

**Factors Affecting Health Professionals' Motivation in Public Hospitals of Guji Zone,  
Oromia Regional State, Southern Ethiopia.**

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**Department of Health Services Management**

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## **Abstract**

**Background:** Motivation is a process that results from the dynamic interactions between individuals, their work environment and society. Low motivation leads to the insufficient translation of knowledge, the under utilization of available resources and weak health system performance.

**Objective:** To assess factors affecting health professionals' motivation in Nagele and Adola public hospitals of Guji Zone, Oromia Regional state, Southern Ethiopia.

**Methods:** Cross sectional study design with mixed quantitative and qualitative data collection methods was conducted among 227 and 12 health professionals respectively from September 2013 to October 2013. A pre-tested self administered structured questionnaire and interview guide was employed to obtain the necessary information. Data was entered by EpiData 3.1, cleaned and analyzed using SPSS 16.0 statistical packages. Bivariate and multivariable logistic regression were done to evaluate association of different variables with health professionals motivation, and P-value < 0.05, at 95% CI was taken as cut off point for statistical significance. Ethical clearance was obtained from Ethical Committee of Jimma University, College of Public Health and Medical sciences.

**RESULTS:** A total of 227 health professionals were filled the self administered questionnaires distributed. The result showed that more than half of health professionals 122(53.7%) were not motivated. The major factors associated with their motivation were age groups of less than 25 years[AOR=2.292(95%CI 1.043, 5.033)], paramedical type of professions[AOR=3.667(95%CI 1.149, 11.706)], poor management supportiveness[AOR=1.331(95% CI 1.119, 8.924)] and beaurocratic human resource management[AOR=2.203(95%CI 1.166, 15.147) have a significant association with health professionals motivation .

**CONCLUSION:** The study result indicated that motivation level of health professionals in the two public Hospitals of Guji Zone were low. Among factors affecting their motivation level were beaurocratic human resource management and poor management supportiveness in their hospitals. It is recommended that fair human resource management in hospitals, providing good system of administration with supportive management, improve hospitals resources, supplies and infrastructures so as to improve the health professionals motivation in hospitals.

**Key words:** Motivation, Health professionals, Public Hospitals, Guji Zone

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## Acronyms

AOR	Adjusted Odds Ratio
CI	Confidence Interval
COR	Crude Odds Ratio
ETB	Ethiopian Birr
HCPs	Health Care Professions
HCWs	Health Care workers
HITs	Health Information Technicians
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HPs	Health Professionals
HRM	Human Resource Management
HWs	Health Workers
MD	Medical Doctor
MDG	Millennium Development Goal
MPH	Master of Public Health
NGO	Non Governmental Organization
OGO	Other Governmental Organization
OR	Odds ratio
WHO	World Health Organization



# **Chapter 1: Introduction**

## **1.1 Background**

Motivation, in the work context, can be defined as an individual's degree of willingness to exert and maintain an effort towards organizational goals. It is an internal psychological process and a transactional process: worker motivation is the result of the interactions between individuals and their work environment, and the fit between these interactions and the broader societal context. Health sector performance is critically dependent on worker motivation: health care delivery is highly labor-intensive. Consequently, service quality, efficiency, and equity are all directly mediated by workers' willingness to apply themselves to their tasks(1).

There is a growing need to strengthen health systems in developing countries to help meet the Millennium Development Goals (MDGs). It is widely accepted that a key constraint to achieving the MDGs is the absence of a properly trained and motivated workforce while improving the retention of health workers is critical for health system performance(2).

The quality of performance in health facilities to a large extent depends on available human resource mix and their motivation. The workforce which is one of the most important inputs to any health system has a strong impact on the performance of health facilities. Compounding this problem are low levels of health care provider motivation. It has often been identified as a central problem in this human resource crisis and consequently, health service delivery and quality (3).

Motivation is not only important for patient satisfaction, productivity, and health care sector performance but also in retaining well-performing staff. Low motivation adds to the push factors for the migration of health providers , both from rural areas to the cities and out of the country. Consequently, a motivated workforce is critical in retaining qualified health staff and the achievement of health services targets and reforms(3).

Developing capable, motivated and supported health workers is essential for overcoming bottlenecks to achieve national and global health goals. At the heart of each and every health system, the work force is central to advancing health. There should be optimum number and professional mix of human resource for the effective coverage and quality of the intended services. It is important for a service oriented organization to know and understand the motivating needs of its employees since employee motivation

is a significant element of health systems performance. Providing a motivating environment for employees becomes more important in the health-care system (2).

## **1.2 Statement of the Problems**

Motivation is a process that results from the dynamic interactions between individuals, their work environment and communities or society. HCP motivation encompasses determinants that drive performance of a task. Low motivation leads to the insufficient translation of knowledge, the under utilization of available resources and weak health system performance. Failure to account for HCP motivation can hamper the development of health care systems(4).

Targeted recruitment drives for health workers from resource-poor countries have become a common solution to filling vacancies in richer countries. A 'medical carousel' whereby health workers move to countries offering attractions such as better salaries and training opportunities typically leaves the poorest countries with all drain and no gain. Health worker loss can compromise health system capacity to deliver adequate care as the more experienced workers migrate because their skills are highly desired. Staff shortages increase workloads and stress levels, further de-motivating remaining staff. To cope with increased workload staff are sometimes lowering their standard of care (5).

Poor worker motivation can manifest as lack of consideration to patients, tardiness, display of open frustration, negligence of duty, late-coming and absenteeism, poor process quality, such as failure to conduct proper patient examinations; failure to meet deadlines, and failure to treat patients in a timely manner. It can be manifested as the push factors for the migration of health providers, both from rural areas to the cities and out of the country, high vacancy rates and indifferent performance in health workforce(3).

A survey on quality of health services management in Ethiopia mentioned the following as key problems: work overload, staff shortages, unclear or misunderstood job descriptions, budget shortages, unfair promotions, not getting annual leave at the right time, lack of transport facilities, lack of a safety policy and protective materials, and inadequate care for sick health workers (6).

A number of factors ranging from the individual to socio cultural level operate together to influence how health workers take up interventions to improve their work practices. Often this works through contextual motivation influences as local personal, education, professional, community, or institutional environment in which work takes place or the social, cultural, economic, and political environments

more generally. Specific efforts within these environments to manage health workers actions include a broad set of incentives and sanctions. Thus, understanding those factors is important when trying to explain why interventions that rely on changing worker behavior motivation succeed or fail (7).

The study tries to assess workers' subjective assessments on factors affecting hospital health professional motivation related to the content of the job and its contexts. It focuses on those motivating factors in the work environment that, and how important these factors are to them and what motivates them in their current work conditions.

## **Chapter 2: Literature Review**

Health workers motivation to deliver health services is integral to performance and is emphasize by the organizational structure, the socio cultural environment and individual characteristics of the HWs(1, 8). According to Franco, Bennet, Kanfer and Stubblebine's model, HW motivation is described not as an attribute of the individual, but rather as a result of the transaction between organizational factors (organizational culture, support structures, resources and processes), social factors (community expectations , social values and peer pressure) and the individual HWs' experiences and the ways in which they interpret their reality provides insight into their willingness to respond to certain interventions. Individual level determinants can be categorized into demographic characteristics, individual differences (personality, self-concept, individual goals, value systems and expectations and experience of outcomes) and perceived contextual factors such as perception of work environment coupled with the individual workers ' technical and intellectual capacity to perform key tasks within available resources (1, 9).

The two-factor theory distinguishes between motivating factors (or 'satisfiers') that are intrinsic to the job and the primary causes of job satisfaction, and dissatisfies (which Herzberg also calls 'hygiene factors') that are extrinsic to the job and the primary causes of job dissatisfaction, or "unhappiness on the job". Motivating factors include: "achievement, recognition for achievement, the work itself, responsibility, and growth or advancement" and lead to job satisfaction. Their absence leads to lack of job satisfaction. Dissatisfies include: "company policy and administration, supervision, interpersonal relationships, working conditions, salary, status, and security" and determine the level of job dissatisfaction(3, 10).

### **2.1. Individual factors**

Worker motivation depends critically upon alignment between the goals of the individual worker and the goals of the broader organization for workers to be aware of the organization goals in their contribution. A study in Papua New Guinea on socio cultural and individual factors highlights a sense of purpose of individual characteristics that seemed to be common amongst all HWs interviewed included: flexibility and sacrifice; a sense of achievement and recognition for work; and strong determination for success despite the barriers and constraints to service delivery within the health system. The individual level determinants of motivation such as feelings of responsibility and a desire to improve people's health are frequently reported genuine commitment and a deep belief in their

responsibilities. The achievement and recognition of work perceptions how other health organizations viewed the HWs' facility and service also inspired motivation(7).

Study on stress, motivation, and professional satisfaction among health care workers of Tanzania, nearly half (49%) of the HCW strongly agreed that they feel motivated to perform well in their jobs while 30% disagreed or strongly disagreed. More than two thirds (68%) of HCWs reported that their work was rewarding (strongly agreed 42% and agreed 26%)(11).

A study on contextual influences on health worker motivation in district hospitals of Kenya shows various reasons account for why health workers chose to become health care workers. "Older respondents profess to have been attracted to join healthcare by the humanitarian nature of the service (rewards associated with caring for others) with some nurses liking nursing: 'I like nursing because it is a helping profession. Other health workers joined due to the prestige associated with medical work. The attractiveness of hospital work might also have been additionally influenced by working with skilled co-worker especially if working with them resulted in admiration by patients and/or their relatives. 'Sometimes when the patients become well, they return as thanks for the good work you did. Some health workers joins the profession, for a strong sense of professional attachment subsequently reinforced by training or organizational/professional culture was commonly reported among all age groups"(12).

According to study in Ethiopia Jimma University Specialized Hospital shows satisfaction according to socio-demographic variables that more males 39 (58.2%) were dissatisfied than females 25 (47.2%); highest dissatisfaction rate was in the age group of 25-29 years 21(70.0%). However, there was no association between job satisfaction and socio-demographic variables. Respondents' characteristics according to professional background showed that highest dissatisfaction among medical laboratory technologists (66.7%). Regarding to specific profession, 9(60.0%) of the physicians, 55(57.9%) of nurses and 8(53.3%) of laboratory professionals claimed to leave the institution. The reason given to depart the institutions includes job dissatisfaction by 45 (57.0%), family related issues 13 (16.5%), and personal related issues 22(27.8%). Majority of those who plan to leave the institution were aiming to work in NGO/private sectors. Five (8.3%) of the respondents satisfaction was justified by salary and 67(46.2%) dissatisfied with their job, the major reasons were lack of motivation using providing housing 33 (49.3%), incentives using top up 40 (59.7%) and free health care 40 (59.7%), bureaucratic constraint in relation to further education, 33 (49.3%) and lack of promotion,32 (47.8%) (13).

## **2.2 Social factors**

Interaction between health workers and their clients can affect health workers' motivation to work as trust, recognition and appreciation. The community can enhance the ability and willingness of health workers to provide an efficient service. A study in Lahore, Pakistan among physicians reports respect people as of the most important motivators and social rewards such as recognition by employers and communities have been shows among the most important motivating factors for health workers. Factors relating to the hospital work environment (and the consequences of this for workers) rated highly the personal characteristics of their colleagues but awarded low scores to the hospital work environment and its effects (14).

In Papua New Guinea a study on socio cultural and individual factors of sexual and reproductive of health workers states socio cultural environment had a significant impact on the motivation of the HWs, including community expectations and social values. "The local community played an integral role in the performance and motivation of most of the HWs, with positive motivation more likely to arise from interactions with the community rather than from the health system itself. For most respondents, the sense of community was local and specific and inspired a deep commitment to the work that was being done. A few respondents are motivated by the perceived contribution the service had to improving the socioeconomic environment of the community HWs often express feelings of pride towards what their facility or service was doing (7).

Study on stress, motivation, and professional satisfaction among health care workers Tanzania, most HCWs (78%) felt patients were satisfied with the quality of care provided (strongly agreed 19% or agreed 59%) and over two-thirds (68%) rated the care they were providing as excellent (25%) or very good (43%). Only (3%) of HCWs rated services as fair or poor. Among HCWs with direct patient contact (direct clinical providers), 86% reported that they felt able to meet patient needs (11).

A qualitative study on 30 health worker motivation in the context of HIV care and treatment challenges in Tanzania notes that good support and cooperation from community members plays a vital role in motivating health workers, but it depends much on the quality of service received from health workers. A frequent complaint concerns the long waiting due to the increased number of clients attending the facilities, the shortage of health workers and lack of infrastructure (15).

The study on contextual influences in the district Hospital of Kenya shows workers sense of fulfillment was challenged by inability to meet the obvious need and high expectations of clients. A medical doctor explain why he found working in his local area difficult stating, "You know when you come from the local area (and your people know that you are working here, you get many patients (referring to patients coming from his village)). They come hospital, (friends, neighbours, and relatives) to get support from me ... they report to me (before registering as patients in the hospital)" (14).

Findings of study in Ethiopia, Jimma University Specialized Hospital on 145 Health workers shows 60 (41.4%) satisfied with their job, the major reason given by 54 (90.0%) was satisfaction from helping others(13).

### **2.3. Organizational factors**

At the organizational level, a well implemented HWs promotion programme can lead to an improved working environment and a decrease in absenteeism. It also has beneficial effects on human resources management in terms of lower employee turnover and greater staff retention. In rural areas of Viet Nam Salaries and working conditions discourage public health workers. The low salaries force them to gain extra income in other ways, either through working in the private sector or through agriculture and animal husbandry. Peoples' income earn through other ways than their regular job is widely accepted and tolerated in the country. There is a risk that the extra work influences the accessibility to and the quality of care provided at the public health service, by referring to own clinic, by low attendance in the public health facility etc(16).

The study in Georgia at two Hospitals reveals overall respondents were most likely to agree or strongly agree with statements asserting that workers were proud to work at the hospital. Statements regarding the ease of accomplishing tasks and the availability of career opportunities were least likely to be agreed with. With respect to the worker characteristics the study overall relationships both with co-workers and supervisors appear good. In contrast, ratings of the adequacy of pay were very low (lower than the rating of any other individual item) and ratings of "enjoyable job" also reflected poor perceptions. In case of relationships with supervisors, doctors are found to have a significantly less positive perception of this than other types of respondents. No significant differences in perceptions of worker characteristics were found by age, length of service at the hospital, or gender (17).

A study in Tanzania highlights although more than half of the workers indicated that they were satisfied with their work, a significant number (45.1%) are unsatisfied, with clinical support workers such as laboratory technicians and pharmacists reporting the most dissatisfaction. The main reasons for those who were not happy with their jobs, low salaries were cited by 66.7% of the nurses, 63.3% of the doctors, and 54.5% of other clinical staff. Factors related to the working environment are the second major reason for low motivation in the hospital, and are more prominent among clinical support staff (50%), followed by doctors (36.7%), and nearly 17% of the nurses. Inadequate facilities for performing expected tasks were cited as the third major factor in causing low morale at work. This problem was cited by nearly 38% of respondents in the category of other clinical staff, one third of the nurses, and nearly 27% of doctors (14).

Findings from the study of contextual influences of health workers motivations on performance in University of Ilorin Teaching Hospital of Nigeria reveals that "59.05% of the respondents are happy with their workload, and 64.76% were paid as and when due; however, about half (47.62%) of the respondents felt underpaid for the work they did. The study also showed that nonmonetary factors such as interpersonal relationships, quality of supervision, availability of tools and equipment to work with, as well as managerial spirit, support for staff welfare and training, appear to play a significant role in affecting health workers satisfaction with their work "(18).

According to a survey done in Ethiopia the main cause for attrition was low salary followed by lack of educational opportunity and poor career structure. This survey also shows 74.6% of medical doctors, 62.5% of pharmacists, 50.6% of nurses, 50.0% of sanitarians, 36.4% of pharmacy technicians, 45.5% of laboratory technicians and 34.2% of health assistants responded that they were not satisfied with their job. Reasons for dissatisfaction were low salary (60.3%), narrow opportunity for further education (24.8%), inadequate facility and supplies (20.1%). Among workers who reported satisfaction from their job, the main reasons are satisfaction from helping others (43%), professional gratification (32%) and the amount of monthly salary (18.1%) (29).



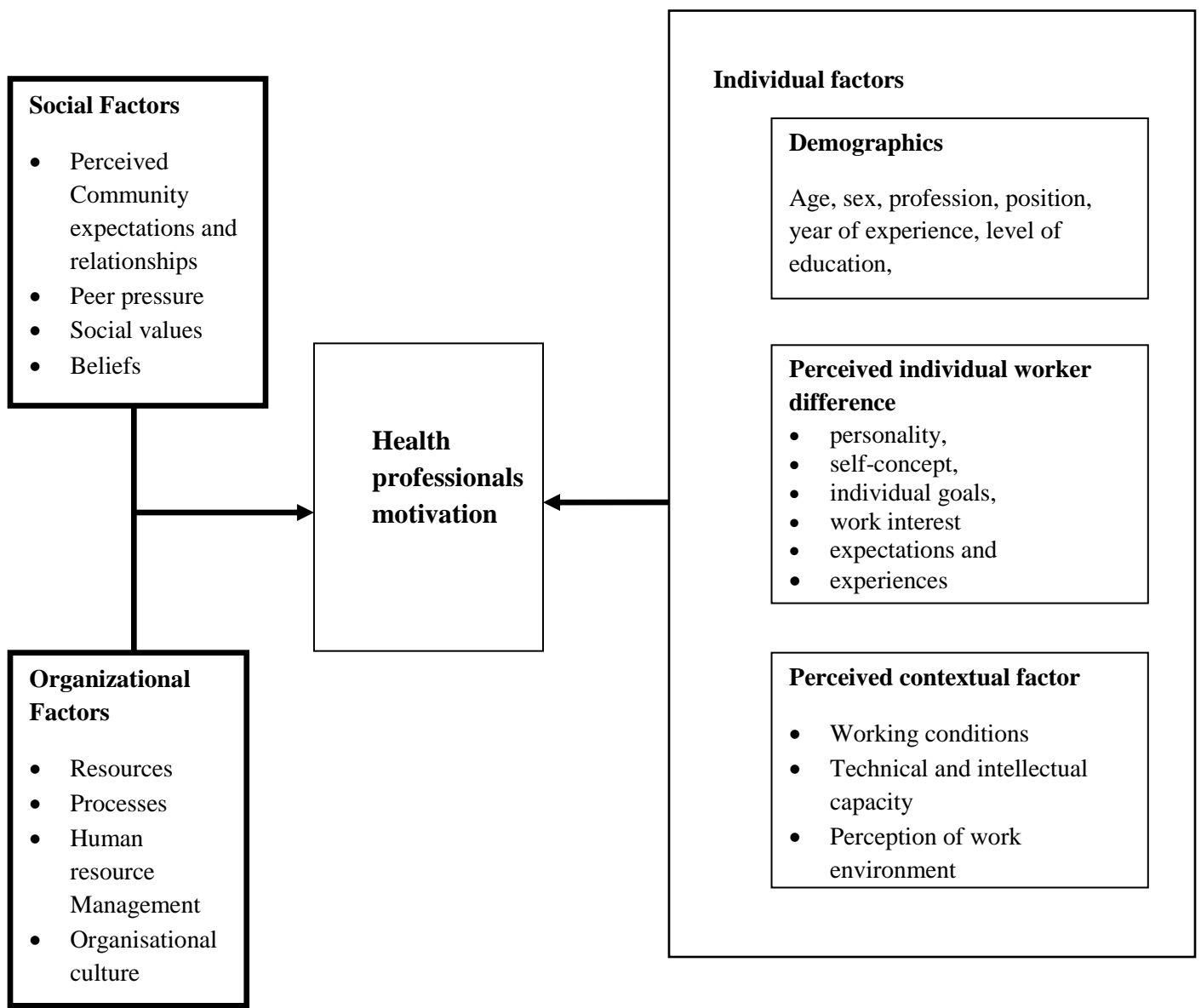


Figure 1: Conceptual framework adapted from frame work model developed by Franco, Bennet and Kanfer on factors affecting Health professionals' Motivation of Guji Zone public Hospitals(1).

## **Significances of the study**

The most important asset of hospital is the people who work there. A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. there are sufficient staff, fairly distributed; they are competent, responsive and productive). Employees who are motivated tend to work harder and stay longer with their employer.

Developing and sustaining a healthy work environment and workforce not only has clear benefits for both organization and employees, but can also lead to an improvement in social and economic development at the local, regional, national and international level. It is important for a service oriented organization (i.e. hospital) to know and understand the motivating needs of its employees since health systems performance is dependent on workers motivation. The awareness of those factors at individual, hospital and social motivation level allow the implementation of targeted strategies for continuous improvement.

The findings of this study identifies the distinct motivation factors that affect health professionals motivation in public Hospitals providing a basis for considering policies and management approaches to improve work conditions. The finding also provide information to improve HPs motivation for hospitals, regional and national leadership and governance arrangements essential to ensure effective and efficient hospital services that contribute to the health and wellbeing of the population served.

## **Chapter 3. Objectives**

### **3.1.General Objective**

To assess factors affecting health professionals motivation in Nagele and Adola public hospitals of Guji Zone, Oromia Regional state, Southern Ethiopia.

### **3.2 Specific Objectives**

- To determine individual factors affecting hospital health professionals' motivation.
- To assess organizational factors that affect motivation of hospital health professionals
- To identify perceived social factors that influencing hospital health professionals motivation.
- To determine level of Health professionals motivation in the two public hospitals.

## **Chapter 4. Methods and Materials**

**4.1. Study Area and Period:** This study was conducted in Guji Zone public Hospitals. Guji zone is one of the 18 zones of the Oromia Regional State and Nagele Borena is the capital town of the zone located 595 Km from Addis Ababa. According to the Zonal health department report, there are 2 hospitals and 52 public health centers during this study time. The two hospitals, Nagele and Adola Hospitals which were General and Primary Hospital respectively based on the current health care delivery system. There were a total of 23 physicians, 8 health officers, 156 nurses of different category, 22 laboratory professions, 21 pharmacy and druggists, 6 Environmental health professions, 5 X-Ray technicians, 7 anesthetics, 46 administrative staffs, 5 HITs and 170 supportive staffs in the two hospitals (20). This study was conducted from October 1 to 30, 2013.

**4.2. Study Design:** A Cross-sectional study design with both quantitative and qualitative study was conducted among HPs in the two public Hospitals of Guji Zone

### **4.3. Population**

**4.3.1. Source Population:** All HPs in the two public hospital of Guji Zone .

**4.3.2. Study Population:** All HPs who were on their job during the study period in the two public hospitals of Guji Zone

#### **4.3.3. Exclusion and Inclusion Criteria**

##### **Inclusion Criteria**

- Health professionals who were on their job at the survey time at their hospitals.

##### **Exclusion Criteria**

- HPs who have service time less than six month and not employed by the hospitals.

### **4.4. Samples Size Determination**

For quantitative study, enumeration of all HPs (using census method) who were on their job during the study period in Nagele and Adola hospitals were included. We categorized them by type of professions (medical staffs, nurses, pharmacists, medical laboratories and paramedical staffs) and levels of respondents position (managers, supervisors, and workers) were employed for this study.

For in-depth interview 12 HPs were purposively selected from the level of positions (managers and supervisors) in the Hospitals. Then respondents in those selected Hospitals and who were on their job during data collection time were interviewed.

#### **4.6. Data Collection**

Self administered structured questionnaire was used to collect the data which was developed after reviewing relevant literatures and similar studies. The questionnaires contains three major sections:

**The first section**, ask respondents to provide background demographic information (for example, age, gender, years of experience, positions, career changes).

**The second section**, ask respondents questions pertaining to possible factors that perceived to be affecting motivation of health professionals in various work conditions of hospital environment .

**The third section**, ask respondents questions about their attitudes and opinions on various working environment, values and cultures. Participants responded to each item using a five-point Likert scale format ranging from strongly disagree (1) to strongly agree(5).

Two facilitator were assigned during data collection. The data collectors (facilitators) were diploma level health workers recruited from Nagele and Adola health centers. For data collectors a one days orientation was given by the principal investigator to make them familiar with the data collection tool. Principal investigator have assisted and coordinate the data collectors as well as the respondents during data collection.

The facilitators have the responsibility of coordinating the staffs and discussing about the purpose of the study then based on their willingness to participate questionnaire was distributed and orientation was given on how to fill the questionnaire and clarification for any difficulty was the duty of the data collector. Finally completed questionnaire was returned to the data collectors.

For in-depth interview, semi structured interview guide was prepared and the interviews were conducted by the principal investigator. Notes were taken by the investigator and one supervisor to catch the discussion points after obtaining their consent. The interview was held in quit and comfortable place.

## 4.7. Study Variables

### Dependent variable

- Health professionals' motivation.

### Independent variables

- **Social variables:** Perceived community relationships, expectations, respect, societal value, peer pressure, social rewards, team work.
- **Organizational variables:** resources, processes, structures, organizational culture, HRM
- **Individual Variables:** Demographic variables, personality, self-concept, individual goals, work interest, expectations and experiences

## 4.8. Operational Definitions

- ✚ Management: defined to be those health professionals who worked in the hospital management committees and also supervise others; thus they includes the Hospital Managers, Medical Directors, head nurses, head of human resources department, etc.
- ✚ Supervisors: in this study defined as HPs who supervised more than five people but who were not in the hospital management committees which includes head of wards and departments.
- ✚ Professional standard: perception of care given appropriately with qualified and experienced HPs and the existence evidence based clinical guidelines and standards in the hospitals
- ✚ Resource availability: Perceived adequacy of materials, equipment and supplies to perform hospital services well without interruption or shortage;
- ✚ Fringe benefits: in addition to the basic salary, providing HPs with additional benefits that will attract and retain motivated HPs.
- ✚ Job descriptions: statements that include information about an HP's assigned duties or responsibilities.
- ✚ Motivated HPs: HPs who are motivated with perception of motivation factors (i.e. recognition, responsibility, work itself, advancement in achievements and personal growth) and hygiene factors (i.e. relationship with coworkers and peers, salary, fringe benefits, supervision and leadership) in their hospitals.

✚ Not motivated HPs: HPs who are not motivated with perception of motivation factors (i.e. recognition, responsibility, work itself, advancement in achievements and personal growth) and hygiene factors (i.e. relationship with coworkers and peers, salary, fringe benefits, supervision and leadership) in their hospitals.

#### **4.9. Data processing and analysis**

The quantitative data was coded and entered using Epi data software and exported to SPSS version 16 for cleaning and analyzing the data. Different frequency tables, graphs and descriptive summaries were used to describe the study variables. Mean score of the five point Likert scale was used to measure the attitude of HPs and who score above the mean score were categorized as having favorable attitude. Composite variable was performed to measure the level of motivation of HPs categorizing them motivated and not motivated on factors perceived to be affecting their motivation. Binary logistic regressions were performed to assess the association between each major independent variables and the outcome variable. Variables found to be significant at P-Value less than 0.25 selected as candidate for multivariable logistic analysis.

Those variables which were significant in the bivariate analysis were inputs for multivariable analysis and the final model was constructed using binary logistic regression method. P-value < 0.05 was taken as cut off point for statistical significance. Adjusted ORs and 95% CI were used to interpret the findings.

For the in-depth interview, after the interview data was transcribed and translated into English language. Then similar responses were summarized based on thematic area of the interview guide. Finally, results of the qualitative study were presented triangulating with the quantitative study.

#### **4.10. Data Quality Control**

To assure the data quality, data collection tool was prepared after intensive reviewing of relevant literatures and similar studies. Initially the questionnaire was prepared in English then translated to Afan Oromo by individual who have the ability of both languages. Training was given for data collectors by the principal investigator. Pre-testing of the questionnaire was carried out among 12(5%) HPs of Bule Hora Hospital of Borana zone, based on the result necessary modification was followed. The collected data was checked for completeness before data entry.

#### **4.11. Ethical Consideration**

The study obtained Ethical clearance from ethical committee of Jimma University, College of Public Health and Medical Science. Permission letter was obtained from different concerned authorities and offices, Guji Zone health Department and Hospitals after discussion of the purpose of the study. Similarly after clear discussion about the actual study written informed consent was obtained from each study subjects while the study subjects' right to refuse was also be respected. Different measures was taken to assure the confidentiality of study subject's response such as writing their names or any identification in the questionnaire were not required.

#### **4.12. Dissemination of the Study Result**

The findings will be presented to the Jimma University, College of Public Health and Medical Sciences, department of Health services management. The findings will also be communicated to local health planners and other relevant stake holders at regional, zonal and woreda level to enable them take recommendations in to consideration during their planning process. Furthermore all attempts will be made to presentation the findings in scientific conference and attempt will be made to publish the finding in local reputable journals.



## Chapter 5: Result

### 5.1. Socio-Demographic Status of the respondents

Among 235 health professionals who were on active working duty during the data collection period 227 have filled the self administered questionnaires distributed with complete answer making the response rate 96.5%. One hundred thirty one (57.7%) of the respondents were from Nagele Hospital and the rest 96(42.3%) from Adola Hospital(Table1).

The median age of the respondents was 27.00, ranged from 21 to 61 years. Most of the participants 83(36.6%) were in the age group of 29-35 years. One hundred twenty five(55.1%) of them were males. Eighty eight (38.8%) of the respondents were Orthodox Christian, 135 (59.5%) of them were Oromo in ethnicity, 114 (50.2%) were married and 154(67.8%) had no children. One hundred forty two (62.6%) of the respondents were nurses and 162(71.4%) had a diploma in education level and of them 101(44.5%) had a working experience of less than 2 years. Most of the respondents 130(57.3%) had less than 1500 monthly salary and 205(90.3%) had less than1000 birr pay off working day per month. One hundred nine (48.0) of them works at outpatient department/case team in their present level of working position (Table1).

Table1: Socio-demographic characteristics with description of their motivation level of HPs in Nagele and Adola public hospitals of Guji Zone, Oromia Regional state, 2013

S.No	Characteristics	Motivated	Not motivated	Total
		N(%)	N(%)	N(%)
1	<b>Working Hospital</b>			
	Nagele	59(45.0)	72(55.0)	131(57.7)
	Adola	46(47.9)	50(52.1)	96(42.3)
2	<b>Age group in year</b>			
	<25	39(56.5)	30(43.5)	69(30.4)
	25-29	38(45.8)	45(54.2)	83(36.6)
	30-34	16(40.0)	24(60.0)	40(17.6)
	35-39	6(35.3)	11(64.7)	17(7.5)
	>=40	6(33.3)	12(66.7)	18(7.9)
3	<b>Sex</b>			
	Male	59(47.2)	66(52.8)	125(55.1)
	Female	46(45.1)	56(54.9)	102(44.9)
4	<b>Religion</b>			
	Orthodox	34(38.6)	54(61.4)	88(38.8)
	Muslim	21(41.2)	30(58.8)	51(22.5)
	Catholic	2(25.0)	6(75.0)	8(3.5)
	Protestant	44(57.9)	32(42.1)	76(33.5)
	Others(Wakefata, unknown)	4(100.0)	0(0)	4(1.8)

S.No	Characteristics	Motivated	Not motivated	Total
		N(%)	N(%)	N(%)
5	<b>Ethnicity</b>			
	Oromo	62(45.9)	73(54.1)	135(59.5)
	Amhara	14(33.3)	28(66.7)	42(18.5)
	Gurage	12(75.0)	4(25.0)	21(7.0)
	Tigrie	4(40.0)	6(60.3)	10(4.4)
	Other(Siltie, Kambata, Wolaita)	13(54.2)	11(45.8)	24(10.6)
6	<b>Having children</b>			
	Yes	24(32.9)	49(67.1)	73(32.2)
	No	81(52.6)	73(47.4)	154(67.8)
7	<b>Marital status</b>			
	Single living with parents	9(37.5)	15(62.5)	24(10.6)
	Single not living with parents	50(58.1)	36(41.9)	86(37.9)
	Married	46(40.4)	71(59.6)	117(50.2)
8	<b>Professions</b>			
	Physicians	15(60.0)	10(40.0)	25(11.0)
	Nurses	54(38.0)	88(62.0)	142(62.6)
	Pharmacy	9(47.4)	10(52.6)	19(8.4)
	Medical laboratory	10(55.6)	8(44.4)	18(7.9)
	Other paramedics	17(73.9)	6(26.1)	23(10.1)
9	<b>Educational level</b>			
	Specialist	1(25.0)	3(75.0)	4(1.8)
	General practitioner	14(66.7)	7(33.3)	21(9.3)
	Bachelor	17(66.7)	13(33.3)	40(17.6)
	Diploma	63(38.9)	99(61.1)	162(71.4)
10	<b>Service year in the hospital</b>			
	<2	26(55.3)	21(44.7)	101(44.5)
	2-5	24(44.4)	30(55.6)	90(39.6)
	6-10	40(44.4)	50(55.6)	23(10.1)
	>=11	7(53.8)	6(46.2)	13(5.7)
11	<b>Monthly salary in ETB</b>			
	<1500	50(38.5)	80(61.5)	130(57.3)
	1500-3000	39(56.5)	30(43.5)	69(30.4)
	>3000	16(57.1)	12(42.9)	28(12.3)
12	<b>Pay off working day in month in ETB</b>			
	<1000	97(46.0)	114(54.0)	205(90.3)
	>=1000	8(50.0)	8(50.0)	24(9.7)
13	<b>Level of working positions</b>			
	Worker	89(46.1)	106(53.9)	195(81.9)
	Supervisors	12(41.4)	17(58.6)	27(12.3)
	Management	4(80.4)	1(20.0)	5(5.7)
14	<b>Working department/case team</b>			
	Administrative	7(43.8)	9(56.2)	16(7)
	Outpatient	56(51.4)	53(48.6)	109(48.0)
	Inpatient	34(41.0)	49(59.0)	83(36.6)
	Prevention	7(43.8)	9(56.2)	16(7.0)
	Triage	1(33.3)	2(66.7)	3(1.3)

## 5.2 Health professionals' motivation and factors affecting their motivation

Among 227 health professionals participated in this study, 105(46.3%) were motivated with composite score of intrinsic and extrinsic factors perceived to be affecting their motivation in their hospitals(Table 2). Motivation according to professional background characteristics of the respondents showed that 88(62%) of Nurses were not motivated, and 15(60%) of physicians were perceived to be motivated with factors affecting their motivation. Fifty nine(45.0%) and 46(47.9%) HPs of Nagele and Adola hospitals respectively were motivated with factors affecting their motivation (Table 1).

Table 2: HPs Motivation with hygienic and motivator factors in Nagele and Adola public hospitals of Guji Zone, 2014

Category of factors	Factors	Motivated (N/%)	Not motivated (N/%)
<b>Hygienic factors</b>	Good relationships	207(91.2)	20(8.8)
	Fringe benefits	106(47.1)	120(52.9)
	Salary	43(18.9)	184(81.1)
	Leadership	139(61.2)	88(38.8)
	Supervision	157(69.2)	46(20.3)
<b>Motivation factors</b>	Promotion	76(33.3)	152(66.9)
	Work it self	96(42.2)	133(58.8)
	Achievement	101(44.6)	128(56.4)
	Recognition	136(59.9)	91(40.1)
	Responsibility	31(13.7)	195(86.3)
<b>Total</b>		<b>105(46.3)</b>	<b>122(53.7)</b>

### 5.2.1 Social factors affecting HPs motivation

Regarding social factors affecting HPs motivation, 213(93.8%) perceived encouraging team work in their hospital. In addition 190(83.7%) perceived acceptance of hospital's contribution by the community and co-workers, and only 83(36.6%) perceived as source of pride to start working at this hospital and 77(56.4%) getting a job at their hospital was source of pride for their family. In general 64.8% of HPs perceived that they are motivated with the social factors affecting their motivation(Table 3). This is supported by the key informant who was medical director of one hospital "*...interestingly most of the HPs work closely in their work supporting each other in closely friendship both on their job and social relations, having smooth communication with each other in group work and within their respective departments.*"

Table 3: Social factors perception affecting motivation of HPs in Nagele and Adola public hospitals of Guji Zone, Oromia Regional state, 2013

S.No	Social factors perception	Yes	No
		N(%)	N(%)
1	Assisting the staff in coping with a problematic situation	157(69.2)	70(30.8)
2	Encouraging teamwork	213(93.8)	14(6.2)
3	Good communication channels in different hospital units, between workers and management	161(70.9)	66(29.1)
4	Source of pride to start working at this hospital	83(36.6)	144(63.4)
5	The hospital makes its contribution to the well-being of the population	190(83.7)	37(16.3)
6	Getting a job at this hospital is source of pride for family	77(56.4)	150(66.1)
7	The hospital has a good reputation in the population	128(56.4)	99(43.6)
<b>Total</b>		<b>147(64.8)</b>	<b>80(35.2)</b>

### 5.2.2 Organizational Factors affecting HPs motivation

Seventy seven(33.9%) of HPs were not motivated with the sufficiency of electricity, ventilation, heating, cold and hot water services in their hospitals. Seventy five (33.0%) of them perceived not motivated with the insufficient essential drugs, 71(31.3%) with medical instrument and 52(22.9%) with chemical reagents in their hospital resources and supplies availability. Other organizational factors that not perceived to be not motivate them were insufficient training 162(71.4%) but only 25(8.4%) were not motivated with unfair job description(Table 4).

Regarding the human resource management 115(50.7%) of HPs not motivated with HRM in their hospital among these; 22.9% with transfer, 10.1% of them with both beaurocratic annual, sick or maternity leave and leaving government institutions(Figure 2). In general only 71(31.3%) of the participants were not motivated with these organizational factors that affect their motivation.

Among the key informants who was ward head " *monthly salary for those in diploma levels and payments for off work times is very low compared with those of degree and above that affect their motivation, recommending the government should have to improve the payments scales for HPs financial payments*".

A key informant of one hospital who is department head agreed that "*sometimes there was insufficiency and interruption of drugs and supplies availability in the hospital leading HPs to frustration in providing the services. Training opportunities have great impact on the motivation of HPs which*

support them in performing their skill in their respective profession but there was rare opportunities in this hospital"

Table 4: HPs motivation with perception of organizational factors in Nagele and Adola public hospitals of Guji Zone, Oromia Regional state, 2013

S. No	Organizational factor perception	Yes	No
		N(%)	N(%)
1	Beaucratic in human resource management systems in the hospital	115(50.7)	112(49.3)
2	Insufficient resources and supplies in the hospital	123(54.2)	104(45.8)
3	Poor infrastructure	87(38.3)	140(61.7)
4	Insufficient training	162(71.4)	65(28.6)
5	Unfair job description	25(11.0)	202(89.0)
6	Poor infection prevention practices	43(18.9)	184(81.1)
7	Poor participation in decision-making processes, in planning, managing and evaluating activities	88(38.8)	139(61.2)
8	Shortage of human power	124(54.6)	103(45.4)
9	Poor interaction with other team members and supervisors	19(8.4)	208(91.6)
10	Poor management supportiveness related to your work in hospital	124(54.2)	104(45.8)
<b>Total</b>		<b>71(31.3)</b>	<b>156(68.7)</b>

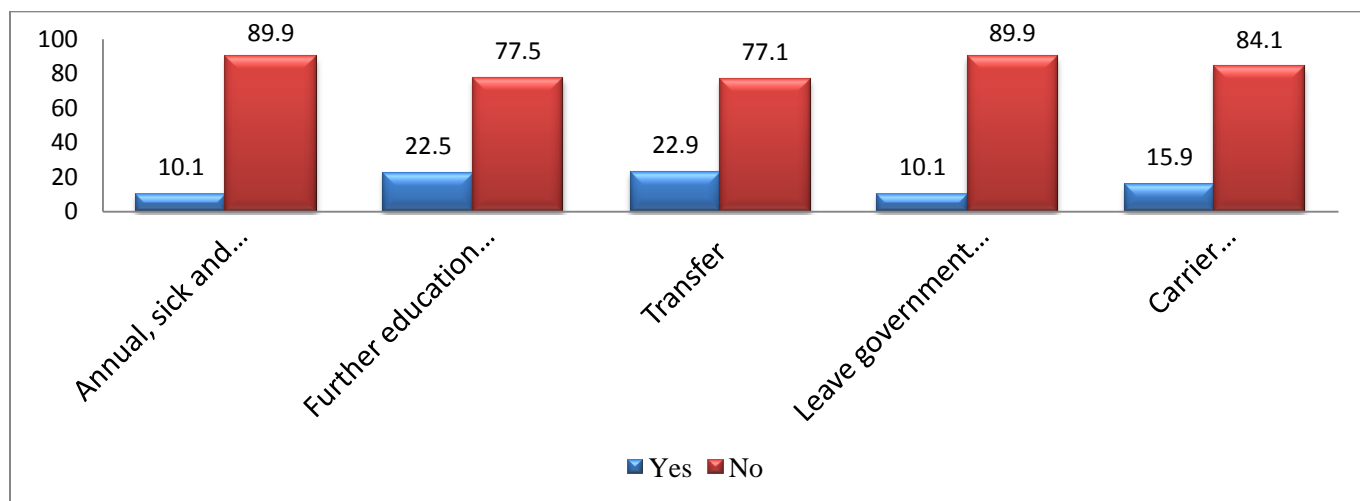


Figure 2: HPs motivation with HRM perception in the two public hospitals of Guji Zone, Oromia Regional state, 2013

### 5.2.3 Individual factors affecting HPs motivation perception

Among HPs who received additional advantages that mentioned to be motivate them were further education 61(26.9%), incentives/allowances 78(34.4%), frequent promotion 22(9.7%) and housing/housing allowances 29(12.8%)(Figure 3). As Chief Executive key informant of one hospital responded *"opportunities for promotion in education qualification and career developments are rare which affects the motivation of HPs in performing their job and continue to work for the future at their hospital."*

Two hundred six(90.3%) of them were perceived to be motivated with the existence of professional standards in their hospital but only 106(46.7%) motivated with a systems of good administration, management and coordination of activities with clear job description in their hospital. For hospital management related factors those who perceived to be motivated includes involving in decisions related to work 75(33%), subordinate ideas sought and used constructively by superiors 58(25.6%), supporting in cooperative team work 23(10.1%). Over all 45.7% of the participants reported that they motivated to these perceived individual factors affecting their motivation in the two public hospitals (Table 5).

Among key informants a Chief Executive of one Hospital also justify that *"health professionals motivation different by their level of professions because of the benefits received like incentives using top up and housing that given for physicians and other HPs have not obtained by most of health professions. In addition to this one of the matron nurse responded that "most of the health professionals are not motivated with the benefit received voicing concerns on different meetings which leads to not fully using their abilities, potentials in improving their skill and knowledge to achieve hospital and their own goals "*.

As one of the key informant who is Medical Director verified *" the driving forces for their motivation includes interest for their jobs, follow up and supporting with frequent supervisions and discussion . Implementation of hospital reforms also changed their perceptions organizing themselves as health development army in their respective departments, having discussion in regular pattern on their performance and taking their decisions for the problems faced them"*

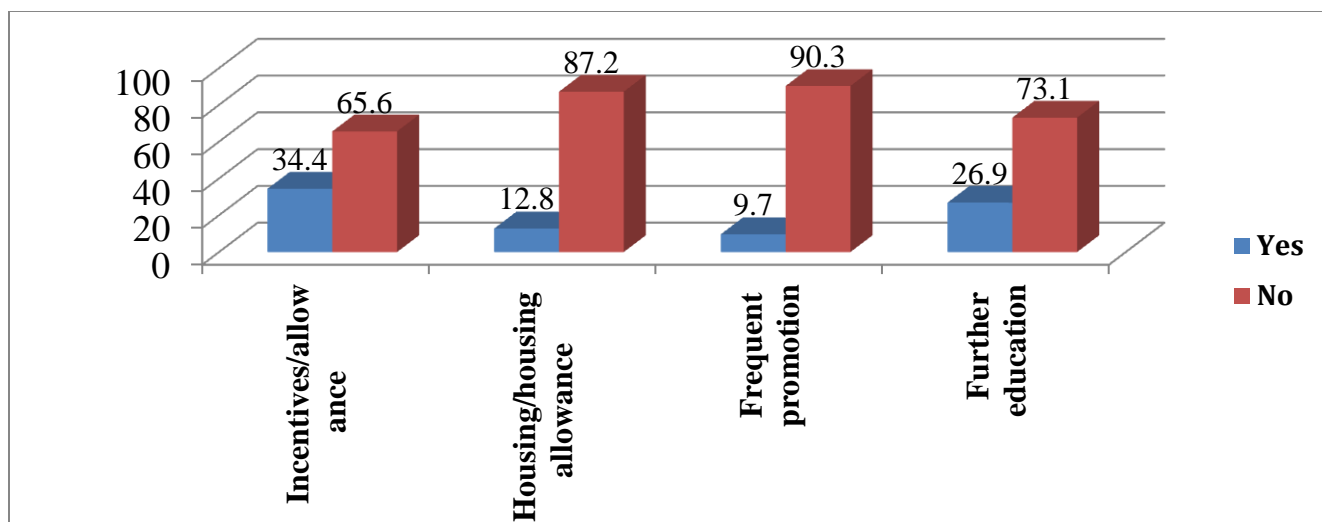


Figure 3: HPs perception for individual motivation factor of additional benefits in Nagele and Adola public hospitals of Guji Zone, Oromia Regional state, 2013.

Table 5: HPs motivation with an individual factors perceptions in Nagele and Adola public hospitals of Guji Zone, Oromia Regional state, 2013

S. No	Individual factors perception	Yes N(%)	No N(%)
1	Availing medical instruments, supplies, drugs, chemical reagents	140(61.7)	87(38.3)
2	A good system for administration, management and coordination of activities with clear job description	106(46.7)	121(53.3)
3	Establish a system that avoids partiality in evaluating performances and providing position	145(63.9)	82(36.1)
4	Working out more flexible(more convenient) work schedule	181(79.7)	46(20.30)
5	Existence of professional standards	206(90.7)	21(9.3)
6	Confidence and trust shown to subordinates by superiors	51(22.5)	176(77.50)
7	Subordinate's ideas sought and used constructively by superiors	58(25.6)	169(74.4)
8	Supporting in cooperative teamwork	23(10.1)	204(89.9)
9	Acceptance of upward and downward communication	51(22.5)	176(77.5)
10	Involving in decisions related to work	75(33.0)	152(67.0)
11	Knowing and supporting problems faced by subordinates	33(14.5)	194(85.5)
<b>Total</b>		<b>101(45.7)</b>	<b>126(54.3)</b>

### 5.3 HPs future intention and their attitude on factors affecting their motivation

With regard to their future plan 62(27.3%) of the participants responded that they were planning to leave the hospital, 57(25.1%) intended to leave within two years and 75(33%) intended to continue to work in the hospital. The reason given to leave the hospital includes job dissatisfaction 21(11.5%), family related issues 11(6.2%). Majority of those who plan to leave the hospital 20(14.1%) were aiming to work in NGO/private sectors and running own business(Table 6). Regarding their attitude 108(47.6) of them have favorable attitude scoring above the mean score of five-point Likert scale format ranging from strongly disagree (1) to strongly agree(5) on items about their attitudes and opinions affecting their motivation level with their job.

Table 6: Future intention of HPs in Nagele and Adola public hospitals of Guji Zone, Oromia Regional state, 2013

<b>Characteristics</b>	<b>Yes</b>	<b>No</b>
<b>Reason to continue to work in the hospital</b>	75 (33%)	
Satisfaction with job	21(18.1%)	206(81.9)
To get chance for further education	28(25.1%)	199(74.9%)
To complete the commitment to serve the government institute	8(7.9%)	219(92.1%)
Family related issues	10(17.6%)	117(82.4%)
Personal related issues	8(3.5%)	218(96.5%)
<b>Reason to leave the hospitals</b>	62(27.3)	
Job dissatisfaction	21(11.5%)	206(88.5%)
Family related issue	11(6.2%)	216(93.8%)
Personal related issues	11(6.2%)	216(93.8%)
Change of profession	10(5.3%)	217(94.7%)
Unspecified	9(4.8%)	218(95.2%)
<b>Intention of jobs option if leaving the hospital</b>		
Working in OGO	20(14.1%)	207(85.9%)
Working in NGO/private	9(10.1%)	218(89.9%)
Working in non health institution	10(5.3%)	217(94.7%)
Running own business	20(14.1%)	207(85.9%)



The bivariate binary logistic regression analysis revealed that socio-demographic characteristics (age groups, marital status, monthly salary and type of profession), achieving of increased salary, existence of professional standard, organizational factors (poor management supportiveness, poor infection prevention and bureaucratic HRM in the hospital), future intention to stay in the hospital have an association with HPs motivation (Table 7).

Age groups of less than 25 years, paramedical professional types, bureaucratic HRM, management supportiveness in their hospital and HPs who intended to leave and don't know future intention to stay in their hospital have a significant association with HPs motivation level at p-value <0.05 in multivariate logistic regression analysis (Table 8).

Health professionals whose age less than 25 years were 2.3 times more likely to be motivated than those who are in age group of 25-29 years (AOR=2.292, [95% CI (1.043, 5.03)]). Paramedical staffs HPs were 3.6 times more likely to be motivated than all category of Nurses professions in the two public hospitals of Guji zone (AOR =3.667, [95% CI (1.149, 11.706)]).

HPs who have not perceived bureaucratic HRM were 1.3 times more likely to be motivated than HPs who perceived bureaucratic HRM in their hospital (AOR=1.331 [(95% CI 1.119, 8.924)]). Respondents who were not perceived poor management in their hospitals were 2.2 times more likely to be motivated than HPs who perceived poor management in their hospital (AOR=2.203[(95% CI 1.166, 15.147)]).

Health professionals who intended to leave their hospital for the future have 0.36 times less likely to be motivated than those who intended to continue to work in their hospital for the future (AOR= 0.360, [0.051, 0.891]). Those who don't know their future to stay in their hospital were 0.679 times less likely to be motivated than those who intended to continue to work their hospital for the future (AOR =0.679,[95% CI 0.105, 0.930]) (Table 8).

Table 7: Factors affecting HPs motivation in binary logistic analysis in Nagele and Adola public hospitals of Guji Zone, Oromia Regional state, 2013

Variables	HPs motivation level		COR(95%CI)	P-Value
	Motivated	Not motivated		
<b>Age Groups in years</b>				
<25	39(56.5)	30(43.5)	1.539(0.810, 2.927)	0.188*
25-29	38(45.8)	45(54.2)	1	1
30-34	16(40.0)	24(60.0)	0.789(0.367, 1.698)	0.545
35-39	6(35.3)	11(64.7)	0.646(0.218, 1.698)	0.430
>=40	6(33.3)	12(66.7)	0.592(0.203, 1.728)	0.337
<b>Marital status</b>				
Single living with parents	9(37.5)	15(62.5)	0.432(0.170, 1.096)	0.077*
Single not living with parents	50(58.1)	36(41.9)	0.487(0.276, 0.860)	0.013*
Married/cohabiting	46(40.4)	71(59.6)	1	
<b>Health professions</b>				
Physician	15(60.0)	10(40.0)	2.444(1.025, 5.828)	0.044*
Nurses	54(38.0)	88(62.0)	1	
Pharmacists	9(47.4)	10(52.6)	1.467(0.560, 3.839 )	0.434
Medical laboratory	10(55.6)	8(44.4)	2.037(0.757, 5.479)	0.159*
Para medicals	17(73.9)	6(26.1)	4.617(1.715, 12.432)	0.002*
<b>Monthly salary</b>				
<1500	50(38.5)	80(61.5)	1	0.025*
1500-3000	39(56.5)	30(43.5)	2.080(1.150, 3.763)	0.015*
>3000	16(57.1)	12(42.9)	2.133(0.932, 4.881)	0.073*
<b>Increased Salary</b>				
Yes	55(52.4)	77(63.1)	1	
No	50(47.6)	45(36.9)	0.643(0.378, 1.093)	0.103*
<b>Existence of professional standard</b>				
Yes	120(58.3)	86(41.7)	1	
No	11(52.4)	10(47.6)	0.684(0.391, 1.199)	0.185*
<b>Beaurocratic HRM in the Hospital</b>				
Yes	56(48.7)	59(51.3)	1	
No	66(58.9)	46(41.1)	1.09(1.110, 3.869)	0.026*
<b>Poor management supportiveness</b>				
Yes	54(43.9)	69(56.1)	1	
No	68(65.4)	36 (34.6)	1.206(1.074, 5.072)	0.002 *
<b>Poor infection prevention in the hospital</b>				
Yes	24(55.8)	19(44.2)	1	
No	81(44.2)	103(56.0)	0.497(0.92, 0.848)	0.007*
<b>Future plan in the hospital</b>				
Leaving	43(41.0)	19(15.6)	0.537(0.220, 1.306)	0.170*
Continue	22(21)	53(43.4)	1	1
Don't know	23(21.9)	36(29.5)	2.925(1.232, 6.945)	0.015*
No answer	17(16.2)	14(11.5)	1.901(0.788, 4.581)	0.153*

\*Statistically significant at(p<0.25)

Table 8: Factors affecting HPs in multivariable logistic regression analysis in Nagele and Adola public hospitals of Guji Zone, Oromia Regional state, 2013

Variables	HPs Motivation level		COR(95%CI)	AOR(95%CI)
	Motivated N(%)	Not motivated N(%)		
<b>Age groups in years</b>				
<25	39(56.5)	30(43.5)	1.539(0.810, 2.927)	2.292(1.043, 5.033)
25-29	38(45.8)	45(54.2)	1	
30-34	16(40.0)	24(60.0)	0.789(0.367, 1.698)	0.896(0.0.349, 2.298)
35-39	6(35.3)	11(64.7)	0.646(0.218, 1.698)	1.255(0.334, 4.711)
>=40	6(33.3)	12(66.7)	0.592(0.203, 1.728)	1.525(0.336, 6.930)
<b>Types of Profession</b>				
Physician	15(60.0)	10(40.0)	2.444(1.025, 5.828)	1.308(0.698, 7.631)
Nurses	54(38.0)	88(62.0)	1	1
Pharmacists	9(47.4)	10(52.6)	1.467(0.560, 3.839 )	1.166(0.392, 3.469)
Medical labs.	10(55.6)	8(44.4)	2.037(0.757, 55.479)	1.226(0.390, 3.852)
Para medicals	17(73.9)	6(26.1)	4.617(1.715, 12.432)	3.667(1.149, 11.706)
<b>Beaurocratic HRM in Hospital</b>				
Yes	56(48.7)	59(51.3)	1	1
No	66(58.9)	46(41.1)	1.09(1.110, 3.869)	1.331(1.119, 8.924)
<b>Poor management supportiveness</b>				
Yes	54(43.9)	69(56.1)	1	1
No	68(65.4)	36 (34.6)	1.206(1.074, 5.072)	2.203(1.166, 15.147)
<b>Feature intention</b>				
Leaving	34(54.8)	28(45.2)	0.537(0.220, 1.306)	0.360(0.091, 0.851)
Continue	53(70.7)	22(22.9)	1	1
Don't know	29(49.2)	30(50.8)	0.925(0.232, 0.945)	0.679(0.105,0.930)
No answer	15(48.4)	30(50.8)	1.901(0.788, 4.581)	1.220(0.430, 3.462)

## Chapter 6: Discussion

In this study, more than half of the health professionals 122(53.7%) were not motivated with their job. The major reasons can be perception of poor fringe benefits received, inadequacy of financial payments, poor in management supportiveness, poor in infrastructures, insufficiency of resources and supplies in the hospitals, lack of continuously recognition and appreciation for those who have good accomplishments in their work and poor HRM in the hospitals. The finding also showed age groups of less than 25 years, paramedical type of professions, poor management supportiveness, beaurocratic HRM, and HPs who intended to leave and do not know their future plan in the hospitals have a significant association with HPs motivation.

Respondents' characteristics according to professional background showed that 40% of physicians, 62% of Nurses, 52.6% of pharmacists, 44.4% of medical laboratory and 26.1% of other paramedics are not motivated with the factors affecting their motivation. The study done in Jimma University Specialized hospital showed 46.2% of the health professions dissatisfied with their job. The study also showed that highest dissatisfaction among medical laboratory technologists(66.7%), 53.3% of physicians and 54.4% of diploma Nurses(14). Inconsistent to this the study in Tanzania highlights 45.1% Health workers were not motivated. For those who were not happy with their jobs, low salaries, factors related to the working environment and inadequate facilities for performing expected tasks were cited as the major factor in causing low morale at work(12).

In this study among the individual factors perceptions that affecting HPs motivation, 107( 47.1%) motivated to additional advantages received in addition to salary. Among these benefits further education 61(26.9%), incentives/allowances 78(34.4%), frequent promotion 22(9.7%), housing/housing allowances 29(12.8%). These showed inconsistent with the study in Jimma University Specialized hospital in which the major reasons for lack of motivation were reported as providing housing 33 (49.3%), incentives using top up 40 (59.7%) and free health care 40 (59.7%) (14).

Among individual factors perceived to be motivated them were: working out more flexible (more convenient)work schedule(79.7%), competition between the employees for the hospital contributions(78%), a good system for administration, management and coordination of activities with clear job description(46.7%).

According to the study in Papua New Guinea a sense of purpose of individual characteristics that seemed to be common amongst all HWs interviewed included: flexibility and sacrifice; a sense of appreciation and recognition for work; strong determination for success; feelings of responsibility and a desire to improve people's health are frequently reported genuine commitment and a deep belief in their responsibilities. The achievement and recognition of work perceptions how other health organizations viewed the HWs' facility and service also inspired motivation(7).

For the social factors affecting HPs motivation in this study the main reasons claimed for not motivated were source of pride to start working at their hospital for family(66.1%) and for themselves(63.4%), which was similar with the study on contextual influences in the district Hospital of Kenya as workers sense of fulfillment was challenged by inability to meet the obvious need and high expectations of clients(13).

Among social factors participants perceived to be motivated were for their hospitals' good reputation in the population(57.4%) and hospital contribution to the well-being of the population(83.3%). In Papua New Guinea socio cultural environment had a significant impact on the motivation of the HWs, including community expectations and social values. The local community played an integral role in the performance and motivation of most of the HWs, with positive motivation more likely to arise from interactions with the community rather than from the health system itself. For most respondents, the sense of community was local and specific and inspired a deep commitment to the work that was being done. HWs often express feelings of pride towards what their facility or service was doing (7).

The other social factors affecting HPs in the two Hospitals were the value given for assisting the staff in coping with a problematic situation(69.2%), 93.8% encouraging teamwork and 91.2% establishing good relationship and co-ordination among professionals within and among departments. Findings from the study of contextual influences of health workers motivations in University of Ilorin Teaching Hospital of Nigeria revealed that "nonmonetary factors such as interpersonal relationships, support for staff welfare appear to play a significant role in affecting health workers satisfaction with their work"(19).

Regarding perceived organizational factors affecting motivation of HPs that enable them not motivated in this study were inadequate salary(81.1%), insufficient training (71.4%), shortage of human

power(54.6%). The other factors not motivate HPs were unfair job description(11%) and poor interaction with other team members and supervisors on job(8.4%).

In consistent to these, findings from the study in University of Ilorin Teaching Hospital of Nigeria reveals that about half (47.62%) of the respondents felt underpaid for the work they did. The study also showed that quality of supervision, availability of tools and equipment to work with, as well as managerial spirit, support for staff welfare and training, appear to play a significant role in affecting health workers satisfaction with their work(19).

According to a survey done in Ethiopia the reasons for dissatisfaction were low salary (60.3%) (23) and also findings of study in Jimma University Specialized Hospital on 145 Health workers on job satisfaction and its determinants showed only five (8.3%) of the respondents satisfaction was justified by salary (14).

This study also showed that half of HPs(50.7%) were not motivated for the beaurocratic in human resource management systems in their hospital which includes transferring(22.9%), further education and training opportunities(22.5%), carrier promotion/advancement(15.6%) and annual, sick and maternity leaves(10.1%) and leave to government institution accounts(10.1%). A survey done in Ethiopia the main cause for reasons for dissatisfaction were poor career structure, narrow opportunity for further education (24.8%)(23). The study in Jimma University Specialized Hospital also showed bureaucratic constraint in relation to further education33(49.3%) and lack of promotion 32(47.8%)( 14).

For the insufficiency resources and supplies 54.2% of the HPs were not perceived to be motivated by which they reported insufficiency of chemical reagents(77.1%), medical instruments(68.7), essential drugs(67%) and ventilation, heating, hot and cold water(66.1%). But a survey done in Ethiopia, among the reasons for dissatisfaction 20.1% of the HWs dissatisfied with inadequate facility and supplies(20).

## **Strength and Limitation of the Study**

### **Strengths**

- ✚ Driving forces for HPs motivation, and factors affecting their jobs were assessed by using qualitative(in-depth interview) method of data collection which could have been support the quantitative study method to identify factors affecting motivation level of HPs.

**Limitations.**

- The study could not link HPs motivation with service provision and performance of HPs in the two hospitals
- Due to the fact that this study deals with perceived personal opinions there could have been social desirability bias.

## **Chapter 7: Conclusion and Recommendations**

### **7.1 Conclusion**

- ✚ The result of this study indicated that motivation level of HPs from the two public hospitals of Guji Zone was low.
- ✚ Age groups less than 25 years, paramedical professional types, beaurocratic HRM, management supportiveness in their hospital and HPs who intended to leave and don't know their future intention to stay in their hospital were independent predictor of HPs motivation.
- ✚ Most of them perceived inadequate financial payments and employment security that the benefits obtained offers to them, even this affecting motivation in all categories of professions particularly diploma levels in education and Nurses professional types.
- ✚ In this study majority of them working at their hospitals were not perceived as source pride for themselves and their families.
- ✚ The study highlight the many ways in which lack of resources and basic supplies such as medical supplies, reagents, essential drugs, poor infrastructures, shortage of human resources were perceived to be contributing for low in motivation level of HPs in the two hospitals.

### **7.2 Recommendation**

Based on the findings, the following suggestions and important interventions are forwarded to utilize so as to improve motivation level of HPs for effectiveness of health services quality in the Hospitals and customer satisfaction

#### **Federal Ministry of Health and Regional Health Bureau**

- ✚ With other government bodies they should improve financial payments and different incentives/allowances strategies as these were the interventions cited most as way to improve hospital HPs motivation.
- ✚ Improving hospital facilities, supplies and infrastructures to render expected services to their customers by hospitals and to attract HPs for providing adequate services using their skills and creating motivated work environment
- ✚ With other concerning bodies government should facilitate strategies for further education, frequent promotion and priority for short and long term training opportunities for HPs.



### **Guji Zone Public Hospitals.**

- ✚ There should be a good administration, management and coordination of activities with clear job description that better anticipate HPs for motivation in their hospitals,
- ✚ The hospitals should introduce good human resource management strategies to create stable employment and job security knowing HPs' wants, needs and different areas of motivation
- ✚ Encouraging HPs to actively participate in planning, evaluation and decision making supported by clear management and supportiveness supervisions.
- ✚ Recognition for who excel in their performance, and creating an environment where good service generates self-motivation for their staffs.
- ✚ Hospitals should improve supplies, essential drugs, medical instruments, chemical reagents and securing budget sufficiently and timely for preventing any shortages or interruptions of resources and supplies in hospitals.

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## Annexes

### Annex I. English Self Administered Questionnaire

#### Jimma University

#### College of Public Health and Medical sciences

#### Department of Health Services Management

This Self administered Questionnaire is designed to assess factors affecting health professionals motivation in the two public hospitals of Guji Zone. All the respondents are kindly requested to fill all the questions below.

As you may already know, this brief questionnaire is aimed at identifying the hospital and employee characteristics and procedures that contribute to health professions motivation. The ultimate goal of this project is also to identify hospital procedures that increase worker motivation and also identify strengths and weaknesses in the current system with respect to enhancing worker motivation.

All the information you provide in this session will be held in confidentiality. Your responses will be kept, we will aggregate responses from all the respondents so that no one individual will be identifiable.

It is your right to participate or to refuse in this study. If you don't want to participate in this study; you can leave the format on the table (upside down). However, your sincere responses will help us to generate valuable information to attain the purpose of the study. If you need clarification you can communicate with the facilitator, thanks for your cooperation.

Are you willing to participate in this study? Put "X" mark in the box.    Yes        No   

If yes, signature \_\_\_\_\_

Hospital name: Put "✓" mark in the box    **Nagele**        **Adola**   

Questionnaire identification number(To be filled by facilitators) \_\_\_\_\_

## Part I. Socio-demographic Information

The first part of the survey is designed to obtain basic background and demographic information about yourself, as well as examining aspects of the work you undertake in your Hospital.

Please respond to each of the following questions by writing your answer in the space provided or by circling the appropriate response alternative.

S.N	Questions	Responses category
<b>1.1 Socio-demographic Information</b>		
Q101	Which sex are you?	1) Male 2) Female
Q102	What is your age?	_____
Q103	What is your marital status?	1) Single living with parents
		2) Single not living with parents
		3) Married / Cohabiting
		4) Divorced / Separated
		5) Widowed
Q104	What is your religion?	1. Orthodox
		2. Muslim
		3. Catholic
		4. Protestant
		5. If others (specify) _____
Q105	What is your ethnic group?	1. Oromo
		2. Amhara
		3. Gurage
		4. Tigrie
		5. If others (specify) _____
Q106	Do you have children?	1) Yes 2) No
Q107	What is your professional category?	1) Physician
		2) Nursing
		3) Mid wife Nurse
		4) Anesthetics
		5) Health officer
		6) Pharmacy
		7) Medical laboratory
		8) Environmental Health
		9) Ophthalmology
		10) If others (specify) _____
Q108	What is your level of education?	1) Specialist

S.N	Questions	Responses category
		2) General practitioner
		3) Bachelor
		4) Diploma
		5) Certificate
		6) Higher postgraduate Degree
Q109	At what level in the Hospital do you see yourself?	1) Majority workforce
		2) Supervisor(department/ward head)
		3) Management /administrative(CEO, Medical Director, head nurse)
Q110	For how long have you been working at your Hospital?	_____
Q111	How long have you been in your present position in your Hospital?	_____
Q112	How much is your monthly salary?	_____
Q113	How much is your maximum pay for overtime/duty work per month?	_____
<b>1.2 Hospital and Health professionals characteristics</b>		
Q114	Name of your Department/ward	_____
Q115	Name of your working case team/unit	1) Administrative
		2) Outpatient
		3) Inpatient
		4) Prevention
		5) Triage
Q116	Have you experienced any of the following career changes since starting work in your Hospital? (Multiple responses are possible)	1) Increased salary
		2) Promotion in education, professional level
		3) More specialized job in the same occupation
		4) A new occupation
		5) Achieved management status( CEO, Medical Director, Department/ward head, supervisor, nurse head )
		6) None
		7) Other(specify)_____
Q117	Which working hours included in your working schedules? (Multiple responses are possible)	1) Regular
		2) Night duty
		3) Weekends
		4) Holy days
Q118	Which working hours do you prefer to work?	1) Regular
		2) Night duty
		3) Weekends
		4) Holy days
Q119	To what extent do you work closely with other people? (Multiple responses are possible)	2) Always
		3) Intermittently
		4) Sometimes
		4) Never

S.N	Questions	Responses category
Q120	Which of the following best describes your Hospital? <b>(Multiple responses are possible)</b>	1) Computer Hardware/Related Products
		2) Computer Software Services
		3) Telecommunications
		4) Water services
		5) Transportation services
		6) Other (specify)_____
Q121	Which fringe benefits you received in addition to your salary? <b>(Multiple responses are possible)</b>	1. Incentives/allowance
		2. Income generating options
		3. Free health care
		4. Provision of housing or housing allowance
		5. Further education
		6. More frequent promotion
		7. Medical insurance
		8. None
		9. If others (specify)_____

## Part II. Factors affecting HPs motivation in working environment

The goal of this part is to identify your perception on factors affect your motivation for working at this hospital. Please respond to each of the following questions by writing your answer in the space provided or by circling the appropriate response alternative.

<b>2.1 Are you perceived to be motivated with the following individual motivation factors</b>		
Q201	Fringe benefits received	1) Yes                      2) No
Q202	If Yes to Q201 with which fringes? <b>(Multiple responses are possible)</b>	1. Housing/housing allowance
		2. Incentives
		3. Free health care
		4. Further education
		5. Frequent promotion
		6. Other specify_____
Q203	Availing medical instruments, supplies, drugs, chemical reagents	1) Yes                      2) No
Q204	Improve hospital facility, infra structure and working condition	1) Yes                      2) No
Q205	A good system for administration, management and coordination of activities with clear job description	1) Yes                      2) No
Q206	Encourage direct participation of health professionals in planning, managing and evaluating activities in respective departments and as whole hospital	1) Yes                      2) No
Q207	Establish a system that avoids partiality in	1) Yes                      2) No

	evaluating performances and providing position		
Q208	Recognition and appreciation in case of good work	1) Yes	2) No
Q209	Encouraging supervision and feedback from superiors	1) Yes	2) No
Q210	Working out more flexible(more convenient) work schedule.	1) Yes	2) No
Q211	Existence of professional standards	1) Yes	2) No
Q212	Confidence and trust shown to subordinates by superiors	1) Yes	2) No
Q213	Subordinate's ideas sought and used constructively by superiors	1) Yes	2) No
Q214	Participation and feeling responsibility to achieve hospital goals	1) Yes	2) No
Q215	Supporting in cooperative teamwork	1) Yes	2) No
Q216	Acceptance of upward and downward communication	1) Yes	2) No
Q217	Involving in decisions related to work	1) Yes	2) No
Q218	Knowing and supporting problems faced by subordinates	1) Yes	2) No
<b>2.2 Are you perceived to be motivated with the following social factors that affecting your motivation</b>			
Q219	Establish good relationship and Co-ordination among professionals within and among departments	1) Yes	2) No
Q220	Assisting the staff in coping with a problematic situation	1) Yes	2) No
Q221	Encouraging teamwork	1) Yes	2) No
Q222	Acceptance of Hospital's contribution by the community and coworkers	1) Yes	2) No
Q223	Good communication channels in different hospital units, between workers and management	1) Yes	2) No
Q224	Source of pride to start working at this hospital	1) Yes	2) No
Q225	The hospital makes its contribution to the well-being of the population	1) Yes	2) No
Q226	Getting a job at this hospital is source of pride for family	1) Yes	2) No
Q227	The hospital has a good reputation in the population	1) Yes	2) No
Q228	Competition between the employees of this hospital for the hospital contributions	1) Yes	2) No
<b>2.3 Are you perceived motivated with organizational factors affecting your motivation in this hospital</b>			
Q229	Not to obtaining fringe benefits	1) Yes	2) No
Q230	Beaurocratic in human resource management systems in the hospital	1) Yes	2) No



Q231	If Yes to Q223 with which of them?	1) annual, sick and maternity leave
		2) further education and training
		3) transfer
		4) leave governmental institution
		5) carrier promotion/advancement
		6) If others (specify)_____
Q232	Insufficient resources and supplies in the hospital	1) Yes                      2) No
Q233	If Yes to Q225 which of them? <b>(Multiple responses are possible)</b>	1) medical instruments
		2) essential drugs
		3) chemical reagents
		4) Electricity, ventilation, heating, cold and hot water etc
Q234	Poor infrastructure	1) Yes                      2) No
Q235	Inadequate salary	1) Yes                      2) No
Q236	Insufficient training	1) Yes                      2) No
Q237	If Yes to Q226 which of them? <b>(Multiple responses are possible)</b>	1) long term training
		2) short term training
		3) in-service training
Q238	Unfair job description	1) Yes                      2) No
Q239	Poor infection prevention practices	1) Yes                      2) No
Q240	Poor participation in decision-making processes, in planning, managing and evaluating activities	1) Yes                      2) No
Q241	Shortage of human power	1) Yes                      2) No
Q242	Poor interaction with other team members and supervisors	1) Yes                      2) No
Q243	Poor management supportiveness related to your work in hospital	1) Yes                      2) No
Q244	Which of these motivation factors motivates you in this hospital? <b>(Multiple responses are possible)</b>	1. Possibility of personal growth in the hospital
		2. Achievement of the hospital goal and own goal
		3. Recognition for achievement
		4. Interest of work in the hospital
		5. Responsibility feeling in the hospital
		6. All of them
		7. None of them

#### 2.4 . Your Future intention in this hospital

Q245	What is your intention of future plan to your job in this hospital?	1) Leaving the hospital
		2) Continue to work in the Hospital
		3) Don't know
		4) No answer
Q246	If you anticipated to leaving the hospital within what periods of time you intended to leave the hospital?	_____

Q247	What are your reasons to continue to work in the hospital if you intend to stay?  (Multiple responses are possible)	1) Satisfaction with job
		2) To get chance for further education
		3) To complete the commitment to serve the government institute
		4) Family related issues
		5) Personal related issues
Q248	What is your reasons to leave the hospital if you intend to leave?	1) Job dissatisfaction
		2) Family related issue
		3) Personal related issues
		4) Change of profession
		5) Unspecified
Q249	If leaving, which option you looked around for an alternative job?	1) Working in other governmental organization
		2) Work in NGO/private
		3) Work in non-health institution
		4) Running own business

### Part III. HPs motivation level measures on Hospital Characteristics, Values and cultures

The questions in this section of the questionnaire are concerned with what motivates or not motivates you on the work you undertake and your opinion on this hospital in general; about its general role and reputation, policy and various practices at the hospital and community level. You will be presented with a series of statements, you should indicate the extent to which you agree or disagree with each of them.

S.No	Questions	Response category				
		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	<b>Intrinsic attitude of your perceptions</b>					
Q301	I do things in which I have the opportunity to develop close friendships	1	2	3	4	5
Q302	Working with a group is better than working alone	1	2	3	4	5
Q303	I enjoy the relationships I have with other people at work					
Q304	I pay a good deal of attention to the feelings of others at work	1	2	3	4	5
Q305	It's easy to talk to my boss about my job	1	2	3	4	5
Q306	I do not have the authority to do challenging things at work	1	2	3	4	5
Q307	The job requires me to use a number of complex high level skills	1	2	3	4	5
Q308	I have the opportunity to use many skills at work	1	2	3	4	5
Q309	In my work assignments I try to be my own boss	1	2	3	4	5

Q310	I have the authority to make decisions that improve the quality of my work	1	2	3	4	5
Q311	There is little opportunity in my job for participation in the determination of methods, procedures and goals	1	2	3	4	5
Q312	I try very hard to improve on my past performance	1	2	3	4	5
Q313	Those who do well on the job stand a fair chance of being promoted	1	2	3	4	5
Q314	In my Hospital there is little opportunity for advancement	1	2	3	4	5
Q315	My job provides me with the chance to completely finish the piece of work I begin	1	2	3	4	5
Q316	The job is arranged so that I do not have the chance to do an entire piece of work from beginning to end	1	2	3	4	5
	<b>Extrinsic attitudes of your perceptions</b>					
Q317	I am satisfied with the level of employment security that my job offers me	1	2	3	4	5
Q318	I do not make enough money from my job to live comfortably	1	2	3	4	5
Q319	The fringe benefit program here gives me all the security I want	1	2	3	4	5
Q320	In my Hospital people are rewarded according to their job performance and accomplishments	1	2	3	4	5
Q321	I am paid fairly by my Hospital for the work I perform	1	2	3	4	5
Q322	I don't feel my efforts are rewarded the way they should be	1	2	3	4	5
Q323	I am not satisfied with the amount of pay I get	1	2	3	4	5
Q324	I am not satisfied with the benefits I receive	1	2	3	4	5
Q325	I do not feel the work I do is appreciated	1	2	3	4	5
Q326	My boss takes account of my wishes and desires	1	2	3	4	5
Q327	I do things for which my accomplishments are recognised	1	2	3	4	5
Q328	My boss gives me credit when I do good work	1	2	3	4	5
Q329	I do things that allow me to realize my full potential	1	2	3	4	5
Q330	I am involved in decisions that affect my work	1	2	3	4	5
Q331	My boss regularly discusses my job performance with me	1	2	3	4	5
Q332	In my Hospital management do not willingly share information with employees	1	2	3	4	5
Q333	In my Hospital, if I work hard at my job I will do well	1	2	3	4	5
Q334	In my Hospital, if I do well at my job I will be rewarded	1	2	3	4	5
Q335	If my Hospital rewards me for the work I do, I will get the rewards I want	1	2	3	4	5

Thank you very much indeed for your kind assistance.

Should any queries arise do not hesitate to contact us.

## Annex II. Afan Oromo Self Administered Questionnaire

### Yuunivarsiitii Jimmaa

### Kolleejjii Fayyaa Hawaasaa fi Saayinsii Meedikalaatti

### Dippaartimentii Hooggansa Tajaajila Fayyaa

Gaaffiileen armaan gadii kan qophaa'an waantota kaka'umsa hojii ogeeyyii fayyaa hospitaala Nageellee fi Adoolaa Godiina Gujii keessa jiran adda baasuuf kan qophaa'anii dha. Hirmaattootni martinuu gaaffii kanneen akka deebisaniif fedhii isaanii kan gaafatamani yoo ta'u deebiin kee qorannichaaf bu'aa guddaa qaba. Gaaffii fi yaadaa yoo qabaattee yeroo kamiyyuu haala mijeessitoota gaaffachuu ni dandeessa. Deeggarsa keetif baayee si galateeffadha.

Na wajjin ta'uun yeroo kee fudhattee gaaffii kiyya deebisuu keetiif si galateeffachaa, kaayyoon qorannoo kanas waantota amala hojjetoota fi hospitaala wajjin wal qabatee fi adeemsa kaka'umsa ogeessotaaf walqabatan adda baasuufi dha. Waliigalatti galmi qorannoo kana adeemsa hospitaala keessatti kaka'umsa ogeessotaa waliin walqabatanii, ciminaa fi dadhaabbina jiru keessatti kaka'umsa ogeessota waantota dagaagsani kan adda baasuu dha.

Odeeffannoon ati kennitu martinuu iccitiin isaa kan eegamuu fi deebiin kee kanneen biraa wajjin walitti qabamee kan ta'uu waan ta'eef namni kamiyyuu kan adda bahee beekamu miti.

Qorannoo kanaa keessatti hirmaachuu fi hirmaachuu dhabuun mirga qabda. Garuu deebiin ati naaf kennitu qorannoo kanaaf odeeffannoo qabatamaa adda baasuuf gumaacha guddaa qaba. Gaaffii yoo qabaattee gaaffachuun ni dandeessa.

Qorannoo kanatti hirmaachuuf fedhii ni qabda? Mallattoo "X" sanduuqaa kan keessa godhi.  
Eeyyeen  Lakki

Yoo Eeyyeen ta'e, Mallattoo kee \_\_\_\_\_

Maqaa Hospitaalaa (Mallattoo "X" sanduuqaa kan keessa godhi) :Nageellee  Adolaa

Lakkoofsa Gaaffii \_\_\_\_\_

## Kutaa 1 ffaa. Odeeffannoo waliigalaa

Kutaan jalqabaa kana keessatti waa'ee kee odeeffannoo walii galaa adda baasuuf kan gargaaru akkasumas hojii waliigalaa kana keessatti hojjeettu ilaala.

Deebii kee bakka duwwaa jirutti guutii ykn kan itti marfamuutti kan filannoo keetiitti itti marsi.

T.Lak	Gaaffilee	Filannoo deebiiwwanii
<b>1.1 Odeeffaannoo ragaa dhuunfaa</b>		
G101	Saalli kee ?	1) Dhiira 2) Dhalaa
G102	Umuriinkee hagam?	_____
G103	Haalli gahilaa kee kamiidha?	1) Kan hin qabnee fi maatii waliin jiraatu
		2) Kan hin qabnee fi warraan adda jiraatu
		3) Kan fuudhee/heerumte
		4) Kan adda bahe/baate
		5) Gursummaa
G104	Amantaa kee kamiidha?	1.Ortodoksii
		2. Islaamaa
		3.Kaatolikii
		4.Piroosteentii
		5.Kan biraa ibsi _____
G105	Sabni kee kamiidha?	1. Oromoo
		2.Amahaara a
		3.Guraagee
		4.Tigree
		5. Kan biraa ibsi _____
G106	Ijoollee qabda?	1) Eeyyen 2) Lakki
G107	Gosti ogummaa kee kamiidha?	Hakiima
		Narsii
		Narsii deessistuu
		Anaastestiksii
		Qondaala Fayyaa
		Farmaasii
		Meedikaala Laaboraatorii
		Ogeessa Fayyaa Naannoo
		Optaamoolojii
		Kan biraa ibsi _____
G108	Sadarkaan barnoota kee kamii dha?	Ispeeshaalistii
		Hakiima waliigalaa
		Digrii duraa
		Diippiloomaa

		Sartifikeettii
		Digirii lammaffaa
G109	Sadarkaan gahee hojii keetii kamiidha?	1) Hojjetaa waliigalaa 2) Supparvaayizaraa/dursaa garee fi adeemsotaa 3) Koree hooggansaa hospitaalaa
G110	Yeroo hagamiif tajaajila hospitala keetikennite?	_____
G111	Gahee hojii amma irra jirtuerga jalqabdee hagam?	_____
G112	Miindaan ji'aa kee meeqaa dha?	_____
G113	Ji'atti durgoo yeroo idileen alaa/kanfaltii dabataa hagam argatta?	_____
<b>1.2 Haala Naannoo hojii Hospitaalaa fi ogeessaa</b>		
G114	Adeemsa kam hojjechaa jirta	_____
G115	Garee kam jalatti hojjechaa jirta?	Bulchiinsa
		Deddeebii
		Ciibsanii yaaluu
		Ittisaa
G116	Jijjirama guddina kam argattee jirta erga hospitaala kanatti hojii eegaltee? <b>(Deebii baayee kennuu ni dandeessa)</b>	Tiraajii
		Dabaallii miindaa
		Guddina ogummaa, barnootaa
		Hojii addaa ogummaa qabaniin
		Hojii haaraa
G117	Sa'aatii hojii kam hojjetta? <b>(Deebii dabalataa ni dand'ama)</b>	Hoggansa/suppaarvaazara hospitaalaa
		Hin argannee
		Idilee
		Dabaree halkaanii
G118	Dabaree hojii kam hojjechuu filatta?	Sanbataa laman
		Guyyaa ayyanaa
		Idilee
		Dabaree halkaanii
G119	Hariiroo hojii ogeessa bira wajjin qabdu hagamiidha? <b>(Deebii dabalataa ni dand'ama)</b>	Sanbataa laman
		Guyyaa ayyanaa
		Yeroo hundaa
		Yeroo yerootti
G120	Hospitaalli kun hojii keetiif tajaajila kamiin caalaatti beekama ? <b>(Deebii dabalataa ni dand'ama)</b>	Yeroo tokko tokko
		Gonkumaa
		1) Koompitaraa
		2) Intarneetii
		3) Bilbila
		4) Tajaajila bishaanii
5) Geejjiba		
	Miindaan alatti fayidaa adda maal	6) Kan biraa _____ Onnachiiftuu/durgoo addaa

G121	fa'ii argatte? (Deebii dabalataa ni dand'ama)	Waantota galii addaa uuman jiraachuu
		Tajaajial yaalaa tolaa
		Mana jireenyaa ykn durgoo mana
		Barnoota dabalataa
		Guddina sadarkaa
		Inshuraansii fayyaa
		Hinjiru
		Kan biraa ibsi _____

### Kutaa Lammaaffaa. Haala Naannoo hojii waliigalaa

Galmi gaaffiilee kutaa kanaa sababoota kaka'umsa hojii uumaniifi hin uumne adda baasuuf dha. Gaaffiilee kanaaf bakka duwwaa jirutti guuti ykn kan itti marfamutti deebii siif sirrii ta'eetti marsi.

2.1 Waantota ilaalcha dhuunfaa kanneen keessaa kamtu kamtu si kakaasa		
G201	Fayidaa dabalataa	1) Eeyyee                      2) Lakki
G202	G210'f eeyyen yoo ta'ee kami fa'aati? (deebii dabalataa kennuu ni danda'ama)	1) Onnachiiftuu/durgoo addaa
		2) Tajaajial yaalaa tolaa
		3) Mana jireenyaa ykn durgoo mana
		4) Barnoota dabalataa
		5) Hin jiru
		6) Kan biraa ibsi _____
G203	Keemikaalota, qoricha, meeshaa yaalaa fi dhiheessiin jiraachuu	1) Eeyyee                      2) Lakki
G204	Haalaa hojii, tajaajila bu'uraa, fi meeshaalee tajaajilaa foyyeessuu	1) Eeyyee                      2) Lakki
G205	Sirna hoggansaa, bulchiinsaa fi gahee hojii ifa ta'ee waliin sirriitti qindeessuu	1) Eeyyee                      2) Lakki
G206	Akka hospitaalattis ta'ee adeemsa hojiittii hojii karoorsuu, hogganuu, fi madaaluun hirmaanna ogeessaa cimsuu	1) Eeyyee                      2) Lakki
G207	Sirna madaalii ogeessaa haala raawwii fi aangeessuu keessatti loogummaa hambisuun dagaagsuu	1) Eeyyee                      2) Lakki
G208	Bu'aa gaarii yeroo fidanittii galateeffachuu fi badhaasuu	1) Eeyyee                      2) Lakki
G209	Duub deebii gahaa yeroon kennun dagaagsuu	1) Eeyyee                      2) Lakki
G210	Sagantaa hojii mijataa fi idilaawwan jirachuu	1) Eeyyee                      2) Lakki
G211	Staandardii ogummaa hojii jiraachuu	1) Eeyyee                      2) Lakki
G212	Amantaa fi abdi qaamni olaanaa qaama gadi aanaati qabu gaarii ta'uu	1) Eeyyee                      2) Lakki
G213	Yaadnii fi ilaalchi qaama gadi aanaa qaama olaanaatiin fudhatama argachuu	1) Eeyyee                      2) Lakki
G214	Galma hospitaalaa fiixa baasuuf hirmaannaa fi	1) Eeyyee                      2) Lakki

	miira dirqamummma jiraachuu	
G215	Qindoominni gareen hojjechuu jiraachuu	1) Eeyyee 2) Lakki
G216	Walqunnamtiin ol darbuu fi gadi darbuu fudhatama kan qabu ta'uu	1) Eeyyee 2) Lakki
G217	Hojii keessatti hirmaannaa murtee kennuu cimsuu	1) Eeyyee 2) Lakki
G218	Rakkoo hojjetaa mudatu beekuun deeggaruu	1) Eeyyee 2) Lakki
<b>2.2 Waantoota hawaasummaa armaan gadii kaka'umsa si kennu kamii dha?</b>		
G219	Ogeessaa fi garee hojii waliin hariiroo fi qindoomina gaarii uumuu	1) Eeyyee 2) Lakki
G220	Ogeessa rakkoo yoo mudate deeggauu	1) Eeyyee 2) Lakki
G221	Gareen hojjechuu dagaagsuu	1) Eeyyee 2) Lakki
G222	Bu'aa hojii hospitaalli kennu hawaassa fi ogeessa biratti fudhatama qabaachuu	1) Eeyyee 2) Lakki
G223	Kallattiin wal qunnaamtii hojii garee, adeemsa, ogeessa fi hoggaansa gidduu jiru gaarii ta'uu	1) Eeyyee 2) Lakki
G224	Hospitaala kanatti hojjechuun nama boonsa	1) Eeyyee 2) Lakki
G225	Hospitaalli kun fayyaa hawaasaatiif bu'aa buusuuf kan hojjechaa jiru ta'uu	1) Eeyyee 2) Lakki
G226	Hospitaala kanatti dalaguun maatii kiyyaa ni boonsa	1) Eeyyee 2) Lakki
G227	Hospitaalli kun hawaasa biraatti fudhatama gaarii qaba	1) Eeyyee 2) Lakki
G228	Ogeessi bu'aa hospitaalaa buusuuf dorgommii gaariin jiraachuu	1) Eeyyee 2) Lakki
<b>2.3 Waantoota dhaabbata/hospitaala armaan gadii kanneen keessa kamtu kaka'umsaa si hin kennine?</b>		
G229	Fayidaa adda argachuu dhabuu	1) Eeyyee 2) Lakki
G230	Hoggaansi humna namaa hospitaalaa birookiraasii qabaachuu	1) Eeyyee 2) Lakki
G231	Gaaffii 231 fi eeyyeen yoo ta'e kam fa'iiti?	1) Eeyyama waggaa, dhibee, dahumsaa
		2) Barnootafi leenjii dabalataa
		3) Jijjiirraa
		4) Hojii mootummaa gadi lakkisuu
		5) Sadarkaa guddina ogummaa
		6) Kan biraa ibsi_____
G232	Meeshaalee fi dhiheessiin gahaan jiraachuu dhabuu	1) Eeyyee 2) Lakki
G233	Gaaffii 232'f eeyyeen yoo ta'e kam fa'iiti?	1) Meeshaalee yaalaa
		2) Qorichoota barbaachisoo
		3) Keemikalota
		4) Ibsaa, veentileeshinii, bishaan ho'aa fi qorraa
G234	Tajaajila bu'aralee misoomaa gahaan jiraachuu dhabuu	1) Eeyyee 2) Lakki
G235	Miindaan xiqqachuu	1) Eeyyee 2) Lakki
G236	Leenjii gahaan dhabamuu	1) Eeyyee 2) Lakki



G237	Gaaffii 236'f eeyyen yoo ta'e kam fa'iti?	1) Leenjii yeroo dheera
		2) Leenjii yeroo dheeraa
		3) Leenjii keessaa
G238	Qooda hojii sirrii kan hin taane ta'uu	1) Eeyyee                      2) Lakki
G239	Hojiin ittisa infeekshinnii dadhabaa ta'uu	1) Eeyyee                      2) Lakki
G240	Hirmaannaan adeemsa murtee kennuu, karoorsuu, hogganuu fi madaallii dadhabinsaqabaachuu	1) Eeyyee                      2) Lakki
G241	Hanqina humna namaa jiraachuu	1) Eeyyee                      2) Lakki
G242	Walitti dhufeenyi garee hojii fi supparvayzara gidduu jiru gadi anaa ta'uu	1) Eeyyee                      2) Lakki
G243	Deeggarsi hoggansa hojii irraatti gadi aanaa ta'uu	1) Eeyyee                      2) Lakki

### 2.3 . Karoora turtii hospitaala keetii gara fuldura

G245	Karoorii turtii hospitaala kee gara fulduraatti maal?	1) Gadi lakkisuu
		2) Ittifufuu
		3) Hinbeekne
		4) Deebii hin kennu
G246	Yoo gadi lakkisuu barbaadda ta'e yeroo hagamii keessatti gadi lakkisuu feeta?	_____
G247	Turuuf yoo murteessite sababni ittifuufuu feeteef maalfa'aati?	1) Itti quufinsa hojii
		2) Carraa barnoota itti fuffuu argachuuf
		3) Dirqama mootummaabahuuf
		4) Dhimma hojiitiif
		5) Dhimma dhuunfaatiif
G248	Gadi lakkisuu yoo feete sababa isaa maaalii dha?	1) Itti quufinsa hojii
		2) Dhimma maatii
		3) Dhimma dhuunfaa
		4) Ogummaa jijjiirrachuuuf
		5) Hin murteessine
G249	Yoo gadi lakkisuu feete filannoo hojii kami hojjechuu barbaadde?	1. Dhaabbata mootummaa biraa keessa hojjechuuf
		2. Dhaabbata mit-mootummaa/dhuunfaa hojjechuuf
		3. Dhaabbata fayyaan ala hojjechuuf
		4. Hojii dhuunfaa hojjechuuf

### Kutaa 3ffaa: Ilaalcha, amala, fi aadaa ogeeyyii fayaa fi

Gaaffileen armaan gadii ilaalcha yaadaa keetii waantota si kakaasuu fi si hin kakaasne hojii hospitaala kana keessatti, hawaasa biratti gahee fi fudhatamiinsa hospitaala keessanii fi gochoota darbani irratti kan xiyyeeffatuudha. Gaaffilee dhihaatani kanas kan itti amantuuykn hin amannee filattee deebisuu dandeessa.

Lakk	Kallattiii	Gaaffilee	Gosa deebii				
		<b>Ilaalcha kaka'umsaa keessoo</b>	Baayee hinamanu	Hi amanu	Hin amanus, nan amanas	Nan amana	Baayeeitti amana
Q301	Hawaasum maa	Yeroon hojjedhu carraa nama waliin hariiroo umuun waliitti dhufeenya ni qabna	1	2	3	4	5
Q302		Dhuunfaan hojjechuu irra gareen hojjechuu wayya	1	2	3	4	5
Q303		Walitti dhufeenyi ogeeyyii biraawaliin qabu natti tolee jira					
Q304		Ilaallcha namootaf hojii irratti xiyyeeffannaa guddaa kennaaf	1	2	3	4	5
Q305		Hoggnaa waliin haala salphaan walii ni galla	1	2	3	4	5
Q306	Garaagarum maa	Carraa yaada kennuuf hojii irratti aangoo hin qabu	1	2	3	4	5
Q307		Hojiin koo ogummaa ulfaataa na gaafata	1	2	3	4	5
Q308	Ogummaa	Carraa ogummaa argachuu danda'eera	1	2	3	4	5
Q309	Bilisa ta'uu	Hojii kootiif aanumatu of abboomsa	1	2	3	4	5
Q310		Gahumsa hojii keetiif ofi kiyyaaf murteessuuf aangoo ni qaba	1	2	3	4	5
Q311		Galma, adeemsa fi tooftaalee qopheessuu keessatti gaheen kiyyaa baayee uraasa	1	2	3	4	5
Q312	Guddina	Yeroo darbee irra raawwiin kiyyaa foyya'eera	1	2	3	4	5
Q313		Namoonni hojii gaarii hojjetan carraa dursa dafee ni kennamaaf	1	2	3	4	5
Q314		Hospitaala kanatti carraan guddinaa jiru baayee xiqqaadha	1	2	3	4	5
Q315	Amala hojii	Hojii jalqabee xumuruuf hojii kiyyaa guutumatti na dandeessisa	1	2	3	4	5
Q316		Jalqabaa eegalee hanga dhumaatti haalli hojii qinda'ee waan jiruuf carraa hojjechuu na hin mudanne	1	2	3	4	5
		<b>Ilaalcha kaka'umsa keessoon alaa</b>					
Q317	Tasgabbi	Hojiin kiyyaa akka tasgabbaa'ee hojjedhu waan na taassiseef gammadee jira.	1	2	3	4	5
Q318		Jireenya faooyya'aa jiraachuuf maallaqni argadhu na gammachisee hin jiru	1	2	3	4	5
Q319		Fayidaan adda argadhuu akkan tasgabba'ee hojjedhu na taassisee jira	1	2	3	4	5
Q320	Wal	Hospitaal kanatti namoonni akkataa raawwii	1	2	3	4	5

	qixxummaa	isaaniitiin ni badhaafamu					
Q321		Kaffaaltin naaf raawwatamuu karaa iftomina qabuun naaf ni raawwatama	1	2	3	4	5
Q322		Hojiin kiyyaa haala jiru kanaan na badhaasa jedhee hin yaadu	1	2	3	4	5
Q323		Kaffaltii argadhuttii gammadeehin jiru	1	2	3	4	5
Q324		Fayidaa argadhutti gammadee hin jiru	1	2	3	4	5
Q325		Hojiin koo na fudhatama jedheehin yaadu	1	2	3	4	5
Q326		Hogganaan kiyyaa fedhii fi hawwii kiyyaaf iddoo ni kenna	1	2	3	4	5
Q327	Beekamtii	Hojii raawwadhuu fudhatama akka qabaatuuf hojjedha	1	2	3	4	5
Q328		Hogganaan kiyyaa hojii bu'a qabeessa yeroon hojjedhu xiyyeeffanna ni kennaaf	1	2	3	4	5
Q329		Hojii yeroon hojjedhu humna qabuu hundaatin nan hojjedha	1	2	3	4	5
Q330		Waantota hojii kiyyaa miidhaan irrattii murtee mataa kiyyaa na raawwadha	1	2	3	4	5
Q331	Duub deebii	Hogganaan kiyyaa idileen marii raawwii hojii na waliin ni taassisa	1	2	3	4	5
Q332		Hospitaala kanatti hoggansi odeeffannoo ogeessaaf hin qoodan	1	2	3	4	5
Q333		Hospitaala kanatti cimee yoo hojjedhe hojii gaarii nan hojjedha	1	2	3	4	5
Q334	Yaada fulduraa	Hospitaala kanatti yoon cimee hojjedhe badhaasa nan argadha	1	2	3	4	5
Q335		Hospitaalli kun yoo na badhaasee, badhaasa barbaaduu nan argadha	1	2	3	4	5

**Deeggaaras keetiif baayee galatoomi!**

Gaaffiin yaadni yoo jiraatee nu gaafachuuf duubattii hin deebi'in.

### **Annex III. In-depth interview Guide for hospital managements**

Good morning/afternoon!

My name is ..... from Jimma university, College of Public Health and Medicine and Department of Health Services Management. I am here to study about factors affecting HPs' motivation and I would like to discuss some issues related to HPs and hospital work condition. So both positive and negative opinions and your experiences that you will share have a paramount important to the result of this study. The interview will be tape-recorded in order not to miss any points of the discussion. You are free to participate and to refuse. Please be assured that I will not record any names or other identifying information. I will protect the information you give me as much as I can and used for this study purpose only. May I continue?

Yes \_\_\_\_\_

No \_\_\_\_\_

#### **Thank you for your willingness to share your experiences and opinions.**

You will be presented with a series of open-ended questions in the first section, and a series of statements in the second, where you should indicate which answer most distinctly matches your perception.

1. How do you describe the level of motivation among health professionals in this hospital?
2. How do you feel for the driving of the motivation of health professionals in this hospital?
3. What do you feel for the driving that not motivate health professionals in this hospital?
4. To what extent do health workers rely on the social support of both their colleagues and their supervisors?
5. Are HPs satisfied with the benefits (financial or otherwise) they receive; do they voice concerns over the benefits they receive?
6. Do you feel that HPs wish to make full use of their abilities, and thus express a desire to continually improve their skills/knowledge?

7. How do you think on the improving the physical work environment?
8. Is it an important for HPs to have the opportunity for independent thought in their job; or would they rather receive directions from management?
9. Do you believe that HPs value the opportunity for promotion and the challenges that this would entail, or would they rather continue working at their current level?
10. How you believe to improve putting more emphasis on getting tasks done on time and effectively
11. Are HPs recognised when they achieve goals/targets. How do you believed such recognition programs are valued by employees?
12. Do HPs partake in the setting of Hospital goals. If so, in your opinion do they take part willingly or merely because they have to?
13. Are HPs goals and hospital goals aligned, that is do they both have the same priorities?
14. Are absenteeism levels high among HPs. If so, what do you believe are the causes?

**Additional Comments**

Have you got any other opinions or comments about the issues that might increase health worker motivation?

Finally, do you have anything you would like to add in our discussion?

**Thank you for your willingness to participate in this interview.**