

**MOTIVATION AND EMPLOYEE SATISFACTION: PERCEPTIONS
OF WORKERS IN PUBLIC AND PRIVATE HEALTH CARE
FACILITIES**

BY

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DECLARATION

I hereby declare that, except for reference to other people's work, which have been duly acknowledged, this thesis is the result of my own research work carried out in the Department of Sociology, University of Ghana, under the supervision of Dr. Stephen Afranie and Dr. Dan-Bright S. Dzorgbo. I therefore stand liable for any errors and omissions thereof.

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DEDICATION

This thesis is dedicated to the Lord God Almighty, the Author and Finisher of my faith.

It is also dedicated to my parents Mr. and Mrs. H. O. Attrams, to whom I owe my education.

Also to the blessed memory of my brother, Kwadwo Ankrah Attrams, who I missed so much.



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‘When the work is done and tough tasks are accomplished, we look back and ask, how did I do it’ (Kabagarama, 1992)? Indeed, this is exactly the same question I asked myself when I completed this thesis.

My sincere appreciation to my supervisors, Dr. Stephen Afranie and Dr. Dan-Bright S. Dzorgbo for their endless time, patience and advice during the writing of this thesis. Without your guidance this thesis could not have been completed.

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I give special recognition to the management and staff of Manhyia District Hospital and Quality Health Care Hospital for their support and cooperation.

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Above all, to God Almighty, for His favour and for giving me the strength to write this thesis. Without Him I couldn’t have made it this far.

ABSTRACT

The study investigated the perceptions and experiences of workers on motivation and employee satisfaction in Manhyia District Hospital and Quality Health Care Hospital, which represented public and private health care facilities respectively. The study was ‘quantitative descriptive’ in nature. Through cluster and stratified sampling techniques, data were collected by means of a questionnaire from eighty three (83) respondents; fifty four (54) from Manhyia District Hospital and twenty nine (29) from Quality Health Care Hospital.

The findings suggest that majority of the respondents, both in the public and private hospitals agree that motivation leads to employee satisfaction. The study reveals that money is the first thing that comes into mind when motivation is mentioned. Furthermore, it was apparent from the study that public and private hospitals employ various but similar motivational factors to encourage their workers to work harder. They include allowances, recognition, training and good working relationship with staff. With regard to motivational factors that encourage workers to perform well, money was most preferred. Although respondents from both sectors disagreed that their salaries were enough to meet their needs, the study reveals that workers still find satisfaction with their job, thus confirming Herzberg’s assertion that salary is a hygiene factor. It is recommended that the nonmonetary factors such as training, recognition, promotion, et cetera, should be utilised more frequently as this may even reduce workers consideration of ‘money’ as a major motivational factor. Also, since most of the respondents confirmed that they get the opportunity to learn new skills through training programmes and workshops, it is recommended that more of these programmes should be made available to all workers irrespective of the position they occupy, so as to help them upgrade their skills.

TABLE OF CONTENTS

Declaration	ii
Dedication	iii
Acknowledgement	iv
Abstract	v
Table of Contents	vi
List of Tables	ix
List of Figures	x
Acronyms	xi

CHAPTER ONE: INTRODUCTION

1.1 Background	1
1.2 Problem Statement	5
1.3 Aim of the Study	7
1.3.1 Objectives	7
1.4 Significance of the Study	8
1.5 Theoretical Framework	8
1.6 Definition of Terms	9
1.7 Chapter Disposition	10

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction	12
2.2 The Concept of Motivation	12
2.3 Theories of Motivation	14

2.3.1 Content Theories	14
2.3.2 Process Theories	20
2.3.3 Reinforcement Theory	21
2.4 Motivational Packages	21
2.5 Money and Motivation	25
2.6 Workers Perceptions on Motivation and Employee Satisfaction	27
2.7 Motivation and Employee Satisfaction	29
2.8 Comparative Research between Public and Private Sectors	30

CHAPTER THREE: RESEARCH METHODS

3.1 Introduction	32
3.2 Research Design	32
3.3 The Study Area	33
3.4 Target Population	35
3.5 Sample Technique	35
3.6 Instrument for Data Collection	38
3.7 Sources of Data Collection	40
3.8 Data Collection Procedure	40
3.9 Data Analyses	41
3.10 Ethical Issues	42
3.11 Limitations	43

CHAPTER FOUR: DATA ANALYSES AND DISCUSSION OF RESULTS

4.1 Introduction	44
4.2 Demographic Characteristics of Respondents	44
4.3 Motivation and Employee Satisfaction Assessment	49
4.3.1 Respondents Level of Knowledge on Motivation	50
4.3.2 The Link between Motivation and Employee Satisfaction	51
4.3.3 The Factors of Motivation that are Important to Workers	52
4.3.4 Motivational Packages available in Public and Private Hospitals	57
4.3.5 Overall Satisfaction	65

CHAPTER FIVE: SUMMARY AND CONCLUSION

5.1 Introduction	67
5.2 Summary	67
5.2.1 Summary of Findings	68
5.3 Conclusion	70
5.4 Recommendations	70
5.5 Recommendations for Future Studies	71

REFERENCE	72
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APPENDICES

Appendix A: Introductory Letter	83
Appendix B: Questionnaire	84

LIST OF TABLES

Table 2.1	Supervisors and Employees Ranking of Job Reward Factors	28
Table 3.1a	Distribution of Respondents according to their Category and Position in the Public Facility	37
Table 3.1b	Distribution of Respondents according to their Category and Position in the Private Facility	38
Table 4.1	Distribution of Respondents by Marital Status	46
Table 4.2	Distribution of Respondents according to their Educational Level ..	47
Table 4.3	Work Experience of Respondents	48
Table 4.4a	Ranking of Ten Motivational Factors by Public Hospital Workers..	54
Table 4.4b	Ranking of Ten Motivational Factors by Private Hospital Workers.	55
Table 4.5	Does Your Hospital Encourage You to Perform Well?	58
Table 4.4	My Job is much Secured	61

LIST OF FIGURES

Figure 2.1	Maslow's Hierarchy of Needs	16
Figure 2.2	Summary of Content Theories	19
Figure 3.2	Map of Kumasi showing the 10 Sub-Metro Areas	35
Figure 4.1	Sex of Respondents	44
Figure 4.2	Age of Respondents	45
Figure 4.3	Profession of Respondents	49
Figure 4.4	Respondents Level of Knowledge on Motivation	50
Figure 4.5	The Link between Motivation and Employee Satisfaction ..	51
Figure 4.6	Factors of Motivation that are important to Workers	52
Figure 4.7	My Salary is enough to meet my Needs	62
Figure 4.8a	Overall Satisfaction in the Public Hospital	65
Figure 4.8b	Overall Satisfaction in the Private Hospital	66

ACRONYMS

ASA	American Sociological Association
NPP	New Patriotic Party
OED Online	Oxford English Dictionary Online
UNDP	United Nations Development Programme
UN	United Nations
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Background

Across the globe, the search to increase productivity has been a major concern for all organisations both in the public and private sectors, great and small alike. Most organisations usually adopt measures that focus on sophisticated technology, equipment, capital and other materials, more often than not paying less attention to the ‘human side of the enterprise’, that is the workers. But what is realised is that despite these technological advancements especially, most organisations still face retention problems amidst employee counterproductive behaviours such as absenteeism, theft, wasting resources, verbal abuse and procrastinating. These negative behaviours of employees affect their performance and the performance of the organisation as a whole. It is worth mentioning that, employees are one of the most important assets of an organisation, in that it is through them that things get done. In other words, the success of an organisation in achieving its goals and objectives for which it exists depends on the performance of workers (Yavuz, 2004). As a result, it is important for organisations to be more concern about the welfare of workers. Inter alia, workers are encouraged to work harder when they see that their work and wellbeing are of concern to their employers, even though it is an ‘inevitable fact’ that time and again they will complain about their work (Jackson, 2000:1).

In most instances, the performance of workers depends on workers ability, their tools or equipment and motivation (Re'em, 2011; Lussier, 2008; Griffin and Moorhead, 2007). Of these factors, motivation is seen as the most important and the most difficult to manage (Hafiza, Shah, Jamesheed and Zaman, 2011; Kinicki and Kreitner, 2009; Griffin and

Moorhead, 2007); the reason is that, when a worker lacks ability or knowledge to perform, he or she can be taken to a training programme to acquire more skills, if there are no tools to work with, they can easily be provided, but if motivation is the problem, there is a difficulty in determining what will motivate the employee to work harder (Griffin and Moorhead, 2007).

The subject of motivation and employee satisfaction has been a century-old puzzle. Since time immemorial people have seen the need to motivate workers so that they can accomplish tasks for their organisations. According to Murthy (1996) an organisation may provide the best of tools, machines and materials but without motivation of its employees, the final product is likely to be of poorer quality. Therefore, due to its importance, many researchers and practitioners had taken interest in the topic and this had led to the development of various theories that explain motivation and employee satisfaction. However, despite these theories and the numerous studies that have been conducted, questions about motivation and employee satisfaction, and workers perceptions of what motivates them continue to be explored by researchers.

Early conceptions of motivation relate to Frederick W. Taylor's work on Scientific Management Theory in 1911, which viewed workers as "rational economic men" (meaning that workers would work harder when they are given a higher pay). Taylor advocated that the best way to increase the productivity of workers is by providing them with financial incentives and also by breaking tasks into simpler forms (Daft, Kendrick and Vershinina, 2010; Taylor, 1911 cited by Peters, Chakraborty, Mahapatra and Steinhardt, 2010; Wiley, 1997; Bartol and Martin, 1991; Mann, 1983); an approach which led to frequent strikes and worker resentment (Montgomery, 1987, cited by Peters, Chakraborty, Mahapatra and

Steinhardt, 2010). On the contrary, the famous Hawthorne Studies, conducted by Elton Mayo and his associates from the Harvard Business School, between 1924 and 1932, came to challenge the idea of the worker as an 'economic man' with the concept of 'social man' (Daft, Kendrick and Vershinina, 2010). The notion here was that, workers do not only work for money but having their social needs met also encourage them to work harder. During the studies at the Hawthorne factory at the Western Electric Company in Chicago, Mayo and his associates noted that when workers were given improved work conditions such as scheduled rest periods, company lunches and shorter work weeks, their productivity went up as expected. However, when all these conditions were taken away, they were surprised productivity still went up. The explanation then was that, the attention showered on the workers made them feel very important in the company, even after the material benefits were taken away (Hansen and Batten, 1995). Notwithstanding, it was the Hawthorne studies that stirred up interest in the study of employee motivation and satisfaction. It laid the foundation for such researchers as Abraham Maslow (Hierarchy of Needs), Clayton Alderfer (ERG Theory), Frederick Herzberg (Motivation-Hygiene Theory), Victor Vroom (Expectancy Theory) and other key personalities.

Work plays a vital role in the lives of people and it occupies a large part of their waking hours. Therefore, the satisfaction employees get from their work has a great impact on their lives (Umur, 2011), the organisation and even the people around them. According to Ghazanfar, Chuanmin, Khan and Barshir (2011) employees spend most of their time at the workplace, as a result it is important that they have a positive mind set for the work they do, other than that it would leave them annoyed and unhappy. Among other things, annoyed and unhappy workers cannot be depended upon to help achieve organisational goals and objectives. Ampofo (2012) and Falcone (1991) emphasise that motivation brings about

employee satisfaction, which describes how content people are with their work (Deshpande, Arekar, Sharma and Somaiya, 2012; Kabir and Parvin, 2011; Kumari and Pandey, 2011). Ensuring that workers are satisfied in the workplace is important because lack of satisfaction breeds laziness and moderates commitment. It also explains why some workers quit their jobs. Sometimes due to lack of satisfaction, workers quit from public to the private sector or vice versa. Sometimes too, the movement is from one profession to another (Moser, 1997 cited by Tella, Ayeni and Popoola, 2007; Tella, Ayeni and Popoola, 2007) and even from one country to another, in search of greener pastures.

Needless to say, a nation's growth does not only depend on its income or natural resources but also on social services such as improvement in healthcare delivery. Workers cannot work as deserve of them in the absence of effective healthcare (Baidoo, 2009). In other words, the health sector, like the economic and educational sectors play a key role in the development of a nation. Without good healthcare, people cannot exercise their right to work, for example. Thus "health is a fundamental human right indispensable for the exercise of other human right" (UN, 2000).

Health workers occupy a central position in any health care facility. They heal and care for people, relieve them of their pain and suffering and prevent diseases (WHO, 2006). "They are the ultimate resource in health because they manage and synchronise all other health resources, including financing, technology, information and infrastructure". Therefore, for them to work effectively, they must be motivated and supported (Joint Learning Initiative, 2004:26). On the contrary, when there is lack of motivation and satisfaction, workers tend to shirk their duties, absent themselves from work, are impolite and are involved in all kinds of negative behaviours, which usually affect the efficacy of health services (Ramasodi, 2010).

In addition, lack of motivation partly explains why health workers in most third world countries like Ghana, migrate to Western countries. Low salaries, poor working environment, absence of opportunities for professional development and promotion (Bach, 2003) leave workers dissatisfied, usually pushing them away from their home countries to search for greener pastures elsewhere. Peters, Chakraborty, Mahapatra and Steinhardt (2010) note that motivation and employee satisfaction are important if health workers are to be retained and effectively deliver health services, whether they work in the public or private sector.

1.2 Problem Statement

Motivation is present in almost every life function but a common place we find the need to apply it is in the workplace (Chandrasekar, 2011). It is define as the ‘desire to do something’ (OED Online, 2013) or “the energy an employee is willing to invest in order to achieve a given objective connected to his work” (Andersen and Kjeldsen, 2010:3). Thus motivation is the effort a person is willing to put in his or her work to achieve goals and objectives. Motivation is individual (Kinicki and Williams, 2008), for the reason that what motivates one person might not necessarily motivate another. It also works better when people are receptive to it. As rational beings, people would be motivated to do something if they think that it is worthy of it. Hence, the adage ‘you can take the horse to the river side but you cannot force it to drink. It will only drink if it is thirsty’.

Studies on motivation and employee satisfaction abound, due to its interest to scholars and practitioners. However, there is still the need to explore the factors that motivate and satisfy workers in their jobs. This is because studies show that there are significant differences in terms of what employees want from their work in different industries (Simon and Enz, 1995) as well as in different countries and at different point in time. This implies that studies on

motivation and employee satisfaction limited to one country or organisation for example, cannot be generalised across other countries or organisations.

Various factors of motivation exist. They include money, recognition, opportunities for advancement and others. However, some studies on motivation show that, employees are predominantly motivated by money (Fisher, 2005; Gerhert and Rynes, 2003; Drafke and Kossen, 2002; Wiley, 1997). Whereas, other studies argue that although money is important, factors such as achievement, recognition, responsibility and respect are rather the key motivators (Dent and Holton, 2009; Afful-Broni, 2004 in Afful-Broni, 2012). According to Robbins and Langton (1999) money does motivate under certain conditions but the important question is, does it motivate most workers to perform in the workplace today?

Like most workers in the world, workers in Ghana are faced with “bread and butter” issues. Similarly, challenging economic conditions and high expectations from family and friends have made money a big matter in the labour front. It is, however, not surprising that a great deal of issues that go to the National Labour Commission (NLC) verge on salaries and wages (Darteh-Baah and Amoako, 2011). A more recent labour issue that the NLC and the Fair Wages and Salary Commission (FWSC) settled was with doctors in government hospitals, who laid down their tools because of their displeasure concerning their remuneration. The performance of workers and that of the organisation are affected when workers go on strike. Also, lots of lives are lost and a lot more are unable to obtain basic health services. Besides, in Ghana, users often complain and the media also report of the rude and impatient attitudes of government health workers (Agyepong, Anafi, Asiamah, Ansah, Ashon and Narh-Dometey, 2004). According to Agyepong, Anafi, Asiamah et al (2004) these negative behaviours are as a result of lack of motivation. In view of this, it strikes one to ask what

motivate workers in public and private health care facilities to give out their best. Using workers at Manhyia District Hospital and Quality Health Care Hospital, which represent public and private health care facilities respectively, as a case study, this study attempts to investigate workers perceptions on motivation and employee satisfaction by delving into the factors that motivate them in their work.

1.3 Aim of the Study

According to Vroom (1995) cited by Wiley (1997), at some point in our lives almost everybody may have to work. Working has become such a common phenomenon that hardly do we ask what motivates people to work. Vroom maintains that “we are much more likely to wonder why people climb mountains or commit suicide than to question the motivational basis of their work” (1995, cited by Wiley, 1997:266). The aim of this study is therefore to investigate the perceptions and experiences of workers in public and private healthcare facilities on motivation and employee satisfaction.

1.3.1 Objectives

The objectives below seek to help achieve the aim above.

1. To determine the level of knowledge of workers in public and private health care facilities on motivation and employee satisfaction.
2. To examine the link between motivation and employee satisfaction in these health facilities.
3. To identify the motivational factors that are important to workers in public and private health care facilities.
4. To identify the main motivational packages in these private and public health care facilities.

5. To find out whether money exerts a stronger influence on workers than motivational factors that do not involve the use of money.

1.4 Significance of the Study

The study is expected to enable us understand motivation and employee satisfaction among workers in public and private health care facilities in Ghana by delving into the factors of motivation which workers value. It will also add to the understanding of what motivates the Ghanaian worker, build upon knowledge on motivation and employee satisfaction in private and public sectors in general and serve as reference for studies with similar purview.

1.5 Theoretical Framework

The study was conducted within the framework of Herzberg's Motivation – Hygiene Theory. This theory was used to counter Maslow's Hierarchy of Needs theory. A full account of these theories has been provided in the literature review under the sub topic: Theories of Motivation. Maslow's theory outlines the needs individuals try to satisfy in the workplace but it states that these needs must be satisfied in a hierarchical order, a fact which is difficult to accept (Armstrong, 2006). For instance, a person may not have enough money to satisfy his physiological needs (food, water, and clothing) but may have their friends and co-workers around them who might help them satisfy their social or esteem need. Therefore the motivation – hygiene theory by Herzberg was used to counter the hierarchy of needs theory and also to guide the study, because it explains that although workers have needs which they try to fulfil in the workplace, some of these needs when fulfilled take away dissatisfaction but does not encourage workers to work harder while others when fulfilled motivate and leads to satisfaction. Thus the motivation – hygiene theory was used to explain why workers still find satisfaction with their work despite the presence or absence of certain work conditions.

1.6 Definition of Terms

For the purpose of this study, the following terms as used in the research were operationally defined as follows to avoid ambiguity.

Motivation

It is “the set of forces that leads people to behave in particular ways” (Griffin and Moorhead, 2012:90). For the purpose of this thesis, Griffin and Moorhead’s (2012) definition of motivation is adopted because it talks about motivational factors and people’s behaviour.

Employee Satisfaction

How happy a person is with his or her work.

Perception

The views people have about something.

Health Care Facility

It is an institution whose primary intent is to improve health (WHO, 2006). In Ghana, there are both public and private facilities; they include hospitals (regional and district), clinics, health centres and maternity homes. This study however focused on only hospitals because there are a number of them in the public and the private sector to choose from, and the fact that they are usually big with most of the professionals one can think of at post.

Public Health Care Facility

Facilities funded by the government or the state. In this study public and government hospital are used interchangeably.

Private Health Care Facility

Facilities that are not owned or controlled by the state or government.

Health Worker

Paid workers employed in an institution whose primary intent is to improve health (WHO, 2006). Two categories of workers can be identified; those that provide health services directly such as nurses, doctors and pharmacists, and those group of people who help the health system to function but do not provide direct health care services to people. “They serve as an invisible backbone for health systems” (WHO, 2006:4). They include secretaries, executive officers, accountants, orderlies and security men. The study focused on both categories and because of that health workers and workers in health care facilities are used interchangeably to mean paid workers employed in an institution whose primary intent is to improve health.

Employee / Worker

These two (2) terms are also used interchangeably to mean an individual who works in a particular occupation.

1.7 Chapter Disposition

There are five chapters in all.

Chapter one: Introduction, consist of the background, problem statement, aim of the study, objectives, significance of the study, theoretical framework, definition of terms and chapter disposition.

Chapter Two: Literature Review, examines the review of past literature on motivation and employee satisfaction. It also captures the concept of motivation, the sources and the various theories on motivation.

Chapter Three: Research Methods, highlights the various methods employed in conducting the research.

Chapter Four: Data Analyses and Discussion of Results, provide analyses and discussion of the data gathered from the field.

Chapter Five: Summary and Conclusion provide a summary of the thesis, conclusion, recommendations and recommendation for future research.

References and Appendices are also provided at the end of the thesis.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter deals with the review of existing literature on motivation and employee satisfaction in the world. The main headings covered are the concept of motivation which includes the definition of motivation and the sources; theories of motivation, motivational packages, money and motivation, workers perceptions on motivation, the link between motivation and employee satisfaction and comparative research between the public and private sectors.

2.2 The Concept of Motivation

Motivation is coined from the Latin word ‘movere’ which means to move, influence, affect or excite (Re’em, 2011; Luthans, 2005; Rue and Byars, 2003); thus when we think about motivation what comes in mind is getting people to move for example in the direction we want them to move. Griffin and Moorhead (2012:90) define motivation as “the set of forces that leads people to behave in particular ways”. It is also defined as “the fuel that drives people towards achieving their goals and objectives” (Okorley and Boohene, 2012:122). Motivation is therefore concerned with the factors that make people to behave in certain ways to accomplish goals. Lack of motivation shows lack of enthusiasm but where there is motivation, there is a strong desire and an enthusiasm to achieve (Ampofo, 2012). Motivation is a complex phenomenon. One major reason is that it cannot be observed directly but has to be inferred from a person’s behaviour (Kinicki and Williams, 2008; Lussier, 2008; Buah, 2000). Furthermore, inferring motive from behaviour is difficult because a person’s

behaviour may be as a result of varied reasons and the same reason can be manifested in different kinds of behaviour (Buah, 2000).

One other important fact to note about motivation is that, it is individual (Kinicki and Williams, 2008; Thomson, 2002) or subjective. The workplace is made up of people with different sex; age, work experience, as well as people from diverse racial, ethnical and religious backgrounds. In view of this, what would motivate one might not necessarily motivate the other and what motivated a person today may also not motivate him or her tomorrow. Some people may be driven by money, while others may be concerned with the freedom to do their work. For example, Kovach (1995) assert that money and other basic needs become less important as an employee grows older.

There are two sources of motivation, intrinsic and extrinsic (Afful-Broni, 2012; Nawab, Bhatti and Shafi, 2011; Langton, Robbins and Judge, 2010; Daft and Marcic, 2009; UNDP, 2006; Ryan and Deci, 2000). Intrinsic motivation refers to performing a task because it is inherently interesting or enjoyable (Ryan and Deci, 2000). Examples include responsibility (feeling that the work is important), autonomy (freedom to act), scope to use and develop skills and abilities, interesting and challenging work and opportunity for advancement (Herzberg, Mausner and Snyderman, 1957 in Armstrong, 2006). Extrinsic motivation, on the other hand refers to performing an activity in order to attain an outcome (Jones and George, 2011; Re'em, 2011). It includes pay, bonuses, praise, and other tangible rewards. According to Freemantle (2001) cited by Lin (2007), a manager can stir up a worker's intrinsic motivation but cannot create it. So that, instead of the manager simply asking the worker to smile at a customer, he should rather find out what factors will make the worker smile at the customer. A number of studies conducted suggest that both the extrinsic and intrinsic

motivations are important, for instance one study found out that the most important reward to workers were good benefits and health insurance, job security, a week or more vacation (all extrinsic rewards), interesting work, the opportunity to learn new skills and independent work situations – all intrinsic rewards (Williams, 2007).

2.3 Theories of Motivation

The theories of motivation try to explain why workers behave the way they do. Diverse theories have been developed over the past years. These are classified into three types namely; content, process and reinforcement theories (Daft, Kendrick and Vershinina, 2010).

2.3.1 Content Theories

The content theories of motivation attempt to explain the factors that motivate people in the workplace. Maslow's Hierarchy of Needs Theory, Alderfer's ERG Theory, Herzberg's Motivation – Hygiene Theory and McClelland's Acquired – Needs Theory are major content theories of motivation (Lunenburg, 2011; Mullins, 2002).

Maslow's Hierarchy of Needs Theory

The hierarchy of needs theory outlines five (5) levels of needs that individuals strive to fulfil in their work place and in their day to day lives. These needs are in a hierarchical order whereby the satisfaction of needs in one level activates a person's concern to satisfy needs in the next level. An unsatisfied need motivates but once it is satisfied, it ceases to be a source of motivation. The five levels of needs are:

Physiological Needs

They are the first needs and the needs for survival. They include food, water, air, sex, sleep and other life sustaining needs. In the organisation settings, these needs are addressed by providing comfortable working environments, salaries sufficient to buy food, shelter and so forth.

Security Needs

Once physiological needs are met, a person turns his or her attention to security needs. They relate to the need to feel safe and secure, to be free from the threats of physical and emotional harm. Many employers offer pension plans and job security to satisfy these needs at the workplace. After physiological and security needs are fulfilled, the focus now falls on satisfying social needs.

Social Needs

Maslow's third level of needs ponders on people's social needs which include the need for friendship and companionship, to love and be loved. In the organisation, making friends at work, good relationships with co-workers' and supervisors can help satisfy social needs.

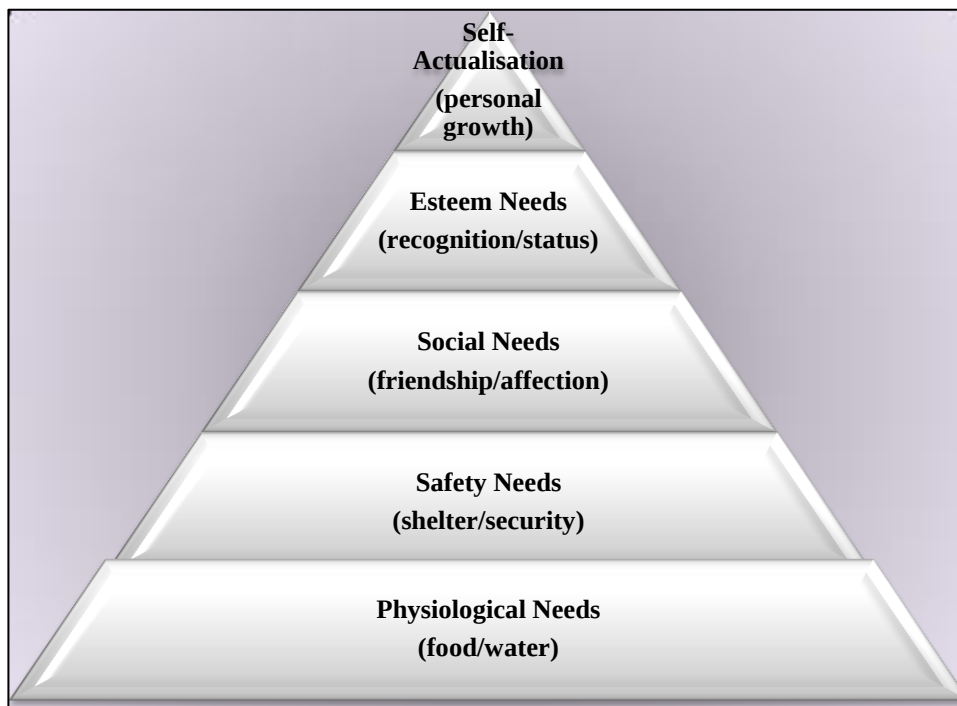
Esteem Needs

After meeting social needs, the urge to satisfy esteem needs are activated. They are made up of the need for status and recognition as well as need for self-respect. Respected job titles, large offices, acknowledgement for contributions to the organisations are examples of these needs in the workplace.

Self-Actualisation Needs

Lastly, self-actualisation needs are the peak of Maslow's hierarchy. It refers to the need to reach one's full potential. They include the needs to grow and develop one's capabilities and to achieve new and meaningful goals. Challenging jobs can help satisfy these needs (Malik, Ghafoor and Naseer, 2011, Griffin, Ebert and Starke, 2008; Bartol and Martin, 1991).

Figure 2.1 Maslow's Hierarchy of Needs



Source: Snyder, E. and Grasberger, M. (2004). "From a Clinical Perspective: Understanding Motivation and Employee Satisfaction". Biomedical Instrumentation and Technology, 284.

Motivation-Hygiene Theory

In a study by Herzberg to find out people's attitude towards their jobs, he asked respondents to describe situations in which they felt happy about their job and those in which they felt unhappy. Workers feeling of happiness related to the work itself while unhappiness was related to the conditions that surrounded the job. On the basis of this, he developed the two

factor theory of motivation which submit that certain group of factors (motivators) lead to job satisfaction whereas another group (hygiene factors) prevent dissatisfaction (Bartol and Martin, 1991; Herzberg, Mausner and Snyderman, 1993).

The motivating factors are intrinsic and the primary cause of job satisfaction (Dieleman, Cuong, Anh and Martineau, 2003). They include achievement, recognition, responsibility, growth and advancement. Boltes, Lippke and Gregory (1995) assert that, the motivation factors lead to satisfaction because of people desire to grow and to become successful. The hygiene factors, on the other hand, are extrinsic to the job (Dieleman, Cuong, Anh and Martineau, 2003). Like practicing medical hygiene, which only prevent diseases but do not cure them, hygiene factors only keep workers from being dissatisfied but no amount of these factors lead to satisfaction. They are the conditions that surround the job and they include company policy, job security, supervision, interpersonal relation and salary (Herzberg, Mausner and Snyderman, 1993). According to Jenkins Jr., Miltra, Gupta and Shaw (1998), although higher salaries make employees happier, it does not necessarily lead to better performance but when it is absent, it makes people angry and also leads to ‘dysfunctional teams’. Herzberg also explained that satisfaction and dissatisfaction are not the opposite of each other. The opposite of satisfaction is not dissatisfaction but no satisfaction and the opposite of dissatisfaction is not satisfaction, but no dissatisfaction (Chyung, 2005).

ERG Theory

ERG theory by Clayton Alderfer is an alternative to Maslow’s hierarchy of needs theory, but has only three sets of needs; namely **E**xistence (E), **R**elatedness (R) and **G**rowth (G). The physiological and safety needs of Maslow are merged in existence needs and they include food, air, water and shelter. Relatedness needs address our relationship with friends, families

and co-workers and they correspond with Maslow's belongingness needs. Growth needs is similar to self-esteem and self-actualisation needs of Maslow and they include the ability to make creative and productive contributions. Like Maslow, ERG theory incorporates a 'satisfaction-progression principle' which means that the satisfaction of one level of need encourages a person to move onto the next level. However unlike Maslow, Alderfer incorporated a 'frustration-regression principle' into his theory and it states that if a person is frustrated in his or her attempt to satisfy a higher level need, he or she may give up on that need and instead regress to focusing on a lower-level need that is easily attainable. For instance if one's effort to gain promotion in his company is ignored, he or she may become concerned with establishing good relationships with his or her co-workers' (Bartol and Martin, 1991).

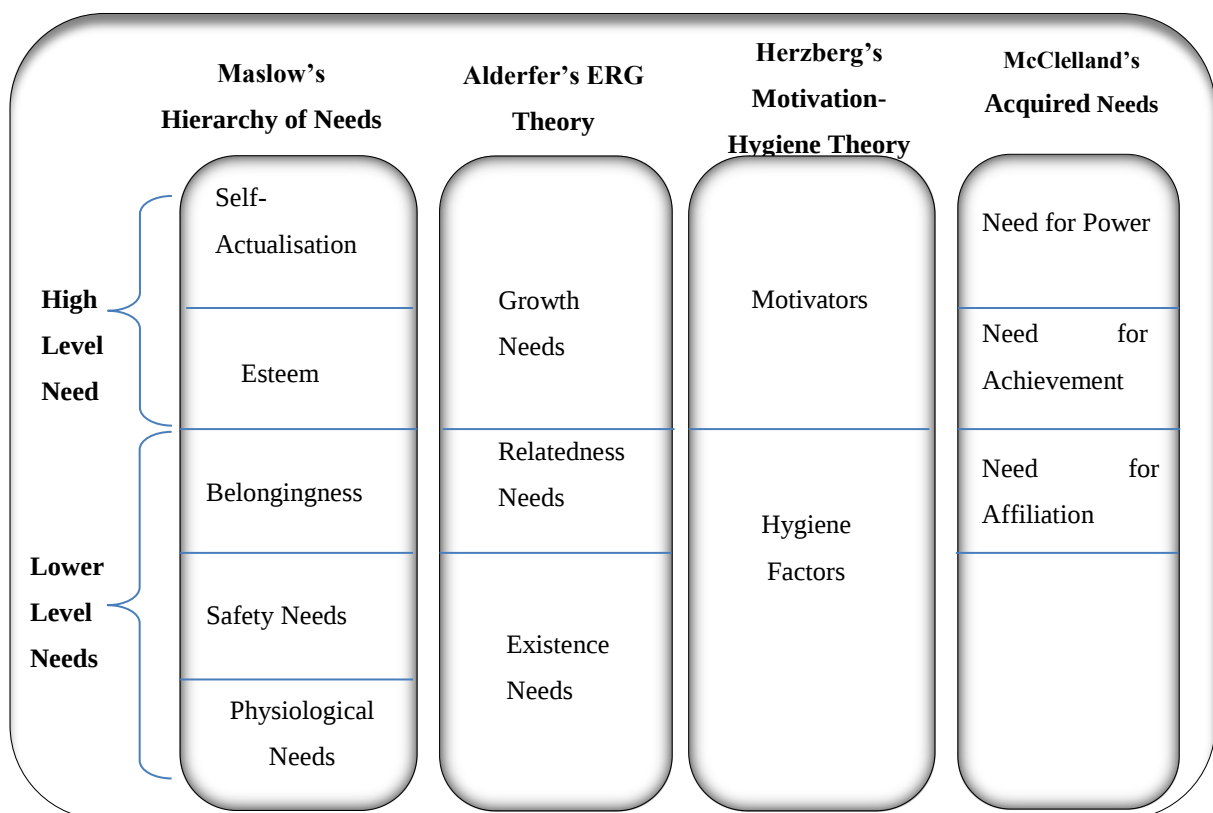
Acquired-Needs Theory

According to Helms (2006) and Ramlall (2004) discussion on acquired needs theory, put forward by McClelland in 1961, there are three (3) types of motivation; need for power, need for affiliation and need for achievement. Need for power (nPow) is typical of people who like to influence and control others; such people are demanding and ambitious. The need for affiliation (nAff) is typical of people who are outgoing. People like that desire to be liked and recognised by others. Lastly need for achievement (nAch) is characteristic of people who are driven by the challenge of success and the fear of failure. They normally want to do something better or more efficiently than it has been done before. The central idea of McClelland's needs theory is that, when one of these needs dominates a person, it has the potential to motivate behaviour that leads to satisfaction (Helms, 2006; Ramlall, 2004).

Summarising the Content Theories

Figure 2.2 below provides a summary of the content theories by Maslow, Alderfer, Herzberg and McClelland. The higher level needs evolve around the self-esteem and self-actualisation needs while lower level needs revolve around physiological, safety and belongingness needs of Maslow's hierarchy of needs. Alderfer's existence, growth and relatedness needs corresponds with Maslow's physiological and safety, belongingness, and esteem and self-actualisation needs respectively. Herzberg's motivation and hygiene factors can also be mapped onto Maslow's hierarchy of needs with the motivating factors corresponding to esteem and self-actualisation, and hygiene factors corresponding to physiological, safety and belongingness. McClelland's need for power, achievement and affiliation are also connected to Maslow's self-actualisation, esteem, and belongingness needs respectively.

Figure 2.2 Summary of Content Theories



Source: Bartol, K. M. and Martin, D. C. (1991). *Management*. New York: McGraw-Hill, Inc.

2.3.2 Process Theories

The process theories describe how motivation occurs. They include Expectancy theory by Vroom, Equity theory by Adams and Goal setting theory by Locke and Latham (Mawoli and Babandako, 2011; Bartol and Martin, 1991).

Expectancy Theory

The expectancy theory, as propounded by Victor Vroom deals with relationship among individual effort, individual performance and individual reward. The key concept is that an employee will be motivated if he or she believes that effort will lead to performance and performance will lead to meaningful rewards (Kelly and McGowen, 2010).

Equity Theory

Equity theory suggests that people engage in ‘social comparison’ by comparing their efforts and rewards with those of a reference group (people in the same occupation in the same organisation or in a different organisation). According to this theory motivation is influenced by comparing one’s own rewards with others. Equity exists when individual perceive that the ratio of their efforts and rewards is the same as others to whom they compare themselves. On the contrary, there is inequity if individuals feel that the ratio of efforts to rewards is unfair when they compare themselves with other people (Helms, 2006).

Goal-Setting Theory

Goal setting theory was developed by Locke and Latham. It holds that when workers are giving specific and pronounced objectives instead of vague ones, they achieve them faster. Thus when goals are set, workers are more likely to have a clear idea of the major outcome and are therefore motivated to perform better and put in maximum effort (Smith, 2007).

2.3.3 Reinforcement Theory

This theory was pioneered by B.F. Skinner. It examines the effects of rewards and punishment on changing or modifying the behaviours of employees. This theory relies on the ‘law of effect’ which states that behaviours that leads to positive outcomes will be repeated but those that lead to negative outcomes are less likely to be repeated (Skinner, 1953 cited in Malik, Ghafoor and Naseer, 2011; Yavuz, 2004; Bartol and Martin, 1991).

2.4 Motivational Packages

No one works for free, nor should they (Manzoor, 2012). People work for a myriad of reasons to satisfy their needs. Manifest among them are that, for some people work gives them the chance to use and develop skills, connect to a social network, organise their day or to get income (Volti, 2008: ix). Yet for others, work is a source of rank or status in society (Steers, 1991); but the bottom line is that most people work to make a living. Although employees receive salaries and wages which may or may not be enough, sometimes they need something that would push them to go an extra mile. Motivation according to Ampofo (2012) rouses and drives a person forward. It causes us to rise up and move forward even when we get knocked down. At times, firms have the impression that if they can employ people who are naturally motivated; they will perform well, forgetting that this will not always happen. Although some people naturally try their best to perform well, they will still need a work environment that motivates them (Madura, 2007:364). As Beecher said “God made man to go by motives and he will not go without them any more than a boat without steam, or a balloon without gas. Find out what motivates man, touch that button to turn the key that makes men achieve” (Helminger, 1997 cited by Kamery, 2004:140). According to Coates and Jarrett (1994) the methods used in motivating employees nowadays are a lot as there are companies and organisations operating in the global environment. They include

money, fringe benefits, achievement, trust, recognition, training, communication and access to information and a host of others.

Money is a common factor of motivation. It is usually given to reduce absenteeism and to improve performance. It is effective when it is tied directly to workers accomplishments. On the contrary, money as a motivation factor can breed negative behaviours among workers especially when it is not made available to all workers of the organisation (Coates and Jarrett, 1994).

According to Hitka and Sirotiakova (2009) job security is an important motivational factor for workers. In the society, work is central in the lives of people. Sometimes the respect accorded to people in terms of how they are treated or even addressed depends on whether or not they work. Due to this importance of work, people may feel ‘alienated’ when they lose their jobs or have no work to do. Therefore, lack of job security in the organisation may affect the personal lives of workers as well as the performance of the organisation. Lack of job security may lead to low self-esteem, low self-confidence and social isolation. It may also weaken employees’ commitment to the organisation (Wiley, 1997).

Communication, according to Costley and Todd (1987:105) is the “vehicle through which human abilities and physical resources are coined to produce outputs and attain objectives”. Through it workers are linked together in the organisation in order to achieve a common goal (Barnard, 1968). This means that without effective communication, work cannot get done, goals cannot be achieved, decisions cannot be taken and even problems cannot be solved. Olajide (2000) maintains that one way managers can motivate or encourage their employees to perform well is by giving them relevant information but the problem is that there is no

known organisation in which people do not usually feel that there should be improvement in the way departments communicate and cooperate with one another.

Promotion to a higher rank can motivate workers to give out their best. Promotion helps workers to know their progress in the workplace and it also enhances their self-worth. According to Agyepong, Anafi, Asiamah et al (2004) promotion does not only make people climb up the social ladder, which in most cases are seen by people in and outside the workplace but also accompanied by higher salaries.

Tella, Ayeni and Popoola (2007) hold the view that, no matter how automated an organisation may be, increase in productivity hang on the effectiveness of the workers. Workers ability to carry out a given task influences their performance in the organisation. Re'em (2011) posits that training plays a vital role in motivating employees and preventing them from failing as a result of lack of ability. It gives workers the chance to improve upon their skills and it boost up their self-confidence. In agreement, Mensah (2011) states that training is an 'indispensable strategy' for motivating workers as it gives workers the opportunity to upgrade themselves in order to keep up with changing situations.

In one way or the other, every person wants to be praised for tasks he or she accomplishes and this can serve as a powerful tool of motivation. According to Chandrasekar (2011) and Yavuz (2004) when workers are given a congratulatory hand shake, a pat on the back or a thank you note by their superiors, it proves to them that their superiors treasure them and the work they do for the organisation.

According to Jeffries (1997) organisations can retain their best employees by recognising the contributions they make to the organisation. Recognition motivates employees as it involves the acknowledgement of the efforts, creativity and willingness of employees to put in extra effort. From a study conducted by the Performance Enhancement Group, it was found out that employees favour daily recognition over bonus or higher pay. The study also revealed that employees who are recognised put on their best efforts in their work (Jeffries, 1997). In support of this study, Hitka and Sirotiakova (2009) note that, workers will work harder if they realise that the work they do is recognised. Also, a study conducted by the US Department of Labour showed that 46% of people leave their jobs because they feel unappreciated (Mason, 2001).

Again, employees are encouraged to work harder when they are involved in decisions that concern their work. Yavuz (2004) draw attention to the fact that those employees whose ideas are taken into consideration, whose suggestions are respected and who ‘feel themselves in on things’ are more likely to work harder. Perry, Mesch and Paarlberg (2006) also contend that involving workers in decisions leads to higher satisfaction with the organisation, especially in terms of decisions taken at the organisational level and it also leads to stronger commitment to the organisation. Furthermore, a study by Campbell, Fowles and Weber (2004) cited by Utriainen and Kyngas (2009) show that involving workers in decision making raises their satisfaction level.

2.5 Money and Motivation

According to Robbins and Langton (1999) money does motivate under certain conditions so the issue is not whether money motivates or not but the question is, does it motivate most workers to perform better in the workplace today? Studies conducted on motivation and employee satisfaction by some scholars indicate that workers are predominantly motivated by money. In a study by Wiley (1997), workers employed at different industries were asked to rank ten (10) motivation factors according to how they are important to them. The most important factor ranked one (1) and the least ranked ten (10). The study concluded with the following ranking order by respondents:

1. Good wages
2. Full appreciation of work done
3. Job security
4. Promotion
5. Interesting work
6. Company loyalty to employees
7. Good working conditions
8. Tactful discipline
9. Recognition
10. Sympathetic help with personal problems

The respondents thus ranked 'good wages' as the most important factor of motivation, and this supports the position of Coates and Jarrett (1994), that money occupies a major place in the midst of motivators.

Undoubtedly, money is the ultimate way through which people can acquire goods and services (Karwai, 2005). It is the means by which employees are able to purchase the

numerous needs–satisfying things they want; food, shelter, clothing, education and expensive luxury goods that meet esteem needs (Bennett, 1994; Caudron, 1993 cited by Robbins and Langton, 1999; Doyle, 1992, cited by Robbins and Langton, 1999). Furthermore, money according to Armstrong (2003) enables people to satisfy their esteem need, this is because it can set a person in a position above his or her colleagues and it can buy a person things that his or her colleagues cannot, to build up his or her prestige. Money thus serves as a “frame of reference” in which employees examine their everyday lives (Tang, 1992 cited by Li-Pang and Chiu, 2003). In the society, people’s attitudes towards money and wealth impact on the desire to earn more of it (Ayim, Chidi and Badejo, 2012). This is because it is normally used to measure individual success.

On the contrary, studies by other researchers show that workers want more from their work other than money. In a study by Khowaja, Merchant and Hirani (2005) it was found out that recognition, appreciation for good performance and respect from managers and co-workers were important factors of motivation to employees. Admittedly, Kamery (2004) states that, respect and participation are more important to employees than money. In addition workers are highly motivated when they see that management is concern about their wellbeing and when the employer–employee relationship is good. According to Megalogenis (2002) cited by Ayim, Chidi and Badejo (2012), quite a lot of surveys today have shown that many workers do not believe that money brings about job satisfaction and that most of them currently would happily exchange future pay for greater job security, more control over the working hours and a better balance between work and family. Greenberg and Baron (2008) and Greenberg (1999) also contend that surveys have discovered that most people would continue to work even if they did not need the money, proposing that people are motivated to

work not only for money but the need to be successful on the job and perform interesting work.

2.6 Workers Perceptions on Motivation

Everyone is unique and has different needs, expectations, values, history, attitudes and goals (Mitchell, 1982 cited by Re'em, 2011). As a matter of fact, when it comes to motivation, what would motivate one may not necessarily motivate another and this is often influenced by gender, age, education and other personal characteristics. Some people may be driven by money whilst others may be concerned primarily with job security. A research conducted in the Czech Republic by Vaskova (2006) showed that men and women have different perceptions of what is important and motivating for good work performance. The results reveal that, men prefer monetary incentives whereas women place more importance on interpersonal relationships at the work place and respectful treatment by employers.

Workers and their employers perceive motivation differently. In a study by Kovach (1995), employees were asked to rank ten (10) job reward factors based on personal preferences. Also employees' supervisors were asked to rank in order of importance the same factors which they think would motivate employees. The result is provided in the Table 2.1 below.

Table 2.1 Supervisors and Employees Ranking of 10 Job Reward Factors

<u>Supervisors Ranking</u>	<u>Employees Ranking</u>
1. Good wages	1.Interesting work
2. Job security	2. Full appreciation of work done
3. Promotion and growth of organisation	3.Feeling of being in on things
4. Good working conditions	4.Job security
5. Interesting work	5.Good wages
6. Personal loyalty to employees	6.Promotion and growth of organisation
7. Tactful discipline	7.Personal loyalty to employees
8. Full appreciation of work done	8.Good working conditions
9. Sympathetic help with personal problems	9.Tactful discipline
10. Feeling of being in on things	10.Sympathetic help with personal problems

Source: Kovach, K. A. (1995). "Employee Motivation: Addressing a Crucial Factor in your Organisation's Performance". Employment Relations Today.
www.accessmylibrary.com>...>June19955articles

From Table 2.1 above, whereas supervisors ranked good wages and job security high, as important factors to workers, workers themselves placed much emphasis on interesting work and full appreciation of work done.

There are significant differences in terms of what employees want from their work in different organisations. A research by Bonsdoff (2011) shows that financial and non-financial rewards are highly valued by nurses. Likewise, a study conducted by Ahmed, Nawaz, Iqbal, Ali, Shaukat and Usman (2010) to find out the effects of motivational factors on employee satisfaction among non-academic staffs in Pakistan, indicate that workers are motivated by recognition, the work itself, opportunity for advancement, professional growth and good

feelings about the organisation. In Ghana, a research by Okorley and Boohene (2012) show that recognition is a major motivator for most bank workers in the Cape Coast metropolis. Again, in a research to describe the factors that affect health worker motivation and satisfaction in the public sector in Ghana, low salary was found to be a de-motivator for over 90% of the respondents (Agyepong, Anafi, Asiamah et al, 2004).

2.7 Motivation and Employee Satisfaction

Studies conducted point out that motivation brings about employee satisfaction (Ampofo, 2012; Kabir and Parvin, 2011; Khalid, Salim and Loke, 2011; Ahmed, Nawaz, Iqbal, Ali, Shaukat and Usman, 2010; Mullins, 2005). Ahmed, Nawaz, Iqbal et al (2010) emphasise that, the factors of motivation play a major role in increasing employee satisfaction. In a study by Khalid, Salim and Loke (2011) to examine the impacts of rewards and motivation on job satisfaction between public and private water utility organisation in Malaysia, they found that motivation influence employee job satisfaction positively. Surveys conducted also show that treating employees with respect, providing regular employee recognition, empowering employees, offering above industry average benefits, compensation (Deshpande, Arekar, Sharma and Somaiya, 2012), job security, opportunity for advancement, comfortable working conditions, good personal relations with colleagues and supervisors, achievement and promotion (Bose, 1951; Lal and Bhardwaj, 1981; Nazir, 1998; in Lather and Jain, 2005) are some of the factors that lead to employee satisfaction. When these factors are critically examined, one will notice that they are all factors of motivation, found to motivate workers in various studies by researchers.

2.8 Comparative Research between Public and Private Sectors

Two sectors exist in the economy of a country, the public and the private. The public sector is under the control of the government but the private sector is not controlled by the government; it is run by individuals and companies for profit. People in the society have different views about employees in the public and private sectors, therefore literature on the motivational differences between these two types of employees abound (Crewson, 1997; Baldwin, 1991; Wittmer, 1991a; Rainey, 1982).

Several studies point out that public sector employees are less motivated by extrinsic monetary rewards as compared to their private sector counterparts (Buelen and Van den Broeck, 2007; Frank and Lewis, 2004). Research by Houston (2000) submit that public employees are more likely to be motivated by intrinsic reward such as work that is important and provides feelings of accomplishment while private sector employees place higher value on extrinsic reward, that is high income and short work hours. In agreement, Frank and Lewis (2004) contend that public employees value 'higher order needs' such as autonomy and achievement than their private sector counterparts. On the contrary, studies conducted in public and private hospitals give a different view about what employees in these two sectors want from their job. In a study to identify important aspects of health worker satisfaction and motivation in two Indian States, it was found that public health workers rated "good employment benefit" as significantly more important than private sector workers (Peters, Chakraborty, Mahapatra and Steinhardt, 2010). Yet other studies state that there is no difference between public and private sector employee motivation (Wright, 2001). For example, a study on motivation among bank workers by Azash, Safare and Kuma (2011) revealed that both public and private workers are motivated by achievement and interpersonal

relationship. In the same way, research by Wittmer (1991b) shows that public and private sector managers are primarily motivated by money.

Employees are the key in sustaining the organisation and this importance in their role gives responsibility to the organisation to inspire them so that they can function more effectively. Although a vast array of literature exists on motivation, there is still the need to research on the topic to gain a continuous view of what motivate people. This is because studies show that there are significant differences in terms of what employees want from their work in different industries (Simon and Enz, 1995) as well as in different countries and at different point in time; the evidence is very much clear in the literature reviewed above where quite a number of the studies have produced different results. A case in point is that even though there are a wide variety of motivational factors such as money, job security, recognition, promotion and the like, some researchers single out money to be the main motivation tool, whereas others believe that factors such as achievement and recognition are the key factors. The gist of this literature review is that ‘something’ motivates people. However some factors of motivation have been found to be more important than others. This also means that some of these motivational factors, when present motivate and lead to satisfaction whereas others when present may not necessarily motivate but will only take away dissatisfaction. Frederick Herzberg’s motivation-hygiene theory was for that reason used as a framework for the study, to help find out those factors that motivate workers in recent times and those that only take away dissatisfaction.

CHAPTER THREE

RESEARCH METHODS

3.1 Introduction

Research methods according to Kothari are all the methods a researcher use to conduct a research (2004:7). They describe and analyse specific methods employed in obtaining information for the study. This chapter therefore gives a brief background of the study area and the various methods used in conducting the study.

3.2 Research Design

This study is descriptive in nature. Descriptive research according to Afful-Broni (2012) gives a precise and meaningful image of an event and it tries to explain people views and behaviours based on data gathered at a specific time. Descriptive research can be either quantitative or qualitative. But in this study, the quantitative approach was utilised. It is the collection of data in the form of numbers. Stated otherwise, after data has been gathered, statistical methods are used to demonstrate and describe the numerical patterns and relationships that existed in the data (Krueger and Neuman, 2006; Walsh, 2001:7). The numbers generated from the statistical analysis (Cresswell, 1994) helped to describe workers perceptions on motivation as it is in Manhyia District Hospital and Quality Health Care Hospital. Moreover, through this approach the researcher was able to make a comparison between workers from these two hospitals. In short, this study was ‘quantitative descriptive’ (Moodley, 2011) in nature.

3.3 The Study Area

The study area for this research is Kumasi. It is the capital of the Ashanti Region and the second largest city in Ghana. It has a population of 2,035,064, according to the 2010 Population and Housing Census (Ghana Statistical Service, 2012). Although the city is largely made up of the Asantes¹, almost all the other ethnic groups in Ghana can be found in the city. This is because of its 'strategic location' and the presence of a strong traditional administrative set-up that ensures that there is togetherness among the diverse ethnic groups (Acheampong, 2010:37). Politically, Kumasi is divided into ten (10) Sub-Metropolitan areas, namely Bantama, Suame, Oforikrom, Asokwa, Tafo, Manhyia, Kwadaso, Asawase, Subin and Nhyiaeso (Owusu-Danso, 2007). In terms of health care, the city boasts of a high number of health facilities which include public and private hospitals, clinics, maternity homes and other health centres. It is worth noting that ever since the NPP government, headed by John Agyekum Kuffour established the free health service policy, there has been greater demands and expectations from health workers (Pongsettakul, 2008), in terms of delivering quality services to people. Since Kumasi has a number of public and private health care facilities which because of the 'strategic position' of the city makes them easily accessible to people living in and outside of Ghana, it was deemed important for such a study on motivation and employee satisfaction to be carried on in the city.

Precisely, Manhyia District Hospital and Quality Health Care Hospital, which represent public and private health care facilities respectively, were selected for the study. Both hospitals are located within Manhyia Sub-Metro. Again these two hospitals were chosen because they are located closer to the Central Business District which is the first place of contact to any visitor. This therefore makes them easily accessible and a very busy place

¹ The term Asante refers to the people and their culture whereas the term Ashanti refers to the land they occupy Devas and Korboe (2000).

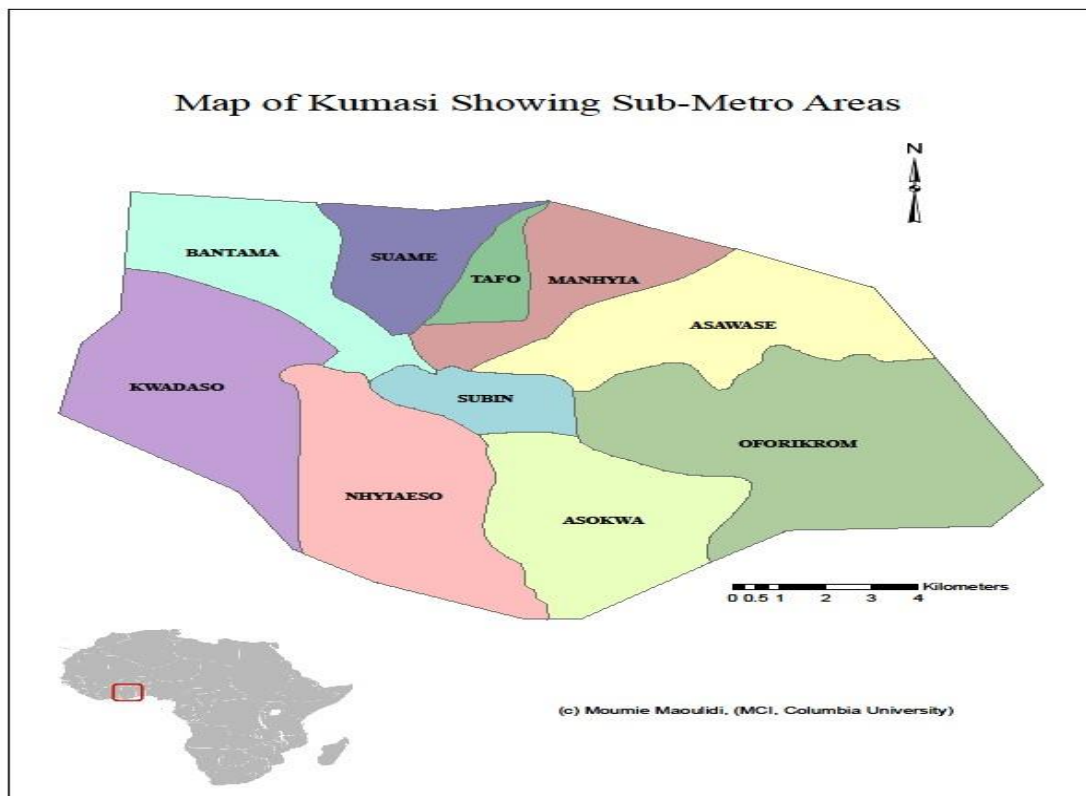
where motivated and satisfied workers are indeed needed to deliver quality services.

Manhyia District Hospital

Initially it was set up as a clinic in 1966 and it gained a health centre status in 1977. District Hospital status was accorded to the health centre by the Ghana Health Service Council in early 2000. Currently, it serves as the district hospital for the Manhyia Sub-Metropolitan Council of Kumasi Metropolitan Assembly. It is located at Manhyia, about 400 meters east of the Manhyia Palace (Boateng, 2011), which is the seat of the Asantehene (Ashanti King). The mission statement of the hospital is to “provide quality health services responsive to the needs of all persons living in Ghana by implementing approved health sector policies, increase access to priority health service and manage prudently resources available for provision of health services”. Its core values are “people centeredness’, professionalism, team work, discipline, innovation and excellent and integrity” (Manhyia District Hospital Archives). Units in the hospital include a surgical theatre, eye, ENT, administration, antenatal (ANC), male and female wards, laboratory, family planning, pharmacy and X-Ray. The hospital has a population of 215 staff, excluding those on study leave.

Quality Health Care Hospital

It provides standard hospital responsibilities. It has an administration block, pharmacy, laboratory, a general ward for males and females, labour ward, theatre, family planning unit, dental, eye and ENT. The hospital has a total of fifty eight (58) employees. The mission of the hospital is “to provide quality care to all at affordable cost” while its vision is “to be a first class health provision facility in Ghana and beyond by 2041” (Quality Health Care Hospital Archives).

Figure 3.1 Map of Kumasi showing the 10 Sub-Metro Areas

Source: Pehr, J. L., Akuamoa-Boateng, A. and MCI (2010). *Health Needs for Kumasi, Ghana. MCI Social Sector Working Paper Series.* www.mci.ei.columbia.edu

3.4 Target Population

The target population for this study comprise all workers in Manhyia District Hospital and Quality Health Care Hospital. Manhyia Hospital has a total staff population of two hundred and fifteen (215) whiles Quality Health Care Hospital has fifty eight (58) workers.

3.5 Sampling Technique

The sample selected for the study was eighty two (82), fifty five (55) from Manhyia District Hospital and twenty seven (27) from Quality Health Care Hospital. Neuman's rule of thumb for selecting sample sizes and WHO report of the proportion of health workers in public and

private sectors guided the selection of this eighty two (82). According to Neuman (2007) for a small sample population (that is under 1000); a researcher needs a large sampling ratio of about thirty per cent (30%). The population of Manhyia District Hospital and Quality Health Care Hospital together is two hundred and seventy three (273). Since this sum is less than 1000, 30% of it, which is 82, was selected as suggested by Neuman (2007). Also WHO (2006) reports that about two thirds of health workers are in the public sector and one third are in the private sector. Therefore two thirds of 82 is 55 and one third of 82 is 27, hence the sample size 55 and 27 for the public and private health care facilities respectively.

On the other hand, in order to ensure high response rate, more questionnaires were printed and given out than needed. After the data collection, 54 questionnaires were realised from the public hospital and 29 from the private hospital. Therefore, in all a total of eighty three (83) workers participated in the study. The method used in selecting these 83 was based on cluster and stratified sampling. With cluster sampling the population of interest is naturally divided into groups; whereas in stratified sampling the population is naturally broken into subgroups or strata, after which random sampling is used to select individual respondents (Castillo, 2009; Kidder and Judd, 1986).

With the cluster sampling, health care facilities were grouped into public and private; this is because facilities are basically owned by the government or by an individual. Two facilities, which in this case are Manhyia District Hospital and Quality health Care Hospital, were randomly selected for the study. In each of the selected hospitals, cluster sampling was used to categorise workers according to their profession, which was in accordance with the groupings made by the Kumasi Health Directorate (Pehr, Akuamoa-Boateng and MCI, 2010). The groups or clusters generated for the study were the medical staff, nurses, administrative

staff, technical staff, assistants and other workers. Then again, in order to get the individual units in each cluster or group, the stratified sampling technique was used. Individuals were stratified based on the position they occupied and then randomly picked according to their willingness to participate in the study. Tables 3.1a and 3.1b provide the distribution of the respondents.

Table 3.1a Distribution of Respondents according to their Category and Position in the Public Facility

Category of Workers	Position	Number of Respondents
Medical staff	Medical Officer	2
	Pharmacist	1
	Total	3
Nurses	Registered Nurse and Midwife	21
	Community Health Nurse	8
	Total	29
Administrative staff	Executive Officer	2
	Typist	1
	Total	3
Technical staff	Laboratory Technician	4
	Pharmacy Technician	2
	X-Ray Technician	1
	Disease Control Officer	2
	Total	9
Assistants	Laboratory Assistant	4
	Dispensing Assistant	3
	Total	7
Other workers	Watchman	2
	Orderly	1
	Total	3
Grand Total		54

Source: Questionnaire survey, March 2013.

Table 3.2b Distribution of Respondents according to their Category and Position in the Private Facility

Category of Workers	Position	Number of Respondents
Medical staff	Medical Officer	1
Nurses	Registered Nurse and Midwife	7
Administrative Staff	Administrator	1
	Accountant	2
	Secretary	1
	Total	4
Technical Staff	Laboratory Officer	5
	Sonographer	2
	Pharmacy Technician	2
	Total	9
Assistants	Dispensary Assistant	2
	Ward Assistant	3
	Laboratory Assistant	2
	Total	6
Other workers	Cleaner	2
Grand Total		29

Source: Questionnaire survey, March 2013.

3.6 Instrument for Data Collection

Structured questionnaire was used to gather information from respondents which in this case were workers at Manhyia District Hospital and Quality Health Care Hospital. Reasons for choosing this data collection instrument are that it is less expensive and it gives respondents a greater feeling of anonymity and this however boosts response to sensitive questions (Kidder and Judd, 1986:222); also there is less interferences on the part of the researcher and it is less time-consuming (Haralambos and Holborn, 2004). Although the questionnaire has several advantages with a few mentioned above, one common disadvantage of using it is that, there is low response rate (Kidder and Judd, 1986). To address this pitfall, more questionnaires were

given out than were needed. Another common problem with questionnaire is that it does not allow in-depth probing but this was not much of a problem in this study because the main aim was to determine workers perceptions of what motivate them to perform.

The questionnaire had both open-ended and closed-ended questions. Open-ended questions are meant to solicit the respondents own opinions of the subject under study. It enables respondents to express themselves on an issue and give justification for their answers. To Gall, Gall and Borg (2007) and Padgett (1998) open-ended questions make respondents more comfortable since it allows them to feel part of the study, encourages respondents not only to tell their story but also to share their ideas, observations and concerns. In this study the open-ended questions were more helpful in determining the motivational packages present in the public and private health care facilities. Closed-ended questions on the other hand, allow respondents to choose from a range of answers, to represent their view on the subject under discussion (Cresswell, 1994).

The questionnaire comprised of two (2) parts (a copy of the questionnaire can be found in Appendix B). The first part (Section A) comprises of a series of questions that were designed to tap the demographic characteristics of the respondents such as age, marital status, work experience, education and the profession of the respondents. The second part (Section B) consisted of several questions that were used to established workers perceptions on motivation and employee satisfaction as well as the factors that really motivate them. From the review of literature, a list of ten (10) factors were adopted from previous researches, and respondents were made to rank them according to how each factor is important to them in motivating them to perform best at work.

In any research, issues of validity and reliability need to be taken into critical consideration. Whereas validity ensures that the data collection instrument measure what the research intends to measure, reliability means that the results and conclusions drawn must be the same when the research instrument is used in a different study area. Human wants are different from one another and they change over time, therefore, future research may or may not produce exactly the same result as found in this study. However this does not prevent this study from being reliable. Validity, in this study was established by pre-testing the questionnaire to find out whether the questions were clear and understandable. Questions found to be unneeded were removed and those that were not clear enough were revised. Reis and Judd (2000) note that pre-testing an instrument helps in assessing whether questions are clear and understandable by identifying ambiguous or difficult to comprehend questions and questions that although are understood by the respondents, are interpreted differently than what the researcher intended.

3.7 Sources of Data Collection

The main sources of data used for the study were secondary and primary data. Archival (Gaur and Gaur, 2006:30) or secondary data were sought from books, journals, the internet (published and unpublished materials) and from the records of the health care facilities. Questionnaire was used to obtain primary data.

3.8 Data Collection Procedure

Getting access to the research site and even persuading people to participate in the study is usually a difficult thing to do (Cresswell, 2013). In order to overcome this challenge, an introductory letter was collected from the Department of Sociology and presented to the administrators of the hospitals to make easy access to the hospitals (a copy of the

introductory letter can be found in appendix A). Once permission to conduct the study was granted, the data collection was carried out. The questionnaire by then had already been pre-tested on four (4) health workers in other hospitals and the necessary corrections had been made.

The questionnaire was self-administered and it was given out at the place of work of the respondents. The 'inclusion criteria' (Ramasodi, 2010) for the study were all workers available at the time of the study and who were willing to participate. The purpose of the study was communicated to the respondents and instructions were provided as to how questions were to be answered. Also given the low level of education of some of the respondents, the questionnaire could not be used directly by the respondents. Therefore the 'personal interview questionnaire' technique which involved the researcher asking questions and recording the answers in the questionnaire (Acheampong, 2010) was employed.

3.9 Data Analyses

Data gathered from respondents mean nothing until they are analysed and interpreted. Analysis is the process of coming up with findings from the data obtained from respondents. It goes beyond the raw data obtained from respondents; it involves organising, describing, interpreting, discussing and presenting the data to a readership (Ryan, 2006). Information collected from the field through questionnaires were sorted, organized and coded for easy analysis. The type of analysis used in this study is the univariate analysis. It is the analysis of one variable at a time (Bryman, 2012). Thus, the study discussed variables such as age, sex, motivational factors, et cetera, in the public and private health hospitals one at a time. The commonest approaches to univariate analysis are frequency tables and diagrams and these were utilised in the study.

The Statistical Package for Social Sciences (SPSS) version 16.0 as well as Microsoft Excel (2010) was used for the analysis. SPSS helped in computing percentages and frequencies while Microsoft Excel (2010) enabled the building of charts. Findings were then categorized and discussed; where necessary inferences were drawn from the literature.

3.10 Ethical Issues

Research ethics refers to the moral values that guide a research (Economic and Social Research Council (ESRC), 2004 cited by Gray 2009:69). Ethics in research show researchers the right path to take particularly when it comes to data gathering. In a research where respondents are humans, it is very important to respect their privacy and treat any information they provide very confidential. According to Folkman (2000) cited by Ary, Jacobs and Razavieh (2002), privacy refers to a person's interest to control how others get access to information about himself or herself whereas confidentiality refers to the right of a researcher to preserve information people give out to them. Also owing to the importance of ethical issues in research, the American Sociological Association (ASA) published in 1971, the society's code of ethics, which was revised in 1997. It included the following basic principles:

1. Respect the subject's right to privacy and dignity
2. Preserve confidentiality
3. Seek informed consent when data are collected from research participants or when behaviour occurs in a private context (ASA, 1997).

With these ethical guidelines in mind, participation was voluntary. Besides, an introductory statement was provided on the questionnaire, highlighting the researcher's background, what the research is about and the confidential treatment of information given. This information

was provided to seek informed consent and to assure respondents of anonymity and confidentiality which was guaranteed throughout the course of the study, as no personally identified data such as name, address or telephone number were collected.

3.11 Limitations

The study was limited in terms of geographical location. Although healthcare facilities exist in all the ten regions of Ghana, this study focused on only two hospitals (one public and one private) located in the Kumasi metropolis. Owing to this, generalising results from this study may be problematic because environmental differences and other conditions existing in other hospitals may impact on the motivation and satisfaction of workers. Also, information provided by respondents was based on their subjective perceptions. Therefore, a hundred per cent truth may not be assured.

Questionnaires limit respondents regarding the information they want to provide. For instance, some respondents may find it difficult to put what they have in mind into writing. Haralambos and Holborn (2004) penned that the validity of the data may be reduced by the unwillingness or the inability of respondents to give full and accurate replies to questions.

CHAPTER FOUR

DATA ANALYSES AND DISCUSSION OF RESULTS

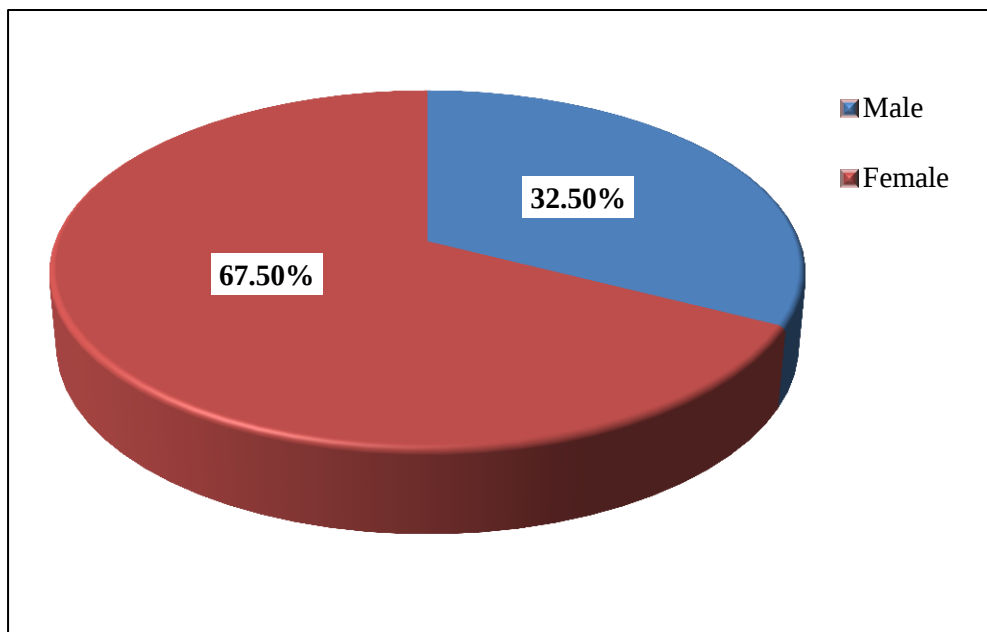
4.1 Introduction

This chapter presents the analyses as well as discussions of findings of the study. It makes use of tables and charts where necessary to elaborate findings. Inferences from the literature reviewed have also been drawn where necessary to support findings or otherwise.

4.2 Demographic Characteristics of Respondents

Sex of Respondents

Figure 4.1 Sex of Respondents



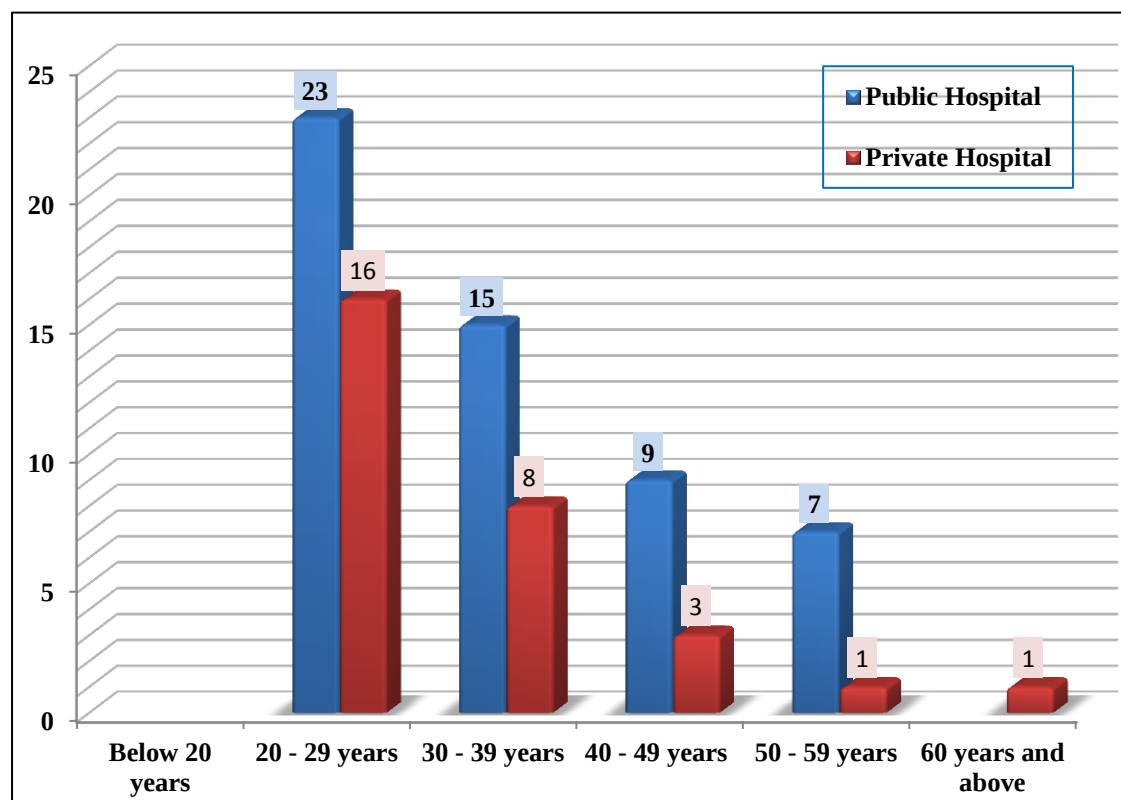
Source: Questionnaire survey, March 2013

Sex of the respondents is presented in Figure 4.1 above. On the whole, the largest numbers of the respondents representing 56 (67.5%) were females' whiles 27 (32.5%) were males. In the public hospital, out of the 54 participants, 39 (72.2%) were females whiles 15 (27.8%) were

males. Also, out of the twenty nine (29) respondents from the private hospital, 17 (58.6%) were females and 12 (41.4%) were males. This shows that females dominate males in health care facilities. This is because health care facilities are mostly made up of nurses who are predominantly females.

Age of Respondents

Figure 4.2 Age of Respondents



Source: Questionnaire survey, March 2013

The ages of respondents surveyed range from below 20 to 60 years and above. The data analysis revealed that most of the participants (39 of them) were between the ages of 20 – 29 years; 23 from the public hospital and 16 from the private hospital. This can be attributed to the fact that between these ages, most students had just come out of school or training and have been posted to their places of work. The second highest age group was 30-39 years, followed by 40 – 49 years, then 50 – 59 years. It is worth noting here that, those between the

ages of 30 – 49 are the active workforce of the country. As compared to the private sector where one person represented the age range '60 years and above', there was no respondent from the public side who was 60 years and over, this is because by law a person retires compulsory from active public service at 60 years.

Marital Status of Respondent

Table 4.1 Distribution of Respondents by Marital Status

CHARACTERISTICS		PUBLIC HOSPITAL		PRIVATE HOSPITAL	
		Frequency	Percentage (%)	Frequency	Percentage (%)
MARITAL STATUS	Married	34	63.0	15	51.7
	Single	18	33.3	12	41.4
	Divorced	-	-	1	3.4
	Widowed	1	1.9	1	3.4
	Other	1	1.9	-	-
	Total	54	100	29	100

Source: Questionnaire survey, March 2013

Table 4.1 above shows the marital status of workers who participated in the study. It shows that more than half of the respondents, that is 49 (59%) were married. Of this figure, 34 were from the public hospital and 15 were from the private hospital. 30 of the respondents, that is, 18 from the public and 12 from the private were single. However 1 respondent from the private hospital was divorced while 1 was also widowed. In the public hospital, 1 respondent was widowed whereas 1 was also in other relationship. The high number of married respondents corresponds with the high number of respondents who are in the age bracket 20 – 40 years. This is because by law a person can enter into marriage from 18 years and above.

Educational Background of Respondents

Table 4.2 Distribution of Respondents according to their Educational Level

CHARACTERISTICS		PUBLIC HOSPITAL		PRIVATE HOSPITAL	
		Frequency	Percentage (%)	Frequency	Percentage (%)
EDUCATIONAL LEVEL	No formal education	-	-	1	3.4
	Below Senior High School	2	3.7	1	3.4
	Senior High School	5	9.3	4	13.8
	Diploma	23	42.6	12	41.4
	Bachelor's Degree	20	37	7	24.1
	Post-Graduate Degree	1	1.9	1	3.4
	Other	1	1.9	1	3.4
	Non-response	2	3.7	2	6.9
	Total	54	100	29	100

Source: Questionnaire survey, March 2013

On the educational background of the respondents, Table 4.2 shows that all the respondents in the public hospital had ever been to school while in the private hospital only 1 (3.4%) respondent had never been to school. 2 (3.7%) and 1 (3.4%) participants in the public and private hospitals respectively had below senior high school education. The duties of health workers require people with great knowledge and expertise. This then verifies the reason why only few people had had no formal education. Such people most often occupy very low positions in the health facilities. Also, 5 (9.3%) people in the public hospital and 4 (13.8%) in the private hospital had senior high school education. Quite a number of the respondents, that is 23 (42.6%) in the public hospital and 12 (41.4%) in the private hospital had diploma. Again, 20 (37%) and 7 (24.1%) of the respondents in the public and private hospital respectively had university degree whilst post graduate degree and other qualification had 1 respondent each from each of the hospital.

Work Experience of Respondents

When asked about their work experience, majority of the respondents, 59 of them representing 71.1% said they have been at post about 1 to 15 years now, while 24 (28.9%) said they have been working for less than one year. The break up between the public and private hospital is provided in Table 4.3 below.

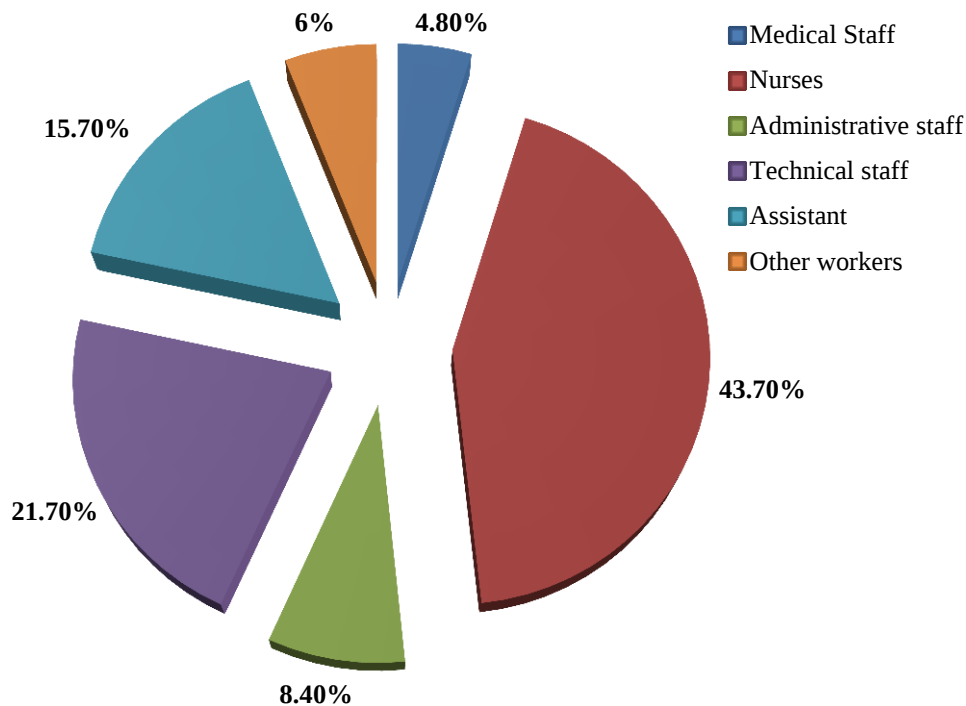
Table 4.3 Work Experience of Respondents

CHARACTERISTICS		PUBLIC HOSPITAL		PRIVATE HOSPITAL	
		Frequency	Percentage (%)	Frequency	Percentage (%)
WORK EXPERIENCE	Less than 1 year	11	20.4	13	44.8
	1 year – 4 years	23	42.6	11	37.9
	5 years – 9 years	16	29.6	4	13.8
	10 years – 14 years	3	5.6	1	3.4
	15 years and above	1	1.9	-	-
	Total	54	100	29	100

Source: Questionnaire survey, March 2013

Profession of the Respondents

The research findings from Figure 4.3 below reveal that, significant proportion of the respondents, that is 35 representing 43.4% were nurses' while 18 (21.7%) were technical staff, confirming the conception that health care facilities are dominated by females most of whom are nurses. The high numbers of nurses also corresponds with the high number of diploma and bachelor's degree holders found in Table 4.2. The reason is that the nursing training colleges which train a large number of the nurses in Ghana offer diploma whereas the universities offer bachelor's degree. Also due to the busy schedules of the medical officers, only a few were able to participate in the study.

Figure 4.3 Profession of Respondents

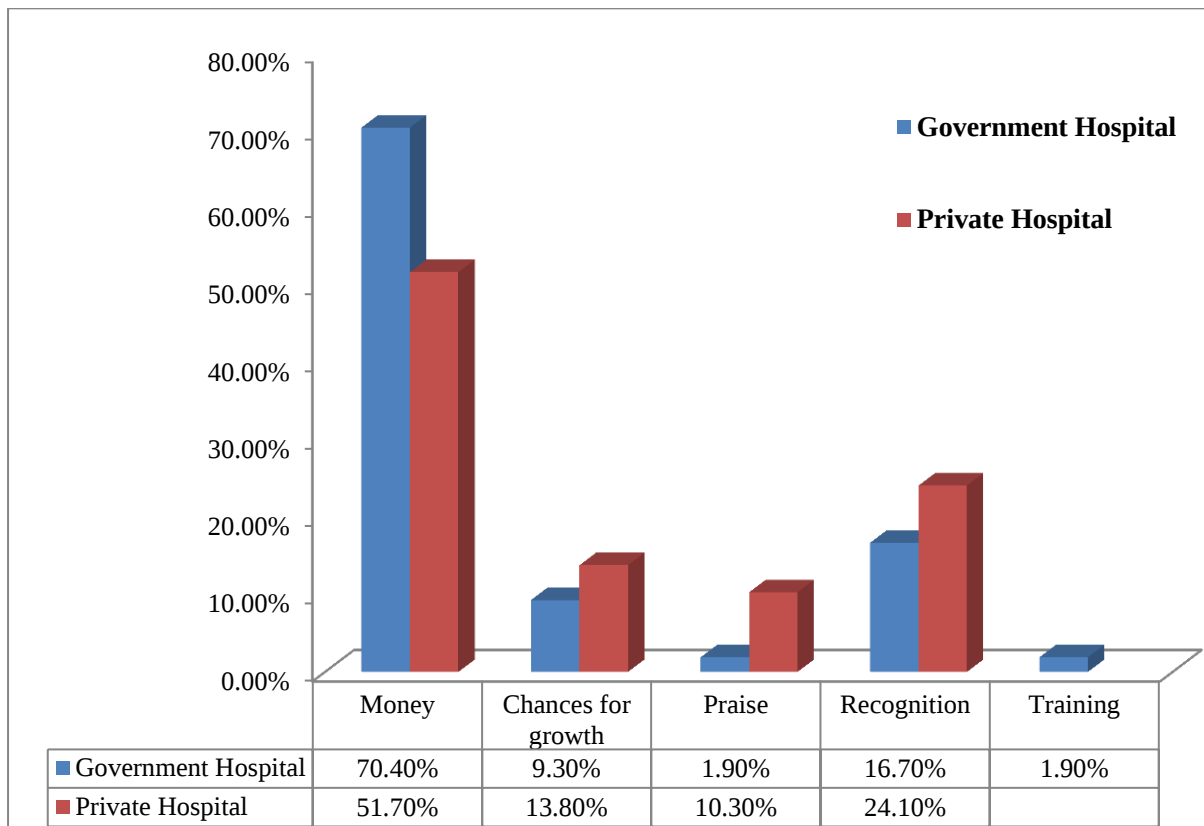
Source: Questionnaire survey, March 2013

4.3 Motivation and Employee Satisfaction Assessment

To begin with this discussion, information is provided on the difference between a public facility and a private facility. Public and private hospitals are similar in terms of the services they render to people; they provide general consultation, antenatal, laboratory, x-ray and other health care services. The major difference between these two types of facilities is that, public hospitals are owned, operated and funded by the government and they usually exist to serve the public interest. Private hospitals on the other hand are owned and operated by an individual or group and they exist to maximise profit. Unlike private hospitals, public hospitals usually have different kinds of health professionals at post and because of that have the capacity to handle a wide variety of cases.

4.3.1 Respondents Level of Knowledge on Motivation

Figure 4.4 Respondents Level of Knowledge on Motivation



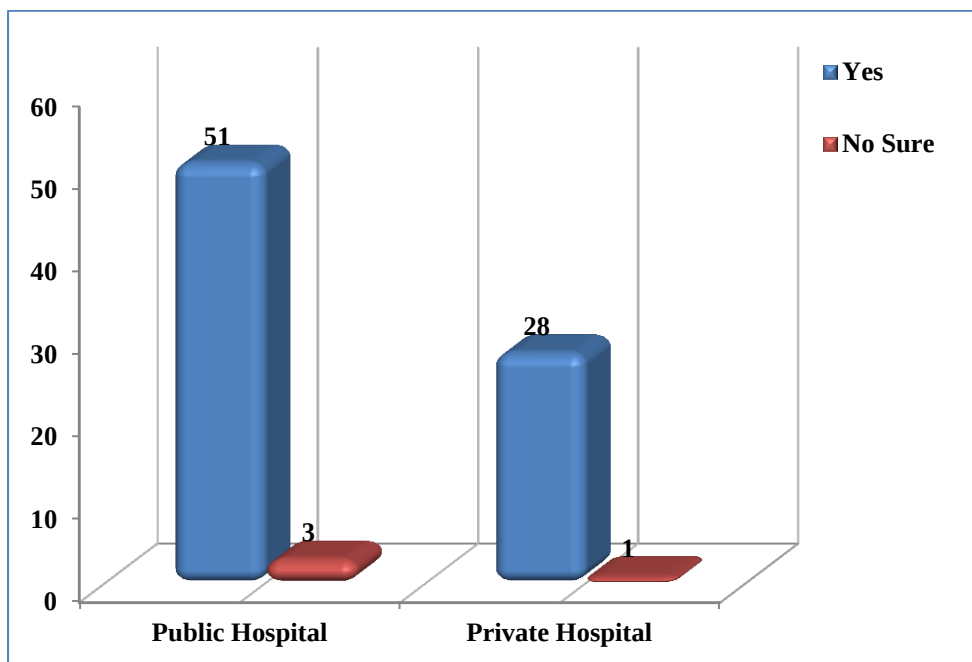
Source: Questionnaire survey, March 2013.

An inquiry was made to find out workers level of knowledge on motivation in each of the sectors. Respondents were thus asked to state the first thing that comes into their mind when motivation is made mention. From Figure 4.4 above, most of the respondents, 38 (70.4%) and 15 (51.7%) representing public and private hospitals respectively mentioned money as the first thing that comes into their minds anytime motivation is made mention. As a developing country, most people in Ghana depend on their salaries and wages to meet their needs. Also since most of the things in the world today require the use of money, people desire to earn more of it, thereby explaining why they perceive motivation to be linked to money. There was no number for ‘training’ in the private hospital. This might be that it is hardly organised for workers or even if it is organised, only some significant others are made to take part. On

the whole, the findings show that there is little difference with regards to employees' perceptions of what motivation means in both sectors.

4.3.2 The Link between Motivation and Employee Satisfaction

Figure 4.5 The Link between Motivation and Employee Satisfaction



Source: Questionnaire survey, March 2013

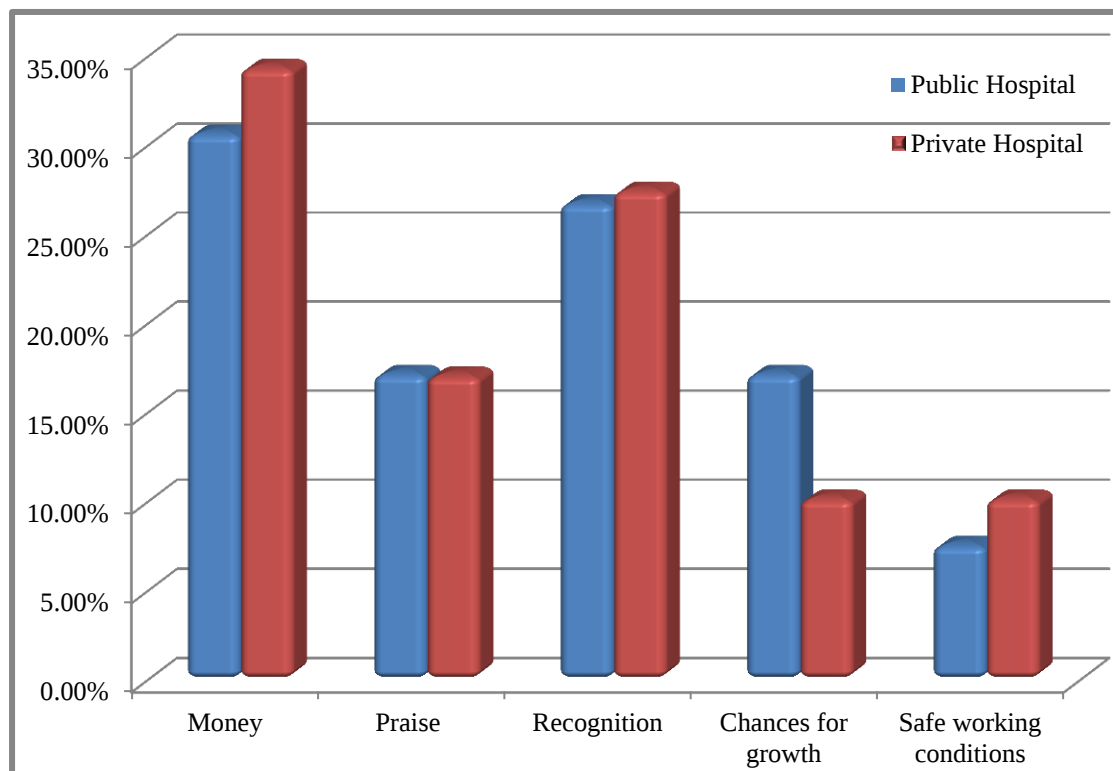
A question was asked to find out whether when a person, when rewarded for his or her hard work becomes happy and therefore works harder. In other words information was sought to find out whether there is a link between motivation and employee satisfaction. In the public hospital most of the respondents, 51(94.4%) said yes while 3 (5.6%) were not sure whether when a person is rewarded it makes him or her happy and therefore encourages the person to work harder. Similarly, majority of the respondents in the private hospital, 28 (96.6%) said yes while 1 person (3.4%) was not sure. Figure 4.5 above illustrates the results. The findings agree with that reported by Ampofo (2012); Kabir and Parvin (2011); Khalid, Salim and Loke (2011), Ahmed, Nawaz, Iqbal, Ali, Shaukat and Usman (2010) and Mullins (2005) that motivation brings about employee satisfaction. For instance, a study by Khalid, Salim and

Loke (2011) to examine the impacts of rewards and motivation on job satisfaction between public and private water utility organisation in Malaysia, showed that motivation positively affect employee satisfaction.

4.3.3 Factors of Motivational that are Important to Workers

Respondents were asked to state the motivational factors that encourage them to perform well.

Figure 4.6 Factors of Motivational that are Important to Workers



Source: Questionnaire survey, March 2013

From Figure 4.6 above, majority of the workers from the government hospital; about 30.8% of them see money as the major motivational factor that encourages them to perform. 17.3% mentioned praise and chances for growth each, 26.9% cited recognition and 7.7% made mention of safe working conditions.

Similarly, most of the respondents (about 34.5%) in the private hospital mentioned money as the major motivational factor that encourages them to perform well; 17.2% cited praise; 27.6% mentioned recognition while 10.3% represent chances for growth and safe working conditions each. The findings agree with that reported by Coates and Jarrett (1994) that money occupies a major place in the midst of motivators. According to Karwai (2005) money is the ultimate way by which people can acquire goods and services. It is the means by which people are able to meet their basic needs such as food, water, shelter, clothing and other needs. In recent time, money also enables people to meet their social needs. It makes people feel that they are valued (Ayim, Chidi and Badejo, 2012) in that it determines the calibre of people a person can associate himself or herself and even the places he or she can and cannot go. It is thus not surprising that most of the respondent selected money above the other motivational factors. The findings contradict with that of Frank and Lewis (2004) that public employees' value higher order needs such as autonomy than their private sector counterparts. The results in the current study show that there is only a little difference in the motivational needs of workers in the public and private sectors.

Recognition was the second important factor of motivation to the respondents, with 26.9% from the public hospital and 27.6% from the private hospital. This shows that even though money is important to these workers, they also consider other factors of motivation.

In addition 15 out of the total number of nurses in the public hospital chose money as their key motivator. This was also true of nurses in the private hospital. But the reason is that there were more nurses than any other profession. In terms of sex and age, there wasn't much of a difference in both sectors.

Again, respondents were asked to rank ten (10) motivational factors from very important to not too important. These factors were adopted from previous researches by Wiley, 1997. Tables 4.4a and 4.4b below provide the details.

Table 4.4a Ranking of Ten Motivation Factors by Public Hospital Workers

NO.	MOTIVATIONAL FACTORS	VERY IMPORTANT		NOT TOO IMPORTANT		RANK
		F	%	F	%	
1.	Interesting work	10	21.3	37	78.7	4
2.	Good salary	37	69.8	16	30.2	2
3.	Appreciation of work well done	26	51	25	49	3
4.	Job security	37	72.5	14	27.5	1
5.	Good working conditions	10	19.2	42	80.8	5
6.	Personal loyalty to employees	3	7.7	36	92.3	7
7.	Sympathetic help with personal problems	3	7.1	39	92.9	8
8.	Promotion and growth	5	12.2	36	87.8	6
9.	Feeling of being in on things	1	2.5	39	97.5	10
10.	Tactful discipline	1	2.6	38	97.4	9

Source: Questionnaire survey, March 2013

The table above shows the ranking of ten (10) motivational factors by workers in the public hospital according to how important they are to them. The rankings are:

1. Job security
2. Good salary
3. Appreciation of work well done
4. Interesting work
5. Good working conditions

6. Promotion and growth
7. Personal loyalty to employees
8. Sympathetic help with personal problems
9. Tactful discipline
10. Feeling of being in on things

Table 4.4b Ranking of Ten Motivation Factors by Private Hospital Workers

NO.	MOTIVATIONAL FACTORS	VERY IMPORTANT		NOT TOO IMPORTANT		RANK
		F	%	F	%	
1.	Interesting work	8	30.8	18	69.2	4
2.	Good salary	11	40.7	16	59.3	2
3.	Appreciation of work well done	9	33.3	18	66.7	3
4.	Job security	22	81.5	5	18.5	1
5.	Good working conditions	7	30.4	16	69.6	5
6.	Personal loyalty to employees	-	-	18	100	10
7.	Sympathetic help with personal problems	1	5.9	16	94.1	8
8.	Promotion and growth	-	-	17	100	9
9.	Feeling of being in on things	2	11.1	16	88.9	6
10.	Tactful discipline	1	6.2	15	93.8	7

Source: Questionnaire survey, March 2013

The ranking by the respondents in the private hospital according to how they are important to them is summarised as follows:

1. Job security
2. Good salary
3. Appreciation of work well done

4. Interesting work
5. Good working conditions
6. Feeling of being in on things
7. Tactful discipline
8. Sympathetic help with personal problems
9. Promotion and growth
10. Personal loyalty to employees

The results from Table 4.4a and Table 4.4b show a similar ranking order by workers in both sectors. Job security was ranked as the most important factor by respondents from the public and the private hospitals and it corroborate with Hitka and Sirotiakova (2009) who reported that job security is an essential motivation factor. It shows how dear the issue of work is to the heart of people because we live in a society where work plays a central role in people's lives. Similarly, the difficulty in getting employment these days in Ghana has awakened peoples urge to protect and keep what they have no matter the position they occupy. Job security as the most important motivating element also conform with Wiley (1997) assertion that people feel alienated when they have no jobs and that lack of job security in the organisation affect workers personal lives as well as the performance of the organisation.

After job security, good salary was ranked as the second highest motivational factor by respondents. It plays important role in the behaviour and performance of workers. This is because almost all employees work to make ends meet and they do that through the salaries and wages they receive. The findings are consistent with previous research by Wiley (1997) whose respondents' ranked 'good wages' as the most important motivation factor. However the ranking of the motivational factors found in this current study contradicts findings by

Kovach (1995) whose respondents when given the same ten (10) job reward factors ranked ‘interesting work’ as the most important factor. The findings do not also support the findings of Peters, Chakraborty, Mahapatra and Steinhardt (2010) in India, where the study revealed that public health workers rated ‘good employment benefit’ as more important than their private sector counterparts. According to Simon and Enz (1995) there are significant differences in terms of what employees want from their work in different industries, as well as in different countries and at different point in time; hence, the different ranking results found in this study as compared to those found in other studies.

4.3.4 Motivational Packages available in Public and Private Hospitals

Equity theory suggests that people engage in ‘social comparison’ by comparing their efforts and rewards with those of a reference group (Helms, 2006). As a result of these comparisons, most organisations try to find out and go by measures others are taking to retain their workers. It was found that both the public and private health care facilities used in this study motivate their workers to give out their best. From the analyses in Table 4.5 below, more than half of the participants, 42 (77.8%) in the public hospital and 16 (55.2%) in the private hospital agreed that the hospitals they work for motivate them to give out their best. 6 (11.1%) and 11 (37.9%) representing public and private hospitals respectively disagreed, whereas 2 (6.8%) in the private hospital and 6 (11.1%) in the public hospital were unable to confirm their opinions either positively or negatively.

Table 4.5 Does your hospital encourage you to perform well?

	PUBLIC HOSPITAL		PRIVATE HOSPITAL	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	42	77.8	16	55.2
No	6	11.1	11	37.9
Not Sure	6	11.1	2	6.8
Total	54	100	29	100

Source: Questionnaire survey, March 2013

Further inquiries were made to find out about the motivational packages employed by both sectors to encourage their workers. The most frequent answers given by workers in the public hospital through the open ended question included allowances (quarterly or monthly), training or workshops, appreciation, recognition, opportunities to further education, good working relationships with staff and gifts (during Christmas). In the private hospital, the motivational factors pointed out by respondents were praise, appreciation, good working relationship, recognition, provision of needed equipment, gifts (during holidays) and training. Almost all the motivational packages are prevalent across both sectors. The wide range of factors mentioned by respondents agrees with Coates and Jarrett (1994) who stated that the methods used in motivating employees are a lot as there are companies and organisations operating in the global environment. In addition, the findings show that public and private hospitals utilise intrinsic and extrinsic motivational factors to encourage their workers to work harder.

Although the public and the private hospitals make use of similar motivational factors, in the private hospital, it was found that only a handful of the respondents mentioned money or

allowances. One respondent defended the reason why money is seldom used to motivate workers in his hospital. According to the respondent:

Unlike the government hospital where there is the government as well as other stakeholders, this hospital is a one-man hospital; because of this the owner cannot afford to give us allowances on weekly or monthly basis as it is done in the government hospital.

Private hospital respondent.

Then again, further inquiries were made to find respondents reasons for saying that their hospital does not encourage them to work harder. Majority of them, cited lack of appreciation and low salaries. Refusing to show appreciation to employees can cause workers to leave their organisation to other organisations where they will be appreciated for their inputs. A study conducted by the US Department of Labour for example showed that about 46% of people leave their jobs because they feel unappreciated. In the public hospital, 4 respondents mentioned lack of appreciation and 2 mentioned low salaries. In the private hospital 4 people mentioned lack of appreciation and 6 mentioned low salaries. Also, 2 and 3 respondents from the private and public respectively mentioned unsafe working conditions.

Based on Herzberg's motivation-hygiene factors, workers were asked to evaluate different facets of their job with 1) Agree, 2) Disagree and 3) Not Sure. The findings show that the respondents in both the public and private hospitals rated most of the statements within the agreement category.

Working Condition

On whether or not the environments in which they work are safe, most of the respondents were satisfied with the environment in which they work. 34 respondents in the public hospital agreed to the statement as against 14 participants who disagreed and 5 people were not sure, that is they were unable to agree or disagree. On the other hand, 23 of the respondents in the private sector agreed to the statement, 1 person disagreed and 5 people were not sure. Working in a safe and comfortable working environment can be a very good source of motivation for workers. It will mean that the workers have full concentration to do their work without worrying about outside threats from people or the environment. Maslow's second level of needs (that is security) in his hierarchy of needs theory also acknowledge the need for safety in the workplace since it serves as a motivating factor for employees.

In addition, most of the respondents in the private hospital (that is 13 out of the 29) agreed that the materials and equipment they need to work with are available. However, majority of the respondents in the public hospital (that is 34 out of the 54) disagreed that the materials they need to work with are available.

Job Security

On the issue of job security, the Table 4.6 below shows that majority of the participants, 42 (77.8%) in the public hospital agreed that their job is much secured. This was also true of the respondents in the private hospital where 14 (48.3%) of the respondents agreed to the statement. Thus, so far as they follow rules and regulations and perform all duties as expected of them, they have their job intact.

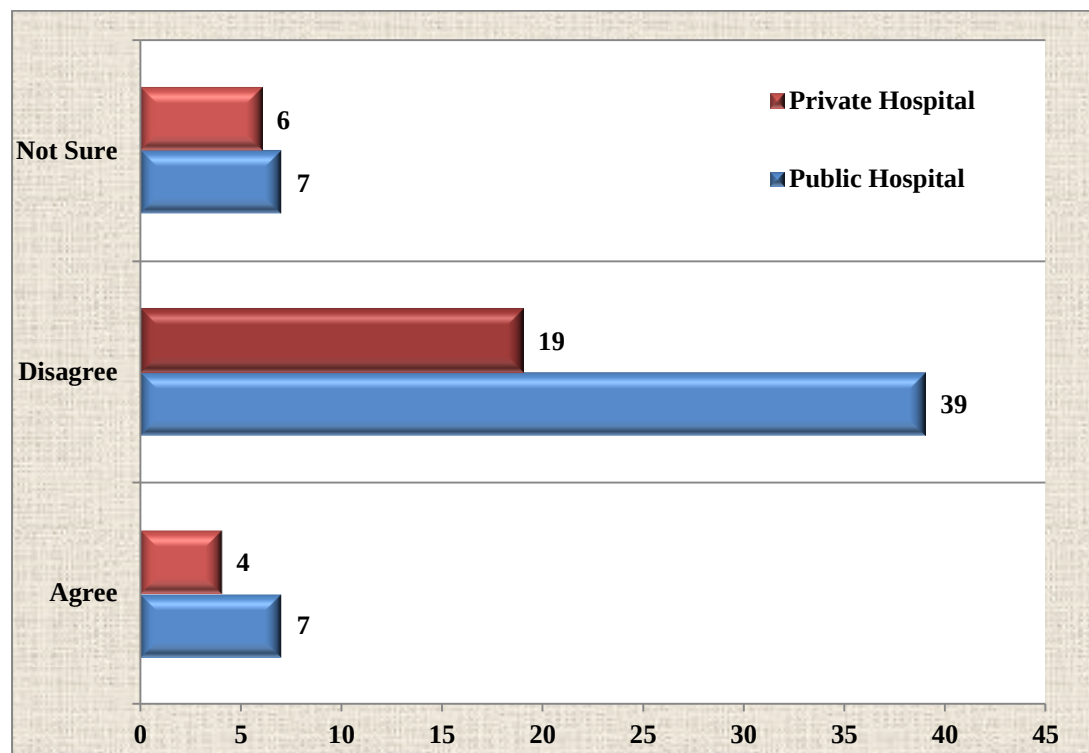
Table 4.6 My Job is much secured

	PUBLIC HOSPITAL		PRIVATE HOSPITAL	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Agree	42	77.8	14	48.3
Disagree	9	16.7	4	13.8
Not Sure	3	5.6	10	34.5
Non-Response	-	-	1	3.4
Total	54	100	29	100

Source: Questionnaire survey, March 2013

Salary and Other Rewards

Most of the respondents in both the public and the private sectors were unhappy about their salaries. The graph below shows that majority of the workers disagree that the salary they receive is enough to meet their needs. In the private hospital 19 (65.5%) respondents out of the total 29 disagree that their salaries meet their needs, only 4 (13.8%) agreed and 6 (20.7%) were not unable to confirm their opinion either positively or negatively. Similarly, in the public hospital, 39 (73.6%) disagreed, 7 (13.2%) agreed and 7 (13.2%) were not sure.

Figure 4.7 My salary is enough to meet my needs

Source: Questionnaire survey, March 2013

Interpersonal Relationships

With reference to interpersonal relationships, an overwhelming majority, 92.6% in the public hospital and 96.6% in the private hospital agreed that they had a good working relationship with their co-workers. All workers, irrespective of the position they occupy must collaborate to meet organisational targets and this is possible through good interpersonal relationships among employees. Kamery (2004) pointed out that workers are motivated when they have good relationships with their employers.

Policies and Administration

Promotion enhances a person's self-worth. It also shows that a person is making progress in his work. 28 (52.8%) of the workers in the public hospital agreed that there are promotion policies and it is usually based on one's abilities. On the contrary, most of the workers (12 or

41.4%) in the private sector said they were not sure. The reason may be that workers do not know the rules concerning promotions in the hospital or they are not clear to them.

Supervision

In the public hospital, 41 (75.9%) of the respondents out of the 54 agreed that their superiors give them the freedom to use their own ideas and skills. This was also true of workers in the private hospital where 20 (74.1%) of the respondents out of the total 27 agreed to the statement. There was “Non-response” from two of the respondents in the private hospital.

The Work Itself

Information was sought to find out whether workers were informed when changes are taking place in the workplace. 36 (66.7%) and 20 (69%) participants in the public and private hospitals respectively agreed that they are informed if any changes are taking place whereas 11 (20.4%) and 4 (13.8%) were not sure and the rest, 7 (13%) and 5 (17.2%) in the public and private hospitals respectively disagreed.

Achievement

An inquiry was made to know whether workers gain personal satisfaction in their work. 44 (83%) agree that they had personal satisfaction in their work, 4 (7.5%) disagree and 5 (9.4%) were not sure. In the private sector 22 (81.5) agreed, 3 (11.1) disagreed and 2 (7.4%) were not sure.

Responsibility

According to Yavuz (2004) employees whose ideas are taken into consideration, whose suggestions are appreciated, who feel themselves in on things are more likely to work harder

in their jobs. A study by Campbell, Fowles and Weber (2004) cited by Utriainen and Kyngas (2009) indicated that involving workers in decision making and task definition raises their satisfaction level. The results obtained in this study indicate that workers are involved when decisions are taken. In the government hospital, 50% of the respondents confirmed that they are allowed to take part in decisions, whereas 35.2% disagreed and 14.8% were neutral. In the private hospital, 40.7% of the participants agreed that they are made to take part in decisions while 37% disagreed and 22.2% were not sure.

Recognition

With regard to recognition in the workplace, 44 (81.5%) of the respondents in the government hospital agreed that their effort at work is appreciated by others. 5 (9.3%) disagreed and 5 (9.3%) said they were not sure. In the private sector 18 (66.7%) agreed, 5 (18.5%) disagreed and 4 (14.8%) were not sure.

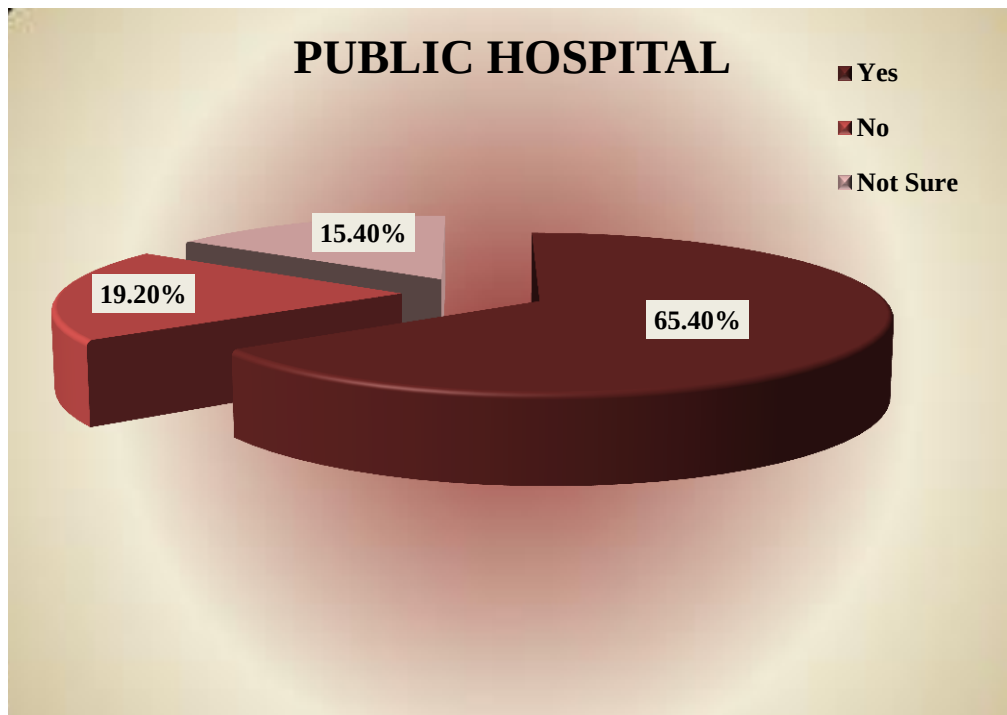
Growth and Advancement

According to Tella, Ayeni and Popoola (2007) no matter how automated an organisation may be, increase in productivity hangs on the effectiveness of the workers. The provision of needed tools and equipment alone is however not enough to make workers perform but their ability to carry out tasks and perform it well is more important. Thus training is fundamental in the workplace as it gives workers the opportunity to improve upon their skills. Training programmes and workshops are increasingly becoming popular and an effective way of enhancing the skills and knowledge of workers. On whether their current job gives them the opportunity to learn new skills, 38 (70.40%) and 14 (51.90%) in the public and private hospitals respectively agreed that there are opportunities to learn new skills. This is in line with Mensah (2011) who asserted that training is an 'indispensable strategy' for motivating

workers as it gives them the opportunity for self-improvement and development to meet challenges and requirements of new equipment and new techniques of performing a task.

4.3.5 Overall satisfaction of Respondents

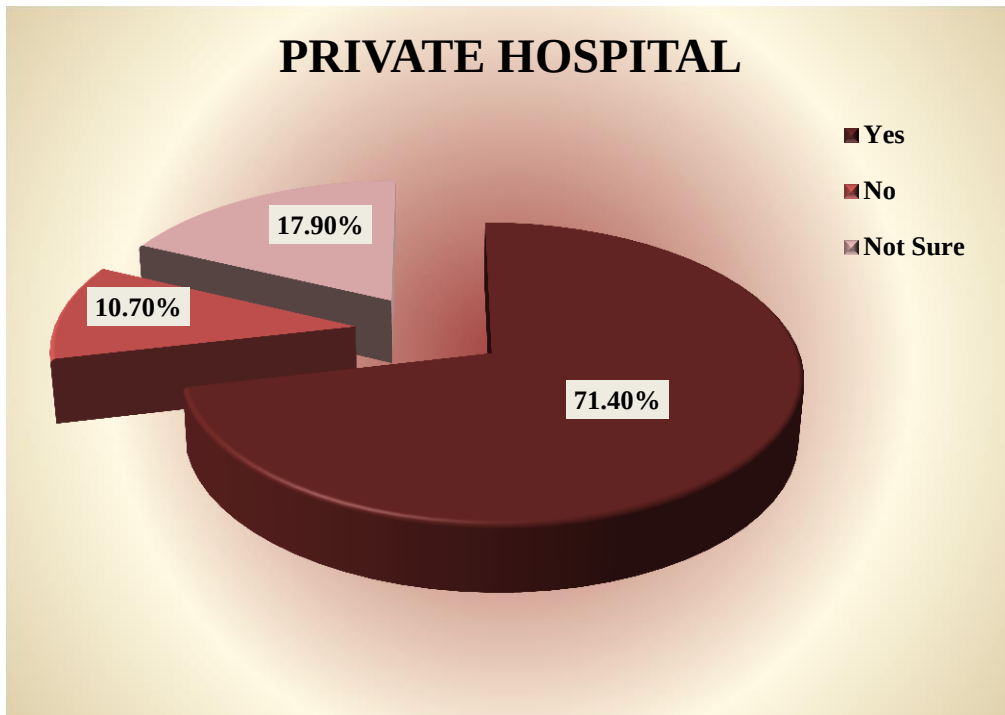
Figure 4.8a Overall Satisfaction in the Public Hospital



Source: Questionnaire survey, March 2013

A question was posed to find out respondents level of satisfaction after evaluating the different aspects of their jobs. More than half of the respondents (65.4%) in the public hospital agreed that they were satisfied with their jobs, 19.2% were not satisfied where as 15.4% were unable to confirm their opinion either positively or negatively. The reason respondents gave for the source of their satisfaction were that there is job security, workers are appreciated for the work they do, training and workshop programmes are organised for staff which allow workers to upgrade themselves and there is monthly salary.

Figure 4.8b Overall Satisfaction in the Private Hospital



Source: Questionnaire survey, March 2013

From the analysis, most of the respondents in the private hospital, 71.4% also agreed that they are very much satisfied whiles 10.7% and 17.9% disagreed and were not sure respectively. The reason respondents gave for the source of their satisfaction were that the job provides them with the opportunity to meet different kinds of people, there is job security, and there is recognition for a job well done.

CHAPTER FIVE

SUMMARY AND CONCLUSION

5.1 Introduction

This chapter covers the summary and conclusions drawn from the findings of the study. Recommendations and recommendation for future research are also presented in this chapter.

5.2 Summary

The study was conducted to investigate the perceptions and experiences of workers in public and private health care facilities on motivation and employee satisfaction. Precisely, the study was carried out in Manhyia District Hospital and Quality Health Care Hospitals, Kumasi which represented public and private health care facilities respectively. The objectives below sought to help achieve the aim of the study.

1. To determine the level of knowledge of workers in public and private health care facilities on motivation and employee satisfaction.
2. To examine the link between motivation and employee satisfaction in these health facilities.
3. To identify the motivational factors that are important to workers in public and private health care facilities.
4. To identify the main motivational packages in these private and public health care facilities.
5. To find out whether money exerts a stronger influence on workers than motivational factors that do not involve the use of money.

The study reviewed the concept of motivation by looking at the various definitions and sources as well as the different theories of motivation. It also reviewed a number of motivational packages that existed, money and motivation, the link between motivation and employee satisfaction and comparative researches between the public and private sectors.

The study was 'quantitative descriptive' in nature. It employed cluster and stratified sampling techniques to select eighty three (83) workers to participate in the study; fifty four (54) from Manhyia District Hospital and twenty nine (29) respondents were also from Quality Health Care Hospital. Structured questionnaire was used as an instrument to collect data from respondents. The questionnaire had two parts; the first part (Section A) comprised of series of questions that were designed to tap the demographic characteristics of the respondents such as age, marital status and educational level; the second part (Section B) consisted of several questions that were used to establish workers perceptions on motivation and employee satisfaction.

The data was analysed using SPSS version 16.0 and Microsoft Excel 2010. A univariate analyses was employed and the results were presented using tables, column, bar graph and pie chart.

5.2.1 Summary of Findings

With regard to the level of knowledge of workers on the topic, it was found from the study that money is the first thing that comes in mind when motivation is made mention of. In other words, public and private health workers level of knowledge on motivation and employee satisfaction revolves around money. Workers perceive motivation to mean money.

In terms of the link between motivation and employee satisfaction, the study disclosed that majority of the respondents agree that there is a link between motivation and employee satisfaction; that when a person is rewarded for his or her hard work, it makes him or her happy and therefore works harder.

With regard to the motivational factors that are important to workers, most of the respondents in the public and private hospital cited money as the major motivational tool that encourages them to perform. Then again, when respondents were asked to rank ten (10) motivational factors according to how important they are to them, respondents ranked job security and good salary as the most important motivational factors.

Furthermore, the study revealed that both the public and the private health care facilities used in this study encourage their employees to perform. It was apparent from the study that there are varied motivational factors available in the public and private health care facilities. Further inquiries revealed that, motivational packages available in the public hospital included allowance, appreciation, recognition, training, opportunities to further one's education and good working relationships with staff. Similarly in the private hospital, such factors as praise, recognition, training and good working relationships with staff were pointed out by respondents.

Based on Herzberg's motivation-hygiene factors, workers were asked to evaluate different facets of their job with 1) Agree, 2) Disagree and 3) Not Sure. The findings show that the respondents in both the public and private hospitals rated most of the statements within the agreement category. However, an overwhelming majority in both sectors complained about their salaries. In the public hospital 73.6% of the respondents disagreed that the salary they

receive is able to meet their needs. Likewise, 65.5% of the respondents in the private hospital disagreed that their salary is enough to meet their needs. Lastly the findings revealed that despite respondents' displeasure with their salaries, they still find satisfaction with their work. This means that, though money is an important motivational factor, it does not exert a stronger influence on workers than the nonmonetary factors.

5.3 Conclusion

From the study, it is evident that, there is a link between motivation and employee satisfaction. Thus motivation leads to satisfaction in the workplace. It is also evident that both public and private health care facilities in Ghana employ a wide variety of motivational factors to encourage their workers to give out their best. However the study shows that there is not much difference in the motivational needs of workers in the public and private sectors. Again, even though money is a most preferred motivation factor, it does not exert a stronger influence than the nonmonetary factors. This is because although workers agreed that the salary they receive is not enough to meet their needs; it did not affect their satisfaction level with their work as most of them confirmed that they were very much satisfied with their jobs. The study thus confirms Herzberg's assertion that salary is a hygiene factor, stated otherwise; salary only takes away dissatisfaction but does not necessarily motivate and lead to employee satisfaction.

5.4 Recommendations

The following are recommended in relation to the results of the study:

1. The study revealed that workers were not happy with their salaries. It is therefore recommended that the Ministry of Health (MoH), the Ghana Health Service (GHS),

the government and Chief Executive Officers should improve the salaries of workers so that they can meet their needs and high expectations from family and friends.

2. The study revealed that money does not exert a stronger influence on workers than the nonmonetary factors., therefore it is recommended that the nonmonetary factors such as recognition, promotion, et cetera, should be utilised more frequently as this may even reduce the consideration of ‘money’ as a major motivational element.
3. The findings showed that the required tools that workers need to work with are not available in our public hospitals. Based on this it is recommended that the Ministry of Health and the Ghana Health Service take initiative to provide all tools and materials employees need in the execution of their duties.
4. Again, since most of the respondents in the two sectors confirmed that they get the opportunity to learn new skills through training programmes and workshops, it is recommended that more of these programmes and education upgrades would be made available to all workers irrespective of the position they occupy, so as to help them sharpen their skills.

5.5 Recommendations for Future Studies

1. It is recommended that future research should combine other data collection instruments with the questionnaire in order to gain a deeper understanding into the subject of motivation and employee satisfaction.
2. Also, since the sample size for the study was relatively small, future research can replicate this study by using a much larger sample.

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APPENDIX A

INTRODUCTORY LETTER



DEPARTMENT OF SOCIOLOGY UNIVERSITY OF GHANA

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A.24

My Ref No.....

31st January, 2013

TO WHOM IT MAY CONCERN

As part of her Masters' Degree course in Sociology, **Ms. Attrams Rita Amoabea**, final year student at the Sociology Department, University of Ghana is conducting a study on:

"MOTIVATION AND EMPLOYEE SATISFACTION: PERCEPTIONS OF WORKERS IN PUBLIC AND PRIVATE HEALTH CARE FACILITIES".

The findings of her research will be presented to the Department of Sociology in a form of "Thesis". The data will be confidential and used for statistical purposes only. Identity of source of information will not be disclosed.

I should therefore be grateful for every assistance that you give to **Ms. Attrams**.


.....
DR. KODZOVI AKPABLI-HONU
(THESIS CO-ORDINATOR)

/roa

APPENDIX B
QUESTIONNAIRE
DEPARTMENT OF SOCIOLOGY
UNIVERSITY OF GHANA

My name is Rita Amoabea Attrams. I am a student of the University of Ghana, conducting a research on the topic, Motivation and Employee Satisfaction: Perceptions of Workers in Public and Private Health Care Facilities. This study is meant to explore workers perceptions on motivation and employee satisfaction. The research is in partial fulfilment of the requirement for the award of Master of Philosophy Degree in Sociology. Therefore any information you give will be confidential and will be used for no other purpose other than academic. Please your honesty in this study is very important. Thank you in advance for accepting to participate in this study.

SECTION A: DEMOGRAPHIC CHARACTERISTICS

Please in this section provide the information requested below by circling [O] or writing the appropriate response as applicable to you.

1. Sex:

1. Male
2. Female

2. Age:

1. Below 20 years
2. 20 years – 29 years
3. 30 years – 39 years
4. 40 years – 49 years
5. 50 years – 59 years
6. 60 years and above

3. Marital Status:

1. Married
2. Single
3. Divorced
4. Widowed
5. Other specify.....

4. Educational Level:

1. No formal education
2. Below Senior High School
3. Senior High School
4. Diploma
5. Bachelor's degree
6. Post-graduate degree
7. Other specify.....

5. Which sector do you work with?

1. Private hospital
2. Government hospital

6. How long have you been working in your hospital?

1. Less than one year
2. 1 year – 4 years
3. 5 years – 9 years
4. 10 years – 14 years
5. 15 years or above

7. Which section do you work in?

1. Administration
2. OPD
3. Ward
4. Other specify.....

8. What is your Profession?

1. Doctor
2. Medical Assistant
3. Dentist
4. Pharmacist
5. Nurse
6. Midwife
7. Laboratory Technician
8. Administrator
9. Other specify.....

9. What is your grade?.....

10. How much do you receive per month (after tax?)

GH¢.....

SECTION B: MOTIVATION AND EMPLOYEE SATISFACTION ASSESSMENT

Please kindly fill the following by circling [O].

11. Do you believe that when you are rewarded for your hard work, it makes you happy and therefore encourages you to work harder?

1. Yes
2. No
3. Not sure

12. When motivation is made mention of what comes into your mind?

1. Money
2. Chances for growth
3. Praise
4. Recognition
5. Training
6. Other specify.....

13. Does your hospital encourage you to perform well in your work?

1. Yes
2. No
3. Not sure

14. If yes what are some of the things used to encourage you?

.....

.....

15. If no what are your reason(s)? **You can circle [O] more than one.**

1. Lack of appreciation
2. Low salaries
3. unsafe working conditions
4. No chances for growth
5. Other please specify.....

16. What encourages you to perform well? **You can circle [O] more than one.**

1. Money
2. praise
3. recognition
4. chances for growth
5. safe working conditions
6. Other specify.....

17. Please rank the following factors of motivation according to how important they are to you. **1) Very Important 2) Not too Important**

- | | | |
|-----------------------------------|---|---|
| 1. Interesting work | 1 | 2 |
| 2. Good salary | 1 | 2 |
| 3. Appreciation of work well done | 1 | 2 |
| 4. Job security | 1 | 2 |
| 5. Good working conditions | 1 | 2 |

6. Personal loyalty to employees	1	2
7. Sympathetic help with personal problems	1	2
8. Promotions and growth in the hospital	1	2
9. Feeling of being in on things	1	2
10. Tactful discipline	1	2

Please for each of the following statements, indicate whether you Agree = 1, Disagree =2 or Not Sure=3 with the statement, by ticking [√].

	1	2	3
<u>Working conditions and the work itself</u>			
18. The environment in which I work is very safe and comfortable			
19. I have sufficient space to do my work			
20. All the materials and equipment I need to work with are available			
<u>Job security</u>			
21. My job is much secured			
22. I cannot lose my job so far as I work hard and obey all rules			
<u>Salary and other rewards</u>			
23. My salary is enough to meet my normal expenses			
24. My salary is fair as compared with other workers			
25. There is retirement plan and other benefits for workers			
<u>Relationships</u>			
26. My co-workers are friendly and helpful			
27. My co-workers are easy to communicate with			
28. I have a good relationship with my co-workers			
29. I have a good relationship with my immediate boss			
<u>Policies and Administration</u>			
30. There are clear rules and regulations			
31. I understand the rules and regulations surrounding my work			
32. We are all treated equally and fairly			
33. Promotion policies are based on one's abilities			
34. Promotion policies and other policies are very fair			

<u>Supervision</u>			
35. My immediate boss is very friendly			
36. My immediate boss is very respectful			
37. My immediate boss is concern about my wellbeing			
38. My immediate boss gives me freedom to use my own ideas and skills			
<u>The work itself</u>			
39. I have control over how I do my work			
40. I am informed if changes are taking place			
41. my duties and responsibilities are clearly defined			
<u>Achievement</u>			
42. I gain personal satisfaction in my work			
<u>Recognition</u>			
43. My efforts at work are appreciated by others			
44. I receive regular feedback on how I am doing at work			
<u>Responsibility</u>			
45. I am given the chance to take part in decision making			
46. I am allowed to used my own ideas and skills			
<u>Growth and Advancement</u>			
47. I have opportunities to learn new skills			
48. There are opportunities to further my education			
49. There are opportunities to advance to more senior position			

Please kindly provide answers to the questions below

50. In general, are you satisfied with your job?

1. Yes
2. No
3. Not sure

51. If yes what are your reasons?.....

52. If no what are your reasons.....
.....

53. Does your community value the work you do?

1. Yes
2. No
3. Not sure

54. Are you satisfied with the bonuses and other rewards given to you by your organisation?

1. Yes
2. No
3. Not sure

55. Would you advice a friend to join this hospital?

1. Yes
2. No
3. Not sure

.....
Thank you for your cooperation. Please check to make sure you have answered all questions.