Which Motivational Factors are of More Relevance to the Rural Health Worker? Evidence from a Ghanaian District Hospital

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Introduction: Motivation of health professionals is one of the key ways to ensuring efficient provision of health services. Improving the motivation of health workers in rural and remote areas is of greatest concern to all countries worldwide. Even though factors influencing health worker motivation are well established in the literature, little is known about the motivational factors that are of relevance to different categories of rural health workers in developing countries.

Objectives: Employing questionnaire survey, we studied 252 health employees of a rural healthcare organization in Northern Ghana to understand the motivational factors that are considered most important by rural health workers, and to determine if these factors are valued differently by different cadres of health professionals.

Results: Our findings showed financial rewards as the number one motivator; followed by promotion, growth and development; job security; acknowledgement, praise and recognition; and working environment in that order. Different cadres of the rural health professionals valued the motivational factors differently: doctors were motivated by their working environment; nurses by promotion, growth and development; pharmacists and pharmacy technicians by praise, acknowledgement and recognition; and support staff and laboratory technicians by financial rewards.

Conclusion: Motivational factors should be applied to different cadres of rural health workers differently.

Keywords: Job motivation; Rural health worker; Developing country; Motivational factors

Introduction

The motivation is the main source of employees' satisfaction with their job. The availability of motivated health professionals is essential for adequate and efficient provision of health services in all countries [1]. As asserted by a body of literature [2,3], health professionals are at the heart of every country's health system and adequately motivated workforce is the prerequisite for a functioning health system. In the absence of adequately motivated staff, modern and sophisticated medical equipment as well as effective health care procedures would not function effectively [4]. The presence of de-motivated workforce results in poor work attitudes and increased absenteeism in healthcare organizations.

Understanding employee motivation is necessary to design systems with the right incentives [5].

Many factors, ranging from available physical infrastructure to an individual's personal values, are known to influence the motivation of health workers [6]. However, while factors influencing health worker motivation are well established in the literature; little is known about the motivational factors that are of relevance to health professionals in developing countries [7] particularly those in rural and resource poor-settings [8,9].

Health problems are bigger in rural areas, where almost 60% of most developing countries' population lives. Health professionals in these areas often face higher workloads, poor infrastructure and unsustainable work environments, making their motivation and job satisfaction very essential for efficient healthcare delivery [10]. Gaining a better insight into the way rural health workers perceive workplace motivation and the importance they give to the various motivational factors will be necessary in the development of effective strategies to enhance health worker motivation in rural healthcare organizations. Thus, we studied the employees of a rural district hospital in Ghana to:

1) Understand the motivational factors that are of relevance to rural health workers, and

2) Determine if different cadres of health workers value motivational factors differently.

Study context

The West Gonja Hospital is situated in the West Gonja District of the Northern Region of Ghana. It is a rural mission hospital under the private-not-for-profit category of the health delivery systems in Ghana. It has a bed capacity of 100 and provides the following services:

- 24 hour emergency care,
- OPD, and inpatient services,
- laboratory services,
refining pre-tested the questionnaire before the final administration. Similar responses were given to both the pre-tested and the actual administered questionnaire.

Questionnaire administration was done on-site. We visited the hospital, and after obtaining permission from the authorities, we entered each department and distributed the questionnaires to the respondents.

Before administration, we made sure that all the sections, including the questions, were well explained to each respondent.

This was done to: reduce respondent errors, avoid the incidents of skipped questions, and increase the overall response rate. Respondents were given one week each to record their responses and return the questionnaires.

Data analysis

Demographic characteristics of the respondents were analyzed descriptively (mainly percentages). We scored responses to the Likert items assessing the extent to which the respondents were motivated by the five motivational themes as follows: Highly motivated=5, Motivated=4, Neutral=3, Lowly motivated=2, and Not motivated=1. These scores were summed up for the respective items and converted into averages to represent the overall mean scores of the motivational themes.

We used STATA software package (version 13.0) for the analysis.

Ethical Issues

We obtained approval from both the National Catholic Health Service (NCHS) of Ghana (the supervisory body of the West Gonja Hospital) and management of the hospital before commencing the study.

All of the respondents were provided with adequate information, which enabled them to give their informed consent before we started collecting data from them.

Results

Descriptive results

Out of the 252 employees surveyed, 220 returned their fully completed questionnaires, giving a response rate of 87.3%. This was made up of 6% doctors, 36% nursing staff, 11% pharmacists and pharmacy technicians, 12% biomedical scientists and laboratory technicians and 35% support staff.

Male respondents were 64 constituting 58% of the total respondents while female respondents were 46 making up of 42% of the total respondents. The majority of the respondents were between 20 and 29 years (47%).

In terms of years worked, 75% had spent less than 10 years, 13% had worked for more than 10 years, but less than 20 years, and 19% had spent between 20 and 29 years working in the hospital.

For detailed information on the respondents' demographics, (Table 1).
Table 1: Demographic information of the respondents.

| Age         |          |          |          |
|-------------|----------|----------|----------|
| 20-29       | 102      | 47       | 47       |
| 30-39       | 56       | 25       | 72       |
| 40-49       | 26       | 12       | 84       |
| 50-59       | 34       | 16       | 100      |

| Gender      |          |          |          |
|-------------|----------|----------|----------|
| Male        | 128      | 58       | 58       |
| Female      | 92       | 42       | 100      |

| Profession              |          |          |          |
|-------------------------|----------|----------|----------|
| Doctor                  | 12       | 6        | 6        |
| Nurse                   | 80       | 36       | 42       |
| Biomed. Scientist and Lab Tech | 26   | 12       | 54       |
| Pharmacist and Pharmacy Tech | 24   | 11       | 65       |
| Support Staff           | 78       | 35       | 100      |

| Years Worked |          |          |          |
|--------------|----------|----------|----------|
| 0-9          | 150      | 68       | 68       |
| 10-19        | 28       | 13       | 81       |
| 20-29        | 42       | 19       | 100      |

| Level of Education |          |          |          |
|--------------------|----------|----------|----------|
| High School        | 36       | 16       | 16       |
| Diploma/Degree     | 180      | 82       | 98       |
| Postgraduate       | 4        | 2        | 100      |

Table 2: Mean scores of the five motivational themes (n=220).

| Motivational Theme                          | Mean Score |
|---------------------------------------------|------------|
| Financial rewards                           | 4.2        |
| Promotion, growth and development           | 3.9        |
| Job security                                | 3.1        |
| Praise, acknowledgement and recognition     | 2.9        |
| Working environment                         | 2.7        |

Motivational factors

Table 2 displays the order of importance and the mean scores of the five motivational themes. Financial rewards were considered the most important motivator (mean score=4.2); followed by promotion, growth and development (mean score=3.9); and job security (mean score=3.1). Praise, acknowledgement and recognition (mean score=2.9); and working environment (mean score=2.7) were considered by the respondents as the least important motivators. More male (42%) than female (28%) respondents, as well as respondents within the age range of 20 and 29 (63%) were highly motivated by financial rewards. Respondents who were 50 years or older considered promotion, growth, and development the most important motivator (29% and 71% highly motivated and motivated respectively) (Table 2).

The motivational themes were valued differently by the different cadres of health professionals. Doctors were motivated by their working environment (83% highly motivated); nurses were motivated by promotion, growth and development (12% highly motivated and 78% motivated); pharmacists and pharmacy technicians were
motivated by praise, acknowledgement and recognition (25% highly motivated and 75% motivated) while both the support staff (59% highly motivated and 41% motivated) and the biomedical scientists and laboratory technicians (54% highly motivated and 46% motivated) were motivated by financial rewards.

**Discussion and Conclusion**

Generally, the health workers considered financial rewards to be the most important motivator. This supports Frederick Taylor’s Theory of Scientific Management, which asserts that workers are mainly motivated by financial incentives [14]. Our results also confirm other empirical findings [15-17], that health care employees are highly motivated by financial incentives. Financial rewards are lower order needs under Maslow’s Needs Theory. Maslow [11], argues that lower order needs have to be met before moving on to satisfy higher order needs. Hence, in motivating the employees of West Gonja Hospital, generally, financial rewards should be considered first, targeting the male health workforce and professionals aged between 20 and 29 years.

Our results disagree with the findings of other similar studies conducted in urban healthcare organizations. For instance, working environment which was ranked fifth in our study was ranked second by Awases et al. [17] and third by Willis-Shattuck et al. [16]. The second ranked motivator in this study, promotion, growth and development, was ranked third by Agyepong et al. [18]. Employee development was not ranked as an important motivating factor by Awases et al. [17], but was part of the second most important motivator in this study. These differences suggest that the setting of care (urban, rural etc.) could play a significant role in factors impacting on health worker motivation.

Our finding that the different rural health professionals valued some motivational factors more important than others might be influenced by certain factors. Doctors are one group of employees with better motivated by recognition (32% highly motivated and 68% motivated) while both the support staff (83% highly motivated and 17% motivated) and the biomedical scientists and laboratory technicians (54% highly motivated and 46% motivated) were motivated by financial rewards.

In summary, our study has identified the motivational factors considered most important by different cadres of rural health professionals. To achieve adequate motivation for a greater proportion of rural health workforce, policy makers and healthcare managers need to take these factors into account when designing and implementing rural health worker motivational programs.

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