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## Effect of Motivation on Job Satisfaction of Health Workers in a Tertiary Hospital in Southern Nigeria

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### Abstract

**Background:** Motivation of health workers is important in improving their job satisfaction and overall health outcomes. The objective of the study was to determine the motivations that will improve job satisfaction of health workers in our setting.

**Methodology:** It was a quasi-experimental study. Following ethical approval, data collection was carried out with the aid of semi-structured, self-administered questionnaires using the Likert scale. Data collection was done before and after interventions in the form of improved supervision and leadership enhancement for supervisors, staff involvement in decision-making and presentation of awards to outstanding staff. Data was analysed using descriptive and inferential statistics. The frequencies, percentages and means of the parameters were obtained. The critical mean rating (MNR) of '3' was selected as the neutral point.

**Results:** Following the interventions, the following parameters showed increased mean rating: interest in career improvement (8.7%), provision of adequate leadership by supervisors (15.7%), effective communication from supervisors (9.4%), involvement in decision-making (2.7%) and opportunity for skill improvement (8.7%). About one-third (28.3%) of the respondents believed that training would improve their job satisfaction. One-third (33.3%) of the supervisors suggested their staff would be motivated by training, 24.2% suggested financial incentives while 15.1% suggested provision work materials.

**Conclusion:** Leadership enhancement, involvement in decision-making, reward system, training, financial incentives and provision of work materials are the motivations needed for job satisfaction. Policies from the management to enhance productivity of should include these interventions.

**Keywords:** Health Workers; Job Satisfaction; Motivation

## **Introduction**

Motivation of health workers has attracted a lot of attention across the globe (Kabene et al., 2006). It constitutes interventions instituted to enhance effective utilization of human resources (WHO, 2006). Healthcare workforce is one of the three core health system inputs, the others being infrastructure and healthcare consumables (WHO, 2010). Human resources constitute one of the six building blocks of a health system, the others being service delivery, health information systems, access to essential medicines, financing and leadership (WHO, 2011).

Quality healthcare depends on policies that ensure health workers who are capable of delivering excellent care are available in sufficient numbers (WHO, 2006). The performance of health workers depends not only on their experience, knowledge, skills and competence, but also on their motivation and job satisfaction, as well as the availability of support systems such as the management style, information communication technology and reward systems (Zurn et al., 2005; Adekunle *et al*, 2017).

Various interventions have been implemented to enhance job satisfaction of health workers in different settings. These include financial incentives, enabling work environment, provision materials for work, involvement of workers in decision making, improved supervision, continuing education, introduction of reward systems, among others. (Arshad et al., 2016). Job satisfaction has also been shown to influence job performance of health workers (Arsad et al., 2016; Ugwa *et al*, 2016). Motivations are therefore important to achieving the objective of improved performance of health personnel.

The National Human Resources for Health (HRH) Policy (FMOH, 2006), the National Human Resources for Health Strategic Plan for 2008-2012 (FMOH, 2008) and the National Strategic Health Development Plan Framework (2009-2015) (FMOH, 2009) all identified the problems of the healthcare workforce in Nigeria as poor motivation, absence of a human resource plan, lack of co-ordination, dearth of skills, differential conditions of service, poor remuneration, poor supervision and negative attitude to work, among others (FMOH, 2009). These documents however did not highlight specific incentives in the form human resource management interventions needed to motivate the healthcare workforce and the effect of such interventions.

There is thus the need for a study that will provide useful insights into which interventions are effective in improving health workers' satisfaction in our environment. The objective of the study was to determine which motivations are needed to improve job satisfaction of health workers. The outcomes of the study will give policy direction to healthcare managers as to the incentives to introduce to motivate health workers for better job satisfaction.

## **Methodology**

The study was carried out among the staff of a tertiary hospital in Southern Nigeria. The study was a quasi-experimental (before-after) study. It was carried out from April to June 2019 among 61 personnel obtained using convenience sampling. Staff who were not willing to provide the

needed information were however excluded from the study. It was a quantitative study conducted by using two sets of semi-structured, self-administered questionnaires - one for the supervisors and the other for the other employees. The questions comprised both closed-ended five-point Likert scale-type questions and open-ended questions designed to assess job satisfaction and career needs of the respondents pre-and post-intervention. Ethical approval was obtained from the Research and Ethics Committee of the institution (NOFIC/E&RM/87/Vol.1/34). Following the first round of data collection exercise from the employees which served as the pre-intervention data, a series of interventions were instituted. These comprised improved supervision including leadership enhancement training for supervisors, involvement of staff in decision-making and presentation of awards to outstanding staff. Post-intervention data was collected after these interventions were instituted.

Descriptive and inferential statistics was employed. The frequencies, percentages, means, medians and modes and standard deviations of parameters were obtained. The critical mean rating (MNR) of '3' which was the midpoint between the lowest score of 1 and the highest score of 5 was selected as the logical neutral point. MNR below 3.0 implied poor outcomes. The results were presented in tables.

### **Results**

Table 1 shows the socio-demographic characteristics of the respondents both pre-and post intervention. Table 2 shows the effect of interventions on selected parameters using the responses of the employees on the Likert scale. Different parameters were used to assess job satisfaction of the respondents. These were subjected to data analysis using mean ratings and compared before and after the interventions. Mean rating (MNR) more than 3.0 is whereas MNR less than 3.0 is poor.

The highest increase in mean score (0.52; 15.7%) was obtained in response to assessment of provision of adequate leadership by the supervisors. This was followed by effective communication from supervisors with increase in mean score of 0.30 (9.4%). Assessment of opportunity to learn on the job and skill improvement gave an increase in mean score of 0.24 (8.7%). An increase in mean score of 0.32 (8.7%) was obtained on assessment of respondents' interest in career development. Involvement in meetings and decision-making gave a mean increase of 0.08 (2.7%).

Table 3 shows the responses of the staff to factors they believed would improve their job satisfaction. Factors the respondents believed would improve their job satisfaction included training/capacity building (28.3%), availability of work materials (21.7), Payment of entitlements (15.2%), Provision of conducive work environment (15.2%) and Employment of more personnel (6.5%) among others. Table 4 shows the supervisors' suggestions on ways to motivate employees. One-third (33.3%) of the respondents suggested training/capacity building, 24.2% suggested payment of entitlements and other financial incentives while 15.1% suggested provision of work materials.

Table 1 Socio-demographic characteristics of the respondents

Socio-demographic Characteristics	Frequency (%) (Pre-intervention)	Frequency (Post-intervention)
<b>Age (years)</b>		
20-29	0 (0.0)	2 (7.7)
30-39	17 (70.8)	8 (30.8)
40-49	6 (25.0)	15 (57.7)
50-59	1 (4.2)	1 (3.8)
Total	24	26
<b>Sex</b>		
Male	11 (45.8)	3 (12.5)
Female	13 (51.2)	21 (87.5)
Total	24	24
<b>Marital Status</b>		
Single	4 (16%)	3 (12)
Married	21 (84%)	20 (80)
Widowed	0 (0.0)	2 (8%)
Total	25	25
<b>No. of years in the Establishment</b>		
Less than 2	0 (0)	1 (3.8)
2-5	4 (17.4)	6 (23.1)
6-10	17 (73.9)	10 (38.5)
More than 10	2 (8.7)	9 (34.6)
Total	23	26

Table 2 Effect of health worker motivation intervention

Parameter Assessed	Pre-Mean	Post-Mean	Mean Increase	% Mean Increase
Interest in career improvement	<b>3.68</b>	<b>4.00</b>	<b>0.32</b>	<b>8.7%</b>
Job satisfaction	2.83	2.80	0.03	1.1%
Confidence in the hospital management/leadership	2.92	2.38	0.54	18.5%
Satisfaction with benefits/remuneration	2.68	2.00	0.68	25.4%
Understanding of job description	3.84	3.65	0.19	5.0%
Understanding of vision/mission/mandate of Centre	3.96	3.23	0.73	18.4%
Existence of enabling working environment	3.04	2.85	0.19	6.25%
Availability of facilities and tools to work with	2.64	2.38	0.26	9.8%
Supervisors provision of guidance/adequate leadership	<b>3.32</b>	<b>3.84</b>	<b>0.52</b>	<b>15.7%</b>
Effective communication/information from Supervisor	<b>3.20</b>	<b>3.50</b>	<b>0.30</b>	<b>9.4%</b>
Involvement in meetings/decision-making	<b>2.96</b>	<b>3.04</b>	<b>0.08</b>	<b>2.7%</b>
Cordial working relationship among staff	3.80	3.80	0.0	0.0%
Opportunity to learn on the job and skill improvement	<b>2.76</b>	<b>3.00</b>	<b>0.24</b>	<b>8.7%</b>
Availability of trainings/capacity-building	2.04	2.04	0.0	0.0%
Promotion as and when due	3.96	3.00	0.96	24.2%

Table 3 Factors the respondents believed would increase their job satisfaction

<b>Factors that would increase their job satisfaction</b>	<b>Frequency (%)</b>
Training/capacity building	13 (28.3)
Availability of work materials	10 (21.7)
Payment of entitlements / benefits	8 (17.4)
Conducive work environment	7 (15.2)
Employment of more personnel	3 (6.5)
Enhanced placement at entry	2 (4.3)
Promotion	1 (2.2)
Change of department	1 (2.2)
Provision of accommodation	1 (2.2)
<b>Total</b>	<b>46 (100)</b>

Table 4 Supervisors' suggestions on ways to motivate employees

<b>Supervisors' suggestions for motivation</b>	<b>Frequency (%)</b>
Training/capacity building	11 (33.3)
Payment of entitlements / benefits	8 (24.2)
Availability of work materials	5 (15.1)
Reward system	4 (12.2)
Conducive work environment	2 (6.1)
Employment of more personnel	1 (3.0)
Communication	1 (3.0)
Promotion	1 (3.0)
<b>Total</b>	<b>33 (100)</b>

**Discussion**

This study addresses one of the most important predictors of effectiveness of the Nigerian health system – job satisfaction of the workforce. It seeks to identify human resource management interventions that can result in a motivated workforce.

**Interest in career improvement**

The mean score of the respondents regarding their interest in career improvement improved after the interventions. Aspirations that will result in good career outlook are good intrinsic motivators that will improve employees' attitude to work, enhance personal development as well as the overall growth and progress of the establishment. Daud (2016) showed that there is a significant positive relationship between opportunities for career growth and job satisfaction. Another study by Zerei and Najafi (2016) revealed that career development was a key motivator for health workers. Generally employees in a competitive environment such as the healthcare industry desire career development to remain relevant in an ever-changing field.

### **Job satisfaction**

Job satisfaction had a poor mean score both before and after the interventions as the interventions carried out did not improve the respondents' perception of this. Factors that may be responsible for this included leadership style and welfare issues and lack of conducive working environment. Raziq and Maulabakhsh (2015) demonstrated the relationship between work environment and job satisfaction. Ugwu and Ugwu (2016) in a study in northern Nigeria reported that most of the nurses were satisfied with their jobs. Healthcare managers will need to introduce extrinsic motivators to improve the satisfaction of the workers.

### **Provision of guidance and adequate leadership**

The score on provision of guidance and adequate leadership by supervisors was good and it improved remarkably following the interventions. This implies that the employees benefitted from adequate supervision. This was not unexpected as improved supervision including leadership enhancement training for supervisors was one of the three interventions instituted. Uduma et al. (2017) showed that the absence of quality supervision demotivated health workers. In contrast adequate supervision by managers can improve job performance and the quality of clinical outcomes (Parand et al., 2014). Therefore, regular supportive supervision should be emphasized as a morale-booster and a motivator for employees' job performance.

### **Transmission of effective communication and information**

The score on transmission of effective communication and information was good and it also improved remarkably following the interventions. It also implies that the employees benefitted from two of the interventions namely, improved supervision including leadership enhancement training for supervisors and involvement of staff in decision-making. Effective communication between a supervisor and subordinate and use of feedbacks motivates employees for better job performance. Leshabari et al. (2008) noted that poor communication was a cause of job dissatisfaction.

### **Involvement of employees in decision-making**

Involvement of employees in meetings and decision-making showed a poor score but it improved following interventions. It implies that the employees benefitted from one of the interventions. Involvement in decision-making motivated the employees as can be seen from this study. Lephala et al. (2008) opined that nurses are more satisfied when involved in decision-making. The score of the responses of the participants to the availability of opportunity to learn on the job and skill improvement was poor but it improved following the interventions. This also implies that the employees benefitted from the motivation interventions. Opportunities for personal growth and improvement are important for job satisfaction and will lead to improved job performance (Nemmaniwar & Deshpande, 2016).

### **Training and capacity building**

Training and capacity building gave poor scores pre-and post-intervention. This was not part of the interventions experimented in this study. This may be a reason why the score for job

satisfaction was poor. It means that any intervention that will motivate employees for better job satisfaction and performance must incorporate training (Dieleman *et al*, 2003). Training was also consistently suggested as motivations that would improve job satisfaction and performance. A relationship exists between training and a motivated healthcare workforce (Momanyi *et al*, 2016). Training also ranked first on supervisors' suggestions to motivate employees. This was followed by payment of entitlements and financial incentives, provision of work materials, introduction of awards/reward system and provision of conducive work environment. These are similar to the recommendations of Leshabari *et al* (2008).

Policies from the management towards enhancing productivity of their staff should include training, financial incentives, provision of work materials, awards for outstanding staff and provision of conducive work environment.

### **Limitation of the study**

The study was limited by the small size of the respondents.

### **Conclusion**

The motivation interventions carried out resulted in improvements in interest of staff in career improvement, provision of adequate leadership, effective communication from supervisor, involvement in decision-making and improved opportunity for learning and skill improvement. They however did not improve remuneration, working environment, availability of materials to work with and opportunities for training. Both the workers and their supervisors believed training and capacity building, financial incentives and provision of work materials are needed motivations.

### **Policy Recommendations / Key Messages**

Not all interventions will motivate healthcare workers. Therefore there is need for more studies to identify what motivates workers in this setting so that they can be instituted.

Policies from the management should incorporate regular training and capacity building, regular leadership training for supervisors, presentation of awards to outstanding staff, provision of conducive work environment, provision of work materials and financial incentives. A policy of regular and mandatory staff training should be initiated by the Federal Ministry of Health, Also, funds appropriated for staff training should be prioritized and monitored by the legislature just like funds for capital projects.

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