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Job Motivation and Associated Factors among Health Care Professionals working in Public Health Centers of Gedeo Zone, Southern Ethiopia

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Abstract

Background; Increased motivation creates the conditions for a more effective workforce, but because work motivation is an interactive process between workers and their work environment, good management and supervision are still critical factors in reaching organizational goals. Motivation is crucial for organizations to function; without motivation employees will not put up their best and the organization's performance would be less efficient.

Objective: To assess Level of job motivation and associated factors among health care professionals working in public health institutions of Gedeo Zone, southern Ethiopia, 2015.

Methods: A cross-sectional study design, employing both quantitative and qualitative methods was conducted in 36 health center of Gedeo zone, during February 20 to May 10, 2015. A total of 292 health care professionals selected by simple random sampling among 661. The data were analyzed using SPSS version 20.0 statistical software. Factor score was computed for the items identified to represent the level of job motivation by Varimax rotation method. Using this regression factor score, multivariate linear regression analysis was performed and the effect of independent variables on the regression factor score was quantified. Qualitative data collected using key informant interviews to triangulate with the findings from the quantitative data.

Results: Among total respondents, 56.2% of them were male, the average age of the respondents was 28.69 (SD 6.25), ranging from 20 years to 50 years. Above three quarter 77.4% (226) of the respondents were discourage from working hard for different reasons. Among Health care professionals working in public health centers, only 57 (19.5%) of them were highly motivated, among 292 health care professionals, only 6.2% (18) of them are rewarded for their hard working. Sex, communication, resource availability, inadequate salary, feedback, training, working environment and workload were negative determinates of job motivation as measured by the three latent factors among health care professionals working in public health centers.

Conclusion and Recommendations: This study revealed about half of health centers not give feedback for their employer, about half of health care professionals were not satisfied with communication between management and the staff, majority of health care professionals were not satisfied with their salary and around majority of employees are not recognized for their good work done. Around one fourth of the health care professionals were low motivated, healthcare organizations should maximize its effort to practice incentive schemes.

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Abbreviations and acronyms

CEO	Chief Executive Officer
FAC	Factor Analysis Component
HR	Human Resource
HRH	Human Resource for Health
HRM	Human Resource Management
IDI	In-depth Interview
JU	Jimma University
KMO	Kaiser-Meyer-Olkin
MDG	Millennium Development Goal
PCA	Principal Component Analysis
PSS	Percentage Scale Score
RHB	Regional Health Bureau
SNNPRS	South Nation Nationality Peoples Regional State
SPSS	Statistical Package for Social Science
WHO	World Health Organization
ZHD	Zonal Health Department

Chapter one

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. Motivation is an internal psychological process. It is not possible to "motivate" people directly, only to create an environment conducive to high degrees of motivation. Further, motivation itself is not an observable phenomenon; it is only possible to observe either the results of the motivational process (such as improved performance) or perhaps, some of the determinants of motivation [1].

Worker motivation is critically importance in the health sector: health care delivery is highly labor-intensive and service quality, efficiency and equity is directly affected by worker motivation. Factors such as the availability of resources and the technical competence of the worker are not sufficient in themselves to always produce desired work behavior. Evidence has shown that motivated workers come to work more regularly, work more diligently, and are more flexible and willing. Increased motivation creates the conditions for a more effective workforce, but because work motivation is an interactive process between workers and their work environment, good management and supervision are still critical factors in reaching organizational goals. Motivation is crucial for organizations to function; without motivation employees will not put up their best and the organization's performance would be less efficient [1, 2].

Human resource management (HRM) systems in developing countries are weak and fragmented in the majority of health care organizations. Many of them do not routinely staff human resource professionals and as a result vacancy rates soar, promotions lag, workloads increase with regularity, and low motivation [3].

During the last decade a growing emphasis has been placed on the importance of motivated health workers in providing good quality health care. The 2006 World Health Report discussed at length the challenge of making the most of the existing health workers and it was stated that "developing capable, motivated and supported health workers is essential for overcoming

bottlenecks to achieve national and global health goals" [4].

In 2008, the Kampala Declaration of the Global Health Workforce Alliance further emphasized the importance of motivated health workers in service delivery. WHO similarly has pointed out that "the ability of a country to meet its health goals depends largely on the knowledge, skills, motivation and deployment of the people responsible for organizing and delivering health services" [4)45].

For any organization to be successful there should be effective human resource policies and procedures that allow the human aspect effectively and efficiently contribute to the realization of the objectives of an organization. Beyond these the real realization of these policies and procedure is highly dependent on those who are responsible for the implementation of the policies and the procedure [2)].

The increased focus on health workers' motivation as vital to ensure good quality health services is a very important shift from seeing quality of service delivery in the health sector as a function of the number of health workers and their qualifications. This shift warrants a further discussion of motivation of health workers in low-income settings. A systematic review study of motivation in low-income countries concluded that "high quality care cannot be provided unless issues of de- motivated staff are comprehensively addressed" [6].

Different actions that can promote health professionals' motivation, which have been revealed by studies, include: increasing salaries; giving opportunities for education, training and professional development; enhancing working and living conditions; improving social recognition; improving benefits and allowances; developing decentralized structures; enhancing interpersonal relationships, communication and feedback; improving job descriptions, criteria for promotion and career progression; using a reward system; and improving supervision and management [7].

Health professionals are at the heart of any health system and a well-motivated workforce is a prerequisite for a functioning health system. The WHO report states that the issues around staff shortages, brain drain, low motivation and poor performance of human resource in Sub-Saharan Africa are so enormous that some termed it as 'Africa health workforce crises'. In order to achieve the MDGs the region would require a 139% increase in health workers [8-12].

1.2. Statement of the problem

The African continent is currently facing serious human resource crisis in the health sector (9, 12). These severe human resource shortages have affected the ability of many countries to initiate and sustain credible health services. Although several reforms and policies have been developed to address health problems in the continent little attention has been given to required human resources and their motivation [9, 13 and 14].

The severely limited number of health professionals in sub-Saharan Africa negatively affects all types of health outcomes and threatens to limit the attainability of the Millennium Development Goals. The World Health Report is dedicated to recognizing and addressing these workforce shortages. The report identified a total of 57 countries that had a critical shortage of healthcare employees with a global deficit of 2.4 million doctors, nurses, and midwives [4].

Ethiopia has one of the greatest shortages with a density of only 0.03 physicians, 0.23 clinical nurses, and 0.02 midwives per 1,000 people in 2010. Several areas of human resources have been linked with barriers to achieving the Millennium Development Goals including low morale and motivation of health care workers, poor policies and practices for human resource development, and lack of supportive supervision for health workers [10, 11].

The Ethiopian Federal Ministry of Health has recently emphasized the need to produce and retain more health workers, and increased efforts to improve human resource management in public health institutions. Experts in human resource management recognize the significant relationship between poor staff motivation, particularly in low-income countries [15-16].

In Ethiopia, the mission of the public sector is to provide adequate health services to all segments of the population, has been eroded by decades of central planning, weak monetary incentives and poor accountability, leading to widespread opportunism on the part of public healthcare providers [17].

Identified de-motivating factors as, lack of incentives, poor inter-professional relations, poor communication system, poor salaries, lack of promotions, unmet expectations, poor access to training opportunities, working conditions and inadequate facilities for performing expected duties, lack of concern by employers for staff welfare, lack of participation in decision-

making, poor information flow to and from health management [18-19].

Lack of human resource management capacity in the public sector health institutions is one of the profound problems in Ethiopia. At the same time managing human resource management functions of health service institutions seems to be a neglected part, i.e. in most government health institutions of Ethiopia most of the human resource related activities are left for those who are not trained in managing human resource and also having other clinical responsibilities. This, in turn, results into mismanagement of the very scarce human resource in the health sector [3].

Overall, there is supportive policy environment (health policy and strategy, capacity building policy and strategy, civil service reform etc.) and a growing recognition at policy level that "Health is not only a byproduct of social changes but an instrument to promote such changes and health workers are in the cutting edge". However, most policy and strategy documents are out dated since it is written in early 1990s and there are no specific and newly updated policy and strategy documents on HRM currently [20].

To improve the overall working condition and the benefits for health professionals, the government of Ethiopia introduced private services in public hospitals with the aim of retaining and motivating health professionals within the institutions. Through this private service in public hospitals 70 percent of the net profit would go to the doctors, while 15 percent would go to the hospital and the remaining 15 percent would go to supporting or administrative staff. So, roughly 85 percent would go to the staff. Even with this scheme there are two basic problems: one is some of the hospitals do not still start implementing the scheme second complaints by nurses are heard here and there about the distribution of the profit [3].

In addition to the above mentioned motivation and retention strategy, the government has provided housing benefits to those physicians working in public health service institutions. But, still with this strategy there are complaints by nurses and other health workers since this strategy excludes them from enjoying this benefit [4].

Available data indicate that "health sector salaries seem more or less in line with the minimum cost-of-living increases and are favorable relative to other factors. "Base salaries of health

personnel increased by at least 21% from 1999-2003 in nominal terms (40% in real terms)' HR management is a dynamic process and there will be need to adjust to changing situations [21].

Motivation is one of the most important factors in affecting human behavior and performance. The level of motivation an individual or team exerted in their work task can affect all aspects of organizational performance. As mentioned by Project Management Institute (2008), the overall success of the organizational project depends on the project team's commitment which is directly related to their level of motivation. As employees are the main resources for organizations' business activities, the issues of employees' motivation will critically decide organizations' success. As a result, refer to Bourgault et al. (2008), organizations should obtain a clear understanding in employees' dissimilarities in needs and preferences for motivation factors to boost up their performance towards overall organization goal [22].

"Low motivation has a negative impact on the performance of individual health workers, facilities and the health system as a whole. Moreover, it adds to the push factors for migration of health workers, both from rural areas to the cities and out of the country. It is therefore an important goal of human resources management in the health sector to strengthen the motivation of health workers…" [23].

So, this indicates that there is a gap in practicing motivational measures to employee complaining with the motivational theory in our country. In the study area even though not research done what is practically seen is around 20% health centers there is drug supply shortage, water, electricity, housing, road problems, there are also health care professionals who don't respect the working hours, in some health centers human resource management activities is done by health care professionals who have no clear ideas about HRM procedures, some health professionals simply sit while clients are in need of their helps, regarding the goal achievements there is gap per each health centers. If the strategy of motivation were followed in all institutions, there would be a chance to have motivated employee who is committed to achieve organizational goals. There for, this study will lay emphasis on the level of motivation and associated factors that affect employee motivation to alleviate the above problems in the study area.

1.3. Significance of the study

The research will be of great importance because little is known about the level of motivation and motivational factors that are important for health workers in developing countries.

It is further hoped that the findings of this research will be useful to issues such as staff recruitment, retention, training as well as development of valuable human resource management.

The research will help the Health sector management to realize the effect of motivation on employee performance. This will help them come up with better motivation techniques which will result into improved employee performance.

The outcome of the study will significantly advance the frontier of knowledge and added to the existing academic literature on job motivation.

The findings will also be useful in the formulation of effective motivational policies and in reviewing existing ones. It is believed that the results of the study will inspire other researchers to investigate further areas that are not covered in this study.

Chapter Two

Literature Review

Motivation is defined as a driving force within a person which stimulates the individual to do something up to the target level in order to fulfill some need or expectation. It is a complex issue of human behavior which varies from person to a person; as a result, different people are motivated in different ways. Everyone has motives inspired by certain factors that encourage the desire to enhance performance. People's behavior is determined by what motivates them and their performance is the product of both ability level and motivation [24-25].

Health worker motivation is a crucial issue in the health sector since health care delivery is labour intensive and service quality, efficiency and equity is directly affected by worker motivation. Worker motivation is often mentioned as a major problem to health systems performance in developing and middle-income countries [37].

Motivation can also be influenced by motivating and de-motivating factors. Identified motivating factors as Altruism, prestige, professionalism, job security and commitment of managers to improve staff conditions, recognition and appreciation [38-39].

Identified de-motivating factors as unmet expectations, challenged by the demands of clients, lack of fairness, lack of incentives, poor inter-professional relations, poor communication system, low salaries, lack of promotions, and poor access to training opportunities [39].

De-motivation of health workers has been identified as a core problem that has led to poor work attitudes and absenteeism and shirking is widely observed [40-41].

A study in South Africa by Pillay R. indicated that professional nurses and doctors were most dissatisfied with their pay, the workload, their career development opportunities and the resource available to them [42-43].

A systematic review of motivation and retention of health workers in developing countries (Africa and Asia), identified seven major themes regarding motivational factors namely; financial in terms of salary and allowances (90%); career development in regards to possibility to specialize or be promoted (85%); continuing education-having the opportunity

to take classes and attend seminars (80%); hospital infrastructure (the physical conditions of the health facility) or work environment (5%); resource availability (refers to equipment and medical supplies that are necessary for health workers to perform their job (75%); hospital management –refers to having a positive working relationship with the management with whom the health workers work with (70%); and personal recognition or appreciation –either from managers colleagues or the community (45%) [44].

A study conducted in Rwanda to assess the level of motivation indicated that factors such as remuneration, opportunities for growth, working conditions, recognition, rewards, appreciation, and benefits and allowances could contribute to the level of work motivation among health care workers [45].

A Study done in Zambia to measure job motivations shows Female participants had the highest motivation score (female: mean 78.5 (SD 7.8) VS male: mean (SD 7.0). by type of worker, nurse had the highest score while environmental health technicians had lowest score (77.4) (SD 7.8 VS 73.3 (SD 9.3). health workers who had been in post longer also had higher score (>7 months). This was also true for those older than 40years when compared to those less than 40 years of age.

[43].

A study on retention of health workers in Malawi indicated that health workers were encourage to take jobs as health professionals within the districts because of the opportunity and ability to assist mankind, coupled with a spirit of patriotism. They were specifically motivated to remain in the district because of the lower cost of living, the significant impact they made within the communities they served and the fact that they learnt faster on their jobs in the districts compared to their colleagues in the urban areas, this study identified one key de-motivating factor, which was mentioned by all cadres of health workers, was monetary. Other de-motivating factors mentioned were lack of proper assistance from the Ministry of Health and poor human resource management practices, including lack of supervision and continuous education. In addition, poor housing and the absence of basic amenities such as water and electricity were considered to negatively affect work motivation [46].

A study on the match between motivation and performance management of health sector workers in Mali on 370 health workers identified motivating and de-motivating factors. The

motivating factors include feeling responsible, salary increment, receiving training, holding responsibility, appreciation and receiving recognition, receiving promotion, receiving incentives, working within a team spirit, receiving financial benefits from users' fees, and having your partner living near the workplace, and having good colleagues, factors that this study found to de-motivate health workers include lack of materials, lack of recognition, difficult living conditions, lack of job description, subjective performance appraisal, poor management, and partner living far away, poor functioning of the health committee, living far away from an urban centre and living far away from places where decisions are being made [41].

A study on job motivation of health workers in public and private sectors from two Indian states revealed that contrary to common perceptions, many more employees rated motivating factors like ''good working relationships with colleagues'' (96%), 'training opportunities'' (92%), and environmental factors, such as having 'tools to use skills'' (92%), and 'good physical conditions'' (93%) as more important than income (76%) [35].

A study from Ghana on health worker motivation in the public sector revealed low salary, lack of essential equipment, tools, supplies, delayed/perceived unfair promotions, personal means of transport, inadequate in-servicing training, children's education, official transport for work, inconvenient or unfair transfer procedures as been factors affecting motivation of health workers [47].

A study from North Viet Nam showed that motivation is influenced by both financial and non-financial incentives. The main motivating factors for health workers were appreciation by managers, colleagues and the community. The de-motivating factors were related to low salaries and difficult working conditions [36].

In the same study above, perception of motivation and discouraging factors were identified. The motivating factors were appreciation and support by managers and colleagues, people respect me/appreciate my work, stable job and income, getting more training and love for the work. The discouraging factors were low income and allowance, difficult transportation, no updated information, lack of knowledge and heavy workload without plan [36].

A study on the perception of working conditions amongst health workers in north-eastern

Nigeria identified non-monetary factors like quality of supervision, availability of tools and materials to work with, staff welfare and career development appear to be important in creating job motivation with the job environment [38].

Study done in Addis Abeba on Relationship between rewards and nurses' work motivation in Addis Ababa hospitals revealed that nurses are not motivated and there is a statistical significant relationship between rewards and the nurse work motivation and a payment is the most important and more influential variable. Furthermore, there is significant difference in nurse work motivation based on age, educational qualification and work experience while there is no significant difference in nurse work motivation based on gender [50]

According to the World Health Report, there are several constraints facing health workforce in delivery of interventions aimed at achieving the health related MDGs. One of these problems is low morale and motivation [4].

The same WHO Report identified opportunities to continue education, training and professional development as important motivating factors for health workers. The lack of professional development has been cited as reasons for health workers to want to leave the rural areas to the urban areas [4].

The relevance of Herzberg's theory for this research is the need to clarify the complex issue of motivation for health workers. The two-factor theory examined in the theoretical literature above makes a distinction between motivating factors (or 'Satisfiers') that are intrinsic to the job and are the prime causes of job satisfaction and dissatisfies (which Herzberg also calls 'hygiene factors') that are extrinsic to the job and the prime 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 motivation. Their absence leads to job dissatisfaction. To motivate health workers attention should be given to the motivating factors as well as to the hygiene factors [30].

Conceptual/Theoretical Framework

Theories of motivation focused on explaining people's behavior, which affects their motivation. The study of work motivation was started by the Hawthorne's study 1923-1932, which showed that worker's productivity seemed to improve when changes were made with interest being shown on them. The results led to the realization that the productivity, satisfaction, and motivation of workers were interrelated. Since then, different theories of work motivation has emerged and changed time to time based on the changes of employee's attitude and needs of organizations [29, 48-49].

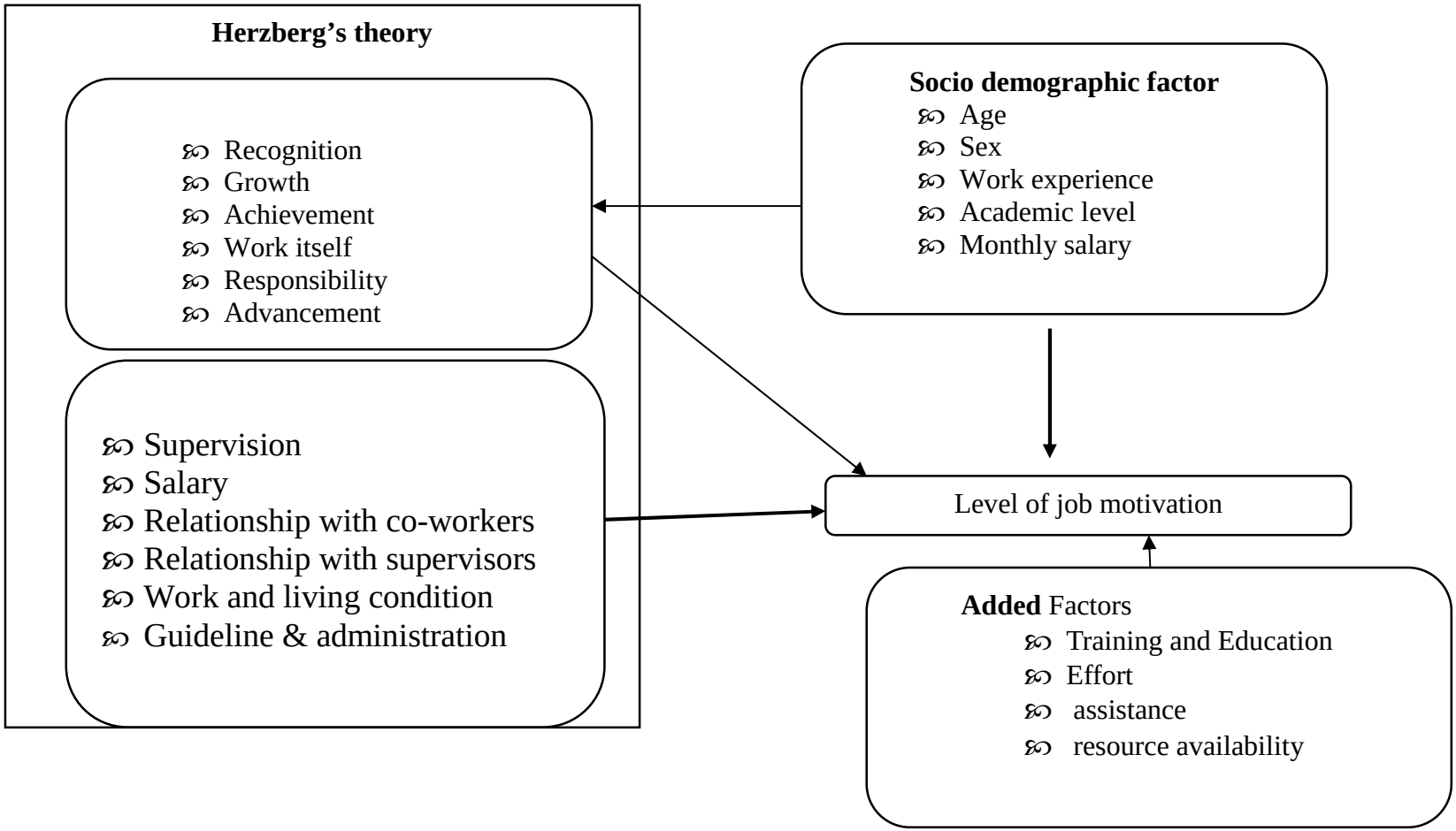

Figure 1 *Herzberg's motivation theory (1959), conceptual framework adapted after literature review for level of motivation and associated factor of health professionals in public health institutions in Gedeo zone, 2015.*

Chapter Three

Objectives

General Objective

To assess Level of Job motivation and associated factors among health care professionals in public health institutions of Gedeo Zone, southern Ethiopia, 2015.

Specific Objectives

1) To measure level of job motivation among health care professionals in public health institutions of Gedeo Zone, 2015.
2) To identify factors influencing job motivation among health care professionals in public health institutions of Gedeo Zone, 2015.

Chapter Four

4. Methods and Materials

4.1. Study area and period

The study was conducted from February 20/2015 to March 10/2015 in Gedeo zone, which is located in SNNPR at 360 km far from Addis Ababa in south direction and 89 km far from the regional city Hawassa in south East. The area of the zone is 25,640 Hectare and 1500-2380 feet above sea level. Total population in the zone is 1.1 million. It has *woyenadega* climatic condition and the average temperature of the zone is 22 ^{o}c .It has annual rainfall of 1895 mm^3. The zone has 8 Woredas (6 Woreda administration and 2 town administration), there are 36 health centers with 661 health professionals.

4.2. Study design

Institution based cross-sectional study design using both quantitative and qualitative method was used.

4.3. Population

4.3.1. Source population

For quantitative data

All health care professionals working in public health centers of Gedeo zone.

For qualitative data

For In-depth interview

Senior Health care professionals working in public Health centers of Gedeo zone at the time of data collection, Health centers heads and Human resource management facilitators/coordinators.

4.3.2. Study population

Randomly selected health care professionals from public health centers in Gedeo zone

4.3.3. Sampling unit

Public health centers in Gedeo zone.

4.3.4. Study unit

All selected categories of diploma nurses, BSC nurses, midwife nurses, midwife BSC, Health officers, Environmental health officers and laboratory technologist, pharmacist, druggist and laboratory technicians.

4.4. Sample size determination and sampling technique

4.4.1. Sample size determination

For quantitative study:-The sample size of the study was determined by single population proportion formula

$$n = \frac{\left(z_{(\frac{\alpha}{2})}\right)^2 p(1-p)}{d^2} \qquad \frac{(1.96)^2 (o.50)(0.50)}{(0.05)^2} \qquad n=384$$

Equation 1 *single population proportion formula*

Assuming, 5% marginal error and confidence interval of 95%. Fifty percent proportion has been preferred due to lack of similar studies in Ethiopia and to get maximum sample size, accordingly the sample size calculated to be 384. The final sample size calculated by using finite population correction formula since study population (N=661) is less than 10,000.

$$nf = \frac{n}{1 + \frac{n}{N}}$$

$$nf = \frac{384}{1 + \frac{384}{661}} = 243$$

Equation 2 *finite population correction formula*

Adding non-response rate of 20%, total sample size of 243 + 49 =292 health professionals were selected.

For qualitative study; the qualitative method was used to supplement and triangulate the quantitative data.

In-depth interview (IDI): with 10 senior health care professionals (those health care professionals work in the public health centers for 6 years and above), 8 heads of Health centers & 9 human resource management facilitators/coordinators.

4.4.2. Sampling technique

For quantitative part

From all (36) Health centers found in Gedeo zone; participants of the study working in public health centres; meeting the inclusion criteria for the study was obtained from Gedeo zone Health Department and respective Woredas. A simple random sampling technique was used by alphabetically listing the participant from 1 to 661 to select 292 participants with computer random generated number.

Those health care professionals not in their respective health center when the data collectors arrive there; the data collectors take information about those individuals; wait them till arrival if not communicate via phone then deal over the objectives and finally gave him/her the questionnaire.

For qualitative part

Those purposively selected senior health care professionals, heads of health centers and human resource management facilitators/coordinators were taken to enrich the finding of quantitative part; they are considered to explore existing incentive scheme practice (both financial and non-financial), administration of policies different guidelines and protocols, working condition and availability of medical resources, the extent of job motivation among health care professionals.

4.5. Inclusion and Exclusion criteria

4.5.1. Inclusion criteria

Health care professionals employed in public health centers and a full-time worker were included.

4.5.2. Exclusion criteria

Health care professionals with less than 6 month work experience were excluded.

4.6. Study Variables

Dependent variable

Level of Job motivation

Independent variables

Socio demographic factors (age, sex, educational background, work experience, religion, ethnicity, marital status & educational status), supervision/feedback, communication (relationship between management and staff), availability of basic medical supplies, salary, workload, training distribution, opportunity for education, effort, manager of health center, poor condition of services, miss use of HRM guidelines, and assistance.

4.7. Data collection procedures

For quantitative

Self-administered questionnaire was given to Health care professionals to fill their responses by data collectors while giving the questionnaire for the selected health care professionals they were told about the objectives of the study & appoint them when to return the questionnaire.

For qualitative

IDI and quantitative data collection were carried out simultaneously, it helps to generate more detailed information and it enable to explore the major factors influencing job motivation. Moreover, it was help to compare the consistency of the findings of the quantitative and qualitative data.

Individual depth interview: The IDI was conducted based on the prepared guidelines. Each interview takes a time span of 30 minute up to one hour. One health officer was involved for note taking. Probing questions and transition approach were arranged.

4.7.1. Instruments and measurements

Quantitative part

The tools and the concepts utilized for this study have been used in high-income countries and they were recently applied in African settings to measure health worker motivation. The tools were directly adapted from study done in Zambia to measure job motivation of health worker in public health facilities because of there is no available tools that has been used in Ethiopia previously [43].

Pre-tested and structured questionnaire was adapted from similar study done in Zambia. The questionnaire was prepared in English; translated in to Amharic and administered in Amharic because of at least all of the health care professionals knows English and Amharic. The questionnaire was designed to obtain information on; socio demographic characteristics of respondents, factor affecting motivation & assessing level of motivation. The questionnaire for level of motivation consisted of five points Lickert scale items, with 1 and 5 indicating the lowest and highest levels agreement, respectively. The response categories for Likert scale items should have five categories to maximize variation. Each of the responses was scored: strongly agree=1, agree=2, undecided/not sure=3, disagree=4, strongly disagree=5. After reversed for negatively worded items to positively worded items, score was summed for each respective factor.

The 14 items that contain 3 constructs with Likert scale (1 strongly agree to 5 strongly disagree), after reversing negative worded items 292 data were subjected to principal component analysis (PCA) using SPSS Version 20. At the point assumption come across 14 items remained in 3 component with Kaiser Meyer-Oklin (KMO) value 0.888, Bartlett's Test of Sphericity was less than 0.001, Communality for all items were above 0.5, 3 components with eigenvalues exceeding 1, explain 64.193% of the variance with Cronbachs' alpha reliability coefficient of 0.601 the data were used for further analysis.

Qualitative part

The IDI guide was prepared to ask about the incentive schemes (financial and non-financial, policies, guideline & protocols of motivational package practices, about the work condition & availability of essential drugs, supplies & medical equipment's.

Data collector

For quantitative part

The self-administered questionnaire is distributed and collected by 16 trained diploma graduate nurse who were excluded from the study due to their service year and unselected for self-administered questionnaire. The nurses were trained for one day by the principal investigator on the study instrument, study objective, consent form, how to distribute the questionnaire and collect it.

For qualitative part

The individual depth interview was conducted by principal investigator; one Health officer was recruited and participated by note taking.

Pre-test

Before the actual data collection, the quantitative questionnaire was pre-tested on 5% (14) of the total sample size outside the study area in Sedama zone '*Qebado'* Health center. The purpose of the pre-testing is check clarity of the instructions, any questions were unclear or ambiguous, whether there were any major topic omissions, ensure that the respondents were able to understand the questions, to check the wording, logic and any other comment. Two (2) questions were clarified after pre-testing.

4.8. Operational definition

Operational Definitions

Achievement: a thing somebody has done successfully, especially using own effort or skill

Administration: the process or act of organizing the way that something is done

Advancement: the process of helping somebody to make progress or success

Factors: Prevailing conditions, atmosphere and incidences that cause or influence motivation.

Feedback: advice, criticism/information about how good somebodies work is

Growth: an increase in economic status

Guideline: rules or instructions that are given by official organization telling you how to do something.

Health care professionals: any one graduated from medical health science colleges working in public health institutions.

Motivation: a conscious or unconscious driving force that arouses and directs action towards the achievement of a desired goal.

: To make somebody to do something

Low motivation: after the percentage scale score is calculated those who's effort fall below the second percentile towards achieving organizational goal.

Medium motivation: after the percentage scale score is calculated those who's effort fall in between second and third percentile towards achieving organizational goal.

High motivation: after the percentage scale score is calculated those who's effort score is above the third percentile towards achieving organizational goal.

:-One who is very interested & work hard, inputs his maximum effort

Level of job Motivation: the level (position or rank) of efforts made by individuals to attain organizational goal

Not motivated: who is not interested in doing the given job to his own maximum effort

Recognition: praise or reward for somebody's work

Relationship: the way in which two people, group behave towards each other

Responsibility: a duty to deal with sth, so that you can blamed if that thing goes wrong

Salary: money that employee receive for doing their job, usually paid every month

Security: the state of felling happy & safe from worry

Status: professional position or the level of importance that is given to some body

Supervision: follow up to make sure that everything is done correctly

Work: to do something that involves physical or mental effort

4.9. Data analysis procedures

For quantitative data, after data collection, each questionnaire was checked for completeness and code was given before data entry. Data was entered, cleaned, explored for outliers, missed values, missed variables and edited by using EPIDATA V.3.1. Different frequency tables, graphs and descriptive summaries were used to describe the study variables. Correlation between dependent and independent variables was checked by using binary and multiple linear regression. On binary linear regression a p-value $\leq$ 0.25 was used as a candidate for multiple linear regression analysis. Statistical significant correlation was tested at a p-value of < 0.05. Finally only those independent variables that maintain their association with outcome variables in multiple linear regressions were used to construct the final models.

To level job motivation, principal component analysis was used. Variables with correlations greater than 0.30 and Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy greater than 0.5 support variables retention in analysis. Each variables with communality <0.5 was removed from analysis and Variables with complex structure having high loadings or correlations >=0.40 on more than one component were removed from analysis. Then appropriate number of factors was determined. The components explain at least 50% of the variance in each of the variables was included in the final analysis. The communalities for all of the variables was included on the components were greater than 0.50 and all variables have simple structure. After identifying the components the mean of factor analysis component (FAC) used for further analysis, items in the final component taken to calculate percentage scale score of job motivation for each individual, then after level of job motivation quantized into; to low motivation, medium motivation and high motivation.

The linear regression model was statistically significant and determination coefficient (R square) was 0.34 (34%), suggesting that the model, to some extent, could interpret the variations of job motivation of health care professionals.

For Qualitative data, for the IDI, after discussion note were transcribed word by word and translated into English based on question guide and summarized manually. Finally results of the qualitative study were presented in narrative; triangulated with quantitative results.

4.10. Data quality management

To assure the data quality, data collection tool were adapted from similar study done before, for quantitative study, for qualitative part from different studies and modified according to the local context and objectives based on two factor theory of motivation. Initially the questionnaire was prepared in English language then translated to Amharic; national language of Ethiopia. Back translated to English to ensure semantic equivalence. Training was given to data collectors and supervisors by the investigator. Pre-testing of the questionnaire was carried on health care professionals that could not be included in the study, based on the result necessary modification was followed.

At the end of each day, the questionnaire was checked for completeness, accuracy and consistency by the supervisor and data collectors and again rechecked by principal investigator before entered in to EpiData corrective discussion was under taken with all the data collectors and supervisors. Finally Data were cleaned and entered in to EPIDATA V.3.1.

4.11. Ethical consideration

Ethical clearance was obtained from institutional review Board of Jimma University, College of Public Health and Medical Science. Permission letter was obtained from SNNPR Regional Health bureau and Gedeo zone Health Department after discussion of the purpose of the study.

Similarly after clear discussion about the actual study written informed consent was obtained from each study participates while the study participants right to refuse was also be respected. Different measures were taken to assure the confidentiality of study participant's such as writing their names or any identification in the questionnaire was not be required.

4.12. Dissemination plan

The final result of this study will be presented to Jimma University, College of Health science, disseminated to Regional health bureau, zonal health department and Health centers involved in the study and also communicated to Ministry of health. Further attempt will be made to publish it on national scientific journals.

Chapter five

5. Results

Background information of the respondents

A total of 292 self-administered questionnaires were distributed to health care professionals working in public health centers found in Gedeo zone. All questionnaires were returned, giving a response rate of 100%. All questionnaires were complete and has no inconsistencies so that 292 data were found to be useful for analysis.

From study participants 56.2% (164) of the respondents were male, the average age of the respondents was 28.69 (SD 6.25), ranging from 20 years to 50 years. Regarding the ethnicity 52.3% (153) participants were Gedeo in followed by Amhara, 44.2 (129) of them were orthodox religion followers, around half were unmarried, all type nurses accounts 74% (217) which includes clinical nurse, midwifery nurse, public health nurse, Health informatics and sanitarian nurse. The average salary for health care professionals working in public health centers of Gedeo zone is 2,499 (SD 1232) ETB, ranging from 1663 to 7424 per month (Table 1)

Table 1 Socio demographic characteristics of Health Care Professionals working in Public Health centers of Gedeo zone, southern Ethiopia, 2015 (n=292).

No	Socio Demographic characteristics		Frequency	Percent
1	sex	Male	164	56.2
		Female	128	43.8
2	age	Below 30 yrs.	218	74.7
		Above 30 yrs.	74	25.3
3	Ethnicity	Gedeo	153	52.3
		Oromo	36	12.3
		Amhara	41	14
		Gurage	33	11.3
		Tigre	20	6.8
		Others[1]	9	3.1
4	Religion	Orthodox	129	44.2
		Protestant	119	40.8
		Muslim	26	8.9
		Catholic	10	3.4
		Others[2]	8	2.7
5	Marital status	Single	151	51.7
		Married	136	46.6
		Divorced	3	1
		Widowed	2	0.7
6	Experience in health sector	Below 5 years	196	67.1
		Between 6 and 10 yrs.	72	24.7
		Above 10 yrs.	24	8.2
7	Educational status	Diploma	240	82.2
		Degree	52	17.8
8	Professional background	All type of nurses	217	74.3
		BSc Nurses	19	6.5
		HO	23	7.9
		Lab Technicians	11	3.8
		Lab Technology	4	1.4
		Pharmacy Technicians	12	4.1
		Pharmacy Technology	3	1
		BSc environmental health	3	1
9	Salary	1663 ETB (83.15 USD)	66	22.6
		1664-3000 ETB	152	52.1
		Above 3001ETB	74	25.3

Other[1]: 5 woleyta, 2 selte and 2 kafecho.

Other[2]: 6 Juab Witness and 2 non- religious

There are different factors which could influence motivation of health care professionals working in public health centers in Gedeo zone. Of the respondents 90.4% (264) were said their job duties are clear, requirements, and the goals are clear and specific, while 9.6% (28) of the respondents were not (Table 2).

Of the respondents, only 15.8% (46) believes that their job provides with opportunities for advancement to higher levels jobs, while 84.2% (246) disagreed. Of the respondents, 52% (152) complain that they don't get any feedback from their managers or supervisors regarding their job within the last 3 months, while 48% (140) get feedback (Table 2).

A 36 years old male Health Care Professional from one HC said:

> *"…in my experience I never seen while my supervisors or managers gave me feedback regarding my work, even they don't supervise the work done"*

Among the respondents concerning communication relationships 50.3% (147) were very satisfied, 27.4% (80) satisfied, 11.3% (33) not satisfied and 11% (32) comments it needs improvement (Table 2).

A 32 years old male human resource management coordinator from one HC said:

> *"… Staff communication is smooth, sometimes we heard conflict and then immediately the discipline committee call those who disagreed and arbitrate the conflict among or between them…"*

Around One fourth of the respondents were happy by the tasks they performed 26% (76), while 74% (216) complain there were workload (Table 2).

A 28 years old Female Health Care Professional from one HC said:

> *"… We received more than 30 lab requests from all department of the health center which is above the average per day than recommended by WHO, sometimes we might report false positive results…"*

Most respondents 94.9% (277) are not satisfied with present remuneration or salary/compensation, while only 5.1% (15) of them are satisfied. Slightly above half of the respondents 52.1% (152) feel that there are shortage of medical supplies needed for their work (Table 2).

A 30 years old male Health Care Professional from one HC said:

> *" … I am diploma graduate I worked in this health center for the past 10 years even my salary increased by two fold that it were in the last five year, now a day things are changed, my salary can't goes me through a month (finished before a month)…"*

The issues of feedback, communication, workload, salary/compensation and medical supplies influence or affects job motivation of health care professionals working in public health centers of Gedeo zone *(Table 2).*

Above half 60% (174) complain that in-service training is not given equally for them, 64.4% (188) of them also complain that there is no clear path to continue further education, half of the respondents not enjoy their work environment (Table 2).

A 25 years old male Health Care Professional from one HC said:

> *"… What irritate me is that the issue of training and continuing education, those who has social tie with heads of health sector, and those who are best friends of them used the chance most…"*

A 29 years old male Health Care Professional from one HC said:

> *"…Most of the time opportunity for education is given for BSC graduates this thing upset diploma graduates, they start learning by themselves in private collages education…"*

A 27 years old male Health Care Professional from one HC said

> *"There is a problem with staff motivation. You work for five or more years in the same place. You find the same person goes to the same training in two years; why not rotate and train someone else the next year?"*

As many as 94% (274) were not rewarded for their hard working but only 6% (18) got reward for their hard working from their employee. Among those who got reward 0.7% (2) are promoted, 0.3% (1) got salary increment and 5.9% (17) given merit/bonus (Table 2).

Table 2 Factor influencing health care professionals working in public health centers of Gedeo zone, southern Ethiopia, 2015.

Variables	Options	Count	Percent
Guideline administration	Yes	264	90.4
	No	28	9.6
Opportunities for advancement levels of job	Yes	46	16
	No	246	84
Feedback	Yes	140	47.9
	No	152	52.1
Communication	Very satisfied	147	50.3
	satisfied	80	27.4
	Not satisfied	33	11.3
	Need improvement	32	11
Workload	Happy	76	26
	Overworked	216	74
Remuneration or salary/compensation	Yes	46	15.8
	No	246	84.2
Resource availability	Yes	140	47.9
	No	152	52.1
Training	Yes	118	40.4
	No	174	59.6
Career development/continuing education	Yes	48	16.4
	No	188	64.4
	don't know	56	19.2
Working environmental	Yes	146	50
	No	146	50
Efforts	Strongly agree	38	13
	Agree	99	34
	Not sure	82	28
	Disagree	73	25
Reward	Yes	18	6.2
	No	274	93.8
Promotion	Yes	2	0.7
	No	16	5.5

Variables	Options	Count	Percent
Salary increment	Yes	1	0.3
	No	17	5.9
Bonus/Merit	Yes	17	5.9
	No	1	0.3
Assistance	Yes	226	77.4
	No	66	22.6

Out of 292 respondents, 74.4% (226) are discouraged from working hard for their health center due to lack of recognitions, poor condition of services, inadequate salary…etc. (Table 3).

Table 3 Reasons that discourage health care professionals from doing hard for the health center employed in public health centers of Gedeo Zone, southern Ethiopia, 2015.

No	Variables	Options	Count	Percent
1	Inadequate salary	Yes	210	93
		No	16	7
2	Poor condition of services	Yes	187	64
		No	105	36
3	Lack of recognitions	Yes	180	61.6
		No	112	38.4
4	No promotion prospective	Yes	119	52.6
		No	107	47.4
5	Miss use of HRM guideline	Yes	74	32.7
		No	152	67.3
6	Health center head not work hard	Yes	91	40
		No	135	60
7	Assistance	Yes	226	77.4
		No	66	22.6

From the respondents 160 (54.8%) of them consider themselves as motivated to work hard, 132 (45.2%) are not motivated to work hard for the health center they are working for (Figure 3).

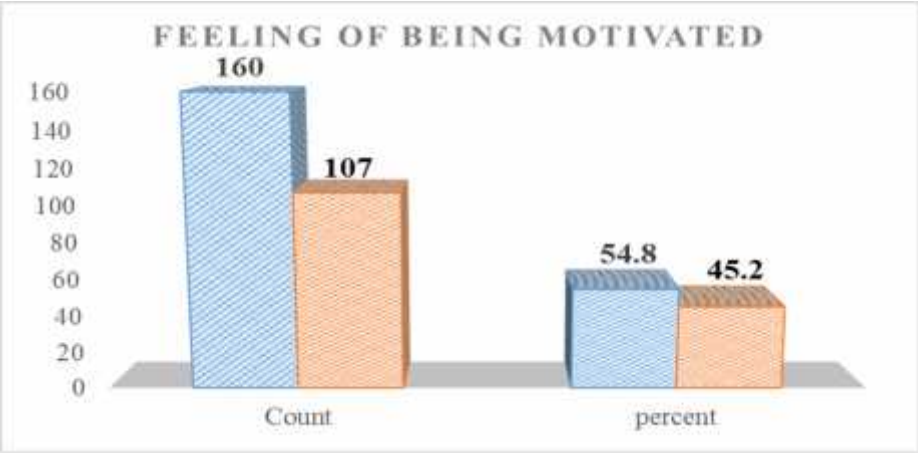

Figure 2 showing response of health care professionals working in public health center of Gedeo zone about their feeling of motivation to work hard.

Job motivation

After PCA was done the reduced items 14 out of 23 items used to assess the level of motivation and for further data analysis, all the 14 questions taken together as a single index of motivation after calculating the mean of 3 components formed out of 7 constructs (initially) (Table 4).

Table 4 Motivational outcome constructs and questions of health Care professionals working in public health centers of Gedeo zone, southern Ethiopia, 2015.

		Descriptive Statistics		
Constructs	Remained Items after data reduction	Mean	Std. Deviation	Analysis N
General motivation	Only I do this job to get paid	3.93*	1.030	292
	I am often absent from work	3.20	1.123	292
	I feel emotionally drained at the end of every day	3.40*	1.137	292
	Sometimes when I get up in the morning, I fear having to face another day a	3.55*	1.161	292
	It is not a problem if I sometimes come late for work	3.46*	1.176	292
	I am not satisfied with my colleagues in my work	3.28	1.333	292

	I do this job as it provides long-term security for me	3.58*	1.328	292
	I feel very little commitment to this health center	2.89	1.331	292
	I do not think that my work in this health facility is valuable these days	2.84	1.233	292
Carefulness	I always complete my tasks efficiently and correctly	3.37	1.313	292
	Do things that need doing without being asked or told	1.79	.896	292
	I am punctual about coming to work	1.89	.903	292
Organizational commitment	I am proud to be working for this health center	4.46*	.747	292
	I am glad that I work for this center rather than other facilities in the country	4.20*	.917	292

Sign (*) indicate the scale for negatively worded questions was 1(strongly disagree) to 5 (strongly agree). Thus a high score shows disagreement with a negative statement (Table 4).

Under general motivation constructs 9 items were loaded, 12(4.1%) strongly agreed, 25 (8.6%) agreed, 18(6.2%) neutral, 153(52.4%) disagree and 84(28.8%) were strongly disagreed towards they only serve to be paid (Table 5).

Among the respondents respectively 23 (7.9%) strongly agree, 43 (14.7%) agree, 57 (19.5%) neutral, 116 (39.7%) disagree and 53 (18.2%) strongly disagree that they are not satisfied by their colleague, around one fourth 23.7% (69) of the health care professional's fears when they get up in morning to face another day of work (Table 5).

A 32 years old Female Health Care Professional from one HC said:

"… Some of my colleagues not give services expected from them, for simple thing they might appoint the clients or refuse to give services, for e.g. while family planning consumables is in store let them for other days, some health care professionals take chair outside (for unfruitful talk) while clients knocking their door for services…"

Concerning carefulness construct 82.5% of the respondents agreed that they complete their task correctly and efficiently, around 8% they wait told to do so from their boss (Table 5).

Almost 50.5% (149) of the respondents not like the current health center they are working in, 44.2% of the respondents proud to work for the health center currently working in (Table 5).

A 35 years old male Health Care Professional from one HC said:

"… No one recognize your work, even you perform valuable activities".

Table 5 description of variables that measures level of job motivation among health care professionals working in public health facilities of Gedeo zone, southern Ethiopia, 2015.

Constructs	Items	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
General motivation	Only I do this job to get paid	12 (4.1%)	25 (8.6%)	18 (6.2%)	153 (52.4%)	84 (28.8%)
	I do this job as it provides long-term security for me	27 (9.2%)	52 (17.8%)	75 (25.7%)	111 (38%)	27 (9.2%)
	I feel emotionally drained at the end of every day	20 (6.8%)	54 (18.5%)	46 (15.8%)	133 (45.5%)	39 (13.4%)
	Sometimes when I get up in the morning, I fear having to face another day a	18(6.2%)	51(17.5%)	31(10.6%)	137(46.9%)	55(18.8%)
	I am not satisfied with my colleagues in my work	23 (7.9%)	43 (14.7%)	57(19.5%)	116(39.7%)	53(18.2%)
	I feel very little commitment to this health center	31(10.68%	41(14%)	25(8.6%)	124(42.5%)	71(24.3%)
	It is not a problem if I sometimes come late for work	3 (1%)	22(7.5)	15(5.1)	126(43.2%	126(43.2%
	I do not think that my work in this health facility is valuable these days	34(11.6%)	37(12.7%)	28(9.6%)	111(38%)	82(28.1%)
	I am often absent from work	4(1.4%)	6(2.1%)	3(1%)	117(40.1%)	162(55.5%)
Carefulness	I always complete my tasks efficiently and correctly	130(44.5%)	111(38%)	36(12.3%)	11(3.8%)	4(1.4%)
	Do things that need doing without being asked or told	133(45.5%)	120(41.1%)	16(5.5%)	20(6.8%)	3(1%)
	I am punctual about coming to work	89(30.5%)	126(43.2%)	48(16.4%)	22(7.5%)	7(2.4%)
General commitment	I am proud to be working for this health center	49(16.8%)	80(27.4%)	64(21.9%	51(17.5%)	48(16.4%)
	I am glad that I work for this center rather than other facilities in the country	39(13.4%)	32(11%)	72(24.7%	81(27.2%)	68(23.3%)

Factor analysis

PCA revealed the presence of 3 components with eigenvalues exceeding 1, explaining 64.193% of total variance. Each component contribute respectively 41.848%, 13.084% and 9.625%.The internal reliability estimates in this sample (Cronbachs' alpha) of 0.601.

Table 6 *Rotated component matrix for reduced 14 items.*

Rotated Component Matrix[a]			
	Component		
	General motivation	Carefulness	Organizational commitment
Only I do this job to get paid	**.879**		
I am often absent form work	**.864**		
I feel emotionally drained at the end of every day	**.823**		
Sometimes when I get up in the morning, I fear having to face another day a	**.819**		
It is not a problem if I sometimes come late for work	**.785**		
I am not satisfied with my colleagues in my work	**.763**		
I do this job as it provides long-term security for me	**.733**		
I feel very little commitment to this health center	**.707**		
I do not think that my work in this health facility is valuable these days	**.693**		
I always complete my tasks efficiently and correctly		**.775**	
Do things that need doing without being asked or told		**.769**	
I am punctual about coming to work		**.735**	
I am proud to be working for this health center			**.848**
I am glad that I work for this center rather than other facilities in the country			**.835**
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.			
a. Rotation converged in 4 iterations.			

Table 7 *Reliability of instruments for measuring level of job motivation constructs, Gedeo zone public health centers.*

Loaded components	Number of items	alpha coefficient
General motivation	9	0.57
Organizational commitment	3	0.60
Carefulness	2	0.633

After data reduction in to 14 items to determine level of job motivation the following formula (Equation 2) used [52]. Percentage scale score is calculated for each participants of the study.

$$Percentage\,Scale\,Score = \left(\frac{Actual\ mean\ score - Potential\ Minimum}{Potential\ Maximum - Potential\ Minimum}\right) * 100\%$$

Equation 3 *show formula to calculate individual mean score for job motivation scale*.

The 14 items each has 5 point Likert scale, potential Minimum score were 14 since the minimum score for Likert scale is one, potential maximum were 70 (fourteen time the highest score five;14x5=70). The actual mean score is calculated for each 292 health care professionals participated in the study, then there percentage scale score falls in range between 21.43% and 80.36%, then after by substituting the values of actual mean score, potential minimum and maximum percentage scale score for level of motivation is calculated afterward, the resulting percentage mean score is quantized to show the level of job motivation, accordingly 61 (20.9%) health care professionals has low motivation, 174 (59.6%) medium motivation and 57 (19.5%) were highly motivated. The box plot for level of motivation is presented just under here, the numbers around the 25^{th} quintile shows minimum values contributed by the corresponding respondents.

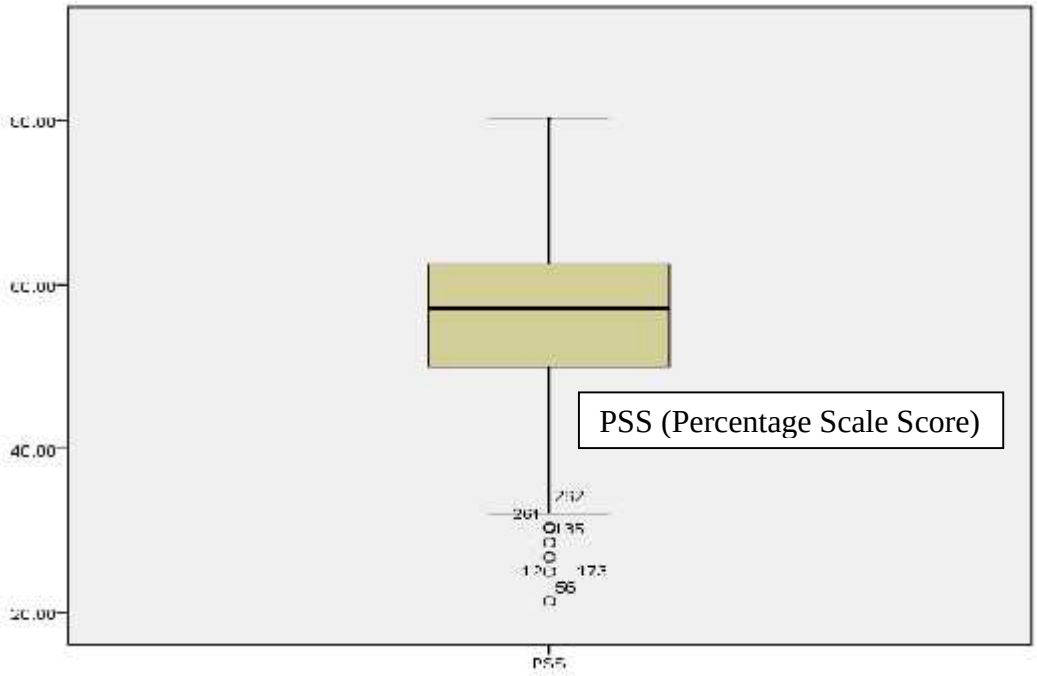

Figure 3 *Box plot showing level of job motivation among health care professionals working in public health facilities of Gedeo zone, Southern Ethiopia, 2015.*

Association of different Factors that affect job motivation of health care professionals working in public health facilities of Gedeo zone, southern Ethiopia.

The bivariate linear regression analysis revealed that socio-demographic characteristics such as sex, age, professional background and work experience were significantly associated with level of job motivation among health care professionals working in public health facilities (Table 8).

Table 8 Simple linear regression of socio demographic characterics asscaition with job motivation among health care professionals working in public health facilities of Gedeo zone, southern Ethiopia.

Socio demographic characteristics		No (%)	p-value	Unstandardized ß coefficient	95% CI for ß
Sex	Male*	164 (56.2)			
	Female	128 (43.8)	0.001	-0.162	(-0.25, -0.069)
Age			0.018	0.009	(0.002, 0.017)
Marital status	Single*	151 (51.7)			
	Ever married	141 (48.3)	0.420	0.039	-0.056, 0.133
Educational status	Diploma*	247 (84.4)			
	Degree	45 (15.6)	0.206	-0.004	(-0.216, 0.046)
Salary			0.005	5.372E-0.05	(0.000, 0.000)
Religion	Orthodox*	129 (44.2)			
	Protestant	119 (40.8)	0.031	-0.11	-(0.209, 0.010)
	Muslim	26 (8.9)	0.991	-0.001	(-0.17, 0.0169)
	Others[3]	18 (6.1)	0.076	0.236	(-0.025, 0.496)
Ethnicity	Gedeo*	153 (52.3)			
	Oromo	36 (12.6)	0.661	0.033	(-0.116, 0.162)
	Amhara	41 (14)	0.476	0.051	(-0.090, 0.192)
	Gurage	23 (7.8)	0.427	-0.062	(-0.216, 0.092)
	Others[4]	29 (9.9)	0.694	0.038	(-0.153, 0.229)
Professional background	All type nurse	217 (74.3)			
	BSc graduate	52 (17.8)	0.016	0.152	(0.029, 0.276)
	Para medical	23 (7.9)	0.359	0.002	(-0.093, 0.257)
Work experience			0.015	0.015	(0.003, 0.026)

- Sign (*) used to indicate reference group with high frequency
- Other[3]: 10 catholic, 6 Juba witness and 2 non-religious.
- Other[4]: 20 Tigre, 5 woleyta, 2 selte and 2 kafecho

From factor influencing job motivation in bivariate linear regression, feedback/supervision, effort, workload, opportunity for advanced level of jobs, resource availability, training, chance for education or career development, communication, work environment, lack of recognition/appreciation for work done, head of health center, miss use of HRM guideline, poor condition of service, inadequate salary and absence of promotion prospective were candidate for multiple linear regression analysis (Table 9).

Table 9 Bivariate linear logistic regression of factor influencing job motivation of health professionals working in public health facilities of Gedeo zone, southern Ethiopia**.**

Variables		No (%)	P-value	Unstandardized ß coefficient	95% CI for ß
Feedback/ supervision	Yes	140 (47.9)	0.056	0.098	-0.003, -0.20)
	No*	152 (52.1)			
Effort	Strongly agree*	38 (13)	0.800	-.015	(-.094, 0.952)
	Agree	99 (34)			
	Not sure	82 (28)	0.387	-.067	(-.220, .085)
	Disagree	73 (25)	0.096	-0.127	(-0.227, 0.023
Workload	Yes	76 (26)	0.001	-0.175	(-0.281, -0.07)
	No*	216 (74)			
Resource availability	Yes	140 (47.9)			
	No*	152 (52.1)	0.000	-0.197	(-0.288, -.105)
Opportunity for advancement	Yes	46 (15.8)	0.019	-0.154	(-0.28, -0.025)
	No*	238 (81.5)			
	I don't know	8 (2.7)			
Training	Yes	118 (40.4)	0.001	-0.312	(-0.4, -0.225)
	No*	174 (59.6)			
Education opportunity	Yes	56 (19.2)	0.031	-0.131	-0.25, -0.012
	No*	236 (80.8)			
Working environment	Yes	146 (50)			
	No*	146 (50)	0.001	-0.251	(-0.34, -0.161)
Communication	Very satisfied	38 (13)			
	Satisfied*	99 (34)	0.516	0.036	0.073, 0.145
	Not satisfied	82 (28)	0.518	-0.31	-.125, 0.063
	Need improvement	73 (11)	0.096	-.127	-.277, 0.023
Lack of recognition	Yes*	226 (77.4)			
	No	66 (22.6)	0.001	-0.215	(-0.325, -0.106)
Head of health center	Yes	91 (31.2)	0.097	-0.079	-0.173, 0.014)
	No*	135 (46.2)			
Miss use of HRM Guideline	Yes	74 (25.3)	0.037	0.114	0.007, 0.222
	No*	152 (52.1)			
Poor condition of services	Yes	187*			
	No	105	0.192	-0.065	-0.163, 0.033
Inadequate salary	Yes*	210 (71.9)			
	No	16 (5.5)	0. 118	-0.164	-0.37, 0.042
No Promotion prospective	Yes*	119 (40.8)	0.004	0.140	0.045, 0.234
	No	107 (36.6)			

The final regression model shows that except work experience the rest variables were negative predictors of job motivation. All of the variables were strong predictors of job motivation with ($p < 0.01$) (Table 10).

Female health care providers had an average of 0.161 unit lower job motivation score than compared with their counterpart (95% CI -0.242 to -0.080) (Table 10).

As work experience increase by one year the job motivation scale increase by 0.016 unit with 95% CI (0.006 to 0.026) (Table 10).

Health care providers who complain the working environment is not good their motivation is lowered by 0.181 unit than those who works in good environment (Table 10).

Those health care professionals who are not satisfied by communication between management and staff their motivation score decline by 0.165 than those satisfied by the communication (Table 10).

If Health care providers were not supervised or given feedback on their job their job motivation score fall by 0.102 unit than those who get feedback from their Boss (Table 10).

A 31 years old Female Health Care Professional from one HC said:

> *"… First of all, the supervision/feedback is low in frequency and irregular, at the time of supervision they remind you of the rules and control you, while individual efforts go unnoticed, mistakes or shortcomings are noticed immediately…"*

Those health care providers who complain that their salary is inadequate their job motivation score is lower by 0.192 unit than those health care professionals considering their salary is enough with 95% CI (-0.422 to -0.066) (Table 10).

A 35 years old Male Health Care Professional from one HC said:

> *"… We are living in a hard condition: salary itself can never sustain even food for the whole month, not to talk about other issues, even the part time pay is not in line with pay in other regions of the country, we are paid 41per a duty…"*

Those health care professionals not getting equal chance for training than their counterpart their job motivation score is lower by 0.274 unit (Table 10).

A 32 years old male Health Care Professional from one HC said:

> *"… It is necessary to make everybody participate in training opportunities, not always to privilege the same…"*

Those health care professionals who are working in area with less medical supplies (resource availability) their job motivation scale score were lower by 0.121 unit than those who works with enough materials (95% CI -0.203 to -0.040) (Table 10).

A 45 years old male Human resource management coordinator from one HC said:

> *"… Now a day governmental health care institutions are becoming weak, they are not providing expected services for the community, most of the time drugs were not available, even for simple lab investigation they sent clients to private clinics…"*

Table 10 Determinants of job motivation among health care professionals working in public health facilities of Gedeo zone, southern Ethiopia.

Variables		No (%)	Unstandardized ß coefficient	Standardized ß coefficient	95% CI for ß
(Constant)			0.398		(0.283, 0.512)
Sex	Male*	164 (56.2)			
	Female	128 (43.8)	-.161	-0.196***	(-.242, -0.08)
Work experience			.016	0.155***	(0.006, 0.026)
Working Environment	Yes*	146 (50)			
	No	146 (50)	-.181	-.222***	(-.262, -.100)
Communication	Very satisfied	147 (50.3)			
	Satisfied*	80 (27.4)			
	Not satisfied	33 (11.3)			
	Need improvement	32 (11)	-.165	-.126***	(-.292, -.038)
Feedback/ supervision	Yes	91 (31.2)	-.102	-.116***	(-.199, -.005)
	No*	135 (46.2)			
Inadequate salary	Yes*	210 (71.9)			
	No	16 (5.5)	-.192	-.107***	(-.336, -.018)
Training	Yes*	160 (54.8)			
	No	132 (45.2)	-.274	-.335***	(-.354, -.194)
Resource availability	Yes	140 (47.9)	-.121	-.149***	(-.203, -.040)
	No*	152 (52.1)			

(*) reference category, (**) Significant at 0.05, (***) significant at < 0.001

NB:-Negative values of both unstandardized and standardized ß show that the corresponding factors are the negative predictors for Job Motivation, whereas the positive values indicate that the factors are positive predictors.

Among Health care professionals working in public health center of Gedeo zone 37 (22.6%) male and 24 (18.8%) female had low job motivation, 98 (59.8%) male and 76 (59.4%) female had medium job motivation and 29 (17.7%) male and 28 (21.9%) females had higher job motivation for further socio demographic comparison see Annex B.

Chapter six
6. Discussion

Job motivation plays an important role in contributing to positive consequences to the quality of the institutions especially in health care organizations. Therefore, the results presented here are crucial, in sum, the main objective to be attained is to determine level of job motivation and associated factors in public health centers.

It is evident from the study that 26% (76) of health care professionals have complained work overload this agrees with findings from South Africa and Northern Viet Nam [38, 42 43]. The similarity is might be due to health care services are labour intensive by its nature and also might be lack of resource to employee adequate health care professionals.

In this study around 84.6 % of health care professionals have no clear ideas regarding continuing education, this figure is nearer similar with study done in developing countries (Africa and Asia) which is 80%, to provide health care services 47.9% of health care professionals face shortage of basic resource supplies (medical equipment and supplies) which is clearly shown in study done in developing counties [44]. This is might be due to lack of awareness on educational curriculum of the country and for shortage of medical equipment and supplies the similarity is might be due to poor management system of stock or lack of budget (resource) to purchase.

A 31 years old Female Health Care Professional from one HC said:

> *"… why I am here is to serve the community by providing expected health services from me… even though this health center is serving for more than 30,000 population it lacks even basic equipment for example BP-apparatus, which is cheap to buy…"*

The result indicate that 95% of professionals feel that the salary is not compensator, opportunity for advancement is only 15.8%, 90.7 % of health care professionals not recognized for their performance and only 6.2% of them are rewarded this finding is in line with study done in Rwanda, motivation of health care workers are closely related to the presence of opportunities for promotion, salary increases, working conditions and supervision [45]. This is might be due to financial inflation all over the world, rewarding mechanisms is not cultured in health sectors of those countries.

Communication relationship among management and staff is not good it lowers job motivation score by 0.165 units similarly poor working environment lower 0.181 units of job motivation score this finding is similar with study done on the motivation of health sector workers in Mali, on 370 health workers identified motivating factors such as salary/compensation, receiving training, appreciation and receiving recognition, receiving promotion, receiving incentives, working within a team spirit [41].

This study revealed that there is association of sex with level of job motivation, study done in Addis Abeba, does not show significance difference in work motivation based on gender again study done in Zambia shows females were more motivated than males but this study shows that there is difference among male and female [43,50]. There is no apparent explanation why not female health care professionals were less motivated with their job. Possibly it could be female's perception of affirmative action since most of them work in rural health centers.

A 34 years old male Health Care Professional from one HC said:

"… confidently I can say, the salary is very low especially paid for diploma graduate, the government is not providing us transport service daily we are paying 14 ETB for taxi, there is unfair promotions and transfer procedures, it is fevered for those who has money and social ties, there is "drought of equipment's and supplies", almost all staff rent houses since the health center is far from Woreda towns which is also covered by our salary… all this thing affect my motivation" this is similar with a study done in Ghana on health worker motivation in the public sector revealed low salary, lack of essential equipment, supplies, delayed/unfair promotions, personal means of transport, inadequate in-servicing training, official transport for work, inconvenient or unfair transfer procedures as been factors affecting motivation of health workers [47]. This is might be due to poor management of health system and lack of resource to fulfill the existing gaps.

This study revealed factors such as opportunity for training, relation among with colleagues, working environment, basic medical equipment and supplies as motivating factors this is also true with study done in Indian two state [35]. This is due to Herzberg theory of motivation; the theory consider the mentioned factors as hygienic (extrinsic) factors which affects motivation so this both study is in line with the theories of two factors of Herzberg.

If Feedback is not given by manager or supervisor for health care professionals their job motivation score decline by 0.102 unit motivated, unavailability of tools and materials to work with lower by 0.121 units of job motivation score which is similar with study done in north-eastern Nigeria [38]. This is might be due to the health centers managers or supervisors were not using feedbacks and supervision as tools for performance evaluation, quality management and initiate tools for motivation.

A 31 years old male Health Care Professional from one HC said:

> *"first of all the supervision is low in frequency and irregular, at the time of supervision they remind you of the rules and control you, while individual efforts go unnoticed, mistakes or shortcomings are noticed immediately"*

This indicate that the feedback that health workers receive from their supervisors in public health facilities usually centres on specific shortcomings or technical aspects of service provision.

The study identified opportunity to continue education and professional's development as important influential factors of job motivation which is similarly identified by WHO [4]. This is might be due to absence of curriculum for further education or lack of awareness by lower level health care professionals.

Slightly above three quarter 77% of health care professionals believes that they got proper assistance from the Regional Health Bureau and Ministry of Health which is contradicted with finding from Mali where there is lack of proper assistance from Ministry but lack of supervision, continuing education, absence of housing and the absence of basic amenities such as water and electricity were considered to negatively affect work motivation in both case [46], which is strongly supported by

A 30 years old male Health Care Professional from one HC said:

> *"… At country level we have best policy and strategy but what is wrong is its administration in lower level which is totally irrespective of the written document,, this health center is very far from Woreda town where there is no water, network and electricity, even we don't get food sometimes, Regionals Health Bureau ordered to build house but the zonal and Woreda health office is not doing in such a way* this is might be

due to lack of resources.

This study shows that 93% of health care professionals said the salary is not compensatory of their services and 53% of services are provided in poor conditions this is similar with study done in Northern Viet Nam [36]. This is might be due to shortage of resource to allocate in sufficient amount to meet unmet need of health care professionals and financial inflation.

Strengths

Strengths

- ✍ The study has utilized both quantitative and qualitative methods of data collection and triangulation were used which could increase the validity of the study.
- ✍ Pre-tested data collection instrument was used.
- ✍ 100% response rate from the participants of the study shows the training was successful and the participants were more informed about the objective of the research.

Challenge faced

- ✍ Inaccessibility of transportation and mobile Network service in rural health centers
- ✍ Shortage of money (budget)

Chapter seven
7. Conclusion and recommendations

7.1. Conclusion

From a practical point of view, the findings of this research should heighten awareness regarding the important issues that need to be addressed to promote and maintain job motivation within health care professionals in public health facilities.

This study revealed that Health care professionals working in public health facilities slightly above one fifth of health care professionals has low motivation, above half have medium motivation and around one fifth were highly motivated.

This study indicated that sex, work experience, working environment, feedback/supervision, Resource availability, communication, inadequate salary and training distribution in public health centers were the main determinant of job motivation.

Feedback is one of the most crucial activities expected from managers or supervisors to support the work of employers; it might be given orally or in written form but slightly above half not receive feedback for the work done, communication is important weapons to share ideas especially in health sectors this study revealed slightly above one fifth of health care professionals dissatisfied with the existing communication style and it needs improvements.

All most all of health care professionals were not satisfied by current salary; the professionals also complain that duty payment is not along with national pay; around half of health care professionals work in health centers that lacks basic medical equipment's, drug and laboratory supplies, above half of health care professionals not get equal chance for training most of the time the health center heads gives for irrelevant (unconcerned) individual as evident from in-depth interview, only less than one fifth of health professionals clearly now that they have chance of continuing further education or career development.

Majority of the employees are not recognized for their good work done. Majority of the respondents were diploma holder; as evident from qualitative part they were complaining absence of curriculum to continue further education.

7.2. Recommendations

At last based on study findings, conclusion drawn and entire research process, the following recommendation were made for concerned bodies just under here

For health centers and Woreda health office

1) Improve communication, supervision and feedback system
2) Distribute training equally for health care professionals
3) Improve supply chain of the health centers
4) Recognize and appreciate health care professionals those who are point figure of the health centers
5) Health center administration must include clearly defined policies, guideline, criteria for promotion, and career progressions even part time payment.

For Zonal Health Department and Regional Health Bureau

1) Address job motivation factors such as adequate staff numbers, supervision and basic equipment in the hard to reach areas in particular.
2) Tackle issues related to working conditions such as energy supply (electricity, equipment and housing in health centers out of Woreda town in particular.
3) As most of the health care professionals were diploma holders they were complaining from absence of curriculum to continue further education; zonal health department and Woreda health office in collaboration with regional health beuro should talk with stakeholders and let them for career development.

For Ministry of Health

- ✍ Create awareness and clear the confusion about curriculum to continue further education for diploma graduate
- ✍ Institutionalization of non-financial incentives and the various HRM tools/and quality management (training, support and regular follow up to make organizational ethos)

For further researchers

- ☙ The results showed variation in motivation score by gender so that further research is needed to establish why sex was associated with motivation.
- ☙ Strategies to improve motivation levels among healthcare professionals in public health facilities.

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Annex A
Consent paper

TO: ALL STUDY PARTICIPANTS

Dear respondent, Sir/Madam,

I am a MPH student of the Jimma University of public health and Medical Science department of Health service management. I intend to conduct a research as part of the Course requirement. The title of my study is **''level of job motivation and associated Factors of Health care professionals in public health institutions in Gedeo zone, southern Ethiopia.**

You are kindly requested to complete the attached questionnaire as honestly as possible.

Your participation in this study does not involve any direct risk or benefit for you but it is very useful since your answers, and those of other participants will help to improve the motivational practices in health sectors.

For confidentiality, names will not be written down and as soon as the questionnaires are completed the research assistants will collect them. Upon completion of the study, the questionnaire was destroyed but information was used.

You are free to refuse or withdraw your consent and no punishment measures was taken upon you.

For further information/questions

Please contact the researcher on 0913 13-09-24 if you require further information about the study or to have any questions to be answered.

Would you like to participate in this study? Yes …….. No ……..

Thank you in advance for your co-operation.

Yours faithfully

Nafkot Birhanu
[MPH STUDENT]

Questionnaire

Part I. Socio Demographic Information

1) Sex A= Male B= Female
2) Age A=20-30 B= 31-40 C= 41-50 D= 50-60 E= above 60
3) Ethnicity

   A= Gedeo B= Oromo C= Amhara D= Gurage E= Tigre F= others
4) Religion

   A= orthodox B= protestant C= Muslim D= catholic E= others
5) Marital status

   A= single B= married C= divorced D= widowed
6) How long have you worked in the Health sector?

   A= 2-3 years B= 3-5 years C= 6-10 years D= 11-15 years

   E= 16-20 F= above 20
7) Monthly income (salary) _____
8) Your current level of academic education:

   A= Certificate B= Diploma C= Bachelor of Science

   D= other specify _____
9) Educational background

   A= all type of nurse/diploma B= nurse/degree C= HO D=Environmental health officer E= laboratory technology F= pharmacist

Part two: **Factors influencing job motivation among health care professionals**

Instructions: Answer each question with a tick in the box or a short response where appropriate in the space provided.

No	Questions	Options (✓)	Code
201	My job duties, requirements, and goal are clear and specific?	Yes ☐ No ☐ Don't know ☐	1 2 98
202	My job provides me with opportunities for advancement to higher levels jobs?	Yes ☐ No ☐ Don't know ☐	1 2 98
203	My managers and supervisors provide me with feedback in the last 3 months?	Yes ☐ No ☐ Don't know ☐	1 2 98
204	How satisfied are you in terms of communication relationships among management & staff in your health center?	Very satisfied ☐ Satisfied ☐ Not satisified ☐ Need for improvement ☐	1 2 3 4
205	Are you willing to continue working for this health centre?	Yes ☐ No ☐ Don't know ☐	1 2 98
206	Based on your job requirements, would you say that there are too many, enough tasks?	Happy ☐ Overworked ☐ Don't know ☐	1 2 98
207	Are you satisfied with your present remuneration or salary/compensation?	Yes ☐ No ☐ Don't know ☐	1 2 98
208	Are all the basic medical supplies you need for your work available?	Yes ☐ No ☐ Don't know ☐	1 2 98
209	Do you have equal chance for training or is there fair distribution of training?	Yes ☐ No ☐ Don't know ☐	1 2 98
210	Do you have equal chance for continuing education?	Yes ☐ No ☐ Don't know ☐	1 2 98
211	The environmental I am working in is an enjoyable place to work.	Yes ☐ No ☐ Don't know ☐	1 2 98
212	I would work harder if I know that my efforts could	Strongly agree ☐	1

No	Questions	Options (✓)	Code
	lead to a higher pay?	Agree ☐ Not sure ☐ Disagree ☐	2 3 4
213	Does your employer reward you for hard working?	Yes ☐ No ☐	1 2
214	If your answer to question (14) is yes, how are you rewarded for hard working?	Promotion ☐ Salary increment ☐ Bonus/Merit ☐	1 2 3
215	Are there any factors discouraging you from working hard?	Yes ☐ No ☐	1 2
216	If your answer is yes to question (15), which of the following factors discourages you from hard working? (You may tick more than one) If any other reason please indicate … _____ _____ _____	My supervisor does not work hard ☐ No promotion prospect ☐ Poor condition of services ☐ Lack of recognition for the work done ☐ Inadequate salary & other incentives ☐ Miss use of HRM Guideline Assistance from regional and ministry of health ☐	1 2 3 4 5 6 7
217	Do you feel that you are motivated to work hard for this health centre? If not, why? ----------	Yes ☐ No ☐ Don't know ☐	1 2 98
218	Do you have any suggestions on how to improve staff motivation in this health centre? …… ……		

Part Three: Tools to measure level of job motivation, tick in the box where appropriate in the space provided Jan, 2015.

Category		Description	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
General motivation	1	Feel motivated to work hard					
	2	Only I do this job to get paid					
	3	I do this job as it provides long-term security for me					
Burnout	4	I feel emotionally drained at the end of every day					
	5	Sometimes when I get up in the morning, I fear having to face another day at work					
Job satisfaction	6	Overall, I am very satisfied with my job					
	7	I am not satisfied with my colleagues in my work					
	8	I am satisfied with my supervisor					
Intrinsic job satisfaction	9	I am satisfied with the opportunity to use my abilities in this job					
	10	I am satisfied that I accomplish something worthwhile in this job					
	11	I do not think that my work in this health facility is valuable these days					
Organization commitment	12	I am proud to be working for this health center					
	13	I find that my values and this health center are very similar					
	14	I am glad that I work for this center rather than other facilities in the country					
	15	I feel very little commitment to this health center					
	16	This health center really inspires me to do my very best on the job					
Conscientiousness	17	I cannot be relied on by my colleagues at work					
	18	I always complete my tasks efficiently and correctly					
	19	I am a hard worker					
	20	Do things that need doing without being asked or told					
Timeliness	21	I am punctual about coming to work					
	22	I am often absent form work					
	23	It is not a problem if I sometimes come late for work					

In-depth interview guide

Information sheet for IDI- for senior staff, health center heads & HRM expertise

Sex of the interviewee	
Age of the interviewee	
Service year of the interviewee	
Professional background of the interviewee	

Guides:

Availability of incentive schemes

1) What motivation schemes are available in the health sector for health worker?

   Probe on

   A) Financial incentives (salary/wage, pension, allowance i.e. housing and the like, paid leave, performance payment i.e. achievement of performance targets, length of service, location and type of work), fellowships, loans, discounting).

   B) Non-financial incentives (work environment, clarity of roles, sufficient resource, recognition of work & achievements, supervision, mgt and peer structure

Policies, Guideline & protocol

Probe on

(Clear job description, discussion making, training, opportunity for education, career development, disciplinary measures)

Working condition & resources

Probe on

Enough human resource (workload), medical equipment, drugs, supplies, work environment (water, light, road, ventilation, cleanness), communication, safety, supervision, client, community, colleagues.

2) Do you think that health workers in this health center are motivated? Give reasons for your response? If they are **not** motivated, why?
3) What can be done to motivate health workers in the public health Facilities?
4) Do you have any general comment/idea you want to add?

Thank the participants for their time and inputs.

If feedback book available in health centers, see for the comments given by the clients & any visitors (community).

Annex B

Cross tab for socio demographic characteristics with level of job motivation

Socio demographic c'stics		Percentage scale score		
		Low motivation	Medium motivation	Highly motivated
sex	Male	37 (22.6%)	98 (59.8%)	29 (17.7%)
	Female	24 (18.8%)	76 (59.4%)	28 (21.9%)
Professional background	All type of nurse	50 (22.9%)	125 (57.3%)	43 (19.7%)
	BSc nurse	2 (13.3%)	10 (66.7%)	3 (20%)
	Health officer	5 (19.2%)	14 (53.8%)	7 (26.9%)
	Env't HO	1 (33.3%)	2 (66.7%)	0
	Lab technician	2 (18.2%)	8 (72.7%)	1 (9.1%)
	Lab technologist	0	3 (75%)	1 (25%)
	Pharmacy diploma	1 (8.3%)	9 (75%)	2 (16.7%)
	Pharmacy degree	0	3(100%)	0
Age	Below 30 yrs.	43 (19.7%)	129 (59.2%)	46 (21.1%)
	Above 30 yrs.	18 (24.3%)	45 (60.8%)	11 (14.9%)
Salary	1663 ETB	13 (19.7%)	41 (62.1%)	12 (18.2%)
	1664-3000 ETB	37 (24.3%)	88 (57.9%)	27 (17.8%)
	Above 3001	11 (14.9%)	45 (60.8%)	18 (24.3%)
Educational status	Diploma holders	50 (20.8%)	143 (59.6%)	47 (19.6%)
	Degree holders	11 (21.2%)	31 (59.6%)	10 (19.2%)
Work experience	Below 5 yrs.	40 (20.4%)	119 (60.7%)	37 (18.9)
	6-10 yrs.	15 (20.8%)	42 (58.3%)	15 (20.8%)
	Above 10 yrs.	6 (25%)	13 (54.2%)	5 (20.8%)
Marital status	Single	22 (14.6%)	89 (58.9)	40 (26.5%)
	Ever married	39 (27.2%)	85 (60.3%)	17 (12.1%)
Total		61 (20.9%)	174 (59.6%)	57 (19.5%)

[የስምምነት መግለጫ ቅጽ]

[በጌዴኦ ዞን በሕዝብ ጤና ተቋማት ውስጥ እየሰሩ ያሉ የጤና ባለሙያዎች የሥራ ተነሳሽነት ደረጃና ተያያዥ ጉዳዮችን የሚዳስስ ጥናት]

[ቀን 08/07/07 ዓ.ም] **ለጥናቱ ተሳታፊዎች በሙሉ**

ክቡራን የጥናቱ ተሳታፊዎች

እኔ በጅማ ዩኒቨርሲት በሕብረተሰብ ጤናና የሕክምና ሳይንስ ኮሌጅ በጤና ኢኮኖሚክስ፣ ማኔጅሜንት እና ፖሊስ ድፓርትሜንት የድህረ-ምረቃ ተማሪ ሲሆን በጌዴኦ ዞን በሕዝብ ጤና ተቋማት ውስጥ እየሰሩ ያሉ የጤና ባለሙያዎች የሥራ ተነሳሽነት ደረጃና ተያያዥ ጉዳዮችን የሚዳስስ ጥናት ለትምህርት ማጠናቀቂያዬ እየሰራሁ እገኛለሁ፡፡

የጥናቱ መጠይቅ ከዚህ ገጽ ቀጥሎ ባለ ገጾች የሚገኝ ስለሆነ ከሥራ ጋር ተያያዥ የሆኑትን የውስጥ ስሜታችሁን እንድትሞለብት በአክብሮት እጠይቃለሁ፡፡

የጥናቱ ጠቂሜታ በጤና ሴክተር ውስጥ እየሰሩ ያሉ ሠራተኞችን ለማነሳሳስት የሚጠቅሙ አሰራሮችን ለመቅረጽ ወይንም ያሉትን አሰራሮች ለማጠናከር ይረዳል፡፡

በጥናቱ የተሳተፉ የጤና ባለሙያዎችን ምስጥር ለመጠበቅ ሲባል በመጠይቁ ላይ ስምም ሆነ ኮድ አይጻፍም፣ ጥናቱ እንዳለቀ መጠይቆቹ የሚወገዱ ሲሆን በጥናቱ ላይ መሳተፍም አለመሳተፍም ሙሉ መብት አሎት፡፡

ግልጽ ያልሆነ ነገር ካለ የጥናቱን ባለቤት በዚህ ስልክ ቁጥር ለበለጠ መረጃ ማነጋገር ይችላሉ 0913-1309-24

በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ኖት አዎ.....አይ.....

ለትብብሮ ምስጋናዬ እጅግ የላቀ ነው!!

ናፍቆት ብርሃኑ ገመዲ

[የድህረ-ምረቃ ተማሪ]

ክፍል አንድ

የማህበራዊና ድሞግራፋዊ መረጃ

101) ፆታ

A= ወንድ B= ሴት

102) ዕድሜ

A=ከ20-30 B= ከ31-40 C= 41-50 D= ከ50-60 E= ከ60 ዓመት በላይ

103) ብሔር

A= ጌዴኦ B= ኦሮሞ C= አማራ D= ጉራጌ E= ትግሬ F= ሌላ ያልተጠቀሰ

104) ሐይማኖት

A= ኦርቶዶክስ B= ፕሮተስታንት C= ሙስሊም D= ካቶሊክ

F= ሌላ ከሆነ ይጠቀሱ _____

105) የጋብቻ ሁኔታ

A= ያላገባ/ች B= ያገባ/ች C= አግብቶ የፈታ/የፈታች

D= ባል የሞተባት/ሚስት የሞተችበት

106) በጤና ተቋም ውስጥ ለምን ያህል ጊዜ ሰርተዋል

A= ከ2-3 አመት B= ከ3-5 አመት C= ከ6-10 አመት D= ከ11-15 አመት

E= ከ16-20 አመት F= ከ 20 አመት በላይ

107) የወር ደመወዝዎ ስንት ነው ..... ብር ነው።።

108) በአሁን ወቅት ያለዎት የትምህርት ደረጃ

A= ዲፕሎማ B= ድግር C= ማስተርስ D= ሌላ ከሆነ ይጠቀሱ _____

109) የሙያዎ አይነት የትኛው ነው

A= ዲፕሎማ ነርስ (ሁለም አይነት) B= ድግር ነርስ C= ጤና መኮንን

D= የአከባቢ ጤና ባለሙያ (ዲግር) E= ላብራቶሪ ቴክንሻን

F=ላብራቶሪ ቴክኖሎጅ G=ፋርማሲ ቴክንሻን H=ፋርማስሲቲ

ክፍል ሁለት

የጤና ባለሙያዎች በሥራ መነሳሳት ላይ ተጽኖ ሊኖራቸው የሚችሉ ሁኔታዎች

ትዕዛዝ፡ከዚህ በታች ላሉ መጠይቆች ምላሾን በሳጥኑ ውስጥ የራይት ምልክት በማድረግ እንዲሁም በአጭር ጽሑፍም ምላሽ ለሚፈልጉ መጠይቆች ተገቢውን ምላሽ ይሙሉበት፡፡

ተ.ቁ	ጥያቄዎች	አማራጮች (✓)	ኮድ
201	የኔ ሥራ ግዴታዎች፣ ተግባርና አላማ በግልጽ የተወሰነ ነው?	አዎ ☐ አይደለም ☐ አላውቅም ☐	1 2 98
202	አሁን ያለኝ የሥራ ሁኔታ ለወደፍት ለሚኖረኝ ሥራ ከፍተኛ አጋጣሚን ወይም ዕድል ይፈጥራል?	አዎ ☐ አይደለም ☐ አላውቅም ☐	1 2 98
203	የሥራ ኃላፊዎቼ ስለምሰራው ሥራ ተገቢውን ግብረ-መልስ ይሰጡኛል?	አዎ ☐ አይደለም ☐ አላውቅም ☐	1 2 98
204	እርሶ በሚሰሩበት ጤና አጠባበቅ ማቢያ በማኔጅሜንትና በባለሙያዎች መካከል ባለው ግንኙነት ምን ያህል ደስተኛ ኖት?	በጣም ደስተኛ ነኝ ☐ ደስተኛ ነኝ ☐ ደስተኛ አይደለሁም ☐ መሻሻል ይፈልጋል ☐	1 2 3 4
205	ወደፍት በዚህው ጤና አጠባበቅ ማቢያ ሥራዎን ለመቀጠል ፍቃደኛ ኖዎት?	አዎ ☐ አይደለሁም ☐ አላውቅም ☐	1 2 98
206	በዚህ ጤና ማቢያ በርሶ ሙያ መስራት ከሚገባዎት አንፃር ስለስራ ጫና ምን ይሰማዎታል?	ደስተኛ ነኝ ☐ በጣም ስራ ይበዛል ☐ አላውቅም ☐	1 2 98
207	አሁን ባለዎት ደመወዝና ጥቅማ ጥቅም ረክተዋል?	ረክቻለሁ ☐ አልረካሁም ☐ አላውቅም ☐	1 2 98
208	እርሶ ለሚሰሩት ሥራ መሰረታዊ ቁሶች (የሕክምና መሳሪያ፣ የላቦራቶሪ ሪኤጀንቶች እና መድሃኒቶች) ተማልተዋልን?	ተሟልተዋል ☐ አልተሟሉም ☐ አላውቅም ☐	1 2 98
209	በዚህ ጤና ማቢያ ለስልጠና እኩል እድል ይሰጦታልን?	ይሰጠኛል ☐ አይሰጠኝም ☐ አላውቅም ☐	1 2 98

ተ.ቁ	ጥያቄዎች	አማራጮች (✓)	ኮድ
210	በዚህ ጤና አጠባበቅ ጣቢያ ውስጥ የትምህርት ዕድል የሚሰጥ ግልጽ የሆነ አሰራር አለን?	አዎ ☐ የለም ☐ አላውቅም ☐	1 2 98
211	የሥራ ቦታዬ ለሥራዬ አስደሳች ነው?	አዎ ☐ አይደለም ☐ አላውቅም ☐	1 2 98
212	በሰራውት ያህል የሚከፈለኝ መሆኑን ባውቅ ኖሮ ከዚህ በላይ ጠንክሬ እሰራ ነበር?	በጣም እስማማለሁ ☐ እስማማለሁ ☐ እርግጠኛ አይደለሁም ☐ አልስማማም ☐	1 2 3 4
213	ቀጣሪ መስሪያ ቤቴ ለጠንካራ ሥራዬ ሽልሞኝ ያውቃል?	አዎ ☐ አልሸለመኝም ☐	1 2
214	ለ213ኛ ጥያቄ መልሶት አዎ ከሆነ ምን ተሸለሙ?	የደረጃ ዕድገት ☐ የደመወዝ ጭማሪ ☐ ስጦታ ☐	1 2 3
215	በዚህ ጤና አጠባበቅ ጣቢያ ጠንክረው እንዳይሰሩ የሚያደርጎዎት ነገር አለን?	አዎ ☐ የለም ☐	1 2
216	ለጥያቄ ቁጥር 215 መልሶዎት አዎ ከሆነ ሥራዎን ጠንክረው እንዳይሰሩ ያደረጎት ምክንያት የቱ ነው (ከአንድ ምላሽ በላይ መመለስ ይችላሉ) ከተዘረዘሩት ውጭ ሌላ ምክንያት ካለ ከዚህ ስር ይፃፉ …… …… …… ……	የሥራ ኃላፊዬ ጠንካራ ስላልሆነ/ች ☐ የደረጃ እድገት እይታ ስለለ ☐ የአገልግሎት አሰጣጥ ደካማ ስለሆነ ☐ ለሰራሁት ሥራ አድናቆትና እውቅና ስለመይሰጠኝ ☐ ደመወዝና ጥቅማጥቅም አናሳ ስለሆነ ☐ የሰው ሀብት መመሪያና አዋጅ በአግባቡ ስለማይተገበር ☐ ከክልልና ከፌደራል ጤና ጥበቃ የሚደረግ ድጋፍ	1 2 3 4 5 6 7
217	በዚህ ጤና አጠባበቅ ጣቢያ ጠንክረው ለመስራት ተነሳስቻለው ብለው ያስባለ? **ካልተነሳሱ እንዳይነሳሱ ያደረገው ምንድነው**……	አዎ ☐ አልተነሳሳሁም ☐ አላውቅም ☐	1 2 3
218	በዚህ ጤና ጣቢያ የሠራተኞችን ለስራ መነሳሳትን ለማሻሻል መደረግ አለበት የሚሉት ነገር ካለ ይግለጹ? **በመጠይቁ ጀርባ ላይ መልሶዎን ይፃፉ**		

ክፍል ሶስት

ትዕዛዝ፡ የሥራ ተነሳሽነትን ለመለካት የተዘጋጁ መጠይቆች ስለሆኑ ምላሾትን በሳጥኑ ውስጥ የራይት ምልክት በማድረግ ይሙሉበት፡፡

ተ.ቁ	ጥያቄዎች	በጣም እስማማለሁ	እስማማለሁ	እርግጠኛ አይደለሁም	አልስማማም	በጣም አልስማማም
301	ሥራዬን ጠንክሬ ለመስራት ተነሳስቻለሁ					
302	ሥራዬን የሚሰራው ገንዘብ እንዲከፈለኝ ብቻ ነው					
303	ይህንን ሥራ የሚሰራው የረጅም ጊዜ ዋስትና ስለምሰጠኝ ነው					
304	ከሥራ በኋላ ሁለም ስለምደክመኝ ስሜቱ ይነካል					
305	አንድአንዴ ከእንቅልፌ ስነቃ ሌላ የሥራ ቀን መጋፈጥ ያስፈራኛል					
306	በአጠቃላይ በምሰራው ሥራ በጣም እረካለሁ					
307	በሥራዬ ዙሪያ ስራ ቦታ ባሉ ጋደኞች ደስተኛ አይደለሁም					
308	በሥራዬ ዙሪያ በስራ አለቆቼ ደስተኛ አይደለሁም					
309	ችሎታዬን ሥራ ላይ እንድጠቀም በተፈጠረልኝ አጋጣሚ ድስተኛ ነኝ					
310	በሥራዬ ውስጥ ዋጋ ያለው ተግባር መፈጸም በመቻሌ ረክቻለሁ					
311	አሁን አሁን እኔ ምሰርራው ሥራ ብዙም ዋጋ ያለው አይመስለኝም					
312	እዚህ ጤና ጣቢያ በመስራቴ ኩራት ይሰማኛል					
313	የዚህ ጤና አጠባበቅ ጣቢያና የእኔ እሴቶች ተመሳሳይ መሆናቸውን አረጋግጫለሁ					
314	አገርቱ ውስጥ ካሉ ጤና ጣቢያዎች መካከል በዚህ ጤና ጣቢያ መስራቴ በጣም ደስተኛ ነኝ					
315	በዚህ ጤና ተቋም ለሥራ ያለኝ ተነሳሽነት በጣም ትንሽ ነው					
316	ይህ ጤና ጣቢያ በእርግጥ ለስራዬ የሚችለውን ሁሉ እንዳደርግ ያነሳሳኛል					
317	በሥራ ቦታ በሌሎች የሥራ ባልደረቦቼ ላይ አልደገፍም					
318	ሁልጊዜ ሥራዬን በአግባቡና በትክክል አጠናቅቃለሁ					
319	እኔ በጣም ጠንካራ ሠራተኛ ነኝ					
320	መስራት ምጠበቅብኝን ሳልጠይቅ ወይም ሳይነገረኝ እሰራለሁ					
321	ወደ ሥራ ሲመጣ የሥራ ሠዓት አከብራለሁ					
322	ሁልጊዜ ከሥራዬ እቀራለሁ					
323	አንዳንዴ ሥራ አርፍጄ ብመጣም ችግር የለውም					

ለትብብሮ ምስጋናዬ እጅግ የላቀ ነው!!

የቃለ-መጠየቅ ክፍል

1) በጤና ጣቢያዎች ውስጥ ለሚሰሩ የጤና ባለሙያዎች ለሥራ እንድነሳሱ የሚያደርግ አሰራር አላችሁን

   1.1) በገንዘብ የሚደረግ የሥራ ማነሳሻ አሰራር

   ✍ ደመወዝ፣ የተረኝነት አበል፣ የጡረታ አበል (ለአረጋዊያን)፣ የመኖሪያ ቤት፣ የአመት ዕረፍት ከደመወዝ ጋር፣ ከፍተኛ ውጤት ብያስመዘግቡ የገንዘብ ሽልማት ይሰጣቸዋልን፣ በሥራ ቆይታ፣ በተመደቡበት የሥራ ቦታና የሥራ አይነት ላይ ተንተርሳችሁ ገንዘብ ትከፍላቿልችኑ፣ መማሪያ እርዳታ፣ ብድር discounting

   1.2) ያለገንዘብ የሚደረግ የሥራ ማነሳሻ አሰራር

   ✍ ምቹ የሥራ ቦታ፣ ግልጽ የሆነ የሥራ ሚና፣ ጡሩ ለሰሩ ባለሙያዎች እውቅና መስተት፣ የሥራ ላይ ድጋፍ፣ የማነጅሜንቱ እይታ፣ ከሥራ ባልደረቦች ጋር ያላቸው የሥራ መንፈስ

2) የሥራ ፖሊስ፣ አዋጅና መመሪያን በተመለከተ

   ✍ ግልጽ የሆነ የሥራ መግለጫ፣ ውሳኔ አሰጣጥ፣ ስልጠና፣ የትምህርት ዕድል፣ የደረጃ እድገት፣ የዲስፒሊን እርምጃ አወሳሰድ፣ በሰው ሀብት መደብ ላይ ተገቢውን ባለሙያ መመደብ

3) የሥራ አኳኋን (ሁኔታ) እና ግብአት

   ✍ በቂ የሰው ሀይል፣ በቂ የሕክምና መሳሪያዎች፣ መድሃኒቶችና ሪኤጀንቶች፣ የሥራ ቦታ (ውሃ፣ መብራት፣ ኔትወርክ (የስልክ አገ/ት)፣ ንጽህና፣ በቂ የአየር ዝውውር፣ የእርስ በርስ ግንኙኔት፣ የሥራ ደህንነት ሁኔታ (ዋስትና)፣ የስራ ላይ ጉብኝትና ድጋፍ፣ የተገልጋችና ማህበረሰቡ አስታያዬት፣ የጤና ጣቢያ የንጽህና ሁኔታ

4) በጤና ጣቢያ ውስጥ የሚሰሩ የጤና ባለሙያዎችን የሥራ መነሳሳት እንድጨምር ምን መደረግ አለበት ይላሉ

5) በስተመጨረሻ የሚጨምሩት አስታያዬት ካለ

ለትብብሮ ምስጋናዬ እጅግ የላቀ ነው!!

Declaration

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

Name of the student: _____

Signature _____

Name of the institution: _____

Date of submission._____

APPROVAL OF THE FIRST ADVISOR

Name of the first advisor: _____

Signature _____

Name of the second advisor: _____

Signature _____