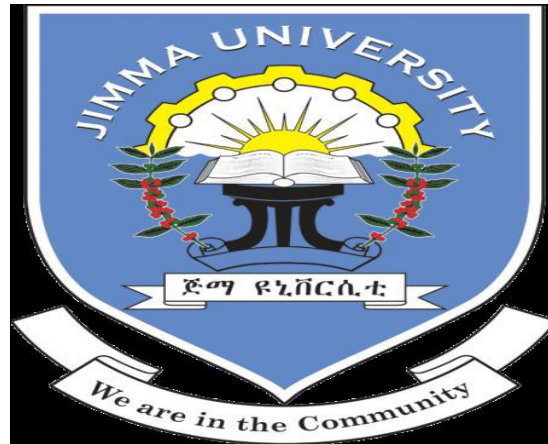


**THE RELATIONSHIP BETWEEN TRAINING AND MOTIVATION  
AMONG HEALTH PROFESSIONALS WORKING IN PUBLIC  
HOSPITALS OF EAST SHOA ZONE, OROMIA REGION, ETHIOPIA**



**BY: SHIBESHI TIRFU WARI (BA)**

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**EFFECTOF TRAINING ON MOTIVATION AMONG HEALTH PROFESSIONALS  
WORKERS IN PUBLIC HOSPITALS IN EAST SHOA ZONE OROMIA REGION,  
ETHIOPIA**

**BY: - SHIBESHI TIRFU WARI (BA)**

**Advisors:**

**AYINENGIDA ADAMU (MPH)**

**KIDDUS YITBAREK (MPH)**

## **Abstract**

Employee motivation can potentially affect the provision of health services. At the same time, it is affected by different factors among which training is one. However, there is limited information on the linkage between training and employee motivation in Ethiopia in general and Oromia regional state in particular.

**Objective:** The main objective of this study was to assess the relationship between training and motivation among health professionals in five public Hospitals of East Shoa Zone, Oromia state.

**Methods:** A facility based cross-sectional study was conducted from August 13 to September 2, 2018 in five hospitals located in East Shoa zone. The sample size of the study was 422. A total of 390 health professionals were included in this study. We have employed a systematic random sampling technique to identify respondents for this study. Data were collected using a pretested self-administered questionnaire. The collected data were processed using the statistical package for social science (SPSS) version 20. Simple and multi-variable logistic regression were used to identify independent predictors of the outcome variable. Variables with p-value less than 0.25 in simple logistic regression were considered as candidate variables for the multivariable logistic regression. We have used p-value less than 0.05 to declare statistical association. Finally the information were presented using tables, charts and description.

**Result:** From a total of 422 questionnaires distributed to respondent were returned 390 questionnaires to respondent. About 390 respondent of health worker health professionals were participated in the study which provided the response rate of 92.2%. Out the respondents, 215(55.1%) were males and 174(44.6%) were females with mean age of 27.917(SD=3.6) years. Among these respondents 172(55.9%) had received a form of training within the health facilities and 218(44.1%) of the respondents were not received any training within the health facilities. Overall motivation mean score was found to be 3.3(SD=0.27). The mean score of motivation among trained was greater as compared with motivation among non-trained. The logistic regression model has indicated training has a significant effect on employees' motivation(AOR=1.1; 95% CI: 1.4, 3.9).

**Conclusion:** Training affects employee motivation among health professionals working in public hospitals of East Shoa zone. The relationship training and motivation in East shewa public Hospitals significantly predicted general motivation, job satisfaction and organizational commitment.

**Key words:** Health professionals. Training, Motivation Ethiopia

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## Acronyms

<b>CEO</b> .....	Chief executive officers
<b>CHWs</b> .....	Community health workers
<b>EHRIG</b> .....	Ethiopian Hospitals reform implementation guide line
<b>FMOH</b> .....	Ethiopian Federal Ministry of Health
<b>HMIS</b> .....	Health management information system
<b>HRH</b> .....	Human resource for health
<b>HSRs</b> .....	Health sector reforms
<b>NGO</b> .....	Non-government Organization
<b>WHO</b> .....	World health organization

## CHAPTER ONE: - INTRODUCTION

### 1.1 Background

Training is systematic development of the knowledge, skills and attitudes required by an individual to perform adequately a given task or job. The term "training" indicates the process involved in improving the aptitudes, skills and abilities of the employees to perform specific jobs. Training helps in updating old talents and developing new ones. Successful candidates placed on the jobs need training to perform their duties effectively (1).

On the other hand, training is help to motivate employee and motivation has important role in influencing the employees to accomplish individual as well as the organizational goals. In addition, it is concerned with the factors that make people to behave in certain ways to accomplish their goals. Lack of motivation shows lack of enthusiasms, but where there is motivation, there is a strong desire and an enthusiasm to achieve organizational goals (2).

Employees who believe that positive outcome is the result from participation in training and motivation events have been found to be more motivated to seek opportunities for training. Job related reflect individual perception that training will allow a performance improvement in their current position, whereas, career related benefits would likely assist in the development of skills for a future job .Personal related benefits of training reflect psychological, political, and social outcomes that be related to the work setting. (3).

Training in a work organization is fundamentally a learning process, in which learning opportunities are purposefully structured by the management and training staff working in collaboration. The aim of the process is to develop in the organization's employees the knowledge, skills and attitudes that have been defined as necessary to motivate them to effectively perform their work and hence the achievement of organizational aims and objectives. Employers therefore depend on the quality of their employees' performance to achieve organizational aims and objectives (4).

For instances on-job training such as job-rotation, coaching, temporary promotions, etc are help to motivate the employees on their work places and contribute to achieve organizational goals. Training

is also a corefactor to Community Health Workers' (CHWs') to improve their performance, as well as supervision, technical and material support (5-6).

Motivation is a set of psychological processes that influences workers' allocation of personal resource towards those goals, which in turn affect workplace effectiveness and productivity. Motivation can be defined as 'an individual's degree of willingness to exert and maintain effort towards organizational goals. Motivation to improve performance is linked to a feeling of self-fulfillment, achievement and recognition .These feelings can be influenced by effective performance management, through which managers ensure that staff is competent and motivated in their job (7,8).

## **1.2 Statement of the problem**

However, shortage of human resource of health (HRH) is not the only problem health care service delivery. Lack of motivation to accomplish one's own tasks is another challenge of the health sector. A prerequisite for a well-functioning health system is a well-motivated staff. Low level of health worker motivation has been identified as a central problem in health service delivery among existing human resources (9).

World Health Report Working together for Health, the World Health Organization (WHO) indicated a dramatic shift from understanding poor health worker performance as being caused by lack of knowledge and skills to a focus on health workers' motivation and on management of the workforce . The report emphasized the need to develop capable, motivated and supported health workers. This is an essential ingredient in overcoming bottlenecks to achieving national and global health goals(10,11).

The accessibility and support to training, coupled with the incentive to gain knowledge, training setting and apparent benefits of training were all interrelated with the affective commitment, normative commitment and overall organizational commitment. Similarly, the location of training and the alleged training benefits showed an association with continuance commitment, however there was no association between training availability, support to training and motivation to learn with continuance commitment (12).

Health workers in the public sectors, have limited access to training and further qualifications is limited or granted in line with reasons that are not equitably available or merit-based, this can likewise have detrimental consequences for the motivation effect of training as a tool of HRM (4). Training is help to upgrade skills and knowledge in the health care sector in resource poor settings as off-site training courses and seminars. As an intervention to motivate and improve practices of health providers, it has not proven to be very effective due to a lack of problem analysis and training-needs assessment (13,14)

Inadequate knowledge, skills and inappropriate attitudes can all form obstacles to good health care. Advances in insights into treatment and diagnosis, as well as changes in roles and responsibilities, require continuous professional development among health workers. In fact, a lifelong learning process must be developing at the start of a professional career in the health sector (15)

Yet, health sector performance, and in turn, health outcomes, is critically dependent on worker health sector performance motivation. Health care is highly labor-intensive, and thus, service quality, efficiency, and equity are all directly mediated by workers' willingness to apply themselves to their task (16).

But it is the health workers' motivation, manifested in their behavior in the workplace that greatly affects the outcome of the health system. Low morale among the workforce can undermine the quality of service provision and drive workers away from the profession. The quality of health services, their efficacy, efficiency, accessibility, and viability depend on the performance of health professionals delivering these services, so it is important to consider personnel motivation and development a central issue in health policy (15).

According to the study conducted in Kenya the respondents thought that the on-job training they had received was relevant (98.5%) to their day-to-day duties in the health facilities and that it motivated (99.0%) them to perform better at their work places. Majority of the respondents agreed that the organization had staff training and development policy (53.6%), opportunities for career development existed in the organization(54.9%), appropriate training was conducted to ensure health workers carry out their duties well (65%), in-service training provided was adequate in dealing with existing skills gap (45.1%), less competent health workers were provided with necessary support to improve their knowledge and skills (48.9%) and that health care workers

participate in identifying their career development needs (46.8%). However, majority disagree that job refresher courses were provided on regular basis (50.2%) and in the last 6 months their supervisors discussed their career development prospects with them (64.6%)(4).

The study conducted in Ghana overall motivation and job satisfaction mean scores as well as the means of their respective sub scores, with comparisons made between persons with and without turnover intention. Health workers achieved With regard to the motivation sub scores, the lowest mean scores were reached in job satisfaction (3.15). These motivation levels were lower as compared to motivation of health workers in Ghana where researchers reported that health workers achieved an overall motivation mean score of 3.65(17).

However, not these all efforts were as such satisfactory to achieve the anticipated objectives due to different reasons. Still the health system is suffering from a human resource crisis. Many trained long and short-term health professionals to upgrade their skillshealth staff are migrating overseas or leaving to work in the private sector. One critical problem of the public sector is motivated health professionals are more likely to work in for profit in privates and nongovernmental organizations (NGO) as opposed to public (18)

However, in context of our country there is no study conducted at the national as well as the local level on the topic of effect of training on motivation. Therefore this study is important to fill the information gap present on the relationship between training and the level of motivation and to identify associated factors that affect motivation.

### **1.3 Significant of the study**

This study has the following benefits after its completion.

1. Fill literature gap in the study area. So far, few studies on relation between training and employee motivation is conducted in Ethiopia in general and health care sector in particular. This study will fill this gap and can be a stepping stone for future studies.
2. Inform health care professional managers the effect of training on employee motivation.
3. Identify additional factors associated with employee motivation and indicate areas of intervention for employee productivity augmentation.

## CHAPTER TWO: - Literature review

### 2.1 Concept of Motivation

Motivation can be understood as cognitive decision making in which the intention is to make the behavior that is aimed at achieving a certain goal through initiation and monitoring. At work places, reviews are done using appraisals and appraisals at work have predetermined standards, and their outcome may provoke an emotional reaction in the employee, and this reaction will determine how satisfied or dissatisfied an employees. Good marks in reviews may reflect that an employee is satisfied and bad marks may reflect the opposite. In every employee, motivation may be because outside factors such as motivation or within an individual desire to do better(20).

The important distinction concerning motivation in experience and sport is that intrinsic and extrinsic motivation in participation intrinsically motivated behavior those performed for the satisfaction one gains from engaging in active itself .According to the most theory the primary satisfaction associated with intrinsically motivated action are experience of competencies and interest .Motivated behavior are those that are performed in order to obtain outcome that can separate from the behavior itself (21).

Day- to- day employee motivation of workers is very important. It is well known that performance of workers is improved by increase in motivation. Motivation is likely to influence strongly any effort to change or improve health workers and hospital practice. Strengthening human resource tools can uphold and strengthen the professional ethics of health workers and increase their motivation, professionalism and addressing their professional goals such as recognition, career development; and continuous learning increases their chances to perform better and staff motivation intervention to enable quality improvement in performance for the health workers (22).

The study conducted in Narok County the majority of health workers 81.9% had received a form of training, of whom 98.5% indicated that on-job training was relevant to their tasks and that it motivated 99.0% of them to perform better due to coining skills to motivation. Training statically significantly predicted general motivation, job satisfaction, intrinsic job satisfaction and organizational commitment(4).

The study conducted in Ghana overall motivation and job satisfaction mean scores as well as the means of their respective sub scores, with comparisons made between persons with and without turnover intention. Health workers achieved With regard to the motivation sub scores, the lowest mean scores were reached in job satisfaction (3.15) and burnout (3.29) and the highest mean scores in timeliness and attendance (4.15), and conscientiousness (4.35). Concerning job satisfaction, health workers achieved an overall job satisfaction mean score of 3.15 (out of 5). The least job satisfaction mean sub scores were remuneration (2.12) and career development (2.58). The highest mean sub scores were reached in the areas of supervision (3.81) and morale (3.85) an overall motivation mean score of 3.65 (19).

The study conducted in waste Amara Mean motivation scores (as the percentage of maximum scale scores) were 58.6% for the overall motivation score, 71.0% for the conscientiousness scale, 52.8% for the organizational commitment scale, 58.3% for the intrinsic motivation scale, and 64.0% for organizational burnout scale. Professional category, age, type of the hospital, nonfinancial motivators like performance evaluation and management, staffing and work schedule, staff development and promotion, availability of necessary resources, and ease of communication were found to be strong predictors of health worker motivation. Across the hospitals and professional categories, health workers' overall level of motivation with absolute level of compensation was not significantly associated with their overall level of motivation (15).

The study conducted of Gedeo Zone, Factor score was computed for the items identified to represent the level of job motivation. Using this regression factor score, multivariate linear regression analysis was performed. More than three quarter 77.4% of the respondents were discourage from working hard for different reasons. only (19.5%) of Health care professionals working in public health centers were highly motivated, only 6.2% of them are rewarded for their hard working. Sex, communication, resource availability, inadequate salary, feedback, training, working environment, workload and recognition were negative determinates of job motivation and the motivation of Health professional low (20) 23. The study showed that motivation is influenced by both financial and non-financial incentives. The main motivating factors for health workers were appreciation by managers, colleagues and the community, a stable job and income and training. The main discouraging factors were related to low salaries and difficult working conditions (24).



## 2.2. Motivational and Training

As study conducted in Kenya majority of the respondents agree that the work-related training they received made them make choices consistent with goals assigned to them 56.2%, perform tasks assigned in good speed 47.9%, perform duties assigned accurately 49.0% and help them go to the greatest extent to achieve goals assigned to them 50.5%. Majority of the health service managers agreed that the work-related training provided made health workers make choices consistent with goals assigned to them 61.9%, perform tasks assigned in good speed 61.9% perform duties assigned accurately 47.6% and help them go to the greatest extent to achieve goals assigned to them 52.4%(4).

The study conducted in Kenyan Turkana with female Health Community worker (HCWs) representing only 30% of the workers against a national average of 53%. A smaller proportion of HCWs in Turkana feel that they have adequate training for their jobs. Overall, 13% of the HCWs indicated that they had changed their job in the last 12 months and 20% indicated that they could leave their current job within the next two years. In terms of work environment, inadequate access to electricity, equipment, transport, housing, and the physical state of the health facility were cited as most critical, particularly in Turkana. The working environment is rated as better in private facilities. Adequate training, job security, salary, supervisor support, and manageable workload were identified as critical satisfaction factors. Family health care, salary, and terminal benefits were rated as important compensatory factors (25).

The study conducted in Uganda shows that training perceptions most of the health care workers indicated that they had received the training required to succeed in their positions and also agreed that appropriate training .Most of the health care workers (90.2%) indicated that they had received the training required to succeed in their positions and 79.7% also agreed that appropriate training was conducted to ensure that they carried out their duties well. To improve their knowledge and skills, 30.1% disagreed and 19.6% were undecided. Some health care workers (49.6%) disagreed that the in-service training was adequate to deal with the existing skills gaps and that there were regular job-specific refresher courses, 40.6% thought there were regular job-specific refresher courses and 9.8% were undecided. Some (40.2%) health care workers agreed that there was a training and development policy, 39.9% disagreed and 19.9% were undecided(26).

Sub-Saharan Africa has the lowest health worker to population ratio in the world, a situation that has recently worsened partially due to migration of the few available workers to other countries. For example, one report of 2002 shows that out of the 150 medical officers who were trained in three medical schools in Ghana, 50% left the country within the second year and 80% left by the fifth year (27).

Seventy percent of doctors trained in Zimbabwe in the 1990s have migrated out of the East African Journal of Public Health Volume 5 Number 1 April 2008 country. The health work force in Tanzania declined by over 35% between 1994/95 and 2005/2006 partially due to migration out of the country (28).

Tanzania has been training medical doctors since 1963, but mapping surveys in 2006 revealed that only 1,339 doctors were in the country and 455 of them were working in the private sector (25). According to the 2005 proposed national staffing levels for the health sector, Tanzania should have 125,924 health workers but only 35,202 were available representing a deficit of over 72 per cent (29).

As study conducted in Kenya, majority of the respondents agree that the work-related training they received made them make choices consistent with goals assigned to them (56.2%), perform tasks assigned in good speed (47.9%), perform duties assigned accurately (49.0%) and help them go to the greatest extent to achieve goals assigned to them (50.5%), majority of the health service managers agreed that the work-related training provided made health workers make choices consistent with goals assigned to them (61.9%), perform tasks assigned in good speed (61.9%), perform duties assigned accurately (47.6%) and help them go to the greatest extent to achieve goals assigned to them (52.4%), (4).

The other study suggested Meru Country that established that capacity building was usually undertaken through on-job trainings i.e. 85.1% health workers had on-job training on filling of data collection tools and only 10% had received formal classroom training on the same. Further, only 9.1% health workers had received information management training while 90.9% had not received such training. Health workers demonstrated below average skills on information management i.e. only 17.4% could check for data accuracy, only 16.5% could compute trends from bar charts and only 16.5% could transform the data they collected into meaningful information for use (27).

Other study suggested that improving of their interpersonal skills and the rest 5% of the employees have trained both the skills. Ninety percent of the employees accept that their change in their working method after the training programs. 10% of the employees do not accept that there is a change in their working style after the training programs. Seventy percent of the employees say that their performance is being measured after the training programs. However, the remaining 30% of the employees say that there is no such measurement of performance after training. Ninety percent of the employees say that they have a formal feedback session after every training program but 10% of the employees say that they do not have such a feedback session(29).

In the real world, many factors influence the effectiveness of training and development in an organization. One similar factor i.e. the human resource policy of training and development has been identified. Poor managerial support Unfavorable environment affects the training effectiveness lack of support from top management and peers, employees' individual attitudes, job-related factors and also the deficiencies in training practice are the main factors which affect the effectiveness of training. Training practices used by organizations may have an effect, direct or indirect on both employee motivation and organizational commitment Organizational commitment is defined, in the words of Pool and Pool the relative strength of an individual's identification and involvement in a particular organization(29,30).

The study conducted west shoa zone result showed that 65.1% of health workers were dissatisfied with their job. The major reasons reported for dissatisfaction were poor payment scheme, lack of training opportunity, and lack of incentives, bureaucratic management style, poor performance evaluation system and poor working conditions. The correlation between the different aspects of job satisfaction was found to be significant. Age of respondents, profession, level of education, future intention, service year and participation in decision making were found to be significantly associated with job satisfaction (31).

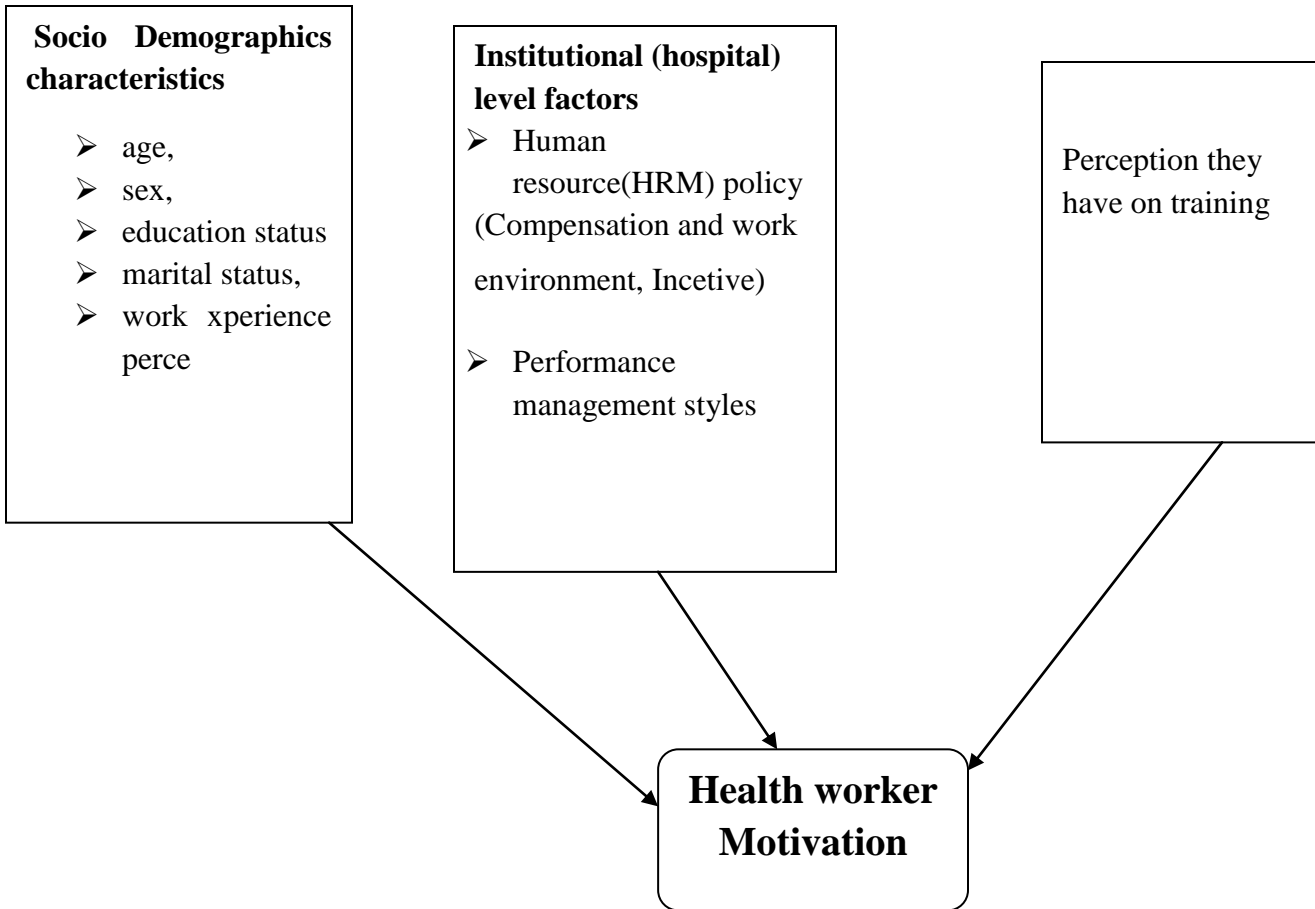
As study conducted in Siaya kanya Country training on Employee Performance 63.3% of the respondents consider experience as a factor in training employees. Some companies (50%) when training employees also cited education background. Seniority (30%) and others (26.7%) were also seen to be considered 50% indicated that they use top management to set training programs. 21.4% of the respondents use employees, while 28.6% use others to set training programs respectively (30). Motivational issues among workers at the MNH can be largely transposed to the Tanzanian

health system as a whole, in both rural and urban areas. Indeed, low motivation in the workplace contributes towards the brain drain of the health manpower in Africa from one country to another or from rural to urban areas within the same country (32).

## **2.2. Conceptual Framework**

This study adapted a conceptual framework from various studies. It assumes that there are three types of factors that affect employee motivation. They are employee personal characteristics, organizational characteristics and access to training and development opportunities. The employee characteristics include the demographic and socioeconomic factors such as age, sex, religion and education. These personal level factors affect employee motivation in either positively or negatively. For example, a study found that socio-demographic variables were found to be significant predictors that explain the variability in the intrinsic motivation factor score. Accordingly, age, sex, the professional category of the respondents and the type of the hospitals where the respondents work were found to be statistically associated with intrinsic motivation score (15).

The health sector set of factors that affect employee motivation are organizational level factors. These are those related to the nature of the health facility (general, primary or referral hospital, health centers, etc.). Studies indicate that health facilities that are well organized and equipped are more likely to motivate workers. It is assumed that type of health center and its internal characteristics (year in business, human resource management approach, incentive mechanism, etc.). In addition to personal and organizational factors employee participation in training also has effect on employee motivation. If an employee participates in trainings (both on job and in-service trainings) he/she will have better motivation. This is because training improves skills and knowledge of the employee to perform better in his/her role. In addition, trainings increase employees' future earning or growth prospects and hence increase their motivation. However, it has to be noted that all the three factors affecting motivation, do not operate in isolation. There must be fertile enabling environment such as better health policies, political support and overall contexts that affect employee motivation. This relationship is depicted in figure below.



**Figure 1: Conceptual framework of effect of training on motivation among health professional workers (adapted after reviewing different literature)**

## **CHAPTER THREE: - OBJECTIVE**

### **3.1 General objective**

To assess the relationship between training and motivation among healthcare professionals in public hospitals in East Shoa Zone Oromia, 2018

### **3.2 Specific Objectives**

- ✓ To determine training status of healthcare professionals in public hospitals of east shoa zone
- ✓ To determine the level of motivation among health professionals in public hospitals of east Shoa zone
- ✓ To measure the effect of training on employee motivation among health professionals working in public hospitals of East Shoa zone

## **CHAPTER FOUR: - METHODS AND MATERIALS**

### **4.1 Study area and period**

The study was conducted from August 13 to September 2, 2018 in East Shoa Zone Oromia Regional state. The study covered all Public Hospitals existing in East Shoa (Bishoftu Hospital which is located 47KM far from Addis Ababa, Adama Hospital which is located on 100KM far from Addis Ababa, Batu Hospital which is located 160KM far from Addis Ababa, Modjo Hospital which is located 64KM far from Addis Ababa and Walin-chiti Hospital which is located 125KM far from Addis Ababa.

The out-patient case load monthly report of each hospital was, Bishoftu Hospital was 9275, Adama Hospital was 15697, Batu Hospital was 4971, Modjo Hospital was 5813 and Walin-chiti Hospital was 6378.

According to Federal Ministry of Health Categories, there are (Three General Hospitals, two Primary hospitals). According to FMOH classification general hospital give service to 1-1.5 million people, whereas primary hospital gives service up to 60,000-100,000. The study was target health care professionals working in these 5 hospitals for at least 6 months.

### **4.2 Study Design**

A facility based cross-sectional study design was employed ..

### **4.3 Population**

#### **4.3.1 Source population**

The source population of this study was all health professionals that working in East shoa Zone, hospitals during study period.

#### **4.3.2. Study population**

The study population was randomly selected health professionals working in hospitals located in East Shoa zone.

#### 4.4. Inclusion and exclusion criteria

All permanently employed health professionals who served for at greater than or equal six ( $\geq 6$ ) months period of the study period were included in the study.

#### 4.5 Sample Size and sampling technique

##### 4.5.1 Sample size determination

Participant of the study was determined using single population proportion formula, with the following assumptions:

Since there is no study conducted in the county expected proportion (p) proportion of health professional training on motivation assumed 50%, or 0.05 margin error (d), 5% and confidence interval of 95% was be taken.

**Sample Size formula.**  $N= n = \frac{(Z_{\alpha/2})^2 P(1-P)}{(d)^2} \dots\dots\dots (1)$

$(d)^2$

**P** = proportion of health professional training on motivation = 0.5

**d** = Margin of sampling error tolerated = 5%

**$\alpha$**  = standard score corresponding to 95% ( $Z_{\alpha/2}=1.96$ )

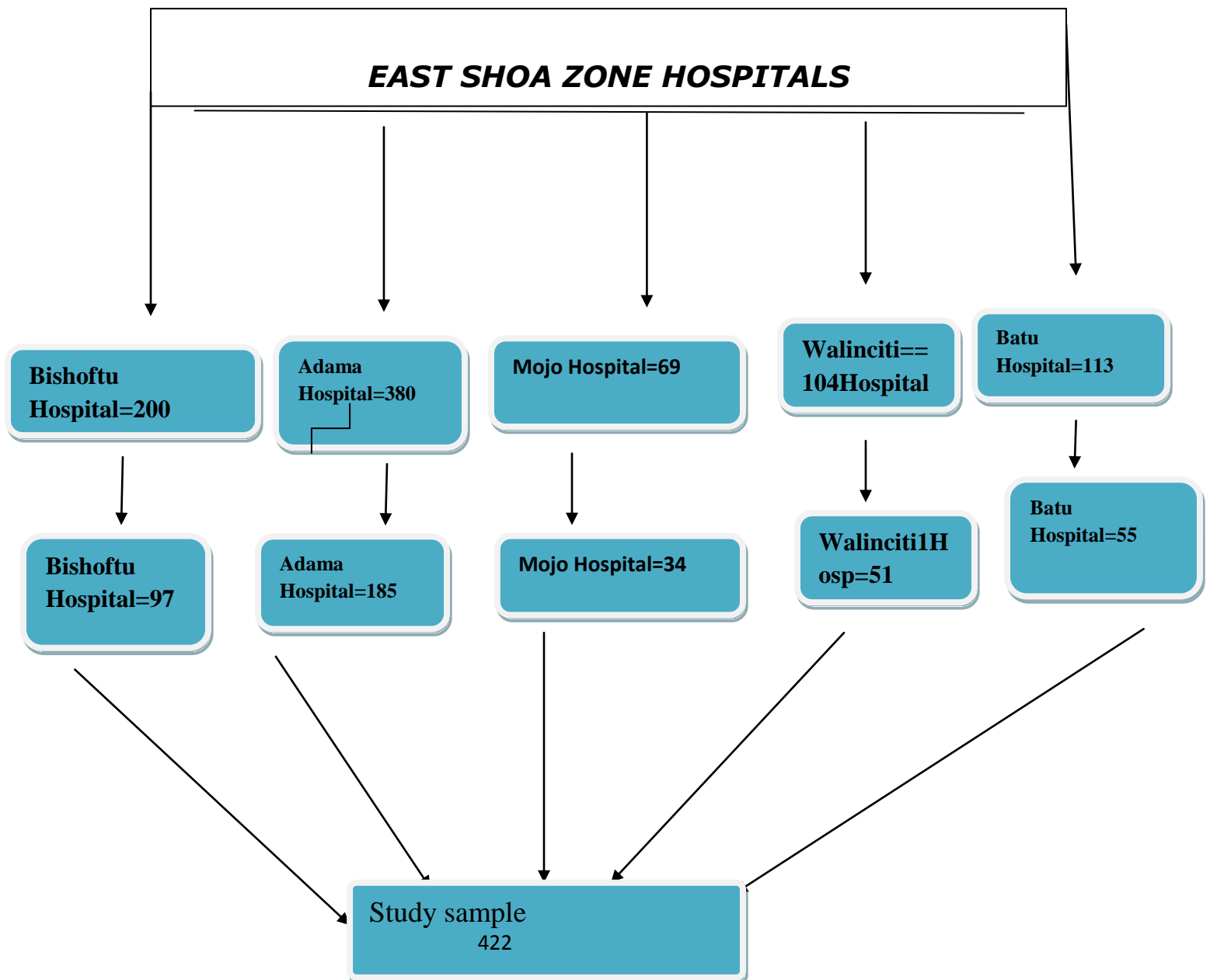
$$\begin{aligned} \text{By applying the formula } n &= \frac{(1.96)^2 * p (1-p)}{(0.05)^2} \\ &= \frac{3.8416 * 0.25}{0.0025} \\ &= \underline{384} \text{ HPs} \end{aligned}$$

10% of the sample was added as non-response rate (due to different reasons)  $38.4=422$



#### 4.5.2. Sampling technique

The calculated sample size was proportionally allocated to each of the hospitals. Using a formula  $n_i = n * N_i / N$  where  $N_i$  is sample in each Hospital,  $n$  is total required sample in studying assumed number of health worker in each hospital. Individual or health professionals are chosen are regular intervals and randomly selected from sampling frame and selecting health professionals list.



**Figure 2 : Schematic presentation of sampling techniques**

## **4.6. Study variable**

### **4.6.1 Dependent variable**

Health worker motivation

### **4.6.2 Independent Variable**

Health professionals' training

### **Controlling variables**

#### **Employee characteristics/Socio demographics**

- Age,
- Sex,
- Marital status,
- Educational status,
- Service year/work experience
- Perception

#### **Hospital Level Factor**

- Human resource policy
- Performance management system

## **4.7 Operational definition**

For this study, the following terms as used in the research will operationally defined as follows to avoid ambiguity.

**Training:** Training is systematic development of the knowledge, skills and attitudes required by an individual to perform adequately a given task or job .In this study training means any long and short-term endeavor undergone by the health professionals to upgrade their skills and attitude. It includes, both formal and informal type of training provided by the employer or the employee him/herself

**The relationship between training and motivation:** is defined as a change that is a result or consequence of an action or other cause. In this paper training and motivation means changes brought to the level of motivation of employees as a result of participation in trainings. It corresponds to value or benefit of training. It should not be confused with “impact” which means attribution of changes to a cause or factor.

The relationship between training and motivation will be measured by comparing motivation level of employees who received any form of training or not in the past one year.

**Motivation:** Can be defined as person’s degree willingness towards achieving individual and organization goal. .Motivation component motivation, job satisfaction, intrinsic job satisfaction, organizational commitment, organizational conscientiousness and timeliness and attendance measured tools by questionnaire that has 20 proportions.

**Motivated:-** measured based on mean value when the respondents score average of mean value and above the mean it considered as motivation.

**Not motivated:-** measured based on mean value when the respondents score average of mean value and below the mean is not motivated.

**Health worker motivation-** is the component of general motivation job satisfaction, Intrinsic job satisfaction, organizational commitment, organizational conscientiousness and Timeliness and attendance.

**On-the-job training:** it takes place in a normal working situation, using the actual tools, equipment, documents or materials that trainees will use when fully trained.

**Coaching:** an approach that helps people to expand their action capacity and possibilities. Coaching allows people to increase their professional effectiveness and personal satisfaction.

**Mentoring:** a technique whereby a senior/more experienced staff member guides, advices and supports a junior or new employee in the organization.

**Job rotation:** is the process of preparing employees at a lower level to replace someone at the next higher level. A job design technique in which employees are moved between two or more jobs in a planned manner or one department to another department.

**Job Instruction Technique (JIT):** is a strategy which focuses on knowledge (factual and procedural), skills and attitudes development.

**Off-the-job training:** *it* takes place away from normal work situations implying that the employee does not count as a directly productive worker while such training takes place.

**Health professionals:** all people engaged in actions whose primary intent is to enhance health.

**Permanent Civil Servant-** means a person employed permanently by health departments and the study hospital.

#### **4.8. Data collection**

Self-administered questionnaire was used to collect quantitative data which was developed after reviewing different literatures and similar studies as well as modified in line with objective of the study.

#### **4.9 Data collection tools and procedure**

##### **4.9.1 Data collection tools**

Quantitative data was collected using a self-administered questionnaire. The questionnaire containing measures of motivation using the most commonly established approach in literature. The motivation items consists of intrinsic motivation, organizational commitment and organizational conscientiousness and time attendance The items were organized in to five point Likert scale (Strongly disagree = 1; Disagree = 2; Neutral = 3; Agree = 4 and strongly agree = 5).The questionnaire has also included items to assess training status of each employee over the last 12 months. Socio-demographic variables like age, gender, marital status, religion, perceived religiosity, salary, educational status were also included in the questionnaire.

##### **4.9.2 Personnel**

The data was collected by using self-administered questioner trained,6 data collection facilitators and 3 supervisors have undertaken the data collection field work.

#### **4.10 Data quality management**

To ensure content validity of the instrument, the draft questionnaire was submitted to the advisors for expert examination regarding the relevance of each item. The question was prepared in English language and translated to the local language Afan Oromo. Appropriate training was given to the data collectors. To ensure quality and validity of these tools, the self-administered questionnaires were pretested for the sample size among health workers at a hospital outside of the study area to comment on the clarity of the questions. All questionnaires were checked daily for completeness, accuracy and clarity by the supervisor and the principal investigator. Necessary corrections and changes were made. After checking all questionnaires for consistency and completeness the supervisor submitted the filled questionnaires to the principal investigator. To cross check the collected data and maintain the quality of data, the principal investigator was rechecking all the completed questionnaires daily. Data was checked for its completeness, coding, editing, cleaning, properly organizing and analyzing..

#### **4.12. Ethical considerations**

Ethical clearance and approval to conduct this research was obtained from the Ethical Review Board of, Institute of the Health, Jimma University. Moreover, permission to conduct the study was requested from the Chief Executive Officer of the All East Shoa Hospital. The ethical considerations took into account the personal and revealing nature of the study, which required that voluntary, informed consent, using the consent form designed for this study, needed to be obtained from the participants. Prior to administering the questionnaires, the aims and objectives of the study were clearly explained to the participants and oral consent was obtained. Confidentiality and anonymity were ensured throughout the execution of the study.

#### **4.13 Dissemination of Results**

The findings will be presented to the Jimma University scientific community in a defense and the result will be submitted to the department of Health Economics Management and Policy of the College of Public Health and Medical Sciences. The findings will also be communicated to selected hospitals and other relevant stakeholders at national, regional, and zonal levels to enable them to take and

apply research recommendations during their planning process. Publications in peer-reviewed, national, or international journals will also be considered.

## CHAPTER FIVE: -RESULTS

### 5.1 Socio-demographic and Economic Characteristics

A total of 390 eligible health professionals were included in the study. Among this, about 390 health professionals were participated in the study which provided the response rate of 92.2%.

Out of 390 respondents, 215(55.1%) were males and 174(44.6%) were females. Moreover, the age of the participants included in this study ranged between 20 and 46 years with mean age of 27.917(SD= $\pm$ 3.616) years. Majority of the study participants belong to the age group 31-35 170(43.6%) followed by 25-30 (35.6%). From total respondents, 240(61.5%) were BSc holders and 72(18.5%) were BSc nurse. Regarding to marital status majority of the respondents were married 222(56.9%) followed by single 147 (37.7%) and 204(48.3%) of the respondents had 1 to 5 years of working experience. Department of the respondent from total 390 respondent, 71(16.8% diagnostic (Lab), 30(7.1%) pediatric ward, 25(5.9%) Obstetrics and Gynecology ward, 12(2.8%) medical ward, 25(5.9%) surgery ward, 37(8.8%) delivery ward, and 151(35%) other and 32(7.6%) not return.

**Table 1: Socio-demographic and economic information of health professionals working in hospitals located in East Shoa Zone, Ethiopia, 2018**

Variables	Categories	Frequency	Percentage
Sex	Male	215	55.1
	Female	174	44.6
Age	<25	60	15.4
	25-30	139	35.6
	31-35	170	43.6
	36-40	13	3.3
	41-46	8	2.1
Level of education	Diploma	114	29.2
	BSC	240	61.5
	Masters	20	5.1
	MD	16	4.1

Qualification	Specialist doctor	4	1.0
	General practitioner	40	10.3
	BSc nurse	72	18.5
	Pharmacist	52	13.3
	Laboratory technologist	43	11.0
	BSc midwifery	25	6.4
	Druggist	16	4.1
	Clinical nurse	57	14.6
	Laboratory technician	15	3.8
	midwifery diploma	13	3.3
	Other specify	53	13.6
Marital status	Single	147	37.7
	Married	222	56.9
	Divorced	12	3.1
	Widowed	5	1.3
	Living together/ Cohabitation	4	1.0
Department	Diagnostics (Lab)	75	19.2
	pediatric ward	30	7.7
	O&G ward	25	6.4
	Medical ward	12	3.1
	Surgery ward	25	6.4
	delivery ward	37	9.5
	Emergency	33	8.5
	Other	153	39.2
Work experience	<1	60	14.2
	1-5	204	48.3
	6-10	114	27.0
	11-15	12	2.8



## 5.2. Health Professionals' Training Status

As shown in Figure below majority 172(55.9%) of the respondents had received a form of training within the health facilities and 218(44.1%) of the respondents were not received any training within the health facilities.

*Table 2* Out of the studied 390 health professionals the highest proportion 114(27%) disagreed that health facilities has staff training and development policy. Similarly disagreement was observed in highest proportion 128 (30.3%) on opportunities exist for career advancement in this organization. Also disagreement was observed in highest proportion 115(27.3%) on appropriate training is conducted to ensure that health care workers carry out their duties well. Regarding to job specific refresher courses are provided on a regular basis the highest proportion 57(13.5%) was observed that the respondents said disagree.

Out of the studied 390 health professionals 98(23.2%) agreed that in-service training provided is adequate to deal with the existing skills gap. 109(25.8%) agree that on health care workers who are less competent are provided with the necessary support to improve their knowledge and skills. Also disagreement was observed in highest proportion 121(28.7%) on health care workers participate in identifying their career development needs. Regarding to good relationships with my co-workers courtesy of staff training the highest proportion 107(33%) was observed that the respondents said strongly agree (Table 2).

The mean ratings for perception training on health professionals for each items were ranged from the lowest for, Job specific refresher courses are provided on a regular basis, 2.64 (SD=1.122), to the highest for, Good relationships with my co-workers courtesy of staff training 3.51(SD=1.195). These mean ratings were perceptions of training 5 of 10 items slightly lower than the overall mean=2.974.

**Table 2: Training perceptions of health professionals working in hospitals located in East Shoa Zone, Ethiopia, 2018**

S/N	Training perceptions	SD(1)	D(2)	N(3)	A(4)	SA(5)	Mean	Std
1	This organization has a staff training and development policy	62(14.7%)	114(27%)	80(19%)	93(22%)	41(17.3%)	2.83	1.248
2	Opportunities exist for career advancement in this organization	24(5.7%)	128(30.3%)	61(14.5%)	110(26.1%)	67(23.4%)	3.17	1.232
3	Appropriate training is conducted to ensure that health care workers carry out their duties well	24(5.7%)	115(27.3%)	87(20.6%)	102(24.2%)	62(22.2%)	3.16	1.190
4	Job specific refresher courses are provided on a regular basis	57(13.5%)	153(36.3%)	69(16.4%)	95(22.5%)	16(11.3%)	2.64	1.122
5	The in-service training provided is adequate to deal with the existing skills gap	96(22.7%)	77(18.2%)	95(22.5%)	98(23.2%)	24(5.7%)	2.68	1.259
6	Health care workers who are less competent are provided with the necessary support to improve their knowledge and skills	48(11.4%)	111(26.3%)	61(14.5%)	109(25.8%)	61(14.5%)	3.06	1.297
7	Health care workers participate in identifying their career development needs	16(3.8%)	102(24.2%)	95(22.5%)	121(28.7%)	56(13.3%)	3.25	1.118

8	In the last 6 months my supervisors discussed my career development prospects with me	98(23.2%)	111(26.3%)	52(12.3%)	89(21.1%)	40(9.5%)	2.65	1.344	
9	Good relationships with my co-workers courtesy of staff training	8(1.9%)	98(23.2%)	77(18.2%)	100(23.7%)	107(33%)	3.51	1.195	
10	Training lead salary	48(11.4%)	112(26.5%)	138(32.7%)	60(14.2%)	32(15.2%)	2.78	1.104	
<b>Overall Mean</b>							<b>2.974</b>		

**Note:** SD=Strongly Disagree, D=Disagree, N=Neutral, A=Agree, SA=strongly agree

### 5.3. Health professional's Motivation

Table 3 indicated that from a total 390 respondent, 32(7.6%) said strongly disagree, 154(36.5%) said agree, 112(26.5%) said strongly agree. Concerning I only do this job so that I get paid at the end of the month, 61(14.5%) said strongly disagree, 73(17.3%) said disagree, 50(11.8%) of the respondent said neutral, 147(34.8%) said agree, 56(13.3%) said strongly agree. At the same table about jobs security 32(7.6%) of respondent not return questionnaire, 37(8.8%) said strongly disagree, 85(20.1%) said disagree, 97(23%) neutral, 130(30.8%) said agree, 41(9.7%) said strongly agree. In general in East Shao zone Hospitals the health workers are motivated for their jobs in East Shoa zone public hospitals.

Job satisfaction from total respondent 390 about 22(5.2%) said strongly disagree, 70(16.6%) said disagree, 60(14.2%) said neutral, 148(35.1%) said agree, 90(21.3%) said strongly agree. These imply that most of the respondents agree with their job. In the same table I am not satisfied with my colleagues in my ward/ health facility about 32(7.6%) not return the questionnaire, 47(11.1%) said strongly disagree, 141(33.4%) said disagree, 60(14.2%) said neutral, 95(22.5%) said agree, and 47(11.1%) said strongly agree.

Regarding with supervisor 32(7.6%) not return the questionnaire, 29(6.9%) said strongly disagree, 70(16.6%) said disagree, 88(20.9%) neutral, 124(29.4%) said agree, 79(18.7%) said strongly agree. Therefore, the data from the majority of the respondents has given evidence that; the effects of

training on motivation among health professionals working in public hospitals workers most of them strongly disagree and disagree. This implies that, the health professional worker concerning job satisfaction in east shoa zone Hospitals among the total respondent most of them satisfied with their jobs.

Intrinsic job satisfaction about their satisfied with the opportunity to use my abilities in my job 32(7.6%) not return the questionnaire, 29(6.9%) said strongly disagree, 59(14%) said disagree, 76(18%) said neutral, 139(32.9%) said agree, 87(20.6%) said strongly agree. In the same table above concerning accomplishing something worthwhile in this jobs 32(7.6%) not response, 4(0.09%) said strongly disagree, 50(11.8%) said disagree, 112(26.5%) said neutral, 159(37.7%) said agree, 65(15.4%) said strongly agree. Regarding their work is valuable in the hospitals 32(7.6%) non response, 61(14.5%) said strongly disagree, 82(19.4%) said disagree, 88(20.9%) said neutral, 93(22%) said agree, and 66(15.6%) said strongly agree. In general this implication show that most of the respondent satisfied with the opportunity to use their abilities in his/her jobs and also health worker are satisfied with their Accomplish worthwhile on his/her jobs.

In general terms, organizational commitment can be thought of as the level of attachment felt toward the organization in which one is employed. In this regard I am proud to be work for this hospitals in table 4.2.4 32(7.6%), 39(9.2%), 61(14.5%), 85(20.1%), 112(26.5%), and 93(22%) of the respondent replied that not response, strongly disagree, disagree, neutral, agree, strongly agree. From this evidences it can be concluded that concerning the organizational commitment toward health worker training for their job performance it's at better status.

Concerning about conscientiousness I cannot relied on by my colleagues at work from total 390 respondent, 54(12.8%) said strongly disagree, 80(19%) said disagree, 84(19.9%) said neutral, 118(28%) said agree, and 54(12.8%) said strongly agree. In the same table concerning to the tasks I always complete my tasks efficiently and correctly 32(7.6%) of the respondent not return the questionnaire, 8(1.9%) of respondent said strongly disagree, 36(8.5%) said disagree, 53(12.6%) said neutral, 152(36%) said agree and 141(33.1%) strongly agree. From this evidence it can be concluded that most.

Regarding hard worker from total 390 respondent, 12(2.8%) said strongly disagree, 26(6.2%) said disagree, 56(13.3%) said neutral, 145(34.4%) said agree, 151(35.7%) said strongly agree.

Concerning do things that need doing without being asked or told 32(7.6%) not return the questionnaire, 21(5%) said strongly disagree, 26(6.2%) said disagree, 53(12.6%) said neutral, 168(39.8%) said agree, and 122(28.9%) said strongly agree.

Concerning timeliness and attendance I am punctual coming to work, 52(12.3%) said strongly disagree, 14(3.3%) said disagree, 53(12.6%) said neutral, 156(37%) said agree and 114(27%) said strongly agree. From this evidence the researcher conclude that most of the employees are punctual coming to their work.

**Table 3: Health professional’s motivation working in hospitals located in East Shoa Zone, Ethiopia, 2018**

Motivation		Items	SD(1)	D(2)	N(3)	A(4)	SA(5)
General Motivation	Trained	These days, I feel motivated to work as hard as I can	102(24.2%)	62(22.2%)	76(43.4%)	48(27.4%)	1(0.6%)
		I only do this job so that I get paid at the end of the month	16(3.8%)	37(8.8%)	58(13.7%)	146(34.6%)	133(31.5%)
		I do this job as it provides long term security for me	32(7.6%)	38(9%)	53(12.6%)	154(36.5%)	113(26.5%)
	Not trained	These days, I feel motivated to work as hard as I can	61(14.5%)	73(17.3%)	50(11.8%)	147(34.8%)	59(13.3%)
		I only do this job so that I get paid at the end of the month	24(5.7%)	128(30.3%)	61(14.5%)	110(26.1%)	67(23.4%)
		I do this job as it provides long term security for me	37(8.8%)	85(20.1%)	97(23%)	130(30.8%)	41(9.7%)
Job satisfaction	Overall, I am very satisfied with my job	22(5.2%)	70(16.6%)	60(14.2%)	148(35.1%)	90(21.3%)	

	I am not satisfied with my colleagues in my ward/health facility	47(11.1%)	141(33.4%)	60(14.2%)	95(22.5%)	47(11.1%)
	I am satisfied with my supervisor	29(6.9%)	70(16.6%)	88(20.9%)	124(29.4%)	79(18.7%)
Intrinsic job satisfaction	I am satisfied with the opportunity to use my abilities in my job	29(6.9%)	59(14%)	76(18%)	139(32.9%)	87(20.6%)
	I am satisfied that I accomplish something worthwhile in this job	4(0.09%)	50(11.8%)	112(26.5%)	159(37.7%)	65(15.4%)
	I do not think that my work in the hospital is valuable these days	61(14.5%)	82(19.4%)	88(20.9%)	93(22%)	66(15.6%)
Organizational commitment	I am proud to be working for this hospital	39(9.2%)	61(14.5%)	85(20.1%)	112(26.5%)	93(22%)
	I find that my values and this hospital's values are very similar	51(12.1%)	105(24.9%)	67(15.9%)	107(25.4%)	60(14.2%)
	I am glad that I work for this facility rather than other facilities in the country	39(9.2%)	111(26.3%)	97(23%)	78(18.5%)	65(15.4%)
	I feel very little commitment to this hospital	76(18%)	83(19.7%)	80(19%)	119(28.2%)	32(7.6%)
Conscientiousness	I cannot be relied on by my colleagues at work	54(12.8%)	80(19%)	84(19.9%)	118(28%)	54(12.8%)

	I always complete my tasks efficiently and correctly	8(1.9%)	36(8.5%)	53(12.6%)	152(36%)	141(33.1%)
	I am a hard worker	12(2.8%)	26(6.2%)	56(13.3%)	145(34.4%)	151(35.7%)
	I do things that need doing without being asked or told	21(5%)	26(6.2%)	53(12.6%)	168(39.8%)	122(28.9%)
Timeliness and attendance	I am punctual about coming to work	52(12.3%)	14(3.3%)	53(12.6%)	156(37%)	114(27%)
	I am often absent from work	175(41.5%)	93(22%)	42(10%)	36(8.5%)	44(10.4%)
	It is not a problem if I sometimes come late to work	157(37.2%)	109(25.8%)	46(10.9%)	58(13.7%)	20(4.7%)

*Note: SD=Strongly Disagree, D=Disagree, N=Neutral, A=Agree, SA=Strongly agree*

Table 4 showed that the overall motivation mean score of respondents was 3.2726 with standard deviation of 0.2718. When comparison was made among the dimensions of motivation, motivation was found to be the highest for conscientiousness dimension with mean score of 3.8724 with standard deviation 1.554, while it was least for timeliness and attendance dimension of motivation which had mean score of 2.682.

**Table 4:** Mean score and Standard deviation for the motivation dimensions among health professionals working in hospitals located in East Shoa Zone, Ethiopia, 2018

<b>Motivation dimension</b>	<b>Mean Score <math>\pm</math> SD</b>
Job satisfaction	3.2718 $\pm$ .90268
Intrinsic job satisfaction	3.3786 $\pm$ .82551
Organizational commitment	3.1026 $\pm$ .90436
Conscientiousness	<b>3.8724<math>\pm</math>.1.55405</b>
Timeliness and attendance	2.6821 $\pm$ .97339
<b>Overall motivation score</b>	<b>3.2726<math>\pm</math>. 0.2718</b>

#### **5.4. Effect of training on employee motivation among health professionals working in public hospitals of East Shoa zone**

In this study the mean score was calculated for all questions and it was 3.34, by taking this number as a cut point status of training on motivation among health professionals working in public hospitals. Accordingly, 48(51.6%) of the study participants were motivated and the rest 45(48.4%) were not motivated.

Firstly the independent and dependent variables was analyzed using bivariate binary logistic regression. Variables that had  $p < 0.25$  on bivariate binary logistic regression was considered to be candidates for multivariable binary. Then a multivariate logistic regression model was fitted and P-value  $< 0.05$  was considered as a statistically significant difference among motivation of health professionals.



**Table 5: Socio-Demographic characteristics of health professionals' working in hospitals located in East Shoa Zone, Ethiopia, 2018**

Variables	Categories	Motivation		P-value	COR	P-value	AOR(95%CI)
		Motivated	Not Motivated				
Sex	Male	121	94				
	Female	82	92	.073	1.444	.025	1.241(1.017,2.909)*
Age	<25	29	31				
	25-30	90	49	.031	.509	.106	584(.304,1.121)
	31-35	77	93	.685	1.130	.119	1.765(.864,3.605)
	36-40	4	9	.255	2.105	.004	13.78(2.358, 20.568)*
	41-46	4	4	.929	.935	.174	3.854(.551,26.977)
Level of education	Diploma	55	59				
	BSC	121	119	.703	.917	.209	.703(.406,1.218)
	Masters	16	4	.013	.233	.001	0.066(.014, 0.312)*
	MD	12	4	.054	.311	.002	1.388(1.219,2.408)*

Accordingly the overall motivation results showed a significant variation in mean motivation scores of health professionals by sex (p-value=0.025), age (P-value=0.004) and level of education (P-value=0.001), but marital status and qualification were not statistically significant different on motivation of health professionals. From these, sex, age and level of education were affects motivation of health professionals working in public hospitals of East Shoazone. Sex (AOR=1.241: 95%CI: 1.017, 2.909) indicates female health workers were 1.241 times more likely to report higher work motivation as compared to males. Regarding to educational level MD holder health professionals were 1.388 times more likely to report higher work motivation as compared to diploma holder (AOR=1.388, 95%CI;1.219,2.408). Age of health professionals between 36 -40 was highly significant (p-value=0.004). This indicates age of health professionals found between 36 to 40 were 13.78 times more likely to report higher work motivation as compared to early age (<25).

**Table 6: Effect of training on employee motivation among on health professionals' working in hospitals located in East Shoa Zone, Ethiopia, 2018**

Variables	Categories	Motivation				P-value	COR	P-value	AOR(95%CI)
		Motivated	Percentage	No motivated	Percentage				
Training	Not trained	73	18.7%	102	26.2%				
	Trained	95	24.4%	120	30.8%	.045	2.364	.000	1.096(1.338,3.941)*
Job satisfaction	Yes	99	25.4%	60	15.4%				
	No	98	25.1%	133	34.1%	.001	.204	.028	3.303(1.138, 9.587)*
Intrinsic job satisfaction	Yes	116	29.7%	101	25.9%				
	No	81	20.8%	92	23.6%	.003	3.643	.194	2.036(.696, 5.958)
Organizational commitment	Yes	123	31.6%	105	26.9%				
	No	74	19%	88	22.6%	.002	4.000	.029	3.275(1.128, 9.512)*
Conscientiousness	Yes	118	30.3%	98	25.1%				
	No	79	20.3%	95	24.4%	.000	4.941		5.893(2.037, 7.043)*
Timeliness and attendance	Yes	124	31.8%	120	30.8%				
	No	73	18.7%	73	18.7%	.813	1.107		
Human Resource policy	Yes	107	27.43%	51	13.1%				
	No	90	23.1%	142	36.41%	1.120	0.041	.000	2.748(1.76, 4.29)*
Performance Management	Yes	127	32.56%	60	15.4%				

system	No	70	17.95 %	133	34.1%	2.121	0.03	.000	3.473(2.248,5.364)*
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**Footnote:**-statistically significant Trained 1.096(1.338,3.941)\* Jobsatisfaction 3.303(1.138,9.587)\*  
Organizational commitment 3.275 (1.128, 9.512)\* Human Resource policy 2.748(1.76, 4.29)\*  
Performance Management system 3.473(2.248,5.364)\*.

Table 6 showed that effect of training on employee motivation among on health professionals' working in hospitals located in East Shoa Zone. As a result, training (p-value = 0.000), job satisfaction (p-value = 0.028), Organizational commitment (p-value = 0.013), Conscientiousness (p-value = 0.013), and Timeliness (p-value = 0.013), were a significant statistical association with motivation, but intrinsic job satisfaction were not statistically significant. From these, training affects motivation of health professionals working in public hospitals of East Shoa zone. Training (AOR=1.096; 95% CI: 1.338, 3.941) indicates training gives 1.096 more motivation as compared to not training on employee motivation among health professionals. General training affects employee motivation among health professionals working in public hospitals of East Shoa zone.

## CHAPTER SIX: DISCUSSION

Results from this study may suggest that the current health care system in effect of training on motivation among health professional's workers in public hospitals in East Shoa Zone Oromia Region, Ethiopia score averagely in the general health care motivation provisions. The respondents were asked if they had ever received any form of training in the current institution, majority 55.9% of the respondents had received any form of training and the rest 44.1% not received any training ,but in Narok Country kanya 18.1% of the respondents were not received any form of training and 81.9% received any form of training it is great difference the availability of trainingboth Ethiopia and Kenya(4).

This study showed that training affects employee motivation among health professionals working in public hospitals of East Shoa zone. Job satisfaction, Organizational commitment, Conscientiousness, were a significant statistical association with motivation, but intrinsic job satisfaction were not statistically significant. The researchers concluded that there is a relationship between training and motivated health workforce in in public hospitals of East Shoa zone. This finding is the similar as the study done by Kenya joergya(4).

This study was undertaken to determine effect of training on motivation among health professionals working in public hospitals East Shoa Zone, Oromia Region, Ethiopia. In this study the overall training perception of health professionals was 2.974in public hospitals. These training perception levels were lower as compared to training perception of health workers in Ghana where researchers reported that health workers achieved an overall training perception of mean score 3.65 (19).

Different findings study conducting both Ethiopia and Uganda, most of respondent East Shao public hospital respondents 18.2% disagree in-service training was adequate to deal with the existing skills gap Majority of the respondents in Uganda health workers 49.6% disagree in-service training provided is adequate to deal with the existing skills gap(26).

The overall motivation results showed significant variation in mean motivation scores by socio-demographic variables such as age and level of education were found to be significant predictors of health professional's motivation scores. In terms of variation between the sexes, motivation scores for females were 1.241 times more likely than male participants, (AOR=1.241). The same results

have been reported from previous studies conducted in Zambia and Ethiopia, where female health workers were more likely to report higher work motivation as compared to males in Zambia in three district health facility(33).

The motivation mean score in health worker motivation was found to be that of the conscientiousness dimension; moreover, the mean score for this dimension was as high as 3.8724, while it was least for Timeliness and attendance dimension of motivation which had mean score of 2.682, which was also the case in a study done in Malawi(34).

Age of health professionals found between 36 to 40 were 13.78 times more likely to report higher work motivation among health professionals working in public hospitals in East Shoa Zone, Oromia Region, Ethiopia as compared to early age (<25).This was the case in the Zambian study where motivation level was reported to increase as age increases(33).This could be related to the absence of professional and career development schemes in the study areas that affect the satisfaction of work and achievement(35).

However, the study conducted in Zambia, which was cited earlier, indicated that MD holder were highly motivated as compared to Diploma and other(33).This could partly be explained by the social recognition given to doctors in the Ethiopian context, their decision making power, and creativity and skill exploration they possess due to their higher academic status(35).

Employees who believe that positive outcome is the result from participation in training and development events have been found to be more motivated to seek opportunities for training. The benefits, those employees obtain from participation in training: job, career, and personal related benefits. Job related benefits reflect individuals' perception that training will allow a performance improvement in their current position, whereas, career related benefits would likely assist in the development of skills for a future job.

## CHAPTER SEVEN

### CONCLUSION AND RECOMMENDATIONS

#### **7.1 Conclusion**

Although results pointed out an average level of motivation among health workers in effect of training on motivation among health professionals working in public hospitals East Shoa Zone, Oromia Region, Ethiopia the findings also indicated that variations in motivation levels depend on different health care system environments which indicate level of implementation training intervention .the in service training had been offered health worker in East Shoa public hospitals and motivate health worker as well as enhancing their performance.

Motivation showed a significant variation in mean motivation scores of health professionals by sex, age and level of education, but marital status and qualification were not statistically significant different on motivation of health professionals. From these, sex, age and level of education were affects motivation of health professionals working in public hospitals of East Shoa zone

Job specific refresher courses are provided on a regular basis had been offered to public hospitals workers has and had an impact of motivating the workforce as well as enhancing their performance. The organization had staff training and development policy, opportunities for career development were available, appropriate training was conducted to ensure public hospitals health professional worker carry out their duties well, in-service training provided was adequate in dealing with existing skills gap, and that health care workers participated in identifying their career development needs.

There was a relationship between training and motivated health workforce in Public hospitals Health professional workers as training significantly predicted general motivation, job satisfaction and organizational commitment. The findings of this study have implications for all the stakeholders involved in the management of healthcare at the country and regional levels. The east shoa zone health management systems as well as health partners need to discuss the issues and adopt recommendations raised by this study.

## **7.2 Recommendation**

According to the researcher finding the training has great role for health care professional in public hospitals in east shoa zone so they need to give more attention to improve the status of training to healthcare profession in the public hospitals.

Therefore, results in this study suggest that current advances in healthcare including insights into treatment and diagnosis as well as changes in roles and responsibilities require continuous professional development among health workers and this serves as a motivator. The current health care system in effect of training motivation among health professionals workers in public hospitals in east shoa zone oromi region, Ethiopia has made provisions for in- services training of its health workers. The in services training they received was relevant and it motivated them to perform better.

To should be focused ministries of health , Oromia Regional health beuro and public service and as well as different partner or NGO discuss the issues of training. To improve the current training intervention in order to had motivated health worker professional that can help improve their performance.

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## **Annex**

### **Questionnaire**

**Good morning! /Good afternoon!**

Dear respondents my name is \_\_\_\_\_. I am conducting a research. This questionnaire is developed to collect data on the topic entitled “ Effect of training on motivation among health professionals workers. It is carried out for academic purposes, to write a Thesis, in partial fulfillment of the requirement for the Masters of Science in Human Resource Management for Health. Moreover, it might also serves as input for policy makers and implementers to change the situation. Filling the survey questionnaire is voluntary. Your genuine response will provide valuable information on the topic. The information you provide is completely confidential.

Thank you for your cooperation!!!

**Address of the principal investigator:** Cell phone: 0941709707

Form 1 .GENERAL INFORMATION

**Respondent's number -----**

S/No	Variable		Code
	<b>Socio-demographic characteristics</b>		
101	what is your gender		1. male 2. female
102	what is your age in years		
103	What is your level of Education	1. Diploma 2. BSc 3. Masters 4. PhD	-----
104	Qualification	1. Specialist doctor 2. General practitioner 3. BSc nurse 4. Pharmacist 5. Laboratory technologist	6.BSc midwifery 7.Druggist 8.Clinical nurse 9.Laboratory technician 10.Midwifery diploma 11.Other specify
105	What is your marital status?	Single Married Divorced	Widowed Living together/ Cohabitation
106	How long have you worked at this hospital?		____years ____month
107	Department/ unit	Diagnostics (Lab) pediatric ward O&G ward Medical ward	Surgery ward delivery ward Emergency Other -----
108	Have you taken training in the past one year?		Yes-_____No _____
109	If Yes for question No. 9 what kind of training you have taken?		

110	Your net salary//mont	-----
112	Has the org human resource policy	Yes-_____No _____
	Has the org performance management system regularly	Yes-_____No _____

Unka 1 .Odeefanoo waaligala

General information

**Respondent's number -----**

**Maqaa gaafanoo kana guutee**

S/No	Variable	Code
	<b>Socio-demographic characteristics( haala waaligala)</b>	
101	salaa kee ibsi	1. Dhiraa 2. Dubarti
102	Umrin kee waggaa meeqaa	
103	Sadarkaa barnoota	5. Diploma 6. BSc 7. Masters 8. PhD -----
104	Gosa barnootaa isaa kamin ebifamtee	4. Specialist doctor 5. General practitioner 6. BSc nurse 4. Pharmacist 5. Laboratory technologist 6.BSc midwifery 7.Druggist 8.Clinical nurse 9.Laboratory technician 10.Midwifery diploma 11.Other specify
105	Haali gaa'ila	hinfunee fudheraa/herumeera Addan bane jira
106	Hospitala kana keessa waaggaa hangami hojete ?	_____ waggaa/years/ _____ji'a/month/
107	Dipartmant/ daamee isaa	Diagnosics (Lab) pediatric ward Surgery ward delivery ward

	kami	O&G ward Medical ward	Emergency Other -----
108	Waaggaa tokko darbee keessati leenji fudhate beekta ?		Eyeen-_____ lak hinfudhane _____
109	Mindaa kee		
110	Qajeelfamni human nama seeraan hoji irra ni,ola		- Eyeen----- Lak hinolu
112	Leenjin sirna gahumsa hoji keenya nidabala		Eyeen_____ laki _____

**Uunka lamaffaa(2) Rawwii hoji hojetootea fayyaa haala kaka'umsa**

S/N O	Rawwii hoji hojeta fayyaa kaka'umsa irradi qaban	Bayyee waalihing aluu  (1)	Waalii hin galuu  (2)	Gidu galeesaa  (3)	Waalii galaa  (4)	Bayeen waligala  (5)
<b>A</b>	<b>Kaka\umsaa hoji</b>					
201	Yeroo amma kana hangan danda'e jabadhee hojochuuf kaka'e jira					
202	Hoji kana kanan hojedhuf ji'an waan nakafalamuf					
204	Hoji kana kanan hojedhuf waan eggumsi caiman nagadhamuf					
<b>B</b>	<b>Itti qufinsa hoji</b>					
205	Waluma galati hoji kanati itti gamadee jira					
206	Anni namota waalin hojedhef itti qufa mitii					
207	Anni to'ata kootii itti gamadadhaa					
<b>C</b>	<b>Itti quufinsaa keessoo hoji</b>					
208	Anni caaraa dandeetii qabutii fayyadamu kootii itti qufee jira.					
209	Anni hoji koo keessatii waanta barbachisoo wantaan hojedhuuf itti gamadee jira					
210	Anni yeroo amma kana hoji koo hospital keessa bu'a qabeessa jedhee hin yaadu					
<b>D</b>	<b>Itti Gatamummaa dhaabataa</b>					
211	Anni hospialaa kana keessa hojochuu kootii nan boonaa.					
212	Duudhan koo fiduudhan hospialaa waal fakkata.					
213	Anni dhaabataa birra hojochuraa dhabata					



	kana hojichuu kooti nan gammada					
214	Anni itti gafatamuman hospital kanaaf keenu xiqadhaa.					
<b>F</b>	<b>Dadammaqina</b>					
215	Anni hoji keessati namota waalin hojedhu irrati hirakadhuu..					
216	Anni hoji koo yeroo hundaa gahumsaa fi hala siri ta'enan xumura.					
217	Anni hojeta ciimadhaa					
218	Anni waantota hojetamuu qaban oso nati hin himamin hojedha					
	Yeroo fi to'annoo					
219	Anni yerodhanin hoji seenaa					
220	Ann yeroo heduu hojira nan hafa					
221	Darbe darbee yeroon barbadee hoji seenee rakoo hinqabu.					

### Form 3-Unka fudhanna leenjii

NO	Fudhanna leenjii	Bayyee waalihingaluu (1)	Waalii hin galuu (2)	Gidu galeesaa (3)	Waalii galaa (4)	Bayeen waligala (5)
1	Dhabanii kun leenji hojeta ykn imammata tarsimoo leenji qaba					
2	Caarawaan oguuma gudifacuu dhabataa kana jiru.					
3	Leenji sirii hojetoona fayyaa dirqama kallati bahu qaban mirkannesuun keenama.					
4	Baruumsii sisi'esituu dhaabataan					

	keennama.					
5	Leenjin hoji irra keenamee hanqina dandeti jiru cufuuf gahadha					
6	Hojetoon kununsitoon fayyaa waari gahumsa gadi bu'a qaban degarsi barbachisa ittin beekumsa dandeeti ittin foyyeehatan keenameera.					
7	Hojeton kununsitota fayyaa haala guddina oguuma isaanif barbachisaan adda bafachuf keessati qoda nifudhatu					
8	Ji'otan jahan darban to'aton koo waa'ee guddina oguuma koo ilalichisee mari gone jira.					
9	Waaliti dhufeenyaa gaarii namoota waalin hojedhu fi kaka'umsa hojeta					
10	Mindaan leenjin to'atama.					

**Unka 4 dhibawaan dhabatichaa**

<b>NO</b>	<b>Dhibawaan sadarka dhabata jiran</b>	Bayyee waalihingaluu (1)	Wali hin galuu (2)	Gidu galeesaa (3)	Walin galaa (4)	Bayeen waligala (5)
	<i><b>Qajeelfamota humna nama</b></i>					
1	Hospital leenjii mirga fi dirqama hojeta nikeena					
2	Dhabatichii fayyidalee adda nikeena					
2	Dhabatich fayyidaa fi haala mijata iddoo hoji ni umma.					
	<b>Sirna maddalii raawii hoji gahe leenji</b>					
1	Leenjiwaan keenaman hojeton fayyaa hojiwaan keenamanif haala gariin akka rawaatanif godhee jira					
2	Leenjiwaan keenaman hojetoona fayya akka hoji isaani itti keename gahumsan rawwatan godhera.					
3	Leenjiwaan keenaman hojetoona fayyaa yeroo hundaa galma isaa guddaa keenmeef akka raawataan godhera.					

**Form 2: Health workers job performance and motivation section**

S/NO	Health Worker Job Performance	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
<b>A</b>	<b>Motivation</b>					
201	These days, I feel motivated to work as hard as I can					
202	I only do this job so that I get paid at the end of the month					
204	I do this job as it provides long term security for me					
<b>B</b>	<b>Job satisfaction</b>					
205	Overall, I am very satisfied with my job					
206	I am not satisfied with my colleagues in my ward/health facility					
207	I am satisfied with my supervisor					
<b>C</b>	<b>Intrinsic job satisfaction</b>					
208	I am satisfied with the opportunity to use my abilities in my job					
209	I am satisfied that I accomplish something worthwhile in this job					
210	I do not think that my work in the hospital is valuable these days					
<b>D</b>	<b>Organizational commitment</b>					
211	I am proud to be working for this hospital					
212	I find that my values and this hospital's values are very similar					
213	I am glad that I work for this facility					

	rather than other facilities in the country					
214	I feel very little commitment to this hospital					
<b>F</b>	<b>Conscientiousness</b>					
215	I can not be relied on by my colleagues at work					
216	I always complete my tasks efficiently and correctly					
217	I am a hard worker					
218	I do things that need doing without being asked or told					
<b>G</b>	<b>Timeliness and attendance</b>					
219	I am punctual about coming to work					
220	I am often absent from work					
221	It is not a problem if I sometimes come late to work					

**Form 5-Training perceptions**

<b>NO</b>	<b>Training perceptions</b>	<b>Strongly disagree (1)</b>	<b>Disagree (2)</b>	<b>Neutral (3)</b>	<b>Agree (4)</b>	<b>Strongly agree (5)</b>
1	This organization has a staff training and development policy					
2	Opportunities exist for career advancement in this organization					
3	Appropriate training is conducted to ensure that health care workers carry out their duties well					
4	Job specific refresher courses are provided on a regular basis					
5	The in-service training provided is adequate to deal with the existing skills gap					
6	Health care workers who are less competent are provided with the necessary support to improve their knowledge and skills					
7	Health care workers participate in identifying their career development needs					
8	In the last 6 months my supervisors discussed my career development prospects with me					
9	good relationships with my co-workers courtesy of staff training					
10	Training lead salary					

NO	Institutional Level Factor	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
	<b><i>Human Resource policy</i></b>					
1	organization has to give the employee right and obligation policy regularly.					
2	The organization has incentive system policy					
2	The organization has good compensation and work environment					
	<b>Performance Management system</b>					
1	The training provide have made health worker performance their tasks good speed					
2	Training provide have made the health workers to be accurate performance duets assigned to them .					
3	The trainings provided have made health workers to make choices consistent with the goals assigned to them					

**ASSURANCE OF PRINCIPAL INVESTIGATOR**

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for provision of required progress reports as per terms and conditions of the Faculty of Public Health in effect at the time of grant is forwarded as the result of this application.

Name of the student: \_\_\_\_\_

Date. \_\_\_\_\_ Signature \_\_\_\_\_

**APPROVAL OF THE FIRST ADVISOR**

Name of the first advisor: \_\_\_\_\_

Date. \_\_\_\_\_ Signature \_\_\_\_\_

**APPROVAL OF THE SECOND ADVISOR**

Name of the first advisor: \_\_\_\_\_

Date. \_\_\_\_\_ Signature \_\_\_\_\_