Among Japanese, US and Australian employees, the cultural variable indicated significant relationships with human-relation orientation and safety-maintenance orientation, and the types (worker-type) variable showed an indication of significant relationships with job-performance orientation (Yamaguchi, 1999). In Australia, research shows that individuals will work long hours when motivated to do so by the satisfaction they derive separately and collectively from income (materialism), leisure, privileges and work per se (Douglas & Morris, 2006).

A survey of 112 students in India revealed that participants felt satisfied about making an important contribution to their organization (Tikam, 2011). In Malaysia, a survey was conducted to identify the motivating factors of employees working in various Malaysian organizations. An ordered set of motivating factors for employees working in Malaysian organizations were identified. It was observed that demographic factors like gender, race, education, among others were found to have impact on the ranking of the factors (Islam & Ismail, 2008).

In Africa, researches on motivation have shown similar results that motivate workers to stay on their job or work hard while on a particular job. For instance, in South Africa, when 367 health workers were selected for a staff retention strategic study in 2009, it was found that, 34.8% indicated an intention to change their sector of employment within the next five years while only 30.2% reported that they would most likely be still in their current positions as professional nurses in five years' time. Younger nurses, nurses in the public sector and nurses from the more rural provinces were also significantly less likely to be in their current positions within the next five years. Public sector nurses felt that employment security,

workplace organization and the working environment were the most important motivating factors that could determine whether they maintain or change their jobs when they were interviewed. Private sector nurses, however, rated workplace organization, employment security and professional practice as being most important (Pillay, 2009).

A study by Dieleman *et al* (2006), on the match between motivation and performance management of health sector workers in Mali on 370 health workers identified motivating and de-motivating factors. The motivating factors include feeling: responsible, salary increment, receiving training, holding responsibility, appreciation and receiving recognition, receiving promotion, receiving incentives, working within a team spirit, receiving financial benefits from users' fees, and having your partner living near the workplace, and having good colleagues. According to factors involved in this study de-motivating health workers include: lack of materials, lack of recognition, difficult living conditions, lack of job description, subjective performance appraisal, poor management, and partner living far away poor functioning of the health committee, living far away, from an urban centre and living far away from places where decisions are being made (Schermerhorn *et al*, 2003; Rowe *et al*, 2005; Suliman & Al-Sabri, 2009).

However, these factors are not exhaustive for the discussion of motivation as key drive to positive work performance in all jurisdiction. It is indicated that the social and cultural foundation of an employee are also key elements in the motivational drive to positive work performance. However, the above factors are not sacrosanct in all employee motivational studies but they are limited the target population under of employee understudy.

A study by Peters *et al*, (2010), on job satisfaction and motivation of health workers in public and private sectors from two Indian states revealed that contrary to common perceptions, many more employees rated motivating factors like good working relationships with colleagues (96%), training opportunities (92%), and environmental factors, such as having

tools to use skills (92%), and 'good physical conditions (93%) as more important than income (76%).

Recently in Ghana, researchers have begun to look into the factors that are likely to motivate workers in general and particularly health workers. For instance, a study on Motivation and retention of workers found that financial incentives significantly influence motivation of workers in Ghana (Adzei & Atinga, 2012).

If organizations, and more specifically, managers, are seeking to motivate their workers without adhering to the positivist and de-humanizing management theories of old, then it would seem that the best approach is to use all of the theories within the contexts they seem best suited for. There is no grand motivation theory that can be applied to every person or situation and as such, the only way to truly motivate someone is to simply treat every individuals as unique (Hakala, 2008).

2.5 Theoretical Framework

2.5.1 Maslow's Hierarchy of Needs

One of the most widely used theories of motivation is Maslow's theory of needs which views human needs as arranged in five hierarchical needs. By 1943, Maslow had reasoned that human beings have an internal need pushing them on towards self-actualization (fulfillment) and personal superiority. Maslow came up with the view that there are five different levels of needs, and once one satisfies a need at one stage or level of the hierarchy it has an influence on our behaviour. At such level human behaviour tends to diminish, one now put forth a more powerful influence on our behaviour for he need at the next level up the hierarchy. The needs are: physiological needs or psychological needs; security needs; social needs; self-esteem and finally, self-actualization needs. These have been presented in the diagram below.

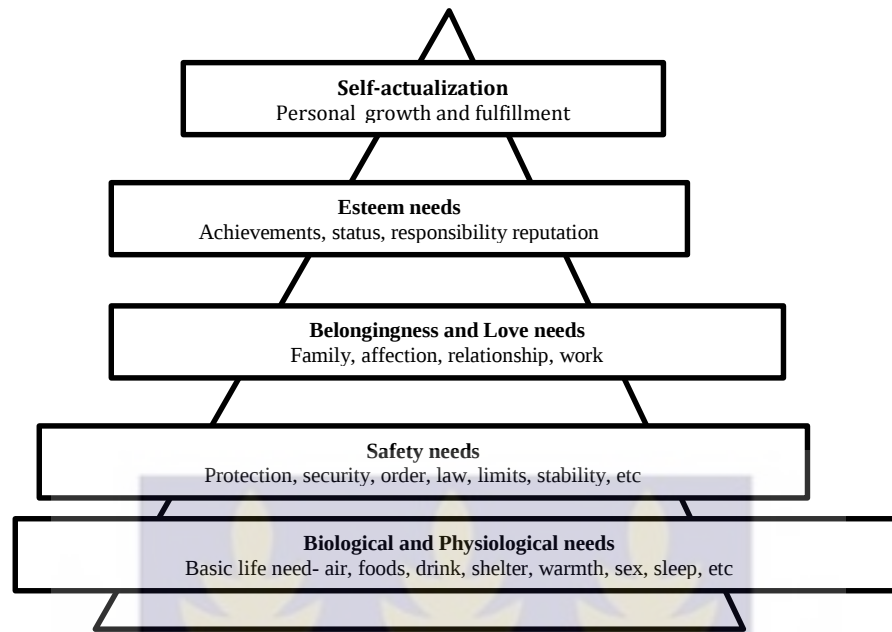


Figure 2.0 : Maslow Hierarchy of needs

From the diagram above, the most fundamental needs of individuals are motivated by *Physiological needs*. In Maslow's conceptualization, these psychological needs form the basic need for survival and this may include food, warmth, clothing and shelter. When people are hungry, do not have shelter or clothing, they are more motivated to fulfill these need because these needs become the major influence on their behaviour. On the other hand, when people do not have a deficiency in those basic needs (psychological needs), their needs tend to move to the second level where it is equally seen by Maslow as the higher order of needs. The second level is described as the *security needs*: Security tends to be the most essential need to people at this level. This is expressed in safety in the employee's health and family. The third level of needs by Maslow was the *social needs*. When feeling secured and safe at work, employees will now place job relations as their focus; that is, trying to build up a good friendship, love and intimacy. As one keeps moving up the ladder one will have to fulfill *self-esteem needs*: This fourth level of needs by Maslow presents the recognition to be accepted and valued by others. The highest or last level of Maslow's hierarchy of needs need is *self-*

actualization needs. Self-actualization was to develop into more and more what one is to become all that one is competent of becoming (Srivastava 2005; P. 69).

The Abraham Maslow theory of needs is a key theory underpinning motivation of the nurses based on the intrinsic factors that motivate nurses to effectively perform at their work places. Thus, to some nurse self-actualization which is at the apex of the theory is their dream hallmark (That is to be the Florence Nightingale in the profession) and therefore with some form motivation, which they see as enablers push them to effectively work in-order rise from the baseline need of biological and physiological to the level of self-actualization.

2.4.2 Herzberg two-factor theory

Herzberg had the notion that those factors which cause job satisfaction are the opposite to those that cause job dissatisfaction. Herzberg's survey was conducted among a group of accountants and engineers. Herzberg in his studies came up with the conclusion that employees are influenced by two factors, namely; the *motivators and hygiene factors*.

Motivators create job satisfactions which include achievement, recognition, autonomy and other intrinsic aspects when an individual is fulfilled. According to Herzberg, the motivator factors pertain to the job content, they are intrinsic to the job itself and do not result from "carrot and stick incentives". They comprise the physiological need for growth and recognition. The absence of these factors does not prove highly dissatisfying but when present, they build strong levels of motivation that result in good job performance. They are therefore called satisfiers or motivators. These factors include; achievement, recognition, advancement, the work itself, the possibility of personal growth and responsibility.

Motivators are those factors which provide feeling of job satisfaction at work. These factors influence the ways of work in a company; for example giving responsibility to carry a large task within an organization and providing the person with the necessary conditions will lead to growth and advancement to higher level tasks. Motivators are those factors which come

from within an individual that is *intrinsic*. These factors could be achievements, interest in the task, responsibility of large task, growth and advancement to higher level.

Herzberg hygiene factors create a suitable work environment, though not increase in satisfaction. The hygiene factors are also referred to as the maintenance factors and comprise of the physiological, safety and love needs from Maslow's hierarchy of needs. They are factors that are not directly related to the job but the conditions that surround doing the job. They operate primarily to dissatisfy employees when they are not present. However, the presence of such conditions does not necessarily build strong motivation (Gibson, 2000). These factors include; company policy and administration, technical supervision, interpersonal relations with supervisor, interpersonal relations with peers and subordinates, salary, job security, personal life, work conditions and status. Herzberg called the above-mentioned as hygiene factors, since they are necessary to maintain a reasonable level of satisfaction and can also cause dissatisfaction. The hygiene factors are not direct motivators but are necessary to prevent dissatisfaction and at the same time serve as a starting point for motivation. However, improvements in these conditions do not create necessary motivation (Huling, 2003).

For instance, low pay can cause job dissatisfaction which will affect employees' performance on an assigned task. Hygiene factors are essential to make sure that the work environment does not develop into a disgruntle situation.

The basic assumption of Hezerberg two- actor theory indicated that nurses productivity at work can be increased through worker satisfaction and that this comes from a variety of factors. For example, jobs should be challenging enough so that nurses utilize their full ability, and workers who are successful should be given more responsibility. This theory serves the basis for effective work performance by nurses.

2.4.3 McGregor's Theories X and Y

McGregor [1960] argued that the structure of organizations tended to be determined by the managerial assumptions about human nature and behaviour. Traditionally, these assumptions were based on the philosophy of hedonism, which argues that people seek to maximize their self-interest and leads to the following assumptions regarding employee behaviour (Schein, 1980). Employees are primarily motivated by economic incentives; since economic incentives are under the control of the organization, the employee is essentially a passive agent to be manipulated, motivated and controlled by the organization.

Schein (1980), further posits that irrational feelings must not be allowed to interfere with a person's rational calculation of self-interest; organizations should be designed in such a way as to neutralize and control people's feelings and, therefore, their unpredictable traits.

These assumptions are the foundation for scientific management and led McGregor to develop his 'Theory X' about how organizations behave towards people, which can be outlined as follows: People are inherently lazy and must be motivated by outside incentives; and people's natural goals are contrary to those of the organization. Therefore, due to their irrational feelings, people are basically incapable of self-discipline and self-control. People can be divided roughly into two groups – those who fit the above assumptions and those who are self-motivated, self-controlled and less dominated by their feelings. This latter group must assume the management responsibilities for all the others.

The assumptions of Theory X imply that a psychological contract is essentially a purchase of services. The organization gives the employee economic rewards in return for their service and controls their behaviour through rules and regulations enforced by the designated positions of authority. The primary emphasis of an organization operating under these assumptions is efficient task performance. This is achieved through the design of job and relationship structure and implementing efficient incentive and control procedures. The

responsibility for output lies entirely with the management as employees are only expected to do what the incentive and control systems encourage. McGregor concluded that organizations designed under the principles of scientific management and Theory X ignored the fact that human needs were dynamic. McGregor, therefore, developed an alternative philosophy, Theory Y, which allowed the individual's need for self-actualization to be integrated with the organizational goals. The main principles of Theory Y are:

Human motives fall into a hierarchy of categories (example Maslow's hierarchy of needs). The individual seeks to be mature on the job and is capable of being so, in the sense of exercising of a certain amount of autonomy and independence, adopting a long-range time perspective, developing special capabilities and skills and exercising greater flexibility in adapting to circumstances.

Again, it posits that people are primarily self-motivated and self-controlled. Externally imposed incentives and controls are likely to be threatening and to reduce the person to a less mature adjustment; and there is no inherent conflict between self-actualization and more effective organizational performance.

The lazy nature of employee according to McGregor are motivated by outside incentives which stimulate them for work. Based on this assumption underproductive nurses are motivated to work by putting in place some external policies that stimulate nurses to perform effectively on the job.

2.4.4. Vroom's Expectancy Theory

Victor Vroom (1964) wrote about what has become known as expectancy theory. According to Vroom, individuals are constantly trying to predict the future. People create probable futures for themselves about events and strive to meet them. Yet before acting, one internally calculate the value of the reward and the probability of achieving it. Vroom's theory of cognitive decision making and behavior outlines three attributes of motivation: valence,

instrumentality, and expectancy. Valence is simply the strength of desire for the perceived outcome and the want of the reward of the end of performing the duty. Instrumentality is the belief that by completing certain steps, the desired outcome will be achieved. Expectancy is the belief that you can actually achieve the desired outcomes. Taking all three measures into account leads to the level of motivation a person may experience.

To put it more simply:

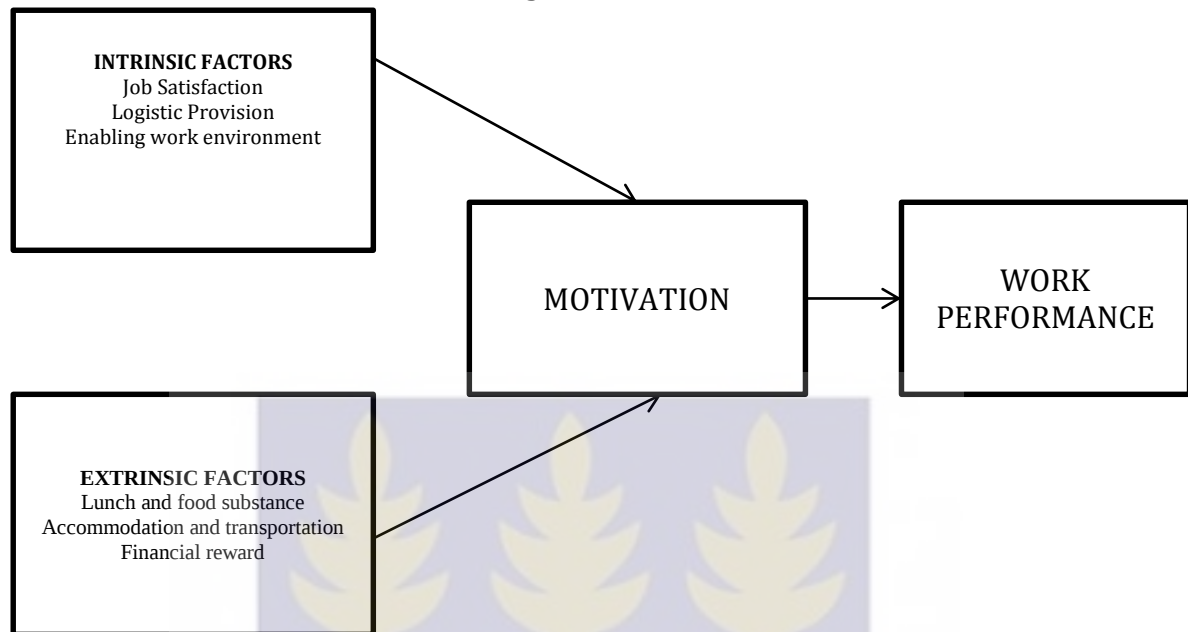
Expectancy theory claims that people are motivated by calculating how much they want something, how much of it then think they will get, how likely it is that their actions will cause them to get it, and how much others in similar circumstances have received (Ott *et al.*, 2007).

Based on the Vrooms theory, the desire for nurses to be promoted to other higher ranks from the baseline qualification of Principal Nursing Officers which is tie to their salaries stimulate their desire to effectively work and perform the needed professional duty requirement in-order to meet the promotional needs. This theory clearly plays well at places where the promotions procedures are clearly adhered by the promotional boards and management.



CONCEPTUAL FRAMEWORK

Figure 3.0



Source: The Author

Intrinsic motivation factors are inherent individual determinants such as job satisfaction, logistic provision and enabling work environment and many more that induces workers to be motivated. Extrinsic motivators in a form of lunch and food substances, accommodation and transportation as well as financial reward and others are relevant extrinsic factors that ensures motivation. Both intrinsic and extrinsic motivating factors resolve to work performance being high or low depending on how workers are motivated intrinsically and extrinsically

2.5 Chapter Summary and Conclusion

This chapter reviewed the relevant empirical and theoretical evidence of the study in-terms of extrinsic and intrinsic motivation. It also brings to perspectives the various views of authors and then conceptualizes the emerging concepts in a framework that serves the model for the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the methodology used for the study. It describes specific steps used to conduct the study. These includes the research approach, study design, study population, study setting, sampling technique and sample size, sources of data, data collection instrument, data management, limitation and ethical considerations.

3.1 Research Approach

This study adopted the qualitative research approach. This approach enabled the researcher to carry out an inductive inquiry into motivation and the relationship with work performance. Neuman (2007) notes that qualitative research approach allows for much more detailed investigation of issues, answering questions of meaning, who is affected (by the issue), why, what factors are involved, do individuals react or respond differently to each other. Furthermore, Barbie (2004) indicates that this method helps studies to view variables in the natural setting in which they are found. This approach helped the researcher study the intrinsic and extrinsic factors affecting performance, thus the motivational interventions that impact on the work performance of Amasaman hospital and how effective these policies are in terms of work output by nurses.

3.2 Study Design

In order to describe and do an in-depth analysis and explanation of the dynamics of motivation and work performance of nurses, the study adopted a case study design within the qualitative approach. This design refers to an empirical inquiry that investigates a

contemporary phenomenon within its real-life context, when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence is used (Yin, 1984). Indeed, the unique strength of a case study design is its ability to deal with a full variety of evidence, documents, artifacts, interviews, and observations (Yin, 2003). The outlined advantages are in sync with the objectives of the study; hence the case study design was used for the study.

3.4 Study Setting

Amasaman Municipal Hospital (GA West Municipal Hospital) is located in the Ga West Municipality opposite Amasaman fire service station. This facility is a government-based facility. The hospital has several departments: the Out-Patient Department (OPD), the Medical laboratory, the Male and Female ward, and provides general services to surrounding communities in Amasaman. The hospital has staff strength of 186, including medical doctors, nurses and paramedics. Utilization with reference to OPD attendance keep increasing yearly from 1,365 patients in 2010 and 1,064 in 2012 to 1,267 patients in 2013. This represent a percentage increase of 35% annually of OPD attendance. Amasaman hospital is a National Health Insurance accredited facility (Amasaman Municipal Hospital Annual Report, 2015).

3.3 Study Population

The units under study are the nurses in Amasamam hospital. There are 57 nurses at Amasaman hospital. There are two Deputy Director of Nursing (DDN Nurses) at the facility. Five of the nurses are Senior Nursing Officers (SNO), who are in-charge of the various wards ranging for OPD to male, female and maternity wards. Furthermore, 20 of them are Principal Nursing Officers (PNO Nurses) who are supervisors of students on clinical training at the facility. There are 30 nursing students from Korle Bu Nursing Training College (KBNTC) who come for clinical sessions at the hospital. There is a special arrangement for health

assistant nurses, and some community nurses to assist the nurses in community outreach programmes at Amasaman.

Table 3.1: A table showing the study population

Rank of Nurses	Number On Roll
Deputy Director of Nursing Services (DDNS)	2
Principal Nursing Officers (PNO)	20
Senior Nursing Officers (SNO)	5
Students Nurses (SN)	30
Total	57

Source: (Amasaman Municipal Hospital Annual Report, 2015)

3.5 Sampling and Sample Size

The study adopted the purposive sampling technique. This sampling technique was appropriate for the homogenous nursing population (at Amasaman Municipal Hospital). The purposive sampling technique enabled the researcher focus on particular characteristics of a population that are of interest, which best enabled the researcher answer research questions (see Barbie, 2004). The criteria characteristics for the sampling selection were based on the years of experience and knowledge of nurses on the job. This technique helped ensure that key informants who were registered nurses in the hospitals had chance of being selected for the study. This sampling procedure was used to select the sample size of 20 out of the total Population of 57 registered nurses of Amasaman Municipal Hospital.

Table 3.2: Profile of Nurses in the study

Rank of Nurses	Number of Nurses (Frequency)	Percentage
Deputy Director of Nursing	1	5.0
Principal Nursing Officer	6	30.0
Principal Midwifery Officer	3	15.0
Senior Nursing Officer	3	15.0
Nursing Officer	7	35.0
Total	20	100

Source: Fieldwork, 2015

3.6 Data collection Instrument

In this section, an in-depth interview guide (**see appendix 3**) was used to collect relevant data from the nurses. An interview guide provided the researcher with a raw transcribed data, which were analyzed in order to make a meaningful impact for the main study. The instrument was carefully chosen for two reasons. Firstly, it is qualitative data collection instruments and given the fact that the study is rooted in the qualitative approach the instrument was appropriate. Secondly, the selected instrument is a useful tool in conducting explanatory and descriptive studies. This tool allowed the researcher to identify the perspectives, thoughts and feelings of respondents in order to meet the objectives of the study.

3.7 Sources of Data

This study focused on both primary and secondary data collection. These data sources ensured that the researcher drew policy-based conclusions on motivation and work performance to enhance reliability and validity of study findings. In-depth interviews were conducted to elicit the views of the nurses on motivation and its influence on work performance.

The in-depth interviews involved Deputy Director of Nursing Service, Principal Nursing Officers, Senior Nursing Officers and Nursing Officers at the hospital. Secondary data were gathered from published articles, academic journals, books and manuscripts on motivation and work performance among nurses. The research further carried out a documentary analysis of policy reports related to motivation in Amasaman hospital, Ghana Health Service, National Midwives and Nurses Council policy directives on motivation, as well as Ministry of Health policies on motivation of health workers. Both primary and secondary data were triangulated in order to make informed contribution to the study.

3.8 Reliability and Validity

Relevant concerns over data quality in social studies mainly hinge on validity and reliability. Until recent developments in social science and health research, validity and reliability had remained largely within quantitative research cycles. However, similar concerns have emerged in qualitative data where concerns over validity and reliability are usually related to quality or trustworthiness of research findings (Barbie, 2004). The areas of concern are credibility or trustworthiness (accurate description of participants views), transferability (usefulness of findings to theory), auditability (clearly stated research processes to allow critique of other researchers) and conformability (findings reflect informants ideas and experiences as opposed to preferences and characteristics of interviewer) (Lietz & Zayas, 2010). Practical steps recommended to achieve trustworthiness or quality include member checking, thick descriptions, peer debriefing, reflexivity and negative case analysis, amongst others (Lincoln & Guba 1985; Shenton, 2004; Padget, 2008). Of these strategies, peer debriefing, thick descriptions and member checking were used to improve credibility of the study. For instance, with reference to member checking, three respondents were arbitrarily selected to read through their transcripts and make comments on them. Moreover, to achieve reliability and validity of the study, pre-testing and piloting of the instrument was conducted at Dodowa government hospital to assess the suitability of the instruments in collecting the needed data for the main study (see **appendix one** and **appendix two** for introductory letter and pilot study). Based on this pilot study, items on the in-depth interview guide were modified to the demands of the intended study.

3.9 A report on the pilot study

The interview guide was piloted at Dodowa Hospital. Five nurses involving three staff nurses and two principal nurses were selected. The selection criteria was purposive. The interview section lasted for 15 minutes with each nurse.

A post interview discussion was organized as they indicated some leading question on extrinsic and intrinsic motivation to be ambiguous. It was further suggested that the operationalization of extrinsic motivation should include accommodation and transportation.

3.10 Data Analysis and Management

Data collected from the nurses were transcribed and analysed based on the thematic content analysis approach done manually. In this analysis, the main themes that emerged for the synchronized data drove the main discussions of the study in order to achieve the intended objectives.

Managing data for qualitative study was very vital for the study. The researcher therefore developed a data management plan. The plan adopted ensured that the data collected was managed effectively to achieve data security and accuracy. The plan helped the researcher to arrange and code the data to ease the analysis and discussion of findings. The data management plan was based on data coding, data recording, data storage, and data security. In order to store the recordings and the transcribed data for the analysis, the researcher assigned codes to all data (See Appendix). The purpose of the coding was for easy identification of data. Coding for the individual interviews with the nurses started with NUR00 and the respondent number followed.

During the coding process, field notes were incorporated into the information under transcription to ensure completeness and accuracy. In order to prevent data loss in the face of any incidence, the transcribed data were given up on a microchip and an external hard disk.

The last step in the data management plan was security. Since the in-depth interviews and the focus group discussion were kept confidential, security passwords were put on the information when stored on the microchip and the hard disk. The interviews and focus group discussion were stored on the hard drive of the researcher's personal computer for safety

3.11 Ethical Consideration

Before the start of the interviews, informed consent was sought from all participants and the purpose of the study thoroughly explained to them. Participants were informed that joining the study was voluntary and that they were at liberty to opt out at any stage of the study. The nurses who participated in the interviews were assured of reliability, privacy, anonymity and confidentiality. It was indicated to the nurses that key findings from the interviews were purely for academic purposes. Only nurses who worked at Amansaman Municipal Hospital (AMH) and had consented to participate in the study were recruited. The researcher took a letter of introduction from the department to seek official permission from the hospital management board to conduct the study.

3.12 Chapter Summary and Conclusion

This chapter examined the relevant methods appropriate for the study. It outlined the qualitative approach as a suitable research paradigm to study the impact of motivation on performance of nurses at AMH. The purposive sampling procedure was used to select respondents for the interviews. Interview guide was used as the main instrument for data collection. The chapter further gave credence to data analysis and how ethical issues were addressed.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

4.0 Introduction

This chapter presents field findings of the study. The data presented is the primary data collected from the interviews. The findings were presented based on objectives of the study using themes. This chapter addresses the key themes for data presentation as: intrinsic and extrinsic motivating factors of work performance among nurses as being job satisfaction, existing motivational policies affecting the work performance of nurses at Amasaman Municipal hospital and recommended policies that could improve work performance of nurses at the hospital.

4.1 Intrinsic and extrinsic motivating factors of work performance

The focus of this objective was to know from the nurses the key factors that constitute intrinsic and extrinsic motivation factors that improve work performance of the nurses at Amasaman Municipal Hospital in Ga-East Municipal Assembly.

4.1.1 Intrinsic motivating factors

There have been factors discussed in motivation literature as factors that constitute intrinsic motivators to work performance. These include, personal satisfaction, joy and peace. Deci and Ryan (1985) describes intrinsic factors as innate and natural propensity that stimulates employee interest to exercise an individual's skills and capabilities. However, the findings revealed that there is varied opinion on what are intrinsic factors in the context of work performance by nurses in Ghana. These factors are job satisfaction, logistic provision, and enabling work environment.

4.1.1.1 Job satisfaction

Job satisfaction is the fulcrum of worker motivation in most service organisations. A satisfied worker has the desire to work hard since the inner joy and happiness is the motivating factor for the work. Nurses at Amasaman Municipal Hospital also appreciate job satisfaction as a key drive to work performance. The nurses share the view that their training requires them to provide essential healthcare, and therefore helping the patient by giving an inner satisfaction. A greater percentage (80%) of the nurses at Amasaman Municipal Hospital highlighted intrinsic motivating factors are the primary driver to work, as of the nurses revealed that:

“.....I see intrinsic factors as satisfaction, because, it is something you like, you have gone to school, it is something I have learned to help somebody out of it, so I am here because I love the job and I want to help somebody out of his/her problem. That is why I am in this profession specifically midwifery department” (Female, Senior Midwifery Officer, Aged 35).

Nurses deem job satisfaction based on the love for the work and the humanitarian value to help patients. This intrinsic value of care and the professional demands drive nurses at Amasaman to effective work performance at the hospital.

4.1.1.2 Logistics provision

Other nurses viewed intrinsic motivation in terms of logistics, which serve as the boosters for work. They further indicated that these logistics include drugs, consumables, syringes, infusions to stimulate to work hard. Again, one respondents indicated that:

“..... I see the intrinsic factors as logistics and the things to work with. We don't have the things to work with. During delivery, sometimes things don't go well so we rush delivery processes due to inadequate logistics. At the end of the day you become frustrated a little” (Female, Senior Nursing Officer, Aged 46).

This is a clear indication that nurses see logistic as basic materials that enable them to work and therefore share the concern that the absence of these logistics makes work difficult. They also understand the fact that they sometimes had to rush through some medical processes and

procedures due to inadequate logistics where quality and patient-centred care were compromised.

4.1.1.3 Enabling work environment

Furthermore, other nurses noted that creating an enabling environment for work performance constitutes an intrinsic factor other than personal satisfaction. Creating a work friendly environment involves support from management and support from other departments, where nurses can easily access information on patients to enhance quick healthcare delivery; thus eliminating all bureaucratic processes in providing quality healthcare, which is the primary duty of nurses.

“.....yes, I get all, joy, peace and satisfaction, as a nurse if the working environment is ok, there is peace, joy and satisfaction to work with. You know we are dealing with human life and so we need the needed logistic support and co-operation from all units to enhance safe delivery” (Female, Deputy Director of Nursing, Aged 50).

4.1.2 Extrinsic motivating factors

The findings revealed there are various forms of extrinsic motivators as indicated by the nurses. These include financial reward, “cola”, lunch and food substance, accommodation and transportation. One senior nursing officer in an interview opined that:

“.....a lot come to mind when you talk of extrinsic motivation and I can remember, the cola they took away, extra-duty allowance already gone, even accommodation, lunch and the bus that dropped nurses at some places are all inclusive”(Male, Senior Nursing Officer, Aged 45).

4.1.2.1 Financial reward

Nurses at Amansaman Municipal Hospital said that financial aid was deemed the best form of motivator to workers in the era of financial crises, and that this boosts their work performance. They said that the new medical superintendent at the hospital has started something like that, where after completing a report one was given something small. A senior nurse at the antenatal care unit noted that:

“... the medical superintendent called me and gave me GHC 100 for writing a report on antenatal care attendance. I felt so happy and in fact next time I will make sure I write a quality report” (Female, Senior Nursing Officer, Aged 46).

4.1.2.2 Lunch and food substance

In a focus group discussion, the nurses at Amamsam Municipal Hospital revealed lunch and other food substances as some of the external motivating factors that could influence work performance at Amasaman Municipal Hospital. Some nurses revealed that lunch could help sustain them to work continuously, and some of the nurses believed that at night duty it was disheartening that they were not even given beverage or bottled water to carry them through the night. In this regard, one of the nurses indicated that:

“Sometimes it is pathetic, you wish at least the hospital provides some food, even at night common tea, they cannot give us. At least bottle water and scoop of rice will boost our performance” (Female, Nursing officer, Aged 35).

4.1.2.3 Accommodation and Transportation

Accommodation is relevant for work performance. The nurses noted that they were troubled over this policy, and believed that if the hospital had enough accommodation around the hospital, change-over would not be an issue. They also said there would be constant care for patients, where the challenge of long waiting-time of patients due to lateness of nurses would be a thing of the past. Again, provision of transport to the facility would help some of those who would stay around. This, some believed, would enable them to easily handle emergencies if skilled hands were needed. A greater percentage (75%) of the nurses shared this view, as a principal nursing officer revealed.

“.... some of us stay far away and with the traffic in town , we waste a lot of time before reaching here and this affects, change-overs. We can only afford these house because they are quiet far and so the hospital can build more bungalows or get flat for us so we can be closer to the hospital” (Female Principal Nursing Officer, Aged 45).

The study revealed that financial reward, lunch and food substance, accommodation and transportation are key extrinsic motivating factors that influence work performance of nurses at the hospital.

4.2 Policies for improving work performance of nurses at Amasaman Municipal Hospital

The main aim of this objective was to examine if the hospital had any exiting motivational policies (extrinsic) with the drive to improve work performance of nurses at the hospital. The findings revealed that there were few motivational policies at the hospital aimed at increasing work performance of nurses. This was revealed during the interview with some of the nurses. The motivational policies that emerged from the findings were welfare policy, holiday package, annual package and accommodation for prescribers.

4.2.1 Welfare Policy

The nurses noted there was a welfare policy at the hospital where they contributed monthly into a fund. This was used to support themselves to address issues such as weddings and funerals. Thus, during wedding and funerals, the hospital bears the cost of transportation and a substantial amount spelt out in the welfare constitution is raised to support members. A male principal nursing officer indicated that:

“..... well, as for the welfare, it is a good thing and I personally like it, it helps, when your co-workers come to support during funeral and wedding ceremonies, and for weddings, you are given GHC 1000, funeral GHC 800, and GHC 500 for you being sick and delivery. In fact, that is good and it makes you feel belonged as it boost our work performance here” (Male, Principal Nursing Officer, Aged 43).

4.2.2 Holiday package

The findings further showed that it was “soul-touching”, when the hospital provided lunch packages for the nurses and all staff on duty during public holidays. Nurses were of the view that lunch should be served on weekly basis at least every Friday. They were enthusiastic for the fact that, the hospital thought about them and what they would eat at that moment. Some nurses reveal that was a sign of care. They noted, they worked extensively on holidays, due to the packed lunch; so by 1:45pm all queues had been cleared, since they were provided with lunch on duty and so there were normally no lunch breaks.

“We feel happy and we hope they bring us lunch everyday, as for this one they are doing well, tomorrow being 6th March holiday, it will come we will enjoy it, more importantly it will boost our morale to work hard.” (Female, Nursing Officer, Aged 28)

4.2.3 Annual Package.

Some senior nurses agreed that annual Christmas package given by the hospital was a form of motivation to them. They noted that it was at the hospital that one would have this package as an annual gift. They lauded the hospital for such an initiative, stressing that it was a motivational policy that had a great impact on work performance. In this view, one nurse who had worked at the hospital for fifteen years retorted that:

“.....it is a good initiative and we are glad with that policy; not everyone gets this Christmas package at work and so for them to give some provisions at the end of the year it is appreciated” (Female, Senior Nursing Officer, Aged 43).

4.2.4 Accommodation for prescribers

According to the respondents accommodation has been a challenge. When the hospital was upgraded from a health centre to a municipal hospital, most nurses were posted to the facility. This increased pressure on the few flats. The hospital resolved to give preference to the prescribing nurses so they could easily help at the consultation of patients. In this regard, a nurse reported that:

“.....thus the prescribers are given some flat in town. On accommodation, it is there for prescribers and not for other nurses” (Female, Senior Nursing Officer, Aged 35).

Thus, there are government bungalows for staff, however, they are not adequate to accommodate all staff, there is the need for some preferential treatment. This was done to ensure all prescribers and medical assistant who undertake diagnosis are accommodated close to the facility.

4.3 Motivational policies that could effectively improve performance of nurses

The focus of this objective was to seek the views of the nurses at Amasaman Municipal Hospital on motivational policies that could effectively improve upon the work performance of nurses. This will be a recommendation directive not only to the management of Amasaman Municipal Hospital, but also to Ghana Health Service (GHS) and Nurses and Midwives Council (NMC). Award scheme, transportation, night duty care and promotional seminars were the motivational policies that nurses revealed would improve work performance of nurses.

4.3.1 Award scheme

In a focus group discussion, a greater percentage (80%) of the nurses agreed on the stance that, the Nurses and Midwives Council (NMC) should institute an award scheme for best practising nurse in Ghana, and this can be further decentralised to the regional and district levels to boost competition in care and work performance of nurses. They were of the view that hospitals should be rated in terms of clinical and functional quality where rating assessment should be patients-based. One of the principal nursing officers reported that:

“.....more importantly an award scheme just like the teachers award scheme will be nice, in fact NMC has nothing like that. I saw this award scheme in the late 80s, I hardly hear about that, thus NMC can give the best nurse three bed room house or a car, since the high purchases policy and the waiver policy are no more. Conversely, GHS can rate healthcare quality using certain performance indicators and this propels management to boost nurses morale to work hard” (Female Principal Nursing Officer, Aged 38).

4.3.2 Transportation

Transportation is a major challenge facing healthcare at Amasaman Municipal hospital hinted on this issue as a major challenge. The nurses were of the view that, the hospital should procure a bus to pick nurses far to go to work on time so there can be easy handing-over on time, due to the heavy traffic at Achimota on Mondays and Wednesdays. There are a lot of delays to work. Nurses use commercial vehicles, and this affects handing over of activities at

the hospital. In relation to this, a nurse indicated that:

“...hmmmm this transport is a big problem for u,s and we face a lot of challenges. Using the trotro is time-consuming and affects the handing-over process at the hospital. The bus should be allowed to pick those who are far and not those just nearby” (Female Nursing Officer, Aged 26)

4.3.3 Night duty care

Night duty is one of the shifts systems, which is highly intensive (Baba and Jamal, 1991).

Nurses deemed this schedule time plan as involving and demanding, and therefore suggested that management should provide enablers to make this schedule comfortable and stress free.

A midwife noted that:

“The night duties are very uncomfortable and sometimes, you wish not to be here, since there is sometimes no bed, water and common tea. It is too bad and we have complained but still no reply” (Principal Midwifery officer, Aged 43)

4.3.4 Promotional seminars

Promotions are requirement for nurses in the career influenced by educational status and experience (DeCola *et al*, 2012). Nurses consider promotion as a key motivational factor that boosts work performance, in stances where the bureaucratic process for upgrading is swift and timely. However, they appeared to suffer frustrations in the case of delayed institutional and bureaucratic process. It was further suggested that the hospital should organise a promotional seminar to create awareness on the stages and processes involved in promotion for nurses.

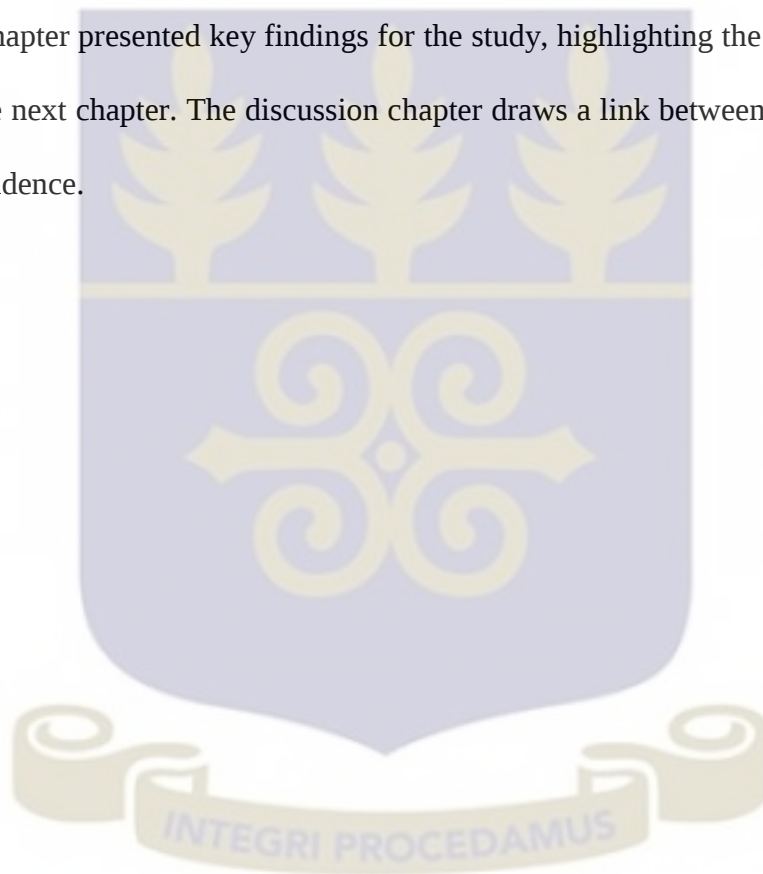
“I am highly frustrated with the level of bureaucracy in accessing promotion at Ghana Health Service. The delays are too much and it very worrying. They should organize seminars to brief us on the process (Female, Principal Nursing Officer, Aged 43).

4.4 Chapter Summary and Conclusion

The findings indicated that intrinsic and extrinsic motivation factors such as job satisfaction, financial reward, accommodation and transportation are key to work performance of nurses. Furthermore, it revealed that welfare policy, annual package, award schemes as well as

promotional seminars are motivational policies that would improve the work performance of nurses at Amasman Municipal Hospital. Motivation is a key element for work performance in all organisational settings. Motivated staff put in their maximum best to increase productivity. Nurses at Amasman Municipal Hospital indicated that motivation is a key drive to work performance in the nursing profession. It was noted that these policies serve as morale boosters to effective work performance since a motivated worker believes his/her work output was appreciated by management/employers.

However, this chapter presented key findings for the study, highlighting the major themes for discussion in the next chapter. The discussion chapter draws a link between key findings and the empirical evidence.



CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter discusses the key findings of the study. Discussion is based on the objectives as well as key themes that emerged from the study. These themes are extrinsic and intrinsic motivational factors (job satisfaction, transportation, lunch and food substance), existing motivational policies of nurses at the facility (holiday package and welfare policy) and recommended motivational policies that could improve the work performance of nurses at the hospital (award scheme and promotional seminars and others).

5.2 Intrinsic and extrinsic motivating factors of work performance

Motivation is a key determinant of work performance as confirmed by Huitt (2003) and Ogunrin *et al.* (2007) that it strengthens, directs and sustains human behavior. The study findings revealed that intrinsic and extrinsic motivation factors are relevant in influencing work performance of nurses at Amasaman Municipal Hospital.

5.2.1 Intrinsic motivating factors

According to the study, intrinsic motivating factors are relevant to work performance of nurses at the hospital as they revealed that this form of motivation are natural factors that boost their interest to work hard. Studies have confirmed that motivation factors are innate and natural (Deci & 1985; Robins, 2003; Ford, 2011). However, they are different based on the profession and the work environment of the employees. The findings indicated that nurses perceived job satisfaction, logistic provision and enabling work environment as key intrinsic motivation factors that influence their work performance at the hospital. This agrees with

findings by Ford (2011), that intrinsic motivation (such as work hours, individual monetary, promotions, age, job satisfaction and tenure of office) are different and can be in any form based on employee assertion of work performance.

The nurses at Amasaman Municipal Hospital asserted that intrinsically job satisfaction is the main drive to work performance as they see it as enjoyment in providing healthcare service to patients. The findings are in line with Amabile (1993) that individual satisfaction serves a motivator to work performance. Again, Oudejans (2007), indicates that intrinsic motivation is positively correlated with job satisfaction.

The subjective view of the nurses on intrinsic motivation is very interesting, generally intrinsic motivation has been viewed by most authors in the motivation literature as individual-based satisfaction. However, nurses at Amasaman Municipal Hospital agrees with the study of Suominen (2001), that motivated nurses with the needed logistics and the consumables at the hospital has the a greater probability to take care of patients, collaborate and provide quality healthcare in the health care delivery (Yildiz, 2009).

According to Gustav and Pors (2002), employees are effective on work in an enabling environment. Nurse at the hospital do side with this study as they noted creating an enabling work environment is a form of intrinsic motivation that affect their work performance at the hospital. This finding confirms previous studies that indicated a cordial working environment is a motivator to work performance (Cubbon 2000; Moody and Pesut, 2006; Lopes, 2011; Adzei and Atinga, 2012).

5.2.2 Extrinsic motivating factors

External factors are key motivators to nurses, since they share the view that this extrinsic motivators are enablers that boost their work performance as nurses. A study by Akanbi (2012) indicated that there is a significant correlation between extrinsic motivation and work performance. Nurses at Asamaman Municipal Hospital share this view as revealed by

Chaudry (2008) that extrinsic motivation is good predictor of work performance in most organization. There are various forms of extrinsic motivating factors and this include the below discussed by the nurses at Amasaman Municipal Hospital as key to their performance at the hospital.

Financial reward is essential for work performance of nurses. Most employees appreciate monetary gains and rewards as the best form of extrinsic motivation (Besset-Jones *et al*, 2005; Douglas & Morris, 2006). Furthermore, the findings of the study confirm the previous study by Adzei and Atinga, (2012) that financial incentive is a good extrinsic motivating factor in determining the work performance of the a health work in ailing economy in Ghana. Nurses at this hospital are optimistic such financial rewards are the best form of extrinsic factors since they are able to sort out some miscellaneous expenditure such transportation and feeding which affect the work performance at the hospitals

Some nurses at Amasaman Municipal Hospital believe that they can effectively work if they are provided with lunch and some snacks especially on night duty. This finding is substantiated by Bent *et al.*, (1999), who noted that staff are highly motivated with small foods or snacks and further interpret it as physical care for them

Accommodation and transportation are a major challenge to most employees in Ghana (Adzei & Atinga, 2012). Nurses at Amasaman Municipal Hospital are also faced with same challenge. They therefore hinted that accommodation and means of transportation is key determinant that influence their work performance at the hospital. Rowe *et al*, 2005; Suliman & Al-Sabri, 2009, confirmed that accommodation and means of transportation are retention factors of health workers in the rural hospital and other specialized hospital. Moreover, Atinga and Adzei (2012), noted most health care workers are willing to go and work in deprived communities and urban centres if they are assured of descent accommodation.

5.3 Policies aimed at improving nurses at Amasaman Municipal Hospital

Management of various hospitals in Ghana may have motivational policies to boost work performance of nurses and other healthcare workers (MOH, 2007; GHS, 2010). In Amasaman Municipal Hospital, there are some existing motivational policy that have been adopted to motivate work performance at the hospital. Dieleman *et al* (2006), noted that in Mali motivation factors such as salary increment, receiving training, holding responsibility, appreciation and receiving recognition, receiving promotion improved the work performance of nurses. However, in the context of Ghana, there are numerous policies in motivating work performance, this is discussed below.

5.3.1 Welfare policy

Nurses at Amasaman Municipal Hospital indicated that over the years there have been a welfare policy that motivates their performance as nurses. They also revealed that having such a team spirit in time of need is comforting to them. This agrees with the Abraham Maslow's theory of need, which indicates that the stage of belongingness, love and need is relevant in the employees work performance. This was further confirmed in literature that improving the welfare of nurses is indirectly improving the overall quality of healthcare delivery, since they are able to concentrate on healthcare process with sound mind (Zineldin, 2006).

5.3.2 Holiday package

Nurses at Amasaman Municipal Hospital appreciate holiday packages given at the hospital, so even at the workplace they can also enjoy their leisure of resting when on duty. Adams and Hicks (2000); Henderson and Tulloch, (2008), reveal that packages, that is both food and non-food that are rewarding and in line with the capacity to meet the needs of an employee are likely to boost the work performance of nurses. Again, Hongoro and Normand (2006),

noted that health care workers are happy when management provides food packages that sustain their activities and on such special occasions, workers work extensively to exceed timely deadlines.

5.3.3 Annual package

Employees at the end of every year expect employers to reward their activity their performance with financial and non-financial rewards (Hongoro & Nomad, 2006). Nurses at Amasaman Municipal Hospital indicated they are highly motivated to perform effectively at work they their effort is appreciated at the end of every year. This confirms the study by Awase et al (2003), that yearly packages boost the work performance of healthcare workers. In other jurisdiction, some writers indicated that the annual performance appraisal of employees is key motivational drive to work performance, since in most instances it comes with some promotion (Hongoro & Normand, 2006; Manzoni & Islam 2009; Agyepong, et al 2011).

5.3.4 Accommodation for prescribers

Nurses at the hospital resolved that the management has come up with an accommodation policy which targets the prescribers, thus if you are prescriber you must in be the bungalows to aid earlier handing-overs. They indicated that it was a good policy since the prescribers work is very demanding. This is sustained by the fact that accommodating employees at work environment keeps them conscious of their work duty (WHO 2006; Alhasssan 2013). Moreso, works are elated when they are given accommodation since it take away their burden of rent payment and keeps their focus in the duty, this invariably improve the work performance of the employees (Adzei and Atinga 2012; Agyepong et al, 2011).

5.4 Motivational policies that could effectively improve on work performance of nurses.

Policies gives institutional derives to work focus. Agyepong et al (2011), noted that motivation as a major health care policy is a catalyst for healthcare development and growth in all the facet of healthcare delivery in Ghana. Most healthcare officials and personnel share this view, since they believe most employee are motivated to work. Atinga and Adzei (2012), further noted a motivated worker is productive on their job performance. The shortage of nurses in Ghana and some rural district was addressed with the motivational policy of accommodation, allowances for nurses who accepted transfer to the rural setting (Agyepong, 2011; Kwansah et al, 2012; Maloreh-Nyamekey2013. Therefore, motivation has a great impact on the work performance of nurses in Ghana and Amsaman Municipal Hospital. Nurse at Amsaman Municipal Hospital revealed that award scheme, transportation, proper night duty care and promotional seminars are key motivational policies that will improve work performance at Amasaman Municipal Hospital.

5.4.1 Award scheme

Employees are motivated by awards, thus if they are supposed to work to meet deadline or quotas in order to get awards, benefits they will contribute their effort to the work extensively (Davies et. al, 2009: De Loach & Monroe, 2004). Nurses share this idea that motivating them at the facility level or the national level will stimulate some form of work competition between them and this will influence work performance at the various units at Amsaman Municipal Hospital. The nurses were optimistic that this motivational policy will improve their work performance at the hospital. This was confirmed by Brewer et al. (2009) that nurse's motivation has proven to be important for their intent to work.

5.4.2 Transportation

The findings noted that nurses at Amasaman Municipal Hospital are faced transportation

challenges, they are therefore of the view a transportational policy for the nurses will increase their work performance. Means of transport is a policy that is of interest to the nurses due the fact that most of the buses are staying afar from the hospital and therefore such policy will enable to start work very early. This is support the view that means of transport for employees to the work place takes away lateness and absenteeism from the work (Hakala, 2008).

5.4.3 Night duty care

Nurses at Amasman Municipal Hospital revealed that to ensure high work performance, there is the need for the management of the hospital to ensure they have the better of conditions of services during the night duty. This is confirms a study by Zineldin (2006), when employees are have the better conditions of service at work they are motivated to work thereby improving their work performance. Moreso, Wiggers (1990), noted that inter-personal care and provisional care for nurses will promote healthcare quality in the various hospital.

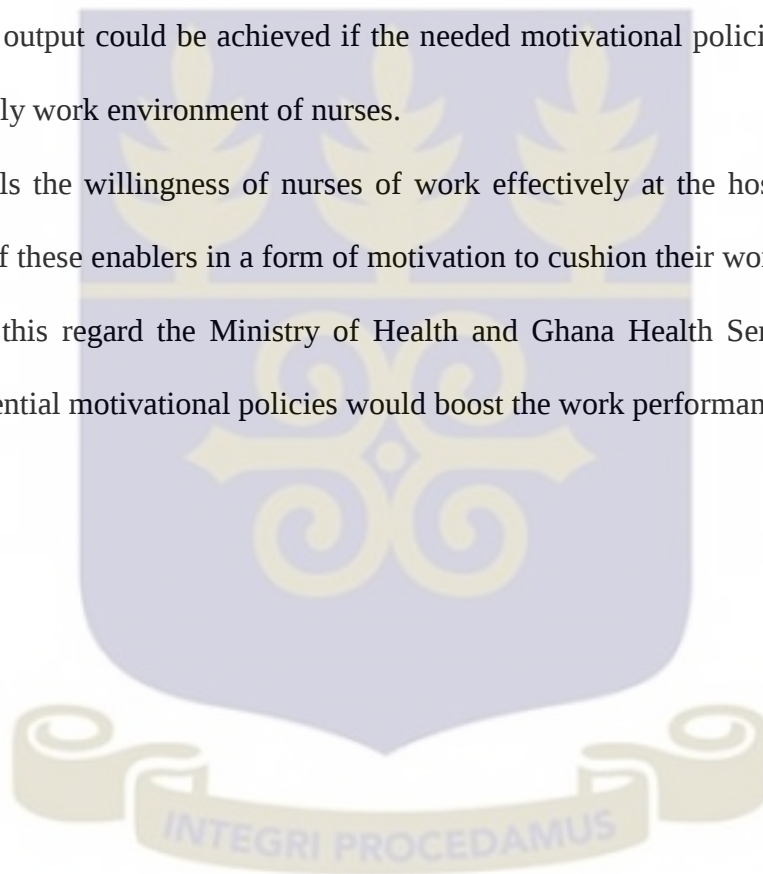
5.4.4 Promotional seminars

Promotions are key motivators that improve the work performance of nurses at Amasaman Municipal Hospital. This conforms with the expectancy theory where people are motivated by calculating how much they want something, how much of it then think they will get, how likely it is that their actions will cause them to get it, and how much others in similar circumstances have received (Ott et al., 2007). Nurses therefore at Amasaman hospital revealed that the promotions after their work performance, since they believe that senior ranked nurses are expected to instruct the junior nurses to work, but most aggrieved nurses are not able to carry out duties due to promotional challenges.

5.5 Chapter Summary and Conclusion

Motivation is a major determinant of work performance of workers in Ghana. In this study healthcare workers revealed that intrinsic and extrinsic motivational policies have impact on the work performance of nurses at Amasaman Municipal Hospital. This chapter discusses that award schemes, transportation policy, promotional and night duty care are motivational policies that can improve the work performances of nurses at Amasaman Municipal Hospital. The author share the view that motivation is a key drive to work performance and therefore maximum work output could be achieved if the needed motivational policies are in place to promote a friendly work environment of nurses.

The study reveals the willingness of nurses of work effectively at the hospital, but wishes there are some of these enablers in a form of motivation to cushion their work performance at the hospital. In this regard the Ministry of Health and Ghana Health Service should note provision of essential motivational policies would boost the work performance of nurses



CHAPTER SIX

SUMMARY, RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

Motivation is the main drive for work performance in every organization. Bonenberger et al, (2014) note that motivation has been identified as a key factor for health worker retention at the facility (hospital) and remote centres. Again, managers and management researchers over the years have realized that organisational goals are not attainable if there is no commitment from employees. Motivation in this view stimulates the desire to work and effectively perform the needed task by employees. Therefore, the primary aim of this thesis was to assess the impact of motivation on the performance of nurses in the Ghanaian public sector. By using the relevant motivational theoretical frameworks and synthesising empirical evidence, the study sought to identify both the intrinsic and extrinsic motivating factors of work performance, determine existing motivational policies at the hospital, and propose the relevant motivational policy options that would improve the work performance of nurses at Amasaman Municipal Hospital. This chapter presents the summary of key findings, recommends the appropriate policy and institutional guide to promote effective work performance of nurses in Ghana in general and Amasaman Municipal Hospital in particular. Finally, the conclusion of the study as well as future research suggestions for further research are presented in this chapter.

6.2 Summary of Main Findings

The key findings of the study are presented by indicating the impact of motivation on the work performance of nurses at Amasaman Municipal Hospital. The nurses identified some intrinsic motivation factors as job satisfaction, logistic provision, and enabling work

environment as the drives to work performance at the hospital. Moreso, extrinsic motivating factors that are external variables which influence the work performance of nurses at Amasaman Municipal Hospital were identified. These are financial reward, lunch, accommodation and transportation. These are the two main motivational policies that influence the work performance. However, these key policies have varied determinants based on the characteristics of the organisation under study.

Again, the study findings show that some motivational policies that have been introduced by management of Amasaman Municipal Hospital to improve work performance of nurses at hospital include a welfare policy, aimed at creating a social responsibility platform where nurses can equally share the personal and social concerns of each other; a holiday package introduced to serve nurses on duty with holiday pleasure at work; and an annual package was cited as another policy that has helped to improve work performance of nurses at the hospital. Thus, nurses were provided with food items, monies and non-food items at the end of the year as annual benefit to boost work performance the ensuing year. On the other hand, prescribers were given accommodation at the hospital to enable them come to work early, and begin the diagnosis and prescriptions of drugs to patients on time.

Furthermore, the study proposed some policies that could effectively improve the work performance of nurses at Amasaman Municipal Hospital. The recommended policies were award scheme aimed at stimulating competition between the nurses in the various departments in the hospital and transformational policy which would ensure nurses report very early as well as ensure smooth and faster handing over. Night duty care and promotional seminars were also highlighted by the nurses as policies that if implemented would improve work performance of nurses at Amasaman Municipal Hospital. The former would create a conducive environment for an effective care of patients at night, and the latter would promote

a satisfying work-based desire where nurses would be happy with their condition of service, thereby ensuring an inner-job satisfaction.

6.3 Conclusion

Motivation is relevant for organizational performance, thus a motivated worker is physiologically stable, psychologically balanced and socially minded to effectively perform his/her duties with the needed attention (Cubbon, 2000). Motivation is a good thing, thus if managers and administrators appreciate what drives workers to effective work performance, resources would be channeled to get the maximum output from employees. Nurses are motivated by intrinsic and extrinsic factors. Thus, appreciating key motivating factors in terms of financial and non-financial is relevant for effective work performance among nurses.

6.4 Recommendations

Based on the key findings, it is recommended that the following could have institutional and policy implications. Firstly, Ghana Health Service and Ministry of Health should put in place strict policy guidelines on motivation; this will ensure effective work output by nurses at the various hospitals in Ghana. Thus, a motivational approach targeting personal professional-based desire of nurses, in terms of; job satisfaction, logistic provision and enabling-working environment. Furthermore, policy guidelines aimed at improving the work performance of nurses based on national best practices award schemes for nurses and midwives in Ghana should be introduced. Transportation and night duty care being beverages as well as timely seminars to present the processes and procedures of applying for promotions in the profession is also relevant for improving work performance of nurses. This is recommended for Ghana Health Services (GHS).

Moreover, Ministry of Health and Ghana Health Service should have yearly appraisal policies to assess the overall work performance of nurses in various public hospitals in order

to generate some level of competition, which promote healthcare quality and patient-centred service delivery, since competition in practice breeds creativity leading to productivity.

The management of Amasaman Municipal Hospital should strategically sustain the staff welfare package, accommodation for prescribers policy as well as the annual and holidays package policy, since these packages help to boost the work performance at the hospital.

6.5 Contribution to knowledge

There are numerous studies on motivation and the impact of work performance of nurses. Most of these studies have adopted the quantitative approach in discussing the impact of motivation on work performance of health workers. These further reveals existing motivational policies and their impact on work performance. However, little attention is given to the impact of motivation on work performance with primary evidence (Field report). This study is one of the unique works that employed the qualitative approach in studying the impact of motivation on work performance of nurses in Ghana. The study adds to available literature on motivation as well as its impact on the work performance of health workers in Ghana. The study further contributes to the policy guideline on motivation of healthcare worker (nurses) in Ghana.

6.6 Limitations and opportunities for future research

This study is limited in relation to the study setting devoid of wider applicability. Therefore the researcher recommends that a future study should be carried-out with a large sample size of nurses from different facilities, in order to have general motivational policies that impact on the work of nurses in Ghana and also have facility-based policies to impact the work of nurses in the various hospitals. The facility-based policy will streamline the best and workable motivational guideline that will improve work performance at the various hospital.

Finally, a mixed-method study approach should be carried out to have both the quantitative and qualitative related to the assessment of the various motivational policies.



REFERENCE

- AbualRub, R. F. (2004). Job stress, job performance, and social support among hospital nurses. *Journal of nursing scholarship*, 36(1), 73-78.
- Adams, O., & Hicks, V. (2000, December). Pay and non-pay incentives, performance and motivation. In *WHO's workshop on a Global Health Workforce Strategy, Annecy, France*.
- Adzei, F. A., & Atinga, R. A. (2012). Motivation and retention of health workers in Ghana's district hospitals: addressing the critical issues. *Journal of health organization and management*, 26(4), 467-485.
- Agyepong, I. A., Anafi, P., Asiamah, E., Ansah, E. K., Ashon, D. A., & Narh-Dometey, C. (2004). Health worker (internal customer) satisfaction and motivation in the public sector in Ghana. *The International journal of health planning and management*, 19(4), 319-336.
- Akanbi, O. A. (2012). Role of governance in explaining domestic investment in Nigeria. *South African Journal of Economics*, 80(4), 473-489.
- Al-Ahmadi, H. (2009). Factors affecting performance of hospital nurses in Riyadh Region, Saudi Arabia. *International Journal of Health Care Quality Assurance*, 22(1), 40-54.
- Amabile, T. M. (1993). Motivational synergy: Toward new conceptualizations of intrinsic and extrinsic motivation in the workplace. *Human resource management review*, 3(3), 185-201.
- Andersen, B., & Fagerhaug, T. (2002). Eight steps to a new performance measurement system. *Quality Progress*, 35(2), 1125.

- Arah, O. A., Klazinga, N. S., Delnoij, D. M. J., Ten Asbroek, A. H. A., & Custers, T. (2003). Conceptual frameworks for health systems performance: a quest for effectiveness, quality, and improvement. *International Journal for Quality in Health Care*, 15(5), 377-398.
- Armstrong, S. (1994). *Using large corpora*. MIT Press.
- Armstrong, J. S. (Ed.). (2001). *Principles of forecasting: a handbook for researchers and practitioners* (Vol. 30). Springer Science & Business Media.
- Awases, M., Gbary, A., Nyoni, J., & Chatora, R. (2004). Migration of health professionals in six countries: a synthesis report. *World Health Organization*, 65, 38-42.
- Baba, V. V., & Jamal, M. (1991). Routinization of job context and job content as related to employees' quality of working life: A study of Canadian nurses. *Journal of organizational behavior*, 12(5), 379-386.
- Babakus, E., & Mangold, W. G. (1992). Adapting the SERVQUAL scale to hospital services: an empirical investigation. *Health services research*, 26(6), 767.
- Barbie, E. M., (2009). Barbie dolls” on the pitch: Identity work, defensive othering, and inequality in women’s rugby. *Social problems*, 56(1), 111-131.
- Bartol C. E., & Martin G. H., (2008). *Management: A Pacific Rim focus Fifth Edition*, Wiley and Sons Inc.
- Bassett-Jones, N. (2005). The paradox of diversity management, creativity and innovation. *Creativity and innovation management*, 14(2), 169-175.
- Beaglehole, R., & Dal Poz, M. R. (2003). Public health workforce: challenges and policy issues. *Human resources for health*, 1(1), 4.

- Bedian, V., Moxness, M., Foley, J., Stene, M., Krasner, A., & Kawabata, T. (2003). Development and validation of radioligand binding assays to measure total, IgA, IgE, IgG, and IgM insulin antibodies in human serum. *Annals of the New York Academy of Sciences*, 1005(1), 265-268.
- Benson, S. G., & Dundis, S. P. (2003). Understanding and motivating health care employees: integrating Maslow's hierarchy of needs, training and technology. *Journal of nursing management*, 11(5), 315-320.
- Blegen, M. A. (1993). Nurses' job satisfaction: a meta-analysis of related variables. *Nursing research*, 42(1), 36-41.
- Bonenberger, M., Aikins, M., Akweongo, P., & Wyss, K. (2014). The effects of health worker motivation and job satisfaction on turnover intention in Ghana: a cross-sectional study. *Hum Resour Health*, 12(43), 10-1186.
- Borda, R. G., & Norman, I. J. (1997). Testing a model of absence and intent to stay in employment: a study of registered nurses in Malta. *International journal of nursing studies*, 34(5), 375-384.
- Brewer, D., Lazer, D., Pentland, A. S., Adamic, L., Aral, S., Barabasi, A. L.,... & Van Alstyne, M. (2009). Life in the network: the coming age of computational social science. *Science (New York, NY)*, 323(5), 721-915.
- Buchan, J., & Calman, L. (2005). Skill-Mix and policy change in the health workforce. *Bulletin of the World Health Organization*, 80(7): 575-580

- Bulkus U.S., & Green, M. (2009). The Impact of Employee Motivation on Organisational Performance (A Study of Some Selected Firms in Anambra State Nigeria: *The International Journal Of Engineering And Science (IJES)*, 2(9), 70-80.
- Chowdhury, M. S. (2006). Enhancing motivation and work performance of the salespeople: the impact of supervisors behavior. *African Journal of Business Management*, 1(9), 45-53.
- Cole, M. (1997). *Mind, culture, and activity: Seminal papers from the Laboratory of Comparative Human Cognition*. Cambridge University Press, Cambridge.
- Cole, T. J. (2000). Establishing a standard definition for child overweight and obesity worldwide: international survey. *British Medical Journal*, 320 (7244), 1240.
- Collier, P. (1994). *Controlled open economies: A neoclassical approach to structuralism*. Oxford University Press. Oxford.
- Cronin Jr, J. J., & Taylor, S. A. (1994). SERVPERF versus SERVQUAL: reconciling performance-based and perceptions-minus-expectations measurement of service quality. *The Journal of Marketing*, 3(9) 125-131.
- Cubbon, M. R., (2000). The motivation to care: Application and extension of motivation theory to professional nursing work. *Journal of Health Organization and Management*, 20(1), 15-48.
- Curry, A., & Sinclair, E. (2002). Assessing the quality of physiotherapy services using SERVQUAL. *International Journal of Health Care Quality Assurance*, 15(5), 197-205.

- Davies, M. N. & Al-Shehri, A. S. (2009). Motivation and vision: The relation between the ideal L2 self, imagination and visual style. *Motivation, language identity and the L2 self*, 34(9) 164-171.
- Davis, D., O'Brien, M. A. T., Freemantle, N., Wolf, F. M., Mazmanian, P., & Taylor-Vaisey, A. (1999). Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes?. *Journal of Motivation Assurance*, 282(9), 867-874.
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior*. Springer Science & Business Media: London.
- DeCola G. H., & Woerdemann, M. (2012). Motivation and Outline. In *Structured Light Fields* (pp. 1-4). Springer Berlin Heidelberg: London.
- DeLoach, R., & Monroe, J. (2004). Job satisfaction among hospice workers: what managers need to know. *The health care manager*, 23(3), 209-219.
- Dieleman, M., Biemba, G., Mphuka, S., Sichinga-Sichali, K. Sissolak, D., van der Kwaak, A., & van der Wilt, G. J. (2006). 'We are also dying like any other people, we are also people': perceptions of the impact of HIV/AIDS on health workers in two districts in Zambia. *Health Policy and Planning*, 22(3), 139-148.
- Dietrich Leurer, M., Donnelly, G., & Domm, E. (2007). Nurse retention strategies: advice from experienced registered nurses. *Journal of Health Organization and Management*, 21(3), 307-319.

- Douglas, E. J., & Morris, R. J. (2006). Workaholic, or just hard worker? *Career Development International*, 11(5), 394-417.
- Engin, E., & Cam, O. (2009). Validity and reliability study of the Turkish psychiatric nurses of job motivation scale. *Journal of psychiatric and mental health nursing*, 16(5), 462-472.
- Farland, R. L Powers, W. T., & Clark, R. K., (2011). A general feedback theory of human behavior: Part II. *Perceptual and Motor Skills*, 11(3), 309-323.
- Ford, M. T. Cerasoli, C. P., & Nicklin, J. M., (2011). Intrinsic motivation and extrinsic incentives jointly predict performance: A 40-year meta-analysis. *Psychological Bulletin*, 140(4), 59-80.
- Fort, A. L., & Voltero, L. (2004). Factors affecting the performance of maternal health care providers in Armenia. *Human resources for health*, 2(8), 1-11.
- Franco, M., & Haase, H. (2010). Failure factors in small and medium-sized enterprises: qualitative study from an attributional perspective. *International Entrepreneurship and Management Journal*, 6(4), 503-521.
- Freeman, T., & O'Brien-Pallas, L. L. (1998). Factors influencing job satisfaction on specialty nursing units. *Canadian Journal of Nursing Administration*, 11(3), 25-51.
- Friederike P.(2009). Health Workers Motivation and the Role of Performance Based Finance Systems in Africa: A Qualitative Study on Health Worker Motivation and the Rwandan Performance Based Finance Initiative in District Hospitals. *London School of Economics and Political Science working paper series*, 08-96.

- Garvey M., (1997). Motivation, knowledge transfer, and organizational forms. *Organization science*, 11(5), 538-550.
- Ghana Health Service, (2010). The Health Sector in Ghana. Facts and Figures. Accra: Ghana; Ghana Health Service.
- Gibson, S. (2007). Does motivation matter when assessing trade performance? An analysis of mutual funds. *Review of Financial Studies*, 20(1), 125-150.
- Gilson, L., Hanson, K., Sheikh, K., Akua Agyepong, I., Ssengooba, F., & Bennett, S. (2011). Building the field of health policy and systems research: social science matters. *PLoS Medicine*, 8(8), 1017.
- Grafham, E., Matheson, C., & Bond, C. M. (2004). Specialist drug misuse nurse's motivation, clinical decision-making and professional communication: an exploratory study. *Journal of Psychiatric and Mental Health Nursing*, 11(6), 690-697.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of qualitative research*, 2(1), 163-194.
- Gustav, J. C., & Pors, O. N., (2002). Job satisfaction and motivational strategies among library directors. *New Library World*, 103(6), 199-209.
- Haka, M., Haapakangas, A., Keränen, J., Hakala, J., Keskinen, E., & Hongisto, V. (2009). Performance effects and subjective disturbance of speech in acoustically different office types—a laboratory experiment. *Indoor Air*, 19(6), 454-467.
- Hall, C. (2007). Introduction. In *History Workshop Journal*, 64,(1), 1-5. Oxford University Press: Oxford.

- Hatry, H. P. (2006). *Performance measurement: Getting results*. The Urban Institute: Melbourne.
- Henderson, L. N., & Tulloch, J. (2008). Incentives for retaining and motivating health workers in Pacific and Asian countries. *Human Resources for Health*, 6(1), 18-26.
- Hennessey, B., Moran, S., Altringer, B., & Amabile, T. M. (2005). Extrinsic and intrinsic motivation. *Wiley Encyclopedia of Management*.
- Hongoro, C., & Normand, C. (2006). Health workers: building and motivating the workforce. Disease Control Priorities in Developing Countries. 2nd edition, Washington (DC): World Bank.
- Hornby, P., & Sidney, E. (1988). *Motivation and health service performance*. WHO/EDUC/88-196. Geneva: World Health Organization.
- Huitt, W. (2003). A transactional model of the teaching/learning process. *Educational Psychology Interactive*. Valdosta, GA: Valdosta State University.
- Huling, E., (2003). Rough Note. *Journal of Applied Psychology*, 24(1), 17- 24.
- Institute of Medicine (2001). Health motivation and the effective healthcare delivery
- International Council of Nurses (1987). Building Excellence Through Evidence. Geneva, Switzerland: Wiley Publishers.
- Islam, R., & Ismail, A. (2008). Employee motivation: a Malaysian perspective. *International Journal of Commerce and Management*, 18(4), 344-362.

- James. M. (1999). The synergistic effect of market orientation and learning orientation on organizational performance. *Journal of the academy of marketing science*, 27(4), 411-427.
- John, J. (1991). Corporate performance, corporate takeovers and management turnover. *The Journal of Finance*, 46(2), 671-687.
- Johns, E.,(1996). The impact of human resource management on organizational performance: Progress and prospects. *Academy of management journal*, 39(4), 779-801.
- Joint Learning Initiative (2004). Human resources for health: overcoming the crisis 'Medical exceptionalism' in international migration, should doctors and nurses be treated differently. Working paper, 7-13.
- Jones, M. R., (1955). Nebraska symposium on motivation: Lincoln, NE: University of Nebraska.
- Jordan M. T., (2006). Readiness of organizations for change, motivation and conflict-handling intentions: Senior nursing students' perceptions. *Nurse education in practice*, 8(2), 120-128.
- Judge, T. A., Thoresen, C. J., Bono, J. E., & Patton, G. K. (2001). The job satisfaction–job performance relationship: A qualitative and quantitative review. *Psychological bulletin*, 127(3), 376-382.
- Kartz D., & Green G.H., (1997). The impact of behavioural difficulty on the saliency of the association between self-determined motivation and environmental behaviours. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, 29(3), 157-162.

Kreitner, R. (1995). *Management* (6th ed.). Boston: Houghton Mifflin Company.

Kwansah, J., Dzodzomenyo, M., Mutumba, M., Asabir, K., Koomson, E., Gyakobo, M., ... &

Snow, R. C. (2012). Policy talk: incentives for rural service among nurses in Ghana.

Health policy and planning, 16(), 23-35.

Lambrou, P., Kontodimopoulos, N., & Niakas, D. (2010). Motivation and job satisfaction

among medical and nursing staff in a Cyprus public general hospital. *Human*

Resource Health, 8(26), 64-74.

Lepper, M. R., & Greene, D. (1975). Turning play into work: Effects of adult surveillance

and extrinsic rewards on children's intrinsic motivation. *Journal of Personality and*

Social Psychology, 31(3), 465- 479.

Lietz, C. A., Zayas, E. (2010). Evaluating qualitative research for social work practitioners.

Advances in Social Work, 11(2), 188-202.

Lindenberg, S. (2001). Intrinsic motivation in a new light. *Kyklos*, 54(2-3), 317-342.

Locke, E. A., & Latham, G. P. (2004). What should we do about motivation theory? Six

recommendations for the twenty-first century. *Academy of Management Review*,

29(3), 388-403.

Lopes, R. D.,(2011). Apixaban versus warfarin in patients with atrial fibrillation. *New*

England Journal of Medicine, 365(11), 981-992.

Lori, N., Vohs, J. L., & Lysaker, P. H., (2013). Associations of personality with intrinsic

motivation in schizophrenia. *Psychiatry research*, 208(1), 78-80.

- Luke, C. J. (2007). Distinguishing between learning and motivation in behavioral tests of the reinforcement sensitivity theory of personality. *Personality and Social Psychology Bulletin*.
- Luoma O. F., & Crigler, L. H. (2006). Training alone is not enough. *Performance Improvement Quarterly*, 19(1), 99-116.
- Maloreh-Nyamekye, T. (2013). The impact of information, education and communication (IEC) strategies in malaria prevention and control during pregnancy in Africa. PhD Thesis Submitted.
- Manzoni, A., & Islam, S. M. (2009). Performance measurement in corporate governance: DEA modelling and implications for organisational behaviour and supply chain management. *Springer Science & Business Media*. 45(2), 23-28.
- Martínez, J., & Martineau, T. (1998). Rethinking human resources: an agenda for the millennium. *Health Policy and Planning*, 13(4), 345-358.
- Martinez, T. (2003). Predicting Breast Self-Examination: A Test of the Information-Motivation-Behavioral Skills Model1. *Journal of Applied Social Psychology*, 33(4), 775-790.
- McGregor, D. (1960). The human side of enterprise. *New York*, 21, 166.
- Melia, J.E., (2006). Changes in nurse attitudes: management strategies for today's environment. *Journal of Nursing Administration*, 17(2), 38- 43.
- Ministry of Health (2007). The health sector programme of work: 2007-2011, creating wealth through health. Accra: Ghana. Ministry of Health.

- Moody, R. C., & Pesut, D. J. (2006). The motivation to care: Application and extension of motivation theory to professional nursing work. *Journal of Health Organization and Management*, 20(1), 15-48.
- Mowday, R. T., (1982). Employee-organization linkage. *The Psychology of Commitment Absenteeism, and Turn Over*: Academic Press Inc. London.
- Mrayyan, M. T. (2006). Jordanian nurses' job satisfaction, patients' satisfaction and quality of nursing care. *International Nursing Review*, 53(3), 224-230
- Nahavandi, H. G., & Malekzadeh E. G., (1999). Improving motivation among health care workers in private health care organizations: A perspective of nursing personnel. *Baltic Journal of Management*, 45 (2), 334-365.
- Neuman, W. L. (2007). Basics of social research: quantitative and qualitative approaches (2nd edition) Boston: Pearson/Allyn and Bacon.
- Nurses and Midwives Council Report (2003). Trends in international nurses migration. Health Affairs:Accra. Ghana Press.
- Ogunrin, F. O., Ogurin O. O. & Akerele, A. (2007). Motivating Nigerian doctors for improved healthcare delivery. *International Journal of Healthcare Delivery* 2(4), 234-256.
- Ott, M., Wolf-Watz, M., Fenn, T., & Kern, D. (2007). Intrinsic motions along an enzymatic reaction trajectory. *Nature*, 45(11), 838-844.
- Oudejans, R. (2007). Linking extrinsic and intrinsic motivation to job satisfaction and to motivational theories: a comparison between the public sector (nurses) and the private sector (Submitted PhD Thesis).

- Padgett, M. Y., & Caldwell, C. B. (2008). Can leaders step outside of the gender box? An examination of leadership and gender role stereotypes. *Journal of Leadership & Organizational Studies*, 15(1), 30-45.
- Parasuraman, A., Berry, L. L., & Zeithaml, V. A., (1991). Refinement and reassessment of the SERVQUAL scale. *Journal of Retailing*, 67 (4), 420–450.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. *Journal of Marketing*, 49 (4), 41-50.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring customer perceptions of service quality. *Journal of Retailing*, 64,12– 40.
- Parker, G. H., & Kulik J. (1995). Factors affecting performance of hospital nurses at Riyadh Region. *Journal of Quality Healthcare Assurance*, 23(2), 34-45.
- Peters, D. H., Chakraborty, S., Mahapatra, P., & Steinhardt, L. (2010). Job satisfaction and motivation of health workers in public and private sectors: cross-sectional analysis from two Indian states. *Human Resource Health*, 8(1), 27-39.
- Pillay, R. (2009). Work satisfaction of professional nurses in South Africa: a comparative analysis of the public and private sectors. *Human resources for Health*, 7(1), 15-29.
- Public Service and Merit Protection Commission (2000). PSMPC, *Counselling for Better Work Performance*, Commonwealth of Australia, Canberra.
- Raimon, G. & Timothy, S. (1991). Subject: Human Resource Management. *ILR School Theses and Dissertations: A Listing*, 20.

- Reena, A., & Ahmed, M. S. (2009). The impact of reward and recognition programs on employee's motivation and satisfaction: an empirical study. *International review of business research papers*, 5(4), 270-279.
- Revelle, K., & Anderson, M. H., (1995). The effect of motivation on personality development. *Journal of Motivation*, 5(3), 45-65
- Robbins, S. P. (2003). *Organizational Behavior*. Singapore: Pearson Education Inc
- Robert, M. P., & John, R. B. (2000). An investigation of perfectionism, mental health, achievement, and achievement motivation in adolescents. *Psychology in the Schools*, 37(6), 535-545.
- Rowe, A. K., de Savigny, D., Lanata, C. F., & Victora, C. G. (2005). How can we achieve and maintain high-quality performance of health workers in low-resource settings?. *The Lancet*, 366(9490), 1026-1035.
- Ryan, R. M., & Deci, E. L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary educational psychology*, 25(1), 54-67.
- Sakyi, E. K., Atinga, R. A., & Adzei, F. A. (2012). Managerial problems of hospitals under Ghana's National Health Insurance Scheme. *Clinical Governance: An International Journal*, 17(3), 178-190.
- Schein, H. (1980). The notion of ethological 'need', models of motivation and animal welfare. *Animal Behaviour*, 36(6), 1696-1707.
- Schermerhorn Jr, J., & Taylor-Bianco, A., (2006). Self-regulation, strategic leadership and paradox in organizational change. *Journal of Organizational Change Management*, 19(4), 457-470.

- Shenton, A. K. (2004). Young people's use of paper serials: The results of a recent research project in England. *The Serials Librarian*, 47(3), 45–56.
- Siu, C. M. (2002). Trait Intrinsic and Extrinsic Motivations, Academic Performance, and Creativity in Hong Kong College Students. *Journal of College Student Development*, 43(5), 664-83.
- Srivastava, S. K., (2006). The intrinsic and extrinsic motivation, the effective on work performance. *Thin Solid Films*, 515(4), 1851-1856.
- Suliman, A. M., & Al-Sabri, N. (2009). Surviving through the global downturn: employee motivation and Performance in healthcare industry. *Open Business Journal*, 2(2), 86-94.
- Suominen, T., Lind, M., Kaltiala-Heino, R., Leino-Kilpi, H., & Välimäki, M. (2001). Nurses' ethical perceptions about coercion. *Journal of Psychiatric and Mental Health Nursing*, 11(4), 379-385.
- Tabassi, A. A., & Bakar, A. A. (2009). Training, motivation, and performance: The case of human resource management in construction projects in Mashhad, Iran. *International Journal of Project Management*, 27(5), 471-480.
- Tikam, M. (2011). Library volunteerism outcomes: what student volunteers expect. *Library Management*, 32(8/9), 552-564.
- Torrington, D., & Hall, S. (1998). *Human resource management and the personnel function*. London: Routledge.

- Tzeng, H. (2004), "Nurses' self-assessment of their nursing competencies, job demands and job performance in the Taiwan hospital system", *International Journal of Nursing Studies*, 41(5), 487-96.
- Van Lerberghe, W., Conceicao, C., Van Damme, W., & Ferrinho, P. (2002). When staff is underpaid: dealing with the individual coping strategies of health personnel. *Bulletin of the World Health organization*, 80(7), 581-584.
- Vroom, V. H. (1964). Organizational choice: A study of pre-and postdecision processes. *Organizational behavior and human performance*, 1(2), 212-225.
- Wiggers, T., (1990). Motivations, satisfaction, and information of immediate breast reconstruction following mastectomy. *Patient education and counseling*, 40(3), 201-208.
- World Health Organization Report (2006). Health worker: A global profile. Geneva: WHO.
- World Health Organization Report, (1996) Work performance of health workers. WHO, Geneva: WHO.
- Yamaguchi, R. (1999). Cultural diversity, student motivation and achievement. In *Student Motivation* (pp. 123-148). Springer US.
- Yang, X., & Huang, Y.(2005). Mining coherent dense subgraphs across massive biological networks for functional discovery. *Bioinformatics*, 21(1), 213-221.
- Yildiz, O., & Demirors, O., (2012). Measuring health care process quality with software quality measures. *Studies in Health Technology and Informatics*, 180 (1), 1005-1009
- Yin, (2003) Qualitative Paradigm: Design and methods. Beverly Hills, California: Sage.

Yin, R. K. (1984). Case study research: Design and methods. Beverly Hills, California: Sage.

Youssef, M.A., Boyd, J. & Williams, E., (1996). The impact of TQM on firms' responsiveness: an empirical study. *Total Quality Management*, 7(1), 127-144.

Zeithaml V.A., (1981). *How consumer evaluation processes differ between goods and services*, reprinted in Lovelock, C. (1991), *Services Marketing*, 2nd Edition, Upper Saddle River, New Jersey: Prentice Hall.

Zineldin, M. (2006). The quality of healthcare and patient satisfaction: an exploratory investigation of the 5Qs model at some Egyptian and Jordanian medical clinics, *International Journal of Healthcare Quality Assurance*, 19(1), 60-92.

Zurn, C., Cross, C., & McGuire, D. (2005). The motivation of nurses to participate in continuing professional education in Ireland. *Journal of European Industrial Training*, 30(5), 365-38



APENDIX I

Introductory Letter



UNIVERSITY OF GHANA
BUSINESS SCHOOL
DEPARTMENT OF PUBLIC ADMINISTRATION
AND HEALTH SERVICES MANAGEMENT



Ref. No.: PAHS/26
14th January, 2015

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

LETTER OF INTRODUCTION

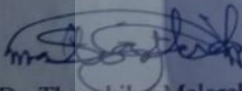
The bearer of this note, Mr. Emmanuel Odoom Jnr. a final year student of the University of Ghana Business School, Legon, undertaking a course leading to the award of Master of Philosophy (MPhil) in Health Services Management.

As part of the requirements of the programme, he has chosen to research on the topic:
Assessing the impact of motivation on performance of Nurses in the Amasaman District Hospital.

I would be most grateful if you could give him the necessary assistance to facilitate his data collection.

Thanks for your cooperation.

Yours faithfully,



Dr. Theophilus Maloreh-Nyamekye
Lecturer/Supervisor



COLLEGE OF HUMANITIES

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• Telephone: +233 (0) 546 695 432 • Email: pahsm@ug.edu.gh • Website: www.ug.edu.gh

APENDIX II

Data instrument for pilot studies

This interview seeks to assess the impact of motivation on the performance of nurses at Amasaman hospital. I wish to assure you that this is an academic study and all information provided will be strictly used for academic purposes. You are assured of absolute confidentiality and anonymity. There is no right or wrong answer. Please respond to the questions in this interview.

Participant Consent Form

I having gone through the overview of the study and knowing the benefit and dis-benefit of the study duly subject myself to the full participation of this study. I can withdraw from this research at anytime if I find out my continuous participation might be a detriment to my religious, professional, emotional and ethical stands.

Socio- demographic variable

1. What is your age?
2. What is your religion?
3. Where do you come from?
4. What is your rank as a nurse?
5. For how long have you work as a nurse in this hospital?

Intrinsic Factors

6. What are the intrinsic motivating factors affecting work performance by nurses in Amasaman hospital?

Extrinsic Factors

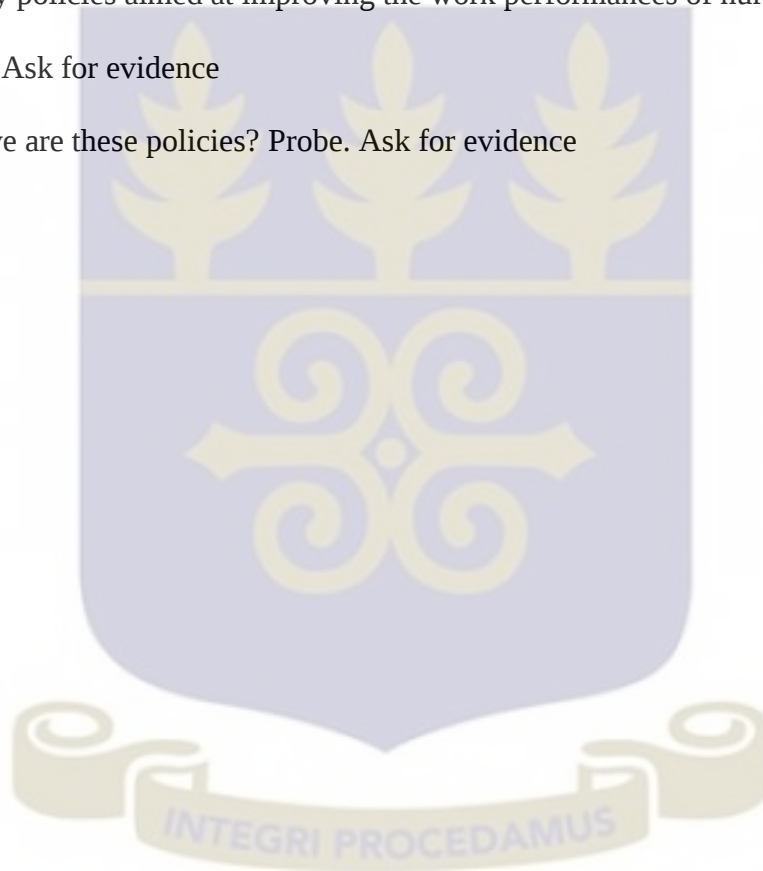
6. What are the extrinsic motivating factors affecting work performance by nurses in Amasaman hospital?

Impact of motivation on Work Performance

9. How do motivational interventions affect the work performance of nurses at Amasaman hospital?
10. How do intrinsic factors influence work performance? Probe
11. What are the extrinsic factors that generally affect work performance? Probe

Effective Policy Directives

12. Are there any policies aimed at improving the work performances of nurses at Amasaman hospital? Probe. Ask for evidence
13. How effective are these policies? Probe. Ask for evidence



APENDIX III
UNIVERSITY OF GHANA
INTERVIEW GUIDE
OVERVIEW

This interview seeks to assess the impact of motivation on the performance of nurses at Amasaman hospital. I wish to assure you that this is an academic study and all information provided will be strictly used for academic purposes. You are assured of absolute confidentiality and anonymity. There is no right or wrong answer. Please respond to the questions in this interview.

Participant Consent Form

I having gone through the overview of the study and knowing the benefit and dis-benefit of the study duly subject myself to the full participation of this study. I can withdraw from this research at anytime if I find out my continuous participation might be a detriment to my religious, professional, emotional and ethical stands.

.....
(Participant)

Date:.....

Researcher.....

Date

Socio- demographic variable

1. What is your age?
2. What is your religion?
3. Where do you come from?
4. What is your rank as a nurse?
5. For how long have you work as a nurse in this hospital?

Intrinsic Factors

6. What are the intrinsic motivating factors affecting work performance by nurses in Amasaman hospital?
7. What do you mean by intrinsic factors Why? Probe.

Extrinsic Factors

6. What are the extrinsic motivating factors affecting work performance by nurses in Amasaman hospital?
8. What do you mean by extrinsic factors Why? Probe.

Impact of motivation on Work Performance

9. How do motivational interventions affect the work performance of nurses at Amasaman hospital?
10. How do intrinsic factors influence work performance? Probe
11. What are the extrinsic factors that generally affect work performance? Probe

Effective Policy Directives

12. Are there any policies aimed at improving the work performances of nurses at Amasaman hospital? Probe. Ask for evidence
14. How effective are these policies? Probe. Ask for evidence

APENDIX IV

Data Management Plan and Coding System

File Title	No.	Codes
Deputy Director of Nursing	1	NUR00
Principal Nursing Officer	6	PNUR01-PNUR06
Principal Midwifery Officer	3	MUR07-MUR010
Senior Nursing Officer	3	SNUR011-SNUR013
Nursing Officer	7	NNUR014-NUR020

Source: Author

