Assessment of factors contributing to motivation of health care workers in public health facilities in Gedeo Zone, Southern Nations, Nationalities, and People's Region

By: Ayidagn Getachew, (BSc.)

A Thesis paper to be submitted to Jimma University, College of Public health and Medical sciences, Department of health Planning and health services management; in partial fulfillment for the requirements for the degree of masters of public health in Health services management

May, 2011

JIMMA, ETHIOPIA

Assessment of factors contributing to motivation of Health care workers in public health facilities in Gedeo Zone, Southern Nations, Nationalities, and People's Region

By: Ayidagn Getachew, (BSc.)

Advisors: - Mr. Yohannes H/Michael (MPH)

`- Mr. Yohannes Ejigu(MSc.)

May, 2011

JIMMA, ETHIOPIA

ABSTRACT

Background: - The quality of performance in health facilities to a large extent depends on available human resource mix and their motivation. Although employee motivation is a significant element of health systems performance, it is largely understudied and little attention has been paid to this issue in developing and poor countries. In Ethiopia fewer studies were mostly on **physician and nurse's motivation, and furthermore** little is known about which determinants of motivation are most important to different cadres of workers. Hence this study was an attempt to address this information gap.

Objective: - To assess factors contributing to motivation of health care workers in public health facilities in Gedeo Zone, South nations, nationalities, and people's region.

Methods: - Facility based Cross-sectional study design were used, using both quantitative and qualitative data collection method. The study was conducted from March to April 2011 in Gedeo Zone. Stratified sampling technique was used and the sampling frame in this study were divided in to five groups (stratum) as 1/ physicians, 2/ nurses 3/ other health professionals 4/ health extension workers and 5/ supporting staffs. Data entered to epi-data and exported to SPSS version 16.0 for analysis. Each scale was subjected to factor analysis to investigate the underlying components and to reduce the number of items based on eigenvalue. Appropriate statistical procedures (descriptive analysis such as: frequency, percentage and graph) were used for description and inference and Multiple linear regression was used to identify predictors of motivation

Result: - A total of 311 health care workers participated in this study. These were 8(2.5%) physicians, 114(36.7%) nurses, 42(13.5) other health professionals, 88(28.3%) health extension workers and 59(19%) supportive staffs. The ranked order of motivation determinants for all study subjects were (i) social reward, ii) respect by community, iii) professional advancement and iv) rule of health facility. The mean motivational level scores for the five professional category ranged from 7.5 (Physicians) to 15.6 (Supportive staffs), and on overall motivation about 40% of the study subjects scored above uncertain.

Conclusion and recommendation: The results of this study are in agreement with the literatures which focused on Health care worker's motivation. And the respondents in this study reported that the socio-cultural and organizational factors were major motivational determinants. In motivating workers, Provision of opportunities, such as professional advancement, career development & training, should be fair and based on work performance.

ACKNOWLEDGMENTS

My especial gratitude and appreciation goes to my advisors Mr. Yohannis H/mikael and Mr. Yohannis Ejigu for their unreserved encouragements and provision of constructive comments and guidance from the beginning to the end of this research.

I would like to express my heartfelt gratitude to Jimma University for funding my thesis and giving me this educative and golden opportunity.

I am also grateful to Gedeo zone Health department, Disease prevention and health promotion core process coordinator and managers of health facilities for providing me the necessary information and cooperation.

My deepest gratitude also goes to the data collectors, supervisor and respondents without whom this thesis would not have been realized.

Last but not the least; I would like to thank my family members and friends for their continuous support.

TABLE OF CONTENT

LIST OF TABLES

LIST OF FIGURES

ACRONYMS

FGD: - Focus Group Discussion

FLHW:-Front Line Health Workers

HA: - Health Assistants

HO: Health Officer

HP: Health professionals

HCP: - Health care provider

HEW:-Health Extension Workers

HIV/AIDS: - Human immune deficiency Virus /Acquired immune deficiency syndrome

HSDP: - Health Sector Development Program

HR: - Human Resources

HRM:-Human Resources Management

JU: - Jimma University

MDGs: - Millennium Development Goals

MPH: - Master of Public Health

NGOs: - None Governmental Organization

OHP:- Other Health Professionals

SNNPR: - Southern Nations, Nationalities, and People's Region

USAID: - United States Agency for International Development

WHO:-World Health Organization

CHAPTER ONE: INTRODUCTION

1.1Background

According to World Health Organization (WHO), there is a worldwide estimated shortage of 4.3 million health workers, mainly in south Asia and Africa (1). These areas also suffer the greatest burden of disease, for example Sub-Saharan Africa and Southeast Asia together have 53% of the global disease burden. On other hand these areas are struggling to control the disease burden with a much smaller health workforce, that is they have only 15% of the world's health care workforce (1,2). Hence the current human resources shortage in the health sector – mainly of sub-Saharan African countries threatens the realization of plans for scaling up interventions to control the spread of diseases such as HIV/AIDS, malaria and tuberculosis (3).

With respect to existing human resources, the low level of health care provider's (HCP) motivation has often been identified as a central problem in health service delivery (1). In fact, the decision of health workers to migrate to other countries or take employment in the private sector is not due solely to de-motivation caused by insufficient salaries and extreme working conditions, but is also influenced by the difficult environment (4). Until recently, human resources have been overlooked during the course of health sector reforms .The Joint Learning Initiative, World Health Organization, and the Global Health Workforce Alliance have been focusing attention on health workers, particularly on the pervasive problems with staffing shortages, poor job conditions, low remuneration, and extensive migration (15).

As the backbone of the health system, health workers usually account for the largest share of public expenditures on health. The presence of high-quality, motivated staff is a key aspect of health system performance, but also one of the most difficult inputs to ensure (5). Ultimately, success or failure in attracting health staff to rural facilities or retaining them in rural posts depends on health workers' preferences and choices. A growing body of evidence shows that non-wage job attributes, such as training opportunities, career development prospects, and living and working conditions, play a role in what health workers choose (6). Despite interest in the issue of human resources for health, and the question of what can be done to strengthen health worker motivation in developing countries has so far not received much attention (7).

In Ethiopia the rural and remote areas are particularly underserved by health workers. Nationally representative data disaggregating health workers' location by rural and urban areas are not available. However, data from Ethiopia's Ministry of Health indicate that in 2004 about 20 percent, approximately 1,000 physicians classified as operating in the "public sector" worked in the capital, Addis Ababa, the nation's largest urban city and hometown for about 5 percent of the country's population (1). And on other hand, no studies so far conducted in Gedeo zone to assess health care workers motivation in health facilities.

1.2 Statement of the Problem

The workforce is the most important input to any health system and has a strong impact on overall health system performance (8). Human resource management, in the sense of getting things done through people, is an essential part of every manager's responsibilities (9). Of all the functions a manager performs, motivating employees is the most complex task but managers can satisfy employees so they become motivated and result in benefiting people as well as the organization and then contribute to the improvement of the health system as a whole (10). Individuals benefit from better need satisfaction and increased energy to use in meeting more needs. Yet, the reality for many organizations is that their people remain undervalued, under trained, underutilized, poorly motivated, and consequently, perform below their true capability (9). Indeed, the availability of trained, qualified and motivated health workers is a necessary condition for effective health service delivery (12). Motivation is not only important for patient satisfaction, productivity, and health sector performance but also in retaining well-performing staff.

Low levels of motivation of health care provider (HCP) have been identified as a central problem in the human resource crisis and consequently, health service delivery and quality (7). It contributes to the insufficient translation of knowledge, the underutilization of available resources and weak health system (13, 14). Low motivation has a negative impact on the performance of individual health workers, facilities and the health system as a whole. Moreover, it adds to the push factors for migration of health workers (10, 15), which contributes to the brain drain of the health manpower in Africa from one country to another or from rural to urban areas within the same country (19). There for, a motivated workforce is critical in retaining qualified health staff and the achievement of health services targets (16).

The African continent is currently facing serious human resource crisis in the health sector (1, 7). These severe human resource shortages have affected the ability of many countries to initiate and sustain credible health services. Although several reforms and policies have been developed to address health problems in the continent (17), little

attention has been given to required human resources and their motivation. The quality of performance in health facilities to a large extent depends on available human resource mix and their motivation (7). Sub-Saharan Africa has the lowest health worker to population ratio in the world, a situation that has recently worsened partially due to migration of the few available workers to other countries. For example, a study conducted in Ghana in 2002 reported that out of the 150 medical officers who were trained in three medical schools in Ghana, 50% left the country within the second year and 80% left by the fifth year (17).

Demands and shortage of skilled human power can be magnified in dense, urban cities in developing countries. Thus, the challenges with respect to HCP's motivation in these areas may require particular consideration. Although employee motivation is a significant element of health systems performance, it is largely understudied (19) and little attention has been paid to this issue in developing and poor countries (20). Not enough is currently known about which determinants of motivation are most important to different cadres of workers in developing countries (19, 21-22). Specifically, even fewer studies have concentrated on **physician motivation** only (23).

The Ethiopian health sector faces a number of challenges related to human resources, like shortage of qualified and well trained health workers. In addition to this, there are at least three other challenges regarding human resources for health in Ethiopia; these are: (i) the low satisfaction and motivation of health workers, (ii) the geographical imbalances in the distribution of health workers; and (iii) the high likelihood for health workers' to migrate abroad. Ethiopia, which has one the poorest health outcomes worldwide, also faces these challenges, more so than others (24). According to Annual performance report of HSDP-III EFY 1998 (2006/2007), currently the national average for HEW to Population Ratio is 1:4374, average for a physician to population ratio stands at 1:61,603. In Addis Ababa this proportion is 1:4,817. This variation tends to indicate that there appears to be a concentration of large numbers of physicians in urban centers such as Addis Ababa, Dire Dawa and Harari. The current health officer to population ratio is 1:77,437 and nurse (all categories of nurses) to population ratio is 1:4,601, respectively. And the WHO-recommended staffing level required delivering a basic package of health services to the population, estimated at 2–2.5 health workers per 1,000 populations (25).

A number of strategies have been employed to address the challenge of obtaining an adequate supply of health care professionals in low- and middle-income settings. One strategy includes compulsory rural service for new medical graduate, the case in South Africa (26). And in Thailand, health professionals are encouraged to self-select for service in rural areas (27). Another strategy is to improve working and living conditions in rural posts, including the provision of supportive supervision (27,29). Since low levels of work motivation affect public health systems in many countries, at all income levels, the policymakers should be aware of health worker motivation and its impact on health sector performance because still very little attention has been paid to this topic. It is at least necessary to improve our understanding of what makes the health personnel perform well and what stands in the way of good performance in the study area because motivation of health care workers is influenced by both financial and non-financial incentives (10). And also what motivates employee changes constantly and vary from individuals to individuals (16). Even in a stable work environment, what motivates individual workers fluctuates over time. This study aims at to assess factors contributing to motivation of Health care Worker in public health facilities in Gedeo Zone, Southern Nations, Nationalities, and People's Region, 2011.

CHAPTER TWO: LITERATURE REVIEW

2.1 Literature Review

Determinants of work motivation originate at many levels: - the individual, the immediate organizational work context, the larger health sector context, and the socio-cultural and environmental context. And motivation develops in each individual as a result of the interaction between these determinants (individual, organization and cultural). Motivation can be defined as "the willingness to exert and maintain an effort towards organizational goals" (30). When health workers are asked about their definition of motivation ("What does being motivated mean to you?"), a different understanding emerges. Over 50% of health workers in Benin equate motivation with prospective "encouragement" or retrospective "re-compensation", which is understood as making them work better. Out of these, some explicitly mention financial encouragement. Another consider "being motivated" as having the means and material to work, to get recognition, or other HRM tools, such as awards, supervision and good leadership. Few referred to motivation as the "willingness" or the "pleasure" to do one's work, similar to the above definition, In Kenya, one fifth understands motivation as encouragement (7).

Individual factors

Workers' individual needs, self-concept (values and self-efficacy), and expectations of outcomes are some of the more important individual-level determinants of work motivation (30). An individual's self concept will mediate how much an individual needs external reinforcement for his or her behavior (31). Kanfer (32) identifies two aspects of the internal motivation process: The "will-do" aspect concerns the establishment of congruence between personal goals and the goals of the organization (goal setting). And the "can-do" aspect concerns motivational effectiveness, the extent of individual resources that are mobilized to accomplish adopted goals (goal achievement). Research findings on goal-setting theory have consistently shown that those who try to achieve specific challenging goals perform better than those working with moderate goals, vague goals or no goals at all (33). Specificity of quality and quantity components of goals is also important for effort expended, and those with higher perceptions of self-efficacy expend more energy and develop better strategies for task performance than those who

were less confident (24, 35). Intrinsic (individual) factors like empowerment and autonomy were found as important motivators among primary and secondary health care physicians (30). Similarly serving people work interest, ability to support one-self and family, autonomy, and empowerment were mentioned as motivators from the individual factors among physician in Pakistan (36).

Socio-cultural factors

Outside of the immediate organizational environment, the broader social and cultural context will also contribute to the individual's motivational processes. Cultural dimensions reflect beliefs, values and assumptions that workers carry with them to the workplace. Culture is the composite of individuals, but each individual may have his/her own values that correspond or conflict with those of the general society. A study which was conducted in Lahore, Pakistan to assess Motivational determinants among physicians revealed that socio-cultural factors like respect was an important motivators and in addition disrespect, Poor interpersonal relations, less social rewards, less personal and social time were frequently mentioned as de-motivators (36).

Similarly a study conducted 2006 in Mali, Jordan and Georgia indicated that social rewards such as recognition by employers and communities have been shown to be among the most important motivating factors for health workers among socio-cultural determinants of motivation (16,37).

Tendler and Freedheim (1884) noted that health care workers in Northeast Brazil were more concerned about gaining the respect of their clients than their supervisors (40).

Organizational factors

Organizational structures, processes, culture and resource, as well as information about organizational performance and results will contribute to the motivational processes occurring at the individual level. A particularly important organizational system is the human resource management system which is likely to affect both workers' perception of their own capability and their true capability, through such mechanisms as training, supervision, and more concrete incentives such as remuneration, promotion, and performance review processes. Finally, organizational work culture contributes to the

individual's level of commitment and motivation (30). A study which was carried out in Singapore indicated that worker motivation also depends upon the organizational context (46). Conversely, in the study conducted in Pakistan by Malik et al. the de-motivators reported were more organizational, particularly in current job settings. Among these, less pay was reported the most frequently de-motivator, (42). A finding also echoed in other studies (39, 43-44)**.**

Financial incentives may be important determinants of employee motivation but they are undoubtedly only one among several (42, 45-46). Apart from low salaries, lack of motivation in the workplace can also arise from several other factors, including lack of positive acknowledgment and reward for good service, punitive measures for even infrequent mistakes, and a lack of communication between management and staff. All of these factors contribute to a general lack of work satisfaction, as well as disharmony between managers and workers (47)**.** Studies have found that money is rarely even the most important motivator (37, 47-48). Pay-for-performance was introduced in Indonesia to provide career development and promote productivity with mixed results (42)**.** Likewise, another study in Vietnam found that although financial incentives were important, alone they were not likely to improve health worker performance (16). Contrarily, remuneration (and salary in particular) was a significant motivator only for professionals in managerial positions. Money is obviously essential for satisfying needs, however it has been suggested that money incentives motivate only if employees perceive a strong linkage between performance and rewards (41, 50). This is supported by the result from the second wave of a Cohort Study of Young Ethiopian Physicians and Nurses ,Health workers tend to be unsatisfied with most aspects of their job,

In particular, about 80% of the health professionals are either unsatisfied or very unsatisfied with their currently salary. We do not find differences in the level of satisfaction with any job characteristic based on demographic characteristics. Physicians and nurses are equally (un-)satisfied with all aspects of their current job. Satisfaction with the salary seems to positively depend on the current salary and negatively on the salary expectations the health workers held when they were students. Working in an urban facility increases the level of satisfaction with salary, promotion and training opportunities whereas working in the private sector in an urban location decreases the

level of satisfaction with promotion opportunities (27)**.** Moreover, most studies on motivation of healthcare workers have identified the need for financial and non-financial incentives as a strategy to increase employee retention (51)**.** A finding of first wave of a Cohort Study of Young Ethiopian Physicians and Nurses identified important differences among future health workers in terms of career aspiration and motivation. For instance, although the majority of the students preferred to work in an urban post, there was a significant minority who preferred to work in rural post. Moreover, although students' preferences in terms of job location and private vs. public sector appeared to be highly responsive to financial incentives, other non-monetary job attribute, such as the risk of professional isolation, access to further training, and availability of good education for children, also seemed to play a significant role (51).

Other factors like feedback systems may also be needed (42, 47). Furthermore, financial incentives alone have been shown not to prevent health workers from migrating, which are a critical aspect of retaining well-trained, motivated staff (7,16). Moreover, an excessive focus upon financial incentives to motivate individuals in the public sector may even have a number of negative outcomes .Workers may come to see financial rewards as more important than other forms of recognition, such as appreciation by the community or praise from supervisors, or they may feel conflict between their own notion of public sector values and messages about working for financial gain (53). Therefore, with regard to the issue of financial forms of motivation, it is important to carefully acknowledge both the benefits and limitations of such an approach.

Other non-financial ways of improving motivation such as performance appraisals and changes to the functioning of the performance measurement system may therefore be just as important to consider (54-55). Another important organizational de-motivator was the lack of opportunities for higher qualifications (specialization) in primary and secondary health care facilities, compared to tertiary facilities. This factor was reported more often by younger physicians. In tertiary facilities, specialization opportunities were largely reported as a motivator. Urbanization trends in the region may be due to many factors such as the possibility of a better quality of life, more educational opportunities for children and greater opportunities to attain higher income levels. This issue may also be aggravated by the fact that specialization opportunities are available for physicians only

in tertiary teaching hospitals, which are located exclusively in urban areas (56). Thus; the incentive of higher educational opportunities can be a strong motivator both for health care providers and organizations in these setups. Specialization can also secondarily affect physicians' earning capacity and their potential career growth, which was also found to be an important factor in this study.

Among most public health care physicians, poor working conditions were reported as a common organizational de-motivator. Female physicians, in particular, stressed the importance of good working conditions. Possible reasons for this, particularly in public tertiary settings, could be that greater workloads, long duty hours and night shifts in hospitals necessitate the extensive use of facilities such as cafeterias, changing rooms and toilets in these settings. If the facilities are poor, this could greatly impact current job satisfaction and even the quality of care provided to patients (56). On the other hand, the unavailability of resources reported by physicians in primary and secondary setups as a current job and general de-motivator.

And similarly organizational structures, resources, processes, and culture, as well as organizational feedback about performance, contribute to motivational processes occurring at the individual level (41)**.** Likewise, career growth and development were also identified in studies as an important motivator which was conducted in Ghana (37), Uganda and Bangladesh (39)**.** Poor hospital infrastructure and resource unavailability have also been found to be important de-motivators in other studies (7, 47, 57). Fundamentally, the lack of appropriate resources can compromise health care quality, despite the abilities of physician's studies (37, 57-59). This corresponds with the findings of Alihonou et al (60). As well as with a staff survey from Zimbabwe cited in USAID (61), which revealed that the number one reason provided by health workers for resigning their government job was the lack of equipment and supplies. Less personal safety was an important de-motivator in the public sector, especially among female physicians. Physicians often risk their own health and safety to treat patients, therefore an additional security issue can be a strong de-motivator (36). Female physicians also reported less personal and social time as current job de-motivator, which may be related to the added household responsibilities expected of them. The general de-motivator poor interpersonal relationships could also reflect the lack of support and empowerment opportunities

available to female physicians. Only 10% of the female physicians in Pakistan are specialists, primarily in the gynecology and obstetrics fields. Further, the time required to complete specialization may also discourage women, given their other responsibilities, and further reduce their personal and family time (36).

An additional consideration is that women in developing countries may prefer to visit female physicians due to a variety of traditional and religious factors, which can have ramifications for the achievement of maternal and child health-related Millennium Development Goals (MDGs). Therefore, promoting the motivation of female physicians can assist in the overall improvement of the health system. Addressing these factors specifically can be a critical aspect in retaining and encouraging women in the medical field. Male physicians reported their inability to support themselves and their families and less personal and social time as important general de-motivators. Men often bear the responsibility of financially supporting themselves and their families. As a consequence, male physicians may choose to supplement their incomes with a second job or open a private practice. However, supplemental employment can result in overwork, fatigue and less personal and social time, with fewer rewards, which can negatively affect motivation as well as lead to burnout, physician error and stress (16, 37). Motivation in public tertiary setups was also reported to be aggravated by factors such as less pay, heavy work-loads and long duty hours, which may create a vicious cycle in which organizational factors could secondarily affect intrinsic and socio-cultural motivators. According to the WHO, more than 75% of physicians worldwide work in urban areas (2).

2.2. Conceptual framework

Determinants of work motivation originate at many levels:-the individual, the immediate organizational work context / the larger health sector context, and the socio-cultural and environmental context.

Motivation develops in each individual as a result of the interaction between individual, organizational and cultural determinants.

Using Franco et al.'s terminology and concepts how the various determinants influence work motivation and each other (30).

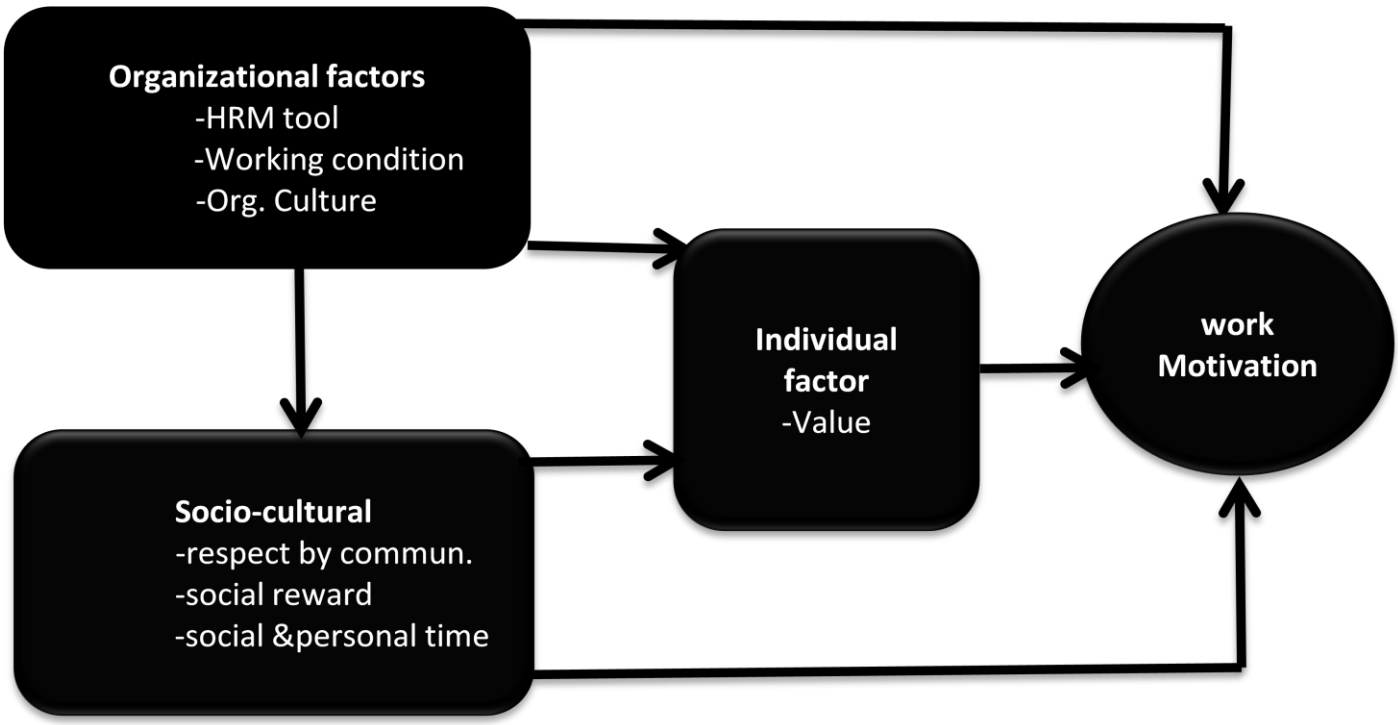

Figure 1 conceptual frame work for the study; adapted from Franco (January 1999).

CHAPTER THREE: SIGNIFICANCE OF THE STUDY

Little attention has been given to required human resources and their motivation. On other hand there is no adequate study examining health worker motivation in a comprehensive manner to improve organizational performance.

This study will provide information for policy maker and managers about different categories of health care workers which help to increases workers' willingness to apply themselves to their tasks and then contribute to improve service quality and efficiency.

The research finding can help any developmental organization to develop proposal focusing motivation of health workers.

As well as the study results can be a direction for other studies in different part of the country. And finally it could be a literature for other similar study.

CHAPTER FOUR: OBJECTIVES

4.1 General Objective

- To assess factors contributing to motivation of Health care Worker & the level of motivation in public health facilities in Gedeo Zone, Southern Nations, Nationalities, and People's Region, 2011 GC.

4.2 Specific Objectives

- To measure the level of motivation of the health care workers.
- To identify determinants of motivation of health care workers

CHAPTER-FIVE: METHODS AND MATERIALS

5.1 The study area and period

The study was conducted from March to April2011. And the study area is Gedeo zone found in SNNPR. Dilla is the capital town of the zone located 360 Kms and 85kms south of Addis Ababa and Awassa town respectively. The boundaries of Gedeo zone are Sidama zone in north and Oromia region in the south, east and west directions. It has Dega, Woina dega and Kolla agro climatic zones accounting 30%, 67%and 3%respectively.The total land area is 572 square kilometers. The total population is 886,326 of which 484,148 (50.1%) are females. Male to female ratio is 1:1. A total of 834,137 (84.6%) people live in the rural area and the remaining people (15.4%) are urban dwellers. The population density is 1433.3 per square kilometer of land. The majority (85%) are Gedeo by ethnic group. Administratively the zone is divided into 2 towns and 6 Woredas namely: - Dilla town, Yirgacheffe town, Wonago woreda,, Yirgacheffe woreda, Chelelkitu/Kochore woreda ,Bule woreda,Dillazuria and Gedeb woredas. There are 150 kebeles in the zone. Of which 132 kebeles are rural and 18 are urban kebeles. The major economic activities of the people are farming and small businesses accounting 87% and 13% respectively. Coffee is the major crop produced in the area and it is the main source of income. “Enset” is the major food item accounting 86%. In the zone there are 23 functional government health centers, 144 health posts, 1 government hospital. In the zone there are a total of 1096 health care workers. Of which physicians were 28, nurses were 400 and 148 other professionals, 211 Supportive staffs and a total of 309 health extension workers.

5.2. Study design and method

- Facility based Cross-sectional study design was used using both quantitative and qualitative data collection techniques.

5.3. Population

For Quantitative Study

5.3.1 Source population: -

- All health care workers of the public health facility of Gedeo zone.

5.3.2 Study population: -

- Selected health care workers from the source population.

5.3.3 Inclusion and Exclusion criteria

❖ **Inclusion:**

- All Health care workers employed and available during the data collection period.

❖ **Exclusion:**

- Health care workers who were seriously sick and unable to respond
- Health care workers who were on annual leave and maternity
- Urban health extension workers

For Qualitative Study:-

The study population includes managers, team (service unit) leaders and health care workers. In-depth interviews of informants were carried out.

5.4 Sample size determination and sampling technique

5.4.1 Sample size:-

❖ A single population proportion formula was used to calculate the sample size

$$n = \frac{(Z\alpha/2)^2 P(1-P)}{d^2}$$

The following assumption was made:-

- ♠ proportion of health care workers estimated to be motivated as 50% (p = 0.5)
- ♠ Absolute precision or margin of error to be 5% (d = 0.05).
- ♠ confidence level to be 95% (α = 0.05),
- ♠ Z α/2 = 1.96(95% confidence level) and

$$n = \frac{(1.96)^2\ 0.5\ (1-0.5)}{(0.05)^2}$$

- Computing with the above formula gives a total sample size of 384. Hence N (1096) < 10,000, a correction formula was used.

$$n_f = \frac{n}{1+(\frac{n}{N})}$$

- The final sample size was 284 and considering a 10% non response rate, the finally sample size was **312.**

For Qualitative Study:

The selection of public health facilities and key informants from the facilities were purposive to include a diverse sample as possible on the basis, of authority/ responsibility, gender and experience at work place in cooperation with those in charge.

5.4.2 Sampling technique

For Quantitative study

A sampling frame of health care workers was developed. As Melkidezek T.et al ,2006 classified health care workers in to four stratums, the sampling frame in this study was divided in to five groups (stratum) adding one strata in addition to the four stratum as physicians, nurses, other health professionals (health officers, environmental health officers, pharmacists, radiologist, laboratory technicians, health education and promotion officers, and druggist), and administrative staffs such as cleaners, messengers, cashiers, secretary, guards, administrators, and drivers and finally health extension workers. Then a simple random sampling was used to select predetermined size from the five stratum.

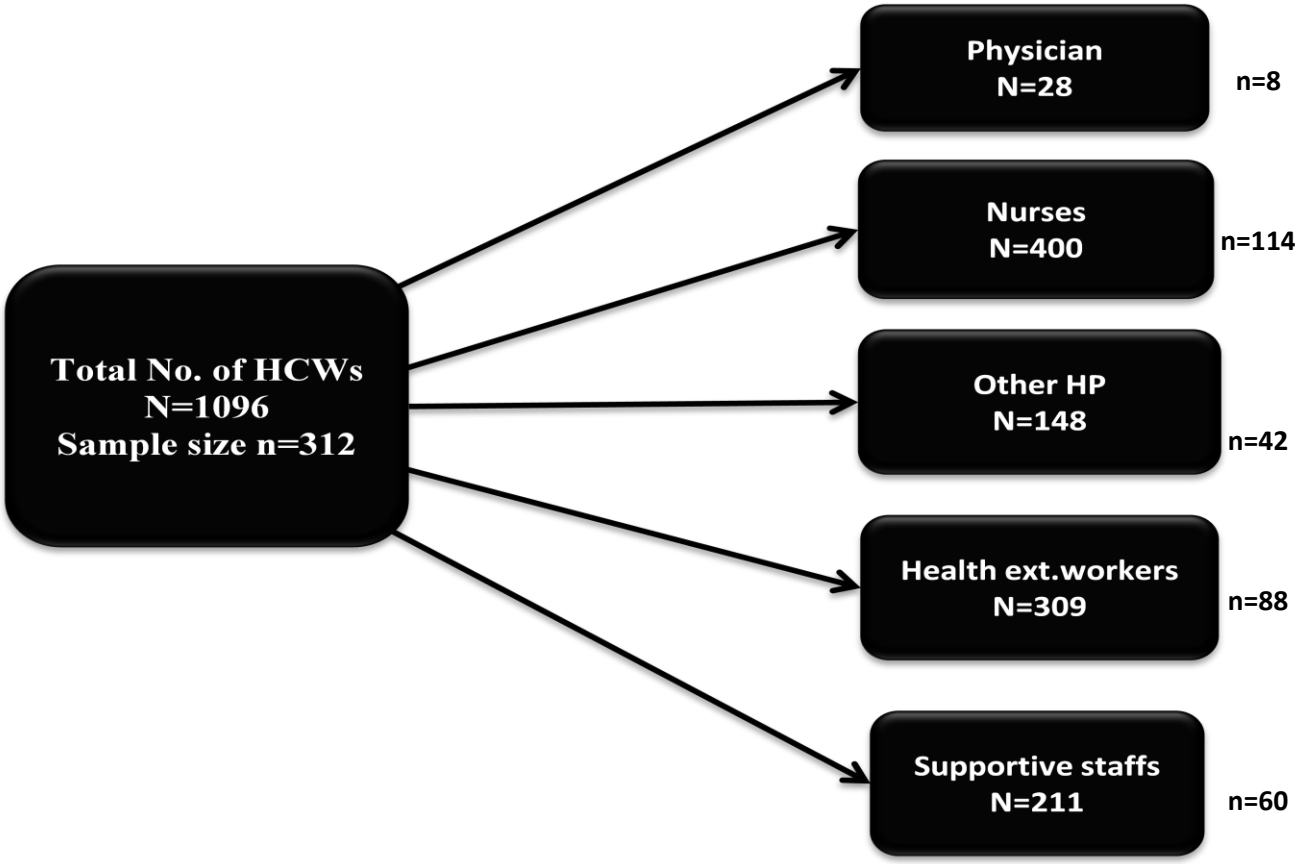

Figure 2 Schematic representation of stratified sampling technique

For Qualitative Study:

Five key informants from the hospital (medical director, Human resource management officer, two nurses and one laboratory technician), four key informants from two health centers (two nurses and two health officers), and five key informants from health offices (two woreda health office head, one human resource management officer, and two health extension supervisors were selected.

5.5 Measurement and variables

5.5.1 Data collection instrument

The questionnaire was adapted from different literatures (study conducted in Jordan & Giorgio), and modified depending on the local situation and the research objectives. It was first prepared in English and then translated to Amharic language and then back translated to English for its consistency.

Interview guide was used for the in-depth interviews. Interviewees asked about existing practice; experience and views of health workers on core HRM tools based on their responses.

Reliability of the instruments

Internal consistency (reliability) of scale was measured by Cronbach's alpha coefficient as shown in table.1 as 0.846 for questions on socio-cultural and 0.827 for overall motivation measures. And a threshold of 0.7 was used to demonstrate consistency. The results in Table.10 shown at the end, that the values of Cronbach α coefficient are obtained for the constructs ranged from 0.704 to 0.846 indicating a high reliability of the scales.

5.5.2 Study Variables

Dependent variable: -

- Worker's motivation

Independent variables

- Socio-demographic (age, sex, marital status, job category, ethnicity, education background, service year)
- Socio-Cultural determinants
  -social rewards
  -respect by comm.
  -social and personal time
- Organization related variable

- working environment, work facility, work space, rule of health facility, encouragement, and Human resource management tools such as, training, professional advancement, and career development and

- Individual related variable
  -value

5.6 Data collectors training and pre-testing

5.6.1Pre-test

Before the actual data collection, the questionnaire was pre-tested on 5% of the total sample size (16 health care workers) at Hawassa Adare hospital. The purpose of the pre-testing is to ensure the respondents ability to understand the questions and to check the wording, and logic of the questions in a sensible way to the respondents, and to estimate the time taken per interview. Correction/ amendments were made accordingly after the pre-testing.

5.6.2 Data collector

Seven graduated diploma nurses from private Collages who were not employee of public health facilities, one as a supervisor and the rest as data collector were recruited for data collection. They were trained for two days by the principal investigator on the study instrument, consent form, how to interview and data collection procedure. The principal investigator coordinated the overall activity of the study.

5.7 Data measurement

The participant was interviewed with a structured question, and they provided a response he or she thinks is most appropriate. For the purpose of measurement and statistical analysis of the factors related to motivation, questions were constructed with a five point Likert scale ranging from "strongly agree "to "strongly disagree"

Organizational culture

These tool measures the worker's perception on organizational culture. To examine the underlying factors (components) of the construct, an exploratory factor analysis was conducted and produced one meaningful factor with eigenvalue greater than one. Internal consistency (reliability) of scale was measured by Cronbach's alpha coefficient as 0.746

Individual value

These tool measures the worker's perception on individual value. To examine the underlying factors (components) of the construct, an exploratory factor analysis was also conducted and produced one meaningful factor with eigenvalue greater than one. And Cronbach's alpha coefficient of the scale was 0.704

Working condition

These tool measures the worker's perception on working condition. To examine the underlying factors (components) of the construct, an exploratory factor analysis was conducted and produced one meaningful factor with eigenvalue greater than one. And Cronbach's alpha coefficient of the scale was 0.745

Human resource management tool

These tool measures the worker's perception on human resource management. To examine the underlying factors (components) of the construct, an exploratory factor analysis was conducted and produced one meaningful factor with eigenvalue greater than one. And Cronbach's alpha coefficient of the scale was 0.798.

Socio-cultural

These tool measures the worker's perception on socio-cultural factors. To examine the underlying factors (components) of the construct, an exploratory factor analysis was conducted and produced one meaningful factor with eigenvalue greater than one. And Cronbach's alpha coefficient of the scale was 0.846.

Workers motivation

Workers level of motivation was assessed using four items on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The items in this scale include: "I would be very happy to spend rest of my career in this organization", I really feel as if this organization's problems are my own", I feel like "part of my family" at my organization", and "I am willing to exert and maintain an effort towards attaining organizational goals". However, when factor analysis was computed, only one factor with eigenvalue greater than one was identified. And Cronbach's alpha coefficient of the scale was 0.827

5.8 Data analysis

For quantitative study

Responses were entered as a score of 1 to 5. And negative questions also entered in the opposite direction, so that a score of 5 represented "strongly disagree". The collected data was checked for completeness and missing value and entered to epi-data version 3.1 by means of double entry verification and exported to SPSS version 16.0 for analysis.

Each scale was subjected to factor analysis to investigate the underlying components and to reduce the number of items based on eigenvalue. Factors with eigenvalue less than one were discarded and only those with eigenvalue greater than one were considered in subsequent analysis.

Correlation was used to check the association among dependent and independent variables.

Multivariate linear regression analysis was performed and the effect of independent variables on the dependent variable was quantified

ANOVA and multiple comparison tests were used to check the significance of means among different groups.

Appropriate statistical procedures (descriptive analysis such as: frequency, percentage and graph) were used for description and inference.

For qualitative study:

The collected data was translated in to English and then it was transcribed, reviewed, and verified by the primary investigator. Finally the response was coded and categorized accordingly and analyzed thematically so as to triangulate and supplement the quantitative findings.

5. 9 Data quality control

Pretesting and training of supervisor and data collectors were conducted. Completed interviews were checked on a daily basis by the supervisor and the principal investigator for accuracy and when any problems were identified it was discussed in order to maximize the quality of the data. Double entry verification of epi-data was used to minimize errors which can be committed during data entry. The principal investigator and the supervisor checked the collected data for completeness and corrective measures were taken accordingly. Any error, ambiguity, incompleteness encountered were addressed on the following day before starting next day activities .The collected data were thoroughly cleaned, coded and explored before the commencement of the analysis.

5.10 Ethical clearance

The proposal was submitted and approved by Ethical Review Committee of College of Public Health and Medical Science of Jimma University before the conduct of the study. Letter of permission were obtained from Jimma university Ethical review board and then submitted to Gedeo Zone administration and Zonal department health office. And then letter also obtained from Gedeo zone health department for respective woreda health offices and the facilities. All the study participants were informed about the purpose of the study and finally their verbal consent were obtained prior to interviewing them. The respondents were assured their right to refuse or terminate at any point of the interview. The information provided by each respondent kept confidential. And names of informants and facility name was not included (anonymity were guaranteed) there for the dissemination of the finding will not refer specific respondent.

5. 11. Operational Definition

Health care workers: - Physicians, nurses, dentists, pharmacists, laboratory technicians, environmental and public health workers, other health care providers, and supportive stuffs.

Level of motivation: - percentile of the mean score of the overall motivation of the respondent.

Socio-cultural: - responses on likert scale to specific question regarding social reward, community respect and social & personal time.

Social reward:-community reward which includes appreciation, kiss and gift from customers

Supportive staffs: - office and manual workers such as:- cleaners, messengers, cashiers, secretary, guards, administrators, and drivers.

Other health professionals: - health officers, environmental health officers, pharmacists, radiologist, laboratory technicians, health education and promotion officers, and druggist.

Social & personal time: - time required for social interaction (weeding, asking patients, spent with family etc)

5.12 Dissemination plans of the study findings

The results of this study will be presented to JU community as part of MPH thesis and it will be disseminated or communicated to Gedeo Zone administration, the regional health Bureau, zonal health department, health facilities and NGOs working on this area. Further attempt will be made to publish it on national and international scientific journals.

CHAPTER FIVE: RESULTS

Socio-demographic characteristics of the health care workers

A total of 311 health care workers participated in the study yielding a response rate of 99.6 %. As shown in table 1, 8(2.5%) were physicians, 114(36.7%) were nurses, 42(13.5) were other health professionals, 88(28.3%) were health extension workers and 59(19%) of the study respondents were supportive staffs. 191(61.4) % of the respondents were females. The mean age of the respondents was 27.6 (±6.5). Regarding educational status, 35(11.26%) of the respondents had completed secondary school and 274(88.1%) were higher education graduates. One hundred sixty five (53.1%) were married while 139(44.7%) were single. Concerning religion 171(55%) of the respondents were protestants and 108(34%) were orthodox. The ethnic category of the respondent accounts Gedeo174 (55.9%), Amhara52 (16.7%), and 39(12.5%) were Oromo.

Table 1 Socio-demographic characteristics of the health care workers in Gedeo Zone, Ethiopia, 2011. (n=311)

Socio-demographic variables	**Frequency**	**percentage**
Gender		
Male	120	38.6
Female	191	61.4
Religion		
Muslim	22	7.04
Orthodox	108	34.7
Catholic	7	2.3
Protestant	171	55
Others	3	0.96
Ethnic group		
Gedeo	174	55.9
Amhara	52	16.7
Tigre	5	1.6
Oromo	34	10.9
Other	46	14.9
current marital status		
married	165	53.1
single	139	44.7

divorced	2	0.6
widowed	5	1.6
Education status		
read & write	1	0.32
primary	1	0.32
secondary	35	11.26
higher education	274	88.1
Monthly income		
<500	24	7.7
500-999	173	55.6
1000-1499	59	19
≥1500	55	17.7
Residence		
urban	198	63.7
rural	113	36.3
Job title		
Physician	8	2.6
nurses	114	36.7
other health professional	42	13.4
health extension workers	88	28.3
supportive staffs	59	19
Service year		
1-5	239	76.8
6-10	51	16.4
11-15	9	2.9
16-20	8	2.6
≥21	4	1.3
Age group in years		
<=25	258	83
26-34	50	16.1
35-44	3	0.9

Individual, organizational & socio-cultural aspects

This study revealed that 45.3% of the respondents across all categories agreed or strongly agreed that they had the **opportunity of professional advancement** in their health facility. The problem appeared to be particularly high among supportive staffs 50(84.8%) and health extension workers 54(61.4%) of them disagreed or strongly disagreed; that they had the opportunity. While 8(100%) physicians, 75(65.8%) of nurses, 32(76.2%) of other health professional agreed or strongly agreed that; they had the opportunity of professional advancement in the health facility.

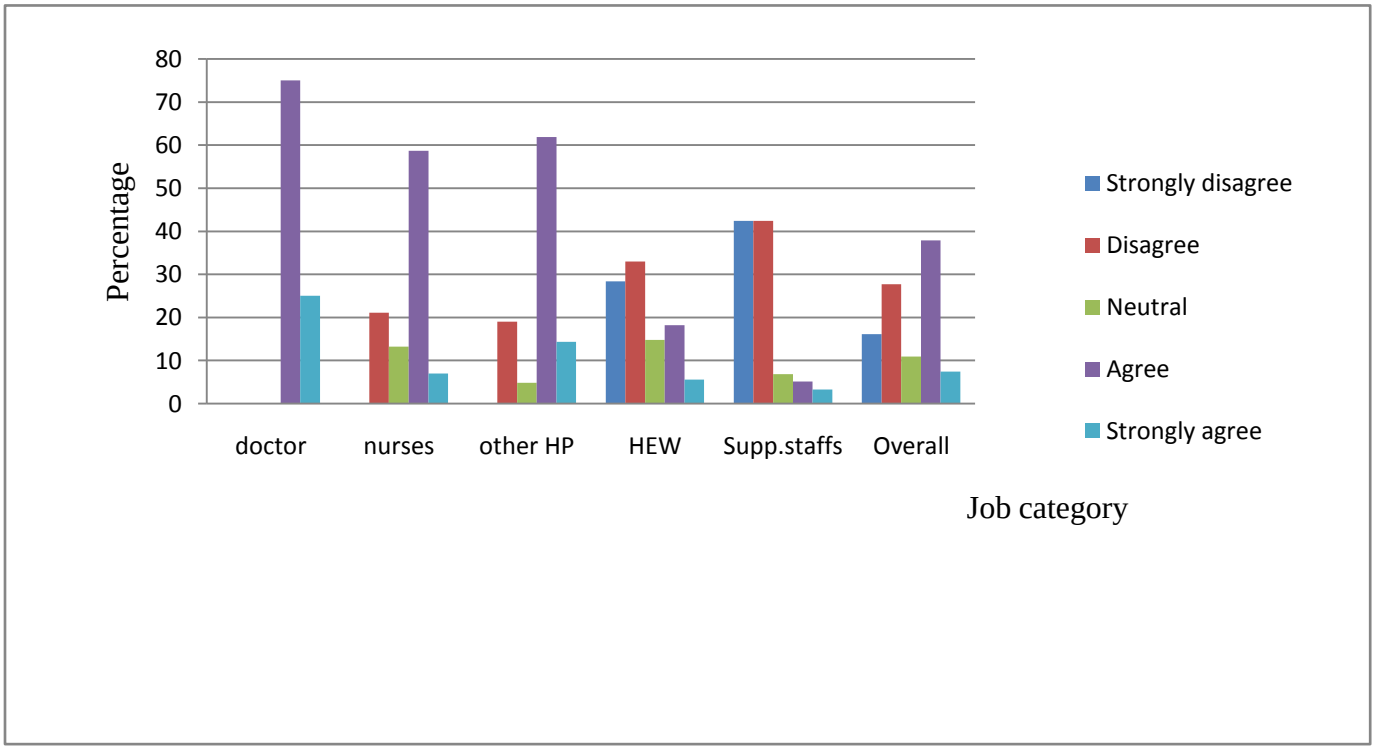

Figure 3 Opportunity for professional advancement of health care workers in Gedeo Zone, Ethiopia, 2011.

And this finding was supported by finding from in0depth interview:-

"...Opportunity for self-advancement through professional development in this facility is unthinkable, first place the opportunity is so rare and even when it comes, it is given for somebody with unknown criteria. (Female nurse, 30 years)"

"...Last year I have lost the opportunity for professional advancement because of those people in position hiding the notice for competition" (male health extension workers supervisor, 28 years)

134(43.1%) of the respondents disagree or strongly disagreed that they had the **chance of training** in their health facility. Eight (100%) of physicians and 75(65.7%) of nurses agreed or strongly agreed for the chance of training, while 19(45.3%) other health professionals, 55(62.5%) of health extension workers and 38(64.4%) of supportive staffs disagreed or strongly disagreed.

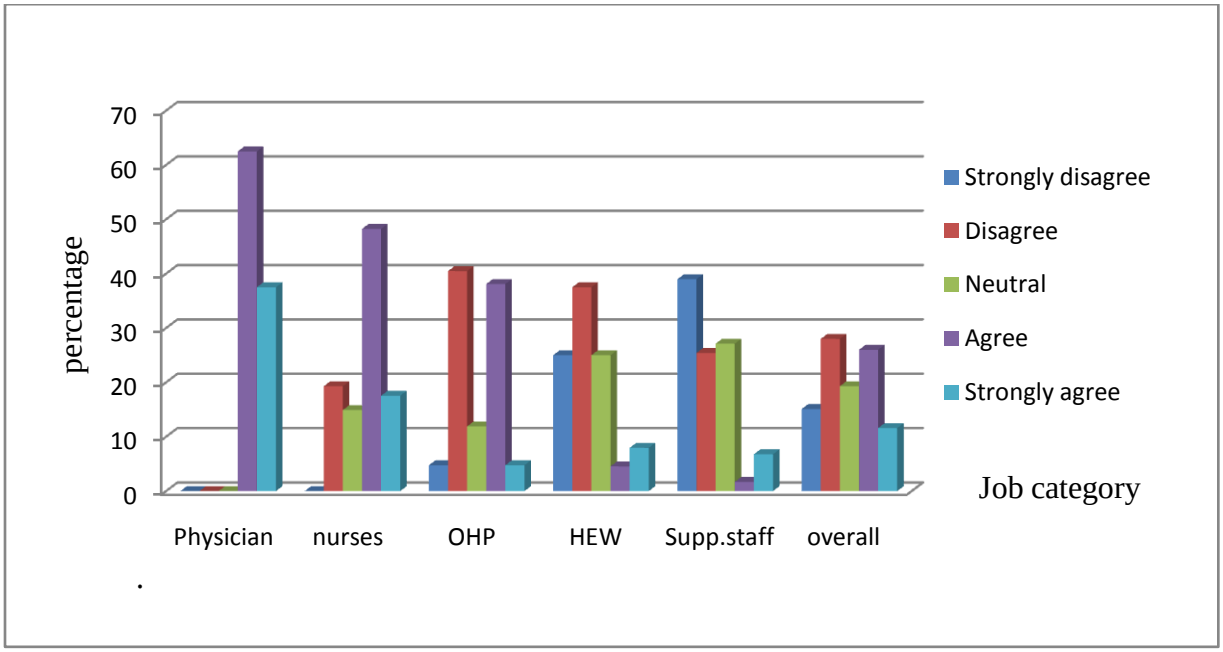

Figure 4. Opportunity of training among health care workers in Gedeo zone, Ethiopia, 2011

This result is supported by the finding from the qualitative study that a human resource management officer remarked that:-

"…I feel de-motivated because of unfair provision of opportunities, such as training, and professional development" (Male human resource management officer, 28 years)

"…Training is observed in only one dimension as opportunity of getting additional money and an individual may use the same training for many times even if it does not concern him. (Female, Midwifery nurse, 26 years)

This study also revealed that 192(61.7%) of the respondents disagreed or strongly disagreed that they had the **opportunity for career development**. Moreover 68(77.3%) of health extension workers and 46(78%) of supportive staffs disagreed or strongly disagreed. Similarly 60(52.6%) of nurses and 22(51.4%) of other health professionals disagreed or strongly disagreed, while all physicians (8) agreed or strongly agreed that they had the opportunity.

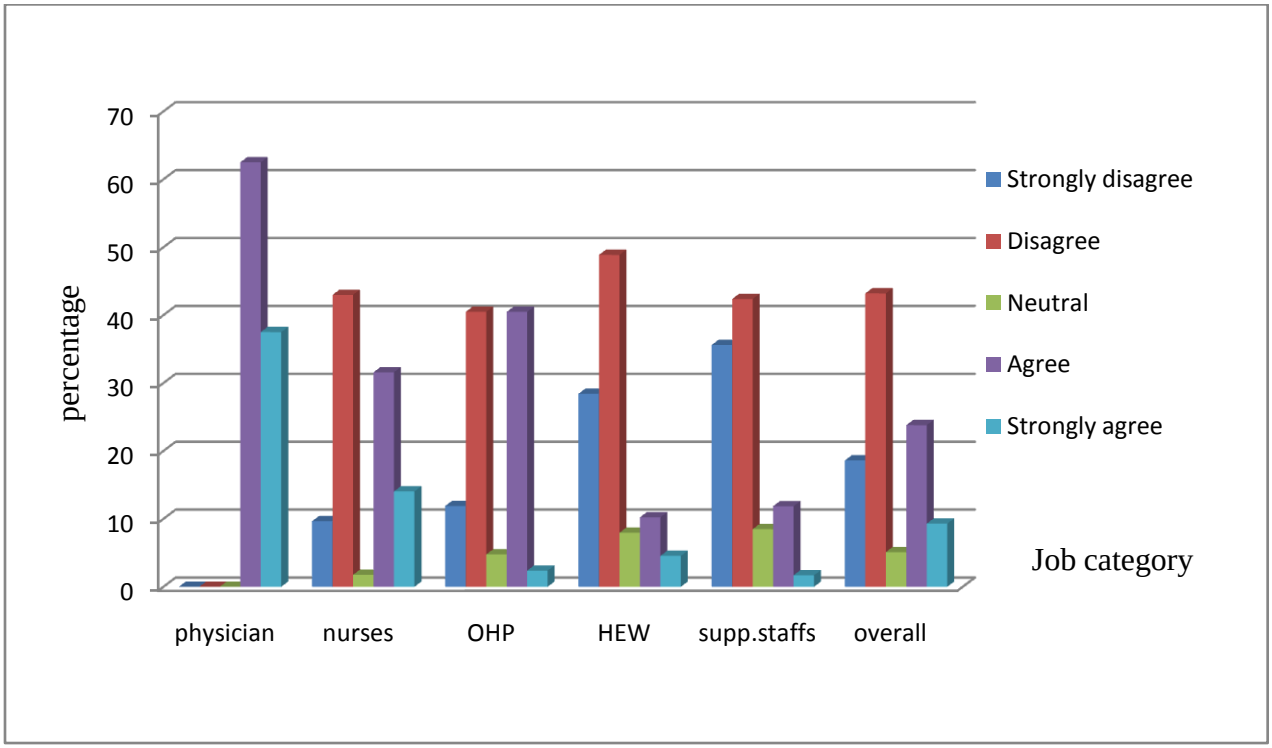

Figure 5 Opportunity for career development of the health care workers in Gedeo zone, Ethiopia, 2011

When the respondents were interviewed about their perception on whether or not the **rules of the health** facility was fair, 217(69.1%) of the study subjects disagree or strongly .This study also indicated that 83(72.8%) of nurses, 65(73.9%) of health extension workers, 26(61.9%) of other health professionals and 41(69.5%) supportive staffs disagree or strongly disagree, while 87.5% of physicians agree or strongly agree that the rules of the health facility was fair.

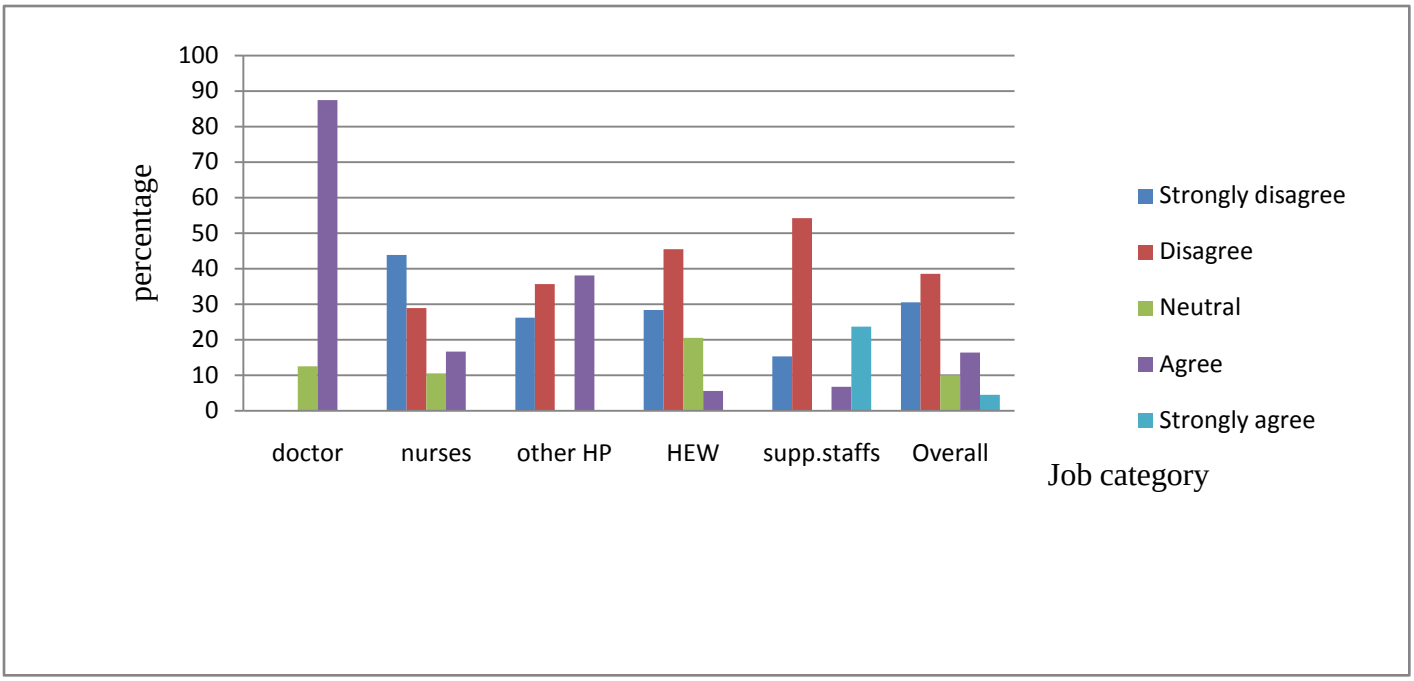

Figure 6 Fairness of the rule of the health facility in Gedeo Zone, Ethiopia, 2011

From the in-depth interview male nurse remarked that

"….The workers here were not observed equally and we get blamed of things that are not our fault" (male nurse 27 years).

When the respondents were interviewed about their perception on whether or not **the health** facility **encourage workers to work as a team**, 210(67.5%) of the study subjects agreed or strongly agreed .This study also indicated that 68(59.7%) of nurses, 79(89.8%) of health extension workers, 23(54.7%) of other health professionals and 38(64.4%) supportive staffs agreed or strongly disagreed, that the health facility encourages workers to work as a team.

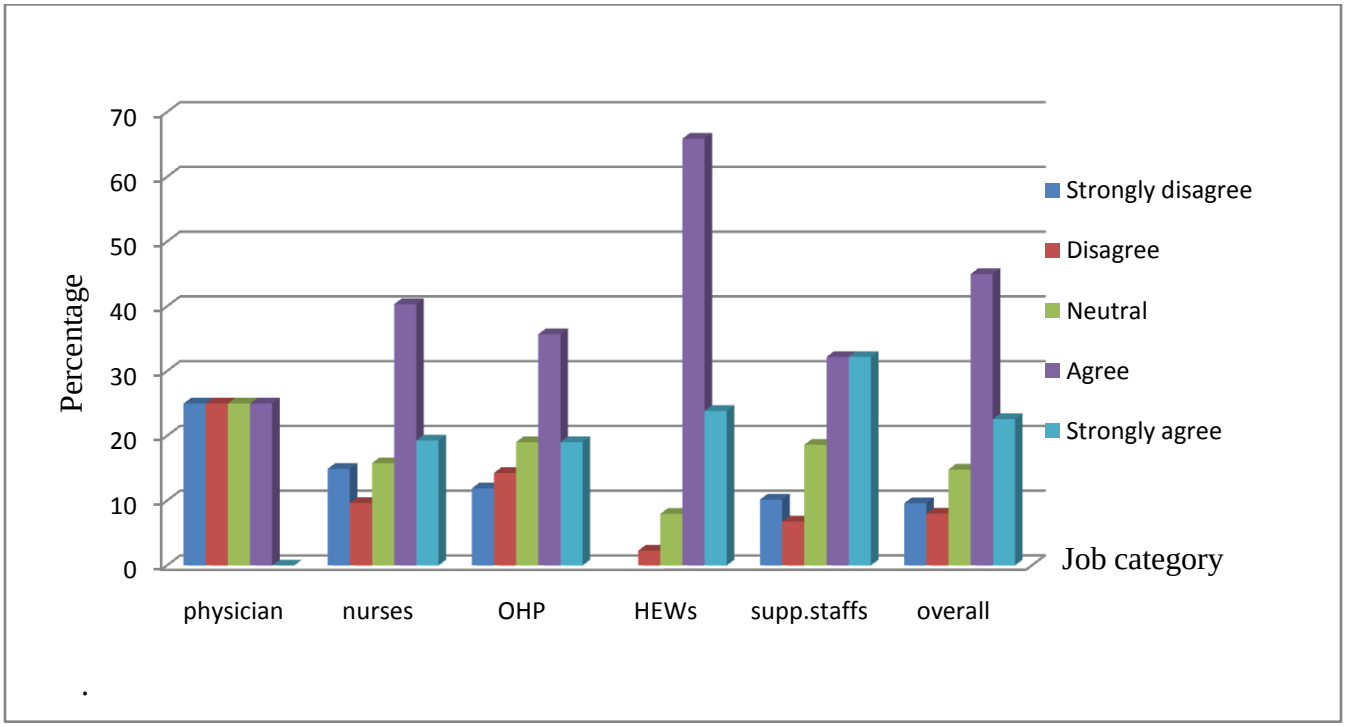

Figure 7 Encouragement of health facility among health care workers to work as a team in Gedeo zone, Ethiopia, 2011

Regarding responsibility and duty, 181(58.5%) of the study subjects agreed or strongly agreed that they had defined responsibility and duty in the health facility. And 4(52%) physicians, 70(61.4%) of nurses, 56(63.6%) of health extension workers, 22(52.4%) of other health professionals and 30(50.8%) supportive staffs agreed or strongly agreed, that they had defined responsibility and duty in the health facility.

When they are asked about their perception on whether or not being **at work was pleasant for them"**., 278(89.4%) of the of the overall study subject,83 (94.3%) of health extension workers, 34(88.1%) other health professionals, 100(87.8%) of nurses and 51(86.4%) of supportive staffs and 7(87.5%) of physicians agree or strongly agree

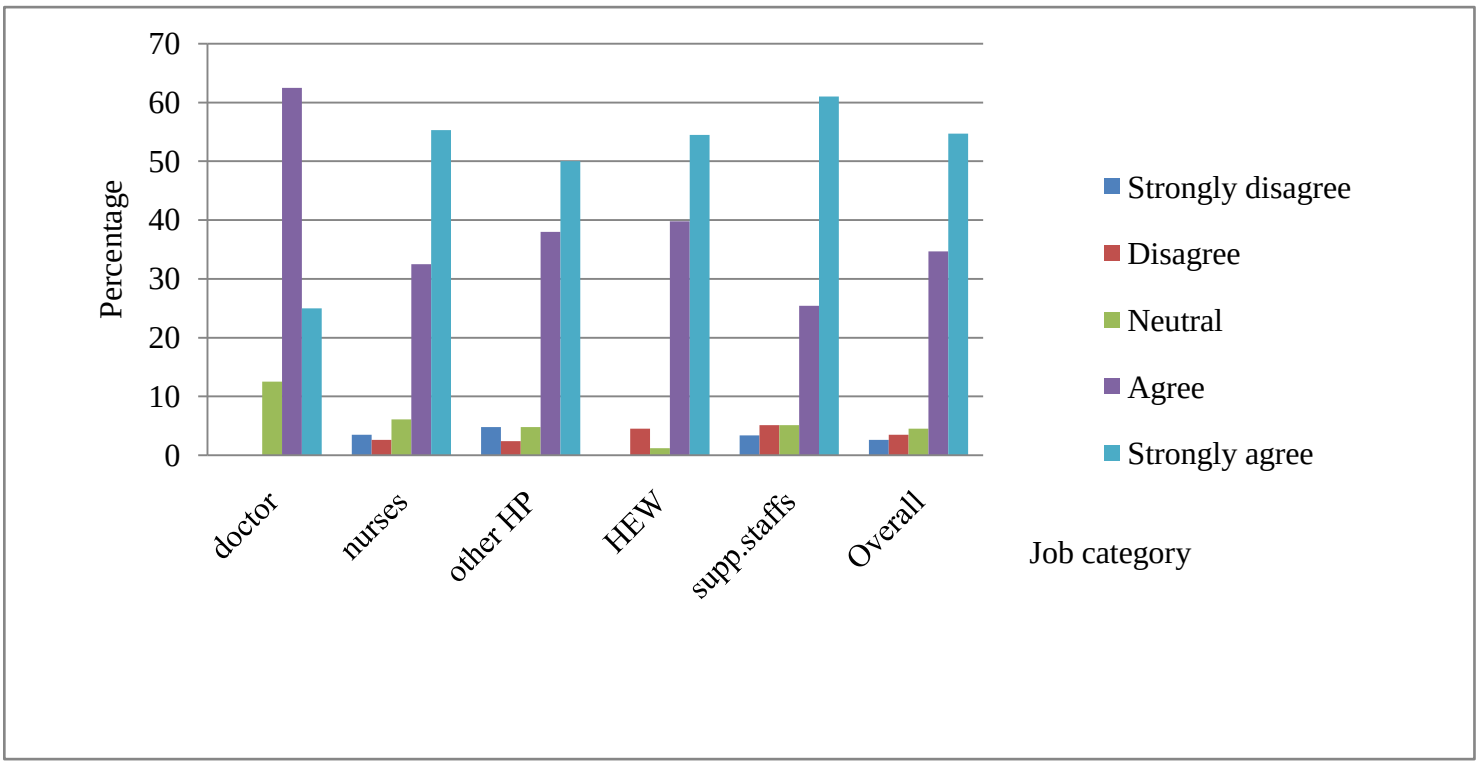

Figure 8 Distribution of responses of health care workers about being pleasant at work in Gedeo Zone, Ethiopia, 2011.

Regarding co-workers, when respondents interviewed about their perception on whether or not they were working with **co-workers that were pleasant to work with"**, 174(56%) of the of the overall study subject, 56(63.6%) of health extension workers, 25(59.5%) other health professionals, 55(48.3%) of nurses and 28(64.4%) of supportive staffs disagreed or strongly disagreed, while all physicians agreed or strongly agreed that they were working with co-workers that were pleasant to work with.

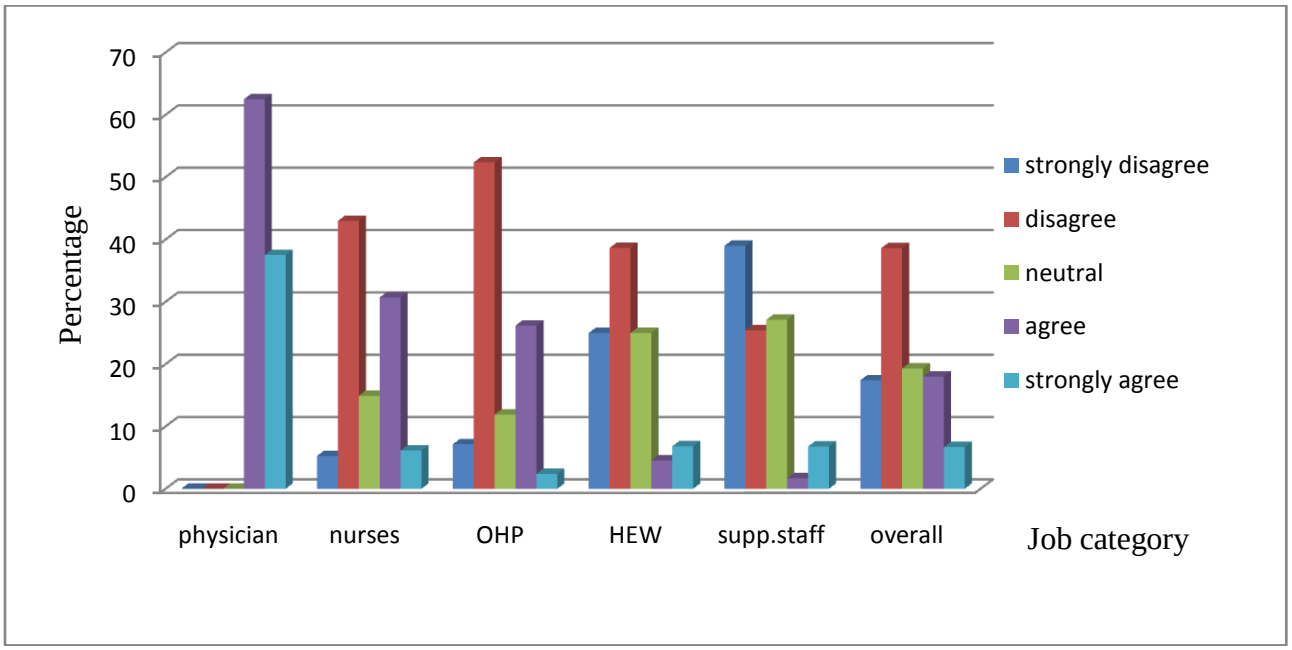

Figure 9 Distribution of responses on co-workers pleasant to work with among health care workers in Gedeo zone, Ethiopia, 2011

This result also supported by finding from the qualitative study that;-

"…If one tries to work hard, others stand against him." (Male nurse,22 years).

"…I have been one and half year working here but there are still staffs that I may not know" (Female laboratory technician, 23 years).

When respondents were asked whether or not they had a **respect from the community**", 124(40.0%) of the study subjects agree or strongly agree that they had a respect from the community. Similarly 55(48.3%) nurses, (20)47.6% other health professionals, agreed or strongly agreed but 47(52.9%) of health extension workers and 27(45.7%) of supportive staffs were disagree or strongly disagree, While 5(62.5%) physicians nether agreed nor disagreed that they had respect from the community,

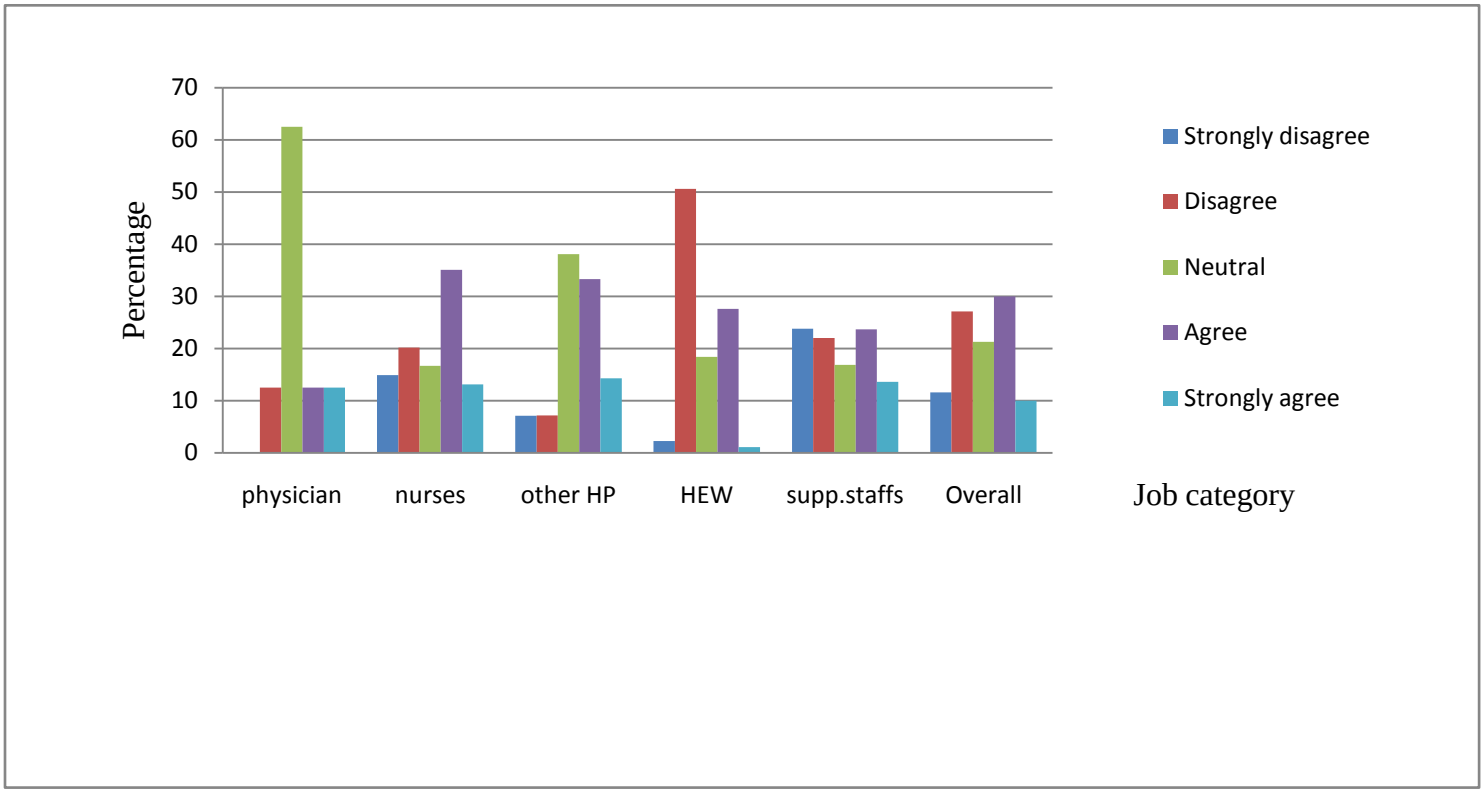

Figure 10 Distribution of responses about being respected by the community among health care workers in Gedeo Zone, Ethiopia, 2011

Interviewing respondents whether or not they had a **social reward**, 140(45.1%) of the study subjects agree or strongly agree. Similarly 61(53.6%) nurses, 23(54.8%) other health professionals, and 4(50%) physicians agreed or strongly agreed, while 40(45.4%) of health extension workers and 28(47.4%) of supportive staffs disagreed or strongly disagreed that they had social reward.

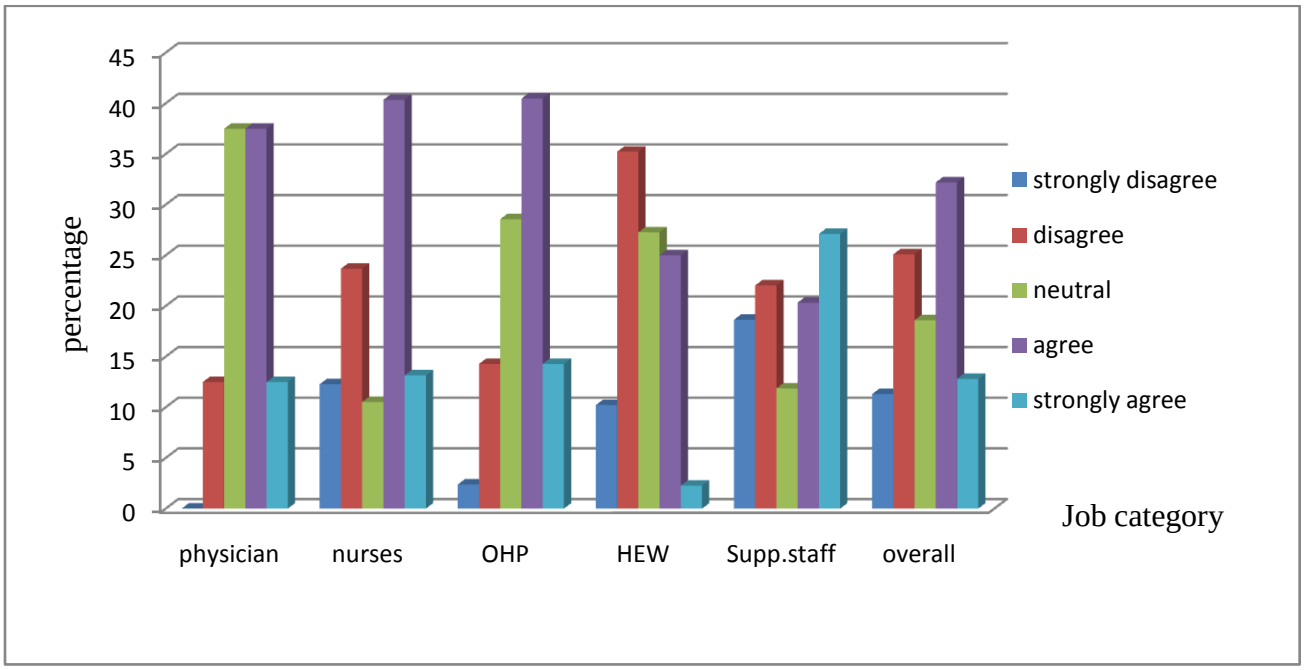

Figure 11: Social reward among the health care workers in Gedeo zone, Ethiopia, 2011.

When respondents interviewed on whether or not they had social and personal time, 167(53.7%) of the study subjects agree or strongly agree. Moreover 67(58.8%) nurses, 34(80.9%) other health professionals, and 4(50%) physicians, 40(45.5%) of health extension workers and 49(83.1%) of supportive staffs agreed or strongly agreed, that they had social and personal time.

when the respondents were asked whether or not they were working in **attractive work environment** in the working place, more than half 211(67.9%) of the respondents agreed or strongly agreed that they were working in attractive working environment, 3(37.5%) of physicians, 77(87.5%) of health extension workers, 66(57.9%) of nurses, 28(66.7%) of other health professionals, and 40(67.7%) of supportive staffs agreed or strongly agreed they are working in attractive working environment.

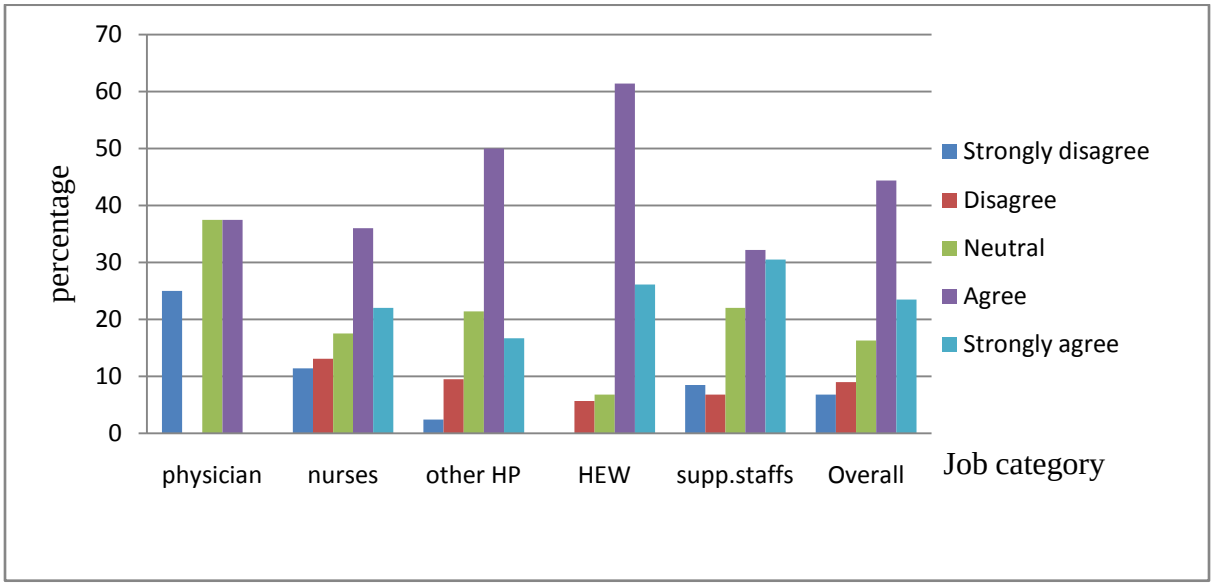

Figure 12 Distribution of response on attractive work environment of the health care workers in Gedeo zone, Ethiopia, 2011

When respondents interviewed on whether or not they were working in adequate working space, 151(48.6%) of the study subjects agreed or strongly agreed, Similarly 43(37.8%) nurses, 18(42.9%) other health professionals, and 6(75%) physicians, 60(68.1%) of health extension workers and 27(45.7%) of supportive staffs agreed or strongly agreed, that they had adequate working space.

Finally, when the respondents were asked whether or not they had **work facilities** in the working place, 215(69.1%) of the respondents disagreed or strongly disagreed that they had facilities, 5(62.5%) of physicians, 58(66%) of health extension workers, 78(68.4%) of nurses, 30(71.5%) of other health professionals, and 30(50.8%) of supportive staffs disagreed or strongly disagreed that they had work facilities at work place.

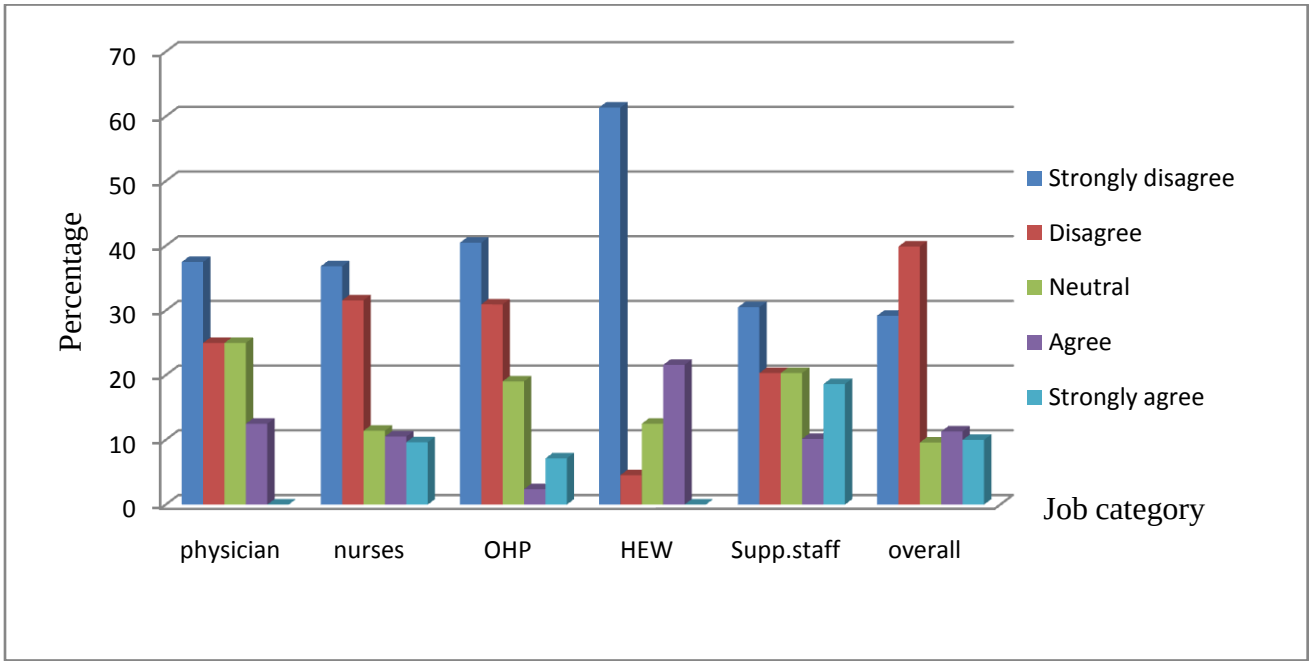

Figure 13 work facility of the health care workers in Gedeo Zone, Ethiopia, 2011

Socio-demographic predictors of workers motivation

Socio-demographic variables were found to explain 31.4% of the variability in the motivation score. Accordingly, Gender and Job category appeared to be statistically associated with motivation.

The motivation score of male respondents was decreased by an average 1.07(95%CI:-1.99 to -0.15) unit as compared to the female counter part.

And respondents who were Health extension workers had an average 2.435 unit greater motivation score comparing to nurses respondent. (95%CI: 1.212 to 3.66).

Supportive staffs had an average 5.301 unit grater motivation score when compared to the nurses. (95%CI: 3.56 to 7.05).

Table 2 Socio-demographic predictors of workers motivation of the health care workers in Gedeo zone, Ethiopia, 2011

Socio-demographic Variables	No. (%)	p-value	UnstandardizedB coefficient	95% CI for B	
Gender					
Male	120(38.6%)	0.023	-1.07	-1.99	-0.15
Female *	191(61.4%)				
Residence					
urban *	198(63.7%)				
rural	113(36.3%)	0.602	0.114	-0.32	0.55
Age in years					
≤25*	258(83%)				
26-34	50(16.1%)	0.417	-0.51	-1.76	0.73
35-44	3(0.9%)	0.604	-1.23	-5.87	3.41
Ethnic group					
Gedeo*	174(55.9%)				
Amhara	52(16.7%)	0.339	0.701	-0.74	2.14
Tigre	5(1.6%)	0.665	-0.74	-4.11	2.63
Oromo	34(10.9%)	0.471	0.527	-0.91	1.97
Other	46(14.8%)				
Marital status					
Married*	165(53.1%)				
Single	139(44.7%)	0.574	0.24	-0.6	1.08
Divorced	2(0.6%)	0.106	-4.02	-8.9	0.86
Widowed	5(1.6%)	0.696	-0.65	-3.94	2.63
Education status					
Can read & write	1(0.3%)	0.108	5.607	-1.23	12.4
primary	1(0.3%)	0.241	4.332	-2.93	11.6
Secondary	35(11.3%)	0.369	-0.99	-3.17	1.18
Higher education*	274(88.1%)				
Job category					
Physician	8(2.6%)	0.266	-1.63	-4.52	1.25
Nurse*	114(36.7%)				
Other health professional	42(13.5%)	0.155	1.09	-0.41	2.59
Health extension	88(28.3%)	0.00	2.435	1.212	3.66

worker					
Supportive staffs	59(19%)	0.00	5.301	3.555	7.05
Service years					
1-5*	239(76.8%)				
6-10	60(19.3%)	0.403	0.525	-0.71	1.76
11-15	12(3.9%)	0.131	2.314	-0.7	5.32
16-20	8(2.6%)	0.07	2.9	1.21	3.004
≥21	4(1.3%)	0.46	-2.62	-3.53	1.285
Monthly income					
<500	24(7.7%)	0.107	1.837	-0.4	4.08
500-999*	173(55.6%)				
1000-1499	59(19%)	0.115	0.956	-0.23	2.15
≥1500	55(17.7%)	0.711	-0.27	-1.73	1.18

"*" reference group for each category

Individual, Organizational & cultural Aspects as predictors of worker's motivation

Correlation was carried out to check the association of independent with dependent variables. And the result is shown in table 12. And variables related to Individual, Organizational & cultural aspects were entered into the second model and their relative effect and importance is presented in table3. This model explained 19.5% of the variation in worker's motivation. Fairness of health facility rules, opportunity of professional advancement, respect by community, and social reward had statistically significant association with motivation of workers.

Table 3 Individual, Organizational & cultural Aspects as predictors of worker's motivation of the health care workers in Gedeo zone, Ethiopia, 2011.

Individual, organizational & cultural variables	p-value	Unstandardized B Coefficients	95% Confidence Interval for B	
			upper boundary	lower boundary
proud to work here	0.076	0.476	-0.05	1.002
possibility of decision making	0.397	-0.193	-0.64	0.255
contribution to the well-being of the population	0.374	0.178	-0.216	0.572
health facility's cares	0.86	0.042	-0.422	0.505
Fairness of the health facility rules	0.004	0.538	0.171	0.904
trust among workers	0.696	0.091	-0.368	0.55
eager to do a good job in this health facility	0.62	-0.109	-0.541	0.323
Health facility encouragement to work as a team	0.902	0.027	-0.405	0.459
Being at work	0.495	0.209	-0.393	0.81
Freely talking with supervisors about work issues.	0.245	0.272	-0.188	0.732
opportunity of professional advancement	0.005	0.664	0.2	1.127
opportunity of career promotion	0.792	-0.059	-0.502	0.383
chance of getting official training	0.331	-0.208	-0.627	0.212
interesting working environment	0.697	0.105	-0.424	0.633
working space in the facility	0.493	-0.156	-0.603	0.292
Working facilities water, electricity & others	0.927	-0.022	-0.494	0.45
respect by community	0.021	0.576	0.09	1.064
personal and social time	0.46	-0.194	-0.712	0.323
Social reward	0.033	0.538	0.042	1.034

The mean scores for each predictor are shown in Table4. The number one ranked predictor was **social reward** for the overall sample, and it was significantly higher than all the others factors for the overall sample (F=3.45, p = 0.009). And it was not significant higher among Job category. (Multiple comparison test shown in table5)

Table 4 the mean score and SD of predictors of motivation of respondent in Gedeo zone, Ethiopia, 2011.

Motivation factors	Overall N(311)	Physicians N(8)	Nurses N(114)	Other HP N(42)	HEW N(88)	Supportive staffs N(59)
health facility rules	2.26(1.19)	3.88(0.35)	2.0(1.26)	2.5(1.25)	2.03(0.85)	2.69(1.45)
opportunity of professional advancement	2.93(1.26)	4.25(0.46)	3.52(0.91)	3.71(0.94)	2.4(1.24)	1.85(1.0)
respect by community	3(1.20)	3.25(0.89)	3.11(1.30)	3.40(1.06)	3.75(0.93)	2.81(1.40)
Social reward	3.1(1.24)	3.5(093)	3.18(1.28)	3.50(0.99)	2.74(1.02)	3.15(1.51)

Table 5 multiple comparison tests of social reward of health care workers by Job category in Gedeo zone, Ethiopia, 2011.

Tukey HSD

		Subset for alpha = 0.05
Job category	N	1
health extension workers	88	2.74
supportive staffs	59	3.15
nurses	114	3.18
physician	8	3.50
other health professional	42	3.50
Sig.		.150

Means for groups in homogeneous subsets are displayed.

The next ranked predictor was **Respect by the community,** and it the second significantly higher factor than others for overall sample (F=2.93, P=0.021) and it was not significantly higher among groups in the Job category. (Multiple comparison test) The third ranked predictor was **opportunity for professional advancement** which was

significantly higher for the overall sample (F=41.2, P<0.001) and in addition it was significantly higher in physicians, nurses and other health professional than administrative and health extension workers. (multiple comparison test). **The least ranked motivator by overall sample was rules of health facility,** for which the mean score was significantly lower than all the others (F=9.18, P<0.001) and within the subgroups, the mean score was significant lower for all except physicians. (Multiple comparison test)

Table 6 ANOVA for Job category for social reward, respect by community, facility rule &opportunity for professional advancement of the health care workers in Gedeo zone, Ethiopia,2011

		Sum of Squares	df	Mean Square	F	Sig.
Social reward	Between Groups	20.46006	4	5.115015	3.45	0.009
	Within Groups	454.2473	306	1.484468		
	Total	474.7074	310			
respect by community	Between Groups	16.47425	4	4.118562	2.93	0.021
	Within Groups	428.5225	305	1.404992		
	Total	444.9968	309			
opportunity of professional advancement	Between Groups	173.2007	4	43.30018	41.2	P<0.001
	Within Groups	321.243	306	1.049814		
	Total	494.4437	310			
health facility rules	Between Groups	46.640	4	11.660	9.177	P<0.001
	Within Groups	388.781	306	1.271		
	Total	435.421	310			

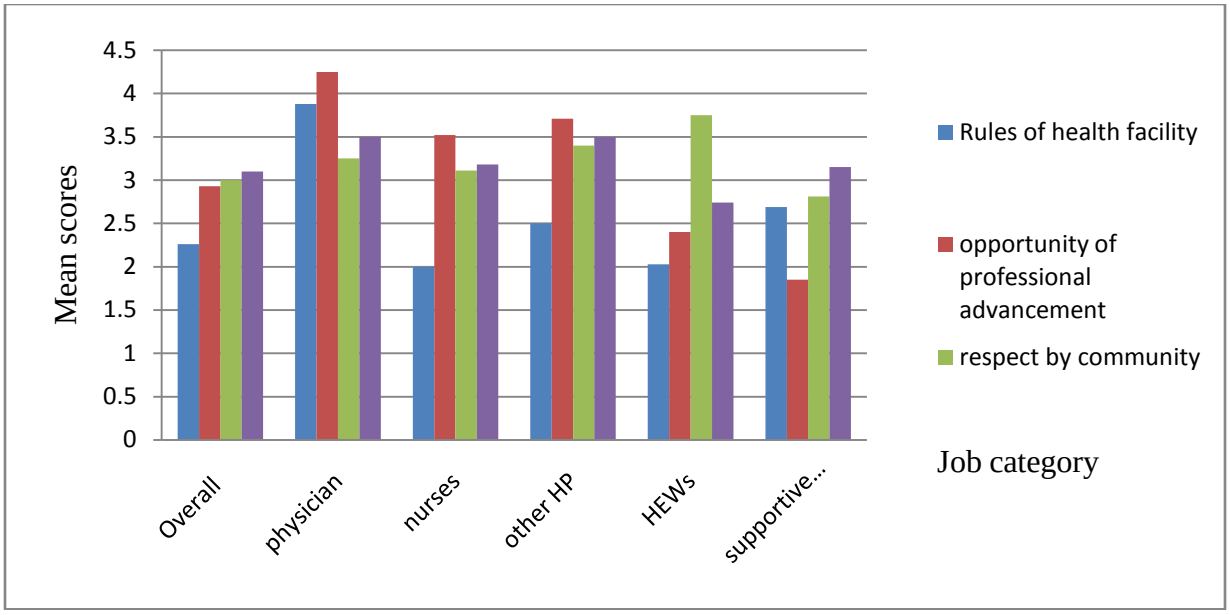

Figure 14 Predictors of motivation of health care workers by Job category in Gedeo Zone, Ethiopia, 2011

The third model was fitted by entering significant variables from socio-demographic, individual, organizational and cultural determinants. And accordingly Gender, job category, rule of health facility and respect by community were predictors of motivation.

variables	Unstandardized Coefficients	p-value	95% Confidence Interval for B	
			Lower Bound	Upper Bound
sex	-1.29	0.006	-2.21	-0.38
HEW	2.41	P<0.001	1.4	3.431
Supportive staffs	5.5	P<0.001	4.25	6.738
opportunity of professional advancement	0.1	0.6079	-0.27	0.461
rule of the health facility	0.43	0.019	0.07	0.782
respect by community	-0.39	0.041	-0.77	-0.02
gift from customer	0.31	0.1023	-0.06	0.675

Level of motivation

Based on the original scoring of 1 to 5 for each question, mean of the overall motivation would have a potential range from 4 to 20, with a midpoint of 12.

Using four-item, the mean motivational level score was calculated for each professional category (Table11). The mean score of the overall motivational level for the five Job category ranged from 7.5 (Physicians) to 15.6 (Supportive staffs), and the differences in mean score of motivation level among health care workers were statistically significant ANOVA ($F=36.9$, $p<0.001$). The multiple comparisons testing also revealed that the respondents were significantly differ one from the other by mean score of motivation level. (Multiple comparison test shown below in table8)

Table 7 ANOVA of the overall motivation level by Job category of the health care workers in Gedeo zone, Ethiopia, 2011.

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1612.365	4	403.091	36.882	.000
Within Groups	3344.298	306	10.929		
Total	4956.662	310			

Table 8 multiple comparison test of the overall motivation level by Job category of the health care workers in Gedeo zone, Ethiopia, 2011

Tukey HSD						
Job category	N	Subset for alpha = 0.05				
		1	2	3		
physician	8	7.5				
nurses	114	9.49				
OHP	42		10.5			
HEW	88		11.4			
supp. Staffs	59			15.6		
Sig.		0.18	0.21	1		
Means for groups in homogeneous subsets are displayed.						

.

Table 9 Percentile on overall motivation score of the health care workers in Gedeo zone, Ethiopia, 2011

Professional category	**Percentile**	**Mean score of overall motivation**
Physician	**100**	**11**
Nurses	**80**	**12**
OHP	**60**	**12**
HEWs	**60**	**12**
Supportive staffs	**10**	**12**

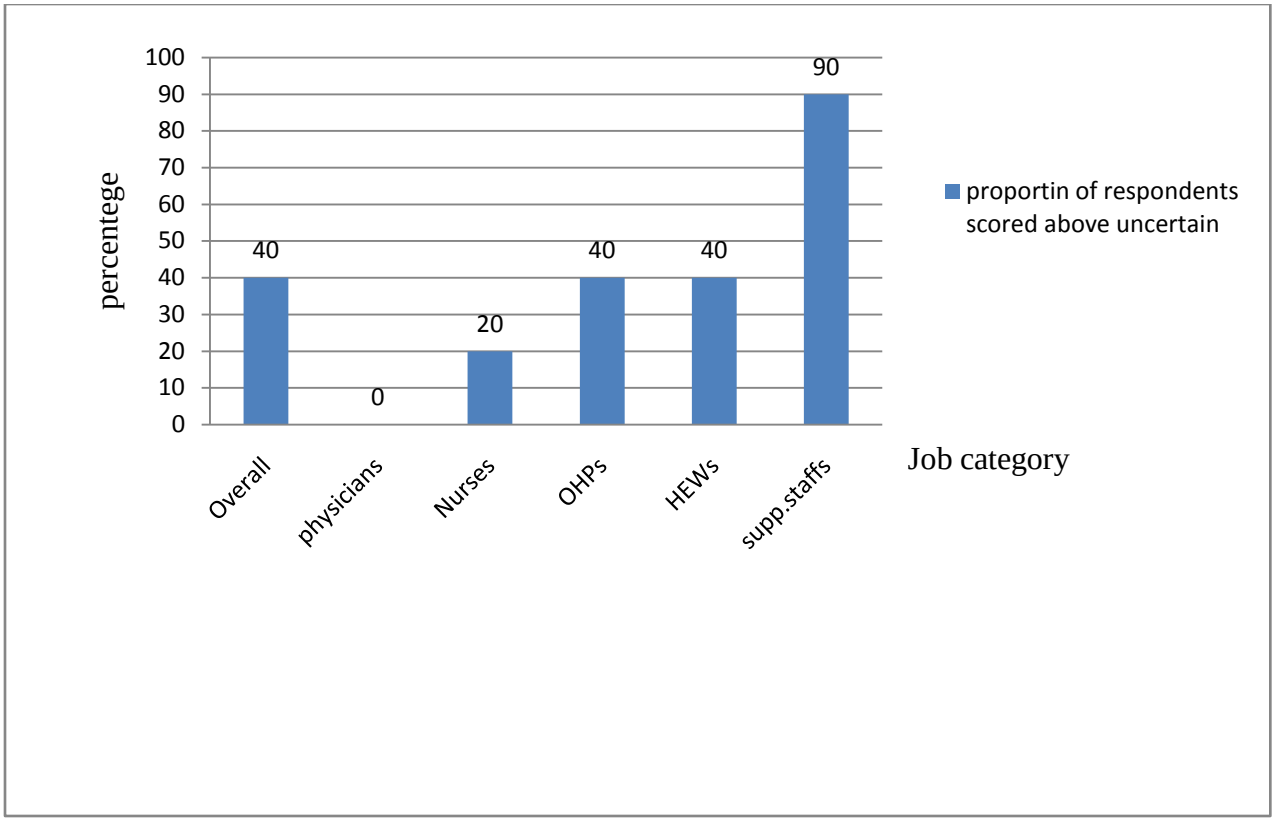

Figure 15 Proportion of health care workers scored above uncertain on the overall motivation in Gedeo zone, Ethiopia, 2011

CHAPTER – SIX: DISCUSSION

Organizational, socio-cultural and individual factors

Human resource management system is a particularly important organizational system and it can affect both workers' perception of their own capability and their true capability, through different mechanisms (30). And evidences shows that non-wage job attributes, such as training opportunities, career development, and living and working conditions, play a role in what health workers choose (6). This study revealed that more than half of the respondents across all categories agreed or strongly agreed that they had the opportunity of professional advancement, while the chance was rare in supportive staffs and health extension workers. This was due to absence of professional advancement in their career and less priority for supportive staffs in the health facility. A similar study also revealed that lack of opportunities for higher qualifications was mentioned more often by the respondents and largely reported as a de-motivator (36). This finding is also supported by findings conducted in Ghana (38) and Bangladesh (39). Concerning training still more than half of health extension workers and supportive staffs disagreed or strongly disagreed that they had a chance of training. Regarding working condition more than half from each job category disagreed or strongly disagreed that they had work facilities at work place like water and electricity.

From each category of job, more than half of the respondents disagreed or strongly disagreed that the health facility rule are fair, contrarily physician agreed or strongly agreed that the facility rule are fair. This may be due to the management gave priority for physicians comparing with other.

Outside of the immediate organizational environment, the broader social and cultural context will also contribute to the individual's motivational processes (45). In this study, when respondents were interviewed whether or not they had a respect from the community", more than half of health extension workers and supportive staffs disagreed or strongly disagreed that they had respect by community. This is may be because of health extension dresses in the way the community does not want while they went to house to house. Finally, when the respondents were asked whether or not they were working in attractive environment in the working place more than half of the respondents

agreed or strongly agreed that they were working in attractive working environment. A study which was conducted in Pakistan indicated that if the facilities have poor working conditions it could greatly impact current job satisfaction and even the quality of care provided to patients (56). Another study which was conducted in a similar area showed that among most public health care physicians, poor working conditions were reported as a common organizational de-motivator (36).

Determinants of motivation

This study constituted an attempt to identify determinants of worker's motivation which may contribute to increased job productivity in the health facilities of Gedeo zone. The theoretical framework of the study rests on selected elements of well-known motivation theories that have supported similar efforts over the years.

The motivation score of male respondents was lower by an average of 1.07 unit (95%CI:-1.99 to -0.15) as compared to the female counter part. This was may be the male respondents gave stress on poor aspects at work place like career development, training, health facility rule, and others.

And respondents who were Health extension workers had an average 2.435 unit greater motivation score comparing to nurses respondent. (95%CI: 1.212 to 3.66). This is may be related with the individual factors that the health extension workers may be motivated by the nature of work itself and serving people they know more (may be their relatives) . Supportive staffs had an average 5.301 unit grater motivation score when compared to the nurses. (95%CI: 3.56 to 7.05). Since, this group comprised mainly those involved in manual work such as cleaners, guards and drivers and messengers.

The identified motivating determinants of the respondents were categorized as socio-cultural and organizational factors. And these factors were significantly associated with worker's motivation. Workers who had opportunity for professional advancement had an average increase of 0.664 units in their motivation (95% CI: 0.20 to 1.127) comparing with those who had no the opportunity for professional development.

Workers who perceived the rule of the health facility faire had an average increase of 0.538 units in their motivation (95% CI: 0.171 to 0.904) than those who perceive the rule unfair.

Workers who had a respect from the community had an average increase of 0.576 units in their motivation (95% CI: 0.09 to 1.064) than workers who had no respect from the

community. Finally Workers who had a social reward had an average increase of 0.538 units in their motivation (95% CI: 0.042 to 1.034) than those who had no social reward.

The number one ranked motivator was **social reward** for the overall sample, and it was significantly higher than all the others factors for the overall sample. The next ranked determinant was **Respect by the community,** and it the second significantly higher factor than the rest for overall sample A similar study which was conducted in Lahore, Pakistan also revealed that socio-cultural factors like respect from community was an important motivators and in addition disrespect, less social rewards, were frequently mentioned as de-motivators (36). The third ranked predictor was **opportunity for professional advancement** which was significantly higher for the overall sample. The least ranked predictor by overall sample was **rules of health facility,** for which the mean score was significantly lower than all the others. The last two factors are organizational determinants of motivation and a study which was carried out in Singapore indicated that worker motivation also depends upon the organizational context (39). Conversely, in the study conducted in Pakistan, the motivators reported were more organizational (36).

Motivation of health care workers is influenced by different factors. And also what motivates employee changes constantly and vary from individuals to individuals (11, 17). Even in a stable work environment, what motivates individual workers fluctuates over time.

And for each job category the determinant of motivation varies, Opportunity for professional advancement found to be the first predictor of motivation for physician, nurses, and other health professionals while respect by community was the first ranked predictor for health extension workers. For supportive staffs social reward was found to be the firs than the other determinants of motivation. The ranked predictors of motivation for other job categories summarized in fig 8 below

Motivation level

The mean motivational level scores for the five professional category ranged from 7.5 (physician) to 15.6 (Supportive staffs), which is below the midpoint except for supportive staffs. The mean motivation level score of physicians and nurses is significantly differ from others and there is no a significant difference in mean motivation level score between nurses and physician. This was may be work nature and mostly physicians and nurses work together in the same work condition.

Finally the mean motivation level score of the supportive staffs was significantly differing from all categories of health care workers. The possible explanation, since, this group comprised mainly those involved in manual work such as cleaners, guards and drivers and messengers could not easily obtain alternative employment. This finding was supported by a similar study conducted in Tanzania (65).

Strength and Limitation of the study

Strength:-

- Both qualitative and qualitative studies used to make the result complete.
- Stratification sampling technique to make the study subject representative of the source population.

Limitation

- Response bias
- Small number of physician in the Zone

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

7.1 Conclusion

The results of this study are in agreement with the literatures which focused on Health care worker's motivation. And the respondents in this study reported that organizational and socio-cultural determinants, as major determinants of motivation.

The number one ranked determinant was social reward for the overall sample, then respect by the community, followed by opportunity for professional advancement then finally the least was rules of health facility.

Finally, more than half of the respondents on overall motivation scored below uncertain.

7.2 Recommendation

FMOH and Regional health beuro

- There should be an opportunity of career development for different category of health care workers in their career.

Hospital, Health centers and health office

- Priority for training for health care workers who outshine in their performance
- Professional advancement for workers should be given based on work achievement.
- career development for health care workers should be based on performance & work achievement
- The health facility should be fair in handling of human resource.
- The managers at all level should create belongingness among health care workers to bring workers happiness at work place and create means for interaction among workers themselves
- Creating an environment with work facility like water and electricity which enable workers perform well and generates self motivation.
- The work environment of the facilities should be maintained as attractive to make workers pleasant at work place

REFERENCE

1. WHO, World Health Report: Working together for health. World Bank, 2006

2. Raman VV: The healthcare workforce shortage - a new pandemic. 2008.

3. World Bank: World Development Report: Making Services Work for Poor People. Washington, DC 2003.

4. Connell G, Zurn P, Stilwell B, Awases M, Braichet J: Sub-Saharan Africa: beyond the health

5. Peters D. et al: Job satisfaction and motivation of health workers in public and private sectors: cross-sectional analysis from two Indian states. Human Resources for Health 2010, 8:27 doi: 1478-4481.

6. Kamien M. Staying in or leaving rural practice: outcomes of rural Doctors' 1886 intentions. *Medical Journal Agust* 1888;168:318–21.

7. Mathauer I. and Imhoff I.: Health worker motivation in Africa: the role of non-financial incentives and human resource management tools .Human Resource for Health 2006, 4:24.

8. Rigoli F, Dussault G: The interface between health sector reform and human resources in health. Health 2003, 1(1):8.

9. Herzberg F, Mausner B, Snyderman B: The Motivation to Work .New York: Wiley; 1858.

10. WHO: Migration of Health Professionals in Six Countries: A Synthesis Report. Brazzaville: World Health Organization Regional Office for Africa. 2003.

11. Robert D. prich and Ellisa L : Managing motivation, a manager's guide to diagnosing and improving motivation. New York London: 2008.

12. WHO, "What resources are needed?" World Health Report. Geneva: World Health Organization. 2000

13. Reerink I, Sauerborn R: Quality of primary health care in developing countries: recent experiences and future directions.1886, 8(2):131-138.

14. De Allegri M, Kouyate B, Becher H, et al.: Understanding enrolment in community health insurance in sub-Saharan Africa: a population-based case-control study in rural Burkina Faso. Bull World Health Organization. 2006, 84(11):852-858.

15. Joint Learning Initiative (JLI): Human Resources for Health: Overcoming the Crisis Cambridge, MA: Harvard University Press; 2004.

16. Dieleman M, Toonen J, Toure H, Martineau T: The match between motivation and performance management of health sector workers in Mali. Human Resource for Health 2006, 4:2.

17. United Nations, The Millennium Development Goals Report, United Nations. NewYork 2007.

18. Liese, Blanchet & Dussault, The Human Resource Crisis in Health Services in Sub-Saharan Africa, Background paper for the World Bank , September 15th, 2003.

19. Bennett S, Gzirishvili D, Kanfer R: An In-Depth Analysis of the Determinants and Consequences of Worker Motivation in Two Hospitals in Tbilisi, Georgia. Major Applied Research 5, Working Paper 8 Bethesda, Maryland: Partnership for Health Reform Project; 2000.

20. Franco LM, Bennett S, Kanfer R, Stubblebine P: Health Worker Motivation in Jordan and Georgia: A Synthesis of the Results. Major Applied Research 5, Technical Paper 3 Bethesda, Maryland: Partnership for Health Reform Project; 2000.

21. Stilwell B: Health worker motivation in Zimbabwe. In Unpublished paper/internal report for the Department of Organization of Health Care Delivery Geneva: World Health Organization; 2001.

22. Dolea C, Adams O: Motivation of health care workers: review of theories and empirical evidence. Cah Sociol Demographic Med. 2005, 45(1):135-161.

23. Boston J: The challenge of evaluating systemic change: the case of public management reform. 2000, 3:23-46

24. Lindelow M. et al.: Discovering the Real World: how Health Workers' Early Work Experience affects their Career Preferences: Second wave Of a Cohort Study of Young Ethiopian Doctors and Nurses, June 2008.

25. Kara Hanson and William Jack: incentives could induce Ethiopian doctors and nurses to work in rural settings. Health affairs,28 no. 8 (2010): 1452–1460

26. Reid S. Community service for health professionals. In: Ijumba P, editor. South African health review 2002. Durban: Health Systems Trust; 2003.

27. Wilbulpolprasert S, Pengpaibon P. Integrated strategies to tackle the inequitable distribution of doctors in Thailand: four decades of experience. Human Resource Health. 2003; 1:12.

28. Douglas M. Supervision of rural health centres in Papua New Guinea: consolidation of the delivery of health services. PNG Medical Journal. 1881;334(2):144–8. 8

29. Loevinsohn BP, Guerrero ET, Gregorio SP. Improving primary health care through systematic supervision: a controlled field trial. Health Policy Plan. 1885;10(2): 144–53.

30. Franco LM, and Bennett S: Public Sector Health Worker Motivation and Health Sector Reform: A Conceptual Framework: Major Applied Research 5 Technical Paper No. 1, January 1999).

31. Leonard, N., Beauvais, L., and Scholl, R. 1885. "A Self Concept-based Model of Work Motivation." Presented at the Annual Meeting of the Academy of Management, August, 1885

32. Kanfer R: Measuring Health Worker Motivation in Developing Countries. Major Applied Research 5, Working Paper 1 Bethesda, Maryland: Partnership for Health Reform Project; 1888.

33. Li4. Locke, E. and Latham, G.. "Work Motivation: the High Performance Cycle." Work Motivation. 1880

35. Terborg, J. and Miller, H.E. 1878. "Motivation behavior and performance: A closer examination of goal setting and monetary incentives." Journal of Applied Psychology 65, pp. 28-38.

36. Malik et al.: Motivational determinants among physicians in Lahore, Pakistan. BMC Health Services Research 2010 10:201.

37. Franco LM, Bennett S, Kanfer R, Stubblebine P: Determinants and consequences of health worker motivation in hospitals in Jordan and Georgia. Soc Sci Med 2004, 58(2):343-355

38. Agyepong IA, Anafi P, Asiamah E, Ansah E, Ashon D, Narh-Dometey C: Health worker satisfaction and motivation in the public sector in Ghana. International Journal of Health Planning

39. Sengooba F, Rahman SA, Hongoro C, Rutebemberwa E, Mustafa A, Kielmann T, McPake B: Health sector reforms and human resources for health in Uganda and Bangladesh: mechanisms of effect. Human resources for Health 2007, 5:3

40.Tendler, J., and Freedheim, S.. "Trust in a rent-seeking world: Health and government transformed in Northeast Brazil." World Developmen1884: 2212:1771-1781

41. Cheng PL, Robertson RW: Not for bread alone - motivation among hospital employees in Singapore. Public Organization.2006, 6:155-166.

42. Rector P, Kleiner BH: Creating Productivity in Public Institutions. Management Research News 2002, 25(3):43-40.

43. Chikanda A: Nurse migration from Zimbabwe: analysis of recent trends and impacts. Nursing Inquiry 2005, 12(3):162-174

44. Reid S: Monitoring the effect of the new rural allowance for health professionals. 2004, 1-7.

45. Franco LM, Bennett S, Kanfer R: Health sector reform and public sector health worker motivation: a conceptual framework. Social Science and Medicine 2002, 54:1255-1266.

46. Van Lerberghe W, Conceicao C, Van Damme W, Ferrinho P: When staff is underpaid: dealing with the individual coping strategies of health personnel. Bulletin of the World Health Organization 2002, 80(7):581-584.

47. D'Aunno TA, Fottler MD, O'Connor SJ: Motivating People. Health care management: organization design, and behavior Delmar Publishers Shortell SM, Kaluzny AD , 4 2000, 64-105.

48. Conant G, Kleiner BH: Human resource management in the health-care industry. Health Manpower Management 1888, 24(2-3):114-118.

50. Robbins SP: Organizational behavior USA: Prentice Hall; 1888.

51. Willis-Shattuck M, Bidwell P, Thomas S, Wyness L, Blaauw D, Ditlopo P: Motivation and retention of health workers in developing countries: a systematic review. BMC Health Service Research 2008, 8:247.

53. Giacomini M, Hurley J, Lomas J, Bjhatia V, Goldsmith L: The Many Meanings of Money: A Health Policy Analysis Framework for Understanding Financial Incentives. Center for Health Economics and Policy Analysis Working Paper 86-6, Hamilton: McMaster University. 1886.

54. Orpen C: Employee job performance and relations with superior as moderators of the effect of appraisal goal setting on employee work attitudes. The International Journal of Career Management 1885, 7(2):3-6.

55. Robson I: Implementing a performance measurement system capable of creating a culture of high performance. International Journal of Productivity and Performance Management 2005, 54(2):137-145.

56. Pakistan Medical and Dental Council

57. Mbindyo P, Gilson L, Blaauw D, English M: Contextual influences on health worker motivation in district hospitals in Kenya. Implementation Science 2008,4(1):43.

58. Manongi RN, Marchant TC, Bygbjerg IC: Improving motivation among primary health care workers in Tanzania: a health worker perspective. Human Resource for Health 2006, 4:6.

59. Kotzee T, Couper ID: What interventions do South African qualified doctors think will retain them in rural hospitals of the Limpopo province of South Africa. Rural Remote Health 2006, 6(3):581.

60. Alihonou E, Soudé T, Hounyé F: Motivation and Performance .New York: United Nations Children's Fund; 1888.

61. USAID: The Health Sector Human Resource Crisis in Africa. An Issues Paper Washington DC: USAID Bureau for Africa; 2003.

62. Alshallah S: Job satisfaction and motivation: how do we inspire employees? Radiol manage 2004, 26:47-51.

63.. Linder JR: understanding of employee motivation, Journal of extension. 1998, 36:3

64. Nick Kontodimopoulos, Victoria Paleologou and Dimitris Niakas: Identifying important motivational factors for professionals in Greek hospitals. Published: 15 September 2009

65. melkidezek t. et al: motivation of health care workers in tanzania: a case study of muhimbili national hospital: East African Journal of Public Health Volume 5 Number 1 April 2008

APPENDIXES

COLLEGE OF PUBLIC HEALTH & MEDICAL SCIENCES, DEPARTEMENT OF HEALTH PLANNING AND HEALTH SERVICES MANAGEMENT

Questionnaire prepared for the assessment of motivation of health care workers in Gedeo Zone public health facilities.

Instructions for the interviewers:-

Please interview the health care workers at the end of the working day or during their breaks. Make it clear the objective of the study and their contribution.

Hello. My name is_____

We are currently doing a study about the motivation of health care workers at public health facilities. The responses that you provide to the questions are very essential, not only, for the successful accomplishment of the study but also producing relevant information which were helpful in improving the health care worker motivation and health service delivery. As a part of this study, we are interviewing selected health care workers. All the information you give me were confidential, and no one will know what you have said. I will not record your name and the organization as well in the questionnaire and there were no way in which the responses you give me can be directly linked to you.

Are you willing to Participate? Yes ☐ NO ☐

Questionnaire code number_____

Name of Interviewer_____ Date_____ Sign _____

Name of Supervisor_____ Date_____ Sign_____

1. Socio-demographic Information

S.No	Questions	Responses and coding category
1	Gender	1.male 2.female
2	Your age? (year)	
3	What is your religion?	1. Islam 2. Orthodox 3. Protestants 4. Catholics 5. Others (specify)_____
4	What is your ethnicity?	1. Amhara 2. Oromo 3. Tigre 4.Gedeo 5. Other (specify_____)
5	What is your current marital status?	1. single 2. married 3.divorced 4.widowed
7	Your residence	1.urban 3.rural
8	Educational status	1 .Illiterate 2 read & write 3.primary (1-6) 4.secondary(7-12) 5.higher education 6.others, specify

9	What is your profession	1.Physician 2.Nurse 3. HO 4.Lab. technician 5.o.ther (specify_____)
10	For how long have you been working at the health facility? (year/month	
11	What kind of position do you occupy at the health facility at the moment?	1.clinical 2. diseases prevention and control 3. supportive staff(specify_____
12	For how long have you occupied this position at health facility? (year/month)	
13	Monthly income	

2. Health facility Characteristics, Culture

Please select one from the following items indicating the level of your agreement or disagreement regarding culture of your health institution.

1. Strongly disagree

2. Disagree

3. Neutral

4. Agree

5. Strongly agree

S.No	Questions	Responses and coding category						
2.1	This health facility has a good reputation in the population	Strongly disagree	1	2	3	4	5	Strongly agree
2.2	This health facility encourages my workers to work as a team.	Strongly disagree	1	2	3	4	5	Strongly agree
2.3	This health facility gives me the possibility of decision making and acting independently.	Strongly disagree	1	2	3	4	5	Strongly agree
2.4	This health facility is very behind in getting modern equipment and skills of using it.	Strongly disagree	1	2	3	4	5	Strongly agree
2.5	This health facility makes its contribution to the well-being of the population.	Strongly disagree	1	2	3	4	5	Strongly agree
2.6	For the badly performed work there are few cases of being punished at this health facility	Strongly disagree	1	2	3	4	5	Strongly agree
2.7	I proud that I provide the patients with the good service	Strongly disagree	1	2	3	4	5	Strongly agree
2.8	It is obvious that this health facility cares about me	Strongly disagree	1	2	3	4	5	Strongly agree
2.9	the rules of the health facility is faire	Strongly disagree	1	2	3	4	5	Strongly agree
2.10	Workers in this health facility trust each other.	Strongly disagree	1	2	3	4	5	Strongly agree
2.11	Workers in this health facility easily find a common language with workers of different categories. (e.g., physicians with the nurses, sanitary workers with nurses)	Strongly disagree	1	2	3	4	5	Strongly agree
2.12	I have the chance of getting additional income in this facility.	Strongly disagree	1	2	3	4	5	Strongly agree
2.13	I have chances of the promotion and making career development	Strongly disagree	1	2	3	4	5	Strongly agree
2.14	I have chances of professional advancement development	Strongly disagree	1	2	3	4	5	Strongly agree

2.15	I consider my job dull	Strongly disagree	1	2	3	4	5	Strongly agree
2.16	I have possibilities of attending official training courses.	Strongly disagree	1	2	3	4	5	Strongly agree
2.17	There is a severe competition between the employees of this health facility	Strongly disagree	1	2	3	4	5	Strongly agree

2.18 If you choose disagree in any of the above items, Please give your opinion why?

_____

_____

2.19 Is there any other thing that you want to add ?

_____

_____

Worker Characteristics, Values

Please select one from the following items indicating the level of your agreement or disagreement regarding value to your health institution.

.

S.No	Questions	Responses and coding category						
3.1	I am eager to do a good job in this health facility	Strongly disagree	1	2	3	4	5	Strongly agree
3.2	I am interested in financial compared to my job.	Strongly disagree	1	2	3	4	5	Strongly agree
3.3	I am interested in professional education and self-improvement	Strongly disagree	1	2	3	4	5	Strongly agree
3.4	I am willing to be respected by my peers and patients.	Strongly	1	2	3	4	5	Strongly

		disagree						agree
3.5	I am able to work well together.	Strongly disagree	1	2	3	4	5	Strongly agree
3.6	I am work hard	Strongly disagree	1	2	3	4	5	Strongly agree
3.7	I feel that the health facility policy/rules are unfair.	Strongly disagree	1	2	3	4	5	Strongly agree
3.8	Being at work is pleasant for me.	Strongly disagree	1	2	3	4	5	Strongly agree
3.9	I Can freely talk with my supervisors about work issues.	Strongly disagree	1	2	3	4	5	Strongly agree
3.10	I am adequately paid.	Strongly disagree	1	2	3	4	5	Strongly agree
3.11	My job causes strain/stress	Strongly disagree	1	2	3	4	5	Strongly agree
3.12	In case of a positive answer for above, What factors cause the stress?							

3.13 If you choose disagree in any of the above items, Please give your opinion why?

_____

_____

3.14 Is there any other thing that you want to add ?

_____

_____

4. Working Conditions

Please select one from the following items indicating the level of your agreement or disagreement regarding the working condition of your health institution.

1=Strongly disagree

2=Disagree

3=neutral

4=Agree

5= strongly agree

S.No	Questions	Responses and coding category						
4.1	I have the opportunity of professional advancement in this health facility	Strongly disagree	1	2	3	4	5	Strongly agree
4.2	I have opportunity of career promotion in this H. facility	Strongly disagree	1	2	3	4	5	Strongly agree
4.3	I have a chance of getting recognition and appreciation by managers and peers in case of good work in this H. facility	Strongly disagree	1	2	3	4	5	Strongly agree
4.4	I have sufficient social and personal time working in this H. facility.	Strongly disagree	1	2	3	4	5	Strongly agree
4.5	I have co-workers that are pleasant to work with in this H. facility	Strongly disagree	1	2	3	4	5	Strongly agree
4.6	I have good supervision in this H. facility.	Strongly disagree	1	2	3	4	5	Strongly agree
4.7	I have Prestige associated with working at this health facility.	Strongly disagree	1	2	3	4	5	Strongly agree
4.8	I have got gift and appreciation from the patient in working this H. facility							
4.9	I have Interesting working environment in this H. facility	Strongly disagree	1	2	3	4	5	Strongly agree
4.10	I am working hard, but interesting job	Strongly disagree	1	2	3	4	5	Strongly agree

4.11	I have adequate working space in this H. facility.	Strongly disagree	1	2	3	4	5	Strongly agree
4.12	I have chance of getting official training and skill development in this H. facility.	Strongly disagree	1	2	3	4	5	Strongly agree
4.13	I have appropriate conditions of the working place (Electricity, ventilation, heating, cold and hot water) in this H. facility	Strongly disagree	1	2	3	4	5	Strongly agree
4.14	I have additional Income .	Strongly disagree	1	2	3	4	5	Strongly agree
4.15	I have Strictly defined responsibilities and duty	Strongly disagree	1	2	3	4	5	Strongly agree
4.16	I have chance of getting familiar with current information in this H. facility	Strongly disagree	1	2	3	4	5	Strongly agree
4.17	These health facility has good performance management	Strongly disagree	1	2	3	4	5	Strongly agree
4.18	These health facility has a good leadership	Strongly disagree	1	2	3	4	5	Strongly agree

4.19If you choose disagree in any of the above items, Please give your opinion why?

_____

_____

4.20Is there any other thing that you want to add ?

_____

_____

5. Ways of Increasing Health care worker Motivation

The following questions concern possible changes at the health facility that, in your opinion, might increase the level of interest and stimulate the motivation of the health facility staff

(encourage the health staffs to undertake efforts to do their works well). For each of the listed change please indicate:

A/ How effective/important would this change be for stimulating and motivating you /co-workers to work better by selecting one of the following options.

1. Ineffective,

2. Slightly effective,

3. Neutral,

4. Effective and

5. Very effective

B/ If. Effective or very effective, how do you think this should be done and in what form?

S.No	Questions	Responses and coding category						
5.1	Opportunity of professional advancement	Ineffective	1	2	3	4	5	Very effective
5.2	Opportunity of career promotion	Ineffective	1	2	3	4	5	Very effective
5.3	Recognition and appreciation by managers and peers in case of good work	Ineffective	1	2	3	4	5	Very effective
5.4	Sufficiency of social and personal time	Ineffective	1	2	3	4	5	Very effective
5.5	Co-workers that are pleasant to work with	Ineffective	1	2	3	4	5	Very effective
5.6	Ability of serving people	Ineffective	1	2	3	4	5	Very effective
5.7	Supportive supervision	Ineffective	1	2	3	4	5	Very effective
5.8	Respect by community	Ineffective	1	2	3	4	5	Very effective
5.9	Social rewards in case of good work	Ineffective	1	2	3	4	5	Very effective

5.10	Interesting working environment (cleanness of compound, good ventilation, lighting, & other)	Ineffective	1	2	3	4	5	Very effective
5.11	Hard, but interesting job	Ineffective	1	2	3	4	5	Very effective
5.12	Appropriate working space	Ineffective	1	2	3	4	5	Very effective
5.13	Chance of getting official training and skill development	Ineffective	1	2	3	4	5	Very effective
5.14	Appropriate equipment of the working place (Electricity, ventilation, heating, cold and water)	Ineffective	1	2	3	4	5	Very effective
5.15	Good pay	Ineffective	1	2	3	4	5	Very effective
5.16	Strictly defined responsibilities, and duity of health workers	Ineffective	1	2	3	4	5	Very effective
5.17	Chance of getting familiar with current information (good communication in the facility)	Ineffective	1	2	3	4	5	Very effective
5.18	Good performance management	Ineffective	1	2	3	4	5	Very effective
5.19	Good leadership	Ineffective	1	2	3	4	5	Very effective
5.20	Participation in decision making	Ineffective	1	2	3	4	5	Very effective
5.21	Financial incentives other than pay	Ineffective	1	2	3	4	5	Very effective
5.22	acting independently (autonomy)	Ineffective	1	2	3	4	5	Very effective

5.23 How do you think this should be done and in what form ? For those statements you said Effective or very effective

_____

_____

5.24 Is there any other thing that you want to add ?

_____

_____

6. Motivation

Please select one from the following items indicating the level of your agreement or disagreement regarding your motivation to your health institution.

1=Strongly disagree

2=Disagree

3=neutral

4=Agree

5= strongly agree

S.No	Questions	Responses and coding category						
6.1	I would be very happy to spend rest of my career in this organization	Strongly disagree	1	2	3	4	5	Strongly agree
6.2	I really feel as if this organization's problems are my own.	Strongly disagree	1	2	3	4	5	Strongly agree
6.3	I feel like "part of my family" at my organization	Strongly disagree	1	2	3	4	5	Strongly agree
6.4	I am willing to exert and maintain an effort towards attaining organizational goals.	Strongly disagree	1	2	3	4	5	Strongly agree

The end of the interview

Thank you very much.

If any questions arise do not hesitate to contact us on the following address:

Address: To be added later

የህዝብ ጤና አና ህክምና ሳይንሳ ኮሌጅ የጤና እቅድ እና የጤና አገልግሎቶች ትምህርት ክፍል

በጌድዮ ዞን የህዝብ የጤና ተቋማት ዉስት የሚገኙ ሰራተኞችን የስራ ተነሳሽነትን ለመገምገም የተዘጋጀ መጠይቅ

ጤና ይስጥልኝ ስሜ_____ ይባላል

በአሁን ወቅት በህዝብ የጤና ተቋማት ዉስት በሚገኙ ሰራተኞች የስራ ተነሳሽነት ላይ ጥናት እያካሔድን እንገኛለን

ለጥያቄዎቹ የምትሰጣቸዉ/ጫቸዉ መልሶች ጥናቱን በጥሩ ሁኔታ ለመጨረስ ብቻ ሳይሆን የጤና ተቋማት ሰራተኞችን የስራ ተነሳሽነትን እና የጤና አገልግሎትን ለማሻሻል የሚረዱ ጠቃሚ መረጃዎችን ለመሰጠትም ጭምር ነዉ

በጥናቱም የተመረጡ የጤና ተቋማት ሰራተኞን በማካተት ጥያቄዎችን እንጠይቃለን

ለኔ የምትሰጡኝ መረጃ በሙሉ ሚስጥራዊነቱ የተጠበቀ ሲሆን ምን እንዳልከ/ሽ ማንም አያዉቅም

በተጨማሪ የርሶም ሆነ የድርጅቱ ስም በመጠየቁ አይካተትም ስለሆነም በምንም መንገድ የሰጡት መልስ በቀጥታ ከእርሶ ጋር አይገናኝም

በጥናቱ ለመካተት ፍቃደኛ ኖት አዎ_____ አይ_____

የመጠይቁ ኮድ ቁጥር_____

የጠያቂዉ ስም _____ቀን_____ፊርማ

የተቆጣጣሪዉ ስም _____ቀን _____ፊርማ

ክፍል አንድ የማህበራዊና ኢኮኖሚያዊ መረጃ

ተ.ቁ	መጠይቆች	የ መልስ አማራጮች
1	ጽታ	1. ወንድ 2. ሴት
2	እድሜዎ ስንት ነው?	_____ አመት
3	ሀይማኖትዎ ምንድነው?	1. መስሊም 2.ኦርቶዶክስ 3.ካቶሊክ 4.ፕሮቴስታንት 5. ሌላ ከሆነ ይግለጹ_____
4	ብሄረሰብ ምንድነው?	1.ጌዲኦ 2.አማራ 3.ትግሬ 4.ኦሮሞ 5. ሌላ ከሆነ ይግለጹ_____
5	የ ጋብቻ ሁኔታ እንዴት ነዉ?	1.ያገባ/ች 2.ያላገባ/ች 3.የ ተፋታ/ች 4.የ ሞተበት/ባት
6	የ ቤተሰብ ቁጥር ስንት ነው?	
7	የ ሚኖሩበት ቦታ የት ነዉ?	1. ከተማ 2. ከፊል ከተማ 3. ገጠር
8	የ ትምህርት ደረጃዎ	1.ያልተማረ/ች 2.ማንበብና መጻፍ ብቻ

		3.አንደኛ ደረጃ 4.ሁለተኛ ደረጃ 5.ከፍተኛ ደረጃ 6.ሌላ ይገለጽ_____
9	መያዎት ምንድነው?	1.ዶክተር 2. ነርስ 3. ጤና መኮንን 4. የላቦራቶሪ ባለሙያ 5. ሌላ ከሆነ ይግለጹ_____
10	በጤና ድርጅቱ ለምን ያህል ጊዜ ቆይተዋል?	_____ አመት/ወር
11	በአሁኑ ወቅት ምን አይነት የስራ ቦታላይ ነውየሚገኙት?	1. ህክምና 2. በሽታን የመከላከል እና የመቆጣጠር ስራ 3 .የአመራር ስራ 4. ሌላ ከሆነ ይግለጹ_____
12	በዚህ ቦታላይ ለምን ያህል ጊዜ ቆይተዋል?	_____ አመት/ወር
13	አማካይ የወር ገቢዎ ስንት ነው?	_____ ብር

ክፍል ሁለት የጤና ድርጅቱ ልምድ (Culture)

እባኮ በጤና ተቋሙልምድ (Culture) ዙሪያ ከዚህ በታች ከተሰጡት ምርጫዎች ውስትአንዱን በመምረጥ የእርሶን የመስማማት/ያለመስማማት መጠኖን ይግለጽ

1. በጣም አልስማማም

2.አልስማማም

3. እርግጠኛ አይደለሁም

4. እስማማለሁ

5. በጣም እስማማለሁ

ተ.ቁ	መጠይቆች	የመልስ አማራጮች						
2.1	ይህ የጤና ድርጅት በህብረተሰብ ዉስጥ ጥሩ ስም አለዉ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.2	እዚህ በመስራቴ እኮራለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.3	ይህ የጤና ድርጅት በራስ የመስራትና የመወስን እድል ሰቶኛል	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.4	ይህ የጤና ድርጅት ዘመናዊ መሳሪያዎችን ከማግኘት ና ከመጠቀም አንጻር ጓላ ቀር ነዉ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.5	ይህ የጤና ድርጅት ለህብረተሰቡ ጤና እድገት የራሱን አስተዋጾ በማድረግ ላይ ይገኛል	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.6	በመጥፎ ስራቸው የተቀጡ የተወሰኑ ሰራተኞች አሉ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.7	ለታካሚዎቼ ጥሩ አገልግሎት በመስጠቴ እኮራላሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.8	ይህ የጤና ድርጅት ለኔ እንደሚጨነቅ ግልጽ ነዉ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.9	ይህ የጤና ድርጅት ሰራተኞች በጋራ እንዲሰሩ ያበረታታል	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.10	በዚህ የጤና ድርጅት ዉስጥ ሰራተኞች እርስ በራሳቸዉ ይተማመናሉ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.11	በዚህ የጤና ድርጅት ዉስጥ የተለያየ ሙያ የላቸዉ ሰራተኞች በቋቋንቋ ለመግባባት አይቸገሩም(ለምሳሌ ዶክተሮች ከ ነርሶች ጋር ነርሶች ከጽዳት ሰራተኞች ጋር እንዲሁም ሌሎችም)	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ

2.12	በዚህ የጤና ድርጅት ዉስጥ ተጨማሪ ገቢ የማግኘት እድል አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.13	በዚህ ጤና ድርጅት ውስጥ የስራ ደረጃ ማሻሻል እድል አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.14	በዚህ ጤና ድርጅት ውስጥ የሙያ እድገት ማሻሻያ እድል አለኝ							
2.15	የምሰራዉ ስራ አሰልቺ ነዉ ብየ አምናለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.16	በዚህ ጤና ተቋም ውስጥ አልፎ አልፎ ስልጠና የማግኘት እድል አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
2.17	የዚህ ጤና ድርጅት ሰራተኞች መሃል የስራ ፉክክር አለ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ

መልሶ ለያንዳዱ አረፍተነገሮች ከተሰጡት ምርጫ ዉስጥ በጣም አልስማማም/አልስማማም ከሆነ እባኮን ምክኒያቱን ይግለጹ

_____

_____

_____

ተጨማሪ ሃሳብ ካሎ ይግለጽ

_____

_____

_____

ክፍል ሶስት የሰራተኞች ቫሊዩ (Values)

እባኮ ከዚህ በታች ከተሰጡት ምርጫዎች ውስት አንዱን በመምረጥ የእርሶን የመስማማት/ ያለመስማማት መጠኖን ይግለጽ

1. በጣም አልስማማም

2.አልስማማም

3. እርግጠኛ አይደለሁም

4. እስማማለሁ

5. በጣም እስማማለሁ

ተ.ቁ	መጠይቆች	የመልስ አማራጮች						
3.1	በዚህ የጤና ድርጅት ዉስጥ ጥሩስራ ለመስራት እጓጓለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.2	ከስራየ በበለጠ ገንዘብን እፈልጋለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.3	የሙያ ትምህርት ና የራስ እድገት እፈልጋለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.4	በጓደኞቼ ና በ ህመምተኞች መከበርን እፈልጋለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.5	ከሌሎችጋራ በጋራ ለመስራት እቸለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.6	ጠንካራ ሰራተኛ ነኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.7	የጤና ድርጂቱ ደንብና መመሪያ አግባብ እንደሆነ ይሰማኛል	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.8	በስራ ቦታ መገኘት ያስደስተኛል	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.9	ከተቆጣጣሪየ ጋር ስለሰራ በግልጽ ለማዉራት እችላላሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.10	በቂ ክፍያ አገኛለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.11	ስራየ ጭንቀት ይፈጥራር	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
3.12	የላይኛዉ ጥያቄ መልሶ 4/5 ከሆነ ጭንቀቱን የሚፈጥረዉን ነገር ይግለጹ							

መልሶ ለያንዳዱ አረፍተነገሮች ከተሰጡት ምርጫ ዉስጥ በጣም አልስማማም/አልስማማም ከሆነ እባኮን ምክኒያቱን ይግለጹ

_____

_____

_____

ተጨማሪ ሃሳብ ካሎ ይግለጽ

_____

_____

_____

ክፍል አራት የስራ ሁኔታ (Working Conditions)

እባኮ ከዚህ በታች በስራ ሁኔታዎች ላይ ከተሰጡት ምርጫዎች ውስትአንዱን በመምረጥ የእርሶን የመስማማት/ ያለመስማማት መጠኖን ይግለጽ

1. በጣም አልስማማም

2.አልስማማም

3. እርግጠኛ አይደለሁም

4. እስማማለሁ

5. በጣም እስማማለሁ

ተ.ቁ	መጠይቆች	የመልስ አማራጮች						
4.1	በዚህ ጤና ድርጅት ውስጥ የሙያ እድገት ማሻሻያ እድል አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.2	በዚህ ጤና ድርጅት ውስጥ የስራ ደረጃ እድገት እድል አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.3	በዚህ ጤና ድርጅት ውስጥ በጥሩ ስራ ወቅት አለቆቼ ና ጓደኞቼ አድናቆትና እውቅና ይሰጡኛል	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.4	ከስራ ዉጪ በቂ የሆነ የግልና ማህበራዊ ጊዜ አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.5	በዚህ ጤና ድርጅት ውስጥ ደስተኛ ከሆኑ የስራ ባልደረቦቼ ጋር እሰራለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.6	በዚህ ጤና ድርጅት ውስጥ ድጋፋዊ ቁጥጥር አለ	በጣም	1	2	3	4	5	በጣም

		አልስማማም						እስማማለሁ
4.7	እሂህ የጤና ድርጅት ውስጥ ከመስራቴ ጋር ተያይሆ ጥሩ ክብር አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.8	እሂህ የጤና ድርጅት ውስጥ ስሰራ ከታካሚዎች አድናቆት ና ስጦታ አግንቼ አዉቃለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.9	በጤና ድርጅቱ ውስጥ የሚስብ የስራ አካባቢ(የግቢ ጽዳት ጥሩ አየር እና ሌሎች ነገርች አሉ)	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.10	በጤና ድርጅቱ ውስጥ ከባድ ግን የሚስብ ስራ እየሰራሁ ነዉ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.11	በጤና ድርጅቱ ውስጥ በቂ የስራ ቦታ አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.12	በዚህ ጤና ድርጅት ውስጥ የችሎታ ማሻሻያ ና ስልጠና የማግኘት እድል አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.13	በዚህ ጤና ድርጅት ውስጥ የተሟላ የስራ ስፍራ ሁኔታ (ዉሃ፣ኤሌክትሪሲቲ፣የአየር ዝዉዉር ወዘተ) አለ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.14	ከደሞዝ ዉጪ ተጨማሪ ገቢ አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.15	በዚህ ጤና ድርጅት ውስጥ በአግባቡ የተገለፀ ሀላፊነት ና የስራ ድርሻ አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.16	በዚህ ጤና ድርጅት ውስጥ አዳዲስ መረጃዎችን የማግኘት እድል አለኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.17	በዚህ ጤና ድርጅት ውስጥ የሰራተኞች ጥሩ የስራ ግምገማ አለ ብየ አምናለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
4.18	ጤና ድርጅቱ ጥሩ የስራ አመራር አለው ብየ አምናለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ

መልሶ ለያንዳዱ አረፍተነገሮች ከተሰጡት ምርጫ ዉስጥ በጣም አልስማማም/አልስማማም ከሆነ እባኮን ምክኒያቱን ይግለጹ

_____

_____

_____

ተጨማሪ ሃሳብ ካሎ ይግለጽ

_____

_____

_____

ክፍል አምስት የጤና ተቋማት ሰራተኞችን የስራተነሳሽነት መጨመሪያ መንገዶች

የሚከተሉት ጥያቄዎቹ የሚመለከቱት በጤና ተቋም ውስጥ በርሶ አመለካከት የሰራተኞችን የስራ ተነሳሽነትን የሚያመጡ ለውጦችን ይሆናል ፡፡ ለእያንዳንዱ ለተዘረዘሩ ለውጦች እባክዎን

እነኚህ ለውጦች ምን ያህል የስራ ተነሳሽነቶን እንደሚያመጡ ከዚህ በታች ከተዘረዘሩት ምርጫዎች ውስጥ በመምረጥ ያመልክቱ

1.በጣም ውጤታማ አይደለም

2. ውጤታማ አይደለም

3.እርግጠኛ አይደለሁም

4.ውጤታማ ነው

5.በጣም ውጤታማ ነው

ለ.መልስዎ ውጤታማና በጣም ውጤታማ ከሆነ እንዴትና በምን መልኩ መደረግ አለበት ብለው ያስባሉ?

ተ.ቁ	መጠይቆች	የመልስ አማራጮች						
5.1	የሙያ ማሻሻያ እድል	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.2	የስራ እርከን እድገት እድል	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.3	በጥሩ ስራ ወቅት በአለቃና በዓደኛ መሞገስና እውቅና ማግኘት	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.4	በቂ የግልና ማህበራዊ ጊዜ ማግኘት	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.5	ደስተኛ ከሆነ የስራ ባልደረባ ጋር መስራት	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.6	ሌሎችን የማገልገል ችሎታ	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.7	ድጋፋዊ ቁጥጥር	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.8	በማህበረሰቡ መከበር	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.9	በጥሩ ስራ ወቅትየማህበረሰብ ሽልማት ማግኘት	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.10	የሚሰብ የስራ አካባቢ(የግቢ ጽዳት ጥሩ አየር እና ሌሎች	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.11	ከባድ ግን የሚሰብ ስራ	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.12	በቂ የስራ ቦታ	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.13	የችሎታ ማሻሻያ ና ስልጠና የማግኘት እድል	በጣም ውጤታማ	1	2	3	4	5	በጣም ውጤታማ ነው

		አይደለም						
5.14	የተሟላ የስራ ስፍራ ሁኔታ (ዉሃ፣ኤሌክትሪሲቲ፣የአየር ዝዉዉር ወዘተ)	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.15	ጥሩ ክፍያ	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.16	በአግባቡ የተገለፀ የሰራተኞች ሀላፊነት ና የስራ ድርሻ	በጣም በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.17	ስራን አስመልክቶ አዳዲስ መረጃዎችን የማግኘት እድል	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.18	ጥሩ የስራ ግምገማ	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.19	ጥሩ አመራር	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.20	በዉሳኔ ሰጪነት ላይ ያለ ተሳትፎ	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.21	ከደሞዝ ዉጪ ያለ የገንዘብ ጥቅማጥቅም	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው
5.22	በራስ የመስራትና የመወሰን እድል	በጣም ውጤታማ አይደለም	1	2	3	4	5	በጣም ውጤታማ ነው

ከላይ ለተሰጡት አማረራጮች ውስጥ መልሶ ውጤታማ /በጣም ውጤታማ ከሆነ እንዴትና በምን መልኩ መደረግ አለበት ብለው ያምናሉ

_____

_____

_____

ተጨማሪ ሃሳብ ካሎ ይግለጽ

_____

_____

_____

ክፍል ስድስት የጤና ተቋሙ ሰራተኞች የስራ ተነሳሽነት መጠን (**level Motivation)**

እባኮ ከዚህ በታች ከተሰጡት ሁኔታዎች ላይ በመነሳት የራሶን የስራ ተነሳሽነት ከቀረቡት ምርጫዎች ውስትአንዱን በመምረጥ ይገምግሙ

1. በጣም አልስማማም
2. አልስማማም
3. እርግጠኛ አይደለሁም
4. እስማማለሁ
5. በጣም እስማማለሁ

ተ.ቁ	መጠይቆች	የመልስ አማራጮች						
6.1	ከአሁን በኋላ የቀረዉ ስራየን በዚ የጤና ድርጅት ዉስጥ ብሰራ በጣም ደስተኛ እሆናለሁ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
6.2	የዚህ የጤና ድርጅት ችግር እንደራሴ ችግር ይሰማኛል	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
6.3	በኔ የጤና ድርጅት ዉስጥ ስሰራ ቤተሰቦቼ ዉስጥ እንዳለሁ ይሰማኛል	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ
6.4	የጤና ድርጅቱን አላማ ከግብ ለማድረስ የተቻለኝን ጥረት ሁሉ ለማድለግ ፍቃደኛ ነኝ	በጣም አልስማማም	1	2	3	4	5	በጣም እስማማለሁ

በመጠይቁ ስለተሳተፉ በጣም አመሰግናለሁ

Annex: - Interview guide for workers

Hello. My name is_____

We are currently doing a study about the motivation of health care workers in the Gedeo zone. The responses that you provide to the questions are very essential, not only, for the successful accomplishment of the study but also for further insight about motivation of health care workers. All the information you give me will be confidential, and no one will know what you have said. I would also like to inform you that your name will not be included rather we use a unique code for each participant. And you have the right to refuse to answer any questions for the sake of accuracy and efficiency; we will take notes and tape recording"

Introduction

1. Gender
2. Your current position_____

3. What does being motivated mean to you_____?

4. Which aspects are currently encouraging you to undertake efforts to do your work well?

4.1 How do you think this should be done and in what form? For those statements you said encouraging undertaking efforts to do your work?

4.2 What other factors will encourage you to undertake your work well and How do you think this factors should be done and in what form, to encourage you?

5. Which aspects currently discourage you to undertake efforts to do your work well?

6. What do think is the reason for that?

7. 4. I would like to know what in your opinion the main goal of your health facility is. (Name one or two goals

4.1 Goal 1 (describe)——————————————————————————————

4.1.1 Please describe how your work meets this goal:-

4.1.2 If your answer is negative, what is the reason for that? What hindered you to achieve it?

4.2 Goal 2 (describe) _____

4.2.1 Please, describe how your work meets this goal:-

4.1.2 If your answer is negative, what is the reason for that? What hindered you to achieve it?

Table 10 Internal consistency analysis of subscales of the questionnaire

Constructs	Number of items	Cronbach's α
Working condition	3	0.745
Human resource management tool	3	0.798
Organizational culture	6	0.746
Value	4	0.704
Socio-culture	3	0.846
Overall level of motivation	4	0.827

Table 11 Mean summary of motivational level scores by professional categories

Professional categories	Mean of motivational level score	Standard deviation
physician	7.5	2.1
nurses	9.5	2.7
other health professional	10.5	3.8
health extension workers	11.4	4.1
supportive staffs	15.6	2.9

Table 12 Correlation of independent variables with dependent variable of interest

	Orga .culture	socio-cultural	value	working condition	HRM tools
overall motivation	P. Corr. 0.210	P. Corr 0.161	P. Corr 0.183	P. Corr 0.158	P. Corr 0.429
	p-value 0.000	p-value 0.004	p-value 0.001	p-value 0.005	p-value 0.00