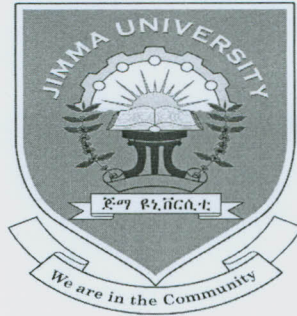


JIMMA UNIVERSITY
COLLEGE OF BUSINESS AND ECONOMICS



**MOTIVATIONAL STATUS AND ITS DETERMINANTS WITH IMPACT
ON COMMITMENT IN JIMMA UNIVERSITY SPECIALIZED
HOSPITAL, SOUTHWEST ETHIOPIA**

**A THESIS SUBMITTED TO THE OFFICE OF POST GRADUATE PROGRAM FOR
THE PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR MASTER OF
BUSINESS ADMINISTRATION (MBA)**

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JUNE, 2014
JIMMA, ETHIOPIA

Board of Examiner Sheet

Jimma University

College of Business and Economics

Masters of Business Administration Program

Motivational Status and its Determinants with their Impact on Commitment Level in Jimma University Specialized Hospital, South-West Ethiopia

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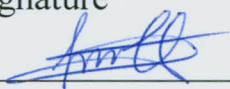

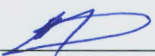
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Board of Examiners Sheet

Jimma University
College of Business and Economics
Postgraduate Program

Motivational Status and its Determinants with Impact on Commitment Level in
Jimma University Specialized Hospital, South-West Ethiopia

By

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Declaration

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

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Statement of Certification

This is to certify that **Abera Jalata** has carried out his project work on the topic entitled “Motivational Status and its Determinants with their Impact on Commitment Level in Jimma University Specialized Hospital, South-West Ethiopia”.

This work is original in nature and is suitable for submission in the partial fulfillment of the requirement for the Degree of Master of Business Administration (MBA).

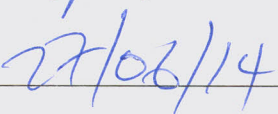
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ABSTRACT

Motivation is a process that results from the dynamic interactions between individuals, their work environment and society. Low motivation leads to the insufficient translation of knowledge, the under utilization of available resources and weak health system performance. Health care has sector-wide norms and goals, and worker's motivation is of critical importance. The objective of this study was to assess the status of motivation, its determinants with their impact on health care professionals in Jimma University Specialized Hospital, Oromia Regional state, south west Ethiopia. Institution based cross sectional study design with quantitative data collection method was conducted among 248 health care professionals from February to May 2014. A pre-tested self administered structured questionnaire was employed to obtain the necessary information. Data were entered by Epi Data 3.1, cleaned and analyzed using SPSS 16.0 statistical packages. Factor scores were computed for the items' scale by using principal component and varimax rotation, and were used in the subsequent analysis. Multiple Linear Regressions were done to evaluate association of different variables of motivation and commitment. The P-value < 0.05, at 95% CI was taken as cut off point for statistical significance. Approval was obtained from Ethical Committee of Jimma University, College of Business and Economics College. A total of two hundred forty eight health professionals filled the self administered questionnaire with response rate of 100%. The result showed that motivational status and commitment level of health care professionals were low (45.74% and 47.48% respectively). The major factors significantly associated with their motivation and commitment was salary and benefits, expectation and perception, infrastructure and facility. In conclusion, the study indicated that motivation status and commitment of health care professionals in the hospital were low. Among factors affecting their motivation status were salary and benefit, expectations and perception, shortages of facilities, infrastructures, sanitation, absence of recognition and appreciation, and as a result, their commitment level was affected. It was recommended that specific human resource motivation policy and practices, creating self motivating environment in the hospital, good management system, improving facility resources, supplies and infrastructures must be in place so as to improve the health professionals' motivation in the hospital.

Key words: Motivation, Health Care Professionals, Jimma University Specialized Hospital

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LIST OF ACRONYMS

NGOs-Non Governmental Organizations

JUSH-Jimma University Specialized Hospital

CSA-Central Statistics Agency

SW-Southwest

CEO-Chief Executive Officer

HCPs-Health Care Professionals

HRM-Human Resource Management

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CHAPTER ONE

1.1 INTRODUCTION

Motivation, in the work context, can be defined as an individual's degree of willingness to exert and maintain an effort towards organizational goals. It is an internal psychological process and a transactional process: worker motivation is the result of the interactions between individuals and their work environment, and the fit between these interactions and the broader societal context. Health sector performance is critically dependent on worker motivation: health care delivery is highly labor-intensive. Consequently, service quality, efficiency, and equity are all directly mediated by workers' willingness to apply themselves to their tasks [*Franco et al., 2002*].

There is a growing need to strengthen health systems in developing countries to help meet the Millennium Development Goals (MDGs). It is widely accepted that a key constraint to achieving the MDGs is the absence of a properly trained and motivated workforce while improving the retention of health workers is critical for health system performance [*WHO, 2006*].

It was explained by researchers that quality of health service delivery is affected by different inputs and human resource is a vital component among such resources as financial, management system and infra structures. Any attempt to change or improve health workers and hospital practices is likely influenced powerfully by workers' motivation and commitment. 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 at organizational goals [*Hornby and Sidney, 1988*].

As study conducted on motivation and performance management in Mali stated, the quality of performance in health facilities to a large extent depends on available human resource mix and their motivation. The workforce which is one of the most important inputs to any health system has a strong impact on the performance of health facilities. Compounding this problem are low levels of health care provider motivation. It has often been identified as a central problem in this human resource crisis and consequently, health service delivery and quality. Motivation is not

only important for patient satisfaction, productivity, and health care sector performance but also in retaining well-performing staff. Low motivation adds to the push factors for the turnover of health care providers. Consequently, a motivated workforce is critical in retaining qualified health staff and the achievement of health services targets and reforms [Dieleman M et al, 2006].

Similarly, the study conducted on job satisfaction in Jimma University specialized hospital before a few years stated motivation and Job dissatisfaction resulting in burn out and turn over would exacerbate the existing shortage and results in serious under staffing of health care facilities; this has the potential to have a negative impact on the delivery of patient care because there is evidence to suggest that reduction in health professional staff below certain level is related to poor patient outcomes. Therefore, ensuring health workers' job satisfaction and motivation are important if health workers are to be retained and effectively deliver health services in health centers and hospitals [Alemshet Y, et al., 2011].

Developing capable, motivated and supported health workers is essential for overcoming bottlenecks to achieve national and global health goals. At the heart of each and every health system, the work force is central to advancing health. There should be optimum number and professional mix of human resource for the effective coverage and quality of the intended services. It is important for a service oriented organization to know and understand the motivating needs of its employees since employee motivation is a significant element of health systems performance. And, providing a motivating environment for employees becomes more important in the health care system [WHO, 2006].

Both internal and external factors can affect worker's motivation. These are recognition, career development, achievement, challenging task, responsibility, and incorporate policy of an organization, administration system and leadership style, technical supervision, salary, benefits, working conditions, job security and interpersonal relationships with the subordinates, senior management and colleagues. As a result, employee's performance and commitment to their organization is influenced (Ruthanakoot, 2003).

This study was conducted to assess the level of motivation, its determinant factors with their impact on level of organizational commitment among health professionals in JUSH. The study finding is believed to help hospital management team to incorporate intensive workers' motivation plan and effective human resource management system thereby ensure their long term commitment towards providing quality health care services.

1.2 Statement of the Problem

Motivation is a process that results from the dynamic interactions between individuals, their work environment and communities or society. HCP motivation encompasses determinants that drive performance of a task. Low motivation leads to the insufficient translation of knowledge, the under utilization of available resources and weak health system performance. Failure to account for HCP motivation can hamper the development of health care systems [Leonard KL, Masatu MC, (2007)]. The phenomenological approach based study conducted on nurses' experiences of recruitment and migration from developing countries explained that experienced HCP loss can compromise health system capacity to deliver adequate care because their developed skills are highly desired. Staff shortages increase workloads and stress levels, further de-motivating remaining staff. To cope with increased workload these staffs are sometimes lowering their standard of care [Troy P, et al., 2007].

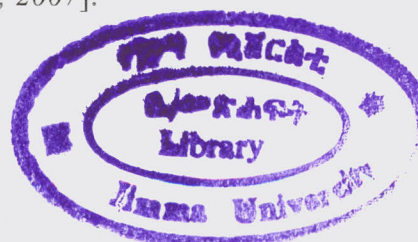
It was also understood from study conducted in Mali on motivation and performance management of health sector workers that poor worker motivation can manifest as lack of consideration to patients, tardiness, display of open frustration, negligence of duty, late-coming and absenteeism; poor process quality, such as failure to conduct proper patient examinations; failure to meet deadlines; and failure to treat patients in a timely manner [(Dieleman M. et al., 2006)]. A survey conducted to assess quality of health services management and *Challenges of Achieving the Millennium development Goals* in Ethiopia mentioned that health services access to the general population and the service providing centers, along with decentralized management system, are rapidly expanding in the country. But there is still shortage of health professionals in different disciplines. Despite the fact that human power is the back bone for the provision of quality health care services for the population, and high level of professional satisfaction among health workers earns high dividends (such as higher worker force retention, commitment and patients satisfaction), little attention is given on this regard [Samuel G, et al.,

2007]. The same survey mentioned the following as key problems: work overload, staff shortages, and unclear job description or responsibility, unfair promotion, lack of safety policy and protective materials.

Supportive to this findings, the study made in JUSH on assessment of health workers job satisfaction identified that rate of intention to leave JUSH was higher, and the causes were identified as due to the increasing opportunities and attractive salaries for health workers from NGOs or private health institutions as compared to the public one; poor motivation in the hospital, and professionals' plan and desire to work in NGOs or private sector for better payment [Alemshet Y. et al, 2011]. As this finding shows one can observe the working condition in the hospital is not favorable and needs considerable attention. It is also needed to undertake further assessment and analysis of specific motivation effects and their impact on commitment.

A number of factors ranging from the individual to socio-cultural level operate together to influence how health professionals take up interventions to improve their work practices. Often this works through the local personal, education, professional, community, or institutional environment, in which the work takes place, or the social, cultural, economic, and political environments more generally. Specific efforts within these environments to manage health workers actions include a broad set of incentives and sanctions. Thus, understanding those factors and their effects is important when trying to explain why interventions that rely on changing workers' behavior motivation succeed or fail [Tynan, et al., (2013), Rowe, et al., (2005) and Woodward, (200)].

Importantly, it was indicated in research conducted on the Impact of intrinsic and extrinsic factors of motivation towards organizational commitment in private colleges in Addis Ababa that management is a problem solving process to achieve organizational objectives through the efficient use of physical, financial and human resources in a changing environment. In this regard, the organization needs to have employees who are competent and committed to the organization they are working for. To retain a satisfied work force that is committed to its organizational goals the management needs to focus on creating and maintaining a suitable and conducive working condition for employees [Berhan A, 2007].



Therefore, this study was designed to assess HCP's subjective and over all perceptions of motivational status results from an interaction between the worker and the work environment, how important the factors are to the workers' motivation and impact on organizational commitment level, and give possible suggestions based on the results using JUSH as a case study. Specifically, the study answers the following basic questions:

- What is the current level score of motivation of health care professionals?
- What are the predictors' factor scores of the motivational level among health care professionals?
- What is the measurement impact of motivational predictors' factor scores on level of commitment among health care professionals?

1.3. Objectives of the Study

1.3.1 General Objective: To assess the current status of health professionals' motivation and its predictors with impact on organizational commitment in Jimma University Specialized Hospital.

1.3.2 Specific Objectives:

- To measure motivation level score of HCPs in Jimma University Specialized Hospital
- To measure organizational commitment level score of HCPs
- To identify predictors of motivational level score and their impacts on organizational commitment score of HCPs

1.4 Significance of the Study

A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances; and they are the most important asset of the hospital. Employees who are motivated tend to work harder and stay longer within their organization.

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

The findings of this study identifies the distinct motivation factors that affect health professionals motivation in public Hospitals providing a basis for considering policies and management approaches to improve work conditions.

It can also provide an insight on relationship of motivational factors scores with employees' organizational commitment level among health workers, and create awareness to the hospital's management to give attention and work on the most determinant factors of motivation those can influence the commitment level of health care professionals; prepare specific HCWs motivation work place plan and effective human resource management system thereby ensure employee's long term commitment towards providing sustainable and quality health care services.

Furthermore, the study adds to the existing researches and is used as additional source for reference for other researchers who want to conduct comprehensive studies on similar the areas.

1.5 Scope of the Study

The population for the study was limited to health professionals such as physicians, nurses, laboratory technicians, midwifery, pharmacies, and other related staffs that have been working in JUSH. The actual research was focused on the assessment of current motivational status, its determinants with impact on organizational commitment. Therefore, major variables such as demographic variables, motivation attributes, its predicting factors and commitment level attributes were considered in the study.

1.6 Limitation of the Study

It was practically not simple to go beyond selected study population and area due to shortage of time and financial resources. The sampling frame was limited to public hospital administered under Jimma University and, therefore, the result was not generalized to present other health service providing institutions. The researcher also had encountered with shortage of similar studies in Ethiopia for comparison of the result. It was believed that the dimensions or predictors, with which levels of motivation and organizational commitment measured, were not enough for the study. This was due to shortage of resources to develop questionnaires and time to undertake the study. Due to the fact that this study deals with perceived personal opinions there could have been subjective bias.

1.7 Organization of the Paper

The paper is organized in to five chapters. The first chapter deals with the introductory part of the study. Here, the statement of the problem, objective of the study, significance of the study, scope and limitation are included. Chapter two discusses review of related literatures on theories, empirical evidences and conceptual frame work of the study. Chapter three consists of methodology used in study including the measurements. Under Chapter four, Results and Discussions are presented. Finally, Chapter five covers Conclusion and Recommendation parts. Bibliography and Appendix included in last part of the paper.

CHAPTER TWO

2. LITERATURE REVIEWS & CONCEPTUAL FRAMEWORK

2.1 Review of the Literatures

2.1.1 Summary

Motivation of health care professionals, to deliver health services, is integral to performance and is affected by the organizational structure, the socio-cultural environment and individual characteristics of the HCPs [*Franco, et al. (2002), Henderson L, et al. (2008)*]. According to these researchers, HCPs' motivation is described not as an attribute of the individual, but rather as a result of the transaction between organizational factors (organizational culture, support structures, resources and processes), social factors (community expectations, social values and peer pressure) and the individuals' experiences and the ways in which they interpret their reality provides insight into their willingness to respond to certain interventions. Individual level determinants can be categorized into demographic characteristics, individual differences (personality, self-concept, individual goals, value systems and expectations and experience of outcomes) and perceived contextual factors such as perception of work environment coupled with the individual worker's technical and intellectual capacity to perform key tasks within available resources [*Mbilinyi D, et al. (2011), Franco, et al. (2002)*].

As stated under objective part, this study was designed to assess the current status of motivation, its predicting factors, and their impact on organizational commitment in JUSH. Therefore, the literature reviewed for this study focused on some theories of motivation and their implications; factors those affect HCPs' motivation and commitment in health service setting, to find global examples of such problems and solutions. An explanation was made on the key concepts of motivation, factors of motivation, job satisfaction, and commitment with respect to theoretical and empirical evidences to have insights. Conceptual frame work was adapted from similar studies and of researcher's own knowledge.

2.1.2 Ethiopia's Context

It was identified by WHO that a threshold in workforce density below which high coverage of essential interventions, including those necessary to meet the health-related Millennium Development Goals (MDGs), is very unlikely. Based on these estimates, there are currently 57 countries, including Ethiopia, with critical shortages equivalent to a global deficit of 2.4 million doctors, nurses and midwives (*WHO, 2006 & 2009*). This circumstance can have severe and adverse effects on the health conditions in these communities, including, Ethiopia.

The review made on human resource Development for health in Ethiopia addressed that as a mechanism to retain health workers the health policy supports developing an attractive career structure, remuneration and incentives for all categories of workers within their respective systems of employment. Besides, strengthening administration and management of health systems is one of the areas given priority. 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 vanguard". However, most policy and strategy documents are dated (early 1990s) and there are no specific policy and strategy documents on Human Resource for Health (*Samuel G, et al., (2007)*]. This has adverse effect on managing and motivating process of HCWs in health institutions.

2.1.3 Theoretical Framework

2.1.3.1 Understanding Motivation

It is essential to understand what motivates health workers to retain their jobs and perform optimally. However, 'motivation' itself must be defined first. Psychologically, it can refer to an individual's driving force and desire to work towards a goal or accomplish an objective. In the work context, it has been described as the 'degree of willingness to exert and maintain an effort towards organizational goals' (*Franco et al., 2002*). Being motivated at work plays a large role in how individuals perform and can be an indicator of their intention to quit their jobs (*Zurn et al., 2005*). Not only does the quality of workers' performance deteriorate due to low motivation, but it also leads to an increase in worker migration (from rural to urban areas and abroad) (*Mathauer & Imhoff 2006*).

The concept of motivating workers in the health workforce is a complex one: it spans many disciplinary boundaries, and motivation levels can fluctuate over time for various reasons including external events (*Franco et al., 2002*). Moreover, individuals within the same environment or community may not be affected the same way by external motivational factors – this is because these factors will interact with each health worker’s personal goals and inherent physiological and psychological needs in a different manner. Due to the relevance of intrinsic factors in the healthcare field where each care provider deals with clients and the community on a personal platform, it is vital to understand the importance of internal dynamics and how these must be utilized to effectively motivate health workers to stay in their jobs.

2.1.3.2 Overview of the Theories

Three theories of motivation were examined to understand this concept thoroughly: Maslow’s Hierarchy of Needs, Herzberg’s Two-Factor (motivator-hygiene) Theory, and Vroom’s Expectancy Theory of Motivation. All three explain the interaction between internal and external factors that affect worker motivation.

The review made on Application of the Maslow’s hierarchy of need theory; impacts and implications on organizational culture, human resource and employee’s performance shows quotes, “Several studies and books have argued that Personal opinion is always prone to bias, which reduces the validity of any data obtained. Therefore Maslow's operational definition of hierarchy of needs must not be blindly accepted as scientific fact because is mostly irrelevant in certain organizations and part of the world, may be simply because of the difficulties in the application of the theory” (Nyameh J, 2013). He also explored the relevance of the theory on organizational culture, human resource management and employee’s performance and its application towards achieving results in the attainment of organizational goals and objectives.

The same review concluded that Abraham Maslow’s hierarchy of needs theory is still important and relevant in today’s business organizations, for every organization that seek to obtain success and excellence, any attempt to shy away from practical application of the hierarchy of needs theory, will affect negatively the organizational culture, human resource management and the employee’s performance, to achieve organizational excellence and create good atmosphere,

better work environment and achieve target at the right time then a drive and application of the theory is paramount.

Researchers believed that hierarchy of needs theory is applicable to organizational orientation and employee motivation (*Greenberg & Baron, 2003*). The idea implies the dual role of the theory first to organizations and second to employees on the basis that both the organization and the employees must decide on the performance of their organization, and that when employees put in their best in the service of the organization, the culture and human resource practice should also ensure that the employees' level of needs are reflected in the values the organization holds with high esteem (*Greenberg & Baron, 2003*).

Vroom's theory focused on the need to link deserved and wanted rewards to performance [(*Isaac, et al., 2001*)].

Herzberg described satisfaction and dissatisfaction as two separate constructs affected by different factors at the job. Therefore, workers' satisfaction levels remain independent of their level of dissatisfaction. This means that workers may simultaneously be both satisfied and dissatisfied (*Herzberg et al., 1959; Maddox, 1981*). Moreover, Herzberg differentiated between maintenance or hygiene factors (factors that lead to staff retention) and motivating factors (factors that stimulate good job performance) (*Dieleman et al., 2006*). The former influenced by 'dissatisfiers' (e.g. company policy and administration, interpersonal relationships, status, and security, working conditions, salary, supervision) and the latter by 'satisfiers' (e.g. achievement, recognition, responsibility, growth and development). This theory is, of course, somewhat tenuously founded in Maslow's theory of a hierarchy of needs as applied to work situations, with lower order needs requiring satisfaction before higher-level needs emerge and determine motivation. Maslow's 'Hierarchy of Human Needs' theory posited deficiency needs and growth needs: each deficiency need must be met for the individual to move on to meeting the next need. It is only when all deficiency needs are met that one moves on to fulfilling one's growth needs (*Maslow, 1954*).

The relevance of Herzberg's theory for Human Resources Management (HRM) is the need to clarify whether the problem being addressed is mainly one of job satisfaction or one of job

dissatisfaction in, and then to select the appropriate personnel management strategies and workers motivation [Marjolein D, et al., 2003].

Franco et al., (2002) utilized these three theories, amongst others, to form an argument that all of them are common at least in their recognition of the existence of three broad categories of internal influences on worker motivation. These are: an individual's goals, motives, and values (further categorized into those related to satisfaction of basic survival needs and those related to fulfillment and self-satisfaction); the idea of self-concept and self-variables such as self-esteem and workers' evaluation of their own competencies; cognitive expectations about the relationship between workers' actions and their outcomes. When combined, these internal components eventually determine the time and effort individuals will dedicate to their work.

According to *Karnfer (1990)* and *Mitchel (1997)*, motivation is not an attribute of an individual or organization; rather it results from the transaction between individuals and their work environment. Organizational factors that contribute to the work environment include resources, processes, human resource management practices and organizational culture [*Franco, et al., 2000*].

2.1.4 Empirical Reviews

2.1.4.1 Individual Factors

Worker motivation depends critically upon alignment between the goals of the individual worker and the goals of the broader organization for workers to be aware of the organization goals in their contribution. A study in Papua New Guinea on socio cultural and individual factors highlights a sense of purpose of individual characteristics that seemed to be common amongst all health workers interviewed, and included: flexibility and sacrifice; a sense of achievement and recognition for work; and strong determination for success despite the barriers and constraints to service delivery within the health system. The individual level determinants of motivation such as feelings of responsibility and a desire to improve people's health are frequently reported genuine commitment and a deep belief in their responsibilities. The achievement and recognition of work perceptions, how other health organizations viewed the workers facility and service also inspired motivation [*Tynan et al., 2013*].

The study conducted on stress, motivation, and professional satisfaction among health care professionals in Tanzania shows, nearly half (49%) of the HCW strongly agreed that they feel motivated to perform well in their jobs while 30% disagreed. More than two thirds (68%) of HCPs reported that their work was rewarding (strongly agreed 42% and agreed 26%) [Siril *et al.*, 2011]. A study on contextual influences on health worker motivation in district hospitals of Kenya shows various reasons account for why health workers chose to become health care workers: Older respondents profess to have been attracted to join healthcare by the humanitarian nature of the service (rewards associated with caring for others) with some nurses liking nursing: 'I like nursing because it is a helping profession. Other health workers joined due to the prestige associated with medical work. It was also commonly reported among all age groups that some health workers joins the profession, for a strong sense of professional attachment subsequently reinforced by training or organizational/professional culture [Mbindyo PM, 2009].

According to study in JUSH, Ethiopia, satisfaction with regard to socio-demographic variables shows that more males 39 (58.2%) were dissatisfied than females 25 (47.2%); highest dissatisfaction rate was in the age group of 25-29 years 21(70.0%). However, there was no association between job satisfaction and socio-demographic variables. Respondents' characteristics according to professional background showed that highest dissatisfaction among medical laboratory technologists (66.7%). Regarding to specific profession, 9(60.0%) of the physicians, 55(57.9%) of nurses and 8(53.3%) of laboratory professionals claimed to leave the institution. The reason given to depart the institutions includes job dissatisfaction by 45 (57.0%), family related issues 13 (16.5%), and personal related issues 22(27.8%). Majority of those who plan to leave the institution were aiming to work in NGO/private sectors. Five (8.3%) of the respondents satisfaction was justified by salary and 67(46.2%) dissatisfied with their job, the major reasons were lack of houses provision 33 (49.3%), top ups (as incentives), 40 (59.7%) and free health care 40 (59.7%), bureaucratic constraint in relation to further education, 33 (49.3%) and lack of promotion, 32 (47.8%) [Alemshet Y, *et al.*, 2011]. This finding was identified consistent with previous study done in Ethiopia. The same finding on 145 Health workers showed 60 (41.4%) satisfied with their job, the major reason given by 54 (90.0%) was satisfaction from helping others [Alemishet Y, *et al.*, 2011].

2.1.4.2 Organizational Factors

At the organizational level, a well implemented HWs promotion programme can lead to an improved working environment and a decrease in absenteeism. It also has beneficial effects on human resources management in terms of lower employee turnover and greater staff retention. In rural areas of Viet Nam Salaries and working conditions discourage public health workers. The low salaries force them to gain extra income in other ways, either through working in the private sector or through agriculture and animal husbandry. Peoples' income earn through other ways than their regular job is widely accepted and tolerated in the country. There is a risk that the extra work influences the accessibility to and the quality of care provided at the public health service, by referring to own clinic, by low attendance in the public health facility [Dieleman M, 2003].

An organization's willingness to spend time and resources on its employees can be shown through training sessions enabling them to continue their education. This would also make them feel more needed, thus increasing motivation. According to Maslow, training also presents workers with opportunities to feel and be more productive and confident at their jobs (Dieleman et al. 2003). All the respondents in a study conducted in Pakistan felt that some means of continuing education (or in-service training) would help them improve their knowledge. Around 94% of them felt a regular source of information (e.g. a bulletin sent by the programme) would enable them to respond to patients' questions, adequately. This outlook helped achieve area- and culture-specific solutions along with general ones such as refresher training sessions which would improve workers' communication skills ((Haq and Hafeez, 2009).

It was also agreed that good hospital/facility management results in positive working relationships between employers and employees and develops good communication pathways as employers provide feedback to their workers (Shattuck et al. 2008). This includes instating codes of conduct in the work place with clearly defined roles and responsibilities for all tiers of workers, which are met through good supervision (Henderson and Tulloch, 2008). Interventions designed to strengthen leadership and management in the workplace produced positive changes in health-service delivery in Kenya (Seims, et al., 2012). An appreciation by superiors, impartial performance appraisals, recognition of good work ethic and achievements, and various forms of non-monetary incentives such as letters of appreciation and rewards, all have an impact on

worker motivation (Henderson and Tulloch 2008). This means employers are considering the psychosocial needs of their employees, the importance of which is emphasized in most literature and is a part of Maslow's Hierarchy, as well.

This has also been described by Franco et al. (2002), that individuals with more self-efficacy and self-esteem have a higher likelihood to agree to difficult organizational tasks and to continue working at them despite difficulties faced, than those with low self-concept. Healthy levels of self-concept present workers with personal reasons and incentives to achieve organizational goals, and they help maintain continued task effort once these goals have been internalized by the worker.

The study in Georgia at two Hospitals reveals overall respondents were most likely to agree with statements asserting that workers were proud to work at the hospital. Statements regarding the ease of accomplishing tasks and the availability of career opportunities were least likely to be agreed with. With respect to the worker characteristics the study overall relationships both with co-workers and supervisors appear good. In contrast, ratings of the adequacy of pay were very low (lower than the rating of any other individual item) and ratings of "enjoyable job" also reflected poor perceptions. In case of relationships with supervisors, doctors are found to have a significantly less positive perception of this than other types of respondents. No significant differences in perceptions of worker characteristics were found by age, length of service at the hospital, or gender [Bennett, et al., 2000].

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

38% of respondents in the category of other clinical staff, one third of the nurses, and nearly 27% of doctors [Mbilinyi D, et al., 2011].

Findings from the study of contextual influences of health workers motivations on performance in University of Ilorin Teaching Hospital of Nigeria reveals that 59.05% of the respondents are happy with their workload, and 64.76% were paid as and when due; however, about half (47.62%) of the respondents felt underpaid for the work they did. The study also showed that nonmonetary factors such as interpersonal relationships, quality of supervision, availability of tools and equipment to work with, as well as managerial spirit, support for staff welfare and training, appear to play a significant role in affecting health workers satisfaction with their work [Ojokuku, R. M. and Salami, A. O, 2011]. A non-conducive work environment can be a major cause of dissatisfaction for employees affecting the functioning of the health system especially in terms of attracting and retaining staff (Gow, et al., 2012). They are a combination of the working conditions and infrastructure present at the facility, and include the following areas within the work environment: work conditions (office, space and infrastructure), workload, feeling of safety and security at work.

According to a survey conducted on Health Sector Review in Ethiopia, the main cause for attrition was low salary followed by lack of educational opportunity and poor career structure. This survey also shows 74.6% of medical doctors, 62.5% of pharmacists, 50.6% of nurses, 50.0% of sanitarians, 36.4% of pharmacy technicians, 45.5% of laboratory technicians and 34.2% of health assistants responded that they were not satisfied with their job. Reasons for dissatisfaction were low salary (60.3%), limited opportunity for further education (24.8%), inadequate facility and supplies (20.1%). Among workers who reported satisfaction from their job, the main reasons were satisfaction from helping others (43%), professional gratification (32%) and the amount of monthly salary (18.1%) [Mega, (2004, 1st Edit)].

Hospital's facilities can also affect workers' job satisfaction. For example, the study conducted in Jimma University, Ethiopia, HIV/AIDS, in addition to its impact on the society & health sector, it also create fear of infection by health professionals while giving care to their patients as

a result of poor infection prevention materials in the hospital [Alemishet Y, et al., 2011)]. It was, therefore, identified as one of those factors of job dissatisfaction among HCP in the hospital.

2.1.5 Organizational Commitment

It is believed that employees' commitment to their organization is an important factor for organization growth and development. Understanding of working condition and employee commitment in organization is very important. A motivated and committed workforce can help enterprises to expand their profits, diversify investments and pave the way for durable organizations, especially if owners create robust organizational structures for effective entrepreneurial and managerial succession and continuity [Ukaegbu, 2000].

Employee commitment is based on an affective attachment to the work organization. It can become a vehicle by which individuals manifest loyalty to and identification with the organization. Committed employees identify with and feel loyal toward the organization; they share the values of the organization and have a personal sense of importance about its mission. Organizational commitment has three major components [Porter et al, 1982]: a strong belief in and acceptance of the organization's goals; a willingness to exert considerable effort on behalf of the organization; and a definite desire to maintain organizational membership.

According to Herzberg, as quoted by Franco et al (2002), if staff felt that their basic needs were not being met, such as the inadequacy of the salary they were receiving or if they felt that the work conditions were not safe or organizational policies were not being properly followed, they would consider moving and leaving their present job.

According to study conducted in Pakistan, to gauge dissatisfaction levels with their current job, respondents were asked if they would consider moving and seeking alternative options, given the opportunity. Nearly a third of all providers (n = 425) reported that they would consider leaving government service. The reasons or compulsions that would lead staff to seek alternate sources of employment were identified: better salary (87%), easier commute (30%), conducive work environment, (27%), increased medical and other benefits (27%), better prospects for promotion (24%) [Ali Mohammad Mir, et al., 2013].

2.2 Conceptual Framework of the Study

Conceptual frame work of the study was adapted reviewing the previously conducted similar studies [(E.g. Ukeagbu, 2000), Ali Mohammad Mir, (2013)]. It is shown in the following figure:

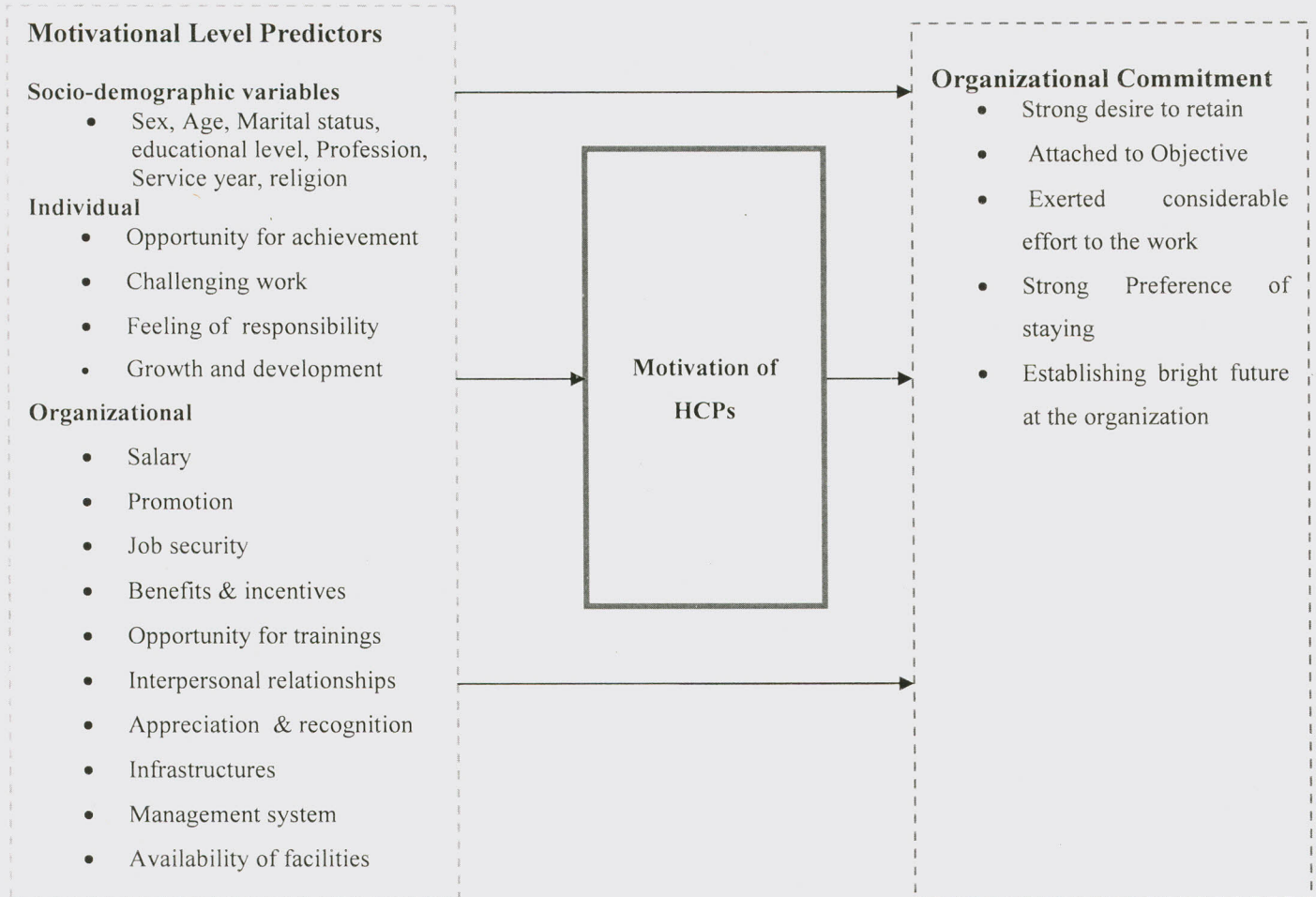


Figure1: Conceptual Framework

CHAPTER THREE

3. Methods and Materials

3.1. Study Area and Period

The study was conducted in JUSH, found in Jimma zone of Oromia Regional State. Jimma zone is one of the twenty administrative zones in the regional state, situated in south west Ethiopia. According to CSA, (2007) report the total population in Jimma Zone is 2.7 million on an area of 15,569km²; of this 1.23 million were women living in a population density of 159.69 persons/km². Its population was increased by 27% over the last decade. There are three hospitals and eighty four health centers in Jimma zone. This study was conducted in Jimma University Specialized Hospital which is located in Jimma town of Oromia Regional State –which is of 354 kilometers southwest of Ethiopia’s capital city, Addis Ababa. Jimma University Specialized Hospital is one of the oldest public hospitals in Ethiopia and was established in 1930 E.C by Italian occupiers for the service of their soldiers. After the withdrawal of the colonial occupants, it had been governed under the Ethiopian government with the name of “Ras Desta Damtew hospital”, later “Jimma Hospital” during Dergue regime, and currently is named Jimma University Specialized Hospital. After transfer of its ownership to Jimma University in June 2001, the university has made relentless efforts in extensive renovation and expansion work to make the hospital conducive for providing curing and treatment services, teaching and conducting researches. As of August 2009, the hospital has implemented Business Process Re-engineering, a strategy designed to improve the clients’ and stakeholders’ satisfaction. Currently, it is the only teaching and referral hospital in the southwestern part of the country, and it runs an annual governmental budget of more than 30 million birr with bed capacity of 530. The hospital has a total of more than 1088 both supportive and health professionals. It provides services for approximately 9, 000 inpatient and 80, 000 outpatient attendances a year coming from the catchment population of about 15 million people. Its mission statement addresses commitment to reduce morbidity, mortality and disability and improve health status of the local people through providing a comprehensive package of high quality curative, preventive, promotive and rehabilitative health service to the public and providing clinical education to the next students in collaboration with respective stakeholders. It does this with an empowered workforce in an environment that values staff professionalism, respects of patients’ rights and upholds human

dignity at all times. With its partners and within available resources, it contributes to the development of health services, research and education in Ethiopia. The study was conducted from February to May 2014.

3.2 Study Design

Institution based cross-sectional study was conducted in Jimma University Specialized Hospital. The study was designed to assess status of motivation, its predictors and their impact on organizational commitment.

3.3 Source Population and Study Population

The source of the study was all health care professionals of JUSH, and the study population was systematically selected HCPs who have been working in the hospital for more than six months during time of this study.

3.4 Study Variables

Both dependent and independent variables considered in the study were presented as follows:

3.4.1 Dependent variables:

- Motivation
- Organizational commitment

3.4.2 Independent Variables:

- Socio-demographic variables (Sex, Age, Religion, Marital status, Profession, Educational level and service year)
- Motivational determinant factors (Increased responsibility, Individual's feelings, Expectation and Perception, Salaries, Promotion, Job security, Safety, Benefits, Opportunity for trainings, Interpersonal relations, Recognition by management, Performance appraisal, management system, Facilities and Infrastructures)

3.5 Inclusion and Exclusion Criteria

- **Inclusion criteria:** all health care professionals who have been employed in full time term and worked for more than six months.
- **Exclusion criteria:** All academic members of health professionals working in the hospital on part time base and all supportive staffs.



3.6 Sample size determination and Procedure

Sample size was determined by single proportion population formula by using **epi** info statistical software. The required sample size was calculated using the following parameters developed from the previous studies:

Sample size determination formula:

$$n = (Z^2 \times P (1 - P))/e^2$$

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

$$n = 1.96^2 * 0.414(1-0.414)/ 0.05^2$$

$$n = 373$$

Where, n= sample size, P= proportion of motivation status, d= degree of precision usually set at 0.05

Assumptions;

- ▶ The magnitude (P) of motivation status=41.4% [Alemishet Y, et al, 2011],
- ▶ 95% confidence level,
- ▶ 5% margin of error,
- ▶ Non response rate of 10%.

Since the total target population (562) was less than 10,000, it was adjusted with finite population formula

- ▶ So, n (adj) = n/ (1+n/N), i.e. 373/ (1+373/562) = 225.

- ▶ The 10% non response rate =23.

- ▶ Finally, the total population considered for the study was 248. Finally, **n= 248**.

3.7 Sampling Technique

The book register with list of all HCPs was obtained from HRM for selection of the respondents. The sample was then obtained from HCPs book register by systematic random sample after calculating the proportional number of each professional category to the total sample size. Systematic sampling was performed at different respective intervals to each professional category.

3.8 Data Collection and Measurement Tool

The source of data was basically primary which were collected from selected HCPs currently serving in JUSH. Self administered questionnaire to collect primary data were developed after reviewing similar studies. For example, research findings show that when the variables for motivation (intrinsic and extrinsic) are correlated with the organizational commitment variables, it enables to identify the relative impacts of these factors of motivation on organizational commitment. In this study, both individual and organizational factors of motivation adapted from similar studies [e.g. *Ukeagbu, 2000*] were used to determine the level of motivation and their impact on organizational commitment.

The five point **Liekert scale** was used to collect the data from selected population. The employed type of scale had the following response-option definitions: (5) Strongly Agree (4) Agree, (3) Indifferent, (2) Disagree, (1) Strongly Disagree.

Respondents were also asked to give their personal suggestions and opinion under each section of the questions. Then similar responses were tallied and summarized for writing the result.

The questionnaire was categorized in to six sections:

Section one: asks respondents to provide background of their demographic information (sex, age, educational status, profession, years of experience, marital status).

Section two: asks respondents perceived motivational status with personal factor items which could help to measure overall motivational level of HCPs against predicting factors.

Section three: asks respondents to rate factors related to expectation and perception as determinants of overall motivation

Section four: asks respondents to rate factors related to Expectation and Perception as determinants of overall motivation

Section five: asks respondents to rate factors related to Salary and Benefits as determinants of overall motivation

Section six: asks respondents to rate factors related to Institution Environment as determinants of overall motivation

Section seven: asks respondents to know perceived Commitment level to measure it against motivational status score.

3.8.1 Overall Motivational status Measurement

The motivational level instrument was developed to measure the motivation levels of health care professionals in the hospital. Workers had to rate level of motivation on four items, with each items being scored on five point likert scale 1(strongly disagree) to 5 (strongly agree). Scores were then added, with the maximum possible score being 20 and the minimum 4.

3.8.2 Overall Expectation and Perception Measurement

This measurement tool was developed to measure the perception and expectation related factors of the workers with regards to their subjective judgment about their feelings of responsibilities towards job, management cares for them, perceived recognition and appreciation, interpersonal relationship, performance appraisal, and expectation of extra works for small pay. It was measured based on seven items, each scored on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Scores are then added, with the maximum possible score being 35 and the minimum 7.

3.8.3 Overall Salary and Benefits Measurement

The tool was developed to measure perceived salary and benefit systems by the workers, and measured based on five items, each scored on a 5-point Likert scale that ranged from 1 (strongly disagree) to 5 (strongly agree). Scores were then added, with the maximum possible score being 25 and the minimum 5.

3.8.4 Overall Institution Environment Measurement

Infrastructures and facilities, management system, job security and safety policy are considered as important things for the provision of health care services. The overall hospital's environment items addressed the overall perceived opinion of workers of the above criterion. It was measured based on five items, each scored on a 5-point Likert scale that ranged from 1 (strongly disagree) to 5 (strongly agree). The scores were added with the maximum possible range between 5 and 25.

3.8.5 Overall Commitment level Measurement

This tool was developed to measure the overall organizational commitment of HCPs and assessed based on perceived commitment of management for workers' motivation, feeling bright

future, whether leave for better job but strive towards hospital's objective. It was measured based on six items, each scored on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Scores were added with the maximum possible score being 30 and the minimum 6.

3.9 Data Quality Assurance

Quality of data was assured through careful adaptation of data collection instruments from similar studies. Initially, the developed self-administered questionnaire prepared in English language was employed for data collection for pre-test. The English version of the questionnaire was used without translation into local languages with the realization that selected sample population for the study could read and understand English since the minimum educational level indicated in the questionnaire was diploma. The pre- test was done on 13 (5%) of the study population from Shanan Gibe hospital to check for consistencies, coherence, sequence and wording of questionnaire. The content of the questionnaire included socio-demographic variables, motivation level measurement and its factors, organizational commitment measurement factors, hospital's facilities and infrastructures, management system, measures to improve motivation and commitment. Training was given to data collectors and data collection procedures were checked frequently through close supervision and checking of the collected data for its consistency daily on-spot by coordinator and principal investigator had been done.

3.10 Data Processing, Management and Analysis

Data were checked daily for clarity and completeness. Each item was cleaned and given code to be entered into EPI-DATA version 3.1. After double entry verification, the data were exported to SPSS version 16.0 for analysis, and were explored using descriptive analyses to clean data entry errors. Factor scores were computed for the items by varimax rotation, and were used in the subsequent analysis. Multiple linear regression analysis was employed to quantify the effect of independent variables on the regression factor score. Accordingly, socio-demographic variables were entered into the first linear regression model. In similar way, items related to motivation level, expectation and perception, salary and benefits, institutional environment and organizational commitment were entered into the different models separately. The variables found to be significantly associated with the dependent variable in the preceding models were entered into a final model. In this final model, 'Enter' method was used to enter factor score of

the items since there were few variables. The assumptions of linearity, normality and multi collinearity of the variables were checked to test whether the variables fit for multiple linear regressions. A p-value of less than 0.05 was used as the cut-off level for motivational and organizational commitment significance scores. Tables aided with narrative description were also used in writing the result.

3.11 Ethical Consideration

After approved by Jimma University BECO Ethical Review Committee, permission was granted from CEO of JUSH to collect data from the respondents. Next, the purpose of the study was clearly explained for the respondents. Confidentiality was ensured through excluding personal identifier.

3.12 Measurement

3.12.1 Perceived Level of Motivation

Perceived motivational level by the workers was their personal judgment of the status of their desire to work in the hospital. It was measured by three items. Each item was scored on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5) which yields a score range of 3-15. The score showed strong internal consistency among the items with Cronbach's value of 0.769. This implies the three items together could highly measure motivation level of JUSH health care providers. The items were considered to show the perceived level of motivation, and include; 'type of work provides opportunity for achievement; the work is challenging and provides satisfaction; and the job provides opportunity for personal growth and development". The score of the three items were subjected to factor analysis to look into the underlying predictor of motivational level among HCPs. Accordingly, one component with eigne value greater than one was extracted using varymax rotation method and it accounted for 68.67% of the overall variance, and thus the remaining score of the items with eigne values less than one were discarded during the linear regression analysis. This component was "Job satisfaction with opportunity for achievement". The factor has high loading value in the component matrix for this item, and so was renamed. The item was considered as the central constituent of perceived motivational level. Therefore, based on the contents of this scale and the magnitude of the eigen value the item used during the analysis was "Job

satisfaction with opportunity for achievement.”

3.12.2 Expectation and Perception

This measurement items measured the perception and expectation of workers according to their subjective judgment towards motivational factors. HCPs were provided with seven items which were scored on 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The entire items taken together yield a maximum score of 35 and a minimum of 7, and higher score on each item was to indicate higher level of workers' expectation and perception for determining motivational level. The items were based on the following statements: strong feeling of responsibility for positively influencing people's live, strong feeling of responsibility for contributing to the community, management cares for employees' welfare, recognition and appreciation of workers for better performance, satisfaction with interpersonal relationship, being motivated with performance appraisal system, and too much work expect for small pay.

The reliability coefficient (Cronbach's alpha value) of HCPs' Expectation and Perception was 0.509 indicating the items relatively internally consistent. To examine the underlying components of Expectation and Perception, an exploratory factor analysis was applied to all items. Then, three meaningful factors with eigne value greater than one were extracted. These factors accounted for 66.01% of the total variance and explained the overall variability of Expectation and Perception among HCPs. On the first component, two items, namely “strong feeling of responsibility for positively influencing people's live” and “strong feeling of responsibility for contributing to the community”, were loaded and renamed as “job provides strong feeling of responsibility”. On the second factor, the other two items were loaded. These items were “management cares for employees' welfare” and “workers get recognition and appreciation for better performance”, and again renamed “management cares for and gives recognition for workers”. Finally on the third component, the last two items, namely “employees are expected to do too much work for small pay” and “workers' performance appraisal system help to be motivated” were loaded. This factor was renamed “performance appraisal and payment” for doing the analysis.

3.12.3 Salary and Benefit

Five items on 5 point Liker scale ranging from strongly disagree(1) to strongly agree (5) was used to measure the overall perception towards salary paid to HCPs and benefit schemes. All these items taken together yield a maximum score of 25 and a minimum of 5, and higher score on each item was to indicate higher level of perception towards salary and benefits. They have high internal consistency with Cronbach's alpha value of 0.832. The items were presented with the following statements: not motivated with salary payment; unfair promotion and salary increments; unfair incentive and benefit system; there is opportunity for off job trainings; there is opportunity for on job trainings. The items' score were subjected to factor analysis to look into the underlying components. Accordingly, one factor with eagne value greater than one was extracted and accounted for 60.119% of the overall variance. This factor was renamed as "I am not satisfied with salary and benefit system" for analysis. This was considered as the central constituent of perceived Salary and Benefit schemes score, and the remaining items with eagne values less than one were discarded.

3.12.4 Institution Environment

An institutional environment consists of facilities and equipments, infrastructures, management system and structure, and organizational policies which are considered important for the provision of quality health care services. Here five items on 5 point Liker scale ranging from strongly disagree (1) to strongly agree (5) were used to measure the overall hospital's environment. All the items taken together yield a maximum score of 25 and a minimum of 5. The items had high internal consistency with Cronbach's alpha value of 0.806. These items were based on the following statements: hospital setting environment is attractive; management system encourages HCPs to work independently; facilities are not enough for care and treatment services; HCPs are secured enough on their jobs; and the hospital has health and safety policy in place. The scales of the items were subjected to factor analysis to look into the underlying components. The item stated, "the hospital has health and safety policy in place" was discarded because its loading value was less than half of initial value of the communalities. Once again the remaining four items were subjected to factor analysis. When factor analysis was applied one component with eagne value greater than one was extracted and it was accounted for 64.317% of the overall variance. This factor was renamed

“hospital’s infrastructure and facility”. This was considered as the central constituent of perceived overall hospital’s environment score and the remaining items with eagne values less than one were discarded.

3.12.5 Perceived Organizational Commitment

Six items on five point Likert scale ranging from strongly disagree (1) to strongly agree (5) were used to measure the overall organizational commitment and were presented with the following statements: top level management are committed for motivating workers; I prefer to work in this hospital to any other; I feel having bright future and so remain working in the hospital; my current job is for temporary; I would leave for better job; I am committed and strive to hospital’s objective. All the items’ scores took together yield a maximum score of 30 and a minimum of 6. The items had relatively high internal consistency with Cronbach’s alpha value of 0.7. These items’ scales were subjected to factor analysis to look into the underlying components. The item “my current job is only for temporary employment” was discarded because its loading value was less than half of the initial value of the communalities. Once again the remaining four items were subjected to factor analysis. Accordingly, two factors with eagne value greater than one were extracted, and were accounted 73.27% of the overall variance. This explained the overall organizational commitment level among JUSH health care professionals.

On the first factor, three items namely “commitment of top level management for motivating workers; I prefer to work in this hospital to any other; I feel having bright future and so remain working in the hospital” were loaded and renamed as “I retain in the hospital having bright future”. On factor two, the other two items presented as “I would leave for better job and I am committed to and strive to hospital’s objective” were loaded and represented with the statement “I may leave for better job but strive towards organization’s objective” for the analysis.

CHAPTER FOUR

4. RESULTS AND DISCUSSION

4.1 RESULTS

4.1.1 Socio-demographic characteristics

A total of 248 health care professionals from different disciplines were involved to provide data needed for the study making response rate of 100%. Out of the total respondents who filled the questionnaires 138(55.6%) were male and 110(44.4%) were female. Majority of the respondents' age lied in the range of 20-29 years. With Regards to religion of the respondents, 133(53.6%) were Orthodox whereas 76(30.6%) and 27(10.9%) were Protestants and Muslims respectively.

The marital status data of the respondents showed that 162(65.3%) were single and 77(31%) married. The majority of the respondents, 183(73.8%) were registered nurses. The others were found to be pharmacists 27(10.9%) and physicians 15(6%). Educational level of the respondents indicates that degree holders were highest and accounted 141(56.9%), with diploma holders, 89 (35.9%). Finally, the service year data of the respondents showed that majority of them 213(85.9%) have worked for less than or equal to five years and respondents served for six to ten years were 20(8.1%).

Table1. Socio-demographic Characteristics of Respondents of health care professionals in JUSH, SW Ethiopia, February-May2014

<i>Socio-demographic variables</i>	<i>Frequency</i>	<i>Percentage</i>
Sex		
Male	138	55.6
Female	110	44.4
Age (in years)		
≤19	110	44.4
20-29	223	89.9
30-39	12	4.8
40-49	6	2.4
Religion		
Orthodox	133	53.6
Protestant	76	30.6
Muslim	27	10.9
Others	12	4.8
Marital status		
Single	162	65.3
Married	77	31.0
Divorced	2	0.8
Widowed	7	2.8
Professional		
Physician	15	6.0
Lab. Technician	11	4.4
Nurse	183	73.8
Pharmacist	27	10.9
Midwifery	12	4.8
Educational Level		
Diploma	89	35.9
Degree	141	56.9
Masters	6	2.4
General practitioner	8	3.2
Specialist	4	1.6
Service Year		
1/2-5 yrs	213	85.9
6-10 yrs	20	8.1
11-15yrs	9	3.6
>15yrs	6	2.4



4.1.2 Overall Motivational status among health care professionals

Descriptive Result: The respondents' data on current motivational status showed that majority of them (47%) replied 'disagree' to 'type of work provides opportunity for achievement' and 23.4% of them strongly disagreed. With the second statement, i.e. 'the work is challenging and provides satisfaction', respondents were asked to rate and was recorded 54.4% 'disagree' and 28.2% 'agree'. Lastly, 41.9% of them responded 'disagree' to 'the work provides opportunity for personal growth and development' and 24.2% of them said 'agree'. The result shown with the following table.

Table2. Descriptive responses of HCPs to Perceived motivational level in JUSH, SW Ethiopia, February-May2014

<i>Variables</i>	<i>SDA</i>	<i>DA</i>	<i>INDI</i>	<i>AG</i>	<i>SA</i>
The type of work I perform provides me with opportunity for achievement	30(12.1%)	117(47.2%)	27(10.9)	58(23.4%)	16(6.5%)
The type of job I perform is challenging one and provides me satisfaction	18(7.3%)	135(54.4%)	18(7.3%)	70(28.2%)	7(2.8%)
The work provides me opportunity for personal growth & development	25(10.1%)	104(41.9%)	45(18.1%)	60(24.2%)	14(5.6%)

Note: SDA-Strongly disagree, DA- Disagree, INDI-Indifferent, AG-Agree, SA- Strongly Agree

Scale score Result: The rows mean score of perceived motivational status was 8.032 ± 2.742 with possible value range from 3-15. The overall mean scale score (as the percentage of maximum scale scores) of motivational status of the workers was found to be 45.74% with possible value range from 0-100.

4.1.3 Overall Perceived Factors of motivation among HCPs

4.1.3.1 Expectation and Perception

Descriptive Result: As explored from the respondents' response data, 44.4% of them replied 'disagree' to 'the job provides with strong feeling of responsibility since positively influence others' lives'. About 46.4% also disagreed with 'if the job provides with strong feeling of responsibility to contribute to the community'. HCPs were asked of their perception if the management cares for employees' welfare', with 41.9% agreed, and 20.2% disagreed. They were also asked if they 'get recognition and appreciation for better performance', with 41.1% and 31.9% agreed and disagreed respectively. Majority of the respondents (55.2%) replied 'disagree' to 'interpersonal relationship among different levels of individuals is good', and very few replied 'strongly disagree' (6.9%). Most respondents (34%) said 'agree' that 'performance appraisal system helps get motivated', & 20% were indifferent. Finally, majority of them (39.1%) said 'disagree' to 'workers are expected to do too much work for small pay', and 21.8% replied 'agree'.

Table3. Descriptive responses of HCPs to Expectation and Perception in JUSH, SW Ethiopia, February-May2014

Variables	SA	AG	INDI	DA	SDA
❖ The job provides me strong feeling of responsibility and positively influence others people's lives	14(5.6%)	38(15.3%)	9(3.6%)	110(44.4%)	77(31%)
❖ The job provides with strong feeling of responsibility since I am contributing to the community	2(0.8%)	23(9.3%)	24(9.7%)	115(46.4%)	84(33.9%)
❖ Management cares for employees' welfare	36(14.5%)	104(41.9%)	47(19%)	50(20.2%)	11(4.4%)
❖ Workers get recognition and appreciation for better performance	19(7.7%)	102(41.1%)	31(12.5%)	79(31.9%)	12(6.9%)
❖ Interpersonal relationship among supervisors, co-workers, and patients is good	17(6.9%)	25(10.1%)	49(19.8%)	137(55.2%)	20(8.1%)
❖ Workers' performance appraisal system help to get motivated	22(8.9%)	85(34.3%)	51(20.6%)	72(29%)	18(7.3%)
❖ The workers are expected to do too much work for small pay	30(12.1%)	54(21.8%)	35(14.1%)	97(39.1%)	32(12.9%)

Note: SDA-Strongly disagree, DA- Disagree, INDI-Indifferent, AG-Agree, SA- Strongly Agree

Row Mean score:

- a. The row mean scale was 4.169 ± 1.968 with possible value range from 2-10. The mean scale score of 'feeling of responsibility by workers' was found to be 27.116% with possible value range from 0-100.
- b. The row mean scale was 6.52 ± 1.808 with possible value range from 2-10. The mean scale score of 'management cares for and gives recognition' was found to be 56.602% with possible value range from 0-10.
- c. The row mean scale was 5.895 ± 1.491 with possible value range from 2-10. The mean scale score of 'performance appraisal system and payment' was found to be 48.689% with possible value range from 0-100.

Note: The result of mean scale score (as percentage of maximum scale scorers) of feelings of responsibility among HCPs was found lowest when compared to the other two component counterparts in presenting expectation and perception as determinant.

Table4. The Mean scale Scores of HCPs to Perception & Expectation,

Emerg ed factors(scales)	Row mean scale ± SD	Mean scale score(%SM⁴)
The job provides with strong feeling of responsibility	4.169±1.968	27.11 6
Management cares for and gives recognition for workers	6.52±1.808	56.602
Performance appraisal and payment level	5.895±1.491	48.689

* (%SM⁴) is the standardized score as percentage of possible maximum scale score, and it lies between 0 and 100

4.1.3.2 Perceived Salary and Benefit system

Descriptive Result: From the total respondents, 44.8% replied ‘agree’ to ‘not enough salary payment to health care professionals’, with 33.1% said ‘strongly agree’. Promotion and salary increment was perceived ‘agree’ by the majority (52.8%) with 26.8% ‘strongly agree’. And, 43.2% of them said ‘agree’ to ‘the incentives and benefit schemes is not enough’, with 30% ‘strongly agree’. Finally, they replied ‘agree’ to ‘not enough off job and on job training opportunities’ with recorded result 47.2% and 44.8% for each respectively.

Table5. Descriptive responses of HCPs to perceived Salary and Benefit schemes in JUSH, SW Ethiopia, February-May2014

<i>Variables</i>	<i>SA</i>	<i>AG</i>	<i>INDI</i>	<i>DA</i>	<i>SDA</i>
❖ The salary payment to health care professionals is not enough	82(33.1%)	111(44.8%)	27(10.9%)	19(7.7%)	9(3.6%)
❖ Promotion and salary increments are not fair enough among the workers	66(26.8%)	131(52.8%)	20(8.1%)	13(5.2%)	18(7.3%)
❖ The incentives and benefit schemes of health care professionals is not enough	76(30%)	107(43.2%)	29(11.7%)	28(11.3%)	8(3.2%)
❖ There is not enough opportunity for off job trainings	56(22.6%)	117(47.2%)	45(18.1%)	22(8.9%)	8(3.2%)
❖ There is not enough opportunity for on job trainings	54(21.8%)	111(44.8%)	36(14.5%)	45(18.1%)	2(0.8%)

Note: SDA-Strongly disagree, DA- Disagree, INDI-Indifferent, AG-Agree, SA- Strongly Agree

Row Mean score: Row mean scale is 19.145 ± 4.053 with possible value range from 5-25. The overall mean scale score (as percentage) of salary and benefit system was found to be 69.185% with possible value range of 0-100.

4.1.3.3 Perceived Institutional Environment

Descriptive Result: Majority of the respondents said 'agree' to 'attractive enough of hospital settings and infrastructures' which accounted for 36.7%, with 20.2% 'strongly agree'. The systems and management structures of the hospital were perceived encourage health care professionals with 41.1% responded 'agree', with 8.9% strongly disagreed. Majority of them said 'agree' to scarcity of facilities and space, 61.3% accounted. The job security was mainly perceived not enough among HCPs with 44.4% said 'agree', but 23% of them responded 'disagree'. At last, majority of the respondents (49.2%) agreed to 'the hospital has a guarantee safety policy & practices for HCPs'. Only 2.8% of them strongly opposed to the statement.

Table6. Descriptive responses of HCPs to Institutional environment in JUSH, SW Ethiopia, February-May2014

<i>Variables</i>	<i>SA</i>	<i>AG</i>	<i>INDI</i>	<i>DA</i>	<i>SDA</i>
❖ Hospital settings and infrastructures are attractive enough for health care services	50(20.2%)	91(36.7%)	34(13.7%)	51(20.6%)	22(8.9%)
❖ The systems and management structures of the institution encourage health care professionals	47(19%)	102(41.1%)	30(12.1%)	47(19%)	22(8.9%)
❖ Facilities & spaces (drug, equipments and labs) are not enough for care and treatment	39(15.7%)	152(61.3%)	16(6.5%)	30(12.1%)	11(4.4%)
❖ Workers are secured enough for their job	29(11.7%)	110(44.4%)	35(14.1%)	57(23%)	17(6.9%)
❖ The hospital has a guarantee safety policy & practices for health care professionals	34(13.7%)	122(49.2%)	26(10.5%)	59(23.8%)	7(2.8%)

Note: SDA-Strongly disagree, DA- Disagree, INDI- Indifferent, AG-Agree, SA- Strongly Agree

Row Mean score: The row mean scale was 17.310 ± 4.316 with possible value range from 5-25. The overall mean score (as a percentage) of hospital's infrastructure and facility was found to be 62.836% with possible value range from 0-100.

4.1.4 Perceived Overall Organizational Commitment level among HCPs

Descriptive Result: Overall perceived commitment level to the hospital was measured with some attributes/items. Accordingly, 33.9% of the respondents replied 'agree' to 'committed to objective of the hospital since management is interested in motivating HCPs'. Again, 30.6% of them said 'agree' to 'prefer working in the hospital to any other', and 27.8% replied 'disagree'. The respondents said 'agree' to 'I have a bright future and so stay working in the hospital' was accounted 28.6%, and 25.4% perceived their future is not bright and so do not stay. A total of 36.3% respondents perceived their current job is not permanent, and 31.9% replied 'disagree'. On the other hand, 37.5% of respondents supported they would easily leave the hospital if they can find a better job, 33.1% said 'strongly agree'. Finally, more than half of the respondents perceived they are not committed to hospital's objective (50.4%).

Table7. Descriptive responses of HCPs to Organizational commitment level in JUSH, SW Ethiopia, February-May2014

<i>Variables</i>	<i>SA</i>	<i>AG</i>	<i>INDI</i>	<i>DA</i>	<i>SDA</i>
❖ I am committed to objective of the hospital since top management is interested in motivating the HWs	50(20.2%)	84(33.9%)	33(13.3%)	64(25.8%)	17(6.9%)
❖ I prefer working in this hospital to any other I know about	44(17.7%)	76(30.6%)	42(16.9%)	69(27.8%)	17(6.9%)
❖ I feel that I have a bright future so will remain working in the hospital	44(17.7%)	71(28.6%)	52(21%)	63(25.4%)	18(7.3%)
❖ My current job is only for temporary employment	27(10.9%)	90(36.3%)	11(4.4%)	79(31.9%)	41(16.5%)
❖ I would easily leave the hospital if I find a better job	27(10.9%)	34(13.7%)	12(4.8%)	93(37.5%)	82(33.1%)
❖ I am committed to hospital's objective of care and treatment activities	13(5.2%)	28(11.3%)	32(12.9%)	125(50.4%)	50(20.2%)

Note: SDA-Strongly disagree, DA- Disagree, INDI-Indifferent, AG-Agree, SA- Strongly Agree

Row Mean score:

a. The row mean scale was 9.834 ± 3.038 with possible value range of 3-15. The mean score (as a percentage) of 'I have bright future and so retain in the hospital' was found to be 56.955% with possible value range of 0-10.

b. The row mean scale was 4.629 ± 2.142 with possible value range of 2-10. The mean scale score (as a percentage) of 'I may leave the hospital for better job but strive towards organization objective' was found to be 38.008% with possible value range of 0-100.

Here, the measurement result score of perceived 'I may leave for better job but strive towards organizational objective' was found to be lower when compared to 'I have bright future and so retain in the hospital'.

Table8. Organizational Commitment level mean score of HCPs in JUSH, SW Ethiopia, February-May2014

Emergед Factors(scales)	Row mean scale±SD	Mean scale score(%SM⁴)
I have bright future and so retain working in the hospital	9.834±3.038	56.955
I may leave for better job but strive towards hospital's objectives	4.629±2.142	38.008

* (%SM⁴) is the standardized score as percentage of possible maximum scale score, and it lies between 0 and 100

4.1.5 Determinants of Motivational Status score

4.1.5.1 Socio-demographic Variables as determinants of Motivational status score

In the first model, socio-demographic variables were entered to assess their impact on motivational status of the workers. This model explained 13.4% variability in motivational status score. Among these variables, only Sex and Year of service appeared to be significantly associated with motivation score with $P < 0.05$. Accordingly, motivation level of female health professionals was decreased by 0.623 units when compared with male counter parts with 95% confidence level of -1.052 to -0.195, i.e. being a female health professional would result in a decrease of motivational level by 0.623 units.

As the service year increases by one unit, the worker's motivational status shows a decrease by 0.507 units at p -value < 0.05 and 95% confidence level of -0.697 to -0.317, in other word, service year has a negative association with motivational status.

Note: Age of respondents and Professional field categories had colliniarity with Year of service and Educational level respectively, and so were excluded from the analysis.

Table9. Socio-demographic variables of HCPs respondents as determinants of motivational status score in JUSH, SW Ethiopia, February-May2014

Variables	Unstandardized Coefficients		Standardized Coefficients	Sig.	95% Confidence Interval for β	
	B	Std. Error	Beta		Lower bound	Upper bound
Sex:	Male*	0	-	0	-	-
	Female	-0.623	0.213	-0.426	0.005	-1.052 -0.195
Religion:	Orthodox	0	-	0	-	-
	Muslim	0.398	0.201	0.187	0.052	0.003 0.795
	Protestant	0.435	0.372	0.059	0.106	0.135 0.926
	Others	0.113	0.278	0.038	0.687	-0.439 0.664
Marital Status:	Single*	0	-	0	-	-
	Married	-0.216	0.103	-0.345	0.093	-0.421 -0.011
	Divorced	-0.194	0.648	-0.033	0.765	-1.482 1.094
	Widowed	0.349	0.357	0.107	0.332	-0.361 1.059
Profession:	Physician	0.051	0.265	-0.026	0.849	-0.581 0.480
	Lab.tech.	-0.382	0.295	-0.173	0.199	-0.972 0.287
	Nurse*	0	-	0	-	-
	Pharm.	0.379	0.286	0.177	0.190	-0.193 0.951
	Midwife					
	Others	-0.183	0.159	-0.374	0.254	-0.500 0.134
Service Year						
	-0.507	0.096	-0.318	0.001	-0.697 -0.317	

* Reference groups with highest frequency

4.1.5.2 Perception and Expectation as predictors of motivational status score

In the second model, the three extracted components or factors were entered to see their relative importance in predicting motivational status among the HCPs. This model explained 31.8% of total variability. Accordingly, Perception and Expectation of HCPs have a significant association with their motivational status. A one unit increase of 'feeling responsibility' resulted in an increase of motivational status score by 0.414 at p-value 0.0001 with 95% confidence level of 0.310-0.517 keeping the other two factors constant. On the other hand, increased Expectation and Perception on Management cares for and gives recognition increases the motivational status score of the workers by 0.378 at p-value 0.0001 with 95% confidence level of 0.274 to 0.481 keeping the other two factors unchanged. Finally, as expectation and perception component, performance appraisal system and payment significantly influence motivational status score of the workers. According to this study, as perception and expectation of workers on performance appraisal system decreases by a unit, the motivational status score of the workers is decreased by 0.111 units at p-value 0.036 with 95% confidence level of -0.215 to -0.008 keeping the other two factors constant.

Table10. Expectation and Perception as determinants of motivational status score among HCPs in JUSH, SW Ethiopia, February-May2014

Variables	Unstandardized Coefficients		Standardized Coefficient	Sig.	95% Confidence Interval for B	
	β	Std. Error	Beta		Lower bound	Upper bound
Job provides me with strong feeling of responsibility	0.414	0.053	0.414	0.000	0.310	0.517
Management cares for and gives recognition for workers	0.378	0.053	0.378	0.000	0.274	0.481
Performance appraisal and amount of payment	-0.111	0.053	-0.111	0.036	-0.215	-0.008

4.1.5. 3 Salary and Benefit as predictors of motivational status score

The factor extracted from measurement of perceived salary and benefit system was entered in to the third model. This model explained 2.5% variability in motivational status score. Perceived salary and benefit system was significantly associated with motivational status score. Accordingly, a one unit increase of perceived salary and benefit system results in an increase of motivational status score by 0.171 at p-value 0.007 with 95% confidence level of 0.048-0.295.

4.1.5.4 Institutional Environment as predictor of motivational status score

The factor extracted from measuring items of perceived institutional environment was entered in to the fourth model. This model explained 9.6% variability in motivational status score. Perceived hospital's infrastructure and facility was significantly associated with motivational status score. Accordingly, an increased perceived Institutional Environment by one unit resulted an increase of motivational status score by 0.316 at p-value 0.0001 with 95% confidence level of 0.197-0.435.

4.1.6 Independent Predictors of Motivational Status score

In the final model, components those showed significant association with motivational status score in the previous models (from model one to model four) were selected and entered for analysis. This was made to assess the relative importance of these factors in explaining motivational status score.

This model explained 38.6% of variability in motivational status score of HCPs. Perceived Expectation, Salary and Benefit system, and demographic characteristics are remaining predictors of motivational status score.

Accordingly, β -value of factors extracted to represent Perception and Expectation (i.e. job provides with strong feeling of responsibility) has resulted an increase in the motivational status score of HCPs by 0.425 units at p-value 0.001 with 95% confidence level of 0.319-0.530. The β value of 'Management cares for and gives recognition for workers' results an increase in motivational status score of the workers by 0.246 units at p-value 0.0001 with 95% confidence level of 0.117-0.375. 'Performance appraisal system and payment' score decreases

motivational status score of workers by 0.13 units at p-value 0.012 with 95% confidence level of -0.234 to -0.029.

Lastly, Perceived Salary and Benefit system decreases motivational status score of the workers by -0.043 units at p-value 0.028 with 95% confidence level of -0.120 to -0.178.

Table 11. Independent Predictors of Motivational Status score among JUSH, SW Ethiopia, February-May 2014

<i>Predictors of motivational status</i>		<i>Unstandardized Coefficients</i>		<i>Standardized Coefficient</i>	<i>Sig.</i>	<i>95% Confidence Interval for B</i>	
		<i>β</i>	<i>Std. Error</i>	<i>Beta</i>		<i>Lower bound</i>	<i>Upper bound</i>
Sex:	M*	-	-	-	-	-	-
	F	-0.185	0.105	-0.092	0.079	-0.0392	0.022
Year of Service		-0.368	0.085	-0.231	0.0001	-0.537	-0.200
Job provides me with strong feeling of responsibility		0.425	0.053	0.425	0.0001	0.319	0.530
Management cares for & gives recognition for workers		0.246	0.065	0.246	0.0001	0.117	0.375
Performance appraisal system and payment		-0.131	0.052	-0.131	0.012	-0.234	-0.029
Satisfaction with salary & benefit system		-0.043	0.076	0.029	0.028	-0.120	-0.178
Hospital infrastructure and facility		0.105	0.071	0.105	0.142	-0.035	0.245

*Reference group with highest frequency

4.1.7 Organizational Commitment level score

The average mean scale score at a percentage of Organizational commitment among health care professionals was found to be 47.48% with possible value range of 0-100.

4.1.8 Impact of Determinants of Motivational status score on Commitment level score

In this model, predictors of motivational status were entered to look at their impact on commitment level score. Accordingly, the model explained 28.5% variability of commitment level score predictors (i.e. Job provides with strong feeling of responsibility; and Management cares for and gives recognition for workers) appeared to be determinants of organizational commitment score. For example, a one score unit increase in ‘Job provides with feeling of responsibility’ results an increase of organization commitment by 7.988 with p-value 0.0001 with 95% confidence level of 6.063-9.913. And a one score unit increase in ‘Management cares for & gives recognition for workers’ results an increase of commitment by 5.480 with p-value 0.0001 with 95% confidence level of 3.494-7.466.

Table12. Impact of determinants of motivational level scores on commitment level score of HCPs in JUSH, SW Ethiopia, February-May2014

Predicting variables of commitment	Unstandardized Coefficients		Standardized Coefficients	Stg.	95% Confidence Interval β	
	B	Std. Error	Beta		Lower bound	Upper bound
▪ Job provides with strong feeling of responsibility	7.988	0.977	0.440	0.000	6.063	9.923
▪ Management cares for and gives recognition for workers	5.480	1.008	0.302	0.000	3.494	7.466
▪ Performance appraisal system and payment	-1.827	0.978	-0.101	0.063	-3.753	0.100
▪ Service Year	-0.339	1.609	-0.012	0.833	-3.507	2.830

4.1.9 Results from Suggestions

The suggestion data had explored the perceived reasons of low motivation and commitment level of HCPs in JUSH. Low motivation due to absence of recognition and appreciation, incomparable salary and work load, and disliking the profession itself, minimum attention given to the hospital university administration, weak and non transparent management system (e.g. delay of duty payment, unfair promotion practice, and unfair treatment on personal benefits).

There were also identified a very limited training opportunities, absence of works on staff development and supports, lack of infrastructures and materials (e.g. equipments, drugs, consumables, work spaces), limited interpersonal relationship between workers and the management and poor sanitation. Only few respondents suggested they were motivated with the work since it gave them the opportunity to help others and safe live; a few liked accountability of the professionals at emergency times and satisfied with duty payment. It was revealed that many HCPs would consider leaving if they could get better job with salary, conducive work environment, better benefits, better prospects for promotion and educational opportunity. The suggestions all supported the quantitative results.

4.2 DISCUSSION

Motivation of health care professionals is predicted with different factors, and has a very determinant effect on organizational commitment in health service institution.

In this study, the overall score of motivational status among HCPs was found to be 45.74%, and is compatible with the previously conducted research. For example, the study done in the same hospital [Alemishet Y, et al, 2011] showed the magnitude of motivational level of HCPs before a few years was 41.4%.

Incomparable salary and work load, minimum attention given to the hospital, and unfair promotion practice, biased treatment on personal benefits, a very limited training opportunity, absence of staff development and supports, lack of infrastructures and materials, limited interpersonal relationship, low sanitation were among those factors identified as attributes to low motivation status of the workers.

It was identified that motivational level score is predicted by such factors as salary and benefit, expectation and perception, and socio-demographic characteristics of HCPs. The p-values of components under Expectation and Perception showed that they have significant association with motivational status of the workers. This includes 'feeling of responsibility', 'management care and recognition', and 'performance appraisal system'. Their score, as determinants of motivation status, were accounted 27.116%, 56.602% and 48.689% respectively. The significant level of Salary and Benefit; and hospital's infrastructure and facility scores showed significant association and could importantly predict HCPs' motivational status. The overall scores of these predictors were 69.185% and 62.836% respectively. Among socio-demographic variables sex and year of service had shown a significant association with motivational status of the workers.

Similar studies conducted on employee motivation shows relatively same findings. For example, for the insufficiency resources and supplies 54.2% of the HPs were not perceived to be motivated by which they reported insufficiency of chemical reagents(77.1%), medical instruments(68.7), essential drugs(67%) and ventilation, heating, hot and cold water(66.1%). But a survey done in Ethiopia, among the reasons for dissatisfaction 20.1% of the health workers dissatisfied with inadequate facility and supplies (Guji Zone health department, 2013).

The determinant factors of motivation were also measured independently to know the relative importance of their scores in explaining motivational status. This was made to assess the relative importance of these factors in explaining motivational status score. Accordingly, the scores had shown that expectation & perception, salary and benefit were remained highly determinants of motivation when measured independently. Even though socio-demographic (service year) was identified predictor, its significance association with motivation was observed too weak. It was observed institutional environment components do not have significance association with motivational status when treated independently.

On the other hand, the overall commitment level of HCPs was measured 47.479%. Besides, impact of motivational status predictors' score on commitment level score was also measured. The significance level (p-value) of the components under 'expectation and perception' indicated significance association. So, they have a determinant effect on commitment level of HCPs.

It was revealed from suggestion by respondents that they would consider to leave the hospital if they get better job. This was due to better payment and benefit, more suitable work environment, impartial treatment, education opportunity.

Inconsistent to this, research was conducted in Pakistan, to gauge dissatisfaction levels with their current job; respondents were asked if they would consider moving and seeking alternative options, given the opportunity. Nearly a one third of all HCPs (n = 425) reported they would consider leaving government service; the reasons that would lead staff to seek alternate sources of employment identified were better salary (87%), conducive work environment, (27%), increased benefits (27%), better prospects for promotion (24%) [Ali Mohammad Mir, et al., 2013].

Similarly, a survey conducted in Ethiopia explored that the main cause for attrition was low salary (60.3%), followed by lack of educational opportunity and poor career structure (24.8%) [Mega, (2004, 1st Edit)]. These were also discussed in same way by the respondents in this study.

CHAPTER-FIVE

5. CONCLUSION AND RECOMMENDATION

5.1 CONCLUSION

Workers' motivation has a very critical importance in quality of health services provision. The perceived levels of motivation and commitment among HCPs in JUSH were low. HCPs motivation status can be affected by salary payment, benefits, management system and welfare, recognition, personal responsibility and facilities. Salary and benefits, infrastructure and facility were found most determinants of motivation. Whereas socio-demographic variables had identified as weak predictors of motivation of HCPs. Generally, this study was believed to get insights on scores of motivational status, its predictors, commitment and the relationships they have to each other.

5.2 RECOMMENDATION

It is clear that any organization, regardless of its type, has an objective and goal to be achieved. For the achievement of this goal and objective, the work force plays a central role. People always need suitable environment in which the working organization operates. This work environment greatly affects employees desiring force or motivation towards task accomplishment and commitment to the organization.

In today's changing of the work environment, satisfied and committed health care professionals are highly needed for provision of quality and sustainable health care services; which in turn can contribute to attain Millennium Development Goals of health sector in our country. An investigation was required to identify current status of motivation, its determinants score and commitment level of HCPs; which predicting factors of motivation and impact on commitment among HCPs are highly important and need attention for improvement. Therefore, this study was designed for this purpose. The magnitude of motivational status and commitment were identified low and need to improve. Based on the results, the following recommendations were forwarded for the betterment of working condition towards achieving the mission of JUSH:

Ministry of Health

- Prepare specific work place human resource motivation policy and be implemented by the hospital.
- Allocate budget for procurement of equipments, drugs, reagents, and other resources; for facility development and sanitation.

The Hospital Management:

- Work with Jimma University to make the hospital operate independently.
- The benefit scheme currently in place is believed not enough. There should be an opportunities of trainings (e.g. education opportunity, short term trainings to develop skills), provides different allowances (e.g. house's & transport's).
- Employees can establish genuine commitment and a deep belief in their responsibilities with their job when they are able to learn about pro-social cultures and responsibilities. So, experts of social studies have to be there to create awareness and promote such behaviors of responsibility.

- Infrastructures and facilities (supplies, essential drugs, medical instruments, chemical reagents and work space) are among those components which support effective health service delivery. Therefore, it should be supported and fulfilled with all necessary means (e.g. finding donations from national and international donors, generating income internally, effective allocation and utilization of available resources).
- It is the responsibility of HRM to communicate HCPs and build trust in performance appraisal system in place, and avoid misunderstanding.
- Biasness by evaluators should be avoided and supervised; it must be based on performance rather than on closeness and social interactions.
- Continues monitoring and evaluation system should be established to see the impact of facilitators on motivation and commitment.
- Care and recognition for better performance (For example, certification, bonuses and awards) are mandatory to create self efficacy and sense of competition.
- HCPs must get chance of participating in the processes of setting plans and decision making.
- Creates an environment where working with the professions and helping others generate self-motivation.

Health Care Professionals

- are expected to develop sense of belongingness & pro social behaviors through self awareness
- Use facilities and other consumables properly and aware of resource's scarcity.
- They are needed to understand mission, core values, objectives and goals of the hospital.

Finally, it was recommended to do further research with other alternative methodologies to analysis and assess the level of motivation and organizational commitment of health care professionals, specifically with professional categories.

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APPENDIXE

Annex I: English Self Administered Questionnaire

Jimma University
College of Business & Economics
Post Graduate program (MBA)

Dear Respondent,

I am currently attending a post graduate study program in Mater of Business Administration in Jimma University, and conducting a study in your institution for final thesis. The title of my Research is “Motivational status and its determinants with their impact on commitment level in Jimma university specialized hospital, Southwest Ethiopia”. For the purpose of this study I have to obtain and collect data from health care professionals working in the hospital. As a result of your experiences that you have been working in health service providing institution, your perceptions, level of scores and opinions concerning the work environment, existing management systems and practices will be of a major inputs for this study. Lastly, this questionnaire is only for educational purpose and all the information about personal identity will not be filled. Please give your answers in genuine and honestly as much as possible.

Thank you in advance.

Faithfully Yours,

Abera Jalata

Directions:

- a. In demographic variables questions, please put a tick mark (✓) in the box of your choice.
- b. Where the questions ask for ranking (in order from lowest ranking 'strongly disagree' to highest ranking strongly agree), please rank them by putting a tick mark (✓).
- c. In parts where written responses are required, please provide your written opinion and suggestion briefly in the blank space provided.
- d. To help the researcher treat your responses confidentially, please do not write your name on the questionnaire.

Section 1: Demographic Characteristics

1. Sex: 1. Male 2. Female

2. Age (in years)

1. ≤19 2. 20-29 3. 30-39 4. 40-49 5. ≥50

3. Religion

1. Orthodox 2. Muslim 3. Protestant 4. Others (Specify)

4. Marital Status

1. Single 2. Married 3. Divorced 4. Widowed

5. Professional

1. Physician 2. Laboratory technology 3. Nurse 4. Pharmacy
5. Midwifery 5. Others (Specify).....

6. Level of Education

1. Diploma 2. Degree 3. Master 4. General Practitioner Specialty

7. Service Year

1. (½-5) yrs 2. (6-10) yrs 3. (11-15) yrs 4. (>15) yrs

Section 2: Motivational measurement

Please put a tick mark (✓) in front of the following statements of motivational status variables indicating your agreement or disagreement to them.

Variables	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
The type of work I perform provides me with opportunity for achievement					
The type of job I perform is challenging one and provides me satisfaction					
The type of work I perform provides me with opportunity for personal growth and development					

Please state your reasons of satisfaction or dissatisfaction with the variables:

Section 3: Expectation and Perception statements as predictors

Please put a tick mark (✓) in front of the following statements of expectation and perception variables indicating your agreement or disagreement to them.

Variables	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
The job provides me with strong feeling of responsibility since I positively influence others people's lives					
Job provides me with strong feeling of responsibility since I am contributing to the community					
Management cares for employees' welfare					
Interpersonal relationship among supervisors, coworkers, and patients in the hospital is encouraging					
Employees are expected to do too much work for small pay					
Workers' performance appraisal activities help to motivate					
Workers get recognition and appreciation for better performance					

Please state your reasons of satisfaction or dissatisfaction with the variables, and give your opinions:

Section 4: Salary and Benefits statements as predictors

Please put a tick mark (✓) in front of the following statements of Salary and Benefits variables indicating your agreement or disagreement to them.

Variables	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
The salary payment to health care professionals is not enough					
The incentives and benefit schemes of health care professionals in the institution is not enough when measured with the work (if any)					
Promotion and salary increments are not fair enough among the workers					
There is not enough opportunity for off job trainings					
There is not enough opportunity for on job trainings					

Please state your reasons of satisfaction or dissatisfaction with the variables, and give your opinions:

Section 5: Institutional Environment statements as predictors

Please put a tick mark (✓) in front of the following statements of salary and benefits variables indicating your agreement or disagreement to them.

Variables	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
The hospital settings and infrastructure are attractive enough for health service provisions					
The systems and management structures of the institution encourages health care professionals to work independently					
Facilities such as drugs, equipments, laboratories, and work spaces are not enough for care and treatment activities					
The hospital has a guarantee safety policy and practices in place for health care professionals					
Health care professionals are secured enough for their job					

Please state your reasons of satisfaction or dissatisfaction with the variables, and give your opinions:

Section 6: Organizational Commitment measurement

Please put a tick mark (✓) in front of the following statements of work or institution environment variables indicating your agreement or disagreement to them.

Variables	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
I prefer working in this hospital to any other I know about					
I feel that I have a bright future, and so will remain the working in the hospital					
My current job is only for a temporary employment					
I would easily leave the hospital if I find a better job					
I am committed to hospital's objective and goals of health care provision services					
I am committed to objective of the hospital since top management is interested in motivating workers					

Please give your opinion justifying the reason for your commitment or intention to leave the hospital, and any suggestion:



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