



MOTIVATION FACTORS FOR JOB SATISFACTION AMONG EMPLOYEES OF PRIMARY HEALTH CARE CENTRES IN BENUE STATE, NORTH CENTRAL NIGERIA.

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ABSTRACT

Background: Delivery of effective healthcare for the attainment of health sector goals and objectives requires committed human resource. The aim of the study was to assess the level of satisfaction of Primary Health Care workers in Benue State, to determine knowledge and preferences regarding motivational factors and utilisation of such by their employers to enhance job performance.

Methods: A descriptive cross sectional study was conducted using a multistage sampling technique. Data were obtained via the use of a semi structured self-administered questionnaire. EpiInfo version 3.3.2 statistical software was used to analyse the data.

Results: Over half (63.9%) of the respondents were satisfied with their job due to on the job gain of experiences and prompt payment of salary. Good communication (53.6%) and training opportunities (56.7) were motivating factors in use by their employers. Provision of drugs (59.8%), prompt payment of salaries (55.7%) and promotion of staff (54.6%) were respondent's preferred motivational factors.

Conclusion: Over fifty percent of workers were satisfied with their Jobs. The identified factors responsible for workers motivation and preferences if given adequate attention would positively influence the quality of healthcare. Healthcare Managers should therefore pay close attention to allow employees participate in their decision making. Additionally, ensure availability of work equipment and improvement on workers welfare package to achieve job satisfaction and positive patient outcome.

Key Words: Motivation, Job satisfaction, PHC, employees, Benue State, Nigeria.

INTRODUCTION

The delivery of effective healthcare for the attainment of health sector goals and objectives requires a committed human resource. This is however lacking particularly at the grass root in developing countries. Human resources for health play a critical role in improving accessibility to

service and quality of care. They have been described as the most essential requirement for attainment of organizational goals and objectives. An organization can hardly succeed by giving passive attention to the role of personnel management. This has been reinforced by the fact that machines alone cannot produce results neither

can money think, important as it may be in any organization. There is therefore the need to pay close attention to the human factor and consider their contribution to the improvement of productivity even in the health care system.^{1,2,3}

The health services over time have been facing human resource shortage in the low income countries including Nigeria. One of the biggest challenges of health facilities today is the availability of a strong, capable and motivated work force. The available human resource professionals face several obstacles in their attempt to deliver high quality healthcare to their citizens.⁴ This has consequently affected their motivation and job satisfaction resulting to high employee turnover.

Evidence has revealed a strong link between motivation of employee and improvement in performance in order to achieve work objectives.^{5,6}

These employees if properly managed and adequately motivated can easily release their inert potentials thus distinguishing one organization from the other in terms of performance. Given the complex nature of man, the management must understand factors that encourage employee to apply their ability and energy to work. They should therefore deploy the appropriate monetary and non-monetary incentives to motivate the healthcare professionals to bring about commensurate improvement in patient care.

The Primary Health Care (PHC) system in Nigeria has been hampered by lack of committed workers who are willing to work in the rural areas. This insufficient availability of the workers has negative consequences for both patient care and service delivery generally. These include frequent unnecessary staff turnover as well as occurrence of high level of preventable complication and

mortalities. This constitutes a social problem as clients and patients suffer the consequences with its ripple effect.^{7,8} Although, management of people at work is an integral part of the management process, some leaders do not appreciate that employees have to be motivated in order to offer their expected services. Other employers are ignorant of what to do exactly or do not believe in effective motivation of workers to produce high performance. The aim of the study was to assess the motivational factors used by health care managers in improving employee performance at the Primary health care level.

METHODOLOGY

This study was carried out in Benue state with a population of over 5 million (99 persons/ kilometre square average population density). The main occupation in the state is farming. The study was carried out in the North-west senatorial district of the state with seven Local Government Areas (LGAs). Out of these LGAs two (Makurdi and Tarka) were studied representing 30% of the total LGAs in the district.

It was a descriptive cross sectional study that was conducted using a multistage sampling technique. The respondents who were professional and nonprofessional employees at the Primary Healthcare Centres consented to the study. Twenty nine (30%) of the total 92 PHCs in the two LGAs were studied. Although 20% would have been adequate representation⁹ 30% was used to make up for non-response. From the list of the seven LGAs in the Northwest Senatorial district, Makurdi and Tarka LGAs were selected and grouped into their various political wards. All the PHC facilities in the ward were listed based on ownership i.e. public, private or faith- based proportionately allocated as 9:3:2 for Tarka and 9:5:1 for Makurdi LGA. Ethical approval from the ministry of health's Ethics

Committee and permission from the Local Government Councils were obtained. Informed consents were obtained from Officials and staff at the Health facility before administration of questionnaires. They were assured of anonymity and confidentiality of their information which was strictly for research purpose.

A semi structured self-administered questionnaire adopted from previous similar studies^{10,11} with some modification was used to obtain information. The questionnaire was pretested and validated in a PHC facility different from the surveyed PHCs before used. The data obtained was analysed using the EPI INFO version 3.3.2 statistical software. Qualitative variables were described using proportions and percentages while quantitative variable using means.

RESULTS

Out of the 97 respondents, 67% were between 20-39 years of age. This cuts across the various PHC ownership type. Over half (61.9%) of the employees were females, 64.9% married and 10.4% widowed. Most (74.2%) of the clients had tertiary level of

education, although 10% of the employees in the public PHC had no formal or had only primary education. More than half (53 %) of the employees at the Faith-based facilities were Community Health Extension Workers (CHEWs) whereas at the Public PHC various categories of staff were present including doctors. Fifty percent of the respondents generally had spent between 1-5 years at their current place of work and 60% of the total respondents were from Makurdi Local Government Area as shown in Table 1.

Table 1: Social demographic characteristics of employees based on PHC ownership

Features	Ownership			Total (%)
	Faith based n=13 Freq. %	Public n=70 Freq. %	Private =14 Freq. %	
Ages (yrs)				
<20	1(7.7)	1(1.4)	0(0.0)	2(2.1)
20-29	5(38.5)	24(34.3)	4(28.6)	33(34.0)
30-39	6(46.1)	17(24.3)	9(64.3)	32(33.0)
40-49	1(7.7)	17(24.3)	1(7.1)	19(19.6)
=50	0(0.0)	11(15.7)	0(0.0)	11(11.3)
Gender				
Male	4(30.8)	27(38.6)	6(42.9)	37(38.1)
Female	9(69.2)	43(61.4)	8(57.1)	60(61.9)
Marital Status				
Married	8(61.2)	47(67.1)	8(54.1)	63(64.9)
Single	5(38.8)	13(18.6)	6(45.9)	24(24.7)
Widowed	0(0.0)	10(14.3)	0(0.0)	10(10.4)
Educational status				
None	0(0.0)	3(4.3)	0(0.0)	3(3.1)
Primary	0(0.0)	4(5.7)	1(7.1)	5(5.2)
Secondary	2(15.4)	10(14.3)	5(35.7)	17(17.5)
Tertiary	11(84.6)	53(75.7)	8(57.2)	72(74.2)
Designation				
Account staff	2(15.4)	0(0.0)	1(7.1)	3(3.1)
*CHEW	7(53.8)	26(37.1)	4(28.6)	37(38.1)
*CHO	0(0.0)	2(2.9)	0(0.0)	2(2.1)
Clerical staff	1(7.7)	2(2.9)	0(0.0)	3(3.1)
Doctor	0(0.0)	3(4.3)	0(0.0)	3(3.1)
Health attendant	0(0.0)	3(4.3)	2(14.3)	5(5.2)
Med Lab	2(15.4)	6(8.6)	1(7.1)	9(9.3)
Nurse/Midwife	0(0.0)	13(18.5)	1(7.1)	14(14.4)
Security	0(0.0)	2(2.9)	0(0.0)	2(2.1)
Others	1(7.7)	13(18.5)	5(35.8)	19(19.5)
Duration at H/F(years)				
<1	2(15.4)	17(24.3)	5(35.8)	24(24.7)
1-5	9(69.2)	33(47.1)	7(50.0)	49(50.5)
6-10	2(15.4)	12(17.2)	1(7.1)	15(15.5)
>10	0(0.0)	8(11.4)	1(7.1)	9(9.3)
LGA				
Makurdi	4(30.8)	48(68.6)	7(50.0)	59(60.8)
Tarka	9(69.2)	22(31.4)	7(50.0)	38(39.2)

*CHEW- Community Health Extension Worker, CHO - Community Health Officer, H/F -Health Facility

Over half (63.9 %) of the respondents were satisfied with their job due to on the job gain of experiences and prompt payment of salary. Prompt payment of salary, punishment for bad work, reward for hard work and good communication were rated high for motivating performance. Good communication (53.6%) and training opportunities (56.7) were motivating factors in current use by their employers. Provision of drugs (59.8%), prompt payment of salaries (55.7%) and promotion of staff (54.6%) were however employees preferred motivational factors. While lack of participation in management decision, inadequate availability of equipment and poor employee welfare package were prominent among the discouraging factors. Fifty one (52.6%) of the total employees were currently satisfied with their job, although 15.5% of them were un-satisfied. The un-satisfaction was more among employees of Faith-based (38.5%) and Private (21.4%) Primary Healthcare Centres as shown in Table 2.

Table 2: Level of employee satisfaction by PHC facility ownership

<i>Level of Satisfaction</i>	Ownership			Total
	Faith-based	Public	Private	
	Freq.%	Freq.%	Freq.%	Freq.%
Very satisfied	3(23.0)	23(32.8)	1(7.1)	27(27.8)
Satisfied	5(38.5)	38(54.3)	8(57.2)	51(52.6)
Not sure	0(00.0)	2(2.9)	2(14.3)	4(4.1)
Unsatisfied	5(38.5)	6(8.6)	3(21.4)	14(14.4)
Very unsatisfied	0(00.0)	1(1.4)	0(00.0)	1(1.1)
Total	13	70	14	97

The commonly cited reasons for the given level of satisfaction were gaining of experience on the job (63.9%), availability of working tools (51.5%) and prompt payment of salary (49.5%). Low payment of salary (3.1%) and other reasons such as distance to health facility were also cited by some respondents, see Table 3.

Table 3: Reasons for Job Satisfaction among Health workers by PHC Facility Ownership

Reasons	Ownership			*Total
	Faith-based	Public	Private	
Working tools available	5(38.5)	35(50.0)	10(71.4)	50(51.5)
Prompt payment of salary	6(46.2)	36(51.4)	6(42.9)	48(49.5)
Gaining experience on the job	6(46.2)	48(68.6)	8(57.1)	62(63.9)
Existence of good working relationship	6(46.2)	24(34.3)	8(57.1)	38(39.2)
Drugs availability	2(15.4)	14(20.0)	2(14.3)	18(18.6)
Clients/patients using services	1(7.7)	11(15.7)	4(28.6)	16(16.5)
Opportunity for staff training	1(7.7)	29(41.4)	4(28.6)	34(35.1)
Low payment of salary	3(23.1)	5 (7.1)	3(21.4)	11(11.3)
*Total	30	202	45	277

* Total with multiple response

Practically at the facilities prompt payment of salary and reward for hard work were predominant motivational factors in use at the Faith-based facilities. Training workshops and good communication relations were commonest findings at the Public PHCs, while prompt payment of salary and good communications relations were more prevalent at the Private PHCs, see Table 4.

By preference, to get the best of the respondents in terms of performance, 61.5% of the respondents at the Faith based facilities preferred that attention be paid to prompt payment of salary and provision of drugs and work materials. Similarly respondents at the Public PHCs would prefer provision of work materials (61.4%) and prompt payment of salary (52.9%). On the other hand respondents at the Private PHCs have preference for staff promotion (71.4%) prompt payment of salary and provision of more staff (64.3%) as shown in Table 4.

Table 4: Motivational factors in relation to PHC facility ownership

	PHC Ownership			*Total (%)
	Faith -based (%)	Public (%)	Private (%)	
<i>Motivational factors in use</i>				
Promotion as at when due	3(23.1)	28(40.0)	4(28.6)	35(36.1)
Assessing workers performance	4(30.8)	23(32.9)	6(42.9)	33(34.0)
Good communication relations	3(23.1)	37(52.9)	12(85.7)	52(53.6)
Training workshops	3(23.1)	46(65.7)	6(42.9)	55(56.7)
Prompt provision of work materials	2(15.4)	18(25.7)	3(21.4)	23(23.7)
Involvement of workers in Mgt decisions	3(23.1)	13(18.6)	4(28.6)	20(20.6)
Prompt payment of salary	8(61.5)	30(42.9)	8(57.1)	46(47.4)
Reward for ward work	5(38.5)	21(30.0)	4(28.6)	30(30.9)
Punishment for bad work	4(30.8)	25(35.7)	7(50.0)	36(37.1)
<i>Employee's Preferred motivational factors</i>				
Prompt payment of salary	8(61.5)	37(52.9)	9(64.3)	54(55.7)
Provision of drugs /work materials	8(61.5)	43(61.4)	7(50.0)	58(59.8)
Expansion/renovation of facility	2(15.4)	10(14.3)	2(14.3)	14(14.4)
Provision of more staff	2(15.4)	20(28.6)	9(64.3)	31(32.0)
Good communication relations	2(15.4)	20(28.6)	7(50.0)	29(29.9)
Promotion of staff promptly	6(46.2)	37(52.9)	10(71.4)	53(54.6)

* Totals with multiple response

DISCUSSION

The study revealed that over half of the health workers were satisfied with their present job. This is encouraging as health workers satisfaction has been recognized to be critical to delivery of quality health care. The findings were similar to a study done in North eastern Nigeria where over 65% of workers experienced a degree of satisfaction with their current job.¹² It was also comparable with the observations made in a study conducted in South Africa among public and private sector professional

Nurses. There, availability of working tools, prompt payment of salary and gaining experience on the job were prominent reasons advanced for the satisfaction.¹³

Dissatisfaction also existed more among the Faith based health workers compared with their public and private counterparts in the study. This was mainly as a result of low payment of salary and it is comparable with the experience at the Tanzanian National Hospital where almost half of the respondents were not satisfied with their jobs.¹⁴

Similarly, in South Africa the public Nurses were dissatisfied particularly with their pay, work load and available resources.¹³ The study findings are of outmost importance to the manager as knowing what brings satisfaction or dissatisfaction to workers and appropriately addressing such issues is a crucial step to achieving optimal performance. Moreover, the development of a motivated workforce has a positive impact on patient care and consequently improvement in patient outcome.

A study has shown that there is little research exploring the link between human resource management and performance in the health sector.¹⁵ However, considering that human resource practices are associated with patient outcome such as mortality, it is important that efforts be geared towards identifying factors that bring about improvement in motivation and consequently individual performance. This will in turn improve coverage, utilization and quality of healthcare.

The identified motivational factors in this study were consistent with those observed in a survey conducted in Mali where responsibility, training and recognition were next to salary as main motivating factors.¹⁶ Additionally, it is in agreement with the factors identified elsewhere which are known to contribute to motivation vis-a-vis financial remuneration, recognition and reward for good performance among others.¹⁷

Although several factors are known to motivate employees for optimal performances at their work places, enquiries from the respondents of their preferred motivational factors revealed in descending order the following: provision of drugs/work materials, prompt payment of salary and promotion of staff. This general order still varied with the PHC ownership type. It has however confirmed the findings in a study which stated that

provision of opportunity for promotion and personal growth could maintain motivation.¹⁸ These preferred motivational factors were also comparable with the findings from the systemic review carried out in developing countries. Here the major motivational factors identified were financial rewards, career development, hospital infrastructure and resource availability.¹⁹ Considering the changing nature of man even with regards to his motivational needs and that one man's motivational factors varies from the other, it is important that managers give priority attention to the employees' preferences. If the discouraging factors identified are appropriately given attention by managers, it could promote the desire to maintain professional standards and delivery of quality healthcare by the employees and improved patient outcome. Aside from improving on the quality of care, there is the likelihood of retention of such workers thus prevention of possible migration from public to private or faith based healthcare facilities and vice versa. This in turn prevents the attendant consequences of loss of customers and associated financial benefits.

CONCLUSION

Over fifty percent of workers were satisfied with their Jobs. The identified factors responsible for workers motivation and preferences if given adequate attention, would positively influence the quality of healthcare delivery. Healthcare Managers should therefore ensure availability of work equipment and improvement on workers welfare package to achieve job satisfaction and positive patient healthcare outcome.

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