
KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY,
INSTITUTE OF DISTANCE LEARNING

MOTIVATION AND RETENTION OF HEALTH WORKERS IN DEPRIVED
DISTRICTS IN GHANA: A STUDY OF KASSENA-NANKANA EAST

DISTRICT

BY

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A THESIS SUBMITTED TO THE INSTITUTE OF DISTANCE LEARNING,
KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY,
IN PARTIAL FULFILMENT FOR THE AWARD OF COMMONWEALTH
EXECUTIVE MASTERS IN BUSINESS ADMINISTRATION (CEMBA)

DEGREE.

MAY 2011

DECLARATION

I hereby declare that this research thesis entitled '*motivation and retention of health workers in deprived districts in Ghana. A study of Kassena-Nankana East District*' is an authentic record of my own work carried out as requirements for the award of degree (CEMBA) at KNUST, under the guidance of Mr. Aaron Asibi Abuosi during the period of January to April 2011. All sources have been accurately reported and acknowledged and that this research work has not been previously, in its entirety or partially been submitted to any other university.

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DEDICATION

My family and friends have sustained me through many transitions in my life but my wife, and sons deserve the deepest gratitude for being there every step of the way.

I dedicate this study to my wife (Margaret) and sons (Faithman & Joel) who made this success a reality, especially Joel who was born whilst I was busy writing this thesis.



ABSTRACT

Motivation and retention of health workers especially in rural areas have become topical issues for health managers in developing countries like Ghana. The situation in the upper east region and the study area in particular is very critical hence, the need to undertake this present research to come out with findings that can assist health managers to effectively address the issue of motivation and retention. The researcher used both quantitative and qualitative methods in the study. The quantitative data was analysed using SPSS Version 16.0 software. Descriptive statistics such as frequencies and chi-square tests were used to analyse the quantitative data. Various hypotheses were tested for significant relationships using chi-square and correlations tests. The qualitative data were analysed according to themes and discussed alongside the quantitative data. The two-tailed Pearson correlation analysis indicated significant positive association between staff willingness to work in health facilities in the district and key variables (staff happiness at the work side, managerial support for staff welfare issues, availability of basic medical supplies to work with and availability of good residential accommodation). The association between staff motivation to work hard and key variables was also confirmed as statistically significant using the two statistical techniques above. Chi-squared analysis confirmed the statistical significance of this association thus ensuring that the research findings were authentic. The focus group discussion and the open-ended questions revealed that both financial and non-financial incentives serve as motivation for health workers with the non-financial factors dominating. Overall, the findings from this study suggest that to motivate and retain health workers in the Kassena-Nankana East District health managers should use both financial and non-financial incentives.

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LIST OF ACRONYMS/ABBREVIATIONS

ADHA	Additional Duty Hour Allowance
CHAG	Christian Health Association of Ghana
CHPS	Community Health Planning Services
FDGs	Focus Group Discussions
GHS	Ghana Health Service
KNED	Kassena-Nankana East District
KNWD	Kassena-Nankana West District
MDGs	Millennium Development Goals
MOH	Ministry of Health
NHIS	National Health Insurance Scheme
OPD	Outpatients Department
SQL	Self-Administered Questionnaire
UGBS	University of Ghana Business School
WHO	World Health Organization

ACKNOWLEDGEMENT

The real spirit of attaining a goal is through the way of excellence and ascetic discipline. I would have never succeeded in completing my task without the cooperation, encouragement and assistance provided to me by various personalities.

With a deep sense of appreciation, I express my sincere gratitude to my venerated and worthy supervisor, Mr Aaron A. Abuosi – Assistant Lecturer (UGBS) for his valuable guidance in carrying out this research work under his effective supervision, encouragement, enlightenment and cooperation. His enthusiasm and optimism made this experience both rewarding and enjoyable. His feedback and editorial comments were also very useful for the writing of this thesis.

I shall be failing in my duties if I do not express my deep sense of gratitude towards Mr. Moses Salifu Duut and Mr. Agongo Haruna Ibrahim who conducted the Focus Group Discussions, distributed and collected my questionnaires for me. It is their untiring efforts that I was able to get 100 percent response rate for the questionnaires from respondents.

I am also thankful to all the staff of the Kassena-Nankana East District Health Administration for their full cooperation and assistance not forgetting my Executive Officer Ms. Munaya Alidu who painstakingly did the type setting of this thesis.

My greatest thanks are to all who wished me success especially my wife and two sons (Faithman & Joel).

Above all I render my gratitude to the ALMIGHTY who bestowed self-confidence, wisdom, ability and strength in me to complete this research work.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The Africa continent is currently facing severe human resource crisis in the health sector. These human resource shortages have affected the delivery of quality and efficient health services according to the World Health Report 2006.

The overall human resources shortages and distributional inequalities are well known and acknowledged in Ghana. According to the 2009 Ghana Health Services Annual Report, there has been an improvement in the doctor population ratio for all the regions in the country with the exception of Western, Upper East, Northern and Upper West Regions. Even though attracting doctors to the three Northern Regions remains difficult, the total doctor population ratio for the country has been improving steadily.

According to Wilkinson et al (2000), the quality of performance in health facilities to a large extent depends on available human resources mix and their motivation. The workforce is one of the most important ingredients in the health delivery process since the health sector is labour intensive.

According to the World Health Report 2006, Sub-Saharan Africa has the lowest health worker to population ratio in the whole world. This trend is even getting worse taking country specific case studies because of internal and external migration.

According to Dieleman M. et al (2003), the issue of low motivation in the work place is one major contributor to the brain drain of health workers from Africa to other countries and from rural to urban areas within the same country.

Motivation of health workers is influenced by several factors including financial and non-financial factors. Apart from salaries which is often seen as a factor which either motivate or de-motivated health workers, lack of motivation in the workplace can arise from several other non-financial factors.

Motivation seems to be one of the carrots that can get organisations to respond to the increasing cry for quality improvement and the attainment of organizational objectives. According to Abubakr M. S. and Nawal A. (2009), healthcare establishments in developing countries seem to be slow to recognise the importance of the human element in their organisations. They have been late to realise that doctors, nurses and paramedical staff are also human beings and need to be motivated. Private health care providers have been first to recognise the fact and have introduced motivational programmes for their staff. However, the public health sector, where patients flow is substantially higher than in private hospitals, have been slow to catch up and implement the concept of motivation.

According to the World Health Report 2006, there are several constraints facing health workforce in delivery interventions aimed at achieving the health related Millennium Development Goals (MDGs). These goals are, reducing maternal deaths by one third, reducing under-five deaths by one third and reducing the spread of communicable diseases such as HIV/AIDS, malaria, tuberculosis, by 2015. One of these problems is low morale and motivation of health workers.

It is a known fact that the absence of well-trained and motivated workforce is a major challenge to African countries in their quest to meet the MDGs. It is estimated that African countries would need at least 1 million additional health workers to provide services consistent with the MDGs aspirations (WHO 2006 Reports).

The shortage of health workers is more critical in the Upper East, Upper West and Northern Regions of Ghana. The doctor population ratio in the Upper East Region have stagnated around one doctor to about 35,010 people (Ghana Health Service 2009 Annual Report). This includes doctors in administrative positions and research.

1.2 Problem Statement

The Kassena-Nankana East District (KNED) is one of the districts in the Upper East Region that is facing the pervasive shortage of critical health personnel to provide quality health services to the people.

The Shortage of these critical staff has further been made worse by the introduction of the National Health Insurance Scheme (NHIS). The number of patients that utilized health care services has increased as compared to the pre-insurance era.

For instance, in 2005 the district hospital saw 38, 480 outpatients as compared to 65, 846 in 2009 (War Memorial Hospital 2009 Annual Report). This significant increase in outpatients' visits does not correspond with the rate of increase in staff numbers.

The staff situation has not improved significantly for the past several years and the district still has low numbers of critical staff. For instance, since 2005 there has been only one Ghanaian doctor in the district serving a population of over 81,141 including patients from Kassena-Nankana West District (KNWD) since the district has no hospital.

The nursing staff situation has not seen any improvement either. Their numbers have rather decreased. The same applies to Midwives, Pharmacists, Biomedical Scientists and other critical staff in the district. In 2006, there were 58 professional nurses including midwives but by 2009, the number had decreased to 47 with increasing admissions and OPD attendance (2010 Annual Report Kassena-Nankana East District).

The implication of this trend is that it is increasingly becoming difficult to provide quality health care to the people. Indeed, there are several complains from

clients about the quality of services they receive while staff also complaint of poor conditions of service and the fact that they are not motivated enough. Most health facility managers find it difficult to organise end of year parties and awards night for their staff with the excuse of financial constraints.

The internal migration of health workers from the Upper East Region to better and well-endowed regions in the country is very common. The Regional Health Directorate had to place a band on application for transfers out of the region as a stopgap measure to stem the tide. This internal migration is creating problems with the rural areas worst affected leaving these areas understaffed and de-motivated.

In the face of mounting public outcry about the quality of health services, health managers at all levels, need to pause and think of how to get their workforce to work towards achieving their organizational goals of providing good quality health care to meet the expectations of clients and achieve the MDGs. The key to the realisation of these goals lies in improving the motivation and retention of health workers.

It seems that the various motivational interventions by the Ministry of Health/Ghana Health Service in form of Additional Duty Hour Allowance (ADHA) and Vehicles for hire purchase have not had the desire impact of motivation and retention of health personnel in the study area.

To achieve the MDGs and improve patient care, health managers in the district need to identify the factors that would comprehensively address health worker motivation and retention in the district in order to institute measures to motivate and retain the few critical staff at post and attract more staff to the district.

There seems to be no empirical study on the motivation and retention of health workers in the KNED in particular or northern Ghana at large, which has the unique problem of serious shortage of health workers, hence the need for this present study.

1.3 Research Objectives

The overall aim of the research is to find out factors that affect motivation and retention of health workers in the KNED in order to assist in the development of realistic strategies to motivate and retain health workers in the district.

The specific objectives of the study are,

- i) To find out what financial and non-financial factors influence staff motivation and retention.
- ii) To assess the impact of motivational interventions that has been instituted in the past in KNED.
- iii) To propose various options of motivational packages that could effectively address staff motivation and retention in KNED.

1.4 Research Hypotheses

The overall goal of the research is to find out factors that affect motivation and retention of health workers. The main objective is to investigate the association between staff willingness to continue to work and staff motivation to work hard for health facilities in the district. From this broad objective, the specific hypothesis was formulated.

The hypotheses are concerned with the association between staff willingness to continue to work and staff motivation to work hard for health facilities in the district and its influence on various key variables. Thus, the hypotheses for this research, which are divided into financial and non-financial, are as follows:

H₁: There is a positive association between staff satisfaction with present remuneration and their willingness to continue to work in a health facility.

H₂: There is a positive association between staff satisfaction with present remuneration and their motivation to work hard for a health facility.

H₃: There is a positive association between staff happiness at work side and their willingness to continue to work in a health facility.

H₄: Staff willingness to continue to work will be influenced by management support for staff welfare issues.

H₅: Staff willingness to continue to work will be influenced by the availability of basic medical supplies to work with.

H₆: Motivation to work hard for a health facility will be influenced by cordial relationship between management and staff.

H₇: There is a positive relationship between staff motivation to work hard and the availability of basic medical supplies to work with.

H₈: There is a positive association between staff motivation to work hard and the availability of opportunities for further training and continuing education.

1.5 Significance of the Study

This study is significant to the author in three main respects; firstly as a health manager, the Researcher would understand and apply some of the strategies that the study would identify to the work environment.

Secondly, the Researcher would get better insight into the problem of motivation and retention of health workers and therefore add knowledge to academia while at the same time fulfilling the requirement for a master programme.

Finally, other stakeholders, such as the Ministry of Health and its agencies would also find the study significant, which could be applied to other districts in the country.

1.6 Scope and Limitations of the Study

The study is restricted to only the Kassena-Nankana East District and the primary data was collected from the district hospital and two health centres. The study could have covered health facilities in other districts of northern Ghana or the Upper East Region since they share similar problems of health worker shortages. However, the researcher was confronted with time constraints due to the pressure at work since the course is on distance learning. Generalization of the findings should therefore be done with caution.

Another limitation is the financial constraints since the research was not sponsored by any institution and was a district wide study. Recruitment of field workers to collect data from health workers in the district placed a serious financial constraint on the researcher.

1.7 Outline of the Study

This study will be divided into five chapters. Apart from the introductory chapter in which the problem is define, the objectives, the hypothesis, significance of the study and limitations are provided, the rest of the chapters will be organised as follows:

1.7.1 Chapter 2: Literature Review and Conceptual Framework

This chapter will review the conceptual literature on motivation in general and research literature on health worker motivation in particular. The chapter will therefore be divided into three parts. Part I will deal with some of the well known theories of motivation relevant to the study, part II will be devoted specifically to relevant empirical literature on health worker motivation whilst part III will be devoted to conceptual framework of the study.

1.7.2 Chapter 3: Research Methodology

This chapter presents the methodology that were use in order to test the hypothesis. It describes the research design, study setting, study population, sample size, sampling technique, data collection procedure, data analysis procedure and ethical consideration. Furthermore, the two instruments that were used in the research are described and finally a brief description of the relevant statistical techniques used in the study is provided.

1.7.3 Chapter 4: Data Analysis and Discussion of Results

This chapter analyses the data using correlation and the chi-squared analysis of the research hypothesis followed by the focus group discussion results and then discusses the results. Descriptive statistics was used to summaries quantitative data and relationships, which are not very apparent in raw data. This assisted the researcher to interpret and understand the results.

1.7.4 Chapter 5: Conclusions and Recommendations

The thesis will end with conclusions and recommendations for further research on motivation and retention of health workers in other deprived districts in Ghana and the implications of the findings for practice.

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CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Introduction

This chapter will review the conceptual literature on motivation in general and research literature on health worker motivation in particular. The chapter will therefore be divided into three parts. Part I will deal with some of the well known theories of motivation relevant to the study, part II will be devoted specifically to relevant empirical literature on health worker motivation whilst part III will be devoted to modified conceptual framework developed by Lyn N Henderson and Jim Tulloch, 2008 in their reviewed article on incentives for retaining and motivating health workers in Pacific and Asian Countries.

2.2 Part I: Motivational Theories

Although there are many theories of motivation, there are only a few that the researcher feel would be relevant and valuable in the study. Some of the most familiar motivational theories the researcher have found can be categorized into two main groups: content theories and process theories.

The content theories tend to focus on the needs of the individual, trying to explain the different factors that contribute to either encouraging or discouraging

behaviour within that individual. These theories are also appropriately known as “need-based theories.” Some of the more famous theories within this category include Maslow’s Hierarchy of Needs Theory (1954), McClelland’s Needs Theory (1961), and Herzberg’s Two-Factor Theory (1959).

The process theories seem to be much more complex and delve deeply into the thinking process of the individual, trying to explain the “why” or “how” of motivation. According to Hunsaker (2005) these theories explain, “Why workers select behaviours and how they decide whether their choices were successful”. They also seem to have more interest in the personal factors within the individual and the psychology involved in their decisions and motivations. Some of the notable process theories include Vroom’s Expectancy Theory (1964) and Adam’s Equity Theory (1965).

Maslow’s Hierarchy of Needs Theory is one of the most well known motivational theories. Abraham Maslow’s theory identifies five levels of hierarchical needs that every individual attempts to accomplish or conquer throughout one’s life. The needs start with the physiological (hunger, thirst, shelter) and then move upward in a pyramid shape through safety, social, and esteem needs, to the ultimate need for self-actualization. This final need for self-actualization is defined as one’s desire and striving towards maximum personal potential.

According to Mullins (2002), the point of Maslow’s theory is that people tend to satisfy their needs systematically, starting with the basic physiological needs and

then moving up the hierarchy. Thus, Maslow asserts that ‘a satisfied need is no longer a need’.

One of the difficulties with using this theory to analyze organizations is that although it may appear very easy to implement, it is difficult to relate this distinct five-level hierarchy within an organization. Many times when this theory has been used, the results show that the needs that contribute to motivation more heavily vary according to the level of the individual, the size of the organization, and even the geographic location of the company.

According to Cole (2004), McClelland’s Need Theory explores the idea that there are three major “needs” that one will acquire over their lifetime because of the experiences in their careers or in their own personal lives. McClelland believed that in order to understand human behaviour and how an individual can be motivated, you must first understand their needs and inclinations.

The Need for Achievement encompasses the desire to do better, to solve problems, and to master complex tasks. The Need for Affiliation is the desire for friendly and warm relations with others. These are often those passive individuals that try to avoid conflict at all times, even when it might be necessary to fulfil a task. Finally, the Need for Power is the desire to control others and influence their behaviour.

Although the researcher is sure that each theory could be proven to show some relevance and validity within the work environment and throughout different industries, this study will be based primarily on Herzberg Two-Factor Theory.

Herzberg's Two-Factor Theory divides motivation and job satisfaction into two groups of factors known as the 'motivators' or growth factors and 'hygiene' or 'maintenance' factors. According to him, "the motivating factors are the six 'job content' factors that include achievement, recognition, work itself, responsibility, advancement, and possibility of growth.

According to Mullins (2002), hygiene factors are the job context' factors, which include company policy, supervision, relationship with supervisor, work conditions, relationship with peers, salary, personal life, relationship with subordinates, status, and job security.

The theory also differentiates between intrinsic motivators and extrinsic motivators. The intrinsic motivators are the job content factors already mentioned. These factors are the ones that can contribute a great deal to the level of motivation an employee feels at work.

Cole (2004) stated that the extrinsic factors are the job context factors an employee does not have much control over. They relate more to the environment in which people work than to the nature of the work itself. This has a direct relationship with the research that the author is carrying out as these factors determine the extent of motivation of workers. In the health sector, the worker has no control over the

availability of supplies to work with, the working and living conditions, the present salary received and whether they are recognized and appreciated or not. These are some of the factors that this study wants to explore to find the extent to which it affects staff motivation and retention.

Herzberg identified these factors as the sources for job dissatisfaction. Herzberg reasoned that because the factors causing satisfaction are different from those causing dissatisfaction, the two feelings could not simply be treated as opposites of one another. The opposite of satisfaction is not dissatisfaction, but rather, no satisfaction. Similarly, the opposite of dissatisfaction is no dissatisfaction.

While at first glance this distinction between the two opposites may sound like a play on words, Herzberg argued that there are two distinct human needs portrayed. A satisfied health worker would not contemplate leaving the health service in the district he/she is working to other well-endowed districts and thus will make personal decision to stay. However, when there is dissatisfaction he/she is most likely to seek transfer to a different district or region. This has a bearing on the current research being conducted by the researcher. For instance, lack of basic medical equipment to work with and opportunities for salary supplements will lead to dissatisfaction, which can lead to attrition of health workers to districts where these are available.

A satisfied health worker would ultimately not contemplate leaving the district to other well-endowed districts and thus will make personal decision to stay in the district. However, when there is dissatisfaction the obvious thing to do is seek for either inter-district or inter-regional transfer this has bearing on the current research been conducted by the researcher.

Therefore, the basic premise of the Two-Factor Theory is that if an employer or manager is trying to increase job satisfaction and ultimately job performance for an employee or co-worker, they need to address those factors that affect one's job satisfaction. The most direct approach is to work on the intrinsic, job content factors.

Giving the employee encouragement and recognition helps them to feel more valued within the company, as well as giving a sense of achievement and responsibility.

According to Herzberg the way to motivate the employee is to give him [her] challenging work in which he [she] can assume responsibility. This can be applied to any job within any industry. If the employee does not feel some responsibility associated with a certain task or department, he/she will not feel like her work is worthwhile. In addition, people must believe that they are capable of attaining a goal before they will commit serious energy [or motivation] to it.

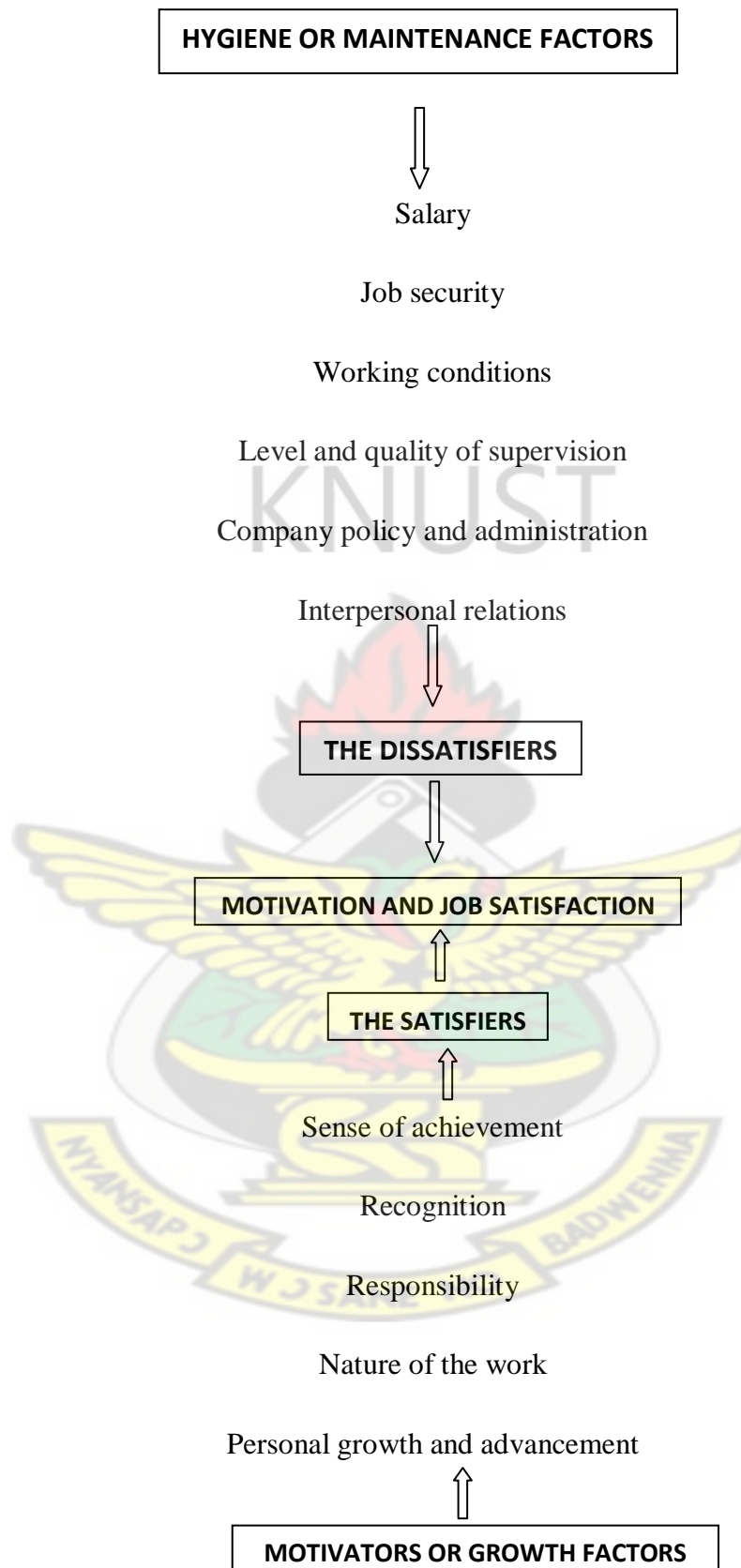
Therefore, it is important to include your employees in the decision-making and at times the job assignment or delegation. This will help the employee to feel more responsible which will lead to a higher level of motivation.

On the other hand, employers need to consider the level of job dissatisfaction among their employees as well. To directly approach the issue of dissatisfaction in the work place and to try to revitalize the environment, employers need to focus on the hygiene or job context factors.

Mullins (2002) stated that in the two-factor theory, job satisfaction and job dissatisfaction are very separate dimensions. Therefore, when trying to improve a factor that affects job dissatisfaction, an extrinsic factor, such as the working conditions, this will not alter the employee's perception of whether they are satisfied with their work; it will only prevent them from being dissatisfied.

Throughout my interviews and analysis, I would like to be able to identify and analyse the factors that affect directly and indirectly health worker motivation and retention. The two-factor theory will therefore have a strong relationship with my study aimed at identifying factors affecting the motivation and retention health workers in the district.





Source: Mullins, (2002: 432).

Figure 2.1: Representation of Herzberg's two-factor theory

2.3 Part II: Health Worker Motivation (Empirical Review)

According to Garcia-Prado (2005), Rowe et al. (2005), Dieleman M. (2006), Franco et al (2000), health professionals are at the heart of any health system and a well-motivated workforce is a prerequisite for a functioning health system. The WHO report (2006), states that the issues around staff shortages, brain drain, low motivation and poor performance of human resource in Sub-Saharan Africa are so enormous that some termed it the 'Africa health workforce crises.' In order to achieve the MDGs in health the report, however noted that the region would require a 139% increase in health workers.

A study by Dieleman & Harnmeije (2006), Gracia-Prado (2005), demotivation of health workers has been identified as a core problem that has led to poor work attitudes and absenteeism and shirking is widely observed.

According to Dieleman & Harnmeije (2006), Luoma (2006) and WHO report (2006), Staff motivation has become a central focus, assuming that a well motivated workforce can overcome obstacles such as poor working conditions and is apt to be strong and sustainable performing, that is a workforce that is actually at work, competent and productive, and given existing resources and circumstances works in ways that are responsive, fair and efficient.

According Bennett S. et al (1999) and Kanfer R., (1999), health worker motivation is a crucial issue in the health sector since health care delivery is labour-intensive and service quality, efficiency and equity is directly affected by worker

motivation. Worker motivation is often mentioned as a major problem to health systems performance in developing and middle-income countries.

Motivation can also be influenced by motivating and de-motivating factors. Pillay R., (2009) and Mbindyo P., et al, (2009), identified motivating factors as Altruism, prestige, professionalism, job security and commitment of managers to improve staff conditions, recognition and appreciation.

Mbindyo P., et al, (2009), identified de-motivating factors as unmet expectations, challenged by the demands of clients, lack of fairness, lack of incentives, poor inter-professional relations, poor communication system, poor salaries, lack of promotions, and poor access to training opportunities.

A study by Melkidezek T. L., et al, (2008), identified de-motivation factors as Low salary, working conditions and inadequate facilities for performing expected duties, lack of concern by employers for staff welfare, lack of participation in decision-making, poor information flow to and from hospital management.

The same study in South Africa by Pillay R., (2009), indicated that professional nurses and doctors were most dissatisfied with their pay, the workload, their career development opportunities and the resource available to them.

A systematic review of motivation and retention of health workers in developing countries (Africa and Asia) by Willis-Shattuck et al 2008, identified seven major themes regarding motivational factors namely; financial in terms of

salary and allowances (90%); career development in regards to possibility to specialise or be promoted (85%); continuing education-having the opportunity to take classes and attend seminars (80%); hospital infrastructure (the physical conditions of the health facility) or work environment (5%); resource availability (refers to equipment and medical supplies that are necessary for health workers to perform their job (75%); hospital management –refers to having a positive working relationship with the management with whom the health workers work with (70%); and personal recognition or appreciation –either from managers colleagues or the community (45%).

A study conducted by Mathauer I., and Imhoff I., (2006), to assess the role of non-financial incentives and human resource management tools on health worker motivation in Africa showed health workers in Benin strongly referred to vocation and professional conscience, i.e. their personal professional values.

Among Kenyan respondents, vocation was equally very dominant. In addition, healing patients, professional satisfaction and recognition were considered important. These aspects nurture health workers' goals. Both dimensions \pm values and goals \pm indicate a strong professional ethos and commitment and strongly appear to translate into the "will-do" component of the motivation process. Likewise, the wish to help patients and professional satisfaction were frequently mention.

A study by Manafa O., et al (2009), on retention of health workers in Malawi indicated that health workers were encourage to take jobs as health professionals within the districts because of the opportunity and ability to assist mankind, coupled

with a spirit of patriotism. They were specifically motivated to remain in the district because of the lower cost of living, the significant impact they made within the communities they served and the fact that they learnt faster on their jobs in the districts compared to their colleagues in the urban areas.

A study by Manafa O., et al (2009), identified one key de-motivating factor, which was mentioned by all cadres of health workers, was monetary. Other de-motivating factors mentioned were lack of proper assistance from the Ministry of Health and poor human resource management practices, including lack of supervision and continuous education. In addition, poor housing and the absence of basic amenities such as water and electricity were considered to negatively affect work performance.

A study by Dieleman M., et al (2006), on the match between motivation and performance management of health sector workers in Mali on 370 health workers identified motivating and de-motivating factors. The motivating factors include feeling responsible, salary increment, receiving training, holding responsibility, appreciation and receiving recognition, receiving promotion, receiving incentives, working within a team spirit, receiving financial benefits from users' fees, and having your partner living near the workplace, and having good colleagues.

Factors that this study found to de-motivate health workers include lack of materials, lack of recognition, difficult living conditions, lack of job description, subjective performance appraisal, poor management, and partner living far away,

poor functioning of the health committee, living far away from an urban centre and living far away from places where decisions are being made.

A study by Peters et al, (2010), on job satisfaction and motivation of health workers in public and private sectors from two Indian states revealed that contrary to common perceptions, many more employees rated motivating factors like ‘‘good working relationships with colleagues’’ (96%), ‘training opportunities’’ (92%), and environmental factors, such as having ‘tools to use skills’’ (92%), and ‘good physical conditions’’ (93%) as more important than income (76%).

A study by Agyepong I. A. et al (2004), on health worker (internal customer) satisfaction and motivation in the public sector revealed low salary, lack of essential equipment, tools, supplies, delayed/perceived unfair promotions, personal means of transport, inadequate in-servicing training, children’s education, official transport for work, inconvenient or unfair transfer procedures as been factors affecting motivation of health workers.

According to Melkidezek T. L. et al (2008), a study conducted in Kenya at Muhimbili National Hospital, found about 45.1% of health workers were dissatisfied with their work. Some were dissatisfied to the extent of considering resignations. In the same study 88% of respondents felt that their employer did not care about their welfare.

This same study also found that acknowledgement for good service and perceived lack of concern by the hospital management for staff welfare together with

other factors generally undermine the work output of the hospital with the potential to significantly compromise the provision of clinical care.

A study by Liese et al (2003), found low motivation amongst workers as a key factor in clinical staff leaving the rural areas for the city or leaving the country altogether.

A study by Dieleman M. (2003) showed that motivation is influenced by both financial and non-financial incentives. The main motivating factors for health workers were appreciation by managers, colleagues and the community. The demotivating factors were related to low salaries and difficult working conditions.

In the same study above, perception of motivation and discouraging factors were identified. The motivating factors were appreciation and support by managers and colleagues, people respect me/appreciate my work, stable job and income, getting more training and love for the work. The discouraging factors were low income and allowance, difficult transportation, no updated information, lack of knowledge and heavy workload without plan.

A study on the perception of working conditions amongst health workers in north-eastern Nigeria by Oluwabunmi O. C. et al (2010), identified non-monetary factors like quality of supervision, availability of tools and materials to work with, staff welfare and career development appear to be important in creating satisfaction with the job environment.

According to the World Health Report 2006, there are several constraints facing health workforce in delivery of interventions aimed at achieving the health related MDGs. One of these problems is low morale and motivation.

The same WHO Report identified opportunities to continue education, training and professional development as important motivating factors for health workers. The lack of professional development has been cited as reasons for health workers to want to leave the rural areas to the urban areas.

According to Kebriaei A. and Moteghedhi M.S. (2009), these factors can be categorized under work-itself, co-workers, management, workload, promotion, organizational structure, working conditions, and payment and benefits.

The relevance of Herzberg's theory for this research is the need to clarify the complex issue of motivation for health workers. The two-factor theory examined in the theoretical literature above makes a distinction between motivating factors (or 'Satisfiers') that are intrinsic to the job and are the prime causes of job satisfaction and dissatisfiers (which Herzberg also calls 'hygiene factors') that are extrinsic to the job and the prime causes of job dissatisfaction, or 'unhappiness on the job'. Motivating factors include achievement, recognition for achievement, the work itself, responsibility, and growth or advancement and lead to job satisfaction. Their absence leads to job dissatisfaction. To motivate and retain health workers attention should be given to the motivating factors or the hygiene factors.

Other noteworthy points that emerged from this literature review are that a person can be relatively satisfied with some aspects of his or her job and dissatisfied with others. This could be either because they fail to fulfil his or her needs and values or because they do not meet his or her expectations; and there is a clear understanding that improving management, workload, promotion opportunities,

organizational structure, working conditions, and pay and benefits are factors that can motivate health workers.

2.4 Part III: Overview of Conceptual Framework

From the literature review on health worker motivation and satisfaction, the researcher will use the conceptual model below to discuss his findings from the empirical data that will be generated.



Source: Adapted Lyn Henderson and Jim Tulloch, 2008

Figure 2.2: Conceptual Model of factors affecting health worker motivation and retention.

Improved salaries and benefits are major financial incentives for workers to remain in the health sector. For example, since the mid-1990s Vietnam has encouraged doctors to work in communes in remote and disadvantaged areas by establishing permanent state staff positions with salaries and allowances from the state budget cited in Henderson et al (2008). This measure has improved the overall numbers of medical doctors working at the commune level in Vietnam; however, there is wide variation between provinces.

The working environment has a strong influence on job satisfaction. Decisions by nurses and doctors to migrate are often related to a poor working environment allude to in Henderson et al (2008). All workers require adequate facilities and conditions to do their jobs properly. While most evidence is anecdotal, the benefits of improving working and living conditions appear to be significant.

It is generally understood that health workers value working conditions that include appropriate infrastructure, water, sanitation, lighting, drugs, equipment, supplies, communications and transportation. A study in Bangladesh revealed that remoteness and difficult access to health centres were major reasons for health worker absenteeism, while health personnel working in villages or towns with roads and electricity were far less likely to be absent as refer to in Henderson et al (2008).

Opportunities to continue education, training and professional development have been identified as important motivating factors for health workers. Programs that focus on local conditions, including training in local languages and in skills that

are relevant to local needs, can help to limit workforce attrition as refer in Henderson et al (2008).

Good supervision and management – including adequate technical support and feedback, recognition of achievements, good communication, clear roles and responsibilities, norms and codes of conduct – are critical to the performance of health systems and the quality of care as refer to in Henderson et al (2008).

Weak support, supervision and management have been identified as factors in job dissatisfaction in many countries, including Fiji, Tonga, Papua New Guinea, Vietnam and Cambodia as cited by Henderson et al (2008).

There is a positive association between the performance of health workers and the clarity of their job descriptions. A survey of Indonesian nurses and midwives found that approximately 47% of them did not have job descriptions and 40% were engaged in work other than nursing or midwifery as cited by Henderson et al (2008). Based on this survey results, clear job descriptions and a performance monitoring system were developed and implemented. Staff reported that the job descriptions together with standards of operation and procedures had given them greater confidence about their roles and responsibilities. It is important that health workers have their skills matched to their tasks.

Resource availability refers to equipment and medical supplies that are necessary for health workers to perform their job well. Agyepong et al (2004), identified lack of essential equipment, tools and supplies to work with as a problem for health workers.

Management –refers to having a positive working relationship with the management with whom the health workers work with and management support for staff welfare issues.

Management strategies to increase recognition and social acceptance of health workers have been shown to increase job satisfaction and motivation. A study of rural health workers in northern Vietnam revealed that appreciation by managers, colleagues and the community was a major motivator. However, positive feedback was lacking when the health workers performed well, and staff appraisals were considered to be for administrative purposes rather than performance improvement as cited by Henderson et al (2008).



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research design, study setting, study population, sample size, sampling technique, data collection procedure, data analysis procedure and ethical consideration.

There are different types of social research methods that can be identified from the literature, namely exploratory research, descriptive research and explanatory research. Peil (1982) stated that much of the social research, especially in developing countries, sets out to explore a new era or at least one about which little is known in the local context. This appropriately describes the present research as a first of its kind in the Kassena-Nankana East District in the Upper East Region. The nature of the research lends towards exploratory research, exploring the association/relationship between staff willingness and motivation to continue to work in a health facilities within the district.

3.2 Research Design

According to Adams and Schvaneveldt (1985:103) “research design refers to a plan, blueprint or guide for data collection and interpretation-a set of rules that enable the investigator to conceptualise and observe the problem under the study”.

The study was a mixed method made up of quantitative survey using self-administered questionnaire and qualitative methods, using focus group discussions (FGDs). The researcher chose this approach because findings from both methods will complement each other to be able to adequately achieve the research objective. The outcome of the quantitative methods will assist in making generalizations about the study population, while that of FGDs will elicit in-depth explanations on the issue of health worker motivation and retention as it pertains to the Kassena-Nankana East District.

3.3 Study Area

The Kassena-Nankana East District is one of the nine Districts in the Upper East Region. It is bordered to the north by Kassena-Nankana West District, to the east by Bolgatanga Municipality, to the west by Builsa District and to the south by West Mamprusi District in the Northern Region.

The district has six administrative sub-districts with health facilities including Central Navrongo, Central East, Central North, Central North-East, Central West and Central South. The health facilities include one district hospital, two health centres, one private clinic, one Christian Health Association of Ghana (CHAG) facility and sixteen functioning Community Health Planning Services (CHPS) zones.

The vegetation is of Sahel and Sudan Savannah types, which consist of open savannah with grassland and deciduous trees. There are densely vegetated areas around riverbanks and forest reserves of Kologo and Naga. The commonest trees are dawadawa, baobab, sheanut, nim and mango. The climatic conditions are made up of pronounced dry and wet seasons.

The wet season starts from May to October and is characterized by rainfall, which peaks in August, averaging around 950 mm, and the dry season. The average temperature in the wet and dry seasons is 29^{oc} and 40^{oc} respectively.

The district has an estimated population of 81,141 with a population density of 92 persons per square kilometre.

(See District Map..... Appendix C)

3.4 Study Population

Trochin (2000) describes a research population as a group that the researcher wants to generalise to and the sample as the group that are selected to be in the study. Sekaran (2000) supported this when he defined a sample as a subset of the population in question and comprises a selection of members from that particular population.

The target population for this study is health workers in the district hospital and two health centres who have been working for more than one year as permanent employees of the district health services. The sample will be drawn from the district hospital and two health centres in the district.

3.5 Sample Size Calculation

There are several methods and software for calculating the sample size of study population. In this study, the researcher used Epi Info STAT CALC Version 6. Epi Info STAT CALC version 6 with a power of 80 and confidence level of 95% was used to determine the sample size.

The sample size that was determined to undertake the study for the quantitative aspect was 62 staff. For the purpose of non-response and incomplete questionnaires, the researcher decided to add 10 staff thus bringing the total sample size for the quantitative aspect to 72 staff.

For the FGDs, the researcher used 24 staff (12 staff each for the hospital and health centres). The total sample size for both the quantitative and qualitative aspect of the study was thus 96 staff.

3.6 Sampling Technique

The district was chosen purposively as the researcher was working in the same district for ease of implementation of the findings to help motivate and retain the available health workers in the district.

The health facilities were also chosen purposively because they provide the largest percentage of health care services in the district and they account for about 65 percent of the staff population of the district. Table 3.1 shows the categories of health workers who participated in the quantitative survey:

Table 3.1: Quota sampling of staff for self-administered questionnaire

Category	Number selected
Professional Nurses	19
Midwives	18
Auxiliary Nurses	20
Other support staff	15
Total	72

For these categories of staff, quota-sampling technique was used to assign quotas to each category. The quota sampling technique was employed because the researcher wanted the different characteristics of the study population to be represented in the sample. For selecting individual study participants, convenience-sampling method was used for the self-administered questionnaire. This means that

everyone who is available and willing to respond at the time the research assistants visited the health facility was selected.

Two focus group discussions were conducted one at the district hospital and one at the central health centre, each consisting of 12 participants and lasting two hours each. Health workers were selected to capture a diversity of views; participants included the following categories of health workers shown in table 3.2 below.

Table 3.2: Selection of FGDs Participants

	District Hospital	Central Health Centre
Profession	Number	Number
Medical Assistants	1	1
Professional Nurses	3	3
Midwives	2	2
Enrolled Nurses	2	2
Laboratory staff	1	1
Pharmacy staff	1	1
Radiography staff	1	0
Other Support staff	1	2
Total Number	12	12

For the selection of the FGDs, participants' quota sampling method was employed whilst convenience sampling was used to select participants from the

various health facilities as shown in table 3.2 above. Thus, anybody who was available when the research assistants visited the health facility was chosen to participate in the FGDs from the various professions, until the quota for that health facility was reached.

3.7 Data Collection Methods

Data collection was carried out through self-administered questionnaire (SQL) and FGDs using questions guide. A pilot study was conducted using six health workers from district hospital and one health centre to test the reliability of the study tools. The piloted responses were excluded from the study results.

The study tools were adjusted and administered to study subjects in the district by two enumerators. Respondents were requested to participate in the study but it was emphasized that participation was voluntary and anonymous.

The purpose of the research study was communicated to the health workers, who were assured that the questionnaires were to be treated with confidentiality and the information was to be used for academic work and for policy change to help motivate, retain and attract health workers in the district.

The survey was conducted first, which lasted one week. Two research assistants were engaged to administer the questionnaire to subjects in the selected health facilities. The nature of the questionnaire was SQL and the response rate was 100 percent.

Then two focus group discussions were conducted one at the district hospital and one at the health centre, each consisting of 12 participants and lasting two hours each for the hospital and health centres respectively.

The main themes for the questions guide were; what can be done to motivate and retain health workers in the district, what makes health workers stay in the district, what motivation schemes are available for health workers (financial and non-financial), how adequately are health workers motivated and do health workers have any others source of income.

Two research assistants were engage for the FGDs. One researcher assistant guided the discussions; one used a tape recorder to record the discussions and took notes.

For both the quantitative and qualitative methods, health workers were selected to capture a diversity of views. Participants included general nurses, enrolled nurses, midwives, laboratory technicians, pharmacy technicians, radiography technicians and other support staff. Efforts were made to ensure that groups were balanced in terms of gender. However, management of the health facilities were excluded from the FGDs so that staff can feel free to express themselves.

3.7.1 Dependent and Independent Variables

Table 3.3 lists the dependent and independent variables that are part of the study. Two separate sets of measures of staff willingness to continue to work in a health facility and motivation to work hard for a facility were used as dependent variables.

Table 3.3: Dependent and independent variables

Dependent Variables (row)	Independent Variables (column)
Staff willingness to continue to work in a health facility	Staff happiness at work side
	Staff satisfaction with present remuneration
	Managerial support for staff welfare issues
	Availability of basic medical supplies
	Management recognition and appreciation for good work done
Motivation to work hard for health facility	Availability of good residential accommodation
	Managerial support for staff welfare issues
	Cordial relationship between management and staff
	Availability of basic medical supplies
	Staff satisfaction with present remuneration
	Management recognition and appreciation for good work done
	Availability of opportunities for further education and training

3.8 Data Analysis

Data from the questionnaire survey was analysed using Statistical Package for Social Sciences (SPSS) version 16.0. The demographic characteristics and frequency distributions of respondents were first determined using the SPSS, then two-tailed Pearson correlation analysis and Chi-square analysis was conducted to test the hypotheses of this research.

The correlation and chi-square analysis assisted in determining both the form and degree of association/relationship between staff willingness to continue to work in a health facility, staff motivation to work hard for a health facility and other important independent variables stated above in sub-section 3.7.1 tables 3.3. Thus, both the strength of the association between variables and level of statistical significance were assessed.

The focus group discussions were recorded by tape and were transcribed after the data collection process. The data was summarized on master sheets according to the type of response. The discussions were analysed by coding the main themes as expressed by the participants using content analysis.

3.8.1 Hypothesis Testing

According to Colin (2007), a hypothesis is a speculation about one or more variables that can be tested to see if it holds true.

He outlined the steps involve in hypothetico-deductive approach to research briefly as follows; identify your research question, generate some ideas, develop testable hypotheses, you then chose some measures for the variables in the hypothesis, the next stage is to collect data to test the hypothesis, you then collect data to see whether they support the hypothesis and finally, if the analysis shows that the hypothesis is not true then, although negative results are generally less enthralling than positive ones, the findings is still worthwhile.

The hypothesis of the study is concerned with establishing an association between staff willingness to continue to work in a health facility, Staff motivation to work hard for a health facility and some very important independent variables that influence motivation and retention of staff. The researcher use statistical tests to test the strength and direction of the association between these variables of the hypothesis.

- **Pearson Correlation Analysis**

Using SPSS Version 16.0, Pearson correlation coefficient was conducted in order to establish if an association exist between the independent and the dependent variables of health workers in the district.

According to Colin (2007), correlation is a measure of association between two or more variables, and is calculated from standardised measures of covariance. In other words, correlation is the degree of association between two or more variables

and expresses the extent of this association by means of correlation. There are three types of correlation: positive, negative and zero.

There measure of correlation indicate both the strength and direction (+ or -) of the association between two variables. The statistic calculated is the Pearson correlation coefficient (r) and it ranges between -1 and +1. The nearer the value of r is to zero, the weaker the association, and the closer to unity (- or +), the stronger the association.

In summary, the sign of the Pearson correlation coefficient represent the nature of the direction of the relationship, and its absolute value indicates the strength, with larger values indicating stronger relationships. In this study, the correlation, which represents the nature of the association, will be base on the following interpretations of correlation coefficients.

Table 3.4 Interpreting correlation coefficients

Correlation coefficient	Strength
0.0 to 0.2	Very weak, negligible
0.2 to 0.4	Weak, low
0.4 to 0.7	Moderate
0.7 to 0.9	Strong, high, marked
0.9 to 1.0	Very strong, very high

Source: Colin (2007:217)

The statistical significance (p-level) of the results represents a decreasing index of the results. This means that the higher the p-value, the less we can trust that the observed relation between variables in the sample is reliable indicator of the relation between the respective variables in the population. The p-level refers to the probability of error that is involved in accepting the observed results as valid, that is, as a representative of the population.

In this study, the following procedure will be used to test the statistical significance of the hypothesis: If the computer generated p-value is less than the level of significance of 0.05, the researcher will accept the hypothesis and conclude that there is a statistical significance and either positive/negative relationship between the variables under study. If on the other hand, the p-value is greater than the level of significance of 0.05, then the researcher will reject the hypothesis and conclude that there is no statistical significance and positive/negative association between the variables under the study (Sekaran, 2000).

It is very critical in study of this nature to specify whether the test is one-tailed or two-tailed. In this study, a two-tailed test is applied because the relationship is expected but the direction of the relationship cannot be predicted.

- **Chi-squared Tests (χ^2)**

The chi-squared test (χ^2) informs researchers as to whether the collected data are close to the value considered typical and generally expected, and whether two

variables are related to each other. Cross-tabulations were used to analyse the questionnaires results and chi-squared was used in association with it.

Cross-tabulation is the comparing of respondent's answers to one question in relation to their answers in other questions. In this study, respondent's answers on willingness to continue to work in a health facility and motivation to work hard for the health facility were compared with various important selected independent variables that affect staff motivation and retention.

The chi-squared statistic used was the two-way tables. A significance of 0.05 was used because it is the standard for social science research. The assumption for the chi-squared test is: a sufficiently large sample size (Some will set the minimum sample size at 50, while others would allow as few as 20), data are random, there must be adequate cell sizes (A common rule is 5 or more in each cell of a 2-by-2 table, and 5 or more in 80% of cells in larger tables, but no cell size with zero count), observations are independent, observations must have the same distribution, hypothesis are non-directional, observations have finite values and deviations (observed minus expected values) have a normal distribution.

3.9 Quality Control

Research assistants were trained on the study objectives and how to go about collecting the data. There was pre-testing of the instruments at the hospital and the health centre. This was done to ensure that systematic errors, consistency in flow of

questions and estimating the time taken to answer each questionnaire. Meticulous cleaning of data was done.

3.10 Ethical Considerations

Permission for conducting the study was first obtained from the District Director of Health Services for the two health centres and the Medical Superintendent for the Hospital.

Each selected study participant was informed about the purpose of the study and also told they were free to refuse to participate or answer any of the questions without any consequences. Because the study was anonymous and has no risk, verbal consent was solicited from the participants prior to the interview.

3.11 Conclusions

This chapter presented the methodology of the research and the process of data collection and analysis. The research design was outlined. Information regarding the sample size and number of participants, included in the final statistical analysis was also presented.

A summary of data collection method was then given. The two instruments used in the research were discussed in details. Finally, the statistical analysis of the

hypothesis was highlighted. The chapter also included the ethical considerations that needed to be taken into consideration when doing the actual data gathering.

The following chapter will present the data analysis and discussion of the results of the study.

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CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF RESULTS

4.1 Introduction

This chapter presents the data analysis and discussion of the results of the study. First, the demographic characteristics of respondents are provided, and then the results of the correlations and chi-squared analysis and FGDs are presented. the results are also discussed in this chapter.

4.2 Demographic Characteristics of Respondents

A total of 72 health workers participated in the study. Of these 66.7% were females and 33.3% were males. Majority 70.8% were under 40 years and 29.2% were above 40 years. Work tenures among study participants ranged from one to 30 years. Among the various category of study participations were 26.4% professional nurses, 25% midwives, 20.8% were other support staff, 27.8% were auxiliary nurses.

4.3 Summary of Major Findings from the Quantitative Data.

The major findings from the quantitative data are summarised in Table 4.1 below:

Table 4.1: Frequency distribution of respondents

Variables	N	Frequency (Percentage)	
		Yes (%)	No (%)
Clear job description	67	51 (76)	16 (24)
Opportunities for professional advancement	68	47 (69)	21 (31)
Clear and fair promotion criteria	59	24 (41)	35 (59)
Performance feedback by management	64	37 (58)	27 (42)
Cordial relationship between management and staff	56	36 (64)	20 (36)
Free expression of views to management	61	34 (56)	27 (44)
Recognition for good work	58	37 (64)	21 (36)
Adequate pay for job	66	14 (21)	52 (79)
Happy at work place	68	30 (44)	38 (56)
Good residential accommodation	66	8 (12)	58 (88)
Happy to continue working with facility	68	41 (60)	27 (40)
Perception of work load	66	22 (33)	44 (68)
Satisfied with present remuneration	69	12 (17)	57 (83)
Good interpersonal relationship among staff	66	40 (61)	26 (39)
Basic medical supplies for work available	70	12 (17)	58 (83)
Motivated to work hard for facility	72	30 (42)	42 (58)
Opportunity for continuing education	60	42 (70)	18 (30)

N=number of respondents to the variable. The total number of respondents to the whole study was 72

From the above table,

- The staffs of the district think that their job descriptions were clear (76%).
- Staff thought that there was availability of opportunities for professional development (69%).
- (64%) of staff said management recognized and appreciated the work they did.
- There was cordial relationship between management and staff of the health facilities (64%).
- Majority (88%) of staff said their residential accommodation situation was not good.
- Staff expressed willingness to continue to work in the district (60%).
- Staff who said they were not satisfied with their present salaries (83%).
- Lack of basic medical supplies to work with (83%)
- About half (58%) of staff interviewed said they were not motivated to work hard for their health facilities.

4.4 Results of the correlation analysis

The individual research hypotheses that were documented in section 1.4 of this study were tested. The results are presented below.

4.4.1 Hypothesis One

H₁: There is a positive association between staff satisfaction with present remuneration and their willingness to continue to work in a health facility.

Table 4.2: Staff remuneration and willingness to continue to work.

	Willingness to continue to work in the health facility
Satisfied with present remuneration	0.219 (p<0.077)
Correlations are significant at p<0.05 N = 66	

From the above table 4.2 there was weak and insignificant positive association between staff Willingness to continue to work in the health facility and satisfaction with present remuneration ($r = 0.219$, $p < 0.077$). This was also confirmed by the chi-square test ($\chi^2 = 3.1$, $df = 1$, $p < 0.075$). The researcher rejects the hypothesis and concludes that there is insufficient evidence, at the 5% level of significance of association between willingness to continue to work in the health facility and staff satisfaction with present remuneration. This implies that inadequate salary remuneration, though undesirable, is not enough reason for health workers to stop working with the health facility.

4.4.2 Hypothesis Two

H₂: There is a positive association between staff satisfaction with present remuneration and their motivation to work hard for a health facility.

Table 4.3: Staff remuneration and their motivation to work hard

	Motivation to work hard for the health facility
Satisfaction with present remuneration	0.306 (p<0.010)
Correlations are significant at p<0.05 N = 69	

From table 4.3 it is evident that there is a weak, but significant positive relationship between staff motivation to work hard for a health facility and staff satisfaction with present remuneration ($r = 0.306$, $p < 0.010$). This was also confirmed by the chi-square test ($\chi^2 = 6.8$, $df = 1$, $p < 0.011$). The researcher therefore accepts the hypothesis and concludes that there is sufficient evidence, at the 5% level of significance, of a positive relationship between staff motivation to work hard and staff satisfaction with present remuneration. This implies that even though salary remuneration has a positive effect on hard work, it is not a very strong factor.

4.4.3 Hypothesis Three

H₃: There is a positive association between staff happiness at work side and their willingness to continue to work in a health facility.

Table 4.4: Staff happiness at work and willingness to continue to work

	Willingness to continue to work in the health facility
Happiness at work side	0.655 (p<0.001)
Correlations are significant at p<0.01 N = 65	

It is clear from table 4.4 that there is a moderate, but significant association between staff willingness to continue to work in a health facility and staff happiness at the work side ($r=0.655$, $p<0.001$). This was also confirmed by the chi-square test ($\chi^2=27.8$, $df=1$, $p<0.001$). The researcher therefore accepts the hypothesis and concludes that there is sufficient evidence, at 1% level of significance, that there is a positive association between staff willingness to continue to work in the health facility and staff happiness at work side. This means that when workers are happy at the work side they are more likely to continue to stay and work for the health facility.

4.4.4 Hypothesis Four

H₄: Staff willingness to continue to work will be influence by management support for staff welfare.

Table 4.5: Management support for staff welfare and willingness to continue to work

	Willingness to continue to work in the health facility
Managerial support for staff welfare	0.443 ($p<0.001$)
Correlations are significant at $p<0.01$ N = 61	

It is evident from table 4.5 that there is a moderate, but significant relationship between staff willingness to continue to work in the health facility and

managerial support for staff welfare issues ($r = 0.443$, $p < 0.001$). This was also confirmed by the chi-square test ($\chi^2 = 11.9$, $df = 1$, $p < 0.001$). The researcher accepts the hypothesis and concludes that there is sufficient evidence, at 1% level of significance that there is a positive relationship between staff willingness to continue to work in the health facility and managerial support for staff welfare. This implies that management support for staff welfare has close to 50% influence on staff willingness to continue work in the health facility.

4.4.5 Hypothesis Five

H₅: Staff willingness to continue to work will be influence by the availability of basic medical supplies to work with.

Table 4.6: Availability of basic medical supplies and willingness to continue to work

	Willingness to continue to work in the health facility
Availability of basic medical supplies	0.277 ($p < 0.024$)
Correlations are significant at $p < 0.05$ N = 66	

From table 4.6 it is clear that there is weak, but significant association between staff willingness to continue to work in the health facility and availability of basic medical supplies to work with ($r = 0.277$, $p < 0.024$). This was also confirmed by the chi-square test ($\chi^2 = 5.0$, $df = 1$, $p < 0.024$). The researcher therefore accepts the

hypothesis and concludes that at 5% level of significance, there is a positive association between staff willingness to continue to work in the facility and the availability of basics medical supplies to work with. By implication, it means that even though availability of medical supplies is important to deliver satisfactory health care services, its lack does not provide a strong justification for staff to be unwilling to work in the health facilities.

4.4.6 Hypothesis Six

H₆: Motivation to work hard for a health facility will be influence by cordial relationship between management and staff.

Table 4.7: Cordial relationship between management and staff and motivation to work hard

	Motivation to work hard for the health facility
Cordial relationship between management and staff	0.295 (p<0.028)
Correlations are significant at p<0.05 N = 56	

It is evidence from table 4.7 that there is weak, but significant relationship between staff motivation to work hard for the health facility and cordial relationship between management and staff ($r = 0.295$, $p < 0.028$). This was also confirmed by the chi-square test ($\chi^2 = 4.8$, $df = 1$, $p < 0.028$) The researcher therefore accepts the hypothesis that motivation to work hard for a health facility will be influence by cordial relationship between management and staff. In other words, cordial

relationship between management and staff is necessary, but not crucial to motivate staff to work hard.

4.4.7 Hypothesis Seven

H₇: There is a positive relationship between staff motivation to work hard and the availability of basic medical supplies to work with.

Table 4.8: Availability of basic medical supplies and motivation to work hard

	Motivation to work hard for the health facility
Availability of basic medical supplies	0.387 (p<0.001)
Correlations are significant at p<0.01 N = 70	

From table 4.8 it is evidently clear that there is a weak, but significant positive relationship between staff motivation to work hard for a health facility and the availability of basic medical supplies ($r = 0.387$, $p < 0.001$). This was also confirmed by the chi-square test ($\chi^2 = 10.4$, $df = 1$, $p < 0.001$). The researcher therefore accepts the hypothesis and concludes that there is sufficient evidence, at 1% level of significance, of a positive relationship between staff motivation to work hard and the availability of basic medical supplies to work with. The implication is that availability of medical supplies to work with is important for staff performance, even though its lack is not a strong de-motivator to work.

4.4.8 Hypothesis Eight

H₈: There is a positive association between staff motivation to work hard and the availability of opportunities for further training and continuing education.

Table 4.9: Availability of opportunities for further training and motivation to work hard

	Motivation to work hard for the health facility
Availability of opportunities for further training and continuing education.	0.406 (p<0.001)
Correlations are significant at p<0.01 N = 60	

From table 4.9 it is clear that there is moderate, but significant positive association between staff motivation to work hard and the availability of opportunities for further training and continuing education ($r = 0.406$, $p < 0.001$). This was also confirmed by the chi-square test ($\chi^2 = 9.8$, $df = 1$, $p < 0.002$). The researcher therefore accepts the hypothesis and concludes that there is sufficient evidence, at the 1% level of significance, that there is positive association between staff motivation to work hard for a health facility and availability of opportunities for further training and continuing education. The implication is that more than a third of the staffs see availability of opportunities for further training and continuing education as having a significant influence on their motivation to work hard.

4.5 Other Results of Correlation Analysis

The results also showed that there was extremely weak and insignificant positive relationship between staff willingness to continue to work in the health facility and the following key variables: cordial relationship between staff and management ($r=0.184$, $p<0.179$), free expression of views to management ($r=0.177$, $p<0.187$), recognition and appreciation ($r=0.061$, $p<0.660$), perception of workload ($r=0.082$, $p<0.519$), interpersonal relationship among staff ($r=0.186$, $p<0.144$) and clear and fair promotion criteria ($r=0.179$, $p<0.186$). The researcher base on the above cannot accept that there is a relationship between these variables and since at 5% level of significance there is insufficient evidence to conclude positively.



Table 4.10: Results of Crosstabulations & Correlation Coefficient of Key Variables

Dependent Variables (row)	Independent Variables (column)	N	Chi-squared Frequency (Percentage)				p-value	Correlations		
			Yes	%	No	%		Pearson coefficient	p-value	N
Staff willingness to continue to work in a health facility	Staff happiness at work side	38	28	74	10	26	P<0.001	.655**	0.001	65
	Staff satisfaction with present remuneration	40	10	25	30	75	p<0.075	0.219	0.077	66
	Managerial support for staff welfare issues	37	26	70	11	30	p<0.001	.443**	0.001	61
	Availability of basic medical supplies	40	10	25	30	75	p<0.024	.277*	0.024	
	Management recognition and appreciation for good work done	31	22	71	9	29	p<0.653	0.061	0.660	54
	Availability of good residential accommodation	39	7	18	32	82	p<0.028	.277*	0.028	63
Motivation to work hard for health facility	Managerial support for staff welfare issues	27	18	67	9	33	p<0.031	.268*	0.031	65
	Cordial relationship between management and staff	25	20	80	5	20	p<0.028	.295*	0.028	56
	Availability of basic medical supplies	29	10	35	19	66	p<0.001	.387**	0.001	70
	Staff satisfaction with present remuneration	29	9	31	20	69	p<0.011	.306*	0.010	69
	Management recognition and appreciation for good work done	24	19	79	5	21	p<0.041	.269*	0.041	58
	Availability of opportunities for further education and training	25	23	92	2	8	p<0.002	.406**	0.001	60

One of the questions on motivation to work hard was whether staffs feel motivated to work hard for their health facility.

The results shows that about 58% of all categories of staff were not motivated to work hard for their health facility. The researcher went further to find reasons why the 58% said they were not motivated to work hard for the facility. The following were some of the reasons:

The staff felt that the hospital was doing very little or nothing at all about staff motivation as most of them reported that they were not motivated by the hospital. A staff said “*there is absolutely no motivation for us*”.

Staff also expressed their rational for not been motivated because certain essential materials and utilities were not available for them to work with. For instance one interviewee said “*at times wards do not have water to wash hands how much more to drink during work*”.

Some also said they were not motivated to work hard because the health facility management did not motivate them by recognizing and appreciating their work. For example, one interviewee said “*the motivation is not necessary money or anything big but just saying well done to staffs and providing a comfortable place for them to stay*”. Another interviewee said “*there are no urinary facilities in the ward I work and no toilet in the quarters I stay*”.

Some of the staff also expressed their lack of motivation because they feel they are not working as a team and some of the staff do not respect one another. An interviewee said “*we do not actually work as a team because our team leaders don’t listen to some of the team members and easily push blames*”. One interviewee said “*the respect for other staff is not there making us feel not wanted*”.

Others also said that they felt management or administration does not show concern about their welfare. An interviewee said “*administration is not so much concerned about staff welfare*”.

The last qualitative question on the SQL was meant to find out whether staffs have any suggestions on how to improve staff motivation and retention in their facility.

The responses from staff can be divided into financial and non-financial inducements. Some of the financial inducements suggested by staff are, giving staff some bonuses at the end of the year, paying part of the Internally Generated Funds (IGF) to staff as motivation allowance. The staffs think that if these are done it will motivate them to stay in the district.

Some of the non-financial inducements suggested by staff also include, availability of opportunities to go to school, renovate staff quarters, equal opportunities for workshops, good interpersonal relationship between staff and management, provision of all necessary supplies for work, well furnished nurse station and recognition and appreciation.

4.6 Summary of Major Findings from Focus Group Discussion

Major findings from the Focus Group Discussions were:

The first variable was what staff think can be done to motivate and retain health workers in the district?

Health workers will be motivated to stay in the district if they are provided with good residential accommodation, appreciated by their superiors, had cordial working relationship with colleagues, and had supplies to work with and many others.

The second variable was what makes health workers stay in the district?

Health workers stay in the district because of social ties and the fact that they come from this district, availability of social amenities in the district, good working relationship and the fact that if they want transfers it would be refuse.

The third variable sort to find out what motivational schemes are available for health workers in the district (both financial and non-financial)

Health workers in the district reported that there was no motivational scheme for them in the district. Some of the comments on this variable was ‘*there is no*

motivation scheme for us we are just working because the government is paying us to work’’; ‘‘there is not a single financial motivational scheme available for staff’’.

The fourth was how adequately health workers feel they are motivated in the district.

Health workers reported that there was no motivational scheme in place not to talk of it been adequate.

The final variable in the FDG was whether health workers in the district have any other source of income.

Health workers reported that they had no any other sources of income apart from their salaries. A comment on this was *‘‘we depend solely on the government salary since there are no private clinics here for locum work’’*.

The FGDs results are presented in table 4.11 below:

Table 4.11: Results of Focus Group Discussions

Variable	Hospital Workers	Health Centre Workers
What makes health workers stay in the district?	<ul style="list-style-type: none"> -Some of us stay because of social ties -Sponsor people to attend courses so as to return and serve the District -Good working relationship, decent accommodation, etc. -Dissemination of vital information to all staff -Certain social amenities like constant electricity supply, internet services. - Other income earning avenues like engaging staff on leave and paying them for their services instead of importing such services -Adequate logistics to enhance staff performance 	<ul style="list-style-type: none"> -Promote attention to staff concerns -because we come from this district -even if you want transfer they will not agree for you to go.
What motivation schemes are available in the district for health workers? [Financial and non-financial]	<ul style="list-style-type: none"> -Not a single financial motivational scheme available to staff. -We had a thousand and one empty promises but we have not seen any being implemented. In fact top level management's policies are far better than their implementations. 	<ul style="list-style-type: none"> -no motivation scheme for us we are just working because government is paying us to work. -the health centre has never given us any motivation

How adequately are you motivated?	<p>Absolutely no motivation!</p> <p>Rather, staff renovated government residential facilities to make it moderately habitable for their personal use. The worse of it the whole situation is that, staff are not always allowed to use the facility to compensate for their investment, but they immediately implement government rent deductions.</p>	<p>-we don't even have any motivation package not to talk about it been adequate.</p>
	<p>NO! Not a coin dropped in the palms of workers.</p>	<p>-we depend solely on the government salary since there are no private clinics here for locum work.</p>

4.7 Discussions of Results

The results of the frequency distribution showed in table 4.1 clearly portrays that staff were not satisfied with their present remuneration, which is consistent with studies conducted elsewhere. Agyepong et al (2004) found that low salary is the most frequently mentioned workplace obstacle. This was also consistent with another

study in a Kenya Hospital by Melkidezek T. et al (2008), when staff cited low salaries as source of dissatisfaction with their work.

The results also show that apart from this financial factor staff mentioned various non-financial factors as a source of motivation or de-motivation for them to remain to work in the district.

The availability of basic medical supplies to work with was a factor that staff cites, as either been a source of motivation or de-motivation. This study found that majority of the respondents reported lack of availability of basic medical supplies to work with (83%). Dieleman M., et al, (2006), identified lack of materials as a de-motivation factor.

Other non-financial factors identified in this study are recognition and appreciation, opportunity for further education, cordial relationships between management and staff and feedback on performance by management using various assessment tools.

The above results shown in table 4.10, indicates there was a positive association between staff willingness to continue to work at health facilities in the district and staff happiness at the work side, managerial support for staff welfare issues, availability of basic medical supplies to work and availability of good residential accommodation.

This therefore suggests that when managers pay attention to staff happiness at work, managerial support for staff welfare issues, the provision of basic medical supplies and make accommodation available it will increase staff motivation and retention in the district. During the FGD participants also mentioned some of these factors as things that could motivate and retain them in the district.

Other researchers have found similar positive relationship between motivation and retention of health workers in other countries. A systematic review of motivation and retention of health workers in developing countries (Africa and Asia) by Willis-Shattuck et al, 2008 identified seven major themes regarding motivational factors.

These factors are namely, financial in terms of salary and allowances, career development in regards to possibility to specialise or be promoted, continuing education-having the opportunity to take classes and attend seminars, hospital infrastructure (the physical conditions of the health facility) or work environment, resource availability (refers to equipment and medical supplies) that are necessary for health workers to perform their job, hospital management –refers to having a positive working relationship with the management with whom the health workers work with, and personal recognition or appreciation –either from managers colleagues or the community.

Contrary to the findings of Willis-Shattuck et al (2008), however, this research has found that there was no statistically significant relation between

willingness to continue to work in health facilities in the district and satisfaction with present salaries.

In spite of this unexpected finding from the survey results, participants at the FGD all concur that there was the need to give them both financial and non-financial incentives. They mentioned things like payment of part of the Internally Generated Funds (IGF) monthly as motivation allowances and for the non-financial aspect, they mentioned provision of good working environment, renovation of their accommodation units, provision of essential supplies and many others.

It should be possible to reconcile these seemingly contradictory findings from the quantitative and qualitative results. Salaries may be inadequate, but there are no better salaries elsewhere within Ghana, so there is no reason to leave. In fact, health workers in Ghana are perceived to be relatively well paid compared to many public sector workers, even though the health workers still feel their salaries are not commensurate with their workload. Salaries may be better in other countries, especially the developed ones, but it is not easy to get job in the developed countries.

Another interpretation is that, financial incentives such as salary may be necessary but not sufficient condition for staff willingness to continue to work. Other non-financial incentives are also important as other findings of the study show.

Finally, as far as local factors of motivation are concerned, staff might feel that because the local management does not determine salary increments, there is no reason to leave the district because of salaries.

Management recognition and appreciation of staff good work was also not significantly related to willingness of staff to continue to work, according to the survey findings, even though FGDs participants expressed this as a need. Again, staff recognition may be necessary, especially in the short-run but not sufficient condition, especially for the long-term, for staff willingness to continue to work in the district.

The results also indicate statistically significant positive association between motivation to work hard for health facilities in the districts and managerial support for staff welfare issues, cordial relationship between management and staff, availability of basic medical supplies, satisfaction with present salary, management recognition and appreciation for good work done by staff and availability of opportunities for further education.

Research findings from the Asian Pacific Region by Lyn Henderson et al (2008); indicate that improved salaries and benefits, together with improved working conditions, supervision and management, and education and training opportunities are important in motivating and retaining health workers.

These findings suggest that local facility managers must endeavour to improve on the above factors in order to boost staff motivation and retention in the district. As some of the staff stated, they need non-financial incentives to boost their moral to work hard for the facilities, having acknowledged that local management cannot do much to improve their salary levels.

In essence, there are more to a manager's role in motivating employees to remain in the district other than compensation, good working conditions and other non-financial factors. Herzberg argued in the theoretical literature review that for an employee to be truly motivated, the employee's job has to be fully enriched where the employee has the opportunity to achievement and recognition, stimulation, responsibility and advancement.

The results of the study seem to correspond with Herzberg's theory for motivation at the workplace: financial and non-financial factors are important to retain health workers but alone are insufficient to motivate them, recognition and feeling of achievement can influence motivation and improvement in performance of health workers. Managers therefore need to be extra careful in their selection of the most appropriate motivational schemes that can solve the problem of staff retention in the district.

The findings from the focus group discussions, indicates that health workers in the district were not aware of any motivation scheme for them either local or national. This suggests that the national motivation scheme of providing vehicles for health workers on hire purchase is not seen as a motivation scheme by health workers in the district. There is therefore need to review the national scheme to include a good number of health personnel.

Findings from the focus group discussions clearly indicate that health workers in the district think that there are no motivational schemes for them. It was therefore not surprising for staff to make comments like "*no motivation for us we*

are just working because government is paying us to work’’, ‘‘management promises but they don’t deliver it’’ and ‘‘in fact, top level management policies are far better than their implementation’’.

After analysing the research findings and discussing the results, it is necessary to draw conclusions and make recommendations and in the next chapter five.



CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The previous chapter analysed the results of the research and this chapter will discuss, conclude and make recommendations for further research on motivation and retention of health workers and the implications of the findings for practice.

5.2 Conclusions

The main objective of this research was to provide evidence to assist in the development of realistic strategies to motivate and retain staff in the Kassena-Nankana East District. This study has amply demonstrated that there is statistically significant relationship between staff willingness to continue to work in health facilities in the district, staff motivation to work hard and key motivating factors, which are often thought to influence motivation and retention of health workers.

This means that if local managers want to motivate and retain staff in the district they need to pay attention to staff happiness at the work side, managerial support for staff welfare issues, availability of basic medical supplies to work with, availability of good residential accommodation, cordial relationship between

management and staff, management recognition and appreciation for good work done by staff and availability of opportunities for further education.

These findings also revealed that financial incentives, though necessary, are not sufficient for staff motivation.

Overall findings from this research suggest that staff happiness at the work side, managerial support for staff welfare issues, availability of basic medical supplies to work with, availability of good residential accommodation, cordial relationship between management and staff, management recognition and appreciation for good work done by staff and availability of opportunities for further education plays a very important role in motivation and retention of health workers in the district.

5.3 Implication for practice

This research work has provided some evidence to assist management of the district health services to develop realistic and pragmatic strategists to motivate and retain health workers.

The research will therefore make the following strategic recommendations to the district health authorities for implementation to motivate and retain their few staff.

- i. Management of health facilities in the district need to improve on their working relationship with employees and how staff welfare issues are

handled. Staffs need the support of their managers in times of difficulties with work side obstacles or personal problems which they need to confide in somebody for assistance. Managers need to pay particular attention to issues of staff ailment and ensure that they find time to visit sick staff as this will show them that they have a caring management.

- ii. There is the urgent need to improve on the availability of logistics at all level of the district health services since lack of logistics is a de-motivating factor for staff in the district.
- iii. Recognition and appreciation of the good work done by staff is key issue that should be tackled seriously by health managers in health facilities in the district. Just walking around the departments observing and thanking the staff alone is a motivating factor for them to wanting to stay in the district. Managers must therefore make a conscious effort to institute staff recognition and appreciation weeks monthly where they could just go round acknowledged, recognized and appreciate the work done by their staff.
- iv. There is the need to institute a motivation scheme for staff of the district by health managers at the local level and not to wait on the national level. Staff will appreciate basic motivation schemes such as employee of the month award.
- v. Opportunities for further education should be made available to staff who satisfied the criteria to go to school and more in-service trainings should be

organised yearly for staff to update their knowledge in contemporary medical practice.

5.4 Recommendation for further research

The sample size for this study was so limited that replication of the study with a bigger sample size in other districts will be highly desirable. In this regard, similar studies in deprived districts in Ghana would seem appropriate.



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Appendix A: Question Guide for Focus Group Discussion

Seating (around)

Introductions

Brief introduction of the survey

Focus Group Discussion (No right or wrong answers. Disagree is okay)

Confidentiality

Tape record (because can't remember by heart)

Take notes (in case tape breaks down)

Guides:

- What can be done to motivate and retain health workers in the District?
- What makes health workers stay in the district?
- What motivation schemes are available in the district for health workers?
[Financial and non-financial]
- How adequately are you motivated?
- Do you have any other source of income?

Summarise points raised

Thank participants

APPENDIX B: Self-Administered Questionnaire (SQL)**Date:.....**

The following information is being collected to solicit your views on health worker motivation and retention in the Kassena-Nankana East District for academic purposes. Please respond to the questions to the best of your ability. Remember, all the information will be kept completely **confidential**, therefore, **do not** write down your name.

Consent: Would you accept to the answer the following questions? Yes ☐ No ☐

Instructions

Answer each question with a tick in the box or a short response where appropriate in the space provided.

Q No.	Questions	Options (✓)	Code
1.	What category of staff are you?	Professional Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Auxiliary Nurses <input type="checkbox"/> Other Support Staff <input type="checkbox"/>	1 2 3 4
2.	What is your age (years)?	
3.	How long (years) have you been working for this hospital/health centre?	
4.	What is your sex?	Male <input type="checkbox"/> Female <input type="checkbox"/>	1 2
5.	My job duties, requirements, and goals are clear and specific.	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	1 2 3
6.	My job provides me with opportunities for advancement to higher levels jobs.	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	1 2 3
7.	The Ghana Health Service promotion criteria are clear and fair?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	1 2 3
8.	My managers and supervisors provide me with feedback about the effectiveness (e.g. quality and quantity) of my performance.	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	1 2 3
9.	What is your perception about managerial support for staff welfare?	Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Don't Know <input type="checkbox"/>	1 2 3

10	Is the relationship between management and staff of this hospital/health centre cordial?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	1 2 3
11	Do you feel comfortable saying what you think to the hospital/health centre management?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	1 2 3
12	Are you appreciated and recognized for good work in this hospital/health centre.	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	1 2 3
13	Are you happy at your work place?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	1 2 3
14	Is your residential accommodation conditions good?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	1 2 3
15	Are you willing to continue working for this hospital/health centre?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	1 2 3
16	What is your perception of the workload?	Happy and satisfied <input type="checkbox"/> Overworked <input type="checkbox"/> Don't know <input type="checkbox"/>	1 2 3
17	Are you satisfied with your present remuneration?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	1 2 3
18	Is there good interpersonal relationship among staff in this hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	1 2 3
19	Are all the basic medical supplies you need for your work available?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	1 2 3
20	Do you have chance for further training and/or continuing education?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	1 2 3
21	Do you feel motivated to work hard for this hospital/health centre? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> If No Why.....		1 2 3

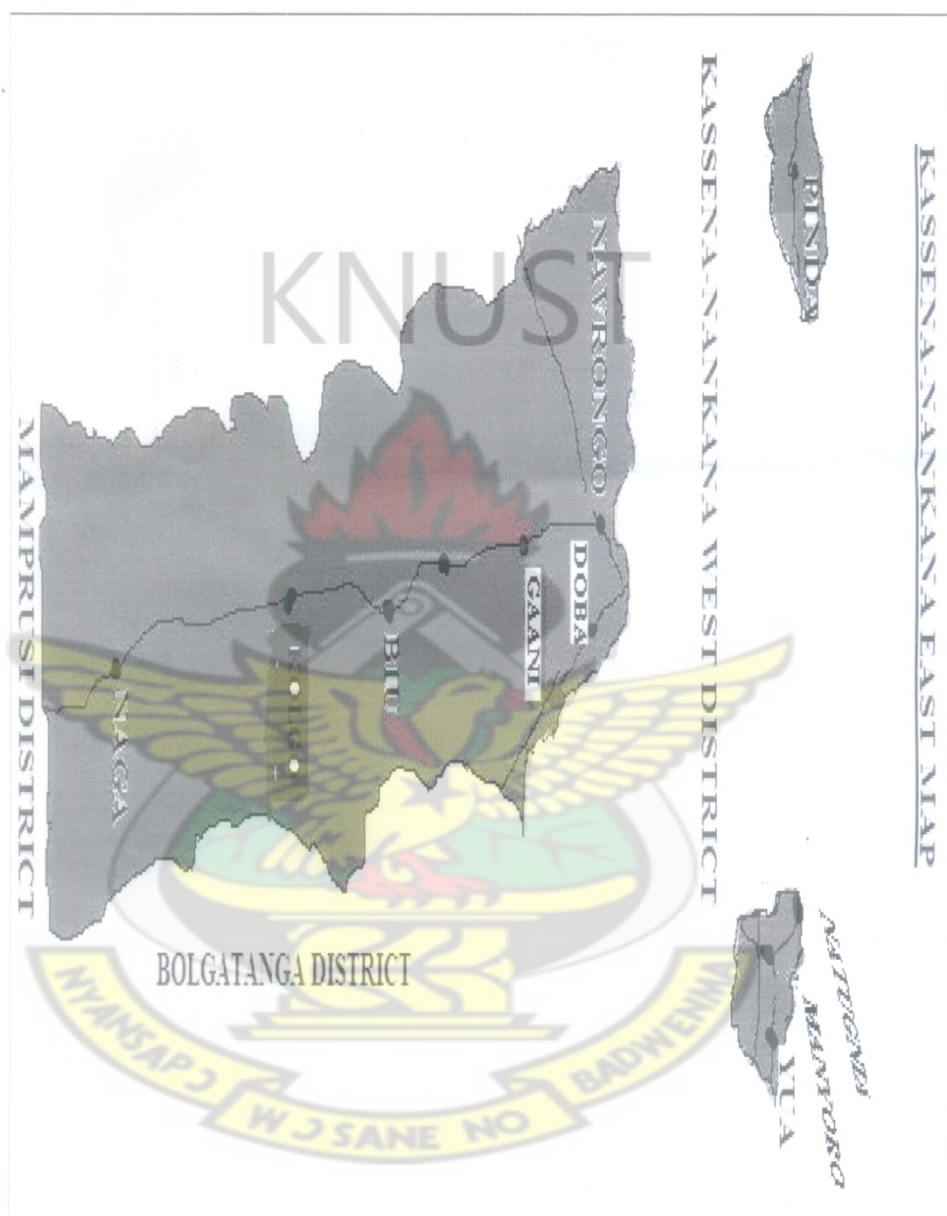
 	
22	Do you have any suggestions on how to improve staff motivation and retention in this hospital/health centre? 	

THANK YOU.

KNUST




APPENDIX C: KASSENA-NANKANA EAST DISTRICT MAP



APPENDIX D: APPROVAL LETTERS

16


18/03/11


OUR CORE VALUES

- People-Centered
- Professionalism
- Team work
- Innovation
- Discipline
- Integrity

My Ref: GHS/UE/KNDHA/ G-24
Your Ref. No

District Health Administration
Kassena Nankana District
Ghana Health Services
P. O. BOX 8, Navrongo
Tel/Fax (03821) 22313
E-MAIL knedhd@yahoo.com

17th March, 2011


Your Health - Our Concern

✓ THE MEDICAL SUPT., WAR MEMORIAL HOSPITAL - NAVRONGO
MEDICAL ASSISTANT, NAVRONGO HEALTH CENTRE
MEDICAL ASSISTANT, KOLOGO HEALTH CENTRE

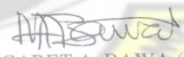
LETTER OF INTRODUCTION
MR. KOFI KONLAN
STUDENT – KNUST

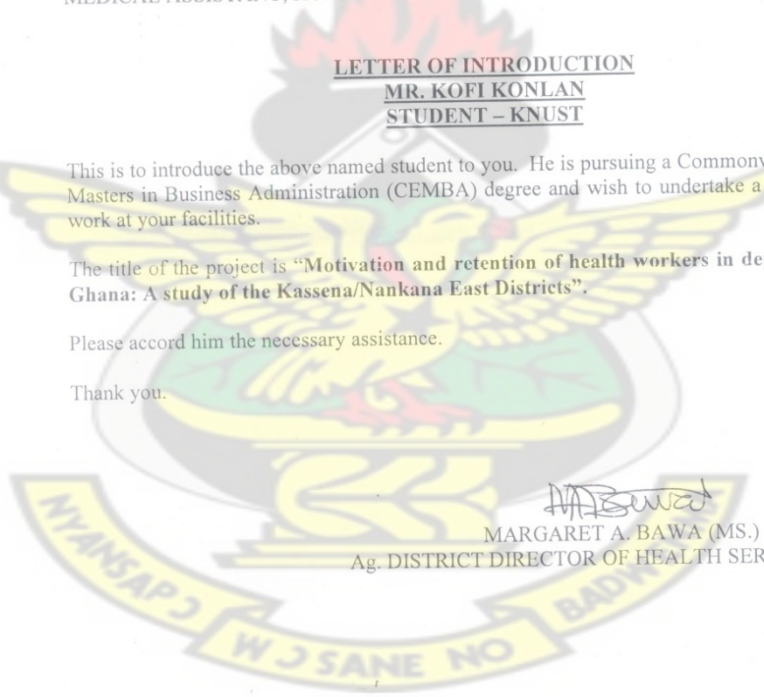
This is to introduce the above named student to you. He is pursuing a Commonwealth Executive Masters in Business Administration (CEMBA) degree and wish to undertake a research project work at your facilities.

The title of the project is “Motivation and retention of health workers in deprive district in Ghana: A study of the Kassena/Nankana East Districts”.

Please accord him the necessary assistance.

Thank you.


MARGARET A. BAWA (MS.)
Ag. DISTRICT DIRECTOR OF HEALTH SERVICES - KND



In case of reply the number and date of this letter should be quoted

OUR CORE VALUES

1. *People-Centered*
2. *Professionalism*
3. *Team work*
4. *Innovation*
5. *Discipline*
6. *Integrity*

My Ref: GHS/WMH/G-71⁴

Your Ref. No



War Memorial Hospital,
Ghana Health Services,
P. O. Box 34,
Navrongo, UER,
GHANA.

Date: 10th March, 2011

Tel: (03821) 22662/22647

Fax: (0742) 22679

Email: warmemorialhospital@yahoo.com

**KOFI KONLAN
C/O INSTITUTE OF DISTANCE LEARNING
KNUST
UNIVERSITY POST OFFICE
KUMASI, GHANA**

LETTER OF APPROVAL

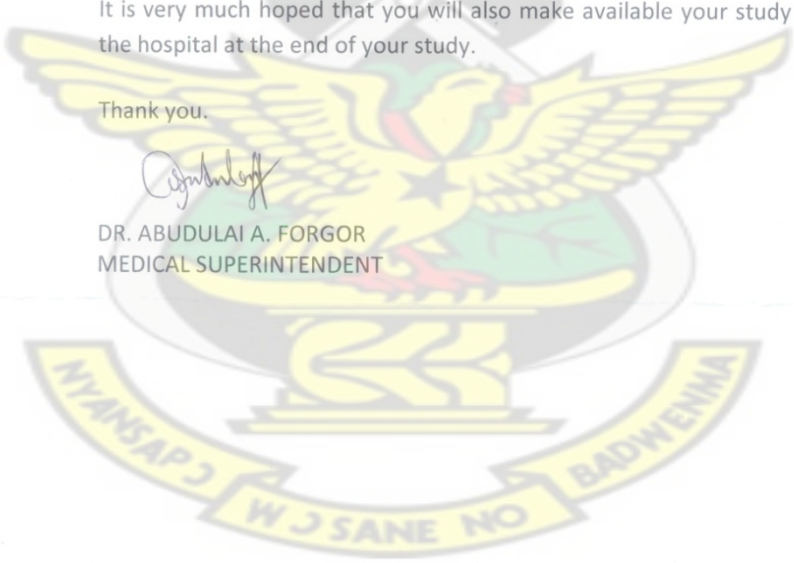
This serves to inform you that you have been given approval to undertake your research work in the hospital on your topic: ***"Motivation and retention of health workers in deprive districts in Ghana: A study of the Kassena-Nankana East District."***

The approval follows the submission of your proposal.

It is very much hoped that you will also make available your study findings to the hospital at the end of your study.

Thank you.

**DR. ABUDULAI A. FORGOR
MEDICAL SUPERINTENDENT**



APPENDIX E: COVERING LETTER

C/O INSTITUTE OF DISTANCE
LEARNING
KNUST
UNIVERSITY POST OFFICE
KUMASI, GHANA
8TH MARCH, 2011

TO: ALL STUDY PARTICIPANTS

**DISTRICT HEALTH SERVICES
KASSENA-NANKANA EAST DISTRICT
POST OFFICE 8
NAVRONGO-UER**

Dear Sir/Madam,

COVERING LETTER

I am a second year student of the Kwame Nkrumah University of Science and Technology (KNUST) pursuing a Commonwealth Executive Masters in Business Administration (CEMBA) degree. I intend to conduct a research project as part of the course requirement. The title of my study is **“Motivation and retention of health workers in deprive districts in Ghana: A study of the Kassena-Nankana East District.”**

You will be involved in the study to answer some questions on a questionnaire and 12 health workers will be involved in focus group discussions. It will be done in March 2011.

No risks are associated with the study and the results would be used for academic purposes and also assist design strategies to motivate and retain health workers in the district.

For confidentiality, names will not be written down and as soon as the questionnaires are completed the research assistants will collect them. Upon completion of the study, the questionnaire will be destroyed but information will be used. You are free to refuse or withdraw your consent and no punishment measures will be taken against you.

Thank you in advance.

Yours faithfully

**KOFI KONLAN
[STUDENT]**

APPENDIX F: REQUEST TO USE KNED AS STUDY SITE

C/O INSTITUTE OF DISTANCE
LEARNING
KNUST
UNIVERSITY POST OFFICE
KUMASI, GHANA
8TH MARCH, 2011

**THE DDHS
KASSENSA-NANKANA EAST DISTRICT
POST OFFICE 8
NAVRONGO-UER**

Dear Sir/Madam,

REQUEST TO USE KASSENSA-NANKANA EAST DISTRICT AS A RESEARCH SITE

I am a second year student of the Kwame Nkrumah University of Science and Technology (KNUST) pursuing a Commonwealth Executive Masters in Business Administration (CEMBA) degree. I intend to conduct a research project as part of the course requirement. The title of my study is **“Motivation and retention of health workers in deprive districts in Ghana: A study of the Kassena-Nankana East District.”**

I would like to request your permission to utilize staff of the district hospital, Navrongo Health Centre and Kologo Health Centre to be research subjects for the study from March 2011.

A self-administered questionnaire and focus group discussions will be used to collect data. There are no risks involved in the study and the results would assist to design strategies to motivate and retain health workers in the district.

Your consideration will be greatly appreciated.

Yours faithfully

**KOFI KONLAN
[STUDENT]**