# Assessment of Factors Affecting the Motivation of Doctors and Nurses in Five Selected Public Hospitals in Addis Ababa, Ethiopia

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A thesis to be Submitted to college of Public Health, Department of Health Planning and Health Service Management, Jimma University; in Partial Fulfillment of the Requirement of Masters in Health Care and Hospital Administration.

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Jimma, Ethiopia

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## Abstract

**Background**: Employee motivation is important in predicting systems stability and reduce turnover. As motivation is defined as the willingness to exert and maintain effort towards attaining organizational goals, then well- functioning systems should seek to boost factors which predict motivation. In the past, the major factors associated with hospital worker motivation have been poorly understood and continued to be the major challenge of hospitals in developing countries. Designing a strategy that enables particularly developing countries particularly in Ethiopia in the planning of interventions in order to achieve maximum worker motivation is today's concern since the attrition rate of doctors and nurses has been increasing from year to year.

**Objective**: To assess the individual and organizational factors that affects the motivation of doctors and Nurses in five public hospitals at Addis Ababa, April 2012.

**Methods**: A cross sectional facility based survey was conducted from 15-30 March 2012 to assess factors affecting the level of motivation of doctors and nurses in five public hospitals. 586 Sample size was determined by using population correction formula then; simple random sampling technique was used to select the five public hospitals from ten public hospitals. Data was collected using structured self administered questionnaire. Data was entered, cleaned and analyzed using SPSS version 16.0. Odds ratio and 95%CI were used to interpret the findings.

**Results:** A total of 542 doctors and nurses were enrolled in the study making the response rate 92.4 %. The overall motivation level was 45%. The Study subjects working under Addis Ababa Health Bureau were more motivated than those working under Federal Hospitals (OR=3.4; 95%CI: 2.31-5.02). The Study subjects whose monthly income greater than 3000 Birr were found to be more motivated than those who earn less than 2500 Birr (OR=1.8; 95%CI: 1.02-3..04). Concerning the level of managerial position, those who had position were more motivated than those who had no position (OR=1.6; 95%CI: 1.03-2.49). The number one ranked motivational factors affecting motivation was Job Attributes with mean score 3.64(1.25) which was higher than all the others.

**Conclusion and Recommendation**: In conclusion, this study revealed the motivation level to be 45% .On the other hand, The major factors that were affecting the motivation of doctors and nurese were place of work or hospital type, amount of income and level of managerial position. As a result, developing financial and non-financial incentive mechanisms is highly recomended.



**Key words:** Motivation, Achievements and remuneration

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## Acronyms

| | |
|---|---|
| FMOH | Federal Ministry of Health |
| HRM | Human Resource Management |
| CEO | Chief Executive Officer |
| WHO | World Health Organization |
| MDG | Millennium Development Goal |
| AOR | Adjusted Odds Ratio |
| COR | Crude Odds Ratio |
| CI | Confidence Interval |

# CHAPTER ONE: INTRODUCTION

## 1.1 Background

It is quite well known that developing capable, motivated and supportive health workers is essential for overcoming bottle necks to achieve national and global health goals. In every health system, the work force is central to advancing health. There should be optimum number and motivated health work force for the effective coverage and quality of the intended services (1).

Health care is changing; new therapeutic possibilities and rising expectations have made the provision of health care much more complex than in the past. Many countries are responding to this challenge, introducing new ways of delivering health care. The main focusing area of these changes are the health professionals. They must acquire a range of new skills. Some are technical, such as how to get the most from new information systems or advances in technology. Some are organizational, such as how to work in multi-disciplinary teams. Yet the new landscape requires more than this. It also demands new attitudes, finding ways in which the health professional can engage in effective partnerships with both their patients and the organizations that purchase care on their behalf and who look beyond the individual patients to understand the needs of the population(2).

On the contrary, there is a growing need to strengthen health systems in developing countries to help meet the Millennium Development Goals (MDGs). It is widely accepted that a key constraint to achieving the MDGs is the absence of a properly trained and motivated workforce so that improving the retention of health workers is critical for health system performance (3)

Many organizational scholars have shown interest in why some people become motivated with their jobs, while others express lower levels of motivation. However, not much is known about which factors influence motivation in hospital staffs. Motivated employees tend to be more productive and committed to their jobs (4) .

## 1.2 Statement of the problem

Health worker motivation reflects the interactions between workers and their work environment. Because of the interactive nature of motivation, local organizational and broader sector policies have the potential to affect motivation of health workers, either positively or negatively, and as such to influence health system performance. Yet little is known about the key determinants and outcomes of motivation in developing and transition countries (5).

The results from a periodical staff satisfaction survey undertaken by the quality management office of St. pettier TB specialized and Emanuel hospital among all health workers and supportive staffs showed that low staff satisfaction (45% and 50% respectively) is the second most important work force problem next to increased staff turnover (6).

Today, most of the health institutions particularly hospitals at the federal and regional level in Ethiopia are on the process of execution of reform strategies aimed at significantly improving .the quality and accessibility of service at all level of the country's decentralized health system. As part of this reform, health facilities throughout the country have been streamlining their operational processes and building their capacities with a view to make their services more effective and efficient. Recognizing the importance of strengthening the motivational aspect of human resource is unquestionable for the fulfillment and achievement of organizational strategies, goals and objectives (7).

Statistics obtained from ministry of health revealed that human resource problem has become a serious concern in 57 nations across the world including Ethiopia. Particularly, in Ethiopia the number of doctors that are serving the nation is only 2,560. Accordingly, the national ratio between doctors and population is 1 to 31,000 as opposed to the international notion of 1 to 10,000. Another problem that makes the situation even worse is the high turnover of health professionals (8).

According to the annual report of FMOH medical service directorate office, predominantly doctors and nurses attrition rate from 2002 to 2003 E.C showed that federal hospitals lost on average 10% of their doctors and 8% of their nurses. Whereas, A.A regional hospitals lost 5% of their doctors and 4% of their nurses. On the other hand, opposite pattern was observed for laboratory technologist, pharmacists and other allied staffs (lost at a lower rate). To reduce these problems, the government of Ethiopia is implementing a strategy based on two key tasks. The first is about producing health professionals in abundance while the second one involves Retaining the existing work force (8).

Hence, to go in line with the second government strategy (retention of existing work force ) and as the public hospitals are now going through reform process, keeping employee motivation high should be a priority issue. Given the critical role that health care professionals play in determining the efficiency, effectiveness and sustainability of health care system, it is paramount to understand what motivates them and to what extent they are satisfied by the organization and other contextual variables. Employee motivation is also an essential part of ensuring quality care, as demotivated health care providers are likely to give poor quality and less efficient care. (8)

Health worker retention is critical for health system performance and a key problem is how best to motivate and retain health workers. Hence, the information obtained from this study will hopefully assist in identifying factors affecting motivation among doctors and nurses in the five selected hospitals.

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# CHAPTER TWO: LITERATURE REVIEW

## 2.1 Literature Review

### Issues related to motivation

Motivation is the set of attitude and values that predispose a person to act in specific, goal directed manner. It is an invisible inner state that energizes human goal-directed behavior which can be divided in to two components: (1) the direction of behavior (working to reach goal) and (2) the strength of behavior (how hard or strong the individual work). In motivating employees, most of the focus has been on money. From Aristotle through Frederick W.Taylor, the "father of scientific management theory, "philosopher, scientists, industrial engineers, and managers believed that money was the only thing that motivates. (9).

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 are affected by the shortage, and fifty-seven have been identified as 'in crisis.' Health human resources are now a high priority on the political agenda. In most countries, imbalances in labor supply stem from a number of causes. These include: poor human resource (HR) planning and management and unsatisfactory working conditions characterized by heavy workloads, lack of professional autonomy, long working hours, unsafe workplaces and unfair pay. 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 (9).

## Theories and Approaches

**Need theorists** including Maslow (who developed a well- known hierarchy of needs) and Mc Gregory, Aldelerfer, and Mc clleland (who modified that hierarchy) say that all human behavior stems from needs or drives, which are innately biological in origin. Maslow's hierarchy of needs takes the form of a pyramid in ascending order, the needs are physiological, safety, social, esteem and self actualization. Lower order needs (physiological and safety) motivate employees toward earning direct financial compensation to buy shelter and do things like provide for retirement (9).

**Hertzberg's two factor theory** of motivation tries to find out what people want from work. According to this theory, two sets of factors influence work behavior: Dissatisfiers (hygiene factors) and Satisfiers (Motivators). Hygiene factors relate to the context of jobs and include pay, working conditions, supervisions, etc. they do not motivate. Motivators include factors like achievement, recognition, responsibility, advancement, growth and the work itself. Motivator become operational only when dissatisfies are removed. Herzberg concludes that changing pay will not motivate .But if pay inadequate, or of the wrong type, or mismatched to employee's need in many way, dissatisfaction results (9).

**Social comparison theories** suggest that motivation is greatly influenced by how fairly an employee feels or thinks he or she is being paid. These theories are very important tools for developing compensation system. According to Homan's distributive justice or exchange theory and Adams equity theory, a major determinant of an employee's productivity and satisfaction arises from the degree of fairness (equity) or unfairness (inequity) that an employee perceives in the work place, is comparison with others. The degree of equity is defined as a ratio of an employee's in put (effort, attendance, etc.) to outcome (pay, benefits, service etc.) compared with a similar ratio for a significant others. The significant other is usually a fellow employee holding the same job in the same organization. The key to understanding social comparison theories is the idea of perceived fairness. Does the employee think he or she is being paid fairly? These theories help explain how two people with the same experience, job title, job responsibility and pay may have different perception of fairness. One employee may be entirely satisfied with the pay, and the other may feel cheated and act accordingly. To reduce these

feelings, the dissatisfied employee would change the quality or quantity of his or her input. The result could be increased absenteeism, lower quality, lower quantity, or even quitting the job (9).

**Expectancy (value- instrumentality – expectancy) theory** also helps managers to understand the relationship between motivation and pay. According to Tolman and Vroom's expectancy theory, motivation depends on the expectation that effort will produce performance. Various out comes have different level of desirability or valence. A direct application of expectancy theory to compensation is the idea of earning days of vacation or sick leave. Workers can look in the employee's hand book and see that if they remain with the company five years, ten day vacation day per year will be earned; staying ten years result in an additional five vacation days a year; etc. At the same time, they will become senior employee, earning other desired outcomes, like annual raise –A concept called instrumentality of goal directed behavior. Finally, according to reinforcement, behavior modification, and other social behavior theories developed by Pavlov, Watson, Thorndike and Skinner, motivation results from the direct interaction of the individual with the external environment, not from the innate or internal process like needs or perceptions. Behavior is contingent upon presentation of rewards, delivery of punishment, with holding of rewards. In other words, human behavior is motivated by the extent to which it has been rewarded or punished, on the basis of an automatic stimulus-response. If pay, benefits, and services are rewards received after performing certain tasks like getting to work on time, remaining with the company, meeting production goals etc. –Then the desired behavior will be repeated. When managers reward, punish or withhold rewards like raises, the desired behavior should result (9).

## Empirical findings

According to qualitative and quantitative study conducted in Dubai by British university on health worker motivation and retention of health worker in developing countries based on identified seven themes, it is found that 90% of respondent agreed on the importance of financial incentives, 85% on career development, 70% on recognition /appreciation. And education and training opportunities also have strong motivating effect, hospital infrastructure and resource availability should be a principal consideration (10).

In North Vietnam, an exploratory qualitative research was conducted to determine the major motivating factors among health workers in two provinces. The study showed that motivation is influenced by both financial and non financial incentives .The main motivating factors for health workers were appreciation by managers, colleagues and the community, stable job, income and training . The main discouraging factors were related to low salary and difficult working condition (11).

A Cross-sectional survey of public and private sector health workers in Andhra Pradesh and Uttar Pradesh, India, were conducted using a standardized instrument to identify health workers' satisfaction with key work factors related to motivation. Ratings were compared with how important health workers consider these factors. The research revealed that there was high variability in the ratings for areas of satisfaction and motivation across the different practice settings. Four groups of factors were identified, with those relating to job content and work environment viewed as the most important characteristics of the ideal job, and rated higher than a good income. In both states, public sector health workers rated "good employment benefits" as significantly more important than private sector workers. (12)

Another qualitative study conducted on contextual influence on health worker motivation in Kenya revealed that effective management at hospital level may create an enabling working environment modifying the impact of resource shortfalls. Supportive leadership may foster good working relation between employees, improve motivation through

provision of local incentives and appropriately handle workers' expectations in terms of promotions, performance appraisal process, and good communication.

Such organizational attributes may counteract de-motivating factors at a national level, such as poor schemes of service, and enhance personally motivating factors such as the desire to maintain professional standards **(**13).

Likewise, a study conducted to assess the role of non-financial incentives for motivation in two cases, in Benin and Kenya by using a study design entailed semi-structured qualitative interviews with doctors and nurses from public, private and NGO facilities in rural areas. The selection of health professionals was the result of a layered sampling process. In Benin 62 interviews with health professionals were carried out; in Kenya 37 were obtained. Results from individual interviews were backed up with information from focus group discussions. For further contextual information, interviews with civil servants in the Ministry of Health and at the district level were carried out. The final result showed that health workers overall are strongly guided by their professional conscience and similar aspects related to professional ethos. In fact, many health workers are demotivated and frustrated precisely because they are unable to satisfy their professional conscience and impeded in pursuing their vocation due to lack of means and supplies and due to inadequate or inappropriately applied human resources management (HRM) tools. The paper also indicates that even some HRM tools that are applied may adversely affect the motivation of health workers (14).

Another study conducted in Jordan on determinants of health worker motivation in two hospitals by using a 360 degree assessment to identify the major organizational, situational and individual factors associated with health work motivation and how major constituencies perceive the hospital environment. So, the study used a semi- structured interview tool, which was applied to 125 workers and 85 patients. An additional 54 hospital directors, governorate health directors and central ministry of health staffs were interviewed. The study revealed that neither of the hospitals had clearly stated organizational goals and consequently respondents were unclear about how their work could contribute to the achievement of hospital goals. In terms of hospital and worker characteristics, respondents were quite positive about co-workers intrinsic motivation and reputation of the hospitals (15).

A study conducted on motivation and job satisfaction among medical and nursing staff in a Cyprus public general hospital, 2010, namely the Nicosia General Hospital showed that achievements, which was significantly higher than all the others both for the overall sample, and by professional subgroup. The second highest ranked motivator overall was remuneration factor, however doctors ranked co-worker factors as the second strongest motivating factor. The scores for remuneration showed statistically significant different overall and by subgroup. The lowest ranked motivator by both groups was job attributes (16).

Similar survey conducted in Greek hospital among professionals showed that the number one ranked motivator was achievements which was significantly higher than all the others both for the overall sample, and by professional subgroup. The next ranked motivator was remuneration factor, except for nurses which ranked co-worker factors as the second strongest motivating factor. The least ranked motivator by all subgroups was job attributes for which the mean score was significantly lower than all the others. Within the subgroups, the scores for each motivator were astonishingly similar, and only one significant difference was observed, namely between doctors and nurses in respect to the "co-workers" scores (17).

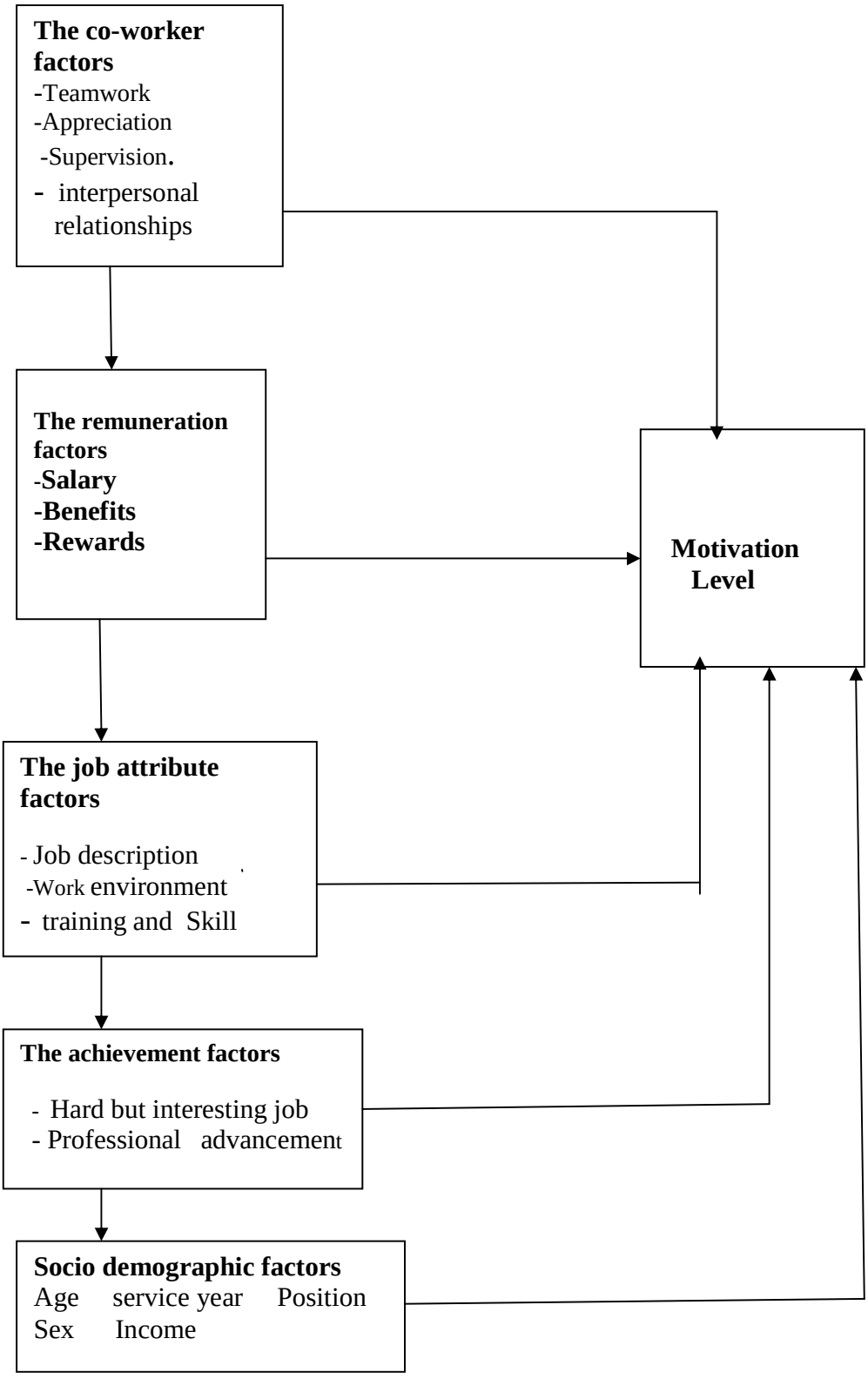


**Fig. 1 Adapted conceptual frame work (kanungo and Mendonco (1994))**

## 2.2 Significance of the Study

This study has identified the possible factors affecting the level of motivation of doctors and nurses. Conducting a study on doctors' and nurses' motivation has a great importance to come up with the idea that can be added up to the available literatures on the field and with the recommendation it can assist the federal hospital managers as well as the country in developing strategies for improving factors influencing staff motivation in hospitals setting and for achieving the goals of currently initiated reform activities and for improving the health service delivery in general.

In addition, as the Federal Ministry of Health gives importance to human resource capacity building in health care facilities, hospitals should strength or improve the management of motivated health care personnel so as to help the organization survive and succeed in the competitive environment .As a result, the ability to motivate employee is a fundamental requirement of effective management in the work place. Accordingly, this study focused on assessing the factors that affect doctors and nurses' work force motivation of the five hospitals' staffs and to come up with a recommendation that can assist hospital managers as well as to the country in developing strategies for improving factors influencing staff motivation in hospital setting and for achieving the goals of currently initiated reform activities and for improving the health service delivery in general and achieving MDG in particular.

# CHAPTER THREE: OBJECTIVE

## 3.1 General objective

The general objective of the study was to assess factors affecting the level of motivation of health professionals in five public hospitals in Addis Ababa, March 2012

## 3.2 The Specific objectives were to:

1. Determine the motivation level of nurses and doctors

2. Assess factors affecting motivation of Doctors and Nurses

# CHAPTER FOUR: METHODS AND MATERIALS

## 4.1 Study area and study periods

This study was conducted in five public hospitals in Addis Ababa from March 15/2012 to March 30/2012 G.C. Addis Ababa is the capital city of Ethiopia With a population of 3,627,934 and often called the "African Capital" due to its historical, diplomatic and political significance for the continent. It has 10 public hospitals under the Federal ministry of health and Addis Ababa health bureau. The five Hospitals which were selected for this study were (St.peter, Ammanuel, Gandi, Yekatit 12, and Minilik Hospital).

## 4.2 Study design

A cross sectional survey design was employed using quantitative and qualitative (In-depth-interview) method of data collection to identify major factors affecting the motivation of doctors and nurses in five public hospitals in Addis Ababa.

## 4.3 Population

### 4.3.1. Source population

All Doctors and Nurses working in the selected five hospitals,

### 4.3.2. Study population:

All sampled Doctors and Nurses from five hospitals taken as a study Population.

## 4.4 Sample Size

Sample size was determined by using population correction formula .And there was no any published article at the national level regarding motivational status. So, P was taken as 50% to achieve maximum sample size

$$n = \frac{NZ^2p(1-p)}{d^2(N-1)+Z^2p(1-p)}$$

n= the required sample size

p= proportion of motivated (to have the maximum sample 0.5 is used)

D= margin of error = 5%

10% was for non respondent

n= 914 $\underline{(1.96)^2\ 0.5(0.5)}$

$(0.05)^2\ (914-1) + 1.96^2\ 0.5(1-0.5)$

n= (266+10% )2

n= 586

### 4.5 Sampling Technique

There are 10 public hospitals in A.A .Out of which six hospitals are under the administration of Addis Ababa health bureau and four hospitals are under the administration of Federal Ministry of health. Multi stage sampling technique was used. Thus, 50% of hospitals from each administration was taken and a total of five hospitals were selected by using simple random sampling technique .Afterward, a full list of 103 doctors and 811 Nurses with a total number of 914 was prepared from human resource department of each selected public Hospitals. Subsequently, the total sample size (586) was proportionally allocated to the number of doctors and Nurses of the selected hospitals. To end with, the respondents were identified by using a simple random sampling technique. Purposive sampling technique also was used to conduct an in-depth interview for qualitative study**.**

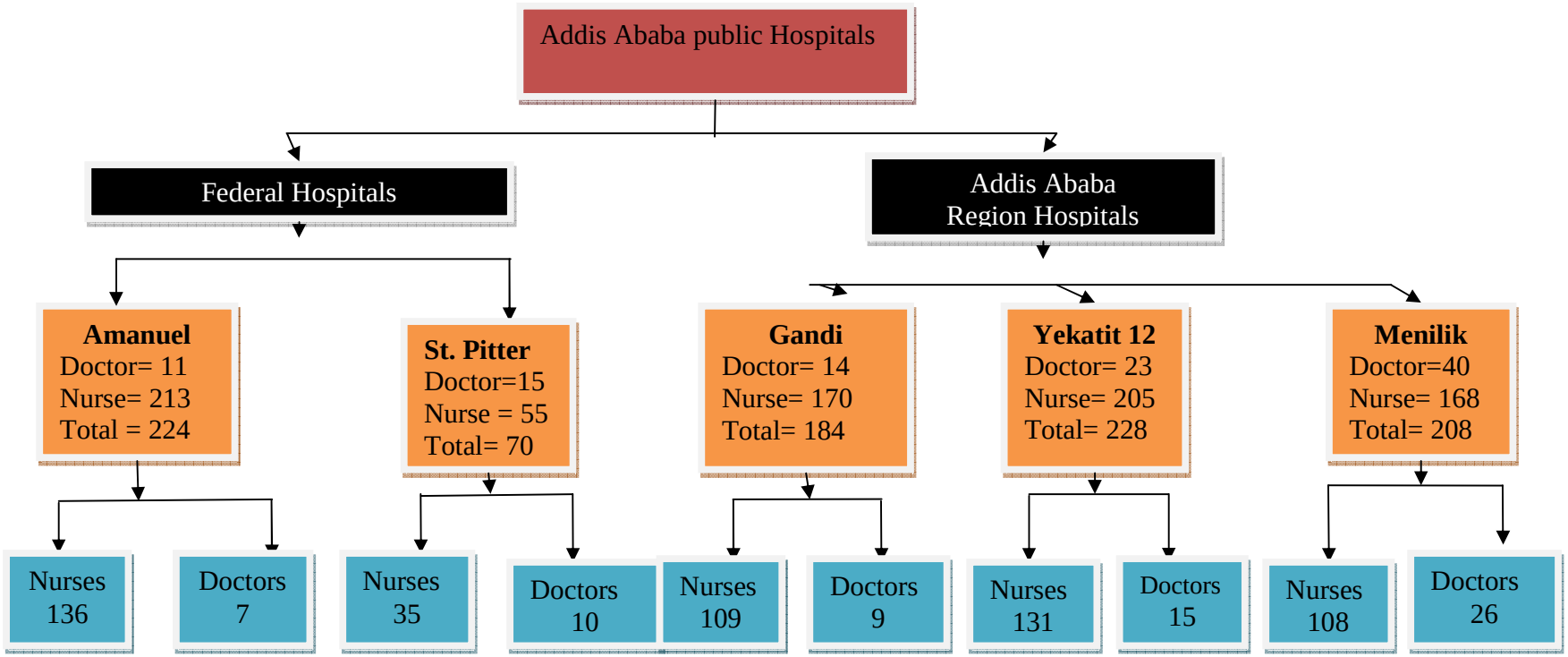


Fig. 2 Schematic presentation of sampling technique to assess factors influencing Doctors and Nurses motivation in five Public Hospitals, Addis Ababa, Ethiopia, April 2012

## 4. 6 Variables

### 4.6.1 Dependent variable

Motivation level

### 4.6.2 Independent variable

**The co-worker factor**

- Team work
- Appreciation
- Supervision
- Interpersonal relation ship

**The job attributes factors**

- Job description
- Work environment
- Training and skill
- Decision making

**The remuneration factor**

- Salary
- -Benefits
- Rewards

**The achievement factor**

- Hard but interesting job
- Professional advancement

**Socio-demographic characteristics**

- Sex
- Age
- -Service Year
- Income
- Position

### 4.7 Data collection Procedures

Data was collected using self-administered questionnaire and conducting in-depth interview for five managers of the studied hospital. Then, 10 data collectors (professional nurses who were out of the selected hospitals) were selected and trained by the principal investigators and were provided with the necessary material. In-depth semi – structured interview was prepared and the interview was provided for managers of the selected hospitals by the principal investigator .Two health officers were assigned for supervision of data collectors.

### 4.8 Data analysis

Data was entered into a computer, edited, cleaned and analysis was done using SPSS version 16.0 packages. Univariate analysis was conducted to check for outliers, consistencies and to identify missed values. Chi-square analysis was used to assess the association between dependant and independent variables under study and the motivational status of health professionals as measured by OR and 95% CI and p-values less than 0.05 was considered as significant. Mean score was used to identify level of factors affecting motivation.

### 4.9 Data quality assurance

Item selection was guided by Maslow and Herzberg's theories and the initial version of the instrument contained 48 items. To enhance content validity, three experts in human resource management reviewed the items for appropriateness, clarity and completeness, and the instrument in its entirety for appearance, item sequence resulting in the removal of 19 vague, ambiguous, redundant and irrelevant items. The resulting 29 item instrument was pilot-tested in Alert Hospital, and instrument straightforwardness, and acceptance were confirmed.

A one day training was provided for data collectors and supervisors and all collected data were reviewed daily by supervisors and principal investigator for completeness, accuracy, and clarity carefully. Any error, ambiguity or incompleteness encountered was addressed on the following day before starting next day activities.

## 4.10 Operational definition

**Level of motivation:** The motivation level is considered as the measured output of the aggregate response of study subjects for different motivational factors or items.

A study subject is said to be **Motivated** -when he/she is agreed or strongly agreed to the constructed motivational factors or items and get mean score value of 3.5 and above.

A study subject is said to be **Not Motivated** - when he/she is disagree, strongly disagreed or uncertain to the constructed motivational factors or items and get mean score value of less than 3.5 .

**Extrinsic motivating factor** – It is an external stimuli that encourage someone to do a certain task such as money, bonus .

**Intrinsic motivating factors-** It is the motivation we get from inside ourselves, without any other external rewards, when doing something.

**Job related factors-** These are intrinsic factors related to working environment, availability of training and skill development opportunity, transparency, availability of work guideline including job description.

**Remuneration factors-** These are extrinsic factors related to financial incentives like salary, rewards.

**Co-worker factors-** These are intrinsic factors related to colleague and management relationship, appreciation and support and availability of teamwork.

**Achievement factors-** These are intrinsic factors related to personal career development, hard and interesting job and career change.

**Working condition:** Working conditions refers to the working environment related to working hours, physical aspects, legal rights and responsibilities.

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**Supervision:** The routine or periodical inspection or act of overseeing doctors and nurses by immediate boss in hospitals.

**Salary-** The state of payment given to doctors and nurses monthly in return for the services they rendered.

**Career development:** The presence of an ongoing, lifelong process to help doctors and nurses' learns and achieves more in their career. It also includes learning new skills, and

making improvements to help them in their career. It represents the entire sequence of activities and events related to doctors and nurse' career.

**Responsibility:** the ability or authority of doctors and nurses to act or decide on their own, without supervision.

**Goals-** The extent of understanding of doctors and nurses regarding the organizational objective, visions etc.

**Nurses:** All types of nurses including those involved in different nursing specialties .

**Doctors:** All types of physicians including specialists and general practitioners**.**

**Managerial position:** Those doctors and nurses who are appointed in different level of work position**.**

### 4.11 Ethical consideration

Ethical clearance was initially obtained from Jimma University college of Public Health and Medical Sciences Ethical Committee. Further, written consent was secured from FMOH. Each study subjects were informed by data supervisor about the objective of the study to obtain their willingness before starting any data administration. Emphasis to ensure confidentiality and respect of the right of the study subject to refuse answering few or all of the questions was made and name of the study subject was not recorded. All the information collected from the study subjects were used for the research purpose only.

### 4.12 Dissemination of Results

The result of this study will be disseminated to relevant bodies such as Jimma University, college of Public Health and Medical Sciences, Federal Ministry of Health, selected Hospitals and all other concerned parties. Also the findings of this study will be made ready for possible publication .

### 4.13 Limitation of the study

- Social desirability bias.

# CHAPTER 5: RESULT

## 5. 1. Quantitative study finding

### 5.1.1 Socio- demographic description of respondents.

A total of 542 study subjects were enrolled in the study, among these majority, 480(88.6%) were Nurses and small proportion 62(11.4%) were Doctors making the response rate 92.5%.

About 164(30.3%) of the study subjects were males and 378(69.7%) were females. With regard to the age of the study subjects, Majority, 312(57.6%) of the study subjects were under 35 years. Among the study subjects,191(35%), were from Federal where as 351(65%), were from Addis Ababa hospital.

Regarding service year, Majority, 224(41.3%) of the study subjects have been giving service for less than 5 years while 172(31.7%) and 146(26.9%) have served for 5-10 and > 10 years respectively. Majority, 271(51.1%) of the study subjects also have earned monthly salary of less than 2500 Birr while 181(33.%) and 74(16.%) earned 2501-3000 and > 3000 Birr respectively. Regarding managerial position held, 67(59.%), 44(39.%) and 3(2.6%) were case team leaders, Head nurses and medical directors respectively
( See Table 1).

**Table 1. Socio-demographic characteristics of the study subjects by Hospitals. March 2012, Addis Ababa, Ethiopia.**

| Characteristics | Hospitals | | Total |
|---|---|---|---|
| | Federal Hospitals | Addis Ababa Hospitals | |
| **Sex** | | | |
| Male | 71(43%) | 93(57%) | 164(30.2%) |
| Female | 120(32%) | 258(68%) | 378(69.8%) |
| **Age Group** | | | |
| <35 years | 116(37%) | 196(63%) | 312(57.6%) |
| 35-44 Years | 37(29%) | 90(71%) | 127(23% |
| >=45 | 38(37%) | 65(63%) | 103(19%) |
| **Profession** | | | |
| Nurse | 169(35%) | 311(65%) | 480(85%) |
| Doctors | 22(35%) | 40(65%) | 62(15%) |
| **Service year** | | | |
| <5 year | 101(45%) | 123(55%) | 224(41%) |
| 5-10 year | 31(18%) | 141(82%) | 172(32%) |
| >10 year | 59(40%) | 87(60%) | 146(27%) |
| **Income** | | | |
| <2500 Birr | 99(36%) | 178(64%) | 277(51%) |
| 2501-3000 Birr | 62(34%) | 119(66%) | 181(33%) |
| >3000 Birr | 20(27%) | 54(73%) | 74 (16%) |
| **Managerial position** | | | |
| Head Nurse | 23(52%) | 21(48%) | 44(39%) |
| Medical Director | 1(33%) | 2(67%) | 3(2.6%) |
| Case team leader | 12(18%) | 55(82%) | 67(59%) |

### 5.1.2 Motivation by Job related factors

Among the thirteen items to measure job related factors by profession, both doctors and nurses with overall maximum mean score value of 3.64 had a feeling of enjoyment with their work , On the contrary, nurses with a minimum score value of 2.39 revealed that they were not motivated because of lack of good opportunity for training and skill development in their hospitals. Likewise, a total mean score value of 2.50 for both doctors and nurses also revealed that there was no managerial transparency and staff involvement in managerial decision making on hospital related issues. On the other hand, a total mean score value of 2.61 on both doctors and nurses showed that there was no good and constructive supervisory visit in their hospitals and also a total mean score value of 2.73 on both doctors and nurses revealed that they were not happy with their working environment. Both doctors and nurses had no a chance of getting updated information as it was revealed by the total mean score value of 2.49 ( See Table 2).

**Table 2 –Mean score of job-related motivational factors among doctors and nurses March 2012, Addis Ababa, Ethiopia.**

| Factors | Doctors | Nurses | Mean total (Total Std) |
|---|---|---|---|
| | Mean (St.d) | Mean(Std.) | |
| Job has more advantage | 3.31(1.43) | 3.32(1.43) | 3.32(1.43) |
| Enjoy with work | 3.77(1.16) | 3.62(1.26) | 3.64(1.25) |
| Satisfied with work | 3.60(1.13) | 3.52(1.24) | 3.53(1.23) |
| Having sufficient time for patient | 3.31(1.28) | 3.19(1.25) | 3.20(1.25) |
| Having non-clinical task | 3.05(1.35) | 3.24(1.19) | 3.22(1.21) |
| Good opportunity for training | 3.21(6.64) | 2.39(1.29) | 2.48(2.55) |
| Happy with working environment | 2.48(1.14) | 2.77(1.87) | 2.73(1.80) |
| Staff involvement indecision making | 2.58(1.27) | 2.49(1.25) | 2.50(1.25) |
| Good managerial supervisory visit | 2.60(1.13) | 2.60(1.25) | 2.61(1.24) |
| Information about hospital goals | 3.19(1.26) | 3.22(1.28) | 3.22(1.28) |
| Knowing job description | 3.68(1.31) | 3.61(1.25) | 3.62(1.25) |
| Getting updated information | 2.44(1.01) | 2.50(1.22) | 2.49(1.20) |
| Being busy with heavy work load | 3.42(1.22) | 3.64(1.22) | 3.61(1.13) |

### 5.1.3 Motivation by co- worker Factors

Among the seven items to measure co-worker factors by profession, a total mean score value of 4.19 and 3.55 for both doctors and nurses showed that there was good relationship and team work between staffs respectively. On the contrary, a total mean score value of 2.54 and 2.64 showed that there was no appreciation and support by top managers and managers had no concern to staffs respectively (See table 3).

**Table 3- Mean score of co-worker related motivational factors among doctors and nurses March 2012, Addis Ababa, Ethiopia.**

| | **Doctors** | **Nurses** | **Mean total (Total Std)** |
|---|---|---|---|
| **Factors** | Mean (St.d) | Mean(Std.) | |
| Good working relation ship | 4.16(0.75) | 4.19(.58) | 4.19(1.51) |
| Staff and management cooperation | 3.06(.17) | 3.09(1.22) | 3.08(1.22) |
| Clear channel of communication | 3.13(1.10) | 3.16(1.20) | 3.15(1.19) |
| Management concern to staffs | 2.69(1.22) | 2.63(1.27) | 2.64(1.26) |
| Depending on collogues | 3.19(1.06) | 2.85(1.21) | 2.89(1.35) |
| Appreciation and support | 2.55(1.16) | 2.54(1.28) | 2.54(1.27) |
| Good atmosphere of team work | 3.31(1.08) | 3.58(1.15) | 3.55(1.14) |

### 5.1.4 Motivation by remuneration factors

Among the four items to measure remuneration factors by profession, a total mean score value 3.56 for both doctors and nurses showed that there was a feeling of initiation for a better work performance if there was an increanment of salary. On the other hand, a total mean score value of 1.88 revealed that their income was not proportional to the their work for both doctors and nurses . The same total mean score result (1.88) also revealed that both doctors and nurses were not happy associated with the lack of transportation service (See table 4).

**Table 4- Mean score of remuneration related motivational factors among doctors and nurses. March 2012, Addis Ababa, Ethiopia.**

| Factors | Doctors | Nurses | Mean total (Total Std) |
|---|---|---|---|
| | Mean (St.d) | Mean(Std.) | |
| Income proportional with work | 1.85(8.46) | 1.89(.05) | 1.88(1.03) |
| Happy with the transportation service of the institution | 2.10(1.06) | 1.86(1.13) | 1.88(1.13) |
| Reward for the better accomplished work | 1.87(0.94) | 2.10(1.18) | 2.07(1.15) |
| Initiation for increanment of salary | 3.97(1.00) | 3.50(1.44) | 3.56(1.40) |

**5.1.5 Motivation by achievement factors**.

Among the five items to measure achievement factor by profession, a mean score value of 3.53, revealed that nurses would not like to change more their career than doctors .On the other hand, a total mean score result of 3.27, 3.31 and 3.41 for both doctors and nurses showed that there was no personal growth opportunity, no opportunity to have a hard but interesting job and no satisfaction with professional advancement respectively (See table 5).

**Table 5-Mean score of achievement related motivational factors among doctors and nurses March 2012, Addis Ababa, Ethiopia.**

| Factors | Doctors | Nurses | Mean total (Total Std) |
|---|---|---|---|
| | Mean (St.d) | Mean(Std.) | |
| Personal growth | 3.19(1.21) | 3.28(1.29) | 3.27(1.28) |
| Career change | 3.13(1.27) | 3.53(1.23) | 3.48(1.24) |
| Satisfaction with hard but interesting job | 3.21(1.16) | 3.32(1.13) | 3.31(1.13) |
| Satisfaction with professional advancement | 3.24(1.26) | 3.43(1.26) | 3.41(1.26) |
| No same decision for career choice | 3.11(1.32) | 2.98(.29) | 3.00(1.29 |

From The overall maximum mean scores for each motivating factors (job related, co-worker, remuneration and achievement factors ) , the number one ranked factors affecting motivation was Job Attribute factor with mean score 3.64(1.25) which was higher than all the others. The motivating factor by professional subgroup was remuneration factor for Doctors and job attribute factor for nurses .The least ranked motivator by all subgroups was co-workers for which the mean score was lower than all the others (See table 6).

**Table 6: Over all Mean scores of motivating factor among doctors and nurses March 2012, Addis Ababa, Ethiopia.**

| Items | Overall | Doctors | Nurses |
|---|---|---|---|
| Job Attributes | 3.64(1.25) | 3.77(1.16) | 3.62(1.26) |
| Remuneration | 3.56(1.41) | 3.97(1.00) | 3.50(1.44) |
| Co-workers | 3.15(1.19) | 3.13 (1.12) | 3.16(1.20) |
| Achievements | 3.48(1.24) | 3.15(1.27) | 3.53(1.23) |

Reported on a 1-5 scale with higher values corresponding to higher motivation

The overall motivation level of the study subjects by sex, profession, age group, hospital type, service year, income and level of managerial position became 45%. But, when we measured the level of motivation of the study subjects with individual socio-demographic variables, it was found that 195(55.7%) of the study subjects working in Addis Ababa hospitals were found to be more likely motivated than those working in Federal hospitals. This revealed that hospital type was highly and significantly associated with level of motivation (AOR=3.4; 95%CI: 2.31-5.02). On the other hand, Amount of income had a significant association with motivation that 42( 57.5%) of those study subjects earning > 3000 birr monthly salary were more likely motivated than those earning <2500 and 2501-3000 birr respectively (AOR= 1.8(1.02- 3.0.4). Concerning level of managerial position, 63(53.8%) of those under different level of managerial position were more motivated than those professionals without managerial position (AOR=1.68; 1.03-2.49) . Type of profession, sex and age were not significantly associated with motivation in this study (Table7).

**Table 7: level of motivation related to the Socio-demographic characteristics March 2012, Addis Ababa, Ethiopia.**

| Characteristics | Motivational Level | | COR(95%CI) | AOR(95%CI) |
|---|---|---|---|---|
| | Motivated | Not motivated | | |
| **Profession** | | | | |
| Nurses | 216(45.1%) | 263(54.9%) | 0.84(0.49-1.44) | |
| Doctors | 30(49.2%) | 31(50.8%) | 1.00 | |
| **Sex** | | | | |
| Male | 74(45.4%) | 89(54.6%) | 1.0(0.68-1.43) | |
| Female | 172(45.6%) | 205(54.4%) | 1.00 | |
| **Age group** | | | | |
| <35 years | 128(41.2%) | 183(58.8%) | 0.64(4.13-1.01) | |
| 35-44 years | 65(51.2%) | 62(48.8%) | 0.96(0.57-1.63) | |
| >= 45 years | 53(52.0%) | 49(48.0%) | 1.00 | |
| **Hospital** | | | | |
| AA Hospital | 195(55.7%) | 155(44.3%) | 3.4(2.33-5.03)** | 3.4(2.31-5.02)** |
| Federal Hospital | 51(26.8%) | 139(73.2%) | 1.00 | 1.00 |
| **Service Year** | | | | |
| < 5 years | 90(40.5%) | 132(59.5%) | 1.00 | |
| 5-10 Years | 88(51.2%) | 84(48.8%) | 1.5(1.02-2.29)* | |
| > 10 years | 68(46.6%) | 78(53.4%) | 1.27(0.83-1.29) | |
| **Income** | | | | |
| < 2500 Birr | 114(41.3%) | 162(58.7%) | 1.00 | 1.00 |
| 2501-3000 Birr | 90(47.1%) | 101(52.9%) | 0.65(0.38-1.3) | 1.4(0.76-2.38) |
| > 3000 Birr | 42(57.5%) | 31(42.5%) | 0.51(0.30-0.87)* | 1.8(1.02-3.04)* |
| **Managerial position** | | | | |
| Yes | 63(55.8%) | 50(44.2%) | 1.68(1.10-2.55)* | 1.6(1.03-2.49)* |
| No | 183(42.9%) | 244(57.1%) | 1.00 | 1.00 |

* Significantly associated
** Highly significantly associated

## 6.3 Qualitative results

### Availability of Financial incentives

Except one hospital manager, all managers of the four hospitals confirmed that there was no planned and established financial incentive mechanism except the previously established special pharmacy that only gives benefits to pharmacy professionals. The only hospital manager was asked whether they had established a financial incentive mechanism. She said ‘’*we have started recently a private wing service with the objectives of retaining doctors. This was not of course, our only objective it was also the government objectives to decrease attrition rate. On the other way, we have already good duty payment to our health workers .particularly doctors have a chance to get housing* ‘’ (In-depth interview, a 45 year manager )..

### Situation of hospital working environment

All hospital managers confirmed that the working environment related to safety, was not that much satisfactory. particularly, the manager of Amanuel hospital explained it as ‘‘*our hospital is situated around the market area and the working space is also very confined with old building that was built in the period of Italian invasion so I can not say our hospital working environment is convenient and safe to staffs .Any way, we are constructing a new building so that our working environment will be improved* ‘’ (In-depth interview, a 48 year manager)

### Availability of training and skill development opportunity

All of the hospital managers agreed that there was no a long term training opportunity given to nurses . Most of the time doctors had a chance for a specialty training by taking sponsorship from the hospitals. In addition, a short term training such as workshop, seminars and refresher course etc. were given as necessary to health professionals. Hospital managers also confirmed that their human resource department was not well strengthened to make a plan based training *(In-depth interview, managers)*

### Availability of supervisory support and appreciation

According to all the managers explanation, there was no trend of periodical supervision to monitor, evaluate, support appreciate and reward workers in their hospitals because all managers were usually engaged with the routine and day-today activity. Otherwise, they conduct supervision only when necessary and randomly. Particularly, one hospital manager said ” *we managers are so busy. we are engaged with many new initiative*

*programs , attend meeting frequently with higher officials. Hence, we have no sufficient time to supervise and appreciate our workers.''* (In-depth interview, a 35 year manager)

**Availability of transparency between management and staffs.**

Although All mangers confirmed that There was a clear channel of communication between staffs and managers, the transparency to give updated information to staffs and involvement of staffs in management decision related to hospital issues was not that much satisfactory. As the managers said *"This was because of no previous trend to involve staffs in managerial issues."*

**Availability of transportation service**.

Though the federal hospital managers supply transportation service to their staffs, Addis Abeba hospitals do not supply service. Hence, one hospital manager was asked about the supply of transportation service to the staffs .she said " *we Addis Ababa hospitals have not yet started supply of transportation service to our staffs like the federal hospitals . we know that this might bring about a feeling of inequity between the federal and Addis Ababa hospital staffs. I am sure this will be improved in the coming months as we have been dealing with higher officials''*(In-depth interview, a 40 year old manager)

## CHAPTER 6: DISCUSSIONS

Employee motivation is important in predicting systems stability and reduce high staff turnover (5). This study showed that the overall level of motivation of doctors and nurses working in both federal and Addis Ababa hospitals was 45%. According to the result obtained from the analysis of identification of association between socio-demographic characteristics and motivation level, it was known that place of work or hospital type, Amount of income and level of managerial position held were found to be the major determinants of level of motivation among doctors and nurses working in both Addis Ababa and federal hospitals.

As the observed result indicated, those professionals working in Addis Ababa hospitals were more motivated than the federals. This motivational difference probably attributed and confirmed by the CEOs of the federal hospitals during in-depth interview session to have low performance of financial incentive mechanism in the federal hospitals. On the contrary, the CEOs of the Addis Ababa hospitals confirmed during in-depth interview session that they established good financial incentive system that focus more on satisfactory duty payment and provision of housing.

Regarding income amount, those study subjects earning monthly income amount greater than 3000 Birr were found to be 1.8 times more motivated than those earning less than 2500 Birr. This finding is similar with reports from a study conducted in Dubai by British university on health worker motivation and retention in developing countries based on identified seven themes; it was found that 90% of respondent agreed on the importance of financial incentives.

Concerning the level of managerial position, those Study subjects with different levels of managerial position were 1.6 times more motivated than those without managerial position .This implies that appointing or assigning an individual on any level of managerial position had impact on increasing motivation.

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As the previous result concerning job related factors indicated us, nurses had low motivation because of lack of good opportunity for training and skill development in their hospitals. According to the in-depth interview result, hospital managers confirmed that their human resource department was not well strengthened to make a plan based training .Regarding managerial transparency and staff involvement in different hospital related issues, all doctors and nurses confirmed that there was no transparency for different managerial decisions and staff involvement was also weak so that managers decide only by their own interest.

Likewise, both doctors and nurses agreed that there was no good and constructive periodical supervisory visit in their hospitals. According to the in-depth interview result, most of the managers believed that there was no trend for periodical supervisory visit except an irregular visit conducted when an urgent situation or unusual things happened.

Concerning working environment, both doctors and nurses revealed that they were not happy with their working environment. During in-depth interview, this response is supported by the managers of two hospital that they had a problem of space ,hindering them from performing new initiatives such as the implementation of new hospital reform initiatives and making the working environment convenient to staffs.

As to the appreciation and support given to staffs by managers, both doctors and nurses reported that there was no appreciation and support by top managers and managers had no concern to staffs particularly on social aspects. The in-depth interview response confirmed this response that there was no trend previously to appreciate staffs by managers. This is attributed to the routine engagement of managers on routine activities.

According to the response of doctors and nurses, the income which they had been earning was not proportional to their work. During in-depth interview, some of the hospital managers particularly the federals confirmed that they had not started financial incentive mechanisms like private wing. On the other hand, those doctors and nurses were not happy with the lack of transportation service .As to the response of in-depth interview,

this problem particularly goes to the Addis Ababa hospitals as they did not start provision of a transportation service to their staffs.

From the overall mean score result of motivational factors, the number one ranked factors affecting motivation was Job Attribute factors with mean score 3.64(1.25) which was higher than all the other three main factors affecting motivation. The motivating factor by professional subgroup was remuneration factor for Doctors and job attribute factor for nurses).

The least ranked motivator by all subgroups was co-worker factor for which the mean score was lower than all the others. But study conducted in Cyprus in 2010 on motivation and job satisfaction among medical and nursing staff in Cyprus, namely the Nicosia General Hospital showed that achievements, which was significantly higher than all the others both for the overall sample, and by professional sub group. This finding is consistent with reports from cross-sectional survey of public health workers in Andhra Pradesh and Uttar Pradesh, India revealed that there was high variability in the ratings for areas of satisfaction and motivation across the different practice settings. Four groups of factors were identified, with those relating to job content and work environment viewed as the most important characteristics of the ideal job, and rated higher than a good income (17).

The second highest ranked motivator was similar to this study remuneration factors, however remuneration as the second ranked in the current study for doctors while it was co-worker factors as the second strongest motivating factor for Nicosia general hospital.

Although similar survey conducted in Greek under the title identifying important motivational factors among health care professionals in Greek hospitals showed that the number one ranked motivator was achievement factor which was significantly higher than all the others both for the overall sample, and by professional subgroup, The next ranked motivator was remuneration which is similar to our study., except for nurses which ranked co-worker factor as the second strongest motivating factor. The least ranked motivator by all subgroups was job attributes for which the mean score was significantly lower than all the others. (25).

# CHAPTER 7: CONCLUSION and RECOMMENDATIONS

## 7.1 Conclusion

In conclusion, the finding of this study confirmed that -

- The level of motivation of doctors and nurses was 45%.
- The major factors affecting motivation were
    - Place of work or type of hospitals
    - Income amount
    - Level of managerial position
- job attribute factors were found to be the most highly ranked factors affecting the motivation of doctors and nurses. These includes
    - Availability of training and skill development opportunity
    - Improving working environment
    - Periodical supervisory visit
    - Transparency
    - Appreciation and support

## 7.2 Recommendation

Hospital managers should give special attention to the items of job related factors and Integrated work should be carried out to increase professional's motivation. Based on this fact, it is recommended that:

- The Federal hospitals (Emanuel and St.piter, hospital) should identify and establish financial incentive mechanism systems so as to improve the recruitment and retention of health care personnel.
- Both the federal and AA regional Hospitals should give responsibility position at each level to their staffs in their respective field of works. This might motivate and empower individuals more than financial incentives
- Implementation of the existing strategy on improving the training and skill development opportunity especially for nurses is highly recommended.
- Hospital Managers should improve their working environment as some peoples become motivated with good and safe working environment.

- Hospital Managers should start periodical supervisory visit as some employees become motivated when they are being supervised and appreciated by top managers.

- Hospital managers should be transparent in hospital related issues to staffs and information should be ready and available including the hospital goals and objectives to enhance employee motivation.

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# Annexes

## Data Collection Format

First of all, I would like to thank you for your dedication to answer this question. The overall aim of this research is to assess factors affecting the motivation of doctors and nurses working in the public hospital of Addis Ababa and to make recommendation for improving staff motivation based on the findings. Therefore, this part of the questionnaire is intended to gather information about you .So, please try to answer the question by writing the information required or by putting " X 'sign on the space(s) provided or make a circle. No need of writing your name. Moreover, you are free not to fill all or part of the questionnaire if you are not interested.

Hospital_____ Department/ case team_____

**Part – 1. General information**

**Demographic Characteristics of the Study Population**

| S.No | Question item | Responses value | |
|---|---|---|---|
| 1 | Sex | 1_____Male<br>2_____Female | |
| 2 | Age | 1_____Years | |
| 3 | How long have you worked at this hospital? | 1_____Year<br>2_____Month | |
| 4 | Your level of education | Diploma Nurse | BSC Nurse |
| | | GP | Specialist |
| 5 | Are you in any responsibility position in the hospital? | Head Nurse | Medical director |
| | | Case Team leader | |
| | | No responsibility | Other_____ |
| 6 | Your Monthly salary | _____ | |

## Part 2. Evaluation of Job attributing factors

Kindly decide how you feel about the aspect of your job described by the statement and tick the appropriate box.

| | Job related factors | Strongly agree 5 | Agree 4 | Uncertain 3 | Disagree 2 | Strongly Disagree 1 |
|---|---|---|---|---|---|---|
| 7 | My job has more advantage than disadvantage | | | | | |
| 8 | I am really enjoyed with work | | | | | |
| 9 | In general I am satisfied with my work | | | | | |
| 10 | I have sufficient time for each patient | | | | | |
| 11 | There are no many non- clinical task that I do | | | | | |
| 12 | I have good opportunity for training and skill development in this hospital | | | | | |
| 13 | I am happy with the working environment | | | | | |
| 14 | Management does involve staffs in decision making | | | | | |
| 15 | There is good supervisory visit by manager | | | | | |
| 16 | I have enough information and knowledge about the hospital goals | | | | | |
| 17 | I know my job description well | | | | | |
| 18 | I can get updated information always in this hospital | | | | | |
| 19 | I am am not always busy with heavy work load | | | | | |

| Co- worker factors | | Strongly agree 5 | Agree 4 | Uncertain 3 | Disagree 2 | Strongly Disagree 1 |
|---|---|---|---|---|---|---|
| 20 | I have good working relationships with my colleagues | | | | | |
| 21 | There is an atmosphere of co-operation between staff and management | | | | | |
| 22 | There is a clear channel of communication at my work place | | | | | |
| 23 | My manager is concerned about my well being | | | | | |
| 24 | I can depend on my colleagues for support | | | | | |
| 25 | There is appreciation and support by managers | | | | | |
| 26 | There is good atmosphere of team work with co-workers | | | | | |
| **Remuneration factor** | | | | | | |
| 27 | My income is proportional to the work I do | | | | | |
| 28 | I am happy with the transportation service of the institution | | | | | |
| 29 | There is rewarding system for the better accomplished job | | | | | |
| 30 | I really become initiated if there is periodical increanment of salary | | | | | |
| **Achievement factors** | | | | | | |
| 31 | There is personal growth in my work | | | | | |
| 32 | I would not like to change my career | | | | | |
| 33 | I am satisfied with my hard but interesting job | | | | | |
| 34 | I am satisfied with my professional advancement | | | | | |
| 35 | If I could choose the career again, I would not make the same decision | | | | | |

**In-depth interview Questionnaire for hospital managers to identify factors Affecting motivation of doctors in Addis Ababa hospitals, March 2012.**

1. Is there any skill development and training opportunity in your hospital for your staffs? What type?
2. Please describe the type of incentive mechanism in your hospital?
3. Do you believe the hospital working environment is suitable and safe to the staffs?
4. Is there periodical supervisory visit in your hospitals?
5. Do all your staffs know their job description well?
6. Is there a clear channel of communication between your staffs and management?
7. Do you believe that there is appreciation and support to your staffs by managers?
8. Is there a practice of rewarding system for the best performer in your hospital?
9. Is there a system of career development structure in your hospitals?
10. Can you tell me how your human resource development planning system looks like in your hospitals?

## ASSURANCE OF PRINCIPAL INVESTIGATOR

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

Name: _____

Signature: _____

Name of the institution: _____

Date of submission: _____

**This thesis has been submitted for examination with my approval as University advisor**

**Name and Signature of the first advisor**

_____

Date_____ Signature_____

**Name and Signature of the second advisor**

_____

Date_____ Signature_____

Name and Signature of internal examiner for approval

Name_____

Date_____ Signature_____