BINDURA UNIVERSITY OF SCIENCE EDUCATION

GRADUATE SCHOOL OF BUSINESS

THE CHALLENGES OF MOTIVATION OF EMPLOYEES IN THE HEALTH DELIVERY SYSTEM OF THE PUBLIC HEALTH SECTOR OF DEVELOPING COUNTRIES: A CASE STUDY OF HARARE CENTRAL HOSPITAL.

By

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SUPERVISOR: DR R.M. RUSIKE

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Of Harare Central Hospital.

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YEAR DEGREE AWARDED: 2018

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This thesis is dedicated to my late loving and caring sister Reverend Nyarai Mugoti. May her soul rest in eternal peace.
DECLARATION

I Bernard Mugothi hereby declares that the thesis, “The Challenges of Motivation of Employees in the Health Delivery System of the Public Health Sector of Developing Countries: A Case Study of Harare Central Hospital” is his own work and that all sources that have been referred to and quoted have been indicated and acknowledged with complete reference.

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My sincerest acknowledgement goes to the staff and management of Harare Central Hospital especially the employees for their time and patience during the data collection exercise.
ABSTRACT

A great attention has been placed on employee motivation and performance the world over. The public health sector presents unique challenges with respect to motivation and employee performance. Managers are often required to operate with limited resources and restrictions on the ability to replace employees. This study investigates the challenges of motivation of employees in the health delivery system of the public health sector of developing countries a case study of Harare Central Hospital. Employees are the life-blood of any organisation. Employee cooperation cannot be substituted by anything else. It is vital that employees are motivated to be assured of the achievement of the organisation’s objectives. A motivated workforce is an asset that appreciates in value over time, thereby directly contributing to organisational performance.

The study adopted a quantitative paradigm, which entailed a structured questionnaire with Harare Central, a national referral hospital in Zimbabwe being the focus organisation. Stratified random sampling technique was used to draw a sample of 96 respondents. A set of descriptive statistics including bar graphs, pie charts and frequency tables were used to present the results of the study.

Good financial rewards were found to be necessary to influence the behaviour of employees so as to enhance organisational performance. Motivated employees are inspired and committed to the organisation. The results obtained indicated that if employees are motivated, it improves their effectiveness and efficiency for achieving the organisational goals. It was concluded that motivation strategies play an important role in boosting the organisation’s performance since it encourages positive morale which is an important aspect in employees’ performance hence organisational performance.

The recommendations are that, to motivate employees, the government should continuously review and improve employees’ salaries and also ensure that these salaries are timeously paid. The researcher also recommended that public health sector employees should receive their competitive financial rewards timeously.
Chapter 1: Introduction and Background

1.0 Introduction ............................................................................. 1

1.1 Background of study .................................................................. 1

1.2 Ministry of Health and Child Care’s Role .................................. 2

1.3 Relationship with the Non-Governmental Organisations (NGOs) .......... 2

1.4 Hospital infrastructure............................................................. 3

1.5 Illegal drugs ............................................................................. 4

1.6 Organisational Structure of HCH ............................................. 4

1.7 SWOT Analysis for Harare Hospital Central Hospital .................... 6

1.8 The business environment....................................................... 6

1.9 Socio-economic and demographic context .................................. 7

1.10 Legal environment................................................................ 8

1.11 Technology ......................................................................... 9

1.12 Economic Environment....................................................... 9

1.14 Social Environment............................................................ 9

1.15 Globalisation ..................................................................... 10
1.16 Medical Ethos ......................................................................................................................... 10
1.17 Statement of the research problem .......................................................................................... 11
1.18 Standard Operating Procedures .............................................................................................. 11
1.19 Minister of Health and Child Care Statement for the National Health Strategy for Zimbabwe .................................................................................................................. 12
1.20 Research objectives ................................................................................................................... 12
1.21 Research questions .................................................................................................................... 12
1.22 Propositions ............................................................................................................................... 12
1.23 Research assumptions ................................................................................................................. 13
1.24 Justification of the research ....................................................................................................... 13
1.25 Significance of the study ........................................................................................................... 14
1.26 The nature of the problems being investigated ........................................................................... 14
1.27 Delimitations .............................................................................................................................. 14
1.28 Chapter Summary ...................................................................................................................... 15

**Chapter 2: Literature Review** .................................................................................................. 15

2.0 Introduction ............................................................................................................................... 15
2.1 Challenges affecting health delivery system in the public sector ............................................ 16
2.2 Performance delivery levels of health services in government hospitals .................................. 19
2.3 Level of employee motivation in the public health sector ........................................................ 21
2.4 Employee Performance .............................................................................................................. 22
2.5 Motivation .................................................................................................................................. 24
2.6 Factors Affecting Employees’ Motivation ................................................................................. 25
2.7 Previous Research on Employee Motivation ............................................................................ 26
2.8 Types of Motivation ................................................................................................................... 28
2.9 Extrinsic motivation .................................................................................................................... 28
2.10 Intrinsic motivation .................................................................................................................. 29
2.11 Motivational challenges in the public sector ........................................................................... 30
4.2.2 Classification of respondents by gender

4.2.3 Classification of respondents by number of years served at HCH

4.2.4 Classification of respondents by educational background

4.3 Extrinsic Factors that Influence Employee Motivation

4.3.1 Monetary compensation or salary structure influences employee motivation

4.3.2 The Management styles influence on employee motivation

4.3.3 Job enrichment by HCH influences employee motivation

4.3.4 Effective dissemination and availability of information influences motivation

4.3.5 The quality of work environment influences employee motivation

4.3.6: The type of employee – management relationship influences motivation

4.3.7 Availability of promotion opportunities employee motivation

4.3.8 Co-workers influence employee job motivation

4.3.9 The nature of employees jobs influence their motivation

4.4 Intrinsic Factors that Influence Employee Motivation

4.4.1 Appreciation by HCH influence employee motivation

4.4.2 Skills requirement impact on employee motivation

4.4.3 Influence of current motivational strategies at HCH

4.4.4 Trust exhibited at the workplace influences employee motivation

4.4.5 Constant feedback on employee performance influence motivation

4.4.6 Employee responsibilities impact on overall motivation

4.4.7 Level of fairness in treatment at workplace influences employee motivation

4.4.8 Employee perception on training and skills development influences motivation

4.4.9 Perception about - contribution to hospital’s growth influences motivation

4.4.10 Employee empowerment and autonomy influence employee motivation

4.5 The Impact of Employee Motivation on Employee Performance

4.5.1 Employee motivation directly impact on absenteeism levels

4.5.2 Employee motivation directly influences employee productivity
4.5.4 Employee motivation impacts on employee safety practices...............................68
4.5.5 Employee stress is associated with workplace motivation..............................68
4.5.6 Employee new skill acquisition rates is attributable to motivation.......................69
4.5.7 Performance of employees affect overall hospital performance.........................69
4.5.8 Other factors which influence employee motivation ........................................70
4.5.9 Recommendations for improving employee motivation levels.............................71
4.60 Verbal responses from interviews .......................................................................71
4.6.1 The challenges affecting health delivery system at Harare Central Hospital .........71

4.6.2 Performance delivery levels of departments at Harare Central Hospital ..........71
4.6.3 The level of motivation of employees at Harare Central Hospital........................72
4.6.4 Motivational strategies implemented at Harare Central Hospital .......................72
4.6.5 Challenges affecting health delivery system .......................................................72
4.61 Correlation Analysis ..........................................................................................76

Chapter 5: Conclusion and Recommendations .........................................................78
5.0 Introduction ..........................................................................................................78
5.1 Achievement of Research objectives .................................................................78
5.3 Conclusions .........................................................................................................79
5.4 Answer to questions ............................................................................................80
5.4.1. The challenges affecting the health delivery system at Harare Central Hospital.....80
5.4.2 Performance delivery levels of the Harare Central Hospital departments ............80
5.4.3 Level of motivation of employees at Harare Central Hospital ...........................80
5.4.4 Motivational strategies implemented at Harare Central Hospital .......................81
5.5 Policy Recommendations .......................................................................................81
5.6. Managerial Recommendation .............................................................................81
5.6.1 Challenges affecting health delivery system at Harare Central Hospital .............81
5.6.2 Harare Central Hospital departmental performance delivery levels ..................82
5.6.3 Levels of employee motivation at Harare Central Hospital..........................82
5.6.4 Motivation strategies in use at Harare Central Hospital ..............................82
5.7 Contribution to Research..............................................................................83
5.8 Generalisation of findings...........................................................................83
5.9 Research Limitations...................................................................................84
5.10 Areas of further research............................................................................85
5.11 Chapter summary........................................................................................85

References:.......................................................................................................86
List of figures

Figure 2.1 The internal worker motivation process..........................................................22
Figure 2.2: Forms of intrinsic motivation........................................................................29
Figure 2.3: Figure 2.3: Maslow’s hierarchy of needs.......................................................34
Figure 2.4: Adam’s Equity Theory....................................................................................37
Figure 2.5: Herzberg’s Two-factor Theory.......................................................................38
Figure 2.6: McGregor’s Theories Theory X and Theory Y..............................................41
Figure 2.7: Conceptual framework – Motivation Tools..................................................42

Figure 4.1: Classification of respondents by Age group..................................................51
Figure 4.2: Classification of respondents by gender........................................................52
Figure 4.3: Monetary compensation / salary structure influence motivation..................54
Figure 4.4: Management style influence employee motivation........................................54
Figure 4.5: Job enrichment influences employee motivation..........................................55
Figure 4.6: Dissemination and availability of information influences employee motivation.56
Figure 4.7: The employee – management relations influence motivation........................57
Figure 4.8: Co-workers influence employee motivation ..................................................59
Figure 4.9: Appreciation by HCH influence employee motivation...................................60
Figure 4.10: Employee satisfaction by HCH’s motivational strategies............................61
Figure 4.11: Employee responsibilities impact on overall motivation............................63
Figure 4.12: Employee empowerment and autonomy influences employee motivation.....65
Figure 4.13: Employee motivation impact on employee safety practices..........................68
Figure 4.14: Performance of employees affect overall hospital performance....................70
Figure 4.15: Salary structure............................................................................................73
Figure 4.16: Management style.......................................................................................74
Figure 4.17: Job enrichment.............................................................................................74
Figure 4.18: Information flow..........................................................................................73
Figure 4.19: Work environment.......................................................................................73
Figure 4.20: Relationships...............................................................................................74
Figure 4.21: Promotion opportunities..............................................................................74
Figure 4.22: Co-worker influence....................................................................................75
Figure 4.23: Recognition.................................................................................................74
List of tables

Table 1. 1 DFID’s support to Zimbabwe’s health sector ................................................................. 3
Table 1. 2: SWOT Analysis of HCH .................................................................................................. 6
Table 1. 3 Actual versus planned government health expenditures US$ 2009 - 2013 .............. 7
Table 1. 4: Diarrhoea and Dysentery Cases, 2008 - 2004 ................................................................. 7

Table 2. 1: Physicians and Nurses per 100 000 population in sub-Sahara Africa 2004: . . . 18
Table 2. 2: Outcomes of organisational performance........................................................................ 20

Table 3. 1: Population Distribution .................................................................................................. 46
Table 3. 2: Sample size of each stratum .......................................................................................... 48

Table 4. 1: Classification of respondents’ years of service at HCH ................................................. 52
Table 4. 2: Classification of respondents by educational background........................................... 53
Table 4. 3: The quality of work environment influences employee motivation.............................. 56
Table 4. 4: Availability of promotion opportunities influences employee motivation...................... 58
Table 4. 5: Level of employee motivation is influenced by the nature of their jobs .................... 59
Table 4. 6: Skills requirement impact on employee motivation ....................................................... 61
Table 4. 7: Trust exhibited at the workplace influences employee motivation.............................. 62
Table 4. 8: Constant feedback on employee performance............................................................... 62
Table 4. 9: Fairness in treatment at workplace influences employee motivation............................ 64
Table 4. 10: Employee training and skills development influences motivation......................... 64
Table 4. 11: Employee contribution to hospital’s growth influences motivation............................ 65
Table 4. 12: Employee motivation directly impacts on employee absenteeism............................... 66
Table 4. 13: Employee motivation directly influences employee productivity.............................. 67
Table 4. 14: Levels of employee motivation impacts on employee turnover.................................. 67
Table 4. 15: Employee stress is associated with workplace motivation....................................... 68
Table 4. 16: Employee new skill acquisition rates is attributable to employee motivation........... 69
Table 4. 17: Other factors influencing employee motivation.......................................................... 70
Table 4. 18: Recommendations for improving employee motivation levels................................... 71
Table 4. 19: ANOVA ....................................................................................................................... 75
Table 4. 20: Pearson Correlations .................................................................................................. 75
List of annexures

Annexure 1: Organogram of Harare Central Hospital..................................................96
Annexure 2: Health Personnel Establishment in 2009 and in post 2009 – 2015..............97
Annexure 3: Health facilities profile for Zimbabwe......................................................98
Annexure 4: Letter confirming that the researcher was a student.................................99
Annexure 5: Request for permission to conduct research.............................................100
Annexure 6: Letter from Harare Hospital granting permission to carry out research.......101
Annexure 7: Questionnaire.........................................................................................102
List of abbreviation and acronyms

ANC: Antenatal Care
CPI: Consumer Price Index
CZI: Confederation of Zimbabwe Industries
DFID: Department for International Development
GAA: German Agro Organisation
GNP: Gross Net Product
GoZ: Government of Zimbabwe
HCH: Harare Central Hospital
HIV/AIDS: Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome
HRH: Human Resources for Health
ICAI: Independent Commissio for Aid Impact Report
ICT: Information and Communication Technology
MIMS: Multiple Indicator Monitoring Survey
MoHCC: Ministry of Health and Child Care
NEPAD: New Economic Partnership for Africa
NGO: Non-Governmental Organisation
NHS: National Health Strategy
NHSZ: National Health Strategy for Zimbabwe
OPD: Outpatient department
UNDP: United Nations Development Program
UNMDG: United Nations Millennium Development Goals
SADC: Southern African Development Community

SOPs: Standard Operating Procedures

ORS: Oral Rehydration Solution

WHO: World Health Organisation

Zim-Asset: Zimbabwe Agenda for Sustainable Socio-Economic Transformation

ZimStat: Zimbabwe National Statistics Agency

ZDAS: Zimbabwe Demographic and Health Survey

ZSARA: Zimbabwe Service Availability and Readiness Assessment
Chapter 1: Introduction and Background

1.0 Introduction

This chapter gives the background of the study on “The challenges of motivation of employees in the health delivery system of the public health sector of developing countries: A Case Study of Harare Central Hospital.” It highlights the circumstances that justifies the need of the study. The statement of the problem is spelled out in this chapter. In addition, the following issues are also highlighted in this chapter: the main research problem, objectives of the research, assumptions of the research, limitations and delimitations of the study.

1.1 Background of study

Harare Central Hospital (HCH) is situated in the southern district of greater Harare, in Zimbabwe. It is one of the principal referral centre for patients from the whole of Zimbabwe, and also takes cases from the Southern African Development Community (SADC) region. In addition, the hospital is the main service hospital for the 2 123 132, Zimstat Population Census (2012) residents in greater Harare, plus a number of the adjoining rural areas. Since 1996, it has been the Interim Teaching Hospital for the Faculty of Medicine of the University of Zimbabwe. This Hospital was opened by Lord Dalhouise, the Governor General of the Federation of Rhodesia and Nyasaland on 2nd May 1958 and there was accommodation for 630 patients only. There have been numerous extensions since that time and the number of available beds increased to 1 109 by 1 January 1998. The hospital has a compliment of 21 full time Government Consultants in the major specialities supported by 10 Sessional Consultants. In addition, there are Professors and lecturers from the Faculty of Medicine who work at HCH. Clinical meetings, symposia and post graduate courses are organised regularly. The Hospital is internationally recognised as a centre for compulsory internship and for post graduate training leading to specialist qualifications. Harare Central Hospital is one of the busiest hospitals in Zimbabwe, treating over 1 200 in-patients and 900 out-patients / casualties daily. There are 22 wards in the General Hospital, a large 180 bed maternity hospital, a Psychiatric Unit as well as a Tropical Diseases Unit. Out-patients are seen in the out-patients Department, and Consultative Clinics in all Specialities are held 8.00am to 4.00pm, the patients are seen in Casualty if late for the clinic. There are also Ante-Natal, Post- Natal and Family Planning Clinics. The organogram of HCH is depicted in Annexure 1. In order to analyse the challenges faced by the health delivery system and also the impact of motivation on employee
performance, there is need to consider its strength, weaknesses, opportunities and threats of the business environmental factors and its relationships with other bodies.

1.2 Ministry of Health and Child Care’s Role
HCH is a government run institution. It is one of the Government of Zimbabwe’s Central Hospitals. Hospital management is answerable to the Ministry of Health and Child Care (MoHCC). HCH employees are public servants and as such are paid by the Government. Furthermore, the hospital gets grants for running the hospital from the government as well. The MoHCC’s main budget priority each year is to procure essential medicines and equipment for referral hospitals of which HCH is a priority as it is a referral hospital. Health related funding is primarily channelled through the MoHCC.

1.3 Relationship with the Non-Governmental Organisations (NGOs)
MoHCC collaborates with the donor community to advance the health delivery system. For instance, it worked with Save the Children, German Agro Action (GAA) and the Harare City Health Department to conduct a joint assessment of typhoid and cholera outbreak in 2012. These organisations assist assessing outbreaks of diseases. They as well train volunteers and conduct door to door health education and distributed aqua tablets, Oral Rehydration Solution (ORS) Sachets and cholera pamphlets to control and arrest any potential spread. Harare Central Hospital does not work alone but does collaborations to supplement and complete other health institutes and the donor communities.

i) ZimHeath
HCH Authorities requested gynaecological dilation and curettage set and instruments to repair vaso-vaginal fistulae from a non-governmental organisation called ZimHeath worth US$15,236.58. These items were delivered to HCH in November 2011. This partnership still subsists.

iii) Department for International Development (DFID)
DFID supports the health sector mainly on the prevention and treatment of HIV/AIDS, maternal health and the supply of essential medicines. DFID is considered to be strategic and highly influential by other donors in the sector. DFID is contributing to a major effort to address the HIV/AIDS epidemic. There has been a significant impact on many people’s lives. DFID has significantly increased the availability of free antiretroviral treatment and contributed to the halving of HIV/AIDS prevalence since the 1990s. DFID helped to avoid the crisis years of 2007 – 09 by providing essential medicines and supplementing the salaries of skilled staff.
Independent Commission for Aid Impact Report (2011). It also supported the international response to the nationwide cholera epidemic in 2008. DFID supports MoHCC to strengthen its capacity to manage the health system. Over half of DFID support to health has been for the treatment and prevention of HIV/AIDS, a quarter has been for contraceptives and material and new-born health, and the remainder has been for the provision of emergency medicines and a series of other smaller programmes, as indicated by Table 1.1 below.

Table 1.1 DFID’s support to Zimbabwe’s health sector

<table>
<thead>
<tr>
<th>Health Sector Support Area</th>
<th>Spend</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevention and Behaviour Change Programme</td>
<td>21.0</td>
<td>2006 – 11</td>
</tr>
<tr>
<td>Maternal and New-born Health</td>
<td>25.0</td>
<td>2006 – 11</td>
</tr>
<tr>
<td>Emergency medicines</td>
<td>16.5</td>
<td>2008 – 11</td>
</tr>
<tr>
<td>Emergency Hospital Rehabilitation</td>
<td>2.3</td>
<td>2009 – 11</td>
</tr>
<tr>
<td>Sanitation and Hygiene</td>
<td>3.0</td>
<td>2010 – 15</td>
</tr>
<tr>
<td>Demographic and health survey</td>
<td>0.3</td>
<td>2010 – 11</td>
</tr>
<tr>
<td>Nutrition Surveillance</td>
<td>0.2</td>
<td>2010</td>
</tr>
</tbody>
</table>


Apart from this, HCH is a recipient of contraceptives from (DFID) to distribute to its clients, which the hospital obtains through Zimbabwe National Family Planning Council.

1.4 Hospital infrastructure

Zimbabwe has a number of health centres all over the country, Annexure 3. Access to hospital services is for all people. Hospital buildings are safe. The hospital delivers quality services according to international standards of care. Patients are most assured of their safety. A building collapsed and killed 116 people in Nigeria. The guesthouse for foreign followers at TB Joshua’s Synagogue Church of All Nations (SCOAN) collapsed in Lagos. It is believed that the guesthouse did not have planning permission and that extra floors were being added to the building at the time of the collapse. This shows that some infrastructure at faith healing centres may not be safe for the patients unlike the government infrastructure which may be subject to inspection regularly.
1.5 Illegal drugs
Drugs and substance abuse may ruin people who take them. The upsurge in drug and alcohol among the youth is worrisome. Drugs and substance abuse may be linked to rising crime rate, HIV/AIDS prevalence, family dysfunction and poverty. WHO (2010), defines drug as any substance other than those required for maintenance of normal health, which when taken into the living organism, may modify one or more of its functions. Drug abuse refer to non-medical use of drugs. A substance is considered abused if it is deliberately used to induce physiological or psychological effects or both for the purpose other than therapeutic ones and when the use contributed to health risks or some combinations of these Njeri and Ngesi (2014). Drug abuse affects the general population and the youth are hard hit. According to national treatment data, there were in total 277 persons in treatment for alcohol use disorders and 144 persons in treatment for drug use disorders in Zimbabwe in 2007 (Patients Records and Registers, Zimbabwean Council for Alcohol and Drug Abuse). There are reports of several drug-induced psychosis cases at the country’s hospitals. Cordian, Broncoleer, Cannabis, Maragada and Zed are some of the popular substances that youth are reported taking. www.voazimbabwe.com, Accessed on 22 April 2018. The drugs are cheap and the majority of people may be able to afford them.

1.6 Organisational Structure of HCH
Every hospital has an organisational structure that allows for the efficient management of departments. The organisational structure facilitates the understanding of the hospital’s chain of command. It shows which individual or department is accountable for a particular area of the hospital. Departments perform specific functions. Departments may be grouped according to similarity of duties. Examples of some departments at HCH are as follows:

i) Administration services
The department runs the hospital. Hospital administration manages and oversee the operation of departments, oversee budgeting and finance, establishes hospital policies and procedures. It also performs public relation duties. The department includes the Chief Executive Officer, Executive Assistants ad Head of Departments.

ii) Information services
Responsible for obtaining vital information such as patient’s details. Medical records department are responsible for maintaining copies of all patient records. Human Resources (HR) department is part of the information services. HR is responsible for recruiting employees.
and employee benefits. Another sub department is the Billing. Billing is responsible for billing patients for services rendered.

iii) Therapeutic Services
Provides treatment to patients. Pharmacy dispense medications per written orders of physician. It also provide information on drugs and correct ways to use them. Dietary is a sub department responsible for helping patients maintain nutritionally sound diets. Nursing is another sub department responsible for providing care for patients as directed by the doctors.

iv) Diagnostic Services
Determine causes of illness. These include medical laboratory which studies body tissues to determine abnormalities. Imaging uses diagnostic Radiology and ultra sound. There is also emergency medicine which provides diagnoses and treatment.

v) Support Services
Provides support to the whole hospital. These include Central Supply in charge of ordering, receiving, stocking and distribution of equipment and supplies used by the hospital. Laundry clean and maintain hospital linen and patients gowns.

vi) Biomedical Technology
Diagnose and repair defective equipment. They also provide preventive maintenance to all hospital equipment.

vii) Housekeeping and Maintenance
Maintain safe clean environment.
1.7 SWOT Analysis for Harare Hospital Central Hospital

SWOT analysis refers to the analysis of an organisation’s internal environment.

<table>
<thead>
<tr>
<th>Strength</th>
<th>Weaknesses</th>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent relations with ministry of health</td>
<td>Aging equipment</td>
<td>It has land to expand.</td>
<td>Slow growth of the economy</td>
</tr>
<tr>
<td>Ability to train staff</td>
<td>Red tape on procurement.</td>
<td>Exchange programmes with other prominent hospitals</td>
<td>Bureaucratic decision making</td>
</tr>
<tr>
<td>Standardised systems and statutes</td>
<td>Inability to recover all costs</td>
<td>Use of multi-currency</td>
<td>Liquidity challenges</td>
</tr>
<tr>
<td>Skilled manpower</td>
<td>Unexploited revenue streams</td>
<td>Low inflation rate</td>
<td>Technological change</td>
</tr>
<tr>
<td>Performance management system</td>
<td>Poor ICT systems</td>
<td></td>
<td>Intermittent power supply</td>
</tr>
<tr>
<td>Standard operating procedures</td>
<td>Poor skills retention</td>
<td></td>
<td>Prevailing &amp; increasing poverty levels</td>
</tr>
<tr>
<td>Ability to generate and retain revenue</td>
<td></td>
<td></td>
<td>Poor governance</td>
</tr>
<tr>
<td>Relationship with key stakeholders</td>
<td></td>
<td></td>
<td>Skills flight</td>
</tr>
<tr>
<td>Infrastructure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1. 2: SWOT Analysis of HCH: Source Researcher

1.8 The business environment

The organisation has little control on the trends and events in the external environment. Shortages of cash in the economy has not spared the health delivery system. It has resulted in
hospitals failing to recapitalise. Burst sewer pipes and leaking water pipes is common. The other challenge facing public health institutes is funding from the Government. Each year they are receiving inadequate funding for their operations, as illustrated in Table1.3 below:

Table 1. 3 Actual versus planned government health expenditures US$ 2009 - 2013

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned HE US$000’s</td>
<td>121018</td>
<td>173827</td>
<td>256198</td>
<td>301226</td>
<td>381040</td>
</tr>
<tr>
<td>Deficit in HE US$000’s</td>
<td>79196</td>
<td>58899</td>
<td>108787</td>
<td>111761</td>
<td>145282</td>
</tr>
<tr>
<td>Deficit as % of planned expenditure</td>
<td>65,44</td>
<td>33,88</td>
<td>42,46</td>
<td>37,10</td>
<td>38,13</td>
</tr>
</tbody>
</table>


1.9 Socio-economic and demographic context

Demography helps to define population groups in potential need of health services and those who are vulnerable and at risk. Improved socio-economic development goes hand in hand with improved status and quality of life. The following are key demographic issues in Zimbabwe published in Health Strategy (2009 – 2013:5)

i. 70% of the population lives in the rural areas
ii. Over 70% of the population is made up of women and children
iii. 41% of the population are children under 15 years of age
iv. Older persons make up 4% of the population
v. A very large and increasing number of orphans and vulnerable children
vi. Unplanned peri-urban settlement without social services
vii. Resettled farmers without social services

The socio-economic and demographic context allows for example an analysis of what is feasible in the medium to long term, and also identification of population groups that need to be targeted for health services and those that are at risk of various diseases and conditions. The below Table1.4 is indicative of the risk of cholera and dysentery.

Table 1.4: Diarrhoea and Dysentery Cases, 2008 - 2004

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhoea</td>
<td>485272</td>
<td>345450</td>
<td>554213</td>
<td>71182</td>
<td>779310</td>
<td>817787</td>
<td>763136</td>
</tr>
<tr>
<td>Dysentery</td>
<td>42626</td>
<td>22808</td>
<td>36121</td>
<td>58154</td>
<td>61195</td>
<td>61869</td>
<td>49373</td>
</tr>
</tbody>
</table>

Source: Zimbabwe National Health Profile 2014
1.10 Legal environment

a) The constitution of Zimbabwe and its provision for health:

The constitution of Zimbabwe explicitly provides for the right to health care in section 76, subsection 1 to 4 that:

i. Every citizen and permanent resident of Zimbabwe has the right to have access to basic healthcare including reproductive health.

ii. Every person living with a chronic illness has the right to have access to basic healthcare services for the illness.

iii. No person may be refused emergency medical treatment in any health care institution.

iv. Section 77 of the constitution provides that every person has a right to safe, clean and potable water and sufficient food (Food Security, Quality and Safety).

b) Health Finance Policy

A paper entitled Zimbabwe Health Financing in 2015, by Gwati a Health Economist: Planning and Donor Coordination, MoHCC Technical Team Leader National Health Accounts on Sustainable Resource Mobilisation and Revenue / Collection policy Directions said that, the Government of Zimbabwe (GoZ) will seek to strengthen domestic health financing and abide by the Abuja Declaration on Health where not less than 15% of budget shall be allocated to health. The GoZ will spend not less than $60 per capita per year to ensure the minimum comprehensive benefit package is financed. Current mechanism to raise additional revenue to the health sector that has been successful and sustainable will be maintained and expanded where feasible. Examples include the National Aids Levy, Health Services Fund, Workman’s Compensation Fund, Assisted Medical Treatment Order and Accident Compensation Fund on Motor Vehicle Insurance.

It was observed in the Daily News 2018 (DailyNews Live), with the coming in of the new dispensation, cabinet approved a 100-day plan which everyone has to work towards achieving. One of the issues in the 10-day plan is the removal of all forms of payment for non-paying groups. The following groups are supposed to be treated for free:

a) Children under the age of 5 years

b) All maternal case

c) Senior citizens above the age of 65 years.
1.11 Technology

The current health system is manual, slow and prone to errors. Patients are seeking treatment abroad because government hospitals do not have the facilities to treat some of the ailments, for example heart treatment. Patients are flocking to India for heart transplant. In government hospitals, patients’ information is still manually entered. There is no hospital health information system. Manual system may generally be prone to errors. Health information may allow medical researchers to determine the effectiveness of a particular treatment for a given population or may lead to the discovery of harmful side effects of a particular drug. Technology may improve the health care system by improving quality of care. Health care is a data-intensive field. Doctors and researchers generate medical data on patients and their illnesses. Use of technology may improve turnaround time in referral hospitals.

1.12 Economic Environment

The prevailing economy has negatively affected the health delivery system. The three tier pricing in some shops has not spared health professionals. One price when using bond, a different price for the same item when swiping and another price for the same item when paying using forex. Serious shortages of money at banks means that health personnel would spend long hours in bank queues, coming to work tired and frustrated. The frustration may cascade to patients. The economy is affecting both the employees and the patients. Industries are not performing to full capacity. There is average capacity utilisation which may be due to capital constraints, increased competition from imports and low initial demand CZI Manufacturing Sector Survey (2015). Economic challenges are likely to worsen due to the usage of scarce foreign currency. In addition, persistent power cuts, obsolete equipment and failing water systems may inhibit economic growth.

1.14 Social Environment

The social environment refers to the immediate physical and societal setting in which people live. A society lacking basic resources like healthy food, shelter, access to health care may present public health risk, which may lead to illness and premature death. Individuals and communities interact with their physical and social environments. The level of community health is an outcome of neighbourhood living conditions. Access to societal resources like standard of living, culture, technology, societal institution and political structure determines community health outcome. Exposure to risk vary among socioeconomic groups and may be associated with access to resources. Prosperity provides knowledge, money, power and
prestige, which may buffer exposure to health risk. Whereas, impoverished society is a potential health risk and a source of crime and job scarcity.

1.15 Globalisation
Globalisation refers to the process by which different economies and societies become more closely integrated, Irani, A. F. N. H (2011). Globalisation is the trend of increasing interaction between people of the whole world, through advances in transportation and communication. This in turn may bring in many opportunities for everyone, health workers included. This has made many areas accessible. Many health workers sought employment abroad. The World Health Report WHO (2000), argued that health human resources are the key determinants of the success or failure of health systems. The performance of health care systems is a function of the availability, know-how, skills mix and motivation of personnel delivery services. Zimbabwe may have been badly affected by a shortage of health workers. The public sector provides 65% of health care workers in the country Ministry of Health and Child Welfare MoHCW (2004) and so a shortage of public sector workers may affect the majority of the population. Since 2000, increased number of skilled health workers have migrated to regional and international destinations. In 2004 the MoHCW published figures that showed that 2 825 work permits were processed for Zimbabwean health professionals to enter the United Kingdom. The world is now like one village through the use of the internet. Patients may seek treatment abroad where there are facilities and adequate drugs, in countries like China, India, Singapore, South Africa and Britain among others.

1.16 Medical Ethos
The medical profession values itself highly, and is also valued by many people. Medicine is seen to be of the greatest benefit to mankind Porter (1997). Practising medicine is generally regarded as a moral activity. Patients must be able to trust doctors with their lives and well-being. To justify that trust, medical personnel make the care of patients their first concern. Medical ethos informs and underpins everyday practice. Medical profession has ethos of nobility which arose from a developed sense of professional worth and dignity. Medical ethos entail an unquestioning obedience from patients.

The nursing profession is built around compassionate character, with the impetus to care for the sick. Patients are at the centre of nurses thoughts. In addition, nurses are expected to care for the living people. Furthermore, nurses ought to exhibit trustfulness, honesty, punctuality and trustworthiness. Being patient, cheerful and kind should be the hallmark of nurses. What
is happening in the medical profession these days? We hear of nurses and doctors going on industrial action. We hear of long queues of patients waiting to be assisted at hospitals. What causes all these? Have medical personnel thrown their founding ethos in the dust bin? Do we have medical personnel who joined the profession for monetary gains?

1.17 Statement of the research problem
The public and service delivery sector is compounded by health system constraints related to shortages of critical health workforce, with the vacancy rate for specialists at hospitals being 65% NHS (2016), aging infrastructure and equipment, supply of medicine and other commodities and limited health funding among other challenges according to National Health Strategy for Zimbabwe NHS (2016). In addition, inadequate funds are allocated for service delivery. The health system is grossly underfunded. The current revised budgetary allocation works out to be approximately US$ 7 per capita per annum against the WHO recommendation of at least US$34 MoHCC(2015). Hospitals are an important part of a health care system. Public hospitals are under-funded. For example, by September 2015, HCH had only received $560000 out of a budget application of $17500000. Hospitals may be operating at very poor cash flow positions funded by charging patients for services. Furthermore, there was massive exodus of skilled and experienced health personnel. Health professionals continue to leave the public sector moving to the private sector and some to other countries. The vacancy rate for doctors increased from 31% in 1999 to 55% in 2002, while that for nurses increased from 24% to 31.4% during the same period. The loss of health care professionals has increased since then with increasing emigration of staff. NHS (2016). Refer to Annexure 2. Low salaries for health staff in the public sector, a lack of incentives, low morale and chronic understaffing may have hindered the delivery of basic quality health care. Health institutions are facing challenges regarding commitment and retention of their employees. A government freeze on employing government workers seems to worsen the situation in public sector.

1.18 Standard Operating Procedures
Standard Operating Procedures (SOPs) is a written description of steps for all significant activities relating to the practice of management of Health Information System that has been approved by a program or persons in charge. SOPs should be accurate to reflect good information management practices, be sufficiently practical and be usable. (SPOs for Health Information – Ministry of Health 2010). The researcher needs to find out if HCH is complying with SOPs. These SOPs may assist the researcher to find out employees performance against set standards. Health governance is a challenge in the public sector. The researcher seeks to
find out how HCH is addressing Patients’ Charter. The Charter provides a basic framework for how clients should be treated and defines the responsibilities of clients as patients within the health system. Health service delivery is the most publicity visible building block of any health system. The researcher seeks to find out how HCH adheres to guidelines for management of key health conditions.

1.19 Minister of Health and Child Care Statement for the National Health Strategy for Zimbabwe

The theme for the National Health Strategy for Zimbabwe 2016 – 2020 is equity and quality in health: leaving no one behind. The strategic plan provides the framework that will guide the efforts of the MoHCC and all stakeholders in contributing to the attainment of the Zimbabwe Agenda for Socio-Economic Transformations and the Sustainable Development goals. The Minister says that the successful implementation of the plan depends on continued dedication of staff in the medical care and those of its partner institutions. The strategy policy document is the most important point of reference for design of service delivery programmes, resource mobilisation and health financing framework. It outlines how Zimbabweans will reach to deliver high quality service to the citizens. The researcher seeks to evaluate how HCH is fulfilling the demands of the Strategic documents as put forward by the Minister of health and Child Care.

1.20 Research objectives

1. To find out the human resource management challenges affecting health delivery system at Harare Central Hospital
2. To examine performance delivery levels of departments at HCH
3. To find out the level of motivation of employees in the public sector (HCH)
4. To find out motivational strategies implemented at HCH.

1.21 Research questions

1. What are the human resources management challenges affecting health delivery system?
2. What are the performance delivery levels of departments?
3. What is the level of motivation of employees at HCH?
4. What are the motivation strategies in use at HCH?

1.22 Propositions

i. Motivation has no impact on employees’ performance
ii. Motivational tools do not have any impact on employee performance

iii. There is no relationship between motivation of employees and organisational performance.

1.23 Research assumptions
i. The respondents are not biased and are willing to provide information requested
ii. Maximum cooperation will be received from all respondents

1.24 Justification of the research
The performance of organisation versus employee motivation has been investigated before. Various researches were carried out on employee motivation, job satisfaction and employee performance in referral hospitals. Datta and Datta (2013), conducted a hospital based cross sectional study in Kolkata, a metropolitan city in India with a large number of Government hospitals, corporate hospitals and NGO hospitals. Another cross-sectional study on job satisfaction was conducted by Tadese, Mohamed, Mengistie (2015) covering health professionals in Federal police referral hospital in Ethiopia. In addition, a research at the Muhimbili National Hospital to measure the extent to which workers in the hospital were satisfied with the tasks they perform and to identify factors associated with low motivation in the workforce was conducted by Leshabari et al (2008). Chipeta (2014), investigated the influence of extrinsic motivation on employee’s performance in Moi Teaching and Referral Hospital in Malawi. Furthermore, Matekia (2009), conducted a cross-sectional research using a structured interview guide among 326 healthcare workers in three municipalities of Dar-es Salam, Tanzania. Other researches on employee motivation researches were carried out by earlier researchers such as Muogbo U S (2013), on The Impact of Employee Motivation on Organisational Performance: A Case Study of Some Selected Firms in Anambra State Nigeria. Caroline Njambi (2014) researched on Factors Influencing Employee Motivation and Its Impact on Employee Performance: A Case Study of Amref Health Africa in Kenya.

Employee motivation studies were mostly based on organisations outside the country which have different cultures from Zimbabwe public sector organisations. This ushers a yawning gap that needs to be filled, considering that employees in different environments and different cultures may behave differently. The research is on an investigation in the challenges of motivation of employees in the health delivery system of the public health sector of developing countries.

Performance of employees has been the concern of many organisations. Managers are usually worried about the poor performance of employees. The reasons for employee slackening in
performance need to be established. The study envisage to determine factors influencing employee motivation and how they impact on employee performance at HCH.

1.25 Significance of the study

i. Management in the health sector
The results of the findings would be important to management in the Health Sector for it will help to have an insight on employee behaviour.

ii. Management of other organisations
Managers of other organisations will also benefit in understanding how to motivate their employees to achieve organisational goals.

iii. Trade union
The findings will be of significance to employee representatives in their bargaining of working conditions and competitive remunerations. The outcomes of the study will help with conditions relevant to motivate employees.

iv. Future researchers
The outcome of the findings will be beneficial to future researchers on the impact of employee motivation in achieving employee performance. The findings of this research would benefit scholars as it is a contribution to the body of knowledge in social sciences. This would enhance understanding and development of relevant theories.

1.26 The nature of the problems being investigated
Poor service delivery in hospitals is worrisome. Cure of complicated diseases such as heart operation is inaccessible. Patients are spending long hours in queues before being attended by doctors. Long winding queues of patients needing help are the order of the day in hospitals. Waiting period for patients to see the doctor is too long. Patients append close to three hours waiting to consult with the doctor. When at last they have the chance to see the doctor, the consultation is hurried done which may lead to inappropriate treatment. Staff motivation seems to be very low. Practitioners are working in other institutions.

1.27 Delimitations
The study is on an investigation in the challenges of motivation of employees in the health delivery system of the public health sector of developing countries focusing on motivational tools in use at Harare Central Hospital. The questionnaire will be distributed to doctors, nurses, general hands, secretaries, public works employees at hospital, buyers, HR officers,
Supervisors and Administrators. In this study, the researcher is going to look at employee motivation and employee morale to achieve hospital goals

1.28 Chapter Summary
The chapter gave the common direction of the research study. A brief background of Harare Central Hospital, an organisation to be studied was provided. The chapter was centred on the challenges of the health delivery system in the public sector of Zimbabwe. The chapter highlighted the statement of the problem, the significance of the study, research questions, delimitation and limitations of the study. The chapter inscribed the objectives of the study.

Chapter 2: Literature Review
2.0 Introduction
Literature review involves the systematic examination of scholarly and research based information pertaining to a particular topic, so says Dawidowicz (2010:5). This chapter reviews applicable and observational literature on the challenges of the health delivery system in the
public sector. A starting point to understanding the challenges in the health delivery system is an appreciation of the motivation concept, which is reviewed in this chapter. Literature on extrinsic motivation and intrinsic motivation are explored. Employee performance is considered as well, looking at textbooks, journals and articles. The researcher chose theoretical frameworks of Abraham Harod Maslow’s Theory of Needs, Adam’s Equity Theory, McGregor Theory X and Theory Y and Fredrick Herzberg’s hygiene motivational factors theory to give the study the mainstay that connects it to content and process theories. Content theories provide insights into individuals and the needs which motivate them. The process theories emphasise the psychological process that affect motivation. Process theories contend that behaviour is a function of beliefs, expectation, values and mental cognitions, Chima (2014).

2.1 Challenges affecting health delivery system in the public sector
There is a high demand of quality health care in the developing countries. Wanjau, Muiruri and Ayodo (2012), outline the challenges in the public health sector in developing countries. They cited low employee capacity as a cause which may decrease provision of service quality in public health sector. In addition, inadequate technology adoption in provision of health services may lead to a decrease in service quality. Ineffective communication channels may affect delivery services quality in public health sector. Furthermore, insufficient financial resources may result in a decrease in provision of health services quality. The poor state of customer service in some public hospitals in Kenya has resulted in high turnover and weak morale among staff. Kenya’s public sector health delivery system challenges are similar to other developing countries. Kenya has a shortage of health personnel as well. The ratio of healthcare workers to the population falls below the WHO recommended 200 per 100 000 people. It stood at 169 per 100 000, Government of Kenya (2010). Population density of doctors is below the national benchmark of 3 medical officers per 10 000 people, Kenya’s Ministry of Health (2013). Lack of adequate personnel has been one of the biggest challenge in the health sector. High rates of desertion by medical personnel 30 to 40% around 600 doctors who graduated in Kenya annually move to other countries in search of “greener pastures” There is also a lack of healthcare financing. In 2014, health expenditure was 5.7% of budget, which is less than the recommended Abuja declaration. Drastic cuts in healthcare provision have led to poor services, lack of drugs, frequent strikes and increased mortality and morbidity rates Kimbathi (2017). Poverty levels are very high with 46.6% of the population living on less than US$1 a day Wamai (2009). Like other sub-Saharan countries, Kenya faces major socio-economic and health challenges. HIV prevalence rate stands at 7.8% in 2007 Ministry of Health, Kenya AIDS
Indicator Survey (2007). The cost of healthcare is a heavy burden on households Wamai (2009) and fees is a barrier to utilisation of hospital facilities. HIV/AIDS and malaria pose greatest disease burden on the healthcare system HIV/AIDS consumes 17% of the general health spending Kenya National Health Accounts (2001-2002).

The Association of Chartered Certified Accountants (ACCA), reported in 2013 the public sector challenges of Zambia as that, healthcare facilities are further away from people in the rural areas, and only 46% of residents live within a 5km radius of a health centre and many have to travel more than 50km to reach their nearest health facility. Access to medical care in more remote areas is further limited by the national shortage of clinical staff. Some health facilities in Zambia are run by unqualified staff. In addition, there is a high prevalence of communicable diseases including HIV/AIDS, TB, malaria, diarrhoea and diabetes mellitus, cancer and chronic respiratory disease. Another challenge is poor access to safe water and sanitation. Only 41% of homes have access to safe water 25% (37% in rural areas and 2% in urban) of homes have no toilet facilities. It has been estimated that 80% of preventable diseases in Zambia relate to poor sanitation. Furthermore, malnutrition contributes 42% of all deaths in children under 5 years of age. There is also poor road networks, and insufficient number of vehicles for transportation and limited access to electricity. Malaria is the leading cause of morbidity and mortality in Zambia and the disease accounts for over 40% of all hospitalisation. Poor physical infrastructure just like many developing countries. Another challenge in Zambia is early marriages. Shortage of drugs, blood products and medical supplies is another major challenge facing the health sector in Zambia. In 2009, 30% of facilities reported stock outs of drugs and 16% reported stock outs of vaccines. Zambia suffers from chronic shortages of health workers. The total number of care healthcare staff in 2009 was 17 168 against establishment of 39 360, Zambia Ministry of health (2011). Funding in 2010 total expenditure on health as a percentage of GNP was 5.9%, WHO (2012).

Zambia and all the neighbouring countries except South Africa, do not have hospital centres of excellence to treat cases requiring specialised treatment. There is a lack of specialist diagnostic and treatment centres to treat cardio-vascular, liver, and renal and cancer diseases, Zambia Health Profile (2013). Zambia has one of the highest HIV/AIDS rates in sub-Saharan Africa, 15.6% and it is estimated that about 1 million Zambians are living with HIV/AIDS, UNAIDS (2005). The Zambian health sector is facing several challenges with regard to human resources. The Human Resources for Health (HRH) Strategic Plan for 2006-2010, identified inadequate number of public health workers (less than half the required number), high levels of emigration
or ‘brain drain’ to other African countries and beyond. There is also increased attrition of health workers due to deaths and resignations. In addition, there is imbalance in the urban/rural distribution of health workers. The challenge identified in Zambia’s human resource situation mirror those across sub-Saharan Africa. The shortage of health workers is not specific to Zambia. Many sub-Saharan African countries face the same problem. Table 2.1 below compares the number of physicians and nurses per 100 000 population to the WHO recommended ratio in selected countries in sub-Saharan Africa.

Table 2.1: Physicians and Nurses per 100 000 population in sub-Saharan Africa 2004:

<table>
<thead>
<tr>
<th>Country</th>
<th>Physicians</th>
<th>Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>69</td>
<td>388</td>
</tr>
<tr>
<td>Namibia</td>
<td>30</td>
<td>168</td>
</tr>
<tr>
<td>Botswana</td>
<td>29</td>
<td>241</td>
</tr>
<tr>
<td>WHO recommended ratio</td>
<td>20</td>
<td>143</td>
</tr>
<tr>
<td>Kenya</td>
<td>13</td>
<td>90</td>
</tr>
<tr>
<td>Cote delvoie</td>
<td>9</td>
<td>31</td>
</tr>
<tr>
<td>DR Congo</td>
<td>7</td>
<td>44</td>
</tr>
<tr>
<td>Zambia</td>
<td>7</td>
<td>113</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>6</td>
<td>54</td>
</tr>
<tr>
<td>Uganda</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2</td>
<td>37</td>
</tr>
<tr>
<td>Malawi</td>
<td>1</td>
<td>26</td>
</tr>
</tbody>
</table>


In many African countries particularly sub-Saharan region, life expectancy has fallen. Major pandemics such as tuberculosis, malaria, HIV/AIDS and other infectious diseases account for nearly 80% of the disease burden in the poorest African countries (WHO 2004). Sub-Saharan Africa is home to 64% of HIV-positive people and to 90% of children under15 living with HIV, 59% of HIV-positive adults in sub-Saharan Africa are women UN MDG Report (2006). The burden of disease in many African countries is increasing. For example, in Malawi, neonatal rate is increasing at 42 per 1 000 live births, which is higher than the expected rate for
developing country. In its Health Strategy, the New Economic Partnership for Africa (NEPAD) acknowledges that Africa’s disease burden is increasing. Life expectancy in the most severely affected countries has been reduced by almost a third, from 60 years to 43 years (NEPAD 2003). Public health in many parts of the world has reached crisis level. Over 14 million people are killed by infectious diseases each year (90% of which are in developing countries), over 4 million people globally are infected with HIV/AIDS (90% of which are in the developing world) and the disease kills over 3 million people annually; over 500 million people are infected with malaria each year and the disease kills upwards of 2 million people annually; over 3 million people develops active TB each year and the disease kills over 2 million people annually (95% of those afflicted and 99% of deaths resulting from TB are found in the developing countries (MSF 2004). Infectious diseases are preventable or treatable with existing medicines. World Health Organisation estimates that over 1.7 billion people have inadequate or no access to these essential medicines (WHO 2004). 10 million children a year die from preventable diseases and conditions with almost all these deaths occurring in poor nations (Mercurio 2006).

Malawi has been severely affected by the HIV/AIDS epidemic with an estimated prevalence rate of 12% in 2008. Malawi also suffers from a shortage of qualified health workers, with only 2 doctors and 59 nurses per 100,000 population. The shortage of qualified health workers has been further exacerbated by outmigration and HIV/AIDS infection of the health workers themselves (Zachariah et al. 2008). Overall, the acute shortage of health workers in rural areas continues in virtually all countries (Dussault and Francechini 2006). According to Osika et al. (2010), Zimbabwe had a density of 0.88 healthcare professionals per 1,000 people in 2010, way below the WHO (2010) recommended 2.28 ratio. The resultant situation severely diminishes Zimbabwe’s ability to meet the health-related Millennium Development Goals (MDGs) and the Sustainable development Goals (SDGs) and Zimbabwe Agenda for Sustainable Socio-Economic Transformation (Zim-Asset) health-related national economic development projections.

2.2 Performance delivery levels of health services in government hospitals

The methods of measuring hospital performance are regulatory inspection, public satisfaction surveys, third party assessment and statistical indicators. Measurement of hospital quality improvement provides a means to define what hospitals actually do in comparison to the original targets in order to identify opportunities for improvement (Shaw 2003). Performance delivery levels of health services evaluation considers providing service, creating resources,
financing and oversight. Hospital performance may be defined according to the achievement of specified targets, clinical or administrative. Targets may relate to diagnosis, treatment, care, rehabilitation, teaching and research. Performance can also be measured on hospital’s emphasis on in-patient care, ambulatory care, and community outreach programme and healthcare networks. Hospital performance may include element of community care, public health and employment functions. Performance measurement may monitor, evaluate and communicate the extent to which various aspects of the health system meet their key objectives. Performance levels can be judged by indicators like infant mortality. In addition, measurement of clinical quality and appropriateness, measuring the services and care patients receive to achieve desired outcomes or measures used to determine if the best practice occurs and whether these actions are carried out in a technologically sound manner. The performance levels will be patient experience measures. Patient satisfaction measures. Other performance levels entail measures of the extent to which there is equity in healthcare, access to healthcare, responsiveness and financing. There are measured against utilisation measures rates of access, spending thresholds.

Health service delivery performance means access and use by those in need, adequate quality of care to produce health benefits; efficient use of scarce resources; and organisations that can learn, adapt and improve for the future Berman et al (2011). Organisations may combine financial, physical infrastructure and human resources to deliver healthcare services. The performance of organisation that deliver health services require an alignment among strategy, environmental conditions and implementation capacity. Strategies will be ineffective if they are impeded by environmental conditions such as existing labour regulations or financing levels or will not be feasible if basic skills and resources to carry them out are lacking. High performing organisations deliver high-quality, efficient, accessible and utilised services and may contribute to final outcomes in terms of level and distribution. Table 2.2 below captures organisational performance.

Table 2.2: Outcomes of organisational performance

<table>
<thead>
<tr>
<th>Intermediate outcome domains</th>
<th>Dimensions</th>
<th>Examples of measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>-clinical quality</td>
<td>-adherence to clinical guidelines</td>
</tr>
<tr>
<td></td>
<td>-management quality</td>
<td>-Avoidance of medical errors</td>
</tr>
<tr>
<td></td>
<td>Patient experiences</td>
<td>-availability of medical supplies</td>
</tr>
</tbody>
</table>
### Efficiency
- Cost to service ratios
- Staff-to-service ratio
- Patient or procedure volume

### Utilisation
- Patient or procedure volume relative to capacity
- Patient or procedure volume relative to population health characteristics
- Percent occupancy
- Outpatient visits per women receiving antenatal care
- Percent of low income pregnant women receiving ANC

### Access
- Physical access
- Financial access
- Geography distance to facility
- Availability of transport to facility
- Hours of operation of facility
- Affordability of services

### Learning
- Data audit and feedback processes
- Innovation adoption
- Training / continuing education for healthcare workforce
- Use of balanced scorecard for organisational performance
- Presence of patient suggestion box

### Sustainability
- Political support
- Community and patient support
- Financial support
- Human resources supply
- Staff commitment
- Strategic planning
- Involvement of community leaders in facility planning and monitoring
- Use of strategic management with environmental conditions


Underperformance in one domain may contribute to low performance in other domains as inefficiency may impair the organisation’s sustainability, poor quality could reduce utilisation and low utilisation could limit the organisation’s opportunities for learning.

**2.3 Level of employee motivation in the public health sector**

The World Health Report WHO (2000), argued that health human resources are key determinants of the success or failure of health systems. The performance of healthcare systems is a function of the availability, know-how, skills mix and motivation of healthcare personnel. Motivation may be a driver for health professionals to maintain their professional competences, for them to continue in the service and hopefully contribution positively to their workplace (Hongoro and McPake 2004). Employee motivation may be influenced by working conditions,
including facility infrastructure and availability of resources, organisational support including supervision, training opportunities and professional promotion Rowe et al (2005). In addition, motivation is considered an important but complex influence on the performance of health workers Rowe et al (2005). Low motivation have a negative impact on the performance of individual health workers Mathauer and Imhoff (2006). Levels of employee motivation may exists when there is alignment between individual and organisational goals and when workers may perceive that they can carry out their tasks. Health sector performance may be dependent on worker motivation. Healthcare delivery is highly labour intensive Franco, Bennett and Kanfer (2002). The diagram below depicts employee motivation process

Figure 2. 1 The internal worker motivation process


2.4 Employee Performance

Each organisation carries out its activities through employees and resources like machines, equipment, materials and money. Employees make use of these other resources to give the organisation its purpose of existence. Without manpower, the other resources of an organisation cannot utilise each other and are not productive. Mathias and Jackson (2009: 234) say, “… performance is associated with quantity of output, timeliness, presence / attendance on the job, efficiency of the work completed and effectiveness of work completed,” Employee performance relates to the standard of work. Employee performance is about the timely, effective and efficient completion of mutually agreed tasks by the employee and his/ her supervisor. Institutions are expected to operate at certain standards by improving their performance. This performance means the employees are one of the determining factors to achieve the organisation’s goals. Infrastructure alone will not enable the organisation to
accomplish its goals without human input. Employee performance is generally considered in terms of outcomes. It can be looked at in terms of behaviour Armstrong (2000). Employee performance can be verified against performance standards such as productivity, efficiency, effectiveness, quality and productivity measures Ahuja (2006). Earlier research on worker productivity, has showed that employees who are satisfied with their jobs will have higher job performance and job retention than those who are not happy with their jobs Landy (1985). Kinicki and Kreitner (2007) document that employee performance is higher in happy and satisfied workers. Management find it easy to motivate high performers to achieve organisation targets. Motivation may be the link on employee performance. Colquitt et al (2009) reported that motivation has a strong positive effect on job performance. Motivated employees tend to have higher levels of task performance. The driving force from motivated employees tend to compel the employees to do their best at work willingly. Hossain and Hossain (2012:21) explained the outcome of motivated employees to include among others, “low turnover, loyalty and harmony, high performance that contributes significantly to the growth and development of the company.” On the other hand, a lack of motivation among the employees is likely to lead to poor performance and high employee turnover. This may then hinder the attainment of organisational goals and might make the organisation’s aspirations unrealistic and remote. Employee performance is essential for any organisation. An organisation’s success is hinged on the employee’s imagination, innovation and loyalty. Employee performance may aid in satisfying our economy by improving the people’s lives, implying that employee’s performance is vital for an organisation’s survival and competiveness.

Achievement of an organisation’s goals is the responsibility of management. Everything starts and falls on management. The managers have to determine the desired outcomes of an organisation at any one time. They set the goals and standards which individual employee performance can be measured. Performance management encourages workers to be involved in planning how they are to execute their work. This might motivate employees and thus may result in high performance levels. Research on productivity of employees has showed that employees who are satisfied with their jobs will have higher job performance and job retention than those who are not happy with their jobs Landy and Conte (2010). The aim in employee performance is to measure what they do and how well they do it. Finding out whether their performance is in line with the goals of the organisation. Management ought to maintain a motivated and happy workforce to achieve desired results. Employee performance is a function of both ability and motivation.
2.5 Motivation

The efficiency and productivity of many civil servants have waned considerably, Chima (2014). A decrease in efficiency and the lack of commitment towards work have characterised the talk on the performance of civil servants. This decline in performance and commitment may be a result of a lack of motivation and job satisfaction.

A decline in performance may emanate from a lack of motivation. Motivation is derived from the word motivate, which means a push to fulfil a want. A motive is a reason for doing something. This description seem to suggest that to achieve set targets, employees may need to be energised. In addition, Skripak (2016) defined motivation as a drive to achieve something. This was seconded by Torrington (2011) by saying motivation is the desire to achieve beyond expectations, by being driven by internal forces. Furthermore, Herzberg 1959 quoted by Nduka (2016), defined employee motivation as performing a work related action because you want to. This might indicate that, when one is motivated, he or she may perform willingly and whole heartedly. Motivation is an energising force as it seems to induce action in employees. Most authors are agreeing that motivation intends to explain what inspires employees to accomplish set targets. Bernstein (2008:299) argued that, motivation is “the influences that account for the initiation, direction, intensity and persistence of behaviour” whereas, Tileston (2004) believed that motivation is the drive to do something. Motivation is the inner drive that pushes an individual to exert maximum effort at work. On the other hand, Kalimullah et al (2010) suggested that a motivated employee has goals aligned with those of the organisation. Accordingly, Robbins and Decenzo 2012) echoed the same sentiments that, motivation is the willingness to exert high levels of effort to reach organisational goals, accustomed by the ability of these efforts to satisfy some individual needs. Armstrong (2005: 216), weighed in by saying, “motivating people entails directing people to move in the direction you want them to move, it can be described as a goal-directed behaviour.” Motivation represents those psychological processes that cause the arousal, direction and persistence of voluntary activities that are goal oriented Mitchell (1982). Bartol and Martin (1998) echoed that, motivation is a force that energises behaviour, gives direction to behaviour, and underlies the tendency to persist. Nabi et al (2017), asserted that, motivation is about giving your staff the right mixture of guidance, direction, and resources and rewards so that they are inspired and keen to work in the way that you want them to. Motivation is defined as the willingness to exert maximum effort to reach organisational goals while satisfying individual needs Robbins and Decenzo (2012). “Motivation plays an importance role in high performance in organisation. Employees in
organisation gets motivated when supportive environment is provided to them” Goel (2016:907). Motivation is a human trait that aids to a person’s level of allegiance. Motivation refers to the intension of attaining a goal, as a result of a purposive behaviour. Motivation is the set of psychological processes that cause the arousal, direction and persistence of individual’s behaviour toward attaining a goal Greenberg and Baron (2003). Saleem et al (2010) weighed in and says motivation is the driving force that makes workers willingly want to put in their best in whatever they do. Motivation is what moves human beings from boredom to interest. Meaning that if the employee’s needs are motivated by certain factors, the employee will exert maximum effort toward organisational goals.

2.6 Factors Affecting Employees’ Motivation

Employees do not donate their labour. They do not work for nothing. They need reasonable payment for their labour. Money induces and motivates employees to achieve higher performance. Rewards are management tools that intends to contribute to firm’s effectiveness by influencing individuals or group behaviour. Employers use pay, promotion and incentives like bonuses to motivate and support high level performances of their workers. Research has suggested that reward now cause satisfaction of the employee which directly influences performance of employees Kalimullah et al (2010). Empowering employees benefits both the organisation and the employees. Employees will have a sense of belonging and also take pride in performing their work. They will work with a sense of responsibility for the benefits of the organisations Yazdani et al (2011).

Research showed that in Australia, individuals will work long hours when motivated to do so by the satisfaction they derive separately and collectively from income, leisure, privileges and work per se Douglas and Morris (2006). A survey of 112 students in India revealed what participants felt about making an important contribution to their organisations Tikan (2011). In Malaysia, a survey was conducted to identify the motivating factors of employees working in Malaysian organisations. It was observed that demographic factors like gender, race, and education among others had an influence on what motivates employees Islam and Ismail (2008). Researches on motivation elsewhere, like in Africa showed similar results on what motivate employees to stay on their jobs. In South Africa, 367 health workers were selected for a staff retention strategic study in 2009. 34, 8% indicated an intention to change their sector of employment while 30, 2% reported that they would most likely be still in their current positions as professional nurses in five years’ time. Public sector nurses felt that employment security, workplace organisation and the working environment were the most important factors that
could determine whether they maintain or change their jobs when interviewed. Private sector nurses cited workplace organisation, employment security and professional practice as being most important Pillay (2009). In addition, a study by Dieleman et al (2006) on motivation and performance management involving 370 health sector workers in Mali, identified motivating and demotivating factors.

The motivating factors included salary increment, receiving training, holding responsibility, appreciation and receiving recognition, receiving promotion, incentives, working within a team spirit, receiving financial benefits. The de-motivating factors includes, lack of trade materials, lack of recognition, different living conditions, lack of job description, subjective performance appraisal and poor management Rowe et al (2005). More studies were done by Peters et al (2010), on job satisfaction and motivation of health workers in private sectors from two Indian States which revealed the following: percentage of employees who rated motivating factors like good working relationship with colleagues (96%), training opportunities (92%), environment factors like having tools to use skills (92%) and good physical conditions (93%) as more important than income. However, a recent study in Ghana on Motivation and Retention of Workers found that financial incentives significantly influence motivation of workers Adzei and Atinga (2012). The various studies on motivation and retention of employees demonstrate that there is no one specific approach to motivate and retain employees. Some employees are motivated by monetary incentives whereas, others are motivated by non-monetary interjections. Proper motivation may be situational. Managers ought to treat every employee and situation as unique.

2.7 Previous Research on Employee Motivation

Various researches were carried out on employee motivation, job satisfaction and employee performance in referral hospitals. Datta and Datta (2013), conducted a hospital based cross sectional study in Kolkata, a metropolitan city in India with a large number of Government hospitals, corporate hospitals and NGO hospitals. The research concluded that if employees are given enough authority to take decision, there will be a feeling of ownership among the employees. Ultimately this may increase the productivity of the organisation as well as improves the quality of care. Another cross-sectional study on job satisfaction was conducted by Tadese, Mohamed, Mengistie (2015) covering health professionals in Federal police referral hospital in Ethiopia. The research concluded that “job satisfaction of the health workers is highly important in building up employee motivation Tadese, Mohamed, Mengistie (2015:124). The study indicated that there is high level of job dissatisfaction among health
workers at Federal police referral hospital. Factors found to influence job satisfaction were opportunity to develop, time pressure and staff relations. The study recommended that, to enhance staff job satisfaction, hospital administrators should take measures to improve work conditions, raise the quality of staff relation and pay more attention to the professional development of their employees and to decrease time pressure by avoiding nonclinical tasks.

In another research at the Muhimbili National Hospital to measure the extent to which workers in the hospital were satisfied with the tasks they perform and to identify factors associated with low motivation in the workforce by Leshabari et al (2008). It was observed in the study that almost half of both doctors and nurses were not satisfied with their jobs. Auxiliary clinical staff and supporting staff were also not satisfied with their jobs. These groups of employees cited low salary levels, unavailability of necessary equipment and consumables to ensure proper patient care, inadequate performance evaluation and feedback, poor communication channels in different organisational units between workers and management, lack of participation in decision making process and a general lack of concern for workers welfare by the hospital management. Chipeta (2014), investigated the influence of extrinsic motivation on employee’s performance in Moi Teaching and Referral Hospital. The study revealed that better pay motivates employees to work harder and pay contributes to employees’ satisfaction. It also revealed that other benefits like retirement schemes contributes to employees’ satisfaction. Good pay keeps employees focused. Good environment promotes employee commitment to an organisation. Staff promotions motivates employees to stay within an organisation and also help the employees to better understand the organisation. This was in agreement with what Matekia (2009), found when he conducted a cross-sectional research using a structured interview guide among 326 healthcare workers in three municipalities of Dar-es Salam, Tanzania. The study reviewed that 71.8% of the health workers were motivated to perform their tasks well, while 28.2% were not motivated. Both financial and non-financial incentives were seen to influence motivation. The study found the main motivating factors to be community recognition or appreciation, fairness in performance assessment, reward system and education. Most of the early researches on health sector employees came out with similar results. The studies established that a number of extrinsic and intrinsic factors increase motivation among the healthcare workers. Furthermore, the studies unearthed the following as major factors affecting staff morale: inadequate resources for work, poor compensation, heavy workload, and inadequate performance management, lack of career development and lack of training opportunities.
2.8 Types of Motivation

Motivation occurs in two ways. Employees can motivate themselves by seeking, finding and carrying out work that satisfies their needs. Employees can also be motivated by management through such methods as pay, promotion, praise, punishment such as disciplinary action, withholding pay or criticism Armstrong (2006). There are two types of motivation, extrinsic and intrinsic. They differ in the source of pressure or pleasure that boost each of them Nduka (2016).

2.9 Extrinsic motivation

Extrinsic motivation is concerned whenever an activity is done in order to obtain an outcome that is separate from the activity itself Frey and Osterloh (2002). In a career context, extrinsic motivation means the desire to satisfy needs or goals that are not related to the work itself for example, working as means to earn money. Individuals are extrinsically motivated when they engage in the work in order to obtain some goal that is apart from the work itself. Inspired to perform by things or factors outside the individual is termed extrinsic motivation. For example, if one is motivated to work hard because he or she is eying promotion. Other examples include wanting social recognition, money, fame, and competition or material achievements. Extrinsic motivation comes about because of external factors such as a bonus or another forms of reward. Avoiding punishment or bad outcome can be a source of extrinsic motivation. Fear can be a great motivator as well Skripak (2016). Extrinsic motivation regards the carrying out of an activity in order to achieve an external reward. The source of an extrinsic motivation is from an individual’s physical environment. Deci (1972), describes extrinsic motivation as money and verbal rewards, mediated outside of a person. Aktar, Sachu and Ali (2012) are in agreement and emphasise that extrinsic rewards are tangible awards that are external to the job or task being performed by the employee. Apart from this, Gkerezis and Petridous (2012) concurred that extrinsic rewards constitute the payment that employees receive as recognition for their input. Banfield and Kay (2008:296) say that if employees are dissatisfied with their rewards, they will express it through their performance and behaviour. Laissez-fare type of many civil servants performance, as if they are unwilling to assist clients. For instance, it has been observed that some nurses will be busy on their smart phones, yet queues of patient waiting to be assisted will be growing bigger. For a harmonious working environment, management should note employee needs in view to motivate them for organisation to accomplish its purpose.
2.10 Intrinsic motivation

Motivation that comes from within an individual is intrinsic. This comes from personal enjoyment and educational achievement that is derived from accomplishing a particular task. Intrinsic rewards come from within the individual. The reward is intangible. Intrinsic motivation comes from within the enjoyment of a task, the satisfaction of a job well done and the desire to achieve are all the sources of intrinsic motivation. Amabile (1993) seconded this by arguing that individuals are intrinsically motivated when they seek enjoyment, interest, satisfaction of curiosity, self-expression or personal challenge in the work. Research showed that intrinsic motivation is a key factor in performance and innovation. Intrinsic motivation makes one’s work fulfilling. It is a major reason for deciding to stay on a job. It helps keep stress levels down Ganta (2014).

Intrinsic and extrinsic motivators apply differently to employees. According to Story et al (2009), individuals high in intrinsic motivation seem to prefer challenging cognitive tasks and can self-regulate their behaviours. Amabile (1993) states that both intrinsic and extrinsic values can motivate employees to do their respective work, however, intrinsic and extrinsic motivation can have very different effects on employees. Employees can be intrinsically and extrinsically motivated to carry out certain work. It has been observed that not all people are evenly motivated. Some employees are more intrinsically and others are more extrinsically motivated. Both intrinsic and extrinsic motivators are vital in motivating subordinates at the workplace. Ryan and Deci (2002) consider intrinsic motivation to be the most important and pervasive motivation. It is through this kind of motivational tendency that people develop cognitive, social and physical abilities. Motivation is a personal occurrence. Each person is unique and has different needs, expectations, values, history, attitudes and goals Re’em(2010). Supervisors may not assume that what motivates him/her will automatically motivate his/her subordinates. What inspires one employee may not necessarily inspire another.

Figure 2. 2: Forms of intrinsic motivation

- Intrinsic motivation
  - Job satisfaction (the experience per se)
  - Compliance with standards for their own sake
  - The achievement of personal goals
Intrinsic motivation is in three forms as illustrated in the diagram above. People engage in an activity for its own sake, the activity itself will be a source of joy and fulfilment. Examples are hobbies one selects to pursue or even completing an interesting assignment. Some activities are tedious and boring, but their accomplishment brings on pleasure to the employees such as meeting deadlines brings a sense of achievement. Intrinsic motivation is a matter of compliance with standards for their own sake that compels people to act. These may be ethical standards one feels a need to respect, commitment to group members or the desire to act according to values of material or procedural fairness Frey and Osterloh (2002).

Motivation should be approached with caution, since sabotage and absenteeism are motivation behaviours too Landy and Conte (2010). A worker can be extremely satisfied with his or her job and at the same time be unmotivated to exert effort. Re’em (2011). This is one of the challenges in the public health sector in Zimbabwe today. Some employees are pleased with their comfort work conditions such as job security but have very little motivation to work. Extrinsic motivation may have an immediate and powerful effect but will not necessary be sustained. Intrinsic motivators are likely to be sustainable because they are not imposed from outside

2.11 Motivational challenges in the public sector
Reduced salaries, insufficient equipment to perform work duties, dysfunctional government budgets and the pressure to remain effective while cutting resources and costs have affected service motivation in many countries UNDP (2014). The public sector is critical to international development and key public services such as healthcare. This gives the impetus to motivate the civil servants. Intrinsic and extrinsic motivation of the health workers is critical for public service sector effectiveness UNDP (2014). Resources will always be a limiting factor. Public service motivation provide services for the good of society. Employees working in the public sector are attracted because of the intrinsic rewards and are more likely to be committed to their organisation Georgellis et al (2011). It has been suggested that to improve the motivation of
employees, public service institutions could seek to select candidates with public service values, design meaningful jobs, create conducive work environments, encourage leaders with values and promote a civil-minded society (UNDP). Poor incentives such as low salaries and unfair recruitment and promotional criteria can lead to capacity erosion. Many Public Services compete for staff with the private, non-profit and voluntary organisations. Public Services do not hold a monopoly of opportunities for staff. Having proper incentives may be a prerequisite for public services motivation. Without these, there might not even be enough employees to carry out required tasks in the public institutions. However, Pink (2009) argues that rewards can extinguish intrinsic motivation, diminish performance, and crush creativity and crowd out good behaviour. Pay is an important motivator in the public service setting, but it can be a demotivator too. Performance bonuses may backfire when it comes to cognitively challenging work, “ignoring the complexity of human drive, particularly the role of intrinsic motivation – the desire to perform an activity for its own inherent rewards” Woolhandler et al (2012).

2.12 Motivation Tools
Every organisation has motivational tools divided into financial and non-financial. Employees expect financial and non-financial rewards for their services and efforts. In the absence of equitable pay, training and development opportunities and recognition, employees get dissatisfied and disgruntlement. They may perform below standards. This dissatisfaction from the unavailability of motivational tools may lead to high staff turnover and poor performance.

The financial rewards include pay, bonus, fringe benefits, allowances, insurance, incentives, promotions, transport facility, medical facility, meal facilities and vacation with pay. On the other hand, non-financial rewards include appreciation, meeting the new challenges, caring attitude from the employer. The researcher will look into some of the motivation tools but not all of them.

i) Transportation
The problem of the employees and their mental stress increase due to the inefficient transport system. Public transport is costly, scarcely available and unpredictable Yousaf et al (2014).

ii) Basic pay
The main financial tool for employee motivation is basic remuneration paid on a fixed amount irrespective of the performance Borowski and Daya (2014). The reward should be an amount that the employees would feel appreciated for their effort, if not, the employees will regret the effort incurred to obtain the reward. In this case, the reward will demotivates instead of
motivating the employees. Apart from this, the reward must not be excessively delayed. The reward must be granted as soon as it is earned. If the time of granting the reward is inaccurate or delayed, the employee may forget the reason of being awarded say the bonus. The positive behaviour and good attitude which is supposed to be associated by granting the reward will be lost. Civil servants in Zimbabwe who are supposed to receive their bonuses in November each year, have not been getting their bonuses on time since 2013 due to financial constraints the country is currently experiencing. The Government has resorted to staggering civil servants bonus payment with some departments getting their bonuses as late as the month of June of the following year. Delayed payment of salaries and bonuses bring disgruntlement and disappointments in civil servants. This may result in poor service delivery.

iii) equipment
Employees can be motivated as well by non-cash incentives such as equipment to perform duties, for example company cars, laptops and mobile phones. These have a positive effect on employees’ approach to work.

iv) other tools
Other non-cash incentives include education subsidies, medical care, guaranteed child care, trips, social events and extra holidays. Medical care and employee insurances are motivating tools. The use of medical care without queuing is appreciated by every employee. Management might consider organising kindergarten for their workers’ children. This would motivate workers who might want to continue working for the organisation if their children are being taken care of. Business trips and participation in social events may also be considered as motivation tools. Furthermore, providing employees with opportunities for training is motivating. Employers may find their employees education in furthering their studies, training and courses. Employees will feel appreciated and will have a long commitment in the organisation. The employee will be loyal, attached to the organisation which has borne the costs of their education.

v) Coercion tools
There are also coercion tools constituting all kinds of orders, prohibitions, recommendations, and standards of work, health and safety. These impose certain behaviour to employees, regulate the competence and responsibilities of employees. Employees are obliged to submit to them Borowski and Daya(2014).
vi) Persuasion tools
Tools of persuasion consist of staff meetings, negotiations and consultations with employee representatives. These tools do not offer neither penalties nor rewards.

vii) Communication
Not all motivation tools are expensive. Other tools are free of charge. These tools include providing the employee with frequent feedback concerning their performance. Providing opportunities for employee development, providing employees with the possibility of creating their work programmes and open communication. Adkins (2006), notes that communication is very important in keeping motivated and helps in maintaining a motivated culture in the employees. Civil servants communicates through circulars, emails, memorandums and newsletters among other forms of communication. Adkins (2006) notes that there is the need for management to put in a system of regular staff appraisals and stresses that it is crucial to articulate what the objectives of the business are. This will enable the employees to get a sense of what is expected of them.

viii) Role clarification
According to Malhotra et al (2007), role clarity is the degree to which employees perceive that required information is provided about how the employees is expected to perform his/her job

ix) Feedback
According to Malhotra et al (2007), feedback includes the recognition and praise received from immediate supervisor for good service delivered. Armstrong (2011) asserts that feedback is an important intrinsic motivational tool.

Monetary rewards yield temporary compliance and fails to act as a permanent or long term motivation. Other authors noted that in the long term, employees tend to view monetary rewards such as bonuses and benefits as entitlement thereby losing its motivation effect. Rewards are only temporary and do not induce long term motivation, employees end up getting stuck in a constant cycle of agitating for more to satisfy their immediate wants Shanks (2007).

2.13 Motivation Theories
Content theories provide insights into individuals and the needs which motivate them. The process theories focus on individuals are motivated. Content theories are exemplified by the works of Maslow and Herzberg. These needs theories are based on the premise that individuals
are motivated by unsatisfied needs. The unsatisfied needs create imbalances and tension in a person, who in turn attempts to restore the balance through identification of a goal and direction of effort that will satisfy the need, the content theories state that employees have many needs. On the other hand, process theories emphasise the psychological procedures or forces that affect motivation. Process theorists content that behaviour is a function of beliefs, expectations, values and mental cognitions. Adams equity theory represent the process theory. Motivational theories help to analyse and predict the reasons that arouse and direct employees to choose certain behaviours over others Re’em (2011). Management ought to consider employee behaviours toward work. The researcher will consider the following theories: Maslow’s Hierarchy of Needs, Herzsberg’s Two-Factor Theory, Theory X and Theory Y postulated by McGregor, and Equity Theory developed by J. Stacy Adams (1985).

2.14 Maslow’s Hierarchy of Needs

Human behaviour can be controlled. Behaviour is goal-directed. Motivation can influence and control human behaviour to be goal-directed. Human beings have needs. Human needs can be handled through motivation. Maslow categorised human needs into five categories from lower order to higher order levels. Individuals satisfy needs beginning with the lower order levels before moving to higher order ones. Satisfied needs will no longer motivate. Motivating an employee depends on understanding the level the employee is at Maslow’s Hierarchy of Needs. A set of needs provides the motive for people’s actions. According to Larsen and Buss (2008:373) Maslow said that, “People typically work at satisfying multiple needs at the same time… At any given time, however, we can determine the level at which a person is investing most of his or her energy “Daff (2008:445) illustrated Maslow’s hierarchy of needs diagrammatically in Figure 3 below:

Figure 2.3: Maslow’s hierarchy of needs

<table>
<thead>
<tr>
<th>Fulfilment off the job</th>
<th>Needs hierarchy</th>
<th>Fulfilment on the job</th>
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<tbody>
<tr>
<td>Education, religion, hobbies, personal growth</td>
<td>Self-actualisation needs</td>
<td>Opportunities for training, advancement, growth and creativity</td>
</tr>
<tr>
<td>Approval of family, friends and community</td>
<td>Esteem needs</td>
<td>Recognition, high status, increased responsibilities</td>
</tr>
<tr>
<td>Family, friends, community groups</td>
<td>Belongingness needs</td>
<td>Work groups, clients, co-workers, supervisors</td>
</tr>
<tr>
<td>Freedom from war, pollution, violence</td>
<td>Safety needs</td>
<td>Safe work, fringe benefits, job security</td>
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Adapted from Daft (2008)

People have elemental needs of food, identification, achievement and monetary rewards. These rewards form an internal drive that motivates employee behaviour change to achieve the needs. Abraham Maslow’s hierarchy of needs theory, according to Landy and Coote (2010) explains the five sets of drives which are in order of ascendency, starting with:

i) Physiological needs encompassing hunger, thirsty and sex.
ii) Safety needs (not to be endangered, secure environment)
iii) Love and belonging
iv) Esteem (self-respect, strength, achievement, reputation, recognition by others and appreciation)
v) Self-actualisation – which is the aspiration to become everything that one is capable of becoming.

Maslow’s hierarchy of needs theory is a foundation for explaining human behaviour. Management should devise activities which will satisfy unmet needs of employees, as a satisfied need will not motivate employees. Physiological needs can be met at an organisation by creating a comfortable working environment. Paying the employees adequate salaries and providing leisure time Grobler et al (2006). Safety and security needs include the feeling of protection against physical and psychological harm. Management should provide a safe environment, appropriate salaries and benefits that may provide job satisfaction to the employees. Higher order needs comprise of social needs, esteem and self-actualisation. Social needs encompass affection, sense of belonging, association, acceptance and affection and support from others Meyer and Kirsten (2005). Kaur (2013), weighed in by saying that safety needs include safety and protection from deprivation, physical and emotional harm. The interest for safety and security can be translated to the concern for job security and a guaranteed job. Abraham Maslow contends that human beings have to work in order to survive Creed (2011). These needs may be provided by encouraging team spirit, community-group participation and personal leadership Grobler et al (2006). Intrinsic and extrinsic motivation may be exhibited in self-respect and esteem needs. Management may address these needs by using positive reinforcement, a thank you for a job well done can go a long way in motivating the concerned employees. Furthermore, management may provide symbols for recognition in
such functions as long serving awards ceremonies, worker of the month or year and giving presents to outstanding employees.

Amos et al (2004) argue that employees at self-actualisation stage of motivation strive for truth, justice, individuality, and perfection. Management may then focus more on opportunities for employees to address personal growth queries. Exceptional performance should be considered for rewards. It may be prudent for organisations to begin by addressing the basics of employee needs, before addressing higher order needs. If basic needs are not met first, it may result in employees feeling dejected and dissatisfied. However, Kaur (2013), argues that higher level needs may be dominant at any time despite the fulfilment of lower level needs. It might happen that an individual might have more than one need at a time and the assumption by Maslow that an individual has one need at a time becomes impractical and unrealistic Creed (2011).

2.15 Adam’s Equity Theory

Human beings compare themselves with others in whatever they do. Equity theory centres on the perceived fairness on employee. The Equity Theory of Motivation deals with the way individuals compare the value of themselves to others in similar work situations based on similar skills and education. Equity theory is based on the perception that employees are inspired by fairness, and seek social equity in remuneration from their work. The value to the employees are in what they get from the organisation, like salary, bonus promotion and incentives. The theory assumes that people’s motivation in an organisation is on the desire to be treated equally and fairly. Adam quoted by Kuar, Aggrarwal and Khaitan (2014), suggested that employees try to maintain a balance between what they give to an organisation against what they receive. Equity theory is based on a principle that people’s actions and motivation are guided by fairness. According to Carrell and Dittrich (1978), employees who perceive inequity will seek to reduce it by distorting inputs or outcomes in their minds or leave the organisation altogether. Adam’s Equity Theory advocates for a fair balance to be struck between an employee’s inputs and an employee’s outputs. A fair balance serves to ensure a strong productive relationship as employees will be contented and motivated Kaur, Aggrawal and Khaitan (2014). Newstrom and Davies (2002) postulate that Equity Theory is grounded in the belief employees compare their behaviour with other employees with whom they interact with. Gibson et al (2003), argue that it is not only performance that is compared, but also rewards and recognition for performance. The below diagram Figure 2.4 explains Adam’s Equity Theory.
Figure 2. Adam’s Equity Theory

Scales ‘calibrated’ and measured against comparable references in the market place

What I put into my job:
Time, effort, ability, loyalty, tolerance, flexibility, integrity, commitment, reliability, heart and soul, personal sacrifice

What I get from my job:
Pay, bonus, perks, benefits, security, recognition, interest, development, reputation, praise, responsibility, enjoyment

People become demotivated, reduce input and / or seek changes / employment whenever they feel their inputs are not bring fairly rewarded. Fairness is based on perceived market norms.


Amos et al (2004), argue that there are two forms of inequity namely, underpayment inequity which refers to an employee perceiving that the reward he or she receives is less than what his/her colleagues receive for similar performance having similar qualifications. The second one is overpayment inequality which refers to an employee perceiving that the reward he/she receives is more than what his/her colleagues receive, as compared to inputs. The theory is built on the belief that employees become demotivated if they feel that their inputs are greater than the outputs. Inputs include effort, loyalty, hard work, commitment, skill, ability,
adaptability, flexibility, tolerance, determination, enthusiasm, trust in superiors, support of colleagues, personal sacrifice.

Outputs include financial rewards (salary, benefits, perks), intangibles like recognition, reputation, responsibility, sense of achievement, praise, stimulus, sense of advancement, job growth. Many of these inputs and outputs cannot be quantified and compared. However, the theory insists that managers should struck a balance between the inputs and outputs. Motivation is a consequence of the desire for equitable treatment in the organisation.

2.16 Herzberg’s Two-factor Theory

Figure 2.4: Herzberg’s Two-factor Theory

Content perspectives on motivation

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<th>Area of satisfaction</th>
<th>Motivators influence level of satisfaction</th>
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<td>Motivators</td>
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<td>Personal growth</td>
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</table>

Hygiene factors influence level of dissatisfaction

<table>
<thead>
<tr>
<th>Area of Dissatisfaction</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Hygiene factors</th>
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</thead>
<tbody>
<tr>
<td>Working conditions</td>
</tr>
<tr>
<td>Pay and security</td>
</tr>
<tr>
<td>Company policies</td>
</tr>
<tr>
<td>Supervisors</td>
</tr>
<tr>
<td>Interpersonal</td>
</tr>
</tbody>
</table>
Highly Dissatisfied
Adapted from Daft (2008)

Herzberg’s motivation-hygiene theory is also the two-factor theory, depicted in Figure 2.5 above. Herzberg rated the feelings of 200 engineers and accountants. The professionals were asked to describe their job experiences, where they felt either extremely bad or exceptionally good about their jobs Tan and Waheed (2011). Responses about good feelings are generally related to job content which are motivators. Responses about bad feelings are associated with job context which are hygiene factors. Motivators are inherent in the job itself such as achievement, recognition, responsibility and promotion. Hygiene factors are associated to feelings of dissatisfaction within the employees and were extrinsic to the job such as interpersonal relations, salary, and supervision and company policy, according to Herzberg 1966 quoted in Tan and Waheed (2011).

Hygiene factors prevent dissatisfaction but they do not lead to satisfaction. Hygiene factors are necessary only to avoid bad feeling at work. Many studies found that job satisfaction is associated with salary, occupational stress, empowerment, company and administrative policies, personal growth and overall working conditions. An increase in job satisfaction may result in a rise in employee productivity Shikdar and Das (2003). Herzburg says that an employee’s behaviour can be observed under hygiene factors, showing the presence of job dissatisfiers or absence of the job dissatisfiers. Poor working conditions results in dissatisfying performance. Herzburg says that when there are no motivators, employees are neutral towards work, but when there are motivators, employees are inspired to work and will be contented. Oosthuizen (2001) posits that Herzberg’s Two-factor theory of motivation draws from Maslow’s Hierarchy of Needs. Herzberg’s theory says that if hygiene factors called dissatisfiers are present the lower level needs of physiology and safety needs are likely to be met. These factors are perceived to be acting as motivation for individuals to reach superior performance and effort, Adams (2007). Motivators are satisfiers which focus on the job, provide opportunities for the satisfaction of higher order needs. Motivators describe the environment and are used to prevent job dissatisfaction, but does not have a major effect on positive job attitudes. Steyn (2002) believes the theory speculates that it is not extrinsic factors like salary, working conditions and job security which motivate employees, but intrinsic factors like
achievement, recognition and responsibility. Mckenna (2000), posits that the presence of hygiene factors results in employees not being dissatisfied and at the same time does not motivate these employees to increase their performance. Motivators are factors which lead to real motivation, however, when motivators are inadequate, there will be no motivation though hygiene factors are not motivators but a prerequisite for motivation so says, Schulze and Steyn (2003). Hygiene factors may be maintained to prevent of job dissatisfaction, while emphasis should be on factors related to the work itself Schultz et al (2003). Nel et al (2001), claim that organisations need to prioritise hygiene factors before the introduction of motivators.

2.17 McGregor’s Theories: Theory X and Theory Y

Theory X assumes that workers dislike work and will try by all means to avoid responsibilities. Employees require supervision. Employees try to avoid work and value safety above all. Managers may have to control and threaten employees to get them to work. Workers prefer to be lead and tend to resist change. People are motivated by financial means and threat of punishment. Managers who embrace this theory are likely to supervise and control their employees as control is needed when dealing with irresponsible people.

Theory X is in contrast with Maslow’s Hierarchy of Needs Theory and may not be universally applied as its assumption of human nature in many cases is inaccurate. McGregor highlighted that Theory X is not applicable to people looking forward to attain Social, Esteem and Self-Actualisation needs after satisfying Physiological and safety Needs, Dobre, (2013). Theory X assumes that in the absence of managerial intervention, employees are passive and resistant to organisational needs as they inherently self-centred and distasteful towards work, Robbins, et al (2009). Management have to direct and modify employee behaviour. Mustafa (2013) asserts that lower order needs motivate employees and a lack of opportunities results in employees preferring material goods and services.

Theory Y practices is concerned with creating a pleasant work environment and align employees goals with organisational goals. Productivity levels are high as employees gladly work and their needs are satisfied. Theory Y assumes that workers can exercise self-direction, like responsibility and like work. People do not naturally dislike work. Work to them is as natural as breathing. This is in line with Lathan (2007) who says that, Theory Y emphasises self-control, self-direction and entails that employees’ expenditure for effort is natural, Latham (2007). People are internally motivated to achieve their objectives. People are committed to goal attainment. People have capacity for innovation in solving problems. Managers may apply democratic leadership according to Theory Y Figure 2.6.
According to Bloisi, Cook and Hunsaker (2007), Theory Y assumes that human behaviour is motivated by higher order needs. Furthermore, Lathan (2007, states that Theory Y assumes that the motivation, readiness, potential and capacity to assume responsibility is present in employees. Employees need to be valued and respected in order for them to perform effectively. All the motivation theories of Maslow’s Hierarchy of Needs, Herzberg’s Two-Factor Theory and Adam’s Equity Theory are in agreement that subtle and variable factors affect an employee’s assessment and perception of their relationship with their work and their employer.
2.18 Chapter Summary
This chapter discussed a number of theories pertaining to motivation of employees. Shultz et al (2003) argue that the discussed motivation theories contribute in their own unique way to enhance the understanding of employee motivation. The theories have a different approach but focus on how to motivate employees. The chapter discussed motivation types. It is noted that money is the most motivating factor as it is part of the organisation’s total incentive; good incentive has the potential to attract and retain the ‘best brains’ in the industry. Intrinsic and extrinsic rewards can complement each other. Each type of motivation is insufficient without the other. More of intrinsic with less of extrinsic becomes an issue and vice versa. Every

Source: Researcher.
employee is different when it comes to motivation. Some employees might be motivated by earning rewards, others might be motivated by the desire to avoid unpleasant circumstances. The discussion highlighted that motivating employees is a complicated and challenging process.

Chapter 3: Research Methodology

3.0 Introduction

This chapter outlines the research methodology, methods and philosophies used in this research. It furnishes the methods used in conducting the research, focusing on research designs, types of research, target population and sampling methods used. This chapter explains how the study was done and why certain methods were selected and used ahead of others.

3.1 Research objectives and questions

The main objective of the study is to find out the challenges affecting motivation of employees in the health delivery system at Harare Central Hospital, guided by the following objectives and questions:

Research objectives

1. To find out the challenges affecting health delivery system at Harare Central Hospital
2. To examine performance delivery levels of departments at HCH
3. To find out the level of motivation of employees in the public sector (HCH)
4. To find out motivational strategies implemented at HCH.

Research questions

1. What are the challenges affecting health delivery system?
2. What are the performance delivery levels of departments?
3. What is the level of motivation of employees at HCH?
4. What are the motivation strategies in use at HCH?

3.2 Research Design

Nabi et al, (2017) state that a research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. Kuada (2012), argues that research design outlines the logical structure that links all the research activities and also involves different measures aimed at minimising
bias. In addition, Ayiro (2012), defines research design as a blueprint or action plan that is aimed at fulfilling the objectives of the study. Salkind (2010) concurs that the research design is a vital aspect of the research methodology as it guides the researcher in addressing research questions and problems. According to Goering and Anton (2015), the main aim of the research design is to demonstrate that the researcher will produce findings that are valid, relevant, reliable and credible. Jupp (2006) affirms that, a clear and researchable set of questions and the alignment between research questions, research methods and the sources of data are a prerequisite in the research design in order for the findings to be valid and trustworthy. According to Maggetti and Radaelli (2013), there are three major types of approaches to research design, namely mixed methods, qualitative and quantitative methods.

Qualitative research is contextual and involves exploring meaning, through interviews, observations or the analysis of documents and results in non-numerical data Gilbert (2008). Saunders, Lewis and Thornhill (2009) defined mixed methods as a mixture of both qualitative and quantitative methods in a single study. Whereas, Green and Browne (2005) state that quantitative research involves numerical data and is adopted when seeking to understand the behaviour of human beings or the meaning of human attributes to the social world. A descriptive study collects data in order to answer questions about status of the subject or topic of study. This study was done through a case study approach. The unique strength of a case study design is its ability to deal with a full variety of evidence documents, artefacts, interviews and observations Yin (2003). This study is a mixed of qualitative and descriptive survey because it adopted the use of observations, interviews and the use of a questionnaire aimed at collecting data to assist in finding the challenges of motivation in the health delivery system of the public health sector. Mixed methods give a voice to study participants and ensure that study findings are grounded in participants’ experiences.

3.3 The Research Philosophy

Pragmatism was the research philosophy used in this study. It allowed the researcher to use any of the methods, techniques and procedures associated with qualitative and quantitative research. The mixed method approach was chosen, agreeing with Tashakkari and Teddlie (2003) who argue that pragmatism paradigm provides an underlying philosophical framework for the mixed methods research. Pragmatism was also considered because it is problem centred. Pragmatism opened the door to multiple methods, different world views and different assumptions, as well as different forms of data collection and analysis, Morgan (2007).
3.4 Data Collection Methods

Cooper and Schindler (2011) state that data collection methods refer to the process of gathering data after the researcher has identified the types of information needed which is, the investigative questions the researcher must answer, and has also identified the desired data type (nominal, ordinal, interval, or ratio) for each of these questions and also ascertained the characteristics of the sample unit, that is, whether a participant can articulate his or her ideas, thoughts and experiences. Observations, interview and a questionnaire was used to collect the data. The data collection instrument for the study was developed based on literature from various scholars on the subject, “The Challenges of Motivation of Employees in the Health Delivery System of the Public Health Sector of Developing Countries: A Case Study of Harare Central Hospital.” The questionnaire Annexure 7, was divided into 4 sections. The first part was designed to analyse demographic data, which focused on collecting the respondent’s personality characteristics deemed to contribute to the challenges of motivation in the health delivery system of the public health sector. The second part looked at extrinsic motivation factors that influence the level of employee motivation at HCH. This section consisted of questions that were based on the identified extrinsic factors studied in the literature review with an aim of determining if they apply to HCH. There are five multiple choice options for each question representing five levels of preference namely, strongly Disagree, Disagree, Neutral, Agree and Strongly Agree. The third part of the questionnaire looked at the intrinsic factors that influence the level of employee job satisfaction at HCH. Five multiple choice options for each question was adopted, representing five levels of preference: Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree. The fourth part of the questionnaire assessed the impact of each employee motivation on his/her performance at HCH. This section consisted of questions with five multiple choice options for each question representing five levels of preference: Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree. A pilot study was conducted to test the validity and reliability of the questionnaire. The results of the pilot study were however, not included in the final report.

3.5 Target Population

Research population is defined as the totality of all subjects who have certain characteristics and are of concern to the researcher Polit and Hungler (1999). Cooper and Schindler (2011), weighed in and referred population to the individual participant or object on which the measurement is taken. Whereas, Nedi et al (2017), referred a population to the aggregate of all cases that conform to some designated set of specifications. The target population is the
collection of elements which one would like to study. It is the entire set of relevant units of analysis or data. Population is the unit of study.

The researcher’s population was made up of all levels of employees at Harare Central Hospital. Employees with different designation and experience level were chosen as the target population. To ensure a credible and reliable data, the population cut across categories of employees from each of the chosen departments. The study population comprised of employees of Harare Central Hospital, from various departments. The research was done among doctors, nurses, laboratory technicians, hospital food handlers, security personnel, pharmacists, finance and the billers, human resource and administration staff, stores and procurement personnel, transport crews and cleaners who work during the day.

Table 3.1: Population Distribution

<table>
<thead>
<tr>
<th>Department</th>
<th>Population characteristics</th>
<th>Total population</th>
<th>% of entire population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical (A)</td>
<td>Doctors</td>
<td>114</td>
<td>11.4</td>
</tr>
<tr>
<td>Clinical (B)</td>
<td>Nurses</td>
<td>578</td>
<td>58.0</td>
</tr>
<tr>
<td>Laundry (C)</td>
<td>Dry cleaners</td>
<td>49</td>
<td>4.9</td>
</tr>
<tr>
<td>Radiology (D)</td>
<td>Radiographers</td>
<td>22</td>
<td>2.2</td>
</tr>
<tr>
<td>Physiotherapy (E)</td>
<td>Physiotherapists</td>
<td>18</td>
<td>1.8</td>
</tr>
<tr>
<td>Catering (F)</td>
<td>Food handlers</td>
<td>53</td>
<td>5.3</td>
</tr>
<tr>
<td>Finance (G)</td>
<td>billers</td>
<td>32</td>
<td>3.2</td>
</tr>
<tr>
<td>Laboratory (H)</td>
<td>Lab technicians</td>
<td>26</td>
<td>2.6</td>
</tr>
<tr>
<td>Human Resources (I)</td>
<td>HR Officers</td>
<td>12</td>
<td>1.2</td>
</tr>
<tr>
<td>Transport (J)</td>
<td>Ambulance drivers</td>
<td>19</td>
<td>1.9</td>
</tr>
<tr>
<td>Security (K)</td>
<td>Security Guards</td>
<td>30</td>
<td>3.0</td>
</tr>
<tr>
<td>Cleaners (M)</td>
<td>Cleaners</td>
<td>44</td>
<td>4.4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>997</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: HCH HR Department 2018
3.6 Sampling Techniques

The stratified random sampling technique was used in the selection of elements from the sampling frame. The population was segregated into several mutually exclusive subpopulation or strata. The process by which the sample was constructed to include fundamentals from each of the segments is referred to as stratified random sampling. Stratified random sampling has three main benefits. It increases a sample’s statistical efficiency. It also provides adequate data for analysing the various subpopulation. In addition, it enables different research methods and procedures to be used in different strata Cooper and Schindler (2001). The study population was segmented on the basis of various departments of HCH and comprise of finance, HR and Admin, Stores and procurement, clinical, hospital food handlers, transport and laundry. This ensured representation across the various departments. Proportionate stratified sampling approach was used. The researcher divided the population into different subgroups or strata, then randomly selected the final subjects proportionally from the different strata. The sample size of each stratum was proportionate to the population size of the stratum when viewed against the entire population. Each stratum had the same sampling fraction as illustrated in Table 3.2 below.

3.7 Sampling Frame

The sampling frame for this study consisted of 997 employees from various departments of HCH. The list from which the sample was drawn was obtained from the human resource department of HCH. Sampling frame refers to the list of elements from which the sample is actually drawn, and is closely related to the population Cooper and Schindler (2001). According to Cooper and Schindler (2011), it is a complete and correct list of population members only.

3.8 Sample size

Sample size is the number of members selected from a given population. According to Saunders, Lewis and Thornhill (2009), sample size can be calculated by the following formula:

\[ N = p\% \times q\% \times \left( \frac{z}{e\%} \right)^2 \]

Considering a worst case scenario, where p is 5% at a 95% level of confidence, and within an error of ten percent.

\[ N = 50 \times 50 \times (1.96 / 10)^2 = 96 \text{ employees.} \]
However, they further suggest that if the population is less than 1000, the sample size can be adjusted without affecting accuracy using the formula:

\[ N = \frac{n}{1} + \frac{n}{N} \]

The adjusted minimum sample size was therefore 96 respondents. This is the total sample that was considered while collecting the data.

Table 3.2: Sample size of each stratum

<table>
<thead>
<tr>
<th>stratum</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>M</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population size</td>
<td>114</td>
<td>578</td>
<td>49</td>
<td>22</td>
<td>18</td>
<td>53</td>
<td>32</td>
<td>26</td>
<td>12</td>
<td>19</td>
<td>30</td>
<td>44</td>
<td>997</td>
</tr>
<tr>
<td>Sampling fraction</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
<td>1/</td>
</tr>
<tr>
<td>Final sample size</td>
<td>11</td>
<td>54</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>96</td>
</tr>
</tbody>
</table>

Key for departments

A = Doctors; B = Nurses; C = Dry cleaners; D = Radiographers; E = Physiotherapists;
F = Hospital food handlers; G = Billers; H = Laboratory technicians; I = Human resources officers; J = Ambulance drivers; K = Security guards and M = Cleaners.

3.9 Sample

A sample is part of the population. A sample refers to a section of individuals from the entire population which would be included in the data collection Smooch and Lewin (2005). Robin (2011), highlights that sampling is a vital aspect in social research as it provides all the other aspects of research. Anderson (2013), notes that sampling involves determining a sample that is representative of the target population. Payne and Payne (2004), concur that samples are designed to resemble the universe and its features on a small scale. Sampling enables the researcher to gather data from a smaller group that can be generalised. Sarandakos (2013) affirms that sampling can either be constructed through self-selection or through the researcher. Saharan and Boogie (2013) say that the two types of sampling methods are probability and
non-probability sampling. Sampling refers to the process by which part of the population is selected and conclusion are drawn about the entire population Cooper and Schindler (2001). Deming (1990:26) argues that, “sampling possesses the possibility of better interviewing (testing), more thorough investigation of missing, wrong or suspicious information, better supervision and better processing than is possible with complete coverage”

3.10 Sources of data

This study focused on both primary and secondary data collection. These data sources ensured that the researcher drew policy – based conclusions on motivation and work performance to enhance reliability and validity of study findings. Interviews were conducted to elicit the views of health employees on motivation and its influence on work performance. The interviews involved Principal Nursing Officer, Matron for the maternity ward, Food handling supervisor and Director of Operations. A structured questionnaire was also administered. Secondary data were gathered from published articles, academic journals, books on motivation and work performance on healthcare employees. Both primary and secondary data were triangulated in order to make informed contribution to the study.

3.11 Reliability and validity

The areas of concern are credibility or trustworthiness (accurate description of participants views), transferability (usefulness of findings to theory), auditability (clearly stated research processes to allow critique of other researchers) and conformability (findings reflect informants ideas and experiences as opposed to preferences and characteristics of interviewer) Leets and Zazas(2010). To achieve reliability and validity of the study, pre-testing and piloting of the instruments were conducted to assess the suitability of the instruments in collecting the needed data for the main study. Based on the pilot study, items on the in-depth interview guide were modified to the demands of the intended study.

3.12 Data Analysis Methods

The purpose of data analysis is to reduce accumulated data to a manageable size, developing summaries, looking for patterns and applying statistical techniques Cooper and Schindler (2011). Descriptive analysis was used to determine the proportions and frequency of the variables. Correlation test was used to draw inferences about the population from the sample. IBM SPSS Statistics version 24 was used to facilitate the data analysis. The results were in form of tables and graphs. The results were presented in the form of tables, pie charts and bar graphs.
3.13 Ethical Consideration

The study was conducted with compliance to general and academic ethical considerations. Before the start of the interview and distribution of the questionnaires, informed consent was sought from all participants. The purpose of the study was thoroughly explained to them. Participants were informed that participating in the study was voluntary. Participants who took part in the questionnaire and interviews were assured of reliability, privacy, anonymity and confidentiality. It was indicated to the participants that key findings from the interviews and questionnaires were purely for academic purposes. Only health workers at HCH who had consented to participate in the study were recruited. The researcher sought permission to conduct the research from HCH Management.

3.14 Chapter Summary

The chapter examined interviewing, observations and questionnaires which were used as the instruments for data collection. The study relied entirely on primary data which was collected from the respondents (HCH employees) using a structured questionnaire and interviewing. Interviewing and the structured questionnaire was pilot tested on 10 respondents representing various functions or departments of HCH. Descriptive analysis and correlation test were used to analyse the results of the study. The chapter further gave credence to data analysis and how ethical issues were addressed.
Chapter 4: Presentation and Analysis of Data

4.0 Introduction

This chapter focuses on the presentation, analysis and discussion of the data gathered through interviews and questionnaires. The data is presented in the form of tables, graphs and pie charts, so as to make it easy to translate the data into useful information such as that it can be used to understand the challenges of motivation in the public health sector delivery system.

4.1 Response rate

92 questionnaires were distributed to all levels of employees of HCH. Interviews were carried out with the Principal nursing officer, Matron for the maternity ward, Food handling supervisor and Director of Operations. Distribution of the questionnaires was done during lunch time. The response rate 100%.

4.2: General information

4.2.1 Classification of respondents by Age group

![Classification of respondents by Age group](image)

Figure 4. 1: Classification of respondents by Age group
Figure 4.1 shows the respondents by age group. 44 respondents (11.4%) indicated that they were aged below 25 years, 47 respondents (49%) indicated that they were aged between 25 and 34 years, constituting the majority. 22 respondents (22.9%) indicated that they were aged between 35 and 44 years. 10 respondents (10.4%) indicated that they were aged between 45 and 54 years. 6 respondents (6.3%) were aged between 55 and 64 years in the minority.

4.2.2 Classification of respondents by gender

From the questionnaires and interviews, the researcher found out that 58 of the respondents indicated that they were females and 38 indicated that they were males. This information is represented in a pie chart in Figure 4.2 below.

![Classification of respondents by gender](image)

Figure 4.2: Classification of respondents by gender

4.2.3 Classification of respondents by number of years served at HCH

Table 4. 1 Classification of respondents’ years of service at HCH

<table>
<thead>
<tr>
<th>Period</th>
<th>0 - 4</th>
<th>5 - 9</th>
<th>10 - 14</th>
<th>15 - 19</th>
<th>Over 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>4</td>
<td>50</td>
<td>30</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Percent</td>
<td>4.2</td>
<td>52</td>
<td>31.3</td>
<td>12.5</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 4.1 shows the results that were obtained when the respondents were classified by the number of years they had worked at HCH. 4 respondents (4.2%) indicated that they had served at HCH for between 0 and 4 years. 50 respondents (52%) indicated that they had worked at HCH for between 5 and 9 years. 30 of the respondents (31.5%) indicated that they had worked for between 10 and 14 years and 12 respondents indicated that they had worked for between 15 and 19 years. The majority are women, they seem to dominate the health services at the hospital and may seem to be the case in the Health Sector of Zimbabwe.

4.2.4 Classification of respondents by educational background

Table 4.2: Classification of respondents by educational background

<table>
<thead>
<tr>
<th>Educational background</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>31</td>
<td>32.3</td>
</tr>
<tr>
<td>Graduate (MBA/MBL)</td>
<td>25</td>
<td>26.0</td>
</tr>
<tr>
<td>Graduate – other</td>
<td>24</td>
<td>25.0</td>
</tr>
<tr>
<td>Post graduate</td>
<td>10</td>
<td>10.4</td>
</tr>
<tr>
<td>Professional qualification</td>
<td>6</td>
<td>6.3</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.2 is a tabular representation of the results that were obtained when respondents were classified by their educational background. 31 respondents (32.3%) indicated that they possessed an undergraduate degree. 25 respondents (26%) indicated that they possessed a Master’s degree. 24 respondents (25%) indicated that they hold other graduate degrees. 10 respondents (10.4%) indicated that they have a post graduate degree. 6 respondents (6.3%) indicated that they possessed other professional qualifications.

4.3 Extrinsic Factors that Influence Employee Motivation

4.3.1 Monetary compensation or salary structure influences employee motivation

Figure 4.3 shows the results that were obtained when the respondents were asked to indicate their level of agreement with the assertion that monetary compensation or salary structure influenced the employees’ motivation level. 4 respondents (4.2%) indicated that they strongly disagree that monetary compensation influenced their motivation levels. 2 respondents (2.1%) disagreed that monetary compensation influenced their motivation levels. 19 respondents
(19.8%) indicated that they were neutral to the assertion that monetary compensation influenced their levels. However, 30 respondents (31.2%) and 41 respondents (42.7%) indicated that they agreed and strongly agreed respectively that monetary compensation or salary structure influenced their motivation levels.

Figure 4. 3: Monetary compensation / salary structure influence motivation

4.3.2 The Management styles influence on employee motivation

Figure 4.4 shows the results obtained from respondents pertaining to the management styles influence on employee motivation at HCH. 2 respondents (2.1%) indicated that they strongly disagreed and another 2 respondents (2.1%) indicated that they disagreed that management styles within HCH influenced employee motivation levels. 6 employees (6.3%) indicated that they were neutral to the management style’s influence on employee motivation levels. 48 respondents (51%) indicated that they agreed to the assertion that management styles at HCH influenced their motivation levels. 37 respondents (38.8%) indicated that they strongly agreed that management styles influenced their motivation levels.

Figure 4. 4: Management style influence employee motivation
4.3.3 Job enrichment by HCH influences employee motivation

38 respondents (38.5%) strongly agreed that the degree of job enrichment by the hospital influenced their motivation levels. 43 respondents (44.8%) indicated that they agreed that the degree of job enrichment by the hospital influenced employee motivation. 12 respondents (12.5%) indicated that they were neutral. 3 respondents (3.0%) indicated that they disagreed that the degree of job enrichment influenced employee motivation. Only 1 respondent strongly disagreed that the degree of job enrichment influenced employee motivation at HCH. These results are shown in Figure 4.5 below.

![Job enrichment influences employee motivation](image)

4.3.4 Effective dissemination and availability of information influences motivation

Figure 4.6, below shows the results obtained from asking respondents if they agreed that effective dissemination and availability of information within HCH influenced their level of
motivation. 2 respondents (2.1%) indicated that they strongly disagreed that effective dissemination and availability of information within HCH influenced their level of motivation. 4 respondents (4.2%) indicated that they disagree that effective dissemination and availability of information within HCH influenced their level of motivation. 6 respondents (6.2%) indicated that they were neutral. They neither agreed nor disagreed that effective dissemination and availability of information within HCH influenced their level of motivation. 65 respondents (67.7%) and 19 respondents (19.8%) indicated that they agreed and strongly agreed respectively that effective dissemination and availability of information within HCH influenced their level of motivation.

Figure 4. 6: Dissemination and availability of information influences employee motivation

4.3.5 The quality of work environment influences employee motivation
Table 4.3 shows the results which were obtained when the respondents were how they felt about the quality of the work environment. 2 respondents (2.1%) indicated that they strongly disagreed and also 2 other respondents (2.1%) indicated that they disagreed that the quality of the work environment influenced employee motivation. 12 respondents (12.5%) were neutral that the quality of work environment influenced motivation. 59 respondents (61.5%) indicated that they agreed that the quality of the work environment influenced employee motivation. 21 respondents (21.9%) indicated that they strongly agree that the quality of work environment influenced employee motivation.

Table 4. 3: The quality of work environment influences employee motivation
<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Neutral</td>
<td>12</td>
<td>12.5</td>
</tr>
<tr>
<td>Agree</td>
<td>59</td>
<td>61.4</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>21</td>
<td>21.9</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

**4.3.6: The type of employee – management relationship influences motivation**

Figure 4.7 shows the results which were obtained when the respondents were asked to indicate whether they thought employee – management relationship influenced motivation. 4 respondents (4.2%) and 2 respondents (2.1%) indicated that they strongly disagreed and disagreed in that order that employee – management relationship influenced motivation. 12 respondents (12.5%) were noncommittal. They indicated that they were neutral to the statement that employee- management relationship influenced motivation. 41 respondents (47.7%) and 37 respondents (38.5%) indicated that they agreed and strongly agreed in that order that of motivation at HCH.

![The employee - management relations influence motivation](image)

**Figure 4.7: The employee – management relations influence motivation**
4.3.7 Availability of promotion opportunities employee motivation

Table 4.4 shows the results that were obtained when the respondents were asked their levels of agreement or disagreement with the assertion that the availability of promotion opportunities within HCH influenced the level of their motivation as employees. 4 respondents (4.2%) indicated that they are strongly disagreed and also 4 respondents (4.2%) indicated that they disagreed that the availability of promotion opportunities within HCH influenced the level of their motivation as employees. 24 respondents (25%) indicated that they were neutral to the assertion that the availability of promotion opportunities within HCH influenced the level of their motivation as employees. 16 respondents (16.7%) and 48 respondents (50%) indicated that they agreed and strongly agreed respectively that the availability of promotion opportunities within HCH influenced the level of their motivation as employees.

Table 4. 4: Availability of promotion opportunities influences employee motivation

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>4</td>
<td>4.2</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
<td>4.2</td>
</tr>
<tr>
<td>Neutral</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>Agree</td>
<td>16</td>
<td>16.7</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>48</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

4.3.8 Co-workers influence employee job motivation

Figure 4.8 shows the results which were derived when the respondents were asked to indicate whether they agreed or disagreed with the statement that co-workers influenced the level of employee motivation. 17 respondents (17.7%) indicated that they strongly agreed. 45 respondents (46.9%) indicated that they agreed that co-workers influenced the level of employee motivation. 24 respondents (25%) indicated that they were neutral to the assertion that co-workers influenced the level of employee motivation. 10 respondents (10.4%) indicated that they disagree that co-workers influenced the level of employee motivation. No respondent strongly disagreed to the assertion that co-workers influenced the level of employee motivation.
4.3.9 The nature of employees jobs influence their motivation

The respondents were asked the extent to which they agreed to the statement that the level of employee motivation is influenced by the work the employees do. Table 4.5 represents these results.

Table 4.5: Level of employee motivation is influenced by the nature of their jobs

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
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<td>4.2</td>
</tr>
<tr>
<td>Disagree</td>
<td>6</td>
<td>6.3</td>
</tr>
<tr>
<td>Neutral</td>
<td>8</td>
<td>8.3</td>
</tr>
<tr>
<td>Agree</td>
<td>57</td>
<td>59.4</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>21</td>
<td>21.8</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

4 respondents (4.2%) strongly disagreed, 6 respondents (6.3%) disagreed, 8 respondents (8.3%) were neutral, 57 respondents (59.4%) and 21 respondents (21.8%) indicated that they agreed and strongly agreed respectively that employee motivation were influenced by the nature of jobs that employees do.
4.4 Intrinsic Factors that Influence Employee Motivation

4.4.1 Appreciation by HCH influence employee motivation

Figure 4.9 shows the results that were obtained when the respondents were asked to indicate whether they agreed that appreciation of employees by HCH had an impact on employee motivation. 2 respondents (2.1%) indicated that they strongly disagreed that appreciation of employees by HCH had an impact on employee motivation. 4 respondents (4.2%) indicated that they disagreed to the assertion that appreciation by the hospital influences employee motivation. 14 respondents (14.6%) were neutral to the assertion that appreciation of employees by HCH had an impact on employee motivation. 25 respondents (26%) and 51 respondents (53.1%) indicated that they agreed and strongly agreed respectively that the appreciation of employees by HCH influenced employee motivation.

Figure 4.9: Appreciation by HCH influence employee motivation

4.4.2 Skills requirement impact on employee motivation

Table 4.6 shows the results that were obtained when the respondents were asked to indicate whether they thought that the degree of skill requirements had an impact on employee motivation.
Table 4. 6: Skills requirement impact on employee motivation

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
<td>7.3</td>
</tr>
<tr>
<td>Neutral</td>
<td>14</td>
<td>14.6</td>
</tr>
<tr>
<td>Agree</td>
<td>67</td>
<td>69.7</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>6</td>
<td>6.3</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

2 respondents (2.1%) indicated that they strongly disagreed and 7 respondents (7.3%) indicated that they disagreed that the degree of skill requirements had an impact on employee motivation. 14 respondents (14.6%) indicated that they were neutral. 67 respondents (69.7%) and 6 respondents (6.3%) indicated that they agreed and strongly agreed respectively that the degree of skills requirement had an impact on employee motivation.

4.4.3 Influence of current motivational strategies at HCH

The results of current motivational strategies at HCH are shown figure 4.10 below. 2 respondents (2.1%), 5 respondents (5.2%), 18 respondents (8.8%), 52 respondents (54.2%) and 19 respondents (19.7%) indicated that they strongly disagree, disagree, were neutral, agree and strongly agree respectively to the influence of HCH’s current motivational strategies.

![Employee satisfaction by HCH’s motivational strategies](image)

Figure 4. 10: Employee satisfaction by HCH’s motivational strategies
4.4.4 Trust exhibited at the workplace influences employee motivation

Table 4.7 shows the results that were obtained when the respondents were asked to indicate how trust exhibited at HCH determine their level of motivation. 2 respondents (2.1%) indicated that they strongly disagree and 7 respondents (7.3%) indicated that they disagree that the degree of trust that is exhibited at HCH influences their motivation. 20 respondents (20.8%) indicated that they were neutral to the assertion that trust exhibited at HCH influences their motivation. 52 respondents (54.2%) indicated that they agree and 15 respondents (15.6%) indicated that they strongly agree that trust exhibited at HCH influenced their motivation.

Table 4. 7: Trust exhibited at the workplace influences employee motivation

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
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<td>2.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
<td>7.3</td>
</tr>
<tr>
<td>Neutral</td>
<td>20</td>
<td>20.8</td>
</tr>
<tr>
<td>Agree</td>
<td>52</td>
<td>54.2</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>15</td>
<td>15.6</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

4.4.5 Constant feedback on employee performance influence motivation

The following are the results in table 4.8 are what the respondents felt about constant feedback on employee performance. No one strongly disagreed to the assertion that constant feedback on employee performance influences motivation. However, 15 respondents (15.6%) indicated that they disagreed that a constant feedback on employee performance influences motivation. 24 respondents (24%) indicated that they were neutral to the assertion that constant feedback on employee performance influences motivation. 30 respondents (31.3%) and 27 respondents (28.1%) indicated that they agreed and strongly agreed respectively that they agreed and strongly agreed respectively that the constant feedback on employee performance influences motivation.

Table 4. 8: Constant feedback on employee performance
<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
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<td>0</td>
</tr>
<tr>
<td>Disagree</td>
<td>15</td>
<td>15.6</td>
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<tr>
<td>Neutral</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>Agree</td>
<td>30</td>
<td>31.3</td>
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<tr>
<td>Strongly agree</td>
<td>27</td>
<td>28.1</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

4.46 Employee responsibilities impact on overall motivation

Figure 4.11 shows the respondents responses when the researcher asked them the extent they agreed to the statement that the level of employee’s responsibilities within HCH impacted on their overall motivation. 4 respondents (4.2%), 8 respondents (8.3%), 26 respondents (27.1%), 39 respondents (40.6%) and 19 respondents (19.8%) indicated they strongly disagreed, disagreed, were neutral, agreed and strongly agreed respectively that the level of employee responsibilities within HCH impacted on their overall motivation.

![Employee responsibilities impact on overall motivation](image)

Figure 4.11: Employee responsibilities impact on overall motivation

4.47 Level of fairness in treatment at workplace influences employee motivation
Table 4.9: Fairness in treatment at workplace influences employee motivation

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
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<td>6.2</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neutral</td>
<td>12</td>
<td>12.5</td>
</tr>
<tr>
<td>Agree</td>
<td>30</td>
<td>31.3</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>48</td>
<td>50.0</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.9 shows how the level of the respondents motivation with regard to fairness on treatment of employees at HCH. 6 respondents (6.2%) indicated that they strongly disagreed that the level of fairness in treatment of employees influenced employee motivation. 12 respondents (12.5%) indicated that they were neutral that the level of fairness in treatment of employees influences employee motivation. 30 respondents (31.1%) indicated that they agreed that the level of fairness in treatment of employees influenced employee motivation and 48 respondents (50%) indicated that they strongly agreed that the level of fairness in treatment of workers influences employee motivation.

4.4.8 Employee perception on training and skills development influences motivation

Table 4.10: Employee training and skills development influences motivation

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
<td>7.3</td>
</tr>
<tr>
<td>Neutral</td>
<td>20</td>
<td>20.8</td>
</tr>
<tr>
<td>Agree</td>
<td>38</td>
<td>39.6</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>31</td>
<td>32.3</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

The respondents’ perception on the influence of employee training and skills development on motivation is shown in Table 4.10. 7 respondents (7.3%), 20 respondents (20.8%), 38 respondents (39.6%) and 31 respondents (32.3%) indicated that they disagreed, were neutral,
agreed and strongly agreed respectively that employee perception on training and skills development influenced employee motivation.

4.4.9 Perception about - contribution to hospital’s growth influences motivation

Table 4.11: Employee contribution to hospital’s growth influences motivation

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>6</td>
<td>6.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
<td>4.2</td>
</tr>
<tr>
<td>Neutral</td>
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<td>8.3</td>
</tr>
<tr>
<td>Agree</td>
<td>45</td>
<td>46.9</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>33</td>
<td>34.3</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

The researcher inquired from the respondents whether they agreed that they get motivated whenever they felt that they are contributing to the growth of the hospital. Table 4.11 shows the results of the respondents from this enquiry. 6 respondents (6.3%), 4 respondents (4.2%), 8 respondents (8.3%), 45 respondents (46.9%) and 33 respondents (34.5%) indicated that they strongly disagreed, disagreed, were neutral, agreed and strongly agreed respectively that they got motivated whenever they feel they are contributing to the growth of the hospital.

4.4.10 Employee empowerment and autonomy influence employee motivation

![Employee empowerment and autonomy influences employee motivation](image.png)

Figure 4.12: Employee empowerment and autonomy influences employee motivation
Figure 4.12 shows the results on how empowerment and autonomy of workers influenced employee motivation. 4 respondents (4.2%), 6 respondents (6.3%), 18 respondents (18.8%), 45 respondents (46.7%) and 23 respondents (24%) indicated that they strongly disagreed, disagreed, were neutral, agreed and strongly agreed respectively that the level of employee empowerment and autonomy influenced employee motivation.

4.5 The Impact of Employee Motivation on Employee Performance

4.5.1 Employee motivation directly impact on absenteeism levels

The respondents were asked to show their level of agreement or disagreement with the assertion that employee motivation directly impacts on absenteeism levels in the hospital. Table 4.12 shows the results of this assertion.

Table 4. 12: Employee motivation directly impacts on employee absenteeism

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
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<td>0</td>
</tr>
<tr>
<td>Disagree</td>
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<td>16.6</td>
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<tr>
<td>Neutral</td>
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<td>31.3</td>
</tr>
<tr>
<td>Agree</td>
<td>27</td>
<td>28.1</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>23</td>
<td>24.0</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

16 respondents (16.6%) indicated that they disagreed that employee motivation directly impacted on absenteeism levels in the hospital. 30 respondents (31.3%) indicated that they were neutral to the assertion that employee motivation directly impacted on absenteeism levels in the hospital. 27 respondents (28.1%) and 23 respondents (24%) indicated that they agreed and strongly agreed respectively that employee motivation directly impacted on absenteeism levels in the hospital.
4.5.2 Employee motivation directly influences employee productivity

Table 4.13: Employee motivation directly influences employee productivity

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>4</td>
<td>4.2</td>
</tr>
<tr>
<td>Disagree</td>
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<td>13.5</td>
</tr>
<tr>
<td>Neutral</td>
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<td>10.4</td>
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<tr>
<td>Agree</td>
<td>35</td>
<td>36.5</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>34</td>
<td>35.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.13 is a depiction of the results obtained when the respondents were asked whether they agreed or disagreed that employee motivation impacted on employee productivity. 4 respondents (4.2%), 13 respondents (13.5%), 10 respondents (10.4%), 35 respondents (36.4%), 34 respondents (35.4%) indicated that they strongly disagreed, disagreed, were neutral, agreed and strongly agreed respectively that employee motivation impacted on the level of employee productivity.

4.5.3 The degree of employee motivation directly impacts on employee turnover.

The respondents were asked to indicate whether they agree to the assertion that the degree of employee motivation was directly related to employee turnover. Table 4.14 shows the results from respondents on employee relationships with employee turnover.

Table 4.14: Levels of employee motivation impacts on employee turnover

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>Neutral</td>
<td>11</td>
<td>11.4</td>
</tr>
<tr>
<td>Agree</td>
<td>50</td>
<td>52.1</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>30</td>
<td>31.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

2 respondents (2.1%), 3 respondents (3.1%), 11 respondents (11.4%), 50 respondents (52.1%) and 30 respondents (31.3%) indicated that they strongly disagreed, disagreed, were neutral,
agreed and strongly agreed respectively that the degree of employee motivation was directly related to employee turnover.

**4.5.4 Employee motivation impacts on employee safety practices**

Figure 4.13 shows the results which were obtained when the respondents were asked if they agreed that the level of employee motivation impacted on employee safety practices. 6 respondents (6.3%), 25 respondents (26%), 38 respondents (39.6%), 20 respondents (20.8%) and 7 respondents (7.3%) indicated that they strongly disagreed, disagreed, were neutral, agreed and strongly agreed respectively that the level of employee motivation impacted on the employee safety practices.

![Employee motivation impact on employee safety practices](image)

Figure 4. 13: Employee motivation impact on employee safety practices

**4.5.5 Employee stress is associated with workplace motivation**

Indication of employee stress levels results from respondents are shown in table 4.15 below

Table 4. 15: Employee stress is associated with workplace motivation

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>8.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>20</td>
<td>20.9</td>
</tr>
<tr>
<td>Neutral</td>
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<td>35.4</td>
</tr>
<tr>
<td>Agree</td>
<td>27</td>
<td>28.1</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>7</td>
<td>7.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
8 respondents (8.3%) indicated that they strongly disagreed that employee stress levels was associated with workplace motivation. 20 respondents (20.9%) indicated that they disagreed that employee stress was associated with workplace motivation. 34 respondents (35.4%) were neutral to the assertion that employee stress is associated with workplace motivation. 27 respondents (28.1%) indicated that they agreed that employee stress was associated with workplace motivation and 7 respondents (7.3%) strongly agreed that employee motivation was associated with workplace motivation.

### 4.5.6 Employee new skill acquisition rates is attributable to motivation

Table 4.16: Employee new skill acquisition rates is attributable to employee motivation

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>7.3</td>
</tr>
<tr>
<td>Neutral</td>
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<td>31.3</td>
</tr>
<tr>
<td>Agree</td>
<td>40</td>
<td>41.6</td>
</tr>
<tr>
<td>Strongly agree</td>
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<td>15.6</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.16 is a representation of the results which were obtained when the respondents were asked to indicate how skills acquisition attribute to employee motivation levels.4 respondents (4.2%), 7 respondents (7.3%), 30 respondents (31.3%), 40 respondents (41.6%) and 15 respondents (15.6%) indicated that they strongly disagreed, disagreed, were neutral, agreed and strongly agreed respectively that new skills acquisition by an employee was attributable to motivation levels.

### 4.5.7 Performance of employees affect overall hospital performance

Figure 4.14 shows the results which were obtained when the respondents were asked to indicate whether performance of employees affect the overall performance of the hospital. 2 respondents (2.1%) strongly disagreed that performance of employees affect the overall performance of the hospital. 6 respondents (6.3%) indicated that they disagreed to the assertion. 8 respondents (8.3%) were neutral. 44 respondents (45.8%) indicated that they agreed that performance of employees affect the overall performance of the hospital.36 respondents (37.5%) indicated that they strongly agreed that employee performance affect overall hospital performance.
4.5.8 Other factors which influence employee motivation

Table 4.17 shows the results obtained from respondents indicating other factors that they thought influenced employee motivation levels. 37 respondents (38.5%) indicated that incentives was a factor that they thought influenced employee motivation. 24 respondents (25%) indicated that recognition of employee contribution influenced employee motivation. 13 respondents (13.5%) indicated that respect for employees and involving them in decision making influenced employee motivation. Job rotation, availability of training opportunities and delegation of duties each were indicated by 6 respondents (6.3%) as factors that influenced employee motivation. 4 respondents indicated that fairness in job promotion influenced employee motivation.

Table 4.17: Other factors influencing employee motivation

<table>
<thead>
<tr>
<th>Other factors</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incentives</td>
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<td>38.5</td>
</tr>
<tr>
<td>Recognition of employee contribution</td>
<td>24</td>
<td>25.0</td>
</tr>
<tr>
<td>Respect for employees and involvement in decision making</td>
<td>13</td>
<td>13.5</td>
</tr>
<tr>
<td>Job rotation</td>
<td>6</td>
<td>6.3</td>
</tr>
<tr>
<td>Availability of training opportunities</td>
<td>6</td>
<td>6.3</td>
</tr>
<tr>
<td>Delegation of duties</td>
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<td>6.3</td>
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<tr>
<td>Fairness in job promotion</td>
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</table>
### 4.5.9 Recommendations for improving employee motivation levels

#### Table 4.18: Recommendations for improving employee motivation levels

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
<td><strong>100</strong></td>
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</tbody>
</table>

The respondents were asked to recommend ways of improving employee motivation. Their suggestions are shown in table 4.18 above. 32 respondents (33.3%) suggested that appreciation of employee effort could improve employee motivation. 18 respondents (18.8%) suggested employee recognition. 17 respondents (17.7%) suggested equal job opportunities. 15 respondents (15.6%) suggested conducive working conditions would improve employee motivation. 8 respondents (8.3%) suggested the standardisation of salaries as a factor that could improve on employee motivation. 6 respondents (6.3%) suggested job autonomy as a factor that would improve employee motivation.

### 4.60 Verbal responses from interviews

#### 4.6.1 The challenges affecting health delivery system at Harare Central Hospital

The challenges facing Harare Central Hospital is great. The Operation Director cited lack of funding to procure enough equipment and medicines required by the hospital. In addition, the director said, “the current delivery of public health services is inadequate as the workforce was affected by skills flight which negatively impacted on the hospital during recent years due to economic challenges facing our country.” Inadequate facilities and lack of materials which is beyond the control of health professionals are some of the challenges of motivation affecting public health sector at Harare Central Hospital.

#### 4.6.2 Performance delivery levels of departments at Harare Central Hospital

Employees are the main assets of Harare Central Hospital and the actions of the employees are significant drivers of hospital performance. Human resources contribute to the performance of the hospital. The hospital food handling supervisor said that the motivation of the employees
were affected by non-conducive working environment, shortage of staff and transport facilities. Lack of equipment and supplies lead to poor productivity in hospital departments, which in turn negatively affect the performance levels of the departments.

**4.6.3 The level of motivation of employees at Harare Central Hospital**

The Principal Nursing Officer said that the morale of the nurses is low due to low remuneration and lack of supplies to use in their profession. In addition, the nurses were being overwhelmed by work as there is a shortage of health personnel. The hospital food services supervisor suggested that top management should have employees concerns at heart. Corruption in procurement is an impediment to employees’ levels of motivation. The hospital food services supervisor advocated for a clean and corruption free procurement committee. In addition, the employees need “timeous review and payment of their salaries”.

**4.6.4 Motivational strategies implemented at Harare Central Hospital**

Management at Harare Central Hospital have put in place measures to motivate employees. These included appreciation of employees by management and providing equal opportunities for promotion. Employees have access to paid study leave and paid leave. Professional development, training and development opportunities for the employees. In addition, there are Christmas party celebrations to boost employee morale. “Human nature has a craving to be appreciated,” said The Principal Nursing Officer. She went on to say that, “appreciated employees feel valued for who they are and are recognised for their contributions and accomplishments.” The employees are encouraged to take up sports in their free time. The hospital provide facilities and equipment for sports for instance, soccer field, balls and uniforms for football are available for the employees’ use.

Any new vacant post in the hospital is advertised to the staff to apply if they so wish. There is internal recruitment for higher post in the public sector. Recruitment from outside the hospital is only entertained if a suitable candidate for the post could not be identified. Employees are also given opportunities to upgrade their qualifications if they so wish by been paid whilst they will be on study leave.

**4.6.5 Challenges affecting health delivery system**

The figures below show the responses to the challenges affecting health delivery system at Harare Central Hospital
With reference to figures 4.15 – 4.23 it was observed that the greatest challenge affecting health delivery system is management styles and salary structure, which had many respondents agreeing and strongly agreeing that salary structure and management styles affect their motivation levels.
Figure 4.21: Promotion opportunities

Figure 4.22: Co-worker influence

Figure 4.23: Recognition
The researcher anticipated that the number of respondents who would agree and dispute the presented challenges would be equal. However, after analysis of variances shown in Table 4.19 above, the p value obtained was 0.00 less than the p crit value of 0.05. Therefore, we conclude that there is a significant difference between the responses.

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</table>

Table 4. 20: Pearson Correlations
4.61 Correlation Analysis

The relationships of the variables were tested at 0.01 level. The results were tabulated in table 4.20 above. The variables were positively correlated at 0.01 level. The highest correlation coefficients were 0.902, 0.834, 0.809 and 0.722 between job enrichment and availability of information, job enrichment and promotional opportunities, relationships and promotional opportunities and salary structure and job enrichment respectively. The least correlation coefficients were 0.444 between salary structure and relationships and 0.489 between working environment and promotion opportunities. There exist correlation between the challenges of motivation of employees and employee performance levels.
4.8 Chapter summary
This chapter has presented the data that was obtained from the field study through interviews and questionnaires. Descriptive statistics was used to represent the data. Bar graphs, pie charts and frequency tables have been used to present the data into information that can be used to understand the challenges of motivation of employees in the health delivery system of the public health sector of developing countries.

4.7 Similarities with reviewed literature
Wanjai, Muiriri and Ayodo (2012), outlined the challenges in the public health sector in developing countries. They cited low employee capacity… and insufficient financial resources. Kenya’s public health delivery system reported a shortage of health personnel. This is the same trend as at Harare Central Hospital. Skills flight in the public sector is common in developing countries as reported by Kenya’s Ministry of Health 2013. It reported that about 600 doctors who graduated in Kenya annually move to other countries in search of “green pastures”. There is also a lack of funding in the public health system of Kenya. In Zambia, challenges in human resources mirror those across sub-Saharan Africa. This was reported by The Human Resources for Health (HRH) Strategic Plan 2006 – 2010. Shortages of qualified health workers were also reported in Malawi Zachariah et al (2008). Zimbabwe Health System Assessment (2010) reported that, “the health system is facing serious obstacles of reduced budget allocations…, reduced funds for procuring quantities of health commodities and outmigration of health staff…” These were the same budgetary constraints and shortages of employees cited by the Operations Director of Harare Central Hospital. Other similarities include levels of employee motivation. Rowe et al (2005), reported that employee motivation may be influenced by working conditions, including facility infrastructure and availability of resources. This is also similar to Harare Central Hospital.
Chapter 5: Conclusion and Recommendations

5.0 Introduction
This chapter summarizes the findings of the research and discusses conclusions and gives recommendations together with suggestions on further research on Challenges of Motivation of Employees in the Health Delivery System of the Public Health Sector of Developing Countries: A Case Study of Harare Central Hospital. The findings are outlined according to specific objectives of the study. The findings are based on the responses from structured interviews and questionnaires. The researcher provides a discussion on the findings of the study in chapter 4. Conclusion and recommendations are then provided.

5.1 Achievement of Research objectives
The purpose of the study was an investigation in the challenges of motivation of employees in the health delivery system of the public health sector of developing countries a case of Harare Central Hospital. The study was guided by the following research objectives:

1. To find out the challenges affecting health delivery system at HCH
2. To examine performance delivery levels of departments at HCH
3. To find out the level of motivation of employees in the public sector (HCH)
4. To find out motivational strategies implemented at HCH.

These objectives helped to find out the challenges affecting the health delivery system, examining performance delivery levels, finding out the levels of employee motivation and the motivational strategies in use at HCH. The study unearthed a number of challenges in the health delivery sector. Chief among them were economic challenges which had adversely affected the health and quality of life through difficulties in accessing healthcare. Poor enforcement of by-laws that protect health leading to exposure to diseases. There was also a reduced budget allocation to cover services, reduced funds for procuring equipment and medicines. The other challenges were shortages of skilled professional healthcare employees. In addition, there was challenges in the dilapidation of infrastructure which housed non-functional laundry equipment machines and kitchen equipment. Other challenges were stock-outs. Corruption was also a challenge. Officials were not following procurement procedures. The recruitment freeze by the government further compounded on skills shortage in the public health sector. There was an exodus of health personnel to neighbouring countries and abroad in recent years due to the lean spell the country was going through. Low salaries forced the remaining health personnel to moonlight as a means to supplement their salaries. Performance levels were measured by quality of health care provision. The quality of healthcare had reduced as
evidenced by many people seeking medication abroad. The morale of employees were low due to poor remuneration which were below the poverty datum line. There was no alignment of employees’ needs and organisation’s goals. Low motivation had a negative impact on employee performance. Employee performance were higher in happy and satisfied employees. High performers were ease to motivate to achieve hospital’s target.

Harare central hospital had put in place a number of motivation strategies. The research identified current motivation strategies in use at HCH that influenced employee motivation. These included appreciation of employees by management and providing equal opportunities for promotion. Employees had access to paid study leave and paid leave. Professional development, training and development opportunities for the employees were identified. This enhanced the sharing of knowledge, better professional networking and reduced professional isolation among employees. In addition, Christmas party celebrations are held annually to boost employee morale. Appreciation of employees by the hospital enhances job satisfaction and is motivating. A long serving member is given a token of appreciation on retirement. Appreciation have positive effects in the workforce and in the employee’s work. Human nature has a craving to be appreciated. Appreciated employees feel valued for who they are and recognised for their contributions and accomplishments. The employees are encouraged to take up sports in their free time. The hospital provided facilities and equipment for sports for instance, soccer field, balls and uniforms for football were available for the employees’ use. Any new vacant post in the hospital is advertised to the staff to apply if they so wish. Recruitment from outside the hospital is only entertained if a suitable candidate for the post could not be identified. Employees were also given opportunities to upgrade their qualifications and were paid whilst on study leave. The objectives of the research were therefore achieved.

5.3 Conclusions

Human capital is of vital importance to any organisation. Failure to motivate employees leads to many challenges in the organisation. Monetary rewards have a substantial impact in influencing human behaviour. Salary was the top extrinsic reward at Harare Central Hospital. It is important for health workers to be timeously remunerated in order to ensure that employees are motivated. The study concludes that financial rewards are important in influencing employee behaviour. The literature study examined how work motivation affects the job performance in an organisation. There are a lot of aspects which can influence motivation. This research identified enjoyment of the work and interest as the inner drives that influence
employee behaviour. Motivational tools that influence employee behaviour were found to be constant feedback on work done, salary and appreciation of employees.

The research found out that there is a relationship between motivation and employee performance. When employees are motivated, they are energised to performance and thereby achieve organisational goals. Organisations can overcome their challenges by motivating employees. Knowing why employees are motivated is important to understand what drives employees to work. In conclusion, motivation affects employee performance. Motivation is an important factor in employee work process. Organisation’s success depends on the employees using their talents. A positive philosophy improves productivity, quality and service. Motivation helps employees to achieve goals thereby boosting organisation performance. Therefore, motivation has a positive effect on employee performance.

5.4 Answer to questions

5.4.1. The challenges affecting the health delivery system at Harare Central Hospital
Health personnel should adequately be remunerated to be motivated to carry out hospital tasks willingly and efficiently. Management style should be exercised in a way that enhance unity of purpose. There should be confidentiality in hospital information management. The dissemination of information should also be transparent.

5.4.2 Performance delivery levels of the Harare Central Hospital departments
Employees are the main assets of Harare Central Hospital, their actions should therefore be closely monitored to enhance hospital performance. Human resources department should find ways to motivate employees to contribute meaningfully to the performance of the hospital, like creating a conducive working environment. Shortages of health personnel should be addressed with the attention it deserves. Lack of equipment and supplies lead to poor productivity in hospital departments, which in turn negatively affect the performance levels of the departments. Therefore, management should prioritise procurement of supplies and hospital equipment to address equipment inadequacy and supplies.

5.4.3 Level of motivation of employees at Harare Central Hospital
Management should give incentives to the employees to boost their morale. Absenteeism, employee productivity and employee turnover affects employee motivation, it therefore follows that management should come up with initiatives aimed at reducing rates of absenteeism, for instance, providing easy and quick access to healthcare for the employees and their dependence. Human resources department should hire the right people to reduce staff
turnover. They should interview and vet candidates carefully, not just ensuring that they have the right skills. They should ensure that the potential employees fit well with the culture of the hospital. In addition, they should review salaries and benefits regularly. There should therefore be flexible work schedules. Management should also pay attention to employees’ personal needs, like offering on-site or back up day care. Employees need social interaction and rewarding work environment. Management ought to give employees praise and feedback report on accomplishments.

5.4.4 Motivational strategies implemented at Harare Central Hospital
Management should continue to motivate the employees by supervising and offering financial benefits to employees as appropriate. In addition, management should provide equipment and supplies for use by the employees to motivate them. There is need to improve staff motivation and performance through effective use of pay, and other benefits such as education and career development, flexible working schedules, offering safe working environment and sponsoring Christmas parties at yearend.

5.5 Policy Recommendations
Management should strive to overcome or minimise the challenges affecting health delivery system at Harare Central Hospital by formulating policies that ensure that there is goal congruence, standard of performance and equitable remuneration. Management should ensure that the hospital’s structures and processes clearly communicate the organisation’s goals, when formulating hospital’s policies. Management should provide timely feedback on employees’ performance. The reward system must be clear. Therefore, management should have an attainable standard of performance for each grade of employee. Policy formulations should take these into consideration. Furthermore, when formulating polices management should note that what motivates one employee may not necessary motivate another.

5.6. Managerial Recommendation
5.6.1 Challenges affecting health delivery system at Harare Central Hospital
Management is recommended to find ways to minimise the challenges affecting health delivery system at Harare Central Hospital by engaging employees for their inputs. Furthermore, hospital management is recommended to lobby the government to increase health funding to enable procurement of equipment and medicines. Management should engage the government to retain patients’ user fees for the hospital to have funds to use as incentives to motivate outstanding employees. Management is recommended to create a conducive working environment to motive employees.
5.6.2 Harare Central Hospital departmental performance delivery levels
Management is recommended to equip the departments with necessary tools of trade such as needles and thermometers to enable health personnel to conduct their duties effectively, boosting their morale and inadvertently performance. Management is therefore recommended to consider which needs different employees are trying to satisfy and then structure employees’ rewards accordingly as what motivates individuals can change over time, according to Maslow’s hierarchy of needs.

5.6.3 Levels of employee motivation at Harare Central Hospital
Management is recommended to engage the government to recruit health personnel to lessen the workloads of existing employees thereby minimising absenteeism and overworking of the depleted workforce. Management is also recommended to ensure that employees’ salaries are regularly reviewed to be competitive and that the pay is not delayed, so that health personnel will not moonlight in private health facilities to augment their salaries. It is recommended that public sector employees should be offered competitive salaries. Competitive salaries encourage employees to engage in positive behaviours that will in turn ensure that organisations will achieve their intended targets. Offering competitive salaries enhances retention of employees, saves training costs and attract the best brains in the market thus it benefits both the organisations and the employees. Public sector employees should receive their remuneration in time. This implies that pay dates must be consistent and not too late as this will negatively affect the morale of the employees. Timeous payment of salaries prevent employee frustrations. Timeous payment of salaries remind employees that the public sector values their contributions. In addition, salaries should be regularly reviewed to move in tandem with consumer price index (CPI) to ensure that employees are satisfied. Financial rewards really motivates employees especially in difficult economic times.

5.6.4 Motivation strategies in use at Harare Central Hospital
Management is recommended to continue to appreciate the employees by providing equal opportunities for promotion, giving employees access to paid study leave and paid leave. Appreciation of employees by the hospital enhances job satisfaction and is motivating. Human nature has a craving to be appreciated. Appreciated employees feel valued for who they are and recognised for their contributions and accomplishments. Professional development, training and development opportunities for the employees enhances the sharing of knowledge, better professional networking and reduces professional isolation among employees. The provision of Christmas party celebrations should continue as it boost employee morale.
5.7 Contribution to Research
The case study demonstrated that trained and motivated employees are essential for adequate healthcare service provision. For improved performance, staff must be available, competent, productive and responsive to motivation. Strategies for improving performance are necessary to address shortages of the existing workforce. The case study showed that successful interventions require government financial support. Adequate financial resources are crucial. Lack of motivation is not caused only by the lack of financial incentives, but also by factors such as appreciation and recognition. Allow employees to have more control over their own work. Delegate more responsibilities to lower level management. The case study and literature review demonstrated that different people are motivated differently, some are motivated by money but some by the accomplishment of the task itself. Management should understand what motivate individual employees to tailor make their incentives for an assured organisation performance. Communication at all levels is crucial. Providing incentives without ensuring communication or implementation guidelines to assess performance can create distrust and demotivation. Interventions to improve performance must be developed jointly with health workers to maximise ownership and empowerment which contribute to increased employee motivation.

5.8 Generalisation of findings
The health delivery system has a number of challenges of motivation as reviewed by the study. These challenges of motivation have an impact on employee performance. Motivation of employees have an impact on departmental performance delivery levels. The motivation levels of employees are at its lowest point due to current salaries below the poverty datum line (PDL) at the time this research was conducted. The monetary incentives which the employees were receiving from donors under the Harmonised Health Worker Retention Scheme has since been discontinued. The hospital used to offer free transport to employees to and from their homes. The bus services have since being discontinued. This has led to a very low morale among the employees. It follows therefore, that there is a relationship between motivation of employees and hospital performance.

Motivation of employees is affected by many factors, such as extrinsic factors which the organisation can control. The manner in which management handles extrinsic factors is important in determining the level of employee motivation. It is important to understand which factors motivate the employees. The hospital will benefit in terms of enhanced understanding of factors that influence employee motivation. Human resource department will be able to
make informed decisions on what factors to consider in order to increase employee motivation. Most employees need motivation to feel good about their jobs and perform optimally. Some employees are motivated by money, whilst others are motivated by recognition. Motivation levels at the workplace have a direct impact on employee performance. Employees who are motivated carry out their tasks to the best of their abilities. Unmotivated employees cause problems like absenteeism, playing truancy and are likely to spend little time or no effort in their jobs. They might even leave the organisation altogether. Unmotivated employees are therefore less productivity. It therefore follows that human capital is of paramount importance. Employers should ensure that employees are motivated to get the best performance from them. It is important for public health sector to remunerate its employees timeously in order to ensure employees are motivated.

The study showed how to enhance employee motivation and also what strategies to adopt to keep employees motivated. Professional development, training and development opportunities for the employees enhances the sharing of knowledge, better professional networking and reduces professional isolation among employees. Christmas parties boost employee morale. The employees gain intangible rewards from the group events. The celebrations give employees recognition for accomplishments. A workplace celebration brings the employees together for one purpose. The celebration helps to create a sense of team unity for the employees. The celebration have a relaxed atmosphere, where colleagues are able to get to know one another beyond the work they do together. The feeling of appreciation helps employees’ improve their attitudes about the job. The celebrations provide an enjoyable break from the regular routine.

Many researches’ recommended that it is vital to keep employees motivated in order to improve the organisational efficiency and effectiveness. In addition, management should emphasis on an enabling environment for employee motivation. For example, through listening to and acting on staff problems and priorities. A supportive supervision system should be developed that includes experienced and dedicated health workers as supervisors. It is important to recognise employees. It is a critical source of motivation because it enables employees to be identified with the organisation. These recommendations are universal for both developed and developing countries.

5.9 Research Limitations
This research has the following limitations:
Only Harare Central Hospital was considered as the focal point of the research, “The Challenges of Motivation of Employees in the Health Delivery System of the Public Health Sector of Developing Countries”. Time constraints was another limitation. This was an academic research which was to be completed within the specified time frame. This was a short period of time for the compilation, review and analysis of the findings. Furthermore, cost was also a limitation which hindered the researcher to cover all referral hospitals dotted around Zimbabwe. However, the researcher chose Harare Central Hospital staff in the capital city of Zimbabwe. This cannot be a true representative of the staff in the public health sector.

5.10 Areas of further research
Future researchers should conduct a comparative study in the challenges of motivation of employees in the public health sectors and those in the private health sectors to have a wider understanding of motivation of health personnel. Future research should use the current study as part of their literature review and conduct more research on the issues that this study has examined in order to improve on the current study and the general understanding of the challenges of motivation of employees.

5.1 Chapter summary
This chapter summaries the research on human resource management challenges of motivation of employees in the health delivery of the public health sector of developing countries. The chapter gave policy recommendations and management recommendations. The chapter also looked at the contribution of the research, generalisation of findings, research limitation and areas of further research.
References:


Data, P. P. and Datta, D. (2013). A Study of Motivation and Satisfaction of Employees in


UNDP Global Centre for Public Service Excellence www.undp.org/publicservice Accessed on 30 March 2018


ANNEXURE 1

Organogram of Harare Central Hospital

## ANNEXURE 2

### Health Personnel Establishment in 2009 and in Post 2009 - 2015

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<td>Research Officers</td>
<td>46</td>
<td>24</td>
<td>23</td>
<td>21</td>
<td>14</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Health Infor</td>
<td>225</td>
<td>166</td>
<td>165</td>
<td>162</td>
<td>187</td>
<td>173</td>
<td>173</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>73</td>
<td>45</td>
<td>54</td>
<td>52</td>
<td>55</td>
<td>53</td>
<td>54</td>
</tr>
<tr>
<td>Hospital Equip</td>
<td>194</td>
<td>105</td>
<td>112</td>
<td>93</td>
<td>88</td>
<td>88</td>
<td>84</td>
</tr>
<tr>
<td>Admin. General</td>
<td>5934</td>
<td>6105</td>
<td>5347</td>
<td>5226</td>
<td>5334</td>
<td>5218</td>
<td>5220</td>
</tr>
<tr>
<td>Program Mgrs</td>
<td>9</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>33661</td>
<td>28523</td>
<td>28262</td>
<td>26556</td>
<td>29954</td>
<td>28758</td>
<td>28203</td>
</tr>
</tbody>
</table>

### ANNEXURE 3

#### Health facilities profile for Zimbabwe

<table>
<thead>
<tr>
<th>Facility level / Managing Authority</th>
<th>All facilities</th>
<th>Hospitals</th>
<th>Primary Health Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Hospitals</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Provincial Hospitals</td>
<td>8</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>District Hospitals</td>
<td>44</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td>Mission Hospitals</td>
<td>62</td>
<td>62</td>
<td>0</td>
</tr>
<tr>
<td>Rural Hospitals</td>
<td>62</td>
<td>62</td>
<td>0</td>
</tr>
<tr>
<td>Private Hospitals</td>
<td>32</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>Clinics</td>
<td>1122</td>
<td>0</td>
<td>1122</td>
</tr>
<tr>
<td>Polyclinics</td>
<td>15</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Private Clinics</td>
<td>69</td>
<td>0</td>
<td>69</td>
</tr>
<tr>
<td>Mission Clinics</td>
<td>25</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Council / Municipal Clinics</td>
<td>96</td>
<td>0</td>
<td>96</td>
</tr>
<tr>
<td>Rural Health Centres</td>
<td>307</td>
<td>0</td>
<td>307</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1848</strong></td>
<td><strong>214</strong></td>
<td><strong>1634</strong></td>
</tr>
</tbody>
</table>

Source: ZSARA 2015
20 March 2018

TO WHOM IT MAY CONCERN

PART 2.2 MBL STUDENT

This letter serves to confirm that Bernard Mugothi is an MBL student at Bindura University of Science Education.

He is now studying the final stage of the MBL Programme which requires him to carry out a research. The Topic of his research is “The Challenges of Motivation of Employees in the Health Delivery System of the Public Health Sector of Developing Countries: A Case Study of Harare Central Hospital.”

Please give him any assistance he may require.

For more details please do not hesitate to contact us.

Yours faithfully

_________________________

DR. D. MARAVANYIKA
COORDINATOR
Request for permission to conduct research

8949 Unit K
Seke
Chitungwiza
5 April 2018
The Chief Executive Officer
Harare Central Hospital

Dear Sir / Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a student at Bindura University of Science Education studying for a Masters in Business Leadership degree. I am conducting a research entitled: The Challenges of Motivation of Employees in the Health Delivery System of the Public Health Sector of Developing Countries: A Case Study of Harare Central Hospital. To achieve the objectively of my study, I am kindly requesting your permission to administer a structured questionnaire to selected staff members at Harare Central Hospital.

Participation in completing the questionnaire will be voluntary, no participant will be forced or coerced to be part of the research study. The completion of the questionnaire will take approximately 8 – 10 minutes. The researcher will distribute and collect the questionnaire within seven working days. It is envisaged that the findings of the study may assist Public Sector in developing innovative strategies for all employees.

You can conduct me on bmugo@gmail.com and 0773 505 586 or may contact my supervisor Dr. R. M. Rusike at rmrusike@gmail.com or 0712 730 579

Yours sincerely

Bernard Mugothi.
30 April 2018

Mr Mugothi
House No. 8949 Unit K
Seke
Chitungwiza

Dear Sir

RE: APPLICATION TO CARRY OUT A RESEARCH STUDY ON CHALLENGES OF MOTIVATION OF EMPLOYEES IN THE HEALTH DELIVERY SYSTEM OF THE PUBLIC HEALTH SECTOR OF DEVELOPING COUNTRIES.

Your application to carry out the above research has been approved. Please kindly liaise with Human Resources Department for way forward.

Thank you.

Yours Sincerely

P.F Gwata (Mr)
Director of Operations

ANNEXURE 7
Questionnaire

BINDURA UNIVERSITY OF SCIENCE EDUCATION

QUESTIONNAIRE Number: …….
Self-Administered Survey
Dear Respondent
The structured questionnaire is for collecting data on “The Challenges of Motivation of Employees in the Health Delivery System of the Public Health Sector of Developing Countries: A Case Study of Harare Central Hospital.” You are kindly requested to provide the required data in the questionnaire. The process will take you about 10 minutes. The information that you provide will remain confidential and is sought exclusively for the completion of an MBL research project.
Thank you very much for taking the time to complete this survey. Your input will go a long way in enhancing human resource decision making and ultimately help Zimbabwean organisations to optimise their performance potential. If you would like to receive a copy of this report, please indicate so by writing your email address on the back of the questionnaire.

Kind Regards

Bernard Mugothi

MBL Student.

Section 1: General information
The following four questions are concerned with demographic data. Please indicate your selection by putting an “X” in the box which describes your demographic characteristics.

1. Age group

<table>
<thead>
<tr>
<th>Below 25</th>
<th>25 - 34</th>
<th>35 - 44</th>
<th>45 - 54</th>
<th>55 - 64</th>
<th>Above 65</th>
</tr>
</thead>
</table>

2. Gender: Male □ Female □

3. How long have you worked for HCH? Period of service in completed years

<table>
<thead>
<tr>
<th>0 - 4</th>
<th>5 - 9</th>
<th>10 - 14</th>
<th>15 - 19</th>
<th>Over 20</th>
</tr>
</thead>
</table>

4. Education background

<table>
<thead>
<tr>
<th>undergraduate</th>
<th>Graduate 1st degree</th>
<th>Graduate other degrees</th>
<th>Post graduate</th>
<th>Professional qualification</th>
</tr>
</thead>
</table>

With respect to section 2, 3 and 4, please indicate the level of agreement with each statement by putting an “X” in the appropriate box which describes your response, with reference to the below key.

Level of agreement

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Section 2: Extrinsic factors that influence employee motivation.

Extrinsic factors that influence employee motivation are those that are determined by the external surroundings of the employee. The following best describe the major extrinsic factors that influence employee job satisfaction at Harare Central Hospital.
Section 3: Intrinsic factors that influence employee motivation.

Intrinsic factors that influence employee motivation refers to those factors that arise within the employee. This looks at the employees, inner factors that make them satisfied with their jobs and motivate them to perform. The following best describe the major intrinsic factors that influence employee job satisfaction at the hospital.

<table>
<thead>
<tr>
<th>Levels of Agreement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a). I am more motivated to do my job when I feel I am recognised and appreciated for my contribution to the organisation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b). The degree of skills variety required to perform my job has an impact on my motivation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c). How do you agree that you are satisfied with current motivational strategies instituted by HCH?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d). The degree of trust exhibited at my work place is a determinant of my level of motivation at work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
e). Attaining constant job feedback on my level of performance influence how much I am motivated to perform my job.

f). The amount of responsibility I possess within my job has had an impact on my overall motivation.

g). I am more motivated to perform my job when I feel there is fairness of treatment at the workplace.

h). The extent to which I feel I am being trained and developed at my job has an impact on my motivation.

i). I am more motivated to carry out my job when I feel it has a significant contribution to the hospital.

j). The level of empowerment and employee autonomous at the hospital has an impact on my motivation.

Section 4: The Impact of Employee Motivation on Performance
The following best describe the impact of employee motivation on performance in the public sector

<table>
<thead>
<tr>
<th>Level of Agreement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a). I believe the level of employee motivation on our hospital has a direct impact on absenteeism levels.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b). The level of employee motivation at my current job has a direct impact on my performance level.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c). The degree of motivation of employee at our hospital has a direct impact on the level of employee turnover.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d). I believe the level of employee motivation at our hospital has an impact on the employee safety practices.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e). The degree to which employees in the hospital exhibit levels of stress is a result of their levels of motivation at the workplace.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f). The rate at which employees learn new job tasks can be attributed to their levels of motivation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g). Given the motivation levels at HCH, do you agree that performance of employees affect the overall performance of the hospital?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
h). What other factors besides the ones mentioned above do you believe have a significant impact on employee motivation at Harare Central Hospital?

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

i). What recommendation can you give that would go ahead to increase employee motivation levels at Harare Central Hospital?

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

Thank you very much for taking the time to complete the survey.

Management Interview Guide
I am a postgraduate student pursuing a Masters in Business Leadership with Bindura University of Science Education. I am conducting a research as part of my course on the topic: “An Investigation in the Challenges of Motivation of Employees in the Health Delivery System of the Public Health Sector of Developing Countries: A Case Study of Harare Central Hospital.” May you please kindly spend some of your valuable time in answering the following questions? Your responses will be treated with the confidentiality it deserves.

General
1. How many years have you been employed at HCH?
2. Did HCH carry out a research to find out if motivational tools impact on productivity and what were the results of the research carried out if any?
3. To what extent do you agree that employees should be rewarded basing on performance using commissions.
4. Which rewards or motivational strategies are mainly offered to your subordinates as motivators?
5. What is the effect of these rewards and motivation strategies offered to workers on productivity and performance?
Motivation and employee performance

1. What is your basic understanding of employee motivation?
2. How well is employee motivation implemented at HCH?
3. What factors other than remuneration do you consider most important in evaluating the success of HCH?
4. Are there any difficulties in the implementation of employee motivation within HCH?
5. How do you rate the overall employees’ performance for the past five years?
6. Do you think motivational strategies can boost employees’ moral to perform positively towards the success of HCH?
7. Do you think employee performance has got an impact on overall hospital performance?