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The effectiveness of motivation incentives in improving work performance in Tanzania health sector: a case of Iringa referral hospital

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**THE EFFECTIVENESS OF MOTIVATION INCENTIVES IN IMPROVING
WORK PERFORMANCE IN TANZANIA HEALTH SECTOR: A CASE OF
IRINGA REFFERAL HOSPITAL**

Vumilia Richard

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Master
of Public Administration of the University of Dodoma

The University of Dodoma

September, 2013

CERTIFICATION

The undersigned certifies that I have read and hereby recommends for acceptance by the University of Dodoma a dissertation entitled, “*Assessing the effectiveness of Motivation Incentives in improving work performance in Tanzania health sector: A case of Iringa Referral Hospital*”, in partial fulfillment of the requirements for the Master of Public Administration of the University of Dodoma.

.....
Prof. Amukowa Anangwe

(SUPERVISOR)

Date.....

DECLARATION

AND

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I, Vumilia Richard, do hereby declare that this dissertation is a result of my own investigation and findings and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

Signature

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DEDICATION

I dedicate this work to the Almighty God who kept me alive and enabled me to accomplish my research paper, my lovely husband, Justin Nyamoga, and my lovely children, Lazaro and Faith.

ACKNOWLEDGEMENTS

I thank God the Almighty for His faithfulness and protection throughout my study that made it possible for me to encounter this success. Many people have made significant contributions for this work to bump into completion. Indeed, without their sincere guidance and advice, this research would not have been possible. I am grateful to many and I am apologetic for those who may not appear here because of space. It is practically, not possible to mention all those consumed their time and efforts to assist me. I might have not listed some of the contributors though I am grateful. As such, my collective thanks go to all those who have not been acknowledged by names.

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Apart from that, I am indebted to my family, particularly my lovely husband Justin L. Nyamoga; my son, Lazaro Nyamoga, and my daughter, Faith Nyamoga; My parents, Mr and Mrs Richard Wanjiye; my brother in law, Fedrick Nyamoga and his wife Bethia Nyamoga; My sister, Loissa Mtundu; my sisters in law, Tukista and Adesa, respectively for their patience, understanding, financial, moral and spiritual support which were of great help in accomplishment of this work for the whole period of study.

On top of that, I must express my heartfelt thanks to the health secretary of Iringa Referral Hospital, doctors, nurses, other medical practitioners and customers for their support and cooperation, as without them I would not be able to collect data for this study.

ABSTRACT

Tanzania is among the developing countries which have been facing the challenge of ineffective and inefficient work performance in the health sector of which in turn leads to poor health service delivery. This incident, therefore, compelled the researcher to conduct this study with the general objective to assess effectiveness of motivation in improving work performance in Tanzania health sector with Iringa Referral Hospital as a case study

The study employed a cross - sectional design in which a case study approach was used. The study used three main tools of data collection; namely interviews with key stake holders, questionnaires as well as documentary review. Interviews and questionnaires have been used considering the desire of the researcher to obtain first hand data so as to formulate rational and sound conclusions and recommendations for the study. The data analysis technique was done through the use of Statistical Packages for Social Sciences (SPSS – Version 17).

Basing on the analysis, the major findings were identified as the problems of motivation in health sector: low salary and other allowances such as extra duty and on call allowances, lack of working facilities, absence of proper arrangement for training, un-conducive working environment, poor or no recognition on good performance and no provision of housing, transport and refreshments to workers.

The study provides recommendations on what is to be done for the health workers to be well motivated, to improve work performance and hence deliver quality health service and meet customers' satisfaction. The study therefore recommends improvement on

financial incentives which include the increase of salary and other allowances such as on call, uniform and extra duty allowances. Also, non financial incentives which include enough working facilities, good working environment, clear training programme and recognition on good performance through provision of a thank you note, prize or letter of appreciation and recognition in the meetings.

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LIST OF ABBREVIATIONS AND ACRONYMS

| | | |
|-------|---|---|
| AIDS | - | Acquired Immune Deficiency Syndrome |
| AMOs | - | Assistant Medical Officers |
| HIV | - | Human Immune-deficiency Virus |
| M & E | - | Monitoring and Evaluation |
| M&E | - | Monitoring and Evaluation |
| MDGs | - | Millennium Development Goals |
| MLHW | - | Mid Level Health Workers |
| MNH | - | Muhimbili National Hospital |
| MOH | - | Ministry of Health |
| MOHSW | - | Ministry of Health and Social Welfare |
| OECD | - | Organization for Economic Co-operation and Development |
| REPOA | - | Research on Poverty Alleviation |
| UNDP | - | United Nations Development Programme |
| WHO | - | World Health Organization |

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Introduction

The purpose of this study was to assess the effectiveness of motivation incentives in improving work performance in Tanzania health sector. This Chapter intends to give an introduction and background to the research problem, statement of the research problem, research objectives, and research questions, significance of the study and the scope of the study.

1.2 Background to the Research Problem

There are about 60 million health workers worldwide. About two-third provide health services, such as doctors, nurses, midwives, pharmacists, laboratory technicians. The other one-third comprises management and support workers, such as hospital managers, financial officers, cooks, drivers, cleaners and other non medical support staff.

Over the last 30 years, the number of migrant health workers increased by more than 5% per year in many European countries. In countries of the Organization for Economic Co-operation and Development (OECD), around 20% of doctors come from abroad. In some Gulf States, such as Kuwait or the United Arab Emirates, more than 50% of the health workforce is migrants. Nurses from the Philippines (110,000) and doctors from India (56,000) account for the largest share of migrant health workforce in OECD countries.

Over 50% of highly-trained health workers leave for better job opportunities abroad in some low-income countries. The top 10 countries with highest expatriation rates for

doctors are Haiti, Saint Vincent and the Grenadines, Trinidad and Tobago, Tanzania, Sierra Leone, Fiji, Angola, Mozambique, Guyana, Grenada and Antigua.

A study conducted in six African countries showed that most health workers intend to migrate for higher salaries. In Ghana, 70 percent of 1995 medical graduates had emigrated by 1999 (Awase, Gbary and Chatora, 2003). Pay differentials provide strong incentives to migrate. For example, a junior doctor in the United Kingdom averages a monthly salary of US\$3,029 and a registered nurse averages US\$1,500, compared with US\$300 per month for a Ugandan medical officer and US\$180 for a registered nurse. The Tanzania health policy recognizes human resource as an important component for health improvement and the need to have strategies for staff development plan although nothing is mentioned on the other form of motivation.

This study assessed various motivation incentives and their contributions in improving work performance and improved service delivery in Tanzania health sector with Iringa Referral Hospital as a case study. Several previous studies have already proved the interplay between motivation and workers performance in most organizations in Tanzania. However, there are several emergent influencers of motivation today that affect the employees' performance. Generally, the intention of the Government is to improve services in health sector; however there have been serious challenges that should be addressed. The Ministry of Health and its partners in Government, the donor community and civil society have responded with a concerted action, in many cases achieving significant gains (MoH, 2004a).

After Tanzania independence, on 9th December 1961, massive efforts were directed towards fighting three enemies: diseases, ignorance and poverty. Diseases are one of the challenges that affect day to day life of many Tanzanians. Many people die due to poor health care systems. The problem is intensified by increased corruption, mismanagement of resources and violation of human and civil rights.

It should be understood that, after independence, the Government was the main provider of free health care services. However, due to the economic crisis of 1980s, the Government's ability to provide free health care to its citizens was weakened and hence introduction of cost sharing in health services, the establishment of cost sharing system was also part of requirement of the World Bank and other Multilateral and Bilateral partners for economic reform and structural economic adjustment in Tanzania.

An Overview of Tanzania Health Work Force

The size of the health workforce (both health professionals and other health workers) has declined in absolute numbers and relative to the size of the population. The decline in absolute numbers was significant during the 1990s when the Government of Tanzania retrenched the health workforce and imposed an employment freeze – resulting in a loss of one-third of the health workforce. In 2006, the MOHSW estimated that there were 29 000 staff working in Government health facilities (an estimated 65 per cent shortage) and about 6000 staff working in private facilities (an estimated 86 per cent shortage) to expand the number of facilities to meet its development plan. The MOHSW estimated that an additional 144 700 workers would have to be trained and employed to work in the Government sector and a further 39 400 for the non-government sector, between 2007 and 2017.

Types of health workers: Tanzania relies on a range of health workers to staff public health programs and provide clinical care. Only a very small proportion of these health workers are professionals; for example, doctors, dentists, pharmacists, or specialized nurses. Most are ‘mid-level health workers’ (MLHW); that is health care providers who have received less training and have a more restricted scope of practice than professionals; who in contrast to community or lay health workers, however, do have a formal certificate and accreditation through their countries’ licensing bodies. AMOs, with 5 years of clinical training after secondary school graduation (staggered between periods of practice), manage many of the district hospitals. Usually referred to as doctors, these AMOs provide preventive, clinical, and surgical care, and supervise clinical officers and clinical assistants, and the registered and enrolled nurses working in district hospitals, health centers, and dispensaries. In Tanzania, nurses and midwives make up 27 per cent of the health workforce compared to about 50 per cent in the rest of Africa, and only 1.7 per cent is doctors compared with 9.7 per cent in the rest of Africa.

Distribution of health workers: Despite the goal since independence to reach people living in rural areas, and despite having structured health facilities to serve villagers, most of the health workforce is concentrated in urban areas where there are hospitals. Individual worker preferences often do not match population health needs. Looking at doctors specifically, a 2006 survey found that 52 per cent of all doctors work in the Dar es Salaam Region; Dar es Salaam had 25 doctors for every 100,000 people compared with the national average of 3.5 doctors per 100,000 people. In 14 out of 26 regions, there was only one doctor or fewer per 100,000 people.

Training institutions and programs to upgrade workers' skills: Of all the cuts in the Tanzanian health workforce in the 1990s; it was training institutions, the cornerstone of skills development for human resources that were most adversely affected. In 2008, the MOHSW judged these institutions to fall 74 per cent short of staff. The Ministry of Education and Vocational Training oversees nine universities that train health professionals and the MOHSW runs 26 vocational training institutions to train other health workers. The MOHSW made significant efforts to upgrade thousands of health workers in past years, notably by investing in vocational training and establishing specific training centers in different zones in the Country. Ironically, in-service training so needed to improve skills and quality of service decreases staff availability as health workers must travel from their posts to attend training courses.

Challenges Facing Health Workers

The MOHSW reported in 2007 that the referral system between levels of cares is basically non-functional for a combination of reasons exaggerated by a critical shortage of skilled health-care workers, lack of equipment and unreliability of supplies, lack of supervision and low motivation, poor transportation and communication infrastructure.

At Muhimbili National Hospital, worker satisfaction is currently compromised. In 2003/2004, a large proportion of staff surveyed there reported dissatisfaction: almost half of doctors and nurses, 67 per cent for auxiliary clinical staff, and 39 per cent of support staff cited many concerns about lower-level facilities: low salaries, frequent unavailability of necessary equipment and consumables, inadequate performance evaluation and feedback, poor communication channels in and among units and between workers and management, lack of participation in decision-making processes, too few health workers and their poor morale, lack of equipment and medical supplies,

and increasing health burdens from chronic and emerging diseases have overwhelmed the capacity of the health system. The overall performance of health service delivery is unsatisfactory at all levels, especially in the public sector. Commitment by the government and other stakeholders of adequate financial and human resources, together with their efficient and effective utilization, will go a long way to improving Tanzania's health system and the health of its population.

In trying to overcome the above challenges, the Government introduced various policies and plans such as the National Strategy for Development and Poverty Reduction (MKUKUTA) which provides the global direction for achievement of the Millennium Development Goals (MDGs), It is based on improving evidence-based decision making and enhancing public accountability. According to this policy the Ministry will develop a comprehensive M&E and research policy and strategy, to ensure that more integration and harmonization will be achieved.

Apart from that, the Health Policy of 1990 which was reviewed in 2007 was introduced with the aim of providing Government's vision on long-term developments in the health sector. The third Health Sector Strategic Plan, 2009 – 2015(SSP *III*) aims at improving the accessibility to District health services, amongst others through implementation of the Primary Health Care Strengthening Programme (MMAM in Kiswahili), the Primary Health Service Development Plan (2007-2017) aimed at strengthening primary health services.

The Tanzania, Five Years Development Plan 2011/2012 to 2015/2016 outlines and aims to deal with the challenges facing the health sector including insufficient mechanisms and methods for care and rehabilitative treatment services at all levels, insufficient resources to facilitate the construction of health facilities at all levels and inadequate housing and low incentives for public health workers. Others include inadequate professional health personnel, tools and equipment, pharmaceuticals and drugs for treatment and preventive measures, and inadequate health information system to facilitate efficient health planning and programmes.

The Health Sector Reforms (HSR) started in 1994 and aims at improvement of access, quality and efficiency health service delivery. Primary health care was adopted as the most cost-effective strategy to improve health of the people. The major focus of the HSR is, therefore, on strengthening the District health services, as well as strengthening and reorientation of secondary and tertiary service delivery in hospitals in support of primary health care.

Despite all these efforts, health services in the Country are still poor with slow speed in improvement. 51 years after independence in many public health facilities patients have to share beds while in extreme situations some have to sleep on the floor. Likewise, preventable diseases such as malaria and cholera are still claiming lives of people especially pregnant women and children.

As Tanzania embarked on serious reforms of the public services since the early 1990s to 2000s which was vital to realizing improvements in Tanzania service delivery, it has

been observed to date that those efforts have proved failure to some extent due to the fact that there is still a crisis in public service pay scheme (REPOA, 2007).

1.3 Statement of the Problem

Most developing countries, including Tanzania, have regulations governing the activities of the health sector. These regulations tend to be outdated or poorly enforced (Bloom, Han, and Li, 2001). The main reason for regulatory ineffectiveness is low institutional capacity and widespread corruption. The symptoms of regulatory failure are widespread informal activities, dual practice, malpractice, medical negligence, the presence of unqualified drug sellers.

Also, Tanzania like many countries has attempted to reform its economies and health sectors to improve general economic and health system performance. As well, Arab Republic of Egypt, Uganda, and Zambia have attempted civil services reforms (Corkery, 2000). These reforms include attempts to reduce the size of the civil services to lower costs and improve productivity. However, such reforms have been largely unsuccessful in most of the developing countries because of the political difficulties in reducing the size of the civil service (Martineau and Buchan, 2000).

In Tanzania most of the doctors are less motivated to work in rural areas due to unavailability of social services including housing facilities, poor working environment and also opportunities for private practice are not conducive. Also there are no transport, poor infrastructure and working facilities. However, this is well practiced in Thailand which pays public doctors who work in rural and remote areas significantly more than those working in urban areas and this incentive has persuaded some to move

(Wibulpolprasert and Pengpaiboon, 2003). The Government also added nonfinancial incentives, such as changing physicians' employment status from civil servants to contracted public employees, providing housing, and introducing a system of peer review and recognition. These initiatives were coupled with significant environmental changes, including sustained rural development.

Tanzania is among the developing countries which have attempted to improve social services construction and equipping dispensaries and health centers in rural and semi urban areas, as well as increasing the number of doctors and other medical practitioners. Despite the efforts made by the Tanzania Government to improve health services, still the health sector in Tanzania is facing several challenges including insufficient supply of medical equipment and drugs, limited number of skilled medical personnel and lack of coordinated referral systems. Tanzania population is estimated to be 44,928,923 (2012 population census). The annual growth rate has been 2.7% and the sex ratio is 95 males per 100 females. About 20% of the population lives in the urban areas while the remaining 80% is in rural areas.

The population structure shows that 46.8% of the population is below 15 years of age; 49.1% between 15 - 64 years old, while 4.1% of the population is aged 65 years and above. The infant mortality rate was estimated to be 99/1000 by the year 2000. The average life expectancy at birth is estimated to be 49 (female) – 47 (male) years in 1999 despite progresses in reducing child mortality; the country is still lagging behind in improving maternal health. The maternal mortality ratio in 2010 was estimated at 454 deaths per 100,000 live births. That is lower than the 2004 figure of 578, but progress is far off pace with what is required to meet the Health Sector Strategic Plan III target of

265 by 2015. The access to health services for people living in rural areas is constrained by the distance from the health facilities whereby some of them have to travel between 10 to 50 kms with limited transportation infrastructures and facilities.

In Tanzania, communicable diseases are still the most common cause of illnesses, death and disability. HIV/AIDS and tuberculosis are among the leading infectious diseases. Efforts to control and prevent them have been made, but more still needs to be done. Increasingly the country is confronted with the 'double burden of disease' as non-communicable diseases are also being recognized as a public health problem. These include diabetes, cancer and chronic respiratory track and cardiovascular conditions.

Another challenge for Tanzania health sector is weak healthcare infrastructure. The quality of health care is compromised by weak institutional response preparedness, inadequate equipment and supplies and insufficient and unskilled staff. More skilled health providers across the system are also needed to fill the 65% vacant positions in the health care sector.

It is also important to note that despite decades of effort to provide effective, equitable and affordable healthcare services, health indices in Tanzania have either remained unchanged or declined. Financial and technological resources are among the barriers to improving health services in Tanzania. Researchers have, however found out that poor implementation of systemic improvements, and personnel motivation is a key component in this functional failure. The motivation of workers is influenced by several factors; financial resources in terms of salary and other fringe benefits is just one of the elements. For example, MNH is the only national referral hospital in

Tanzania and has the highest concentration of health experts and specialists of any hospital.

However, when this study was conducted salaries were so low that even the clinicians had to seek additional employment in private hospitals to supplement their income. Until recently the starting salary of doctors was less than \$200 per month. The evidence of dissatisfaction is shown by the continuing strikes by workers due to grievances associated with low salaries and unfavorable working conditions for example the health workers strike of 2012. As a result, some doctors and some nurses were suspended from duty due to strikes whose root cause was low salaries. Apart from low salaries, lack of motivation in the workplace can also arise from several other factors, including lack of positive acknowledgment and reward for good service, and a lack of communication between Management and Staff. All of these factors contribute to a general lack of work satisfaction, as well as disharmony between managers and workers.

Therefore, this study intended to find out the specific challenges affecting employees work performance and learn the similarities and differences from other studies.

1.4 Research Objectives

1.4.1 General objective

To assess the effectiveness of motivation incentives in improving work performance in Tanzania health sector.

1.4.2 Specific objectives

- i. To evaluate whether financial motivations contribute to improve work performance and service delivery in Iringa Referral Hospital;
- ii. To evaluate whether non-financial motivations contribute to improve work performance and service delivery in Iringa Referral Hospital;
- iii. To assess the performance of financial and non- financial motivations on effective health service delivery in Iringa Referral Hospital
- iv. To identify the way forward towards effective motivation for improving health workers performance.

1.5 Research Questions

1. Do financial motivations contribute to improve work performance and service delivery in Iringa Referral Hospital?
2. Do non-financial motivation contribute to improved work performance for improvement of health service delivery in Iringa Referral Hospital?
3. What is the extent of performance of financial and non- financial motivations on effective health service delivery in Iringa Referral Hospital?
4. What can be the ways forward towards effective motivation for improving health workers performance?

1.6 Significance of the Study

The researcher anticipates that the study will assist the policy actors to evaluate and assess the policy implementation framework relating to motivation incentives in Tanzania Public Health Sector. The study will be of great importance in the following:-

- To be used as one of the reference for Government to take effective action towards increasing workers motivation in order to improve work performance and improve health services.
- To provide effective empirical literature to other researchers particularly those who are involved in various reforms related to growth and improvement of service delivery in the health sector.
- To create more knowledge to the researcher and readers of the research with respect to the effectiveness of motivation incentives in improving work performance and service delivery in Tanzania public sector.

1.7 Scope of the Study

The researcher was concerned with the relationship between motivation incentives and improved work performance so as to come out with answers for the question whether motivations will improve service delivery in Iringa Referral Hospital. Thus the main question is whether motivation has contributed to workers commitment towards improving work performance and hence improved service delivery in Iringa Referral Hospital. The study area was Iringa referral hospital within Iringa Municipality. This and other research aspects will enable the researcher to argue on the role of motivation in improving work performance in the health sector, as well as other sectors. It will further serve, among other things financial costs as well as utilization of human and physical resources.

1.8 Conclusion

Having presented the background to the research problem, statement of the problem, research objectives, research questions significance and the scope of the study in this Chapter, the following chapter intends to present a literature review which gives a detailed study on motivation incentives and its effectiveness in improving work performance and health service delivery at health sector.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This Chapter presents the theoretical literature review, empirical literature review and the conceptual framework in order to establish knowledge gap and to assess the motivation incentives in improving work performance for the deliverance of quality health service in the health sector.

2.2 Definition of the Key Concepts

Motivation refers to the initiation, direction, intensity and persistence of behavior. *Incentives* on the other hand are external measures that are designed and established to influence motivation and behavior of individuals, groups or organizations. *Incentive systems* or structures are combinations of several more or less coherent incentives. *Motivators* include purposive incentives in the above sense but also all other external factors, which impact upon peoples or organizations motivation (UNDP, 2006).

Motivation is a critical dimension of capacity, defined as “*the ability of people, institutions and societies to perform functions, solve problems and set and achieve objectives.*”

And performance is considered to be a function of ability and motivation, thus:

Job performance = f (ability) (motivation).

2.3 Theoretical Literature Review

Ability in turn depends on education, experience and training and its improvement is a slow and long process. On the other hand motivation can be improved quickly. There are many options and an uninitiated manager may not even know where to start. As a guideline, there are broadly seven strategies for motivation.

- Positive reinforcement high expectations
- Effective discipline and punishment
- Treating people fairly
- Satisfying employees needs
- Setting work related goals
- Restructuring jobs
- Base rewards on job performance

Categories of Motivation

According to Adair (1990), motivation can be categorized as extrinsic and intrinsic:

Extrinsic motivation is related to tangible rewards such as salary and fringe benefits, security, promotion, contract of service, work environment and condition of work. Such tangible rewards are often determined at the organization level and may be outside the individual's control.

Intrinsic motivation is related to psychological abilities and needs, such as a sense of challenge and achievement, receiving appreciation, positive recognition, and being treated in a caring and considerate manner.

According to Barbuto and Scholl (1998), the sources of motivation are result of:

- i) Intrinsic process*

Individuals are motivated through fun. For example, after work hours, games, shows and community events could be scheduled in order to refresh the individuals' minds.

ii) Instrumental

Individuals are motivated by rewards. Many workers need to know if their work is being appreciated. Being rewarded motivates workers; thus, their work performance and dedication increases.

iii) Self concept external

These individuals are motivated by reputation. They have a strong need to enhance esteem/image.

iv) Self concept internal

People are motivated by challenges, especially for leaders with new skills and techniques.

v) Goal internalization

People are motivated by cause or purpose of what the organization is doing and what it stands for.

According to Tyson and Alfred (1996:8) the main features of motivation included:

- i) Motivation is aroused as a result of needs which have to be satisfied. A state of tensions occurs, which stimulate action.
- ii) The satisfaction of need may stimulate a desire to satisfy further needs.
- iii) Failure to satisfy needs may lead to reduction or redirection of the motivational force towards other goals.
- iv) The motivational force has three basic elements namely directions, intensity and duration. When directed to goals, force varies according to strength of individuals' desire and may last long or short depending on the nature of an individual.

According to Saiyadain (2000:10), the following are motivation characteristics:

- i) Motivation is latent in nature and can be inferred only from behavior, which is an index of motivation,
- ii) Motivation is a very complex phenomenon. Though relationship between motivation and behavior may look simple, different forms of behavior are motivated differently.
- iii) People often do things without being aware of the motivational effect involved. For example a report by a subordinate may not reflect work done by him, but the dislike he feels for the boss,
- iv) Some motives are innate, not the product of learning and are cyclic in nature. For example: hunger and thirst need repeated satisfaction.
- v) Other motives are acquired and are a product of socialization. For example, power, belongingness, and status motives are neither cyclic nor satisfied in the same way.

When there is lack of motivation you either get no results, or only mediocre results, whereas when there is motivation you attain greater and better results and achievements. Compare a student who lacks motivation and who hardly studies, to a student who is highly motivated, and who devotes many hours to his studies; these will get absolutely different grades.

Lack of motivation shows lack of enthusiasm, zest and ambition, whereas the possession of motivation is a sign of strong desire, energy and enthusiasm, and the willingness to do whatever it takes to achieve what one sets out to do. A motivated person is a happier person, more energetic, and sees the positive end results in his/her mind.

Often, a person has the desire and ambition to get something done or achieve a certain goal, but lacks the push, the initiative and the willingness to take action. This is due to lack of motivation and inner drive. Motivation strengthens ambition, increases initiative and gives direction, courage, energy and the persistence to follow one's goals. A motivated person takes action and does whatever it needs to achieve his/her goals.

Motivation becomes strong when you have a vision, a clear mental image of what you want to achieve, and also a strong desire to materialize it. In this situation, motivation awakens and pushes you forward, toward taking action and making the vision a reality. Motivation can be applied to every action and goal. There could be motivation to study a foreign language, to get good grades at school, bake a cake, write a poem, take a walk every day, make more money, get a better job, buy a new house, own a business, or become a writer, a doctor or a lawyer. Motivation is present whenever there is a clear

vision, precise knowledge of what one wants to do, a strong desire and faith in one's abilities.

According to Ford, McLaughlin and Newstrom (2003), motivation is an important concept in psychology. It provides insight into why we may behave the way we do. Motivation is an internal process that reflects the desire to achieve certain goals.

Motivation incentives

Incentives and motivations are critical for capacity development as they enable individuals and organizations to perform their functions effectively, efficiently and sustainably. Motivation and motivation systems are fundamental to developing capacities and to translating developed capacities into better performance. The focus of this study was on motivation schemes that influence motivation and behavior of people or larger system performance for pro-poor action and development outcomes (UNDP, 2006).

Financial Motivation Incentives

Financial incentives can be defined as a kind of motivation whereby employees are given motivations in form of money. They are integral to the employment contract. It has been found that at least half of the variation in turnover can be attributed to financial incentives (Hongoro, 2006)

The level of wages paid to workers is a crucial element of attracting people to consider a career in health service delivery. It also provides a key means of competing with other potential employers in domestic and international labour markets. The project appraisal

document of a World Bank health sector support project notes that the exodus of health workers out of [Malawi's] civil service was precipitated largely by the erosion of salaries (Mohiddin, 2006). The principle of equal opportunity and 'equal pay for work of equal value' within the national context has proven to be significant in the recruitment/retention of health care professionals (Kingma, 2006). Satisfactory salary and allowance and perception that salaries are fair when compared to other colleagues and peers at the local level support the retention of health workers and reduce the pull of international employment opportunities.

Non Financial Motivation Incentives

The concept can be defined as a kind of motivation whereby employees are given other kind of motivations in different forms other than money; for example, assigning employees more responsibilities so that they feel their contributions are more valuable to the organization, good working environment, promotion, and good working facilities. Training, opportunities to grow, job security, participation in decision making, housing facilitates, and recognition of employees.

Davis 1981, stressed on the need of applying human relation approach of managing people by using Douglas Mc Gregory theory X and Y which apply autocratic approach of managing people where close supervision is applied to employees. Theory Y applies humanistic and supportive approach of managing people, whereby employees do exercise self control, self-direction, and hence potential of work can be fully realized. Employees are given opportunities for growth and achievements; this makes them committed to their work and the organization.

This means, in managing organizations managers should not only pay attention in money when motivating workers, but also should consider and pay attention in other matters related to non-financial motivators because they have influence on employees motivation which is a drive to right success. When staffs are highly motivated things like negligence, absenteeism, indiscipline, low morale and theft will be reduced. Because of that, the quality and quantity of services and products will be increased and improved.

2.3.1 Performance

In the words of Mullins (2007), “...if the manager is to improve the work of the organisation, attention must be given to the level of motivation of its members.” Performance is, therefore, a product of ability level.

Under the public sector context, performance (methodologically) concerns with efficient measurement of public activities; there is a relationship between incentives and performance, as most employees become slow and lazy when they realize that their performance are not recognized and that their labour power would not make any difference to them. Based on this assumption, employees’ performance is a result of several factors that are closely interwoven. According to Stewart (1986), performance factors are the function of Skills, Opportunity, Motivation and Environment hence the performance equation **P = SOME**, whereby;

P is equal to Performance;

S is equal to Skills (what I can do);

O is equal to Opportunity (my chances to do it);

M is equal to Motivation (my willingness to do it); and

E is equal to Environment (the support when I do it - resources and culture)

With the above performance equation, it is obvious that no matter how high the skill level is, if employees not given an opportunity to use their skills are likely to be frustrated in their job situation. It has also a negative impact on the work cultural environment in the organization and adversely affecting everyone's performance level.

2.3.1.2 Service delivery

Quality of service delivered has been described to be one of the major contributing factors needed in enhancing customer satisfaction. This is due to the fact that it assists to create customer loyalty.

Service has also been defined as a task undertaken by an employee or group of employees that benefits another such as customers. Furthermore, this term (i.e. service) in economics has been described to be a type of business activity that is intangible, cannot be reserved for future usage and does not result in direct ownership by either the supplier or recipient. From this it is realized that it is difficult for customers to assess and evaluate the quality of service provided by the organization. Service quality observation results from a contrast of what the customer expected before the service and the apparent level of service received (Krutz & Clow, 1998, 89). Moreover, customers can also use this process in the evaluation of the services rendered by the organization and differentiate them from other competing services in order to make proper choices to enhance their satisfaction. Expectation of customers then plays a vital role in the assessment of service quality, therefore, it is essential that service providers

develop a scheme through which their target customers can adopt in the assessment of their service offerings (Zeithmal et al. 2000, 116).

2.3.2 Theories underpinning the study

In order to fulfill the objective of the study, the researcher employed various motivation theories which explain how motivation can influence workers performance and consequently lead to improvement of service delivery. The theories, which guided this study, inasmuch as they provide significant information in explaining the role of motivation to workers, were Abraham Maslow's Theory of needs, Recognition Theory, Equity Theory and Agency Theory.

Abraham Maslow's Theory of Need

Abraham Maslow's Theory of motivation called "hierarchy of needs" explains that within every individual, there exists a hierarchy of five needs and that each level of need must be satisfied before an individual pursues the next higher level of need. The five levels of needs, according to Maslow are:

- 1. Physiological Needs:** These needs are essential to sustain life; they include food, water, air and sleep. According to Maslow's Theory, if these needs are not met, then all other needs will not felt or be a source of motivation.

- 2. Safety Needs:** This refers to the need to feel safe from physical and emotional harm. These needs include medical insurance, job security and financial reserves.

- 3. Social Needs:** These needs are concerned with social interactions with others. The individual needs to feel a sense of belonging, affection, acceptance, and friendship.
- 4. Esteem Needs:** Esteem is concerned with the feelings of self-confidence derived from achieving something and the sense of belonging. Esteem needs may be classified as internal or external. Internal esteems are these related to respect and achievement. External esteem needs are those such as social status and recognition that comes with the achievement.
- 5. Self-Actualization Needs:** This level of needs is concerned with achieving ones full potential and dreams. Unlike lower level needs, this need is never fully satisfied; as one grows psychologically, there are always new opportunities to continue to grow. This needs include truth, justice, and wisdom.

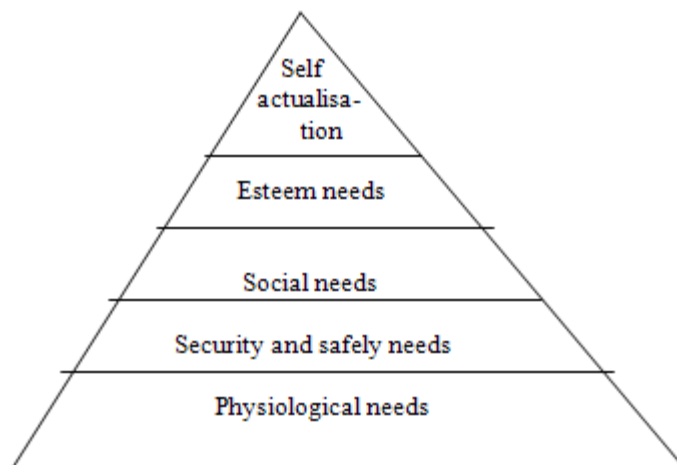


Figure 1: Hierarchy Needs by Abraham Maslow

According to Maslow, only a small percentage of the population reaches the level of self-actualization.

The important aspect of Maslow's Theory is that it provides for constant growth of the individual. The individual is always striving to do things to the best of one's ability, and best is always defined as being slightly better than before.

Recognition Theory

Professor and management consultant Frederick Herzberg's theories on employee motivation illustrate the effect that motivation has on recognition, and vice versa. Recognition, according to Herzberg's motivation-hygiene Theory, is what employees need from their supervisors. They need to be recognized for demonstrating their capabilities, which, in turn, creates better performance. Nonmonetary forms of recognition are useful in this case: promoting employees to leadership roles or assigning employees more complex duties are two essential forms of nonmonetary recognition. This Theory is useful in this study since it helps to explain the relationship between motivation and employees performance.

Equity Theory

Equity Theory suggests that employees' judge a working situation in terms of how fairly they are treated compared with others. According to Adam (1965), inequality occurs when a person perceives that the ratio of his outcomes to inputs and the ratio of the other's outcomes to the other's inputs are unequal (Nelson, 2001). If employees recognize that their compensation is equal to what others receive for similar inputs, they will believe that their treatment is fair and equitable. Things like education,

experience, effort, ability are the inputs to the job and outcomes that employees receive from a job are payments, benefits, promotions and rewards.

Hence, a state of equity refers to the ratio of one person's outcomes to inputs being equal to the ratio of another's outcomes to inputs. For instance, when an employee with a high level of education or experience receives the same salary as a new, less educated employee, he/she may perceive it as inequality; as well perceived inequity may occur when an employee thinks that he/she is paid more than other people who contribute the same inputs to the organization.

A major criticism to Equity Theory is that it does not precisely characterize mental processes as it assumes that employees have a mental list of outcomes and their likelihood summed up systematically.

The implication of Equity Theory for organizations is that, it is necessary to ensure a state of equity in the work place by establishing mechanisms to deal with perceived inequity situations. Otherwise, organizations may face low performance, high absenteeism and turnover. A typical example of perceived inequity in a work organization is the situation of an employee who believes that his/her peers do not exert as much effort as him in the work place, although they are all getting the same amount of wage. In this kind of perceived inequity situations, an employee may decide to stop working hard to make things fair in his/her mind. This is best seen in public sector organizations where employees of the same status and tenure get the same amount of wage, no matter how hard they work or how successful they are in making contributions. This proves that the public sector lacks an effective incentive system for

employees to exert extra efforts and to differentiate between who is doing a good job and who is not.

In summary, using motivation incentives in the public sectors for employees' performance is strongly supported by equity theory. For instance non-financial motivation incentives offers a variety of ways to recognize public employees such as letters of appreciation, gift certificates, a thank-you note, recognition in a meeting and opportunity to attend training.

Agency Theory

Agency theory proposes that performance related incentives are needed when the principal employer (Government for this case study) cannot regularly monitor and control the agent's work (India Institute of Management, 2008). According to the Agency Theory, in the absence of suitable reward for agent's efforts, the effort to perform will go down and the overall performance will suffer. It assumes that people act in self-interest and thus employees' performance as related to incentives will help generating that self-interest on the part of the agents, else the agent will put in only a minimum level of effort so as to go away with it; it also promotes employee risk-taking ability, guided by the motive of having an extra reward; else agents are presumed to be risk-averse. This Theory is essential to explain the concept that agents will work (better) if rewards exist for extra performance.

2.4 Empirical Literature Review

A range of studies indicate that there are major problems related to health worker motivation in low-income countries (Globalization and Health, 2012). Many health workers in developing countries are paid low wages, work in harsh conditions and often have not received the necessary training and supplies to perform. Health workers in these situations often become demoralized and, as a result, they may either leave their positions in search of something easier or more profitable or become disengaged in their work. Traditional approaches to motivating and retaining health workers, such as providing financial and non-financial incentives (example paying higher salaries or providing occasional training), have been shown to have limited impact and do not always result in closing these motivational gaps. Around the world, health care delivery organizations have struggled to implement effective and sustainable solutions that are targeted to specific root causes of low motivation, poor (WHO, 2006).

Some studies discuss health workers' motivation in the Tanzanian context and they have established a link poor performance to low motivation (Victor et al, 2012). A systematic review of health workers' motivation in low-income countries concludes that financial rewards, career development, continuing education, hospital infrastructure, resource availability, hospital management, and recognition are core contributing factors (Globalization and Health, 2012).

The Ministry of Health and Social Welfare identifies some of the challenges including chronic shortages of equipment and supplies (including vaccines, antibiotics, and other essentials) compounding poor quality of services at primary health-care facilities is repeatedly documented. Irregular supply of essential drugs at all levels of the health

delivery system leads to unnecessary referrals. Problems with hygiene are regularly encountered, particularly in dispensaries and health centers where water supplies are often non-existent, erratic, and unsafe (MOHSW, 2007).

Another challenge include lack of supervision and low motivation; for instance, primary care workers often go months without supervision, and reports about its quality vary, there is often low motivation to comply with standards. Low motivation also produces problems with absenteeism, and absenteeism rates are high, not infrequently about 40 per cent (including absences for training).

There is also inadequate communication between health service providers at various levels which means that skills and facilities are not maximized and that it is difficult to organize referrals and feedback through the various levels of the referral chain.

Health workers motivation, thus, emerges as highly complex issues. Health workers' motivation reflects a range of personal, organizational, and societal factors, including relationships with others, and itself influences many aspects of the provision of health care.

The health related Millennium Development Goals (MDGs) constitute measurable targets for health sector performance, and reaching the goals has been given high political priority in Tanzania. Improved access to health services of good quality is the overall aim of the National Health Policy (The Primary Health Services Development Programme, 2007–2017).

The common focus of these policies and plans is to improve the quality of services through expanding the number of health facilities and health workers and also to increase access to resources. Moreover, there is an increased focus on health workers' performance. It is partly to this end several performance enhancing tools have been implemented.

The growing gap between the supply of health care professionals and the demand for their services is recognized as a key issue for health and development worldwide. The World Health Organization reports a global shortage of 4.3 million health workers, including approximately 3 million health professionals. Many countries have been identified as 'in crisis.' Health human resources are now a high priority on the political agenda. In most countries, imbalances in labour supply system from a number of causes. These include: poor human resource planning and management and unsatisfactory working conditions characterised by heavy workloads, lack of professional autonomy, long working hours, unsafe workplaces and unfair pay. International Council of Nurses, 2005.

It is within this context that policy makers, planners and managers have turned their attention to identifying and implementing incentive systems which will be effective in improving the recruitment and retention of health care personnel. It must be noted that, motivation as an important means of attracting, retaining, satisfying and improving the performance of employees has been a problem in many health work places in world. Incentives can be applied to groups, organizations and individuals and may vary according to the type of employer. Incentives can be positive, negative (as in disincentives), financial or non financial, tangible or intangible. Financial incentives

involve the transfer of monetary values, such as salaries, pensions, bonuses, allowances and loans. Non financial incentives include work autonomy, flexible hours and scheduling, recognition of work, coaching and mentoring structures, and support for career development (World Health Organization, 2000).

There is a serious human resource crisis in the health sector in most of the developing countries, particularly in Africa. One of the challenges is the low motivation of health workers.

Experience and the evidence suggest that any comprehensive strategy to maximize health worker motivation in a developing country context has to involve a mix of financial and non-financial incentives.

In both Benin and Kenya, the public sector is the greatest health service provider and employer of health workers. Both countries suffer from shortages in staff resources, inadequate skills and very low salaries, particularly for nurses and other lower cadres. For example, depending on the job group, Kenyan nurses earn today between KES 5757 (about USD 72) and KES 12 450 (about USD 155) per month by Inke Mathauer, 2006.

The study in Ghana found that severe resource constraints under which the health sector functions underlies many of the problems. Low salaries are a de-motivator for over 90% of staff but it seems almost impossible resolve this problem under Ghana's current economic circumstances. Patricia Anafi, (2004) reported constraints affecting health workers' ability to serve patients include shortages of staff, drugs, and non-medical supplies, often in combination with old buildings that resulted in 'staff just work [ing] to clear the queue but not to provide quality work. System performance is affected in a knock-on sense if there are considerable numbers of workers having

multiple roles that they have little time to perform well. This is the case where senior officers working in the hospitals get extra duties at the district headquarters and are not available to carry out their hospital based functions, stretching the abilities of those who work underneath them (Gilson, 2009)

2.5 Knowledge Gap

Having reviewed various kind of literatures, the researcher has identified a knowledge gap and reports several previous studies which have been conducted on motivation and explored much on the motivation in the private enterprises or organization and to the public servants with the aim of improving work condition and hence increase productivity in the organization. Nonetheless, the studies have not given an account of improving work condition in the public sector especially health public sectors and improve service delivery.

2.6 Critical Review of Literature

Motivation at work is widely believed to be a key factor for the performance of individuals and organizations and it is said to be a significant of intention to turnover. Therefore, we can say that there is a strong link between job dissatisfaction, lack of motivation and intention to turnover.

Various studies have been conducted in relation to motivation in organizations in order to raise the workers commitment and hence to improve work performance in relation to the improvement in service delivery. However, the results of the previous findings have concentrated on the private sector and not in the public health sector such as hospitals, dispensaries and health clinics. Taking an example of some literatures for example,

Mmari (2005), in her research paper on effectiveness of employees' motivation on the organizational performance, concluded that people are the greatest single assets available to an enterprise. She further says that an organization is people, but unfortunately they are the only assets that can actively work against organizational goal. It is only by collaborative efforts, through motivation that people can direct their energy and creativity in the service of the enterprise. How well people work is a function of the influence of attitude and competence on the one hand and motivation on the other hand. Apart from that Nepwaga (2011) in her research paper on the impact of employee's motivation and empowerment on delivering quality service in a company, she insisted that without motivating the employees it is not easy for the company to sustain the business. In her paper she concluded that motivation to the staff on the business company is important in order to sustain the business and provide setting for the satisfaction of the customers and hence the growth of the community in general.

In a nutshell, there is a problem in regard to the provision of quality health services to the people due to the lack of proper motivation packages despite the Government's efforts to provide, especially monetary kind of motivation.

2.7 Conceptual Framework

The study is concerned with how motivation can influence the workers performance and consequently lead to improvement of service delivery . Monetary motivation forms like salary, allowances and such other benefits and non-monetary motivation forms such as safe working environment, training opportunities promotion opportunities, can lead to the increase of workers commitment. According to Abraham Maslow, there is hierarchy of needs that influences motivation. The motivation process will depend on a

level each employee attains and that each level of need must be satisfied before an individual pursues the next higher level of need. The organization can satisfy its employees' various needs. In the long run, physiological needs may be satisfied by the person's paycheck, but it is important to remember that pay may satisfy other needs such as safety and esteem as well. Providing generous benefits that include health insurance and company-sponsored retirement plans, as well as offering a measure of job security, will help satisfy safety needs. Social needs may be satisfied by having a friendly environment and providing a workplace conducive to collaboration and communication with others. Company picnics and other social get-togethers may also be helpful if the majority of employees are motivated primarily by social needs. Providing promotion opportunities at work, recognizing a person's accomplishments verbally or through more formal reward systems and job titles are ways of satisfying esteem needs. Finally, self-actualization need may be satisfied by the provision of development and growth opportunities on or off the job, as well as by work that is interesting and challenging. By making the effort to satisfy the different needs of each employee, organizations may ensure a highly motivated workforce.

According to Fredrick Herzberg, in his theory popularly known as the two-factor, opines that in order to increase better performance to workers both motivational and hygiene factors must play party.

Herzberg explains the factors that motivate individuals through identifying and satisfying their individual needs, desires and the aims pursued to satisfy these desires. He labeled factors causing dissatisfaction of workers as "hygiene" factors, and factors that causing satisfaction of workers as "motivator" factors. Hygiene factors include

company policies, supervision, working conditions, salary, and safety and security on the job. Examples would be when people felt they weren't paid enough, didn't like their supervisors, were not happy about their working conditions or were insecure in their jobs. However, if they felt that the maintenance factors were satisfactory, that is, their pay and other working conditions were good; they only maintained current levels of production and efficiency. Motivators are intrinsic to the job, such as achievement, recognition, participation and growth.

Achievement involves personal accomplishment or feeling of having done a job well; Recognition involves being recognized for efforts and accomplishments of work by receiving an organization rewards, promotion, or salary; participation include being involved in some responsibility of work like making decisions and suggestions for the organization and growth which involve challenge of the job itself and the chance to learn skills, acquire knowledge and achieve development and advancement.

The concept implies that when the workers are recognized for demonstrating their capabilities, they become more committed; then the work performance will be increased too, and the outcome will improve service delivery to the community.

When motivating the employees, the employers must be fair and inequities must be avoided, regardless the employees level of education, experience, effort and ability. According to Agency Theory, in the absence of suitable reward for agent's efforts, the effort to perform will go down and the overall performance will suffer. This means that employees' efforts must be well rewarded, failure of which will lower the work performance. It is for this reason that the literature reviewed emphasized on various

rewards have been identified which may be used as motivation incentives to workers such as salaries, allowances, medical insurance, job security, recognition, participation, achievement, fair treatment, security and safety, gifts, letters of appreciation, growth and advancement.

When health workers are well rewarded, they will increase commitment at work, hence they will improve the overall performance and the impact will be improved health services.

It is for this reason that the researcher decided to study motivation incentives to the health staff with regard to improved work performance and improved service delivery to the people at Iringa, in particular, and Tanzania in general. The assumption is that, if the motivation packages will be improved they will improve workers' commitment; hence, delivery of services will be improved too. It is also assumed that there will be no unnecessary riots and strikes which will jeopardize the life of innocent people like at the current situation.

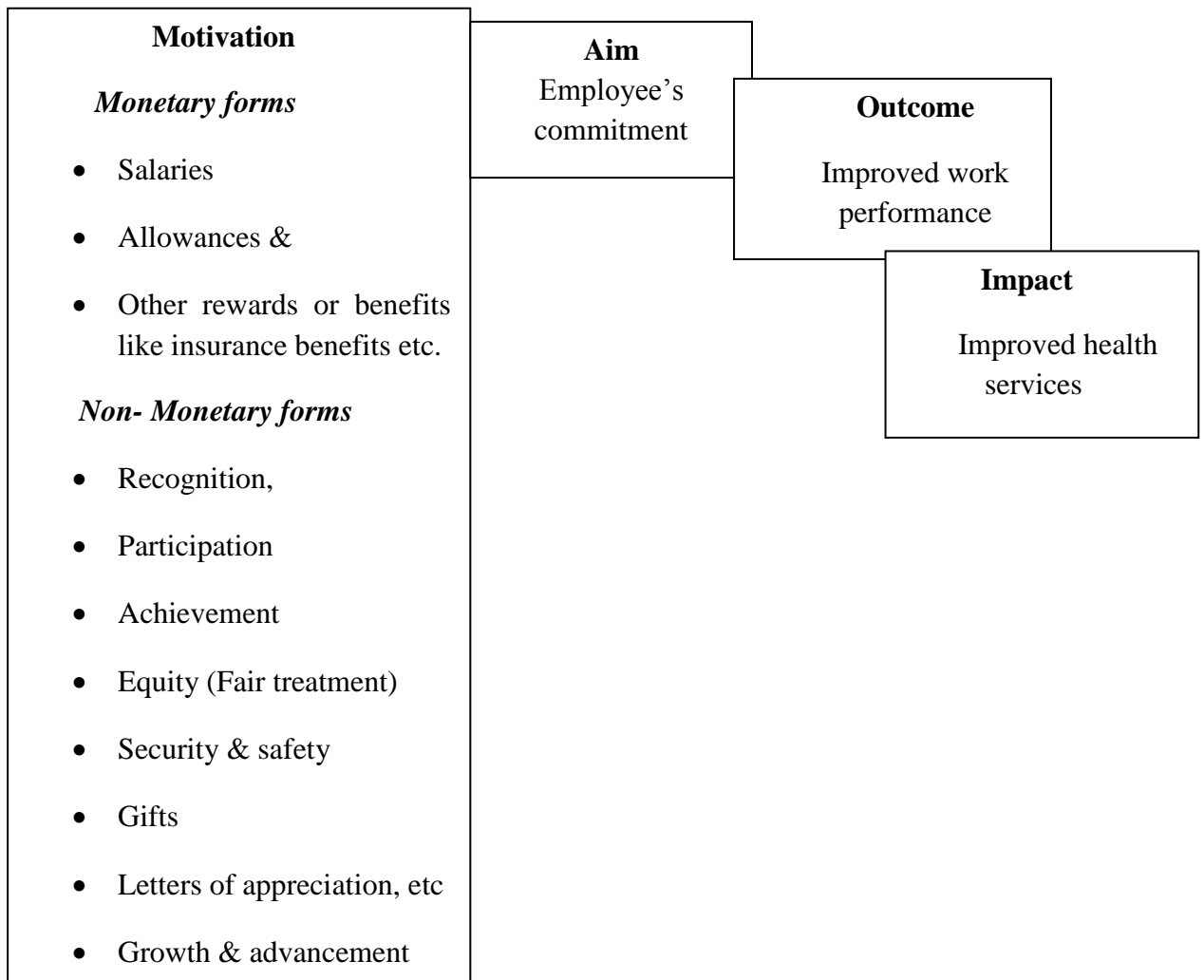


Figure 2: below clearly presents the conceptual framework the impact of motivation on work performance and service delivery to the community at Iringa in particular and Tanzania in general.

Source: Documentary Review,

2.8 Conclusion

This Chapter has presented a review of literature drawn from various studies on motivation and work performance. The main parts of the Chapter include theoretical literature review which incorporated the definitions of the key concepts and some theories of motivation and work performance. Also, it presented the theories concerning motivation and work performance and how they are related. Another part is empirical literature review whereby after viewing various literatures concerning motivation and work performance and the researcher came out with the knowledge gap. The last part in this Chapter includes conceptual framework of the research.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This Chapter presents the methodology used in this research. The methodology is divided into the research design and methods; area of study; data collection techniques; sampling methods; data processing and analysis as well as validity and reliability of data.

3.2 Research Design and Methods

The study employed a cross-sectional design in which a case study approach was used. The study used four main tools of data collection, namely interviews with key stakeholders and questionnaires, focus group discussion with health workers as well as documentary review. Interviews and questionnaires have been used considering the desire of the researcher to obtain first hand data from the respondents so as to formulate rational and sound conclusions and recommendations for the study.

Therefore, both primary and secondary research was integrated. The reason for this was to be able to provide adequate discussion for the readers that will help them to understand more about the issue and different variables involved in it. In the primary research, public health employees were surveyed. A structured questionnaire was developed and used as the survey tool for the study. On the other hand, sources in secondary research included previous research reports, newspaper, magazine and journal contents. Existing findings on journals and existing knowledge on books was

also used as secondary research. Data from interviews and questionnaires were dealt with qualitatively to come out with major themes and sub themes from the field.

3.3 Area of Study

The research was conducted at Iringa Regional Hospital which is a Government hospital located in Iringa Municipality. The hospital plays a big role that would consequently contribute to the improvement of the health of the Iringa population. The major reason of selecting this area of study is due to the fact that while the Government is currently transforming the referral systems and changing the status of Regional hospitals to referral hospitals, it is important to assess the several parameters that will facilitate effective transition. Motivation is one of the drivers of performance and Iringa being one of the hospitals in transition it qualified as a choice for the researcher.

The Hospital has the capacity of 365 beds in sixteen wards with a total of 406 health staff who provides health services in various departments both inpatients and outpatients. The health services available in this hospital include preventive curative and rehabilitative. The services are delivered through its three main departments namely Medical which consists of the following sub departments: Surgical, Paediatric, Psychiatry, Internal Medicine, Obstetrics and Gynaecology, Anaesthesia, Reproductive and Child Health Services, Dental and Ophthalmology.

The second department is Paramedical which consists of the following units; Pharmacy, Physiotherapy, Laboratory and X- ray and the third department is Non Medical which consists of Medical Records, Accounts, Registry, Laundry, Workshop, Kitchen, Store, Mortuary and Security.

The Hospital is a referral center-receiving patient from 6 districts who need specialized health services. The hospital also serves both as a Municipal Hospital and hospital for Iringa Council since, the Council has no council hospitals.

3.3.1 Profile of the study area

The history of Iringa Region according to the Iringa Regional profile of 2007 can be traced by starting with its unique name. “Iringa” is a corruption imposed by colonial masters from the Hehe word “*lilinga*,” meaning a fortress. The Germans who were the first to colonize the Region knew it for its fortresses, the most famous of which was that of Chief Mkwawa at Kalenga. To these first colonizers, Iringa Region was war country and the only way for intruders to survive was behind a fortress. It was “*lilinga*” country. So they built their own “*lilinga*” at the present day site of the current Region capital. Both the Region capital and the Region are now named after the word Iringa.

3.3.2 Location

Iringa Region is part and parcel of Tanzania Mainland’s southern highlands zone, which comprises of the regions of Iringa, Mbeya and parts of Morogoro and Ruvuma regions. It is located between latitudes $6^{\circ} 55^1$ and $10^{\circ} 30^1$ south of the Equator and between longitudes $33^{\circ} 45^1$ and $36^{\circ} 55^1$ east of Greenwich. To the North of the Region are Singida and Dodoma regions. It borders Morogoro Region in the East and Ruvuma Region in the south. Its western borders are shared with Mbeya Region and via Lake Nyasa the Republic of Malawi (Iringa socio economic profile, 2007).

3.3.3 Physical characteristics

Based on the Iringa socio economic profile of 2007 before the establishment of the new Region of Njombe, the Region's total surface area was 58,936 sq. kms. The total surface area was made up of 53,342.8 sq. kms land area making Iringa the seventh largest Region on the Mainland of Tanzania. The Region's water area is 7,254.2 sq. kms. The land area makes up approximately 88 percent of the total surface area and the water area is 12 percent. Of the Mainland's land area of some 883,749 sq kms 5.8 percent is in Iringa Region. More than one third of the total regional surface area is in Iringa Rural District.

Iringa Region is generally dominated by the Kipengere and Livingstone Mountain Ranges in the southern part of the Region and the Udzungwa Mountains separating Iringa and Morogoro regions in the East. Northern parts of the Region are relatively flat, high plains cut by the eastern arm of the Great Rift Valley in which the Great Ruaha River runs. The Region is further characterized by the presence of a big plateau portion which forms the common landform of the Region.

3.3.4 Climate

Climate is a combination of elements that mainly include temperature and rainfall. In practice, effective rainfall is the amount ultimately available to the vegetation. This is the more important factor than total rainfall. Altitude, topography and vegetation influence climate greatly, resulting in micro climate in specific localities and macro climate in larger areas. Iringa Region has a climate influenced by several factors into the formation of three distinctive climatic zones. These are the Highlands Zone, the Midlands Zone and the Lowlands Zone.

The Highlands Zone lies at an altitude of 1,600 - 2,700 metres above sea level. This area includes the eastern fringe of Iringa Rural and Mufindi districts; the central and eastern part of Njombe, Ludewa and Makete districts. Temperatures are normally below 15⁰ C with rainfall ranging between 1,000 to 1,600 mm per annum, falling in a single season from November through May. The dry and cold season occurs after the rain season. This lasts from June to September.

The Midlands Zone lies at an altitude of 1,200 to 1,600 above sea level. This Zone constitutes the central part of Iringa Region covering Mufindi, parts of Njombe, Ludewa and Makete districts. Temperature does range from 15⁰ C to 20⁰ C, with average rainfall of between 600 and 1,000 mm per annum. The Lowlands zone has an altitude of 900 meters to 1, 200 above sea level. This Zone includes the low lying northern part of the Iringa Rural District along the Ruaha River. Temperatures vary between 20⁰C to 25⁰ C with low rainfall ranging between 500 and 600 mm per annum.

3.3.5 Administration setup

In 2005, the Region was divided into seven districts. The districts were in turn divided into a total of 33 divisions. Divisions were sub-divided into wards and wards into villages in rural areas and into “*mitaa*” in urban areas. There were 720 villages in 2006 along with 177 “*mitaa*,” with urbanized Iringa Urban leading with 149 “*mitaa*,” (Iringa socio economic profile, 2007).

3.3.6 Population

The current projected population is 1,490,892 based on the population and housing census conducted in 2002. The total number of households' size of 4.3. The average population growth rate is 1.6.

3.3.7 Economy

Agriculture is the largest single sector in the economy of Iringa Region followed by livestock keeping and fishing. Maize is the major staple food crop. Other food crops of great importance include: round potatoes, sweet potatoes and beans. Cash crops of significant economic importance are tobacco, a crop mainly grown in Iringa Rural District, sunflower which is grown in Iringa Rural and Njombe districts, tea which is grown mainly in Mufindi and the then Njombe districts, pyrethrum, a crop chiefly grown in Makete District, coffee grown in all rural districts in the Region but in varying proportions led by Ludewa. Horticultural crops made up of onions, tomatoes, fruits and cabbage vegetables are grown commercially mainly in Iringa Rural and Kilolo districts.

The agricultural sector contributes over 75 percent to the regional economy and employs about 90 percent of the working population in the Region. The sector is dominated by peasantry farming. Iringa Region is one of the "Big Four" regions in terms of surplus food production, mainly producing maize for export to other regions in the Country. In the Region, maize is regarded as a cash crop as production surpasses consumption. Maize production accounted for about 53 percent of total volume of major food crops harvested in the region followed by round potatoes at 27 percent.

3.4 Population and Sample

Due to the nature of the study and time available to conduct the research, 120 respondents within a study area were surveyed. These included 40 staff and 80 inpatients and outpatient clients.

3.5 Sampling Techniques

The research employed purposive sampling to select doctors, nurses, supporting services employees from different departments and patients; as well as, key informants including employees in the management at Iringa referral hospital.

At the same time, purposive random sampling was employed to choose the remaining respondents who are supporting officers of Iringa Referral Hospital depending on the nature and size of population with which researcher dealt with and the nature and size of data required. This helped a great deal in the process of collecting data according to the level of knowledge, understanding and experience of the research topic at hand.

3.6 Data Collection Methods

3.6.1 Interviews

The data collection process, most of which was qualitative, was done by both formal and informal interviews, structured and unstructured ones with the respondents including doctors, nurses, supporting service employees from different departments and patients; as well as key informants including employees in the management within the case study area of researcher's concern.

3.6.2 Questionnaires

This research employed questionnaires as a major data collection instrument. Questionnaires were administered to 120 respondents out of the entire population. The questionnaires used are attached as appendices to this report paper. The questionnaires were pre-tested utilizing selected professional respondents. The questions were designed in a manner that avoided ambiguous, difficulty or inappropriateness and irrelevance. For the key respondents the researcher did a purposive random sampling out of 406 workers from different departments in order to get representatives of the study from each department. For the outpatients' clients, the researcher, with the permission of the Hospital administration, visited the hospital for a period of one week from 24th February to 2nd March, 2013.

At the Hospital, the researcher approached any client who had already received services from the hospital and asked for their consent to participate in the study. Before interviewing them, the researcher explained the purpose of the study to them. After obtaining their consents, the researcher gave them a questionnaire and a pen to fill them and collected both the questionnaire and pen back after they had finished filling them. As for those who could not read and write, the researcher helped them by reading the questions to them and recorded their responses on the questionnaire. To avoid having respondents repeating to fill the questionnaire, the question "have you seen me before?" was asked to the persons, followed by other questions to ensure that the same respondents does not repeat in participating in the study. Due to the time needed by the researcher to manage the respondents, the researcher managed to interview an average of twelve questionnaires every day.

3.6.3 Documentary review

Relevant documents such as books, Government notices, news papers report and various government policy documents were explored to engender analysis soundness.

3.7 Data Analysis

Before the analysis, the data collected were edited, coded and entered into SPSS software. Thereafter, the analysis of data was done through the use of Statistical Packages for Social Sciences (SPSS –version 17). The outputs of the analysis are presented in the forms of percentages, graphs and tabulation in the next chapters.

3.8 Validity and Reliability of Data

3.8.1 Validity

This study observed various steps to ensure that the data collected are valid and fulfill the purpose of the study as follows: An extensive review of literatures from various sources; administration of structured questionnaire and interview during survey was used to ensure that the focuses was on the topic under investigation. Interview strategies in the field was explained to the respondents and adequately observed. The purpose of the study was clearly explained to the respondents and issues of concern were duly resolved. Furthermore; the respondents were assured of anonymity and confidentiality in order to encourage frankness during the time of interviews. All the above approaches fulfilled the purpose of enabling the researcher to collect truth, worthy and valid data from multiple sources such as literatures, questionnaires, observation, interviews hence the researcher was able to fulfill the purpose of the study.

3.8.2 Reliability

The researcher observed the following steps to ensure that the data collected are reliable: The researcher managed to socialize and made herself part of the respondents in order to successfully establish a rapport with the respondents during the field study and create conducive environment for data collection in the field. The credibility of the study was reinforced; as well, pre-testing of the instruments like the questionnaires was done during the field study in order to and was confirmed to, be able to, bring out the same results. The respondents were selected and categorized accordingly in and the researcher made sure that the data obtained were reliable and serve the purpose of the study.

3.8.3 Conclusion

From multiple reliable sources and duly observance of various steps that created conducive environment for the field work, the researcher was able to collect valid, reliable and accurate data; hence successfully accomplish the data collection exercise, present and analyze them and finally prepare a report with reliable findings and reasonable recommendations.

CHAPTER FOUR

DATA PRESENTATION ANALYSIS AND DISCUSSION

4.1 Introduction

This study was basically initiated to examine the contribution of motivation incentives and performance in the health sector in Tanzania and assess its contribution on service delivery to the community. This Chapter, therefore, presents the findings and analysis of data collected from Iringa Referral Hospital situated within Iringa Municipal in Iringa Region.

The general objective of the study was to assess the effectiveness of motivation incentives in improving performance in Tanzania health sector whereas the specific objectives were derived from the general objective. The specific objectives of the study were (1) to evaluate whether financial motivation has contributed to improve work performance for improvement of health service delivery in Tanzania health sector; (2) to evaluate whether non financial motivation has contributed to improve work performance for improvement of health service delivery in Tanzania health sector; (3) to assess the extent of performance of financial and non financial motivations on effective health service delivery in Tanzania health sector and (4) to identify the way forward towards effective motivation for improving health workers performance. To begin with, the researcher presents the social economic profile of the respondents.

4.2 Respondents Distribution

4.2.1 Respondents distribution in the study area

The total number of respondents was 120 including 40 key informants that included a mix of staff from different departments and 80 respondents taken from a sample of inpatients and outpatients as explained in Table 1 below.

Table 1 : Distribution of Respondents

| No. | Type of the Respondents | Count | Percent |
|-----|---------------------------|------------|-------------|
| 1 | Key informants | 40 | 33.3% |
| 2 | Inpatient and outpatients | 80 | 66.7% |
| | Total | 120 | 100% |

Source: Fieldwork Survey, 2013

The two categories above were further divided into sub categories based on profession, age, sex, level of education and work experience.

4.1.2 Distribution of the key informants according to departments

The key informant's categories were distributed into departments namely medical and paramedical departments as further explained in Table 2 below.

Table 2: Distribution of the Key Informants

| Department | Count | Percent |
|-------------------|--------------|----------------|
| Medical | 31 | 77.5 |
| Paramedical | 9 | 22.5 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.2.3 Distribution of the key informants according to designation

Medical department category included 22.5% of the doctor's category and 52% nurses, whereby 25% of the respondents were from paramedical department category, including pharmacists, laboratory technicians, physiotherapists, radiographer and health attendants. Table 3 below describes the above distribution.

Table 3: Designation of the Key Respondents

| Designation | Count | Percent |
|----------------------|--------------|----------------|
| Doctor | 9 | 22.5 |
| Nurse | 21 | 52.5 |
| Paramedical Services | 10 | 25.0 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.2.4 Respondents distribution according to age groups

The key informant's hospital staff and the clients' respondents who were given questionnaires were distributed according to ages categorized into 18-30, 30-45, 46-55 and 56 and above.

Majority of the respondents aged 30-45 and minority were 56 and above. As presented in the Table 4 below the number of respondents according to their ages were as follows:

Table 4: Age Groups of the Respondents

| Range | Age distribution of the key Respondent | | Age distribution of the Clients' Respondent | |
|--------------|---|----------------|--|----------------|
| | Count | Percent | Count | Percent |
| 18-30 | 5 | 12.5 | 26 | 32.5 |
| 31- 45 | 19 | 47.5 | 34 | 42.5 |
| 46-55 | 12 | 30.0 | 12 | 15.0 |
| 56 and Above | 4 | 10.0 | 8 | 10.0 |
| Total | 40 | 100 | 80 | 100.0 |

Source: Fieldwork Survey, 2013.

4.2.5 Sex of the key respondents

Out of 40 key informants 19 were males, 21 were females while out of 80 clients Respondents 42 were males and 38 were females. See table 5.

Table 5: Sex of the Respondents

| Sex | Sex of the Key Respondent | | Sex of the Clients Respondent | |
|--------------|----------------------------------|----------------|--------------------------------------|----------------|
| | Count | Percent | Count | Percent |
| Male | 19 | 47.5 | 42 | 52.5 |
| Female | 21 | 52.5 | 38 | 47.5 |
| Total | 40 | 100.0 | 80 | 100.0 |

Source: Fieldwork Survey, 2013.

4.2.6 Education level distribution of the key respondent

The level of education of the respondents included primary to university level as described in Table 6 below, whereby the majority possessed a Diploma level of education while from the community respondents the majority possessed the primary level of education.

Table 6: Level of Education of the Respondents

| Education Level | Education Level of the Key Respondent | | Education Level of the Clients' Respondent | |
|------------------------|---------------------------------------|--------------|--|--------------|
| | Count | Percent | Count | Percent |
| Primary Level | 1 | 2.5 | 29 | 36.3 |
| Secondary Level | 6 | 15.0 | 17 | 21.3 |
| Certificate Level | 1 | 2.5 | 17 | 21.3 |
| Diploma Level | 14 | 35.0 | 12 | 15.0 |
| Advanced Diploma Level | 5 | 12.5 | 0 | 0 |
| University Level | 13 | 32.5 | 5 | 6.3 |
| Total | 40 | 100.0 | 80 | 100.0 |

Source: Fieldwork Survey, 2013.

4.2.7 Work experience of the key respondents

The work experiences of the key respondents were divided according to years within which the workers were in service as follows: 1-5, 6-10, 11-15, 16 years and above. See table 7

Table 7: Work Experience of the Key Respondents

| Work experience/years | Count | Percent |
|------------------------------|--------------|----------------|
| 1-5 | 9 | 22.5 |
| 6-10 | 11 | 27.5 |
| 11-15 | 4 | 10.0 |
| 16 and above | 16 | 40.0 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.3 The Effectiveness of Motivation Incentives in Improving Work Performance in Tanzania Health Sector

The general objective of the study was to assess the effectiveness of motivation incentives in improving work performance in Tanzania health sector. It was observed in this study that motivation to employees' has a great effect to workers commitment in service delivery. Better motivation incentives increase employees' commitment in one hand and poor motivation incentives decrease employees' commitment to better service delivery on the other hand. The Researcher was interested to knowing the perception of the respondents as to whether motivation incentives were essential to the Organization. As presented in Table 8 below, 27(67.5) of the Respondents were of the view that motivation incentives are definitely essential, 6(15%) perceived it to be essential, 6(15%) were neutral and only 1 (2.5%) had a negative response.

Table 8: Motivation Incentives and their Effectiveness in Improving Work

Performance

| Responses | Count | Percent |
|----------------------|--------------|----------------|
| Definitely essential | 27 | 67.5 |
| Essential | 6 | 15.0 |
| Neutral | 6 | 15.0 |
| Unessential | 1 | 2.5 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.3.1 Challenges of motivation in improving work performance to workers

The general finding revealed that motivation in Tanzania Public Health is a greater challenge that undermines better service delivery based performance. According to the findings, workers are not well motivated. Monetary and non- monetary incentives are poor with limited efforts for improvement. This highly undermines better performance of workers and consequently leads to poor service delivery. About 85% of the 40 respondents perceived that they were poorly motivated. The Figure 3 below shows the responses of the respondents.



Figure 3: Extent of Motivation and their Contribution in Improving Work Performance to the Workers.

Source: Fieldwork Survey, 2013.

4.4 Financial Motivation and their Contribution towards Improvement of Work Performance and Health Service Delivery in Iringa Referral Hospital

Under this specific objective, the researcher intended to evaluate whether financial motivation has contributed to improve work performance for the improvement of health service delivery in Iringa Referral Hospital. In order to come up with the data to meet this objective, the researcher interviewed and administered questionnaire to the health staff at the hospital and outpatient clients to get their views about the financial incentives for the researcher to know if they view them as positive to contributing their work performance. The following are the findings of the study.

In this research, it was found that; most of the respondents were not satisfied with the salary and other allowances. As shown in Figure 4 below, 97.5% of the 40 respondents were of the opinion that the salaries provided by the government are inadequate..

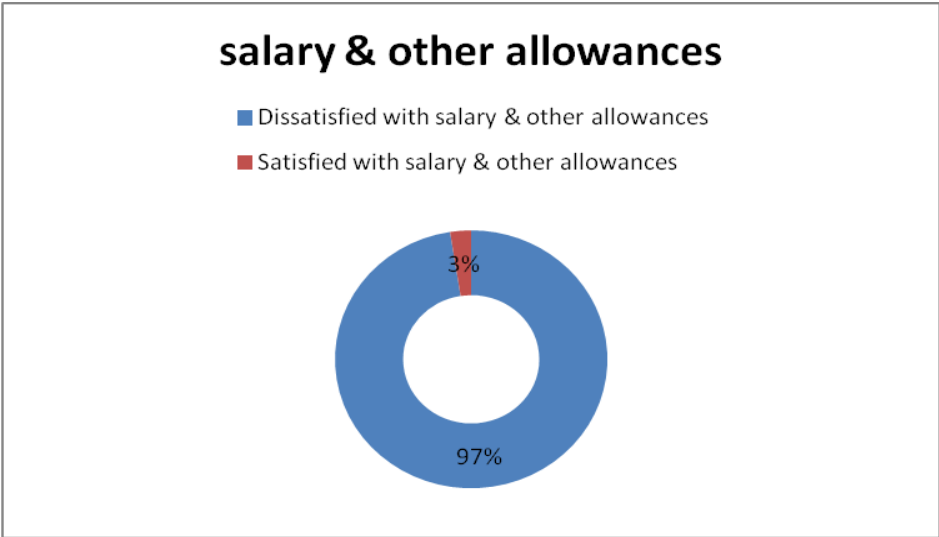


Figure 4: Salary and its Contribution towards Improvement of Work Performance

Source: Fieldwork Survey, 2013.

In addition to what the key respondents responded concerning the inadequate salaries the clients also had the opportunity to comment if they feel that the salaries provided to the hospital staff are adequate and if they have heard any complaints from the staff concerning the salaries received from the Government and their responses were as follows 63(78.8%) of all respondents replied that they heard complaints from workers concerning low salaries and 17(21.3%) replied that they have not heard any complaints from the workers concerning low salaries as shown in the table 9 below.

Table 9: Health workers salary and its contribution towards improvement of work performance

| Responses | Cont | Percent |
|------------------|-------------|----------------|
| Yes | 63 | 78.8 |
| No | 17 | 21.3 |
| Total | 80 | 100.0 |

Source: Fieldwork Survey, 2013.

As it was explained in Abraham Maslow's Theory of motivation, within every individual, there exists a hierarchy of five needs and each level of need must be satisfied before an individual pursue the next higher level. The first level is physiological need which includes food, water, air and sleep and all these need depends much on the paycheck in order to have them. Salaries do satisfy other needs, such as safety and esteem, if provided satisfactorily. Therefore, as the findings of this study show that the employees are not happy with just the first need in the hierarchy of needs, it is, absolutely, not easy for them to pursue to the next level of needs, which in turn affects their work performance.

4.4.1 Workers satisfaction with the financial incentives in improving work performance

The level of satisfaction to financial motivation was found low. According to Table 10 below, only 2(5%) out of 40 (100%) of the respondents perceived to have high satisfaction to financial motivations, 10(25%) provided a satisfactory answer, 6(15%)

said that their level of satisfaction is very low while majority 22(55%) had completely a positive answer.

Table 10: Workers satisfaction with the financial incentives in improving work performance

| Responses | Count | Percent |
|------------------|--------------|----------------|
| High | 2 | 5.0 |
| Satisfactorily | 10 | 25.0 |
| Low | 22 | 55.0 |
| Very low | 6 | 15.0 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.4.2 Other allowances and their contribution toward improvement of work performance

The findings revealed that, not only salaries but also other monetary allowances and benefits such as on call allowances and extra-duty allowances provided to the health workers can increase commitment to workers and improve work performance when the work performance is increased then service delivery will be improved. However, regardless the salary being low the Government has failed to motivate health workers through such other allowances. 85% of the respondents who were given questionnaire responded that the organization does not provide other allowances like extra-duty and on-call allowances as explained in table 11 below.

Table 11: Other allowances and its contribution towards improvement of work performance

| No provision of other allowances | Count | Percent |
|---|--------------|----------------|
| Yes | 34 | 85.0 |
| No | 6 | 15.0 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

Therefore, from the above responses, 62.5% respondents perceived that on call allowances were not provided, while 37.5 % said that they were provided with on call allowances. In extra duty allowances 55.0% replied that they are given the extra duty allowances, while 45.0% replied that they are not given and in discussing concerning the uniform allowances only 5% responded positively while the remaining 95.0% responded negatively that they are not provided with uniform allowance as presented in the Table 12 below.

Table 12: On call allowances, extra duty and uniform allowances and its contribution towards improvement of work performance

| Response | On Call Allowances | | Extra Duty | | Uniform | |
|-----------------|---------------------------|----------------|-------------------|----------------|----------------|----------------|
| | Count | Percent | Count | Percent | Count | Percent |
| Yes | 15 | 37.5 | 22 | 55.0 | 2 | 5.0 |
| No | 25 | 62.5 | 18 | 45.0 | 38 | 95.5 |
| Total | 40 | 100.0 | 40 | 100.0 | 40 | 100.0 |

Source: Fieldwork Survey, 2013

4.5 Non-financial Motivation and their Contribution towards Improvement of Work Performance and Health Service Delivery in Iringa Referral Hospital

Under this specific objective, the researcher intended to evaluate whether non financial motivation has contributed to improve work performance for the improvement of health service delivery in Iringa Referral Hospital. In order to come up with the data to meet this objective the researcher interviewed and administered questionnaire to the health staff at the hospital to get their views specifically about the non financial incentives they get and if they view them as positive to contributing their work performance. The following are the findings of the study from Iringa referral Hospital. The researcher was also interested at finding out the types of the non financial incentives which may motivate worker.

It was found in this research, that when staffs are highly motivated through non-financial incentives such as housing, transport, refreshment, trainings they will have high morale and will be high committed to work. This will definitely increase the quality and quantity of services and products will be increased and improved.

4.5.1 Workers satisfaction with the non financial incentives in improving work performance

The level of satisfaction to non financial motivation in Iringa Referral Hospital was found satisfactory. 18(45%) out of 40 (100%) of the respondents said non financial motivations are satisfactorily provided while 5(12.5%) said they were lowly satisfied, 15(37.5%) said that their level of satisfaction is very low. Majority 22(55%) had completely a positive answer as presented in Figure 5 below

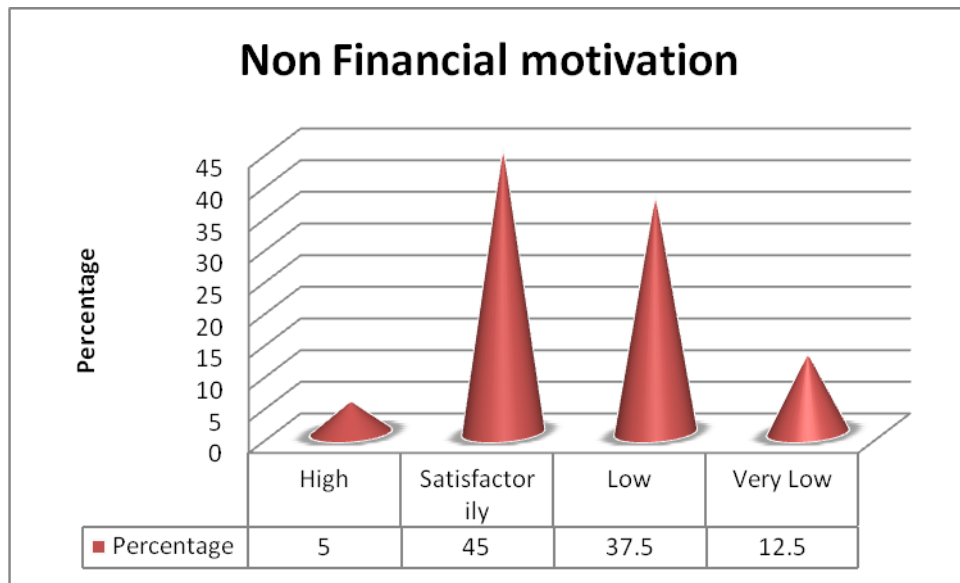


Figure 5: Workers Satisfaction with the Non Financial Incentives in Improving Work Performance

Source: Fieldwork Survey, 2013.

The study also observed that most of the employees do not take into consideration some other forms of non monetary incentives which may be seen as a kind of motivation the employees may enjoy even if the organization has no money. These kinds of motivations are provided in different forms such as; providing them with training opportunities to develop their career, ensuring them with safe and conducive working environment, timely promotion, and provision of good working facilities, job security, participation in decision making, giving them housing and recognition of employees.

4.5.2 Medical equipment as a contributing factor which motivate people to perform their duties

Considering the above explanation and through interviewing the respondents concerning the good working facilities, which include medical equipments. It was observed that there are areas with enough medical equipment and others without enough medical equipments hence these decreases the morale to work as we can see that out of all respondents 38 (95.5%) of the respondents responded that there is no enough working facilities for them to perform their duties comfortably while only 2(5%) of the respondents responded that there are enough medical equipments for them to perform well their work as it is shown in the table 13 below.

Table 13 Medical Equipment as a Contributing Factor which Motivate People to Perform their Duties

| Responses | Count | Percent |
|------------------|--------------|----------------|
| Yes | 2 | 5.0 |
| No | 38 | 95.0 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.5.3 Working environment as a contributing factor which motivate people to perform their duties

More than that, the researcher wanted to assess if there was a good working environment including provision of spacious offices, computer and other required furniture whereby the results shows that out of all respondents only 18(45.0%) agreed

to have spacious offices while 22 (55.0%) replied that they do not have spacious offices as explained in the figure No. 14 below.

Table 14: Working environment as a contributing factor which motivates workers to perform their duties

| Responses | Count | Percent |
|------------------|--------------|----------------|
| Yes | 18 | 45.0 |
| No | 22 | 55.0 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.5.4 Workers dissatisfaction with the working environment

In correlation with the responses from the key respondents, also the clients' cited the problem of poor working environment whereby 59(73.8) respondents replied that there are complaints from workers concerning poor working environment which hinders the staff to work to the customers satisfaction while 21(26.3%) replied that there were no any complaints concerning the poor working environment from the staff as is in the table 15 below.

Table 15 Workers Dissatisfaction with the Working Environment

| Clients' responses | Frequency | Percent |
|---------------------------|------------------|----------------|
| Yes | 59 | 73.8 |
| No | 21 | 26.3 |
| Total | 80 | 100.0 |

Source: Fieldwork Survey, 2013.

4.5.5 Office equipment as a contributing factor which motivate people to perform their duties

In looking on the availability of office equipments the researcher found that there was no enough computers as about 37(92.5%) of the all respondents confirmed about that while the remaining 3 (7.5%) agreed that there were enough computers and through observation it was observed that the offices with enough computers and other office equipments are the offices which are under a certain programme; for example the clinical laboratory with facilities supplied with support from special projects funding out of the general government budget. The status of other furniture is as shown in the figure 16 below:

Table 16: Office Equipments as a Contributing Factor which Motivate People to Perform their Duties

| Response | Availability of Enough Computer | | Availability of Enough Tables | | Availability of Enough Chairs | |
|-----------------|--|----------------|--|----------------|--|----------------|
| | Count | Percent | Count | Percent | Count | Percent |
| Yes | 37 | 92.5 | 25 | 62.5 | 24 | 60.0 |
| No | 3 | 7.5 | 15 | 37.5 | 16 | 40.0 |
| Total | 40 | 100.0 | 40 | 100.0 | 40 | 100.0 |

Source: Fieldwork Survey, 2013

4.5.6 Other non financial incentives as a contributing factor which motivate people to perform their duties

Looking at the provision of housing, transport and refreshments table as mentioned in 17 below clearly shows that the respondents responses on the provision of houses, transport and refreshments to workers reveals how the employer is inconsiderate. 38 (95.0%) responded that there is no provision of housing to workers while 2 (5.0%) responded that there is provision of housing. The same results occurred in the discussion about provision of transport to workers; as for refreshments, 8 (20.0) responded that there is provision of refreshments to workers at work while 32 (80%) responded that there is no refreshments to workers and this is a little bit surprising as, according to the Equity Theory, there must be fair treatment to all in order to motivate workers.

Table 17: Other Non Financial Incentives as a Contributing Factor which Motivate People to Perform their Duties

| Response | Provision of Housing | | Provision of Transport | | Provision of Refreshments | |
|-----------------|-----------------------------|----------------|-------------------------------|----------------|----------------------------------|----------------|
| | Count | Percent | Count | Percent | Count | Percent |
| Yes | 2 | 95.0 | 2 | 95.0 | 8 | 20.0 |
| No | 38 | 5.0 | 15 | 5.0 | 32 | 80.0 |
| Total | 40 | 100.0 | 40 | 100.0 | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.5.7 Staff development and training opportunity as a contributing factor which motivate workers

Training opportunity to workers is one among motivating factors to workers as workers do appreciate when they are given opportunities to advance their careers. In responding to the question about staff development, 15(37.5) of the respondents asserted that there is proper arrangements for staff development while 25(62.5) asserted that there is no proper arrangement for staff development. As for opportunities to attend training; 29(72.5) got opportunities to attend training while 11 (27.5) have not been given any opportunity to attend training. More information about staff development and training opportunities is presented in Table 18 below

Table 18: Staff Development and Training Opportunity as a Contributing Factor which Motivate Workers

| Responses | Count | Percent | Count | Percent |
|------------------|--------------|----------------|--------------|----------------|
| Yes | 15 | 37.5 | 29 | 72.5 |
| No | 25 | 62.5 | 11 | 27.5 |
| Total | 40 | 100.0 | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.5.8 Workers satisfaction with the kind of training opportunities provided

In addition to that the researcher was interested to know which kind of courses the workers were are permitted to attend. The purpose of the question was to reveal whether workers at the hospital were allowed to go for further trainings to improve their skills and remunerations .The responses from the workers were that 21(52.5%) of all respondents responded that they got opportunities to attend short training, 5(12.5)

were given opportunities to attend long course and 3(7.5) were given opportunities to both attend long and short courses while 11(27.5) were denied opportunities to attend trainings. Further information about this question is provided in Figure 6 below.

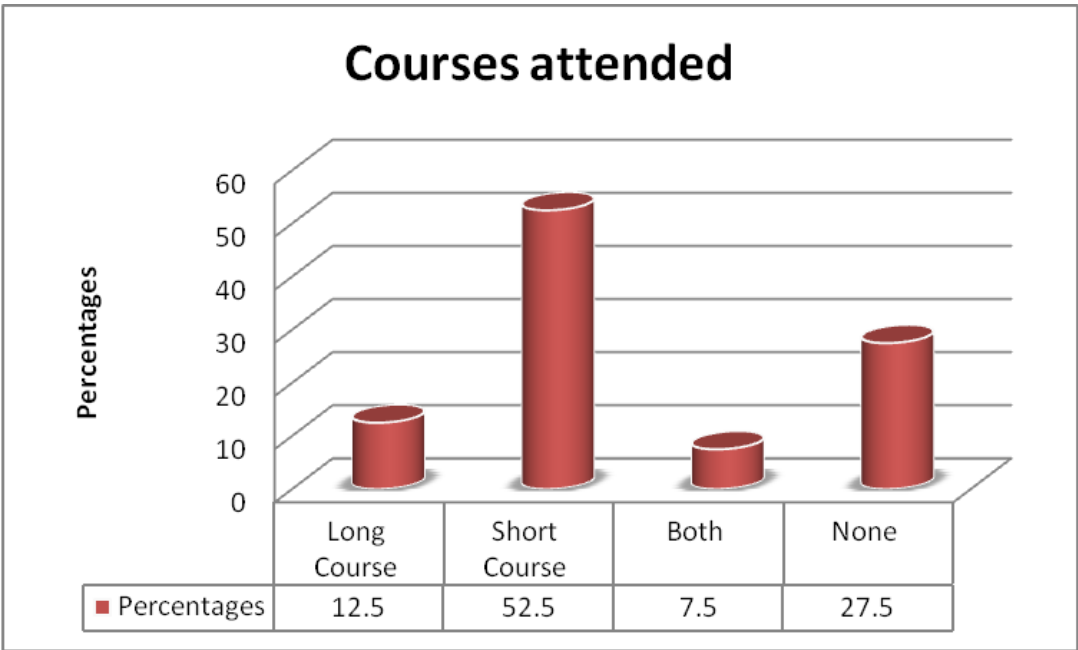


Figure 6: Workers Satisfaction with the Kind of Training Opportunities Provided.

Source: Fieldwork Survey, 2013.

4.5.9 Timely promotion as a contributing factor which motivate workers

According to Herzberg's Motivation-Hygiene Theory, motivation is what employees need from their supervisors. They need to be recognized for demonstrating their capabilities; which, in turn, creates better performance. Non monetary forms of recognition are useful in this case: promoting employees to leadership roles or assigning employees more complex duties are two essential forms of non monetary recognition.

When recognition consists of promoting an employee to a leadership role, the employee is motivated because he/she finds recognized as worthy of the role. Therefore, employees who receive promotions have great energy to show about their new responsibilities that complacent employees may have lost.

When employees are charged with responsibilities such as assisting with orientation for their colleagues, they also sustain high performance levels.

From the explanation above it shows that promoting employees is among the ingredients of non monetary incentives or motivation since the workers feel that they are recognized and their input is appreciated. For that matter the researcher wanted to know if the workers were receiving promotion often and the responses shows that at least the organization is dealing with the promotion of its workers more often as 28(70.0) agreed to be promoted often and 12(30.0) responded that they were not promoted very often. A summary of their responses is presented in Table 19 below

Table 19: Timely Promotion as a Contributing Factor which Motivate Workers

| Response | Count | Percent |
|-----------------|--------------|----------------|
| Yes | 28 | 70.0 |
| No | 12 | 30.0 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.5.10 Letters of appreciation, recognition in the meeting or thank you note for the good performance as a contributing factor which motivate workers

The researcher observed that there are various limitations in the use of motivation incentives like job enrichment and job enlargement; whereas, in job enlargement, the employers put additional workload on employees, perhaps in economical downtime. Due to downsizing, an employee might feel lucky to have a job at all, despite the fact that his/her duties and responsibilities may have increased. Also, by enlarging the responsibilities to the workers, they may feel more recognized and encouraged to work hard. This will provide the chance of enhancement increased quality services.

However, these kinds of employees who enjoy to have a job at all besides other forms of non-monetary motivations, such as like career development opportunity, safe and conducive working environment, timely promotion, good working facilities, job security, participation in decision making, proper housing, transport and refreshments will need to have other recognitions. Recognition at work is what employees seek, whether it is a feedback from a supervisor, a glowing performance evaluation or a commendation from the company Manager. When recognition credits an employee for doing a great job, the natural tendency is to continue the performance that gains attention. There also is a competitive spirit that emerges throughout the workforce when recognition is the prize. Competition itself fosters ingenuity and innovation, both of which are factors that improve performance.

Therefore, it has been observed that, in order for the workers to work with full of commitment as explained in the Equity Theory non-financial motivation incentives offers a variety of ways ;such as letters of appreciation, gift certificates, a thank-you

note, recognition in a meeting, opportunity to attend training; to recognize public employees.

In assessing if workers are provided with the above mentioned incentives, the responses are that 36(90.0%) responded that they do not receive such motivation incentives and 4(10.0%) responded that they do receive letters of appreciation, opportunity to attend training and sometimes their contributions are recognized during meetings as is shown in Table 20 below.

Table 20: Letters of Appreciation, Recognition in the Meeting or Thank You Note for the Good Performance as a Contributing Factor which Motivate Workers

| Response | Count | Percent |
|-----------------|--------------|----------------|
| Yes | 4 | 10.0 |
| No | 36 | 90.0 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

Satisfaction is a by-product of motivation. Employees who receive the type of motivation need to achieve high performance levels also exhibit signs of greater job satisfaction. The best way to explain this is by looking at the inverse of motivation and recognition. Employee's dissatisfaction is evident when employees don't receive some sort of recognition from their supervisors or when their accomplishments aren't recognized.

The factors associated with the general lack of motivation were further explored to reveal problems with task descriptions and feedback, acknowledgment and reward for good service, communication at all levels, poor facilities affecting patient care, and a perceived lack of concern by the hospital management for the welfare of the workers. Together, these factors generally undermine the work output of the Hospital with the potential to significantly compromise the provision of clinical care. When initially asked why they were dissatisfied with their work, the study respondents cited 3 main reasons, which were low salaries and reward, problems in the working environment and inadequate facilities for performing expected tasks.

4.5.11 Organization capacity to provide quality services

The general opinion from Iringa Referral Hospital workers in response to the question as to whether their organization has the capacity to provide the quality services shows that the organization has the capacity to provide quality services, only if the required resources are available and if the workers are well motivated. The figure below explains the above explanation as 27(67.5%) responded that they have the capacity, while 13(32.5%) replied that they have no capacity.

Table 21: The Organization Capacity to Provide Quality Services

| Responses | Count | Percent |
|------------------|--------------|----------------|
| Yes | 27 | 67.5 |
| No | 13 | 32.5 |
| Total | 40 | 100.0 |

Source: Fieldwork Survey, 2013.

4.5.12 Clients satisfaction with health service delivery in Iringa hospital

In addition to that, the researcher wanted to get feedback from clients about their satisfaction with the provision of health service delivery; this was thought by the researcher as is one way to know if clients are satisfied with the services provided.

Their responses shows that only 9 (11.3%) of clients respondents were satisfied with the services provided by the Hospital, while 47(58.8) declared that the extent of satisfaction on the service provision is average. As well 16(20.0%) were not satisfied and 8(10.0%) were strongly not satisfied. In looking on the responses of the clients it can be concluded that the extent of satisfaction of the services provided is average and below average; therefore, most of the clients were not happy at all as shown in Figure 22 below.

Table 22: Clients Satisfaction with Health Service Delivery in Iringa Hospital

| Responses | Count | Percent |
|------------------------|--------------|----------------|
| Satisfied | 9 | 11.3 |
| Average | 47 | 58.8 |
| Not satisfied | 16 | 20.0 |
| Strongly not satisfied | 8 | 10.0 |
| Total | 80 | 100.0 |

Source: Fieldwork Survey, 2013.

4.5 The Performance of Financial and Non Financial Motivation on the Effective Health Service Delivery

In assessing the extent of performance of financial and non financial motivation, the researcher found out that both types of motivation are not performing well in Iringa Referral Hospital as revealed by the respondents through interview.

In order to come up with the data to meet this objective the researcher interviewed and lead three group discussion of 6 health staff at the hospital to get their views specifically about the extent of both types of motivation incentives they get and their on which one is more effective to motivate workers than the other. The following are the findings of the study.

Before seeking information concerning motivation, respondents were first asked if they were aware of the workability of the assessment on their work performance. The majority reported that they are aware with the criteria used for evaluating their work performance; however, they explained that there is a problem of lack of feedback regarding work output and this was a source of dissatisfaction.

In discussing about motivation incentives and the extent of satisfaction, for those who were not happy with their jobs and motivation incentives in general explained three main reasons: low salaries were cited by the most of the workers, factors related to the working environment were the second major reason for low motivation in the hospital, and inadequate facilities for performing expected tasks were cited as the third major factor in causing low morale at work.

The finding is in line with the Fredrick Herzberg's two factor theory which includes hygiene factor and motivator factor. Herzberg labeled factors causing dissatisfaction of workers as hygiene factors which include company policies, supervision, working conditions, salary, and safety and security on the job. Examples would be when people felt they weren't paid enough, didn't like their supervisors, were not happy about their working conditions or were insecure in their jobs. However, if they felt that the maintenance factors were satisfactory, that is, their pay and other working conditions were good; they only maintained current levels of production and efficiency. According to Herzberg's research, motivators are the condition that truly encourages employees to try harder. Focusing on hygiene factor will not be enough and managers should also enrich jobs by giving employees opportunities for challenging work, greater responsibilities, advancement opportunities and job where their subordinates can feel successful.

4.6.1 Insufficient number of staff as a factor which de – motivate workers

Another problem which was cited by clients, through the interviews, to be the cause of the poor performance in service delivery was insufficient number of staff, whereby out of 80(100%), 77(96.3%) replied that there was no sufficient number of staff in the hospital and only 3(3.8%) replied that there was as shown in the Figure 7 below.

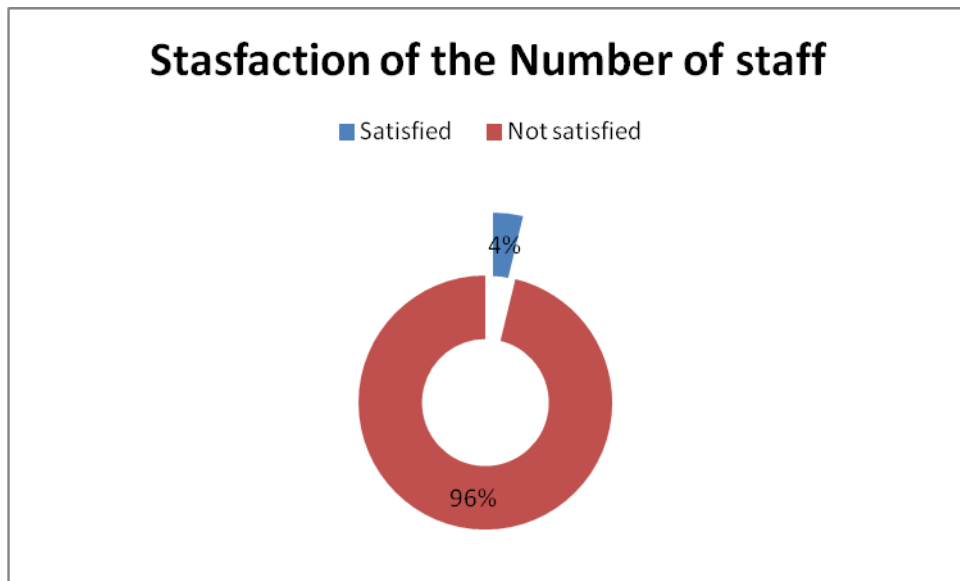


Figure 7: Number of Staff as a Factor which De- motivate Workers

Source: Fieldwork Survey, 2013

This was also cited by the Hospital Management, through interviews that there is a problem of sufficient staff, especially specialists and other qualified staff as the total number of staff required is 528 However the Hospital has only 406 staffs of different carders and hence there is the deficit in number of staff required in the hospital.

4.6.2 Workers commitment and health service delivery in Iringa referral hospital

Apart from staff insufficiency, the researcher wanted to know if the few available staff are committed to perform their duties in service delivery and the responses were that 67(83.8) of all respondents replied that the staff are not committed to perform their duties due to lack of motivation, while 13(16.3%) replied that staff are committed to perform their duties in service delivery as shown in the Table 23 below.

Table 23: Workers commitment and health service delivery in Iringa referral**Hospital**

| Responses | Count | Percent |
|------------------|--------------|----------------|
| Yes | 13 | 16.3 |
| No | 67 | 83.8 |
| Total | 80 | 100.0 |

Source: Fieldwork Survey, 2013.

4.6.3 Clients perception on the workers motivation problems

Most of the clients had negative perception regarding workers motivation, most of them affirmed that there was a problem of motivation to staff and they cited kind of motivation which the staff is lacking including housing, transport, medical facilities, poor working environment and low salaries and other allowances. The responses through questionnaire, were as follows: 52(65.0%) replied that there is a problem of motivation to staff while 28(35%) replied that there is no problem of motivation to staff as explained in the Table 24 below.

Table 24: Client's Perception on the Workers Motivation Problems

| Responses | Count | Percent |
|------------------|--------------|----------------|
| Yes | 52 | 65.0 |
| No | 28 | 35.0 |
| Total | 80 | 100.0 |

Source: Fieldwork Survey, 2013.

4.6.4 Factors that motivates workers

During the group discussion session, the researcher was interested to know from the key respondents important factors that will motivate them to work. The respondent's replies were as follows;

Improved welfare package was cited first where they emphasized on the provision of housing, loan to buy private cars, provision of transport to staff, children education allowance, staff recreation centre's, free medical services, self development schemes, increased uniform allowance and other miscellaneous allowances.

Clients also advised that the Government should consider revisiting the current salary rates that are perceived to be inadequate. It is the perception of the interviewees from the group of clients that if salaries are increased staff will be more committed and motivated henceforth improved services delivery.

Furthermore, good working environment and enhanced training was cited as a problem. That is, there should be good working environment such as availability of spacious offices with enough furniture such as tables and chairs, air conditions and fans etc. and also there should be a clear training program for all staff in order to be able to develop their career will motivate workers to work to their full capacity.

Apart from that, the respondents cited efficient promotion process and good interpersonal relationships as another factor which will motivate them. Respondents strongly felt that the existing promotion process in the service is highly deficient because of the existing trends, where several cases of delayed promotion for various

cadres of staff are reported. Also, good interpersonal relationship between and among different levels and cadres of staff based on seniority was identified as a good motivator. The respondents again suggested that non-availability of working materials of which sometimes is caused by delay in the release of allocation of fund and resources is one of the factor that may de motivate workers

Another factor, which the respondents thought that it can motivate them to perform their tasks efficiently, was their involvement in decision making which they feel that will give them a sense of belonging and this can be encouraged through regular departmental meetings and regular consultations. Also, the leadership style of the superior officer can motivate if it is participatory oriented.

The general observation is that both financial and non financial incentives are very important in encouraging people to perform their duties to the full capacity and hence this will improve service delivery to the customers. However the workers are not receiving such incentives so this cause a fall of morale to work and deliver quality health services to the community.

4.6.5 Factors that hinders improved service delivery

In addition to that, the researcher assessed some of the community members in the group discussion where the respondents were asked about the factors that can hamper improved service delivery, and the respondents mentioned the following as some of the factors that can limit the improvement of service delivery in the health sector.

Poor remuneration and inadequate motivation to the health workers was the first factor of which they explained that if the health workers are well motivated they will concentrate and stay at their work places, and will not engage in other employment whether self employment or private employment. As one of the respondent stated:

Hawa madaktari na watumishi wa Hospitali yetu bado hawajapata motisha vizuri na mishahara yao haiwatoshi na hata hizo allowance pia haziwatoshelezi. Hawana nyumba, hawapewi usafiri na marupurupu mengine ndio maana wanajihusisha na ajira zaidi ya moja wengine wana ajira binafsi wengine wanaajiriwa na mashirika binafsi.

Doctors at our Hospital are not yet well motivated; the allowances they receive are not satisfactory. They don't get houses, transport and other stipends that is why they seek for part time jobs: Others self employments while others work in private institutions

Another factor which was cited by the respondents is inadequate medical facilities such as drugs and some of the diagnostic facilities made the health workers to fail to improve service delivery as how can the service delivery improved without important medical facilities.

Lack of training opportunities, mismanagement of funds and other resources and corruption were cited as the factor that hinders the improvement of service delivery in the health sector so the workers need to receive training in order to develop their career

and advance their knowledge time to time and also mismanagement of resources should be controlled through adhoc supervision and also the issue of corruption should be dealt upon accordingly.

Therefore, the findings from this study indicate that both types of a motivation are not well performing in Iringa Referral Hospital and there is a need for the Government and hospital management to address the weaknesses identified and implement the recommended action to improve the morale of workers. Although pay conditions were amongst the factors contributing to low motivation, the study showed that this was only part of a larger and more complex problem.

4.7 The Recommended Way Forward Towards Effective Motivation for Improving Health Workers Performance

The Hospital management needs to set clear performance goals for workers at all levels. The goals should form a basis for the evaluation of tasks completed, both by the workers themselves and by management. Positive reinforcement should be administered for work to be well done.

Comprehensive performance evaluations should be conducted frequently and appropriate reinforcement should be given for good service with less focus on punitive measures.

Third, salary increases and review of different allowances and promotion should be regularly be considered to reward good performance. However, alternative forms of reinforcement should also be introduced and used, including verbal reinforcement,

letters of appreciation for the tasks performed well, opportunities for short- and long-term training for workers who are good performers and create an environment where good service generates self-motivation for the workers.

Fourth, there is need to initiate mechanisms to improve communication amongst workers in different units and between management and workers. This may involve improving internal telephone communication, developing a better communication system for night-workers such as increasing the frequency of meetings within and across departments, and reviewing the mechanisms for disseminating information to workers to reduce 'corridor' gossip as the main means of information being passed on.

Furthermore, there is need to improve perception by workers of concern for their welfare, particularly with regard to meal breaks, assistance given to sick workers or their close relatives, and better conduits for interaction among workers themselves and between workers and management at various levels (for example, through sporting or social events).

Finally, there is need to improve the availability and quality of hospital equipments and supplies at all levels. The extent of workers motivation in health care facilities in Tanzania is not known and there are very few studies which have addressed this challenge. However, available reports show that the country is only about a third of required human resource mix in the health sector (25).

Migration of these workers partially due to poor motivation is among factors which make workers migrate from rural to urban areas and from the Country to other

countries where workers perceive they could get better job satisfaction than available alternatives. There is a need for more empirical data on health workers job satisfaction from other health facilities in both rural and urban areas in order to contribute towards required information for interventions targeting improvement of health services to which workers motivation is among important inputs.

4.8 Conclusion

This Chapter discussed the findings and analyzed data from the survey. From the findings and data analysis above, it can generally be argued that motivation incentives that is financial and non financial incentives has an impact on improvement of work performance and hence improved service delivery. And this can be done through increasing salaries, giving them opportunities to attend training so as to develop their career, to make them participate in decision making through the departmental meetings and other meetings, giving them note of thanks and show appreciation for their good performance, provide them with good working condition and they should also be supplied with adequate medical supplies such as drugs and other protective gears, etc. However, there is a problem in some areas which still need appropriate changes in order to make the health workers more motivated so that they can improve work performance and be able to deliver quality and adequate health services that would meet the need of the community. The following chapter identifies among other things challenges and recommendations for further improvement of motivation incentives to the health workers so as to meet quality services.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This Chapter presents the conclusion and recommendations of the study. It consists of an introduction, summary of findings of the study, conclusion and the recommendations. This Chapter finally presents suggestions for further research.

5.2 Summary of the Findings

From the findings, it was revealed that despite its importance in improving work performance, still the level of satisfaction to through financial motivation was found low as stipulated by the majority of workers; these financial motivations include salaries, on call allowances, extra duty and other allowances. The findings are in line with the Maslow's Hierarchy of Needs Theory. Maslow believed that, within every individual, there exists a hierarchy of five needs and that each level of need must be satisfied before an individual pursues the next higher level of need. Therefore, the second higher level needs cannot be fulfilled before the first one is obtained (Maslow, 1968) and the first need is physiological needs whereby every human being wants to get better salary in order to meet his or her basic needs.

Furthermore, each employee's has a motive for joining a given organization and once these motives, desires or goals are not fully met, it has negative effect on productivity. This was underscored by Sanzotta (1977) that an individual employee will be able to contribute his very best only if he or she is 'highly' – not partially-motivated." In discussing if non financial incentives can contribute to improve work performance, we

can see that the level of satisfaction to non financial incentives is satisfactorily provided as stipulated by the majority of workers. However, these might raise some concern due to the fact that non financial incentives includes provision of housing, transport, conducive work environment, letters of appreciation and thank you note, as the respondents of this study had a negative reply on the provision of such incentives.

Apart from that, in looking on the extent of performance of financial and non financial incentives in improving work performance in Tanzania health sector, majority of the respondents replied that both types of motivation incentives are definitely essential in any organization and this is the truth due to the fact that motivation at work is a key factor for performance of an individual and the entire organization. Incentives, whether financial or non financial and rewards are important because they can influence performance as performance depends on whether the staff perceive themselves as they are able to do, they have capacity to do the job, whether they are willing to do; that is if they are motivated to do the job and lastly whether they have means to do the job that is availability of resources.

Lastly, in discussing on the ways towards effective motivation for improving health workers performance, most of respondents cited the following to be leading factors; improved welfare package was cited first, and this include housing, transport children education, staff recreation centre, free medical, self development scheme, increased uniform allowances and other miscellaneous allowances. The second factor which was mentioned by the majority was salary rates which are now perceived to be inadequate. Another de-motivating factor was good working environment, recognition on good performance, efficient promotion and involvement in decision making.

5.3 Conclusion

Conclusively, thus study has found that there has been a drastic sink of work performance which leads to poor service delivery particularly in Public health sector due to the following reasons:

The first thing is low level of satisfaction to financial motivation as stipulated by the majority of workers. Despite of the Government increase of the health workers salaries, still health workers are not satisfied with the salaries provided by the Government and this is supported by the customers' respondents who asserted that they heard complaints from the workers concerning low salaries. In addition to this, policy implication is another problem as we can see that the study reveals that while salary and wages are important in motivating workers in the public service, there is the need to revisit the salary composition in the public service vis-à-vis the private sector. For example; the taxable income which is the basic salary, represents the highest figure in public service salary and the reverse is the case in the private sector. Also, there is need to use all available instruments at Government disposal to ensure that 'all' public servants get their salaries at the same time of the month. However, there is no proper provision of other allowances such as extra duty and on call allowances to health workers and this continue to de motivate workers to deliver quality services.

Secondly, the level of satisfaction to non financial incentives is satisfactorily provided. Therefore, workers are satisfied with the non financial incentives which are provided in Iringa Referral Hospital although they are complaining about the un-availability of working facilities and medical supply, poor working environment, no provision of housing, transport, lack of training opportunities, and poor recognition on their

performance through provision of letters of appreciation, gifts, certificates, recognition in a meeting and a thank you note.

Thirdly, is that the performance of financial and non financial incentives is almost the same and they have to go together. Workers are not committed to perform their duties due to lack of both types of motivation incentives. Government policies are outdated and there is no clear mechanism to update the policies and these become a problem to the health sector.

Lastly, there is no way we cannot agree to the fact that factors that motivates workers, includes the following; improved welfare package this include housing, transport children education, staff recreation centre, free medical, self development scheme, increased uniform allowances and other miscellaneous allowances, salary rates which are perceived to be inadequate, good working environment, efficient promotion and involvement in decision making.

5.4 Recommendations

- The Government should give the realistic salary to workers and other incentives than salaries alone. The Hospital budget should be increased as there are special sectors which may be considered to increase their budget so that it can suit their needs especially on the provision of financial incentives such as better salaries, on call allowances, extra duty and other allowances. This can also be possible by the Government adhering to the Abuja Declaration of increasing budget for the Ministry of Health to 15%

Work performance cannot be separated with improved wages and salaries to workers. Other benefits including on call and extra duty allowances should be also revisited to consider the current value for money and the workload. Staff also should be provided with uniform allowances every year instead of alternate year.

- Motivation to staff should be increased, this includes provision of non financial incentives such as housing, transport, promotion, recognition on the good performance etc. A mechanism should be developed where staffs are regularly given an opportunity to share their views with the management on the types of motivation to be provided to them. Staff recommendations have to be positively taken and included in the decisions regarding motivation packages there should be a provision of food to workers during evening and night shifts. This can be done to motivate the staffs who are working on night shifts and this can be arranged by the Hospital management only.
- There should be enough working facilities and material supplies and the Hospital machines should be serviced after every three months for proper functioning. There should be enough drugs and other Medical equipments such as gloves and personal protective gears (PPE). Drug supply and distribution should be improved, the Government needs to find out the internal and external factors affecting the supply chain management of drugs and develop strategies for responding to the long term problem of medical supplies in health facilities. Staff needs to be updated on systems including supplies of pharmaceutical equipments and medicines. Manuals for current and available medicine should

be updated regularly and circulated to staff as clients depend on the information from staff.

- The Government and the Hospital management should use of both financial and non financial incentives as they have a strong reinforcement for the employees to work hard, hence increase performance. For example they can increase salaries and other allowances, housing, transport, recognitions through awards and certificate giving, prepare good working environment, and ensure that there are quality working tools which can have a positive impacts on employee performance. Furthermore, a review of incentive programs in East and Southern Africa by Dambisya,(2007) identifies countries with incentive programs specifically aimed at improving recruitment and retention of staff, especially in rural, remote, hard-to-reach areas. The programs include a combination of financial and nonfinancial incentives, and a main conclusion of the review was that there is “no ‘one size fits all’ solution to the health worker crisis,” and “no simple prescription for what incentives to use.” Therefore there is a need to review the incentives programmes depending on the place.
- There should be severe rules and regulations at work. The use of both financial and non financial incentives should be in association to prevailing rules and regulations of the public servants, so that to ensure equality which leads to high employee’s motivation and not breaching the rules.

- Team spirit has to be promoted among workers; this can be done through training programmes which may include interpersonal skills, effective communication and team building to workers, and all these have to be emphasized as a means of improving interpersonal relationship vertically and horizontally.
- The Hospital is advised to establish a customer care unit for clients. This can be ensured by having a full motivated worker who will be able to take a good care of the customers and there will be good communication between staff and clients including giving directives to clients and other visitors who are not familiar with the hospital environment.

5.5 Suggestion for Further Research

- To conduct more research studies in different public organizations in Tanzania to identify financial and non financial incentives and performance especially to the employees who are working in the sectors like education, water and infrastructure in order to assess their workers motivation to work.
- Further research has to be undertaken on the concept of empowerment and the processes involved in its implementation, levels involved in this concept including any contingency measures that need to be put in place so as to prevent power abuse by employees and employers.

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APPENDICES

Appendix I: Questionnaire for Key Staff

Overall Information

| | | |
|-----|--|---|
| A.1 | Section | |
| A.2 | Position/Designation (eg Doctor, Nurse, Lab Tech, Pharm. etc) | |
| A.3 | Sex (tick the appropriate answer) | 1) Male 2) Female |
| A.4 | Age (tick the appropriate answer) | 1) 18-30 years, 2) 30 – 45 years 3) 46- 55 years 4) 56 and above |
| A.5 | Education Level (Put a tick in front of the appropriate highest level reached) 1) Primary 2) Secondary 3) Diploma 4) Bachelor Degree 5) Masters Degree 6) Others | |
| A.6 | Experience (Put a tick in front of appropriate years served in the Public Services) | |
| | | 1) 1-5 years 2) 6 – 10 years 3) 11 – 15 years 4) 16 and above |

Experiences and Knowledge on the Study

1. Do you think motivation incentives are essential in this organization

| Choose the Correct answer and put a tick on it | | | | |
|---|-----------|---------|-------------|------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Definitely essential | Essential | Neutral | Unessential | Definitely unessential |

2. Do you feel yourself well motivated? YES/NO
3. Are the salaries provided by the Government/ institution adequate for you?
YES / NO
4. What do you think can be the level of your satisfaction to monetary incentives like salaries and other allowances currently available in this organization?

| Choose the correct answer and put a tick on it | | | | |
|---|------|----------------|-----|----------|
| 1 | 2 | 3 | 4 | 5 |
| Very high | High | Satisfactorily | Low | Very low |

5. Do you get other allowances provided by your organization? YES/ NO
6. If YES Tick the allowances you are provided with.

| Type of Allowance | Tick if it is provided |
|-----------------------|------------------------|
| On Call | |
| Extra duty | |
| Supervision allowance | |
| Uniform allowance | |

Other allowances, if any (fill in the blanks provided)

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

7. Do you have any other benefits available in your institution? YES / NO

8. If yes in number 7 above mention them by filling the blanks provided.

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

9. What can be the level of your satisfaction to non-monetary incentives like adequate working environment etc. currently available in this organization?

| Choose the Correct answer and put a tick on it | | | | |
|---|------|----------------|-----|----------|
| 1 | 2 | 3 | 4 | 5 |
| Very high | High | Satisfactorily | Low | Very low |

10. Is there any provision of the following facilities in your organization?

- a) Housing ()
- b) Transport ()
- c) Refreshments ()

11. Depending on the answer in qn. 9 above, do you have enough:-

- a) Computers YES / NO
- b) Tables YES / NO
- c) Chairs YES / NO
- d) Offices YES / NO
- e) Air Condition/ Fan YES / NO

12. Do you participate in any kind of decision making in your organization?

YES/NO

13. If YES How? Tick the appropriate answer.

- Through the meetings YES/ NO
- Through your views
- Through your representatives such as head of department
- Through seminars and workshop

14. Does your Organization have the proper arrangement for staff development?

YES / NO

15. Have you attended any kind of training YES / NO

16. If Yes which kind of course

- a) Long course ()
- b) Short course ()
- c) Both ()

17. Does your organization have the program of Promoting its staff often?

YES / NO

18. Have you ever received a letter of appreciation, a thank you note or a reward on good performance in your organization? YES / NO

19. Does the organization have the capacity to provide quality services? YES / NO

20. Are you really committed to provide quality services in your institution?

YES /NO

21. Depending on your answer in No. 19 above what do you think is supposed to be done so as to improve service delivery in your organization?

a).....

b).....

c).....

d).....

e).....

22. What do think is supposed to be done to motivate workers so as to improve their performance.

a).....

b).....

c).....

d).....

e).....

Thank you very much for your cooperation, support and contribution about this study

;;; May GOD Bless you;;;

Appendix II: Interview Guideline for Administrative Officers

Overall Information

| | | |
|-----|--|---|
| A.1 | Section | |
| A.2 | Position/Designation (eg Director , HRM, Bursars etc) | |
| A.3 | Sex (Tick the appropriate answer) | Male Female |
| A.4 | Age (tick the appropriate answer) | 18-30 years, 30 – 45 years 46- 55 years 56 and above |
| A.5 | Education Level (Put a tick in front of the appropriate highest level reached) Primary Secondary Diploma Bachelor Degree Masters Degree Others | |
| A.6 | Experience (Put a tick in front of appropriate years served in the Public Services) | |
| | | 1-5 years 6 – 10 years 11 – 15 years 16 and above |

Experiences and Knowledge on the Study

1 Are you aware with the concept of motivation incentive to workers in your institution?

YES/NO

| Choose the Correct answer and put a tick on it | | | | |
|---|-------|------------------------|-----------------------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Very Much Aware | Aware | Not very much Aware | Completely Unaware | No Answer |

2 If the answer is No 1 or 2 or 3 explain

.....

.....

.....

3 Do you think motivation Incentives are essential in this organization?

| Choose the Correct answer and put a tick on it | | | | |
|---|-----------|---------|---------------|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Definitely essential | Essential | Neutral | Unessential I | Definitely unessential |

4 Do you think the workers in your institution are motivated? YES/NO

| Choose the Correct answer and put a tick on it | | |
|---|-----------|---------------|
| 1 | 2 | 3 |
| Well Motivated | Motivated | Not Motivated |

5 Are the Salaries provided by the Government/ institution adequate for health_workers?

YES/NO

6 Are there other allowances provided to the workers at your organization? YES/NO

7 If YES Tick the allowances provided by your organization.

| Type of Allowance | Tick if it is provided |
|-------------------|------------------------|
| On call | |
| Extra duty | |
| Supervision | |
| Uniform a | |

Other allowances, if any (fill in the blanks provided)

.....

8 Do you think the workers in your institution are satisfied with monetary incentives like adequate salaries, allowances etc. currently available in this organization? YES/NO
 How/why?.....

.....

9 Do you have any other benefits available to the workers in your institution? YES / NO

10 If YES in number 9 above mention them by filling the blanks provided.

a)

b)

c)

11 What are the main sources of funds in your institution? (Tick the appropriate answer)

a) Government ()

b) Donors ()

c) Both Government and Donors ()

12 Any other sources (fill in the blanks provided)

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

13 Do you think the workers in your institution are satisfied with non-monetary incentives like adequate working environment etc. currently available in this organization?

..... YES/NO

How/why?.....

.....
.....

14 Is there any provision concerning the following facilities in your organization?

a) Housing ()

b) Transport ()

c) Refreshments ()

d) Others (mention).....

15 Do you have enough:-

a) Computers YES / NO

b) Tables YES / NO

c) Chairs YES / NO

d) Offices YES / NO

e) Air Condition/ Fan YES / NO

16 Does your organization have the proper arrangement for staff development?

YES / NO

17 Does your organization offer opportunities to workers to attend courses? YES/NO

18 If Yes, which kind of courses

a) Long Course ()

b) Short Course ()

c) Both ()

19 Does your organization have the program of promoting its staff often?

YES/NO

20 Does the organization have the capacity to provide quality services? YES/NO

21 Are the workers really committed to provide quality services in your institution?

YES/NO

22 Do you have sufficient number of staff, i.e. doctors, nurses etc in your institution?

YES/NO

23 If no why?

.....

.....

.....

24 How many specialists (Doctors & Nurses) do you have?

25 Do you have enough tools (e.g. Diagnostic tools, Pharmaceuticals and Drugs)?

YES/NO

26 If No why?

.....

.....

.....

27 What do you think is supposed to be done so as to improve service delivery in your organization?

a).....

b).....

c).....

d).....

e)

28 What do think is supposed to be done to motivate workers so as to improve performance?

a).....

b).....

c).....

d).....

e).....

Thank you very much for your cooperation, support and contribution about this study

;;;;;May GOD Bless you;;;;;

Appendix III: Dodoso kwa Ajili ya Wananchi wanaopata Huduma katika

Hospitali ya Mkoa wa Iringa

- 1) Je unaridhika na huduma zinazotolewa na watumishi wa hospitali ya Mkoa wa Iringa?

| Weka alama ya vema (√) katika jibu sahihi | | | | |
|---|-----------|---------|-----------|------------------|
| 1 | 2 | 3 | 4 | 5 |
| Naridhika sana | naridhika | Wastani | Siridhiki | Siridhiki kabisa |

- 2) Eleza kiwango cha ubora wa huduma zao kwa kuchagua jibu sahihi kati haya yaliyopo hapa chini

| Weka alama ya vema (√) katika jibu sahihi | | | | |
|---|-------|---------|--------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Nzuri sana | Nzuri | Wastani | Hafifu | Hafifu sana |

- 3) Unapata huduma wakati wote unapohitaji? NDIYO/ HAPANA
- 4) Weka alama ya vema (√) katika jibu sahihi kwenye maelezo yafuatayo.

| Aina ya huduma | NDIYO | HAPANA |
|--|-------|--------|
| Madaktari na wahudumu wengine wapo wa kutosha | | |
| Madaktari na wahudumu wana moyo sana wa kutoa huduma | | |
| Huduma za vipimo kama za malaria, taifodi, x-ray, ultra sound n.k ni nzuri | | |
| Huduma za kulazwa zinatolewa vizuri | | |
| Huduma za kina mama wajawazito zinapatikana kwa urahisi | | |
| Mazingira ya hospitali hii ni masafi | | |
| Madaktari/wahudumu wanawahi sana kazini | | |
| Kuna madaktari bingwa wa kutosha | | |
| | | |

5) Taja matatizo unayoyafahamu yanayohusiana na motisha duni kwa watumishi wa hospitali kama yapo?

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

6) Kuna madaktari/wahudumu waliwahi kukuomba rushwa hapa hospitali ili wakuhudumie? NDIYO/HAPANA

7) Uliwahi kusikia madaktari/ watumishi wanalalamika kuhusu mishahara NDIYO/HAPANA

8) Uliwahi kusikia madaktari wanalalamika kuhusu ugumu wa mazingira ya kazi? NDIYO/HAPANA

9) Kama walilalamika walikwambia nini tatizo?

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

10) Nini maoni yako kuhusu kuboresha huduma za afya?

- a).....
- b).....
- c).....
- d).....
- e).....

Asante sana kwa Ushirikiano na mchango wako katika kufanikisha utafiti huu

;;;;;;Mungu Akubariki;;;;;;

Appendix IV: English Version for Appendix III

10) Are you satisfied with the health services provided by the health employees at Iringa Referral Hospital?

| Put a tick (√) against the appropriate answer | | | | |
|---|-----------|---------|--------------------|-------------------------------|
| 1 | 2 | 3 | 4 | 5 |
| I am very satisfied | Satisfied | Average | I am not satisfied | I am absolutely not satisfied |

11) Explain the quality of services offered at this Hospital by choosing an appropriate answer from the selections below.

| Put a tick (√) against the appropriate answer | | | | |
|---|-----------|------|------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Excellent | Very good | Good | Poor | Very poor |

12) Is it easy to get services at this Hospital any time in need? YES/ NO

13) Put a tick (√) against the appropriate answer from the list provided below.

| Type of service | YES | NO |
|---|-----|----|
| There are enough doctors and other service employees at this Hospital. | | |
| Doctors and other service employees at this Hospital are ready to attend patients any time. | | |
| There are good services for malaria, typhoid, x-ray, ultra sound, etc. at this Hospital | | |
| There are good services for the indoor patients in this Hospital | | |
| Maternity services are easily available at this Hospital | | |
| The Hospital compounds are clean | | |
| Doctors and other service employees at this Hospital are punctual | | |
| There are enough professional doctors | | |
| | | |

14) What factors do you think demotivate health service employees at the Hospital?

.....
.....

15) Have you ever been asked a bribe by any health worker at the Hospital?

YES () NO ()

16) Have you ever heard any health service employee at this Hospital complaining about low salary? YES () NO ()

17) Have you ever heard the health workers at this Hospital complaining about poor working environment? YES () NO ()

If yes, what were they complaining about?

.....
.....

10) Give your suggestions to improve health services at the Hospital?

a).....

b).....

c).....

d).....

e).....

Thank you for your cooperation and contribution toward accomplishing this study

May God bless you!