MOTIVATIONAL STRATEGIES AND EMPLOYEE PERFORMANCE OF REGIONAL REFERRAL HOSPITALS: A CASE OF MUBENDE REGIONAL REFERRAL HOSPITAL (MRRH)

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A POSTGRADUATE DISSERTATION PRESENTED TO FACULTY OF BUSINESS ADMINISTRATION AND MANAGEMENT IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE MASTER OF BUSINESS ADMINISTRATION AND MANAGEMENT

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DEDICATION

This work is dedicated to Fr. Leonard Weidmayer and my Aunt Imelda Aboro for their selfless efforts in laying a foundation for my education and for their endurance and sacrifices they made to ensure I get an education.

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I would like to express my thanks and gratitude to everyone who contributed to the completion of this work. I wish to express my gratitude to my supervisors Mr. Magara Mugaga for his support, guidance, constructive criticism and untold commitment to supervise this research. I also appreciate the profound technical and administrative support and cooperation rendered to me by the teaching and non-teaching staff of Uganda Martyrs University. I am really indebted to my colleagues and friends for their guidance, support and encouragement. Greater appreciation is owed to my wife Patricia and to my children Josiah, Arleen and Shalom for their patience and kind understanding at the time I was pursuing this degree. Special thanks go to the UMU 2012 class for the social support that they showed me while I pursued this course. Finally and above all, I thank the Almighty God by whose grace everything was successfully accomplished.

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LIST OF ABBREVIATIONS

BOG:	Board of Governors
CVI:	Content Validity Index
DHO:	District Health Officer
FGD:	Focus Group Discussion
MOH:	Ministry of Health
MRRH:	Mubende Regional Referral Hospital
PNO:	Principle Nursing Officer
SAQ:	Self Administered Questionnaires
SPSS:	Statistical Package for Social Scientists

ABSTRACT

The study examined the effect that motivational strategies have on the performance of medical staff at Mubende Regional Referral Hospital in Uganda. The study was guided by the following objectives: to examine the effect of recognition on employee performance; to evaluate the effect of employee development on employee performance; and to assess the effect of job responsibility on employee performance at MRRH. The study adopted a cross-sectional study design with a population of 89 respondents from which the stratified random sampling, purposive sampling and simple random sampling methods were used to select a sample of 75. Data was collected from staff using self administered questionnaires and an interview guide. Frequency tabulations were used to present the results of the sample characteristics, correlation analysis was used to present the results of the study objectives and regression analysis was used to examine the predictive power of motivational strategies on employee performance. The study showed distinctive results for the effect of motivational strategies dimensions; recognition, employee development and job description on employee performance. The findings showed that recognition was significant in determining employee performance (r=.655**). The correlation findings were also supported by regression analysis results which showed that recognition was a significant predictor of employee performance (Beta=.420). In regard to employee development, a positive and significant relationship between employee development and employee performance (r=.773**) was observed, whereas, employee development predicted employee performance (Beta=.591). On the other hand, job responsibility influenced employee performance (r=.618**) and also predicted the change in employee performance (Beta=.377). The results from regression analysis showed that motivational strategies in regard to recognition, employee development and job description predicted 78.7% of change in employee performance (Adjusted R^2= 0.787). In conclusion, the findings established that motivational strategies were major determinants of employee performance at MRRH. The study recommended that; the management of MRRH should develop strategies which support recognition, employee development and job description so as to enhance employee performance at the hospital. The strategies will help promote the development and implementation of motivational strategies which promote quality of work, timely task accomplishment, quantity of work and service delivery.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Although employee performance is very important for organizations, not all health organizations consider making it a top priority. This is in line with the assertions of the Ministry of Health (2012) which revealed that most private and public health organisations in Uganda have failed to realize the required employee performance in the delivery of health services. Much as numerous efforts have been made by health organisations to enhance employee performance through motivational strategies, employee performance in these organisations is still insufficient (Uganda National Bureau of Standards, 2012). The examined the effect of motivational strategies on employee performance of national regional referral hospitals using Mubende Regional Referral Hospital as a case study. In this study, motivational strategies were the independent variable whereas, employee performance was the dependent variable. This chapter comprises of the background of the study, the statement of the problem, the general objective of the study, specific objectives, the research questions, the hypotheses, the scope of the study, the significance, justification, conceptual framework and operational definition of terms.

1.2 Background to the Study

All organizations want to be successful, even in current environment which is highly competitive. Therefore, organizations irrespective of size and market, strive to motivate their best employees, acknowledging their important role and influence on organizational effectiveness (Delfqaauw & Dur, 2008). In order to encourage performance, companies should create a strong and positive relationship with its employees and direct them towards task fulfillment (Accel-Team, 2010). In order to achieve their goals and objectives, organizations develop strategies to compete in highly competitive markets and to increase their performance (Harvard Business School Press, 2005).

This implies that, if employees are not satisfied with their jobs and not motivated to fulfill their tasks and achieve their goals, the organization cannot attain success.

Motivating staff is one of the greatest challenges facing managers in developing countries such as Uganda. Although it is not possible directly to motivate others, it is nonetheless important to know how to influence what others are motivated to do, with the overall aim of having employees identify their own welfare with that of the organization (Buelens & Van den Broeck, 2007). Employee motivation has become a critical issue for most public sector managers whose foremost function is to achieve high level employee performance and productivity ((Ahlstrom & Bruton, 2009). It's pertinent that public entities employ the most effective motivational techniques while considering that different motivational techniques work for different employees. Motivation refers to forces that energize, direct and sustain a person's efforts (Armstrong, 2006). If employees have everything they need to perform well, they will be able to do the job, however, they must be willing and this is where the question of motivation enters the picture. Employees are willing to work hard if they see reasons to do so, and believe that their efforts will pay off.

Different organisations use different employee motivational strategies on employees. Some of the motivational strategies include; promotion, monetary and non-monetary rewards like token of appreciation and recognition among others. Other motivational strategies include salaries, and pension, medical cover, commuting allowance, scheme of service and hardship allowance. It would therefore be important to investigate whether the employee motivational strategies adopted by different organisations enhances their job satisfaction. According to Edginton *et al.,* (2001), motivation plays an exceedingly important role in moving an organization towards excellence. Lindner (2006) has suggested that employee performance and productivity is a joint function of ability and motivation. Employee performance involves quality and quantity of output, presence at

work, accommodative and helpful nature and timeliness of output. Employee performance is actually influenced by motivation because if employees are motivated then they will do work with more effort and by which performance will ultimately improve (Tay & Diener, 2011).

In Uganda, regional referral hospitals including MRRH are voluntarily seeking to enhance their efficiency so as to remain competitive. The Ministry of Health in playing the regulatory role has come out with measures to help regulate the functioning of referral hospitals to improve on their employee performance (Ministry of Health, 2015). There are currently 13 regional referral hospitals in the country and two national referral hospitals (Ministry of Health, 2016). Regional referral hospitals provide specialist services such as psychiatric ear nose and throat (ENT), radiology, pathology, ophthalmology high level surgical pediatrics obstetrics and gynecology, and medical services in addition to services offered at the general hospitals. In Uganda, various legislations have been passed to promote service delivery in public health facilities. Notwithstanding, motivation strategies only provide reasonable assurance not absolute assurance. Mubende Hospital is a public hospital, funded by the Uganda Ministry of Health and general care in the hospital is free. It is one of the thirteen Regional Referral Hospitals in Uganda (Muzaale, 2014). The hospital is designated as one of the 15 Internship Hospitals in Uganda where graduates of Ugandan medical schools can serve one year of internship under the supervision of qualified specialists and consultants (OAGU, 2015).

Despite the various motivational strategies implemented at MRRH, Medical staff performance remains wanting; retention of medical staff and more especially medical doctors has been a great challenge. They come in but leave the hospital shortly hopefully for a better work place. This lacking performance, though not systematically documental has been evidenced by the disciplinary meetings held quite often at departmental level, where individual staff are cautioned over poor

performance that has resulted into numerous complaints from clients. Most common of the complaints are long client waiting time at the reception, consultation norms, laboratory investigations and also the dispensing room; poor client care among other personnel issues. There is no documented evidence however, indicating how recognition, personal growth and advancement and responsibility have been used as motivation strategies to improve this kind of performance, and their relative impact on the medical staff performance at Mubende Regional Referral Hospital.

According to the District Health Reports (2010-2014), MRRH handles over 3,000 new cases per year in addition to the on-going old cases and the cases continue to increase annually. The increase in the number of new cases did not correspond with increase in facilities or staff strength. The latter has remained static while the former has continued to expand hence leading to hardships and the need for seriously motivating the existing staff to ensure increased performance as they deliver their services to the clients. Among the hardships faced by the employees included; too many patients to serve, complaints about employees emerging and subsequently reporting unsatisfactory performance rendered by the employees of MRRH in respect to employee performance. Due to the above, employees' effectiveness and efficiency to produce error free work, obtain outcome without waste of resources, ability to work with minimal supervision and coaching as well as consistent effort to maintain high standards of work has been greatly affected (MRRH Staff Appraisals Report, 2013). In terms of quantity, the number of outputs versus planned outputs, number of clients served versus those who appeared in MRRH and number of targets met versus the set targets have all been negatively affected (Mubende District Health Report, 2014). Regarding on time attendance, willingness to work and ignoring doing a task, absenteeism, failure to meet deadlines and late coming/early going have in the circumstances been characterized by most of the employees of MRRH.

Public outcry has been evidenced through all sorts of accusations made against officers of MRRH to their fellow employees and/or other offices. Accusations against officers include; rudeness, absentiseem, not being served on time or failure of meeting an officer for so many times especially when the matter brought needs very urgent attention, lack of drugs, unsatisfactory action by medical officers hence, appealing on a given issue (MRRH Annual Performance Report, 2012). In view of the challenges confronting MRRH, there is increasing realization of the importance of motivational strategies in improving employee performance. Issues relating to continuous poor record keeping, delayed patient data aggregation, poor talent management and poor patient file management continue to hinder service delivery at MRRH. The undependable motivational strategies may explain why significant decisions are not based on accurate and timely information compromising the performance of medical staff at MRRH.

1.3 Statement of the Problem

In order to promote employee performance in regional referral hospitals, managers should sustain and support development programs that promote motivational strategies in these organisations. According to the OAGU (2015), the majority of regional referral hospitals including MRRH have realized the importance of motivational strategies in improving employee performance. However, not all regional referral hospitals are devoted to ensuring that there are motivational strategies at all levels to enhance employee performance. According to the Ministry of Health (2016), the motivational strategies at most motivational strategies remain insufficient probably due to discrepancies in staff recognition, employee development and job responsibility. The OAGU Report (2015) identified lack of fairness, praise, delegation, involvement of staff, training among others as the factors undermining employee motivation in the sector. The MRRH Annual Performance Report (2012) further indicated that there was a steady growth in verbal and written

complaints by patients. According to the Hospital's Attendance Registers (2010-2014), 30% of the employees reported over 30 minutes late for duty despite the growth in the number of cases handled by the hospital. Baseline research results also revealed that most of the complaints were resultant to inadequacies in staff recognition, increased responsibility and lack of employee development by the management of the hospital. As far as intrinsic motivators are concerned, recognition has only been applicable to some employees especially at the senior levels and this is also true for responsibility (Minutes of Staff Meeting, 2010). The Minutes further revealed that employee development which should be availed to all employees is only benefited from by very few. It is against this background therefore that this research sought to examine the effects of motivational strategies on employee performance in MRRH.

1.4 Objectives of the study

1.4.1 Major Objective

The study examined the effect of motivational strategies on employee performance in Regional Referral Hospitals in Uganda.

1.4.2 Specific Objectives

i) To examine the effect of recognition on employee performance in Regional Referral Hospitals.

ii) To evaluate the effect of employee development on employee performance in Regional Referral Hospitals.

iii) To assess the effect of job responsibility on employee performance in Regional Referral Hospitals.

1.4.3 Research Questions

i) What is the effect of recognition on employee performance in Regional Referral Hospitals?

ii) What is the contribution of employee development on employee performance in Regional Referral Hospitals?

iii) What is the effect of job responsibility on employee performance in Regional Referral Hospitals?

1.5 Scope of Study

Scope of the study was categorized as geographical, content as well as time scopes.

1.5.1 Geographical Scope

The study was carried out at MRRH located in Central Uganda which is 170kms West of Kampala city. Mubende district was selected because it has been categorized by the MOH as one of the under seven district in terms of health services.

1.5.2 Content Scope

The study investigated the effect of motivational strategies on employee performance at MRRH. In this study, motivational strategies were the independent variable and employee performance the dependent variable. Motivational strategies was measured according to recognition, employee development, job responsibility whereas, employee performance was measured according to productivity, service quality and timely task accomplishment.

1.5.3 Time Scope

The study covered the period from 2009 to 2013 during which the hospital had continued to experience an increase in staff poor performance and poor service delivery (MRRH Annual Reports, 2015 & 2016) among others despite management's efforts to offer continued implementation of motivational strategies at MRRH.

1.6 Significance of the Study

Organization: The results of the study may help the management of MRRH realize the influence of motivational strategies on employee performance so as to develop the necessary strategies to attain effective health services delivery.

Academicians: The study may bring out the association between motivational strategies and employee performance. The results may contribute to the existing pool of knowledge and debate on motivational strategies and employee performance in the health sector, which in turn may be used as a future reference for other researchers by drawing examples from the Ugandan setting.

Policy makers such as the Ministry of Health; The findings and recommendations may be useful in the development and strengthening of the existing policies and regulations in the health sector.

Other health facilities: The study may identify problems in MRRH in regard to inadequacies with motivational strategies and suggest recommendations on how the different stakeholders can develop strategies that can enable them overcome the challenges in the sector.

1.7 Justification of the Study

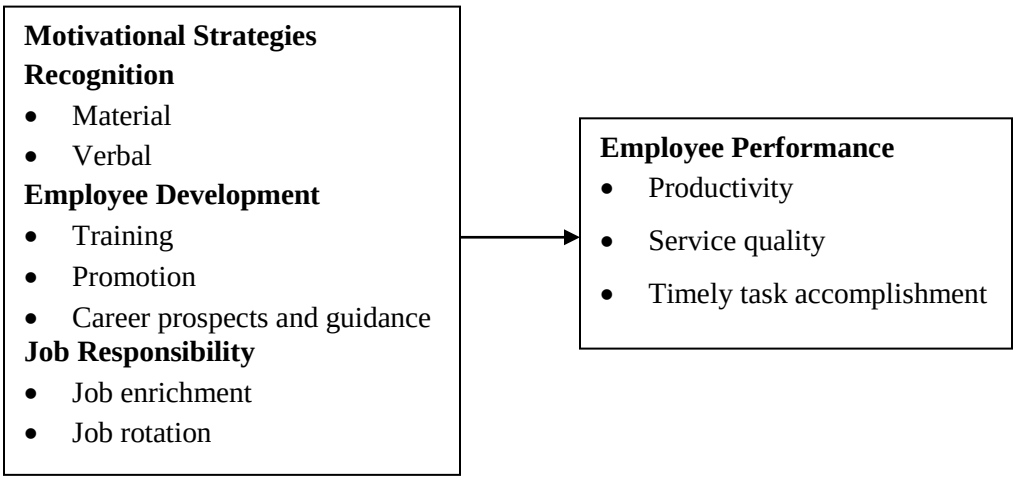
In the case of Uganda, the health sector has undergone several reforms focused among other things toward staff motivation. The restructuring of the health sector has not helped reduce delivery of substandard health services which has exposed Ugandans to health risks. This notion was supported by the UNBS report of 2012 and the Ministry of Health (2012) which revealed that health organisations had an uphill task to close the gaps that undermined employee performance and promote staff motivation. It is also a requirement for good service delivery practices in health, therefore, public health organisations such as MRRH. From the existing literature (Wagonhurst, 2003; Buckley and Caple, 2000; Bersin, 2006 and Buckley and Caple, 2000 among others), lot of research has been carried out on motivational strategies in private organisations, however, no

studies have been carried out to investigate the effect of motivational strategies on the performance of medical staff in MRRH, thus, providing a research gap which was filled by the study after undertaking a study on the effect of motivational strategies on the performance of medical staff in MRRH.

1.8 Conceptual Framework

The model shown in the figure1.1 below examines the relationship between motivational strategies and employee performance. motivational strategies is central in enhancing employee performance in such a way that it will lead to improved number of patients treated, quality of medical care offered and time attendance to patients. Appelbaum and Kamal (2000) is of the view that motivational strategies are positively related to employee performance. The same was observed by Moriarty (2007) for the association between motivational strategies and employee performance suggesting that through recognition, personal development and level of job responsibility this would have positive effect on employees' quality of work, work turnover and task accomplishment.

Figure 1: Conceptual Framework



Source: Adopted from existing literature of Perry & Hondeghem 2008; Katz 2005; Le Grand 2006 and modified by the researcher.

The key factors related to employee performance are synthesized to form this presented conceptual framework. The dependent variable is employee performance whereas, the independent variables comprised of recognition, employee development and job responsibility. Employee performance is the variable of interest in which the variance is attempted to be explained by three independent variables; recognition, responsibility and employee development. From the conceptual framework above, the model is underpinned by employee performance and the components used to measure employee performance which included quality of work, quantity of work and time taken to accomplish the work (Katz, 2005). The framework explains the relationship between motivational strategies and employee performance.

The conceptual framework above shows that motivational strategies are the independent variables while employee performance is the dependent variable. As displayed in the framework, it is expected that employee performance in MRRH increases with increased motivational strategies. For instance, if employees feel that motivational strategies are commensurate with their performance then this will lead to increased outputs. It is therefore conceptualized that provision of motivators such as recognition, responsibility and employee development to employees results into increased employee performance in terms of quality of work, quantity and the time taken to accomplish a task.

As measure of employee performance, quality of work will be characterized by employees' effectiveness to produce error free work, employees efficiency to obtain outcome without waste of resources, employees' ability to work with minimal supervision/coaching and consistent effort to maintain high standards of work (Behaj, 2012). Quantity was measurable by the employees' number of outputs versus planned outputs, employees' number of patients served versus those who appeared in the hospital and employees' number of targets met versus the set targets. Time taken to

accomplish work is seen in, on time attendance, willingness to work and ignoring doing a task, absenteeism, failure to meet deadlines and late coming/early going. The overall framework depicts employer-employee relationships noting that employee output is dependant on employer input. And that each of the sub-variables of motivational strategies influences each of the sub-variables of employee performance. Therefore, the study attempted to establish how the identified motivational strategies dimensions affect employee performance with HR policies, rules, regulations, resource base, organisational size moderating the relationships.

1.9 Operational Definitions

- Motivational strategies are those methods and techniques that athletes use before and during endurance races to motivate them to achieve their own (Armstrong, 1999).
- Recognition refers to attention, important or appreciation or feeling that one is of value (Ulrich, 2003).
- Job responsibility refers to senses of self-control, awareness of the consequences of ones actions, owning ones behavior and concern for others (Ulrich, 2003).
- Employee development is about moving to a different state of being or functioning (Ulrich, 2003).
- Employee performance refers to how well an employee is fulfilling the requirements of the job (Oakland, 1999).

1.10 Conclusion

In conclusion, the chapter has provided an insight on the background of the study clearly stating the problem of study, the purpose of the study, the objectives of the study, the scope that study covered, the contributions the study made, the reasons for carrying out the study and the

conceptual framework which identified the independent variable and the dependent variable providing ground for the review of the existing literature in regard to the study objectives.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter sets out to review related literature to examine the effect of motivational strategies on employee performance. It first reviews the theoretical framework which comprises of the relevant theories adopted for the study. The existing literature included studies that are related to the research topic which were reviewed, evaluated, research gaps identified and the contribution of this study towards the existing literature highlighted.

2.2 Theoretical Framework

Mugenda and Mugenda (2003) define a theory as a system of explaining phenomena by stating constructs and the laws that interrelate these constructs to each other. This section was review employee motivation theories. The theoretical framework aims at reviewing various types of employee motivation theories so as to end up with the best theory which was carry the study. The theories to be review in this chapter are Maslow hierarchy of need, Herzberg theory, Mc Gregory theory, Vroom theory, Goal theory and Equity theory.

Maslow Hierarchy of Need Theory

Maslow hierarchy of needs is developed by Abraham Maslow in the 1940. These needs have been categorized in an order of importance with the most basic needs at the foundation of hierarchy. The basic concepts of Maslow hierarchy of need theory are physiological needs these needs refer to the desire to fulfill physical satisfactions such as Water, Sleep, Food, Air and Sex. These needs are considered the most important needs because without them human beings cannot survive. Safety needs states that human beings strive to meet these needs are satisfied. It is about individual safety

being away from evils and threats love or belongings needs once the physiological and safety needs are satisfied human being tend to focus on the needs for love and affection. Esteem needs. A person who wishes to be a highly valued individual in the society always desires for high self-esteem. These self-esteem needs derive from self respect which turn comes from being accepted and respected by the society self actualization needs this means realizing our full potential and becoming all that we can be. The theory has some problems there is lack of hierarchical structure of needs as suggested by Maslow. Some people may be deprived of their lower needs but may try for self-actualization needs. There is the problem in applying the theory into practice. The reasonable level of satisfaction of someone need is question of subjective matter. Therefore the level of satisfaction for particular need may differ from one person to another (James, 2012).

Herzberg Theory

Magloff (2012) explains that Herzberg theory states that there are many factors such as work hours and condition that motivate workers other than money. He also found that some factors such as responsibility, achievement, a challenging work environment and personal growth can make people happier at work. Even if these factors do not motivate them. Herzberg felt that productivity can be increased through workers satisfaction. The criticism of this theory is that workers satisfaction does not necessary lead to higher productivity. His theories are used by many modern companies who want to increase worker satisfaction and retention rates. Finally the theory does not clearly identify the relationship between satisfaction and motivation. The theory is good and can be used to guide our study.

Mc Gregory Theory

Mc Gregory examined theories on behavior of individuals at work and he has formulated two models which he calls theory X and theory Y. Theory X assumptions are that the average human

prefers to be directed, dislikes 15 unambiguous and desires security above everything. Theory Y assumptions according to Mc Gregory control and punishment are not the only ways to make people work, Man will direct himself if he is committed to the aims of the organization. If a job is satisfying then the result will be commitment to the organization. The criticism of this theory is that Mc Gregory sees these two theories are two quite separate attitudes. Theory Y is difficult to put into practice on the shop floor in large mass production operations but it can be used initially in the managing of managers and professionals also is conducive to participative problems solving (Likert, 2012).

Vroom Theory

Jennaluv (2011) explain that V room theory focuses on motivation. Motivation is the key and will be achieved if an employee feels that their hard work and efforts will lead to a job well done which will then lead to an outcome rewarding the employee. The theory is that the level of effort and motivation is based on three key factors, expectancy, instrumentality and valence. Expectancy suggested that the effort of work will result in a performance goal. The next factor is called instrumentality the employees should also believe that the better performance achieved will lead to a reward for the associated outcome. Finally the last key is called valence which is the value of this reward to the employee. There is a criticism that the theory is hard to apply in practical way.

Equity Theory

Equity theory focuses on an employee work compensation relationship or exchange relationship as well as that employees attempt to minimize any sense of unfairness that might result because equity theory deals with social relationships and fairness or unfairness. Motivation can be affected through an individual perception of fair treatment in social exchanges. When compared to other people individuals want to be compensated fairly for their contributions. A person beliefs in

regards to what is fair and what is not fair can affect their input, a person beliefs in regards to what is fair and what is not fair can affect their motivation attitudes and behaviors. The individual chooses who to compare themselves to experience, time, effort, skills and education are just a few anything contributed to work or work relationships are considered an input. Money, benefits, time off, flexibility, autonomy, responsibility and acceptance are name a few any perceived reward for performance can be an outcome. The weakness of the theory lacks details into certain factors for example offers a variety of strategies for restoring equity but does not predict in details which option an individual will select (Brian, 2013).

Goal Theory

Goal theory was developed by Latham and Locke (1979) which state that motivation and performance are higher when individuals are set specific goals when goals are difficulty but accepted and when there is a feedback on performance. Erez end zidon (1984) emphasized the need for acceptance and commitment of goals. They found that a long as they agreed, demanding goals lead to better performance than easy one. Specific goals produce a higher level of output than the does the generalized goal of your best. This is because specific goals itself seem to act as an internal stimulus. We think the theory is good and can be used to guide our study since it addresses the issue of specific and difficulty goals which motivates employees. Regarding the above, the Goal theory underpinned the study and enabled the researcher to know whether motivation of employees was effectively managed at MRRH and whether it affected employee productivity as postulated by other researchers. This is because the theory showed that organisations can be able to use motivational strategies if their employees experience favourable job demands paired with the ability to exercise job control while providing adequate workplace support. This enhanced their ability to perform better.

2.3 Overview of the Main Variables

2.3.1 Motivational Strategies

Motivational strategies are those methods and techniques that athletes use before and during endurance races to motivate them to achieve their own objectives. These motivational strategies or motivational styles can be divided into four types of strategies: positive-internal, positive-external, negative-internal and negative external (Behaj, 2012). These four strategies are the result of two factors namely focus and source of gratification. Focus refers to the focus of the motivation. It can be on the successful achievement of goals and objectives set by the employee and the consequent positive results (Abbah, 2014). It may also be on the failure to achieve the goals and objectives set by the athlete or relevant others. In the latter mentioned, the focus of motivation is on the feelings of failure or loss of self-esteem that results from failure to achieve goals (Ndirtagu, 2013). Therefore, the focus is on negative outcomes or results.

To avoid these negative or unpleasant emotions, the employee is motivated to achieve his/her goals and objectives. Positive and negative refer to the focus of the strategies. When individuals focus on the positive outcomes of the sport, either internal or external, or use positive thoughts and self-talk to motivate themselves they are using positive strategies (Alalade & Oguntodu, 2015). When individuals focus on the negative outcomes or consequences, internal or external, or use visualization and self-talk that reminds them of the negative consequences of quitting during or before endurance events to motivate themselves, they are using negative motivational strategies (Aryan & Singh, 2015). The source of gratification refers to the origin of the employee's reward for the successful achievement of goals and objectives in endurance events. Internal and external refer to the source or origin of the incentives that motivate athletes to achieve their goals and objectives (Asim, 2013).

External rewards such as money, titles, approval, status, medals or other people's perceived image of the employee are incentives that can and do motivate endurance athletes. Internal rewards refer to those incentives that motivate endurance employees to overcome physical and mental challenges to achieve their goals (Azar & Shafighi, 2013). Examples of internal rewards include self-image, internal standards of achievement, values or sense of achievement and attitudes. The combination of these two factors, focus and source, leads to the identification of the four types of motivational strategies: positive-internal, positive-external, negative internal and negative-external (Asim, 2013). Each strategy would have different techniques that can be more or less successfully applied depending on the employee's previous experience and mastery of the technique.

2.3.2 Employee Performance

Omollo (2015) observes that performance refers to how well an employee is fulfilling the requirements of the job. Oakland notes that it results from a combination of ability, effort and direction and that it can be influenced by environmental factors. Armstrong (2006) explains that performance takes the form of in-role and extra-role where the latter consists of those employee functions that are discretionary of the individual while the former is part of the job contract. According to Armstrong (2006), employee performance was conceptualized as quality of work, quantity of work and time taken to complete tasks. Quality of employee work consists of presentation of error-free work, efficiency executed and delivered timely for the right end user. It also reduces wastage of organizational resources. Successfully performing employees will target quality by being initiative, innovative, sharing knowledge, accepting change and working as part of a team (Omollo, 2015). According to Armstrong (2006) work output is dependant on employee willingness to expend consistent effort in presenting quantifiable work. Rue and Byars add that quantity of work is bolstered by on-time attendance. Task accomplishment is an important indicator of employee performance. According to Yusuf and Gichinga (2016), task

accomplishment cannot be achieved if employee attendance is not regular, if they ignore doing tasks and if they are involved in slow-downs.

Measurement of employee performance is important in promoting equity in reward system. Measurement begins with identification of critical performance behaviours, (Zameer, Ali, Nisar & Amir, 2014). According to Joseph (2015), critical performance behaviors include lack of commitment, absenteeism, tardiness, ignoring doing tasks and disrupting workers. Ganta (2014) points out that measurement of performance behaviour uses a baseline measure to determine the frequency of occurrence. Oakland concludes that measurement should come up with data on quantity, quality, turnover, absenteeism and number of clients served, employee grievances and others. According to Ganta (2014), the measurement of employee performance should include a functional analysis of behaviour by identifying antecedent behaviour, the behaviour of the individual and consequences. Stewart adds that the behaviour analysis will call for reviews in reward systems among others. Joseph (2015) points out that employee performance measurement involves development of an intervention strategy and then evaluation. They stress that strategies could be reflected in reward structure and systems and that evaluation should be based on employee quality of work, dependability, versatility and cooperation of employees.

2.4 Actual Review

2.4.1 Recognition and Employee Performance

According to Naile and Selesho (2014), recognition is one of the most powerful motivators. This is so because if not provided or adequately applied, recognition yields very negative results as regards employee performance of any given Organization. Furthermore Sturman and Ford (2011) contend and adds that people will strive for recognition than for almost any other single thing in life. Recognition needs are linked with the esteem needs in Maslow's hierarchy of needs, which

he defined as the need to have a stable, firmly-based, high evaluation of ones self (self esteem) and to have the respect of others (prestige). People have a basic human need to feel appreciated and recognized, and recognition programs help meet that need (Onah, 2008). Lamony (2000) who researched on the challenges of staff retention in Uganda reveals that social recognition and a sense of accomplishment are dreams that every employee wants to achieve. In addition, psychologically, as Le Grand (2006) observed, it psychologically helps satisfy employees' needs for security, belonging and personal growth. When one is recognized he/she feels secure because the strength he/she is putting in to produce results to his/her level best has been noticed by everyone around therefore cannot be chased away from the place of work for laziness or negligence.

According to Naile and Selesho (2014), recognition comes in so many different forms: from the peerage to the 'thank you' letter; from the way you introduce somebody to the admiring of a vase of flowers at home. He further adds that a genuine compliment is a form of recognition. It takes a 'big thinking' person to give another a compliment and that small-minded people are unable ever to recognize the achievement of others. In MRRH given that there are financial constraints regarding motivation of staff, other tools which are used for motivation include; cards for praising/appreciating a good job, pen sets, plaques or other symbolic gifts, improving working conditions and arranging social activities. This, whenever practiced raises status of good performers as supported by Wagubi (2008).

According to Sturman and Ford (2011), recognition and praise reinforce the employees' beliefs about themselves and help make them think they are better than they thought they were. That is to say, recognition and praise helps employees to build self-esteem. Employees with enhanced self-esteem can develop feelings of self-confidence, strength, making difference to the organization and

being a valued member. Naile and Selesho (2014) note that giving personal praise is a basic skill that all people can learn. Giving personal praise is not something that comes naturally for every one because it requires people to make a human connection on a very personal level. Thus, it is necessary to introduce praise to organizations through seminars and staff meetings in order to enhance its practice and ensure that it's employed adequately. From time to time, employee surveys can be conducted in public organizations to measure how well supervisors are doing in the area of employee motivation using praise as a tool of motivation. Le Grand (2006) argues that other forms of recognition include public 'applause', status symbols of one kind or another, sabbaticals, treats, trips abroad and long service awards, all of which can be part of the motivation system. The researcher found out that in the MRRH one felt of a higher status than others if she/he was sent on trips abroad and/or given an award such as a long service award and/or any other award for the good work done.

According to Sturman and Ford (2011), people need to know how well they have achieved their objectives or done their work and that their achievements are appreciated. This view is supported by Naile and Selesho (2014) who also draws attention to the impact of recognition programs on motivation of employees and stresses the fact that recognition comes in many forms, from a hand-written thank you note, to the manager/president of the company praising their work, to the plaque with their name on it that sits in the lobby. The researcher believes that in the MRRH if supervisors/management could continuously practice the habit of thanking and praising employees then a difference in their level of employee performance would be realized.

The above literature observation and viewpoints although related to this study, were deducted in developed countries whose working environment and management competences and relatively different from those in Africa and especially Uganda making it difficult to generalize in Uganda

Rural hospital setting. This created a need to examine the influence of recognition on performance of medical workers in a rural district of Uganda like Mubende, to help develop firm ground for generalization of the influences of recognition, forms of material and verbal rewards for employee performance in different context of developed and developing counties.

2.4.2 Employee Development and Employee Performance

Employee development is concerned with the enhancement of an individual's personal portfolio of knowledge, skills and abilities (i.e competencies) Mankin (2009). Employee development is much broader than training and usually has a longer term focus. Mankin (2009) further contends that development activities can be determined by both the needs of the organization and the needs for an individual. For instance, attending a series of management development workshops in preparation for future promotion may be part of an organization's strategy for succession planning and therefore can be beneficial to both parties in terms of employee performance.

Developmental activities can be an integral aspect of an individual's continuing professional development. Employee development also embraces education and this can range from courses in basic literacy and numeracy through the post graduate such as a masters/doctorate degrees. Increasing education is also seen as embracing lifelong learning. Employee development is a mixture of both education and training where education mainly focuses on the whole person while training focuses on work to increase employee performance. Naile and Selesho (2014) believe that growth needs propel people to make creative or productive efforts for themselves: 'a satisfaction of growth needs depends on a person finding the opportunities to be what he is most fully and to become what he can'. In view of that, Sturman and Ford (2011) reveals that when we see ourselves progressing, moving forward and achieving, we will always be more motivated and

improve on our performance, when we see ourselves going backwards, we will be demotivated and decrease our performance levels.

This involves planned instruction in a particular skill or practice and is intended to result in changed behaviour in the individual and workplace leading to improved performance. During the training the trainee acquires new knowledge in the form of explicit knowledge or 'know what' (eg understanding and being able to explain the principles of health and safety when using equipment) and tacit knowledge or 'know how' (eg developing the practical skill to use equipment in a safe manner), Mankin (2009). Some popular training techniques are demonstration, guided practice and coaching. Training interventions are determined by the needs of the organization and are usually designed to bring about an immediate improvement in job performance. Le Grand (2006) observes that the goal of training is for employees to master the knowledge, skill and behaviours emphasized in training programs and to apply them to their day-to-day activities. However the transfer of learning from the classroom to the workplace is notoriously fraught with difficulties which sometimes affect employee performance either positively or negatively.

Naile and Selesho (2014) argue that many people regard access to training as a key element in the overall reward package. An employee who is denied training, feels denied a future and he/she is more likely to experience job dissatisfaction (David, 2009). Employees opt for individual training to satisfy this goal (Onah, 2008). Employees regularly need to learn 'something new' either in terms of task performance, organizational or interpersonal relations. This enables employees appreciate their needs and motivates them to take on more responsibilities and/or perform better. According to Sturman and Ford (2011), the availability of learning opportunities, selection of individuals for high-prestige training courses and programmes and the emphasis placed by the organization of the acquisition of new skills, as well as the enhancement of existing ones, can all

act as powerful motivators. Training has an intrinsic effect on employees' attitudes and acts as an energizer that triggers off the employees desire to perform and hence developing a sense of commitment and loyalty to the organization and also individual job satisfaction (Behaj, 2012).

Career development is a planned and structured response to the career aspirations of key employees (Behaj, 2012). Sturman and Ford (2011) described the concept as a process of developing and unleashing expertise through organizational development and personnel training and for the purpose of improving performance. A study in Uganda by Kanyesigye (2001) revealed that in our daily experience, individuals ideally select occupational jobs to be done and Organizations to serve, provided they see long term career opportunities leading to their growth and advancement.

A study carried out by Sturman and Ford (2011), concluded that the levels of job satisfaction, professional development and productivity among research and development personnel increase with their increasing satisfaction with career development projects. Ndirtagu (2013) also states that many performance problems are actually career related. According to Heinz and Koontz (2005), career counseling is an important Human Resource task which provides an opportunity to develop or enhance inter-personal relationship skills. The counseling may be carried out by a Human Resource Personnel practitioner or a line manager with the practitioner acting as a facilitator. It is a highly rewarding process but also can be very time consuming. It is the career development approach in the MRRH which involves career planning reviews to identify employees ready for promotion and the provision of recognition awards qualifications. To sum up, the researcher agrees with Ndirtagu (2013) that intrinsic motivators are powerful in themselves but can work even more effectively if integrated with extrinsic motivators in a total motivation system. Intrinsic and extrinsic motivators therefore can be mutually reinforcing. Sturman and Ford (2011)

concretize it by saying: money may attract people to the front door, but something else has to keep them from going out of the back.

2.4.3 Job Responsibility and Employee Performance

According to Naile and Selesho (2014), being given more responsibility for their own work motivates people. This is in line with the concept of intrinsic motivation, which is related to the content of the job or 'the work itself'. Sturman and Ford (2011) but he also argues that people are often more motivated by how they are used in a job than by how they are treated. Where people feel part of an experiment or a project they will show a much higher level of motivation. As stated by William (1996), managers need to assign duties, grant authority and create a sense of responsibility through delegation, goal setting and creativity in order to increase employee performance. This is supported by Sturman and Ford (2011) who view responsibility as an important factor while motivating people. Providing motivation through increased responsibility is a matter of job design and the use of performance management processes. As stated by McGregor's (1960) Theory Y: 'the average human being learns, under proper conditions, not only to accept but also to seek responsibility'.

Delegation is giving power or authority to employees in an Organization (Wagubi, 2008). According to Sturman and Ford (2011) studies have shown that many managers fail to intrinsically motivate their employees and increase performance levels because of poor delegation. Delegation is necessary for an organization to exist. First as no one person in an enterprise can do all the tasks necessary for accomplishing a group purpose, so is it impossible, as an enterprise grows, for one person to exercise all the authority for making decisions. There is a limit to the number of persons managers can effectively supervise and make decisions for. Once this limit has been passed,

authority must be delegated to subordinates who will make decisions within the area of their assigned duties in order to enhance their performance.

Naile and Selesho (2014) further contend that authority is delegated when a supervisor gives a subordinate discretion to make decisions. These superiors have to have the clear authority to delegate. The process of delegation involve determining the results expected from a position, assigning tasks to the position, delegating authority for the accomplishment of these tasks and holding the person in that position responsible for the accomplishment of the tasks. Since superior's responsibility cannot be delegated a boss must hold subordinates responsible for completing their assignments. According to research, most people have a need for the capacity to produce results or outcomes, to feel that they are effective (Lanzeby, 2008). Delegation allows the employees to improve their own effectiveness as they choose how to perform a task and it gives way to creativity. Delegation leads to increased/improved employee performance because it helps to meet self-actualization and esteem needs as the employees are intellectually challenged, provided with opportunities to use their minds and creativity, and given the power to make decisions that affect their work.

Goal setting refers to establishing observable standards for employee performance and offering feedback to the employee about the extent to which the standards have been accomplished (Yavuz, 2004). When goals are set employees are well focused since their targets are achieving these goals. In the MRRH goals are set at the beginning of each calendar year and feed back is provided for immediately when a individual carries out a given activity and/or when an immediate supervisor and a subordinate meet to fill and sign the Appraisal forms which are provided by the Public Service as a measure of employee performance levels (Lanzeby, 2008). The researcher also concurs with the Goal Setting Theory which is based on the idea that behaviour is purposeful

or goal-oriented, goal setting theory suggests that specific and challenging goals can motivate behavior. Difficult goals boost performance by directing interest and action, mobilizing effort, raising determination and motivating the search for effective performance strategies (Onah, 2008). The idea behind goal-setting theory is that, through setting goals, an employee knows what needs to be done and how much effort will need to be exerted. It is assumed that individuals compare their current performance to the required level of performance for the accomplishment of a goal. If they fall short in terms of performance, they will be motivated to fill the gap to achieve the goal by working harder.

Kalleberg (2006) demonstrated that individuals who were assigned difficult goals performed better than those who were assigned moderately easy goals. Sturman and Ford (2011) applied Locke's findings to the logging industry and they found that goal-setting provided the employees with a sense of achievement, recognition and commitment by making clear what they were supposed to do. Moreover, 87 studies on goal setting as a motivation technique empirically supported the idea that challenging and specific goals motivate employees more than goals that are not difficult and stated in general terms (www.wikipedia.com). Thus, to ensure high employee performance levels, it is better to state a specific and challenging goal than to simply let workers do their best.

According to Naile and Selesho (2014), goal setting raise expectations and strengthens people's positive judgments of their capabilities. It encourages people to think that they can make a difference. Goal setting also enhance motivation because expectations are raised and productive self-fulfillment is strengthened. Accordingly, Eden points out that goal setting and expectancy theories are related to each other. This therefore implies that, as employees' perceive their efforts leading to the required performance increases; they are more likely to exert more effort towards accomplishment of the set goal(s). Sturman and Ford (2011) emphasize that goal setting may be

the major instrument by which extrinsic and intrinsic incentives affect motivation. They give the example that, according to an experiment on job enrichment, unless employees are assigned more difficult and specific goals, there is no difference between enriched and un-riched jobs in terms of productivity. Moreover, they argue that, in order for money to be an effective motivator, it should be made contingent on accomplishing specific objectives.

According to the researcher, it is also important to bear in mind that in order for goal setting to be effective, goals have to be accepted by the employees, that is, people have to be committed to the attainment of the goal. If goal setting is established in a participative process, goals are easily accepted. Goals can be set jointly by a supervisor and subordinate and this promotes role clarity. Moreover, after setting the goal, it is necessary that individuals are provided with feedback to allow them to track their progress and how well they have accomplished the goals (Mullins, 2007). Through feedback, employees can know their level of performance and adjust the level of effort accordingly. In MRRH goal setting is made participative through calling for departmental meetings and informing members of the overall annual goals and agreeing on certain goals during the appraisal process at individual level. Clarity is assured by allowing a good and conducive environment for both the superior and subordinate employee during the appraisal exercise. Feed back is given to the employees as the annual reports for the previous financial year are read to them and sometimes immediately an activity is carried out, whether its has been satisfactorily or unsatisfactorily done (Mullins, 2007). Immediate feedback is always encouraged in MRRH to ensure high employee performance levels since it enables one to correct his/her weaknesses there and then as well as maintain the strong points which resulted into good results.

In addition to the above, Sturman and Ford (2011) suggest that goal-setting is more likely to be successful if the following issues are considered. First, goals should be specific rather than

unclear, for example instead of a statement like "try to decrease the costs", a statement like, "decrease the costs by 5 percent in the next 3 months" is more specific. Secondly, goals should be challenging but not unreachable. If goals are perceived as unreachable, employees will not accept them and they will not get the feeling of success from pursuing goals that cannot be achieved. Thus, self-confidence and abilities of employees should be considered in assigning the challenging goals. Thirdly, it is essential to set proper quality standards along with challenging goals so that quantity is not achieved at the expense of quality. Fourthly, if immediate results are emphasized without regard to how they are achieved, long-run benefits may be sacrificed to attain short-term improvement. Goal setting theory was supported by considerable empirical support and it gained attention because of its simplicity. One criticism is that the theory has not been tested in complex task settings (Ndirtagu, 2013).

According to the researcher, goal setting is important because it clarifies what is expected from the employee, provides an opportunity for communication, enhances positive feelings about one's own capacity, encourages commitment and allows employees to monitor their own performance. Moreover, it is essential for incentive programs to be successful. In MRRH through goal setting employees are told what each of them is expected to do and how each individual contributes towards the overall goals. An example in point is when legal officers are told to identify all cases which require to be inspected and/or wound up, at the end of the exercise each legal officer will know how many cases he/she contributed towards the overall total of cases inspected and/or wound up by the hospital.

As it is explained so far, goal setting has quite important implications for the motivation of employees intrinsically since it makes an individual employee know his/her role towards the achievement of the hospital goals. It is also expected that goal-setting can be an effective

motivational tool in MRRH as well. MRRH employees are more motivated when they are assigned specific and challenging goals that are appropriate to their abilities and provided with feedback to monitor their own performance (Lanzeby, 2008). Goal-setting theory emphasizes that difficult goals improve performance by directing interest and action, mobilizing effort, rising determination and motivating the search for effective performance strategies. Consequently, goal setting is expected to have a high motivating power for MRRH employees. As it is mentioned in the discussions of Goal Setting Theory, goal setting has many advantages for the organizations (Onah, 2008). First it is essential for the effective performance appraisal. Secondly, goal setting promotes personal significance reinforcement because it creates a mechanism by which individuals can observe their contributions to organizational success. Thirdly, goal setting can be utilized more successfully compared to other monetary tools, which in the end could fail for lack of adequate finances yet it results into higher performance levels for quite limited investments. In light of declining budgets and resource scarcity, it is difficult to do that with other monetary tools. Thus organizations can benefit more from goal setting as a motivational tool.

However, there are some points that should be taken into consideration in designing goal setting techniques for public organizations (Sturman & Ford, 2011). First and the most important is the vague and conflicting nature of governmental goals. Although examples supporting the belief that goal setting can indeed contribute to employee understanding of tasks and objectives might readily be obtained, the practical difficulty of creating precise goal statements in many situations is not changed. In addition, there is the problem that attempting to make goals more concrete (summarized to the point) run the risk of making them simpler to be achieved. In light of these considerations, it is necessary to create highly flexible, decentralized goal setting techniques so that the task characteristics of the organization receive adequate attention. It's also necessary to state goals in terms of organizational inputs or activities rather than outputs because of the

difficulty of measuring success. To sum up, if goal setting as an intrinsic motivator is adequately utilized by management of MRRH, it is expected that it will satisfy many higher level needs of the employees such as esteem and growth. When employees self esteem and growth needs are satisfied, employee performance is high. It is also important to note that, even if extrinsic motivators can satisfy many needs of employees, employees would still have some other psychological needs which can only be satisfied intrinsically through goal setting but not extrinsically.

According to Naile and Selesho (2014) an important factor in managing people is creativity. Creativity usually refers to the ability and power to develop new ideas. In an organization this can mean a new product, a new service or a new way of doing things. Creativity is part of responsibility because it's through responsibility that employees become creative. Creativity is seen when employees try to get new approaches while solving problems at hand. When an employee uses a new approach to solve a problem without wasting time to consult especially on matters which do not need intervention of a superior, not only do they get intrinsically motivated but also enhance their performance levels since a lot of time is saved (Lanzeby, 2008). Creativity is a process which consists of four overlapping and interacting phases which include; unconscious scanning, intuition, insight and logical formulation.

Most of the time it is assumed that most people are non-creative and have little ability to develop new ideas. This assumption unfortunately, can be detrimental to the organization. For in any appropriate environment virtually all people are capable of being creative although the degree of creativity varies considerably between individuals. Sturman and Ford (2011) further contend that creative people are normally inquisitive and come up with many new and unusual ideas. Although intelligent, they do not only rely on the rational process but also involve the emotional aspect of

their personality in problem solving and appear excited of solving a problem. They are also aware of themselves and capable of independent judgment. They lastly, object to conformity and see themselves as being different. Creative people can make great contributions to an organization as well as cause difficulties in organizations since they usually advocate for change, yet change is never popular because of its undesirable and unexpected side effects. In the MRRH employees try to be creative when handling cases, but in light of the declining budgets and resource scarcity nothing much is achieved, hence employee complaints. These complaints in the end affect employee performance and their levels of intrinsic motivation since employees normally decide to do what is stipulated down as matter of procedure.

Naile and Selesho (2014) suggest that creative people should have enough freedom to pursue their ideas but not too much that they waste their time or don't find enough time to collaborate with others in working towards common goals. Creativity of most individuals is normally underutilized in many cases despite the fact that unusual innovations can be of great benefit to the firm. Creativity can be nurtured and is important for effective managing and employee performance. According to Thomas, Wheelen and Hunger (2010) a popular technique for enhancing creativity is brainstorming which includes approaches for finding new and unusual solutions in sessions which include no ideas are ever criticized. MRRH can benefit from this thought by carrying out such sessions where employees are called upon to give contributions on how an organization problem can be solved; through the above employee performance will be enhanced since employees are intrinsically motivated whenever involved. According to Wagubi (2008) employees are intrinsically motivated to exert more effort and go beyond the expectations because the nature of the job they do give them that pleasure to be more innovative and/or creative hence increasing on their performance levels.

According to Vroom's (1964) Valence, Instrumentality and Expectancy (VIE) theory, motivation depends on individuals' expectations about their ability to perform tasks and receive desired rewards. In other words, people are motivated to work when they have the expectancy that effort leads to performance and that performance results in reward. It also assumes that individuals have different levels of satisfaction they expect to receive from rewards and each person is a rational decision maker who will expend effort on the activities that lead to their desired rewards (Onah, 2008).

Expectancy is the probability that putting effort into a task will lead to high performance. It is also called E-P expectancy. In order for this expectancy to be high, the individual must possess the ability, previous experience and necessary machinery, tools and opportunity to perform (Sturman & Ford, 2011). If an employee believes that with hard work he/she can finish a task before the assigned period, his/her expectancy will be high, so will be the motivation and performance. On the other hand, if the employee believes that he/she lacks the ability or opportunity to achieve high performance, the expectancy and in turn motivation will be low.

Instrumentality (P-O expectancy) refers to whether the performance will result in the desired outcome. It concerns the relation between performance and the award. If an employee is motivated to receive public recognition for a performance above expectations but he does not expect that high performance will generate this desire outcome, his motivation will be lower.

Valence is the value or attraction of outcomes for the individual. If employees do not appreciate the outcomes that can be reached because of high effort and performance, motivation will be low. Similarly, if an employee values a reward that is offered for a special effort, he/she will be more motivated to exert effort. For example, if an employee is interested in sport activities and he

expects that high performance in the organization is recognized with free tickets to sport games, then he will probably be more motivated to work hard. To conclude, all these three factors have effects on motivation but for an employee to be highly motivated, all these three factors must be high (Onah, 2008). However, it is important to note that all individuals will be motivated with different incentives hence the importance of the MRRH to determine what motivators employees value at the work place and then link those motivators to the objectives of the hospital. Findings indicated that among the motivators in MRRH include; recognition, responsibility and employee development.

2.5 Conclusion

In this chapter, the researcher gave a review of the existing literature on the concept of motivation, recognition vis-à-vis employee performance, responsibility vis-à-vis employee performance, employee development vis-à-vis employee performance. Linking the literature reviewed to the problem under study helped to give an in-depth understanding of both the dependent and independent variables as stated in Chapter one. A review of literature on recognition and employee performance revealed that where there was absence of employee recognition, this would have a negative impact on quality of work, quantity of staff output and timely delivery of output. Similarly, the literature on the association between responsibility and employee performance confirmed that where there was no delegation, goal setting and creativity, this impacted employee performance negatively. On the other hand, literature on employee development revealed that training, career prospects and guidance were paramount in promoting quality of work, quantity of staff output and timely delivery of output.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter focused on the techniques that were used to obtain the required data for the study. It includes the research design, population of the study, sampling procedure, sample size and selection, sample techniques, data sources, data collection methods, instruments for data collection, data collection procedure, validity and reliability of the instruments, data processing and analysis, ethical consideration and limitations to the study.

3.2 Research Design

The study adopted a cross-sectional survey design to help explain the current situation on employee performance and analyze the inherent problem when dealing with both quantitative and qualitative data. Cross sectional design is a research design in which one or more samples of the population is selected and information is collected from the samples at one time. It makes a detailed examination of a single subject, group or phenomenon and enables collection of sufficient data regarding effects of the motivational strategies on employee performance (Mugenda & Mugenda, 2003). A cross-sectional design was adopted because the study was only carried out at MRRH excluding other Regional Referral Hospitals in the health sector. The design was descriptive and analytical in nature. Both quantitative and qualitative research approaches were adopted. For the quantitative approach data responses were collected by way of a questionnaire whereas, for the qualitative approach the responses were collected using an interview guide.

3.3 Area of Study

Mubende Hospital is a public hospital, funded by the Ministry of Health and general care in the hospital is free. It is one of the thirteen Regional Referral Hospitals in Uganda. It is the referral hospital for the districts of Mubende, Mityana, Kiboga and Kyankwazi. Mubende Regional Referral Hospital is located on Old Kampala Road in the town of Mubende. The coordinates of the hospital are 0°34'03.0"N, 31°23'35.0"E (Latitude: 0.567496; Longitude: 31.393041). The hospital is designated as one of the fifteen Internship Hospitals in Uganda where graduates of Ugandan medical schools can serve one year of internship under the supervision of qualified specialists and consultants. The bed capacity of Mubende Hospital is 175.

3.4 Study Population

Mugenda and Mugenda (2003) define target population as the list of the element from which sample size is actually drawn. The target population contains members of a group that a researcher is interested in studying. The study was carried out at MRRH and restricted itself to the staff at hospital. The population of the study was 89 respondents consisting of the different categories of staff at the hospital (MRRH Report, 2016). This population consists of 84 hospital staff and 5 senior hospital officers, The senior hospital staff who were the key informants included the hospital director, Principal Hospital Administrator, Principal Nursing Officer, Chairperson Board of Governors and District Health Officer). The staff involved in the management and operations of the hospital were selected to comprise the population. The researcher believed that this category of people was knowledgeable enough about her area of study and able to avail her with the necessary data about the study.

3.5 Sample Size and Selection

Sample size is the number of observations in a sample (Creswell, 2009). According to Creswell (2009) the size of the population usually makes it impractical and uneconomical to involve all the

members of the population in research project. According to Mugenda and Mugenda (2003), a sample size is considered appropriate if it is large enough to represent the whole population. They suggest that for descriptive research design at least ten percent sample is appropriate. The sample size of the study was determined by using Krejcie and Morgan (1970) for the simplified formula for determining the sample size for a finite population whereby if the number of the population is 89, then the sample size was 75.

Table 3.1: Sample Size

Category	Target population	Sample Size	Sampling Technique
Senior hospital staff	5	5	Purposive sampling
Hospital staff	84	70	Simple random sampling
Total	**89**	**75**	

Source: MRRH Report, 2016

3.4 Sampling Techniques

Mugenda and Mugenda (2003) define sampling as a formulation of a procedure of selecting the subjects or cases to be included in the sample. In other words, a sampling technique is a plan for obtaining a sample from a given population (Kothari, 2003). A sampling framework which comprised a list of staff and patients at MRRH was obtained from MRRH head office in Mubende district. This study used stratified random sampling, purposive sampling and simple random sampling methods to select the sample. All cases of the population were considered because they possessed the required information (Amin, 2003).

Stratified Random Sampling

In this study, the population of the study was categorized into distinct strata because of their importance to the research interest. Stratified random sampling was used during the selection of the sample. Stratified random sampling is a method of sampling that involves the division of a

population into smaller groups known as strata (Sekaran, 2003). In stratified random sampling, or stratification, the strata are formed based on members' shared attributes or characteristics. In this study, stratified random sampling involved dividing the entire population into homogeneous groups which are called strata (singular is stratum). In stratified random sampling, the strata are formed based on members' shared attributes or characteristics. A random sample from each stratum is taken in a number proportional to the stratum's size when compared to the population. These subsets of the strata are then pooled to form a random sample. Random samples were then selected from each stratum. The strata were also collectively exhaustive where no population element was excluded. Then other methods were applied within each stratum so as to improve the representativeness of the sample by reducing sampling error. From each stratum a sample of the pre-specified size, was drawn independently in different strata. During the sample selection from each stratum, simple random sampling and purposive sampling methods were used to select the samples in the different strata.

Purposive Sampling

Purposive sampling (also known as judgment, selective or subjective sampling) is a sampling technique in which researcher relies on his or her own judgment when choosing members of population to participate in the study. Purposive sampling technique under non-probability sampling was used to select individual sample sizes from senior medical officers. The technique was used because the focus of the researcher is to get in-depth information and not simply making generalizations. Those selected provided the required information in-depth since their selection was based on their appropriateness to give the required information. This method was chosen by the researcher because it resulted in saving time, money and reaching to a specific target population. Purposive sampling was used to collect data from senior hospital staff.

Simple Random Sampling

According to Mugenda and Mugenda (1999), simple random sampling involves allocating equal chance to the selected elements in the population. Simple random sampling techniques are flexible and give equal chances to respondents to be in a sample (Amin, 2005). In a simple random sample ('SRS') of a given size all such subjects of the frame are given an equal probability. Each element of the frame thus has an equal probability of selection; the frame is not subdivided or partitioned. This minimizes bias and simplifies analysis of results. In particular, the variance between individual results within the sample is a good indicator of variance in the overall population, which makes it relatively easy to estimate the accuracy of results. The simple random sampling method selects a sample without bias from the target/accessible population. This method involved giving a number to every respondent in the accessible population, placing the numbers in a container and then picking any number at random. This method is justified for the study because it ensures that all subjects of the sub groups are given an equal chance of being selected. This minimizes bias and simplifies analysis of results. This was used during the selection of hospital staff.

3.5 Data Collection Sources

3.5.1 Primary Data

Primary data was got from face to face interviews and questionnaires. Primary data helped the researcher to directly interact with the source of information and get the data that is original and not analyzed to suit specific premises, Amin (2003).

3.5.2 Secondary Data

Secondary data was obtained through the use of historical analysis of minutes from management meetings, records of customer queries and already existing literature on motivational strategies and employee performance in newsletters and guidelines from the MRRH and other documentation

considered useful for research was used. According to Sekeran (2003) secondary data is considerably cheaper and faster than doing original studies. It is very flexible and the best to use where a network of data archives in which survey data files are collected and distributed is readily available.

3.6 Data Collection Methods

The data collection methods are techniques of collecting data. The researcher adopted both quantitative and qualitative methods and primary data was collected using the questionnaire survey and interview survey methods.

3.6.1 Questionnaire Survey

Using the questionnaire survey, the researcher developed questionnaires that included specific objectives of the study for respondents to complete in writing. The questionnaire for staff was structured using a Likert scale ranging from 1-Strongly Disagree, 2-Disgaree, 3-Not Sure, 4-Agree to 5- Strongly Agree. The structured questionnaire obtained specific responses which were easy to analyze. It gave an accurate profile of the situation and the data that was provided was used to describe who, what, how, when and where concerning the variables in the study and also establish the relationship between the independent and dependent variables.

3.6.2 Interview Survey

Face to face interviews were conducted and during the course of the interviews, notes were taken. Interviews are a good tool as they enable the researcher to gather in-depth information around the topic to meet specific needs. The researcher was also able to clarify unclear issues in the questionnaire to the respondent. This method was used to collect data from top managers. Information on the topic was collected from already existing archived documents. Research papers

and articles on motivational strategies and employee performance published internationally and locally were reviewed. These included journals, reports, news paper articles among others.

3.7 Data Collection Instruments

The tools that the researcher used for collecting data included structured questionnaires and an interview guide.

3.7.1 Structured Questionnaire

Self administered questionnaires were used to collect information during the study. The questions covered the various components of motivational strategies which included recognition, employee development and job responsibility. These were compared against employee performance. The items were anchored on a 5 Likert scale ranging from 1-Strongly Disagree, 2-Disgaree, 3-Not Sure, 4-Agree to 5- Strongly Agree. The questionnaire also contained the demographic characteristics such as gender, age, qualification and tenure of employment. The structured questionnaire was used to collect data from the hospital staff.

3.7.2 Interview Guide

An interview guide was used to collect data from key informants who comprised top managers. Face to face interviews were conducted. Interviews are a good tool as they enable the researcher gather in-depth information around the topic to meet specific needs. The researcher was also able to clarify unclear issues in the questionnaire to the respondent. This data assisted in clarifying data collected by the structured questionnaires since it involved a face to face interaction and it also provided a whole range of views. The interview guide was used to collect data from key informants who were the senior hospital staff.

3.8 Data Quality Control

3.8.1 Validity Test

To establish validity qualitatively, the instruments was given to two experts (supervisors) to evaluate the relevance of each item in the instrument to the objectives and rate each item on the scale of not relevant (1), somewhat relevant (2), quite relevant (3) and very relevant (4). The purpose of qualitative research was to describe or understand the phenomena of interest from the participant's eyes, therefore the researcher allowed the participants to legitimately judge the credibility of the results. Validity was determined by using Content Validity Index (C.V.I).C.V.I = Total items rated correct divided by the total number of items in the questionnaire. In cases where the average percentage was found to be above 0.7 (70%), the content was considered valid. The formula below was used to check for validity of the instrument:

$$CVI = \frac{R}{R+N+IR}$$

Where; R is Relevant, N is Neutral, and IR is irrelevant. The closer the value is to 1, the more valid the instrument (Amin, 2005).

Table 3.2: Validity Test

Variable	Items	Content Validity Index
Recognition	8	0.80
Employee development	10	0.83
Responsibility	7	0.78
Medical staff performance	10	0.77

Source: Primary data, 2016

3.8.2 Reliability Test

For qualitative data, the researcher during data collection exercise ensured that the data recorded from interviews reflect the actual facts, responses, observations and events. The researcher also took multiple measurements, observations or samples and also checked the truth of the record with an expert/ lecturer to verify response consistency and customize questions so that only appropriate

questions are asked. The experts also helped to confirm responses against previous answers where appropriate and delete questions likely to elicit inadmissible responses. A pretest of the instrument in a time lapse of 2 weeks was carried out to establish consistence in responses. According to Amin (2005), test-retest reliability can be used to measure the extent to which the instrument can produce consistent scores when the same group of individuals is repeatedly measured under the same conditions. The results from the pretest were used to modify the items in the instruments. In order to measure reliability, a score obtained in one item was correlated with scores obtained from other items in the instrument. To test for the internal consistencies of the scales used to measure the variables, the alphas were expected to score above Cronbach's alpha 0.7 test (Cronbach, 1946).

Table 3.3: Reliability Test

Variable	No. Items	Cronbach Alpha Value
Recognition	8	0.703
Employee development	10	0.790
Responsibility	7	0.700
Medical staff performance	10	0.811

Source: Primary data, 2017

According to Cronbach (1950), coefficient alpha of 0.7 and above is considered adequate. From the results all the Cronbach alpha coefficients ranged from .700 to .811, therefore meeting the acceptable standards.

3.9 Measurement of Variables

Motivational strategies were measured according to recognition, employee development and job responsibility dimensions developed by Mankin (2009). On the other hand, Chase and Aquilano (1995) measured employee performance according to productivity, service quality and timely task accomplishment. Their scales were adopted for the study and anchored on a five Likert scale ranging from 1-Strongly Disagree (SD), 2-Disagree (D), 3-Not Sure (NS), 4-Agree (A) and 5-Strongly Agree (SD).

3.10 Data Management and Analysis

3.10.1 Quantitative Data Analysis

The researcher collected data cleaned, coded and classified them into categories. The data were edited and entered into the data editor of Statistical Package for Social Scientists (SPSS V20) software for analysis according to the objectives of the study. Data were organized and analyzed using a 5 Likert scale. The researcher presented data using descriptive and inferential statistics where frequency tabulations were used to present the data on demographic characteristics whereas, for the research objectives, percentages, Pearson correlation matrix and regression analysis were used. The researcher used correlation analysis to test the relationships between the independent and dependent variables whereas, regression analysis was used to study the combined effect of the independent variables on the dependent variable.

3.10.2 Qualitative Data Analysis

Qualitative data were analyzed into a manageable form and a narrative constructed around it (Amin, 2005). Examples were used in the narrative in order to review trends and compare the respondents' opinions/perspectives of the issues being discussed. The data were classified into simple content categories, themes and sub-themes, closely examined and compared for similarities and differences. Qualitative data obtained by way of an interview guide were used to reinforce information gathered using the questionnaire to draw meaningful conclusions. Qualitative data analysis refers to non-empirical analysis. Qualitative data was analyzed into a manageable form and a narrative constructed around it (Amin, 2005). Information was analyzed in a systematic way in order to come to useful conclusion. Examples were used in the narrative in order to review trends and compare the respondents' opinions/perspectives of the issues being discussed. The data was classified into simple content categories, themes and sub-themes, closely examined and compared for similarities and differences. Qualitative data was obtained by way of an interview

guide which was used to reinforce information gathered using the questionnaire to draw meaningful conclusions. The respondent's responses were summarized and reflected in the study to support quantitative data.

3.11 Ethical Considerations

When carrying out research the following ethical considerations were observed. Permission of the people who were to be studied was sought to conduct research involving them. This was done by attaining an introductory letter from the University introducing the researcher to the management of MRRH.

Written or verbal informed consent from all respondents were sought before interviews were conducted and the purpose and objectives of the study were carefully explained to the respondents.

The researcher was careful not to cause physical or emotional harm to respondents and ensure objectivity during the research so as to eliminate personal biases and opinions.

Likewise to ensure confidentiality of the respondents, the researcher designed the tools in such a manner where the respondent was not required to provide personal details such as names.

3.12 Limitations of the Study

The study was carried out in one hospital considered to be an underserved area in the delivery of health care in Uganda without comparisons of other selected hospitals operating under different conditions such as hard to reach or rural and urban setting.

Bias from the respondents to simply fill the questionnaires to please the researcher. The researcher conducted a face to face interaction to clarify the purpose and objective of the study.

The limited time which the researcher had to conduct the study, respondents may suspect that the research findings are to be used for other purposes while others are likely to delay the

questionnaires because of busy schedules. Here the researcher used a cover letter from the university to mitigate the outcome.

The scales in the questionnaire were adopted from other studies conducted in different environments from that of Uganda, which is likely to cause bias. The researcher involved experts in the fields of training and employee performance to moderate the scales adapted to fit the local environment.

The respondents withheld information due to fear of being victimized because of the sensitivity of the information that they were required to provide for the study. However, the researcher assured them of confidentiality and anonymity by not asking them to provide their private information. He also provided a letter from the university seeking permission to carry out the study to the management of MRRH. Likewise, the researcher safe guarded the information they provided such that it was not easily accessed by anybody and also sought their permission when the information was to be published.

3.13 Conclusion

The chapter introduced and explained the methodological aspects that were followed when constituting the population, selecting the sample the sampling methods to be used, the data collection methods and instruments to be employed during the study, quality control of the instruments, data management and processing, ethical considerations and the anticipated limitations of the study. This set ground for chapter four which dealt with presentation and interpretation of the results of the study.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter provides a presentation, analysis and discussion of the empirical findings according to the purpose and objectives of the study. The chapter is comprised of five sections. Section one presents the introduction, section two represents the response rate, section three dealt with the demographic characteristics which include gender, age group, marital status, level of education, position, tenure of employment, salary scale at time of appointment and current salary scale using frequency tabulations. Section four, dealt with empirical findings on the study objectives using percentages, item mean analysis and correlations. Section five dealt with multiple regressions which presented the results on the combined effect of the dimensions of motivational strategies on the performance of medical staff using regression analysis.

4.2 Response Rate

Response rate in survey research refers to the number of people who answered the survey divided by the number of people in the sample. It is usually expressed in the form of a percentage. Therefore, response rate is viewed as an important indicator of survey quality. Amin (2005) suggests that higher response rates assure more accurate survey results. Out of the 75 respondents, 68 selected respondents provided responses for the study, giving a response rate of 90.7% which was acceptable for the study. According to Sekaran (2003), the results would be representative if the response rate is 70% or higher.

4.3 Bio Data of Respondents

Demographics are current statistical characteristics of a population (Yuko Oso and Onen, 2009). Demographic profiling is essentially an exercise in making generalizations about groups of people. Demographic information is aggregate and probabilistic information about groups, not about specific individuals. To present demographic characteristics, frequency tabulations were used to indicate variations of respondents based on gender, age group, marital status, level of education, position, tenure of employment, salary scale at time of appointment and current salary scale. The demographic characteristics were presented basing on the responses from the respondents.

4.3.1 Gender Distribution

Data was analyzed according to gender in order to ascertain the distribution of the responses among the female and the male. This information was obtained using a questionnaire administered to the respondents and the results are presented in the table below. To present the results on the gender distribution, frequency tabulation was used by the researcher to present the gender distribution categories of the respondents. The results are presented in table 4.1 below.

Table 4.1: Gender Distribution

Category	Male	Percentage
Male	38	55.9
Female	30	44.1
Total	68	100

Source: primary data, 2016

From the results in table 4.1 above, 55.9% of the respondents with a count of 38 comprised of the male whereas, the female with a count of 30 accounted for 44.1%. From the results it is clear that there is gender distribution among the respondents whereas, the male respondents were more responsive compared to their counterparts. This shows that motivational strategies at MRRH

benefited more male staff than female staff given that they were more compared to their counterparts.

4.3.2 Respondent Category by Age Group

Frequency tabulation was used by the researcher to present the age distribution of the respondents. Table 4.2 below presents the results:

Table 4.2: Age Group Distribution

Age group	Frequency	Percent (%)
20-29 yrs	18	26.5
30-39 yrs	26	38.2
40-49 yrs	18	26.5
50 yrs >	6	8.8
Total	68	100.0

Source: Primary data (2016)

The results in the table 4.2 revealed that the bulk of the respondents were within age brackets of 30-39 years with a percentage of 38.2%, followed by those in the 20-29 years and 40-49 years age groups with each a percentage of 26.5% whereas, 8.8% accounted for those respondents in the 50 years and above age group. The results implied that the composition of the respondents was made up of staff who were mature enough to understand the importance of motivational strategies in enhancing employee performance at MRRH.

4.3.3 Marital Status Distribution

Data was analyzed according to marital status in order to ascertain the distribution of the responses among the single and married respondents. This information was obtained using a questionnaire administered to the respondents and the results are presented in the table below. To present the results on the gender distribution, frequency tabulation was used by the researcher to present the gender distribution categories of the respondents. The results are presented in table 4.3 below.

Table 4.3: Marital Status Distribution

Marital Status	Frequency	Percentage
Single / never married	14	20.6
Married	54	79.4
Total	68	100.0

Source: primary data 2016

From the results in table 4.3 above, 79.4% of the respondents with a count of 54 were married whereas, 20.6% with a count of 14 were single. From the results it is clear that the majority of the staff at MRRH were still married. This is justified that the majority of the staff were advanced in age and held social responsibilities in family which necessitated them to get married. Given their different marital status, is important that different forms of motivation in terms of recognition, personal growth and advancement and responsibility are considered in order to get the best output from these different categories of medical workers. Much attention ought to be given to the married medical staff as they constitute the majority of the medical workers (79.4%) in order to maximize their contribution to the hospital.

4.3.4 Respondent Category by Level of Education

In order to find out the level of education of the respondents, the researcher categorized this from certificates, diplomas degrees and any other types of qualifications. This was done in order to find out the ability of respondents provide the required information on motivational strategies and employee performance. Using frequency tabulation, the researcher presented the level of education distribution categories of the respondents. Table 4.4 below presented the results.

Table 4.4: Level of Education

Level of Education	Frequency	Percentage
Diploma	46	67.6
Degree	17	25.0
Masters	5	7.4
Total	**68**	100.0

Source: primary data 2016

The results from table 4.4 above showed that the majority of the respondents (67.6%) possessed diploma level of education, 25% held degree qualifications whereas, 7.4% were masters holders. The high number of diploma holders is due to the fact that many qualified medical staff do not want to work in upcountry health centres because of the poor motivational strategies such as low salaries which discourage them from working there. Basing on this finding, it was suggested that it would be necessary to design different forms of motivational strategies in order to effectively induce high performance level among the medical staff at their different levels of qualification. The fact that about a half of the medical staff had only attained certificates in their professions need not to be under minded as their performance remains low because of low qualifications. They need to be supported for growth and advancement so that they are equipped with more skills to do a better job.

4.3.5 Position held by the Respondent

So as to examine the positions of the as employed by the MRRH, the researcher developed four positions at MRRH. While using frequency tabulation, the researcher sought to find out the distribution of the respondents according to the positions of the respondents. This information was obtained by way of a self administered questionnaire to the respondents. Table 4.5 below presents the results:

Table 4.5: Position held in the Organization

Position	Frequency	Percentage
Senior hospital staff	3	4.4
Hospital staff	65	95.6
Total	68	100.0

Source: primary data2016

From the results in table 4.5 above, the majority of the responses were acquired from hospital staff (95.6%) and the responses from senior hospital staff accounted 4.4%. From the results it's clear that responses were acquired from all the stakeholders that affect or who are affected by the motivational strategies at MRRH. The horizontal nature of the organisational structure of the hospital is evidence that there are more operational staff than senior management staff. This provides evidence that data was collected from the respondents who possessed the required information for the study and were therefore knowledgeable about the motivational strategies and their resultant effect on employee performance. This study finding suggested that for the medical staff to effectively perform their duties, different forms of motivational strategies based on staff current positions would be required.

4.3.6 Tenure of Employment

In order to ascertain the duration spent by the respondents as employed by the organisation, the researcher developed four employment tenure categories. While using frequency tabulation, the researcher sought to find out the distribution of the respondents according to the different tenure periods. This information was obtained by way of a self administered questionnaire to the respondents. Table 4.6 below presents the results:

Table 4.6: Tenure of Employment

Tenure of Employment	Frequency	Percent
1-5 yrs	33	48.5
6-10 yrs	18	26.5
11-15 yrs	13	19.1
16-20 yrs	3	4.4
Above 20 yrs	1	1.5
Total	**68**	100.0

Source: primary data 2016

The results from table 4.6 above shows that 48.5% of the respondents had worked for the hospital for 1-5 years this implies that the majority of the staff at MRRH had worked for at least 5 years for the organization and 26.5% of the respondents had served the hospital for a period of 6-10 years. From the results, 19.1% of the respondents had worked for 11-15 years, 4.4% had worked for 16-20 years whereas, 1.5% had served for over 20 years. The results showed that more than 75% of the respondents had worked for the hospital for 10 years or more. The high percentage for respondents under the 1-5 years tenure of service is due to the fact that the majority of the staff are still junior staff who are still holding lower qualifications and as they advance in experience and qualifications they leave the organisation for better jobs. Owing to the difference in the length of time in service among the medical staff as was revealed by statistics, it is suggested that the medical staff would need to be motivated differently in order to effectively perform their duties.

4.3.7 Salary Scale at Time of Appointment

In order to ascertain the salary scale at time of appointment of the respondents as employed by the organisation, the researcher developed five salary scale categories. While using frequency tabulation, the researcher sought to find out the distribution of the respondents according to the

different salary scales. This information was obtained by way of a self administered questionnaire to the respondents. Table 4.7 below presents the results:

Table 4.7: Salary Scale at Time of Appointment

Salary Scale	Frequency	Percent
U4	4	5.9
U5	13	19.1
U6	5	7.4
U7	30	44.1
U8	16	23.5
Total	**68**	100.0

Source: primary data 2016

The results in table 4.7 above shows that a total of 30 (44.1%) of the respondents were under the U7 salary scale, 23.5% were on the U8 salary scale, 19.1% were enrolled on the U5 salary scale, 7.4% were given the U6 salary scale at the time of appointment whereas, 5.9% were recruited on the U4 salary scale. This study finding suggested that the medical staff would need different forms of motivation to do offer a better service based on their different salary scales at appointment as about three quarters were still in a low salary scale. About 70 out of 0 (75%) staff entered their career with a low salary scale which required enhancing through personal growth and advancement which motivates them and attracts a higher salary scale.

4.3.8 Current Salary Scale

In order to ascertain the current salary scale of the respondents as employed by the hospital, the researcher developed five salary scale categories. While using frequency tabulation, the researcher sought to find out the distribution of the respondents according to the different salary scales. This information was obtained by way of a self administered questionnaire to the respondents. Table 4.8 below presents the results:

Table 4.8: Current Salary Scale

Salary Scale	Frequency	Percent
U4	9	13.2
U5	18	26.5
U6	3	4.4
U7	23	33.8
U8	15	22.1
Total	**68**	100.0

Source: primary data 2016

According to the results in table 4.8 above, the results show that the majority of the respondents (33.8%) were currently on the U7 salary scale, 26.5% of the staff were on the U5 salary scale, 22.1 % were currently on the U8 salary scale, 13.2% had moved to the U4 salary scale whereas, 4.4% were being remunerated on U6 salary scale. The results suggest that about three quarters of the medical staff had been either new and were at the entry salary scale or had not been promoted for a long time. Any opportunity for these medical professionals to grow and advance in their careers, supplemented by other motivational strategies would bring out the best in them.

4.4 Empirical Findings

This section presents the results of the study objectives which included; to examine the effect of recognition on employee performance; evaluate the effect of employee development on employee performance; and establish the effect of job responsibility on employee performance. The items used to measures the variables were anchored on a five point Likert scale and the results are presented in item means of responses under each variable. The results are further explained using the Pearson correlation matrix in order to show relationships between the study variables whereas, to study the predictive power of the dimensions of motivational strategies on employee performance, a regression analysis was carried out. The results from the quantitative source are

compared with qualitative ones. Statistical tables were used for easier understanding and interpretations.

4.4.1 Descriptive Statistics on Recognition

In order to assess the level of agreement and disagreement on the different items used to measure recognition in the questionnaire, item mean analysis was carried out. The researcher attached the responses of the respondents on five Likert scale ranging from strongly disagree to strongly agree. The results are presented below.

Table 4.9: Recognition

Items	SD	D	N	A	SA
I am always given awards for my good performance	9 (8.8%)	49 (72.1%)		2 (2.9%)	11 (16.2%)
I am always given gifts for my good performance	9 (13.2%)	48 (70.6%)	5 (7.4%)	4 (5.9%)	2 (2.9%)
I am always given dinner for my good performance	57 (83.8%)			7 (10.3%)	4 (5.7%)
I am very given certificate for my good performance	11 (16.4%)	44 (64.7%)		10 (14.7%)	3 (4.4%)
I am told that I am making good progress in performing my hospital duties	3 (4.4%)	45 (66.2%)		13 (19.1%)	7 (10.3%)
I often receive praises from my hospital superintendent for my performance.	37 (54.4%)			29 (42.6%)	2 (2.9%)
I often receive praises from my immediate supervisor for my performance	41 (60.3%)			23 (33.8%)	4 (5.9%)
The public recognizes me for excellent my work I do.	46 (67.6%)			14 (20.6%)	8 (11.8%)
I receive constructive criticism about my work.	6 (8.8%)	40 (58.8%)	2 (2.9%)	16 (23.5%)	4 (5.9%)
I generally get credit for what I do when it's due to me.	45 (66.2%)			16 (23.5%)	7 (10.3%)

Source: Primary data, 2016

Key: SD-Strongly Disagree, D-Disagree, NS-Not Sure, A-Agree and SA-Strongly Agree

The results on material recognition as a dimension of recognition showed that the majority of the respondents (80.9%) disagreed that they were always given awards for good performance while only 13 (19.1%) were in agreement. Similarly, the greater part of the respondents 57 (83.8%)

disagreed that they were always given gifts for good performance while only 6 (8.8%) agreed. Furthermore, a total of 57 (83.8%) of the respondents disagreed that they were always given dinner for good performance while only 11 (16.2%) agreed. Similarly, majority of 55 (80.9%) of the respondents indicated they were not always given certificate for good performance while 13 (19.1%) agreed. In line with quantitative results, the qualitative results about the recognitions practices for medical staff, one of the hospital administrators put it that:

> *"We try to publish the best performing unit in comparison to other units in the district. However nurses are a complicated human resource whom one cannot easily motivate. But all the same we appreciated that a good recognition system would serve a good deal in creating a highly motivated and performing staff The only challenge is that the politics in the country and Mubende in particular is bad. They will try to politicize every effort made to recognize medical workers".*

These findings suggested that 8 in every 10 medical staff did not received awards, gifts, dinner and certificates material rewards for good performance an indication of low, levels of material recognition in the hospital which de-motivates the staff. This is supported by Mullins (2007) who asserts that people can be praised to success. According to Behaj (2012), social recognition and a sense of accomplishment are dreams that every employee wants to achieve.

The results on verbal recognition as a dimension of recognition in the table above show that 48 (70.6%) of the respondents were not told that they were making good progress in performing their hospital duties while 20 (29.4%) agreed. This finding suggested that 7 in every 10 staff did not receive verbal recognition related to making good progress in performing their duties. Ndirtagu (2013) also adds that recognition comes in many different forms; from the peerage to the 'thank you' letter; from the way you introduce somebody to the admiring of a vase of flowers at home. According to Katz, R. (2005), where people feel part of an experiment or a project they will show a much higher level of motivation.

Similarly, a total of 37 (54.4%) of the respondents disagreed that they often received praises from hospital superintendent for their good performance while 31 (45.5%) agreed, a findings which suggested that about half of the medical staff in the MRRH did not receive praises from the Hospital Superintendent. Furthermore, majority of 41 (60.3%) of the respondents disagreed dun they often received praises from their immediate supervisor for good performance while 27 (39.7%) agreed finding which suggested that out of 0 medical staff in MRRH did not receive verbal praises from the immediate supervisors. In line with the results, Dee Hanford notes that giving personal praise is a basic skill that all people can learn. Alalade and Oguntodu (2015) who asserts that people need to know how well they have achieved their objectives or done their work and that their achievements are appreciated. This is concretized by Asim (2013) who also draws attention to the impact of recognition programs on motivation of employees and stresses the fact that recognition comes in many forms, from a hand-written thank you note, to the manager/president of the company/organization praising their work, to the plaque with their name on it that sits in the lobby. During interviews with the medical staff on the use of gifts, a comment similar to the above was raised and one of the discussants said:

> *"Indeed special gifts to some staff create a bad feeling and bias among others staff who does not receive such gifts. Some go ahead and leave the work for those receive the gifts saying they are the ones who do the work. In fact such gifts have been slopped for that same reason. He continued and said however that these gifts are good, we like them when they genuinely given as envy those who receive them and would want to receive them too one day. We just need to be careful when determining who deserves a special gift".*

A majority 46 (67.6%) of the respondents disagreed that the public recognized them for excellent work they did while only 22 (32.4%) agreed; majority of 46 (67.6%) disagreed that received constructive criticism about their work while 22 (29.4%) agreed yet majority 45 (66.2%) disagreed

that they generally got credit for what done when was its due .them while only 23 (33.8%) agreed. This finding suggested that about 7 out of 10 staff in MRRH did not received verbal recognition from the public, constructive criticism and credit whenever it was due for the work done. This study therefore inferred that there was a low level of verbal employee recognition which de-motivates staff to perform to their peak performance. In support, the qualiatataive results revealed that;

> *Special gifts given to best performers like the smartest nurse, best time keeper etc are really a good thing that comes with a great improvement in performance among those who receive them; but to the others it leaves a bad feeling which sometimes creates laxity among them. She warned that care be taken when using gifts as a means of motivation. She added that although certificates of merit are another thing used to recognize staff for better performance they were only given out once in 2008, just because the sitting administrator believed in their power 10 motivate staff Means of recognizing staff for good performance depends highly on the sitting Hospital Administrator. I personally feel that the certificates and special gifts create a big difference in the level of staff performance and would recommend that such a thing is re-introduces in the system.*

To this the staff suggested that there should be clear indicators used to best performers and assessment be done by peers out of individual staff to remove bias. All staff must be involved in the voting using the criteria agreed upon and then the b performers are agreed on. Most key respondents were also in agreement to this.

From the various interviews held with the key informants, arrays of issues were raised on the means of recognizing good performance at MRRH. It was discovered that the hospital relies so much on recognition of employees to motivate and encourage them do a good job. A number of things are done to achieve this ranging from verbal praise i.e. saying thank you for good work done, encouragement of staff especially when completing appraisal forms, recommendation for

training in a particular field where that show much interest, delegation to handle specified cases and issues at higher levels, staff tea, food basket which is given quarterly depending on departmental performance as revealed by the Hospital administrator, monthly allowances got from private will collections i.e. fee for service; which the Hospital Director said was still small delayed sometimes. This was confirmed by the medical staff themselves when one of them during discussion said that

> *"The allowance is very small a figure compared to what is given to medical workers in Mbarara Hospital. Only 40% of private collection is allocated medical staff which is shared with contract staff leaving only 10.000= which is meager compared to the 100.000= given in Mbarara Hospital. "*

Nevertheless, the Chairman Board of Governors agreed that this brings a smile on the staffs faces especially when they are given promptly. It makes a good contribution to the good performance that we talk of at MRRH today. In agreement with the results, Asim (2013) is of the view that recognition and praise reinforces the employees' beliefs about themselves and helps make them think they are better than they thought they were hence building self-esteem. Employees with enhanced self-esteem can develop feelings of self-confidence, strength, making difference to the organization and being a valued member.

In summary, the qualitative results showed that employees in MRRH were always praised and appreciated whenever they achieved set goals and that there was some level of staff recognition when they achieved accomplishments. In support of the qualitative findings, the documentary review of the district of health reports, the staff revealed that they were not regularly praised and appreciated for their good work much as they were cautioned, punished and suspended when they failed to meet their set targets. Similarly, the reports revealed that only line managers were recognized for the exemplary performance of the whole department leaving out the key staff who

are the engineers of performance. The results are in line with the assertions of Ulrich (2003) who posits that recognition and praise reinforces the employees' beliefs about themselves and helps make them think they are better than they thought they were, hence building self esteem. This supports the notion that employees feel appreciated when their line managers emulate them for having done their jobs well. Thus, a sincere word of thanks from the right person at the right time can mean more to an employee than a formal award. What is important is that someone takes the time to notice an achievement, seeks out the employee responsible and personally gives praise in a timely way.

4.4.2 Descriptive Statistics on Employee Development

In order to assess the level of agreement and disagreement on the different items used to measure employee development in the questionnaire, item mean analysis was carried out. The researcher attached the responses of the respondents on five Likert scale ranging from strongly disagree to strongly agree. The findings are presented in Table 10 below.

Table 4.10: Employee Development

Items	SDA	DA	N	A	SA
Effort is undertaking to indentify my in-service training needs.	9 (13.2%)	36 (52.9%)		14 (20.6%)	9 (13.2%)
The hospital strives to identify for me the necessary training programs.	9 (13.2%)	41 (60.3%)		12 (17.6%)	6 (8.8)
I have n equal opportunity to benefit from the training opportunities that exist in the hospital just like any other staff.	2 (2.9%)	56 (82.4%)		8 (11.8%)	2 (2.9%)
I have received a training sponsorship while employed by MRRH	2 (2.9%)	52 (76.5%)		8 (11.8%)	6 (8.8%)
I have attended special studies to enable me improve on my job performances.	2 (2.9%)	21 (30.9%)	2 (2.9%)	36 (52.9%)	7 (10.3%)
I receive (d) adequate orientations to enable me perform my job.	5 (7.4%)	16 (23.5%)		42 (61.8%)	5 (7.4%)
I undergo internships whenever I upgrade in my career.	12 (17.6%)	10 (14.7%)		42 (61.8%)	
I have been assigned a mentor in the hospital to develop my job skills and knowledge.	2 (2.9%)	38 (55.9%)	3 (4.4%)	12 (17.6%)	13 (19.1%)
I have been assigned a coach in the hospital to develop my job skills and knowledge.	6 (8.8%)	48 (70.6%)		8 (11.8%)	6 (8.8%)
I have been promoted since I joined this hospital.	3 (4.4%)	48 (70.6%)			20 (29.6%)
Everyone in this hospital has an equal chance to be promoted.		8 (11.8%)		57 (83.8%)	
Staffs are promoted in a fair and honest way.		49 (72.1%)		10 (14.7%)	9 (13.2%)

Source: Primary data, 2016

Key: SD-Strongly Disagree, D-Disagree, NS-Not Sure, A-Agree and SA-Strongly Agree

The results on in-service training revealed that the majority of the respondents 45 (66.1 %) disagreed that effort undertaken to identify their in-service training needs while only 23 (33.8%) were in agreement. Similarly, a total of 50 (73.5%) of the respondents disagreed that the hospital strived to identify for them the necessary training programs while only 18 (26.4%) agreed, a finding which suggested that staff training needs and necessary training programs in MRRH were not being identified. This contributed to staff de-motivation due to lack of personal growth and advancement requirements of training needs, identification and development of the necessary

training programs. In support, the interview results about the existing training opportunities at MRRH, one of the key informants put it that:

> *"Training opportunities exist but was outside their mandate as BOG, and that are almost no internal arrangements/or staff training and development ".*

Another one added that:

> *"The government had full control over staff training and development; especially for formal training, and sometimes sponsors them. There exists a career path for every staff, and that it was up to individual staff applied for study leave which is forwarded up and approved by the District Health Officer".*

In line with the results, Mankin (2009) contends that development activities can be determined by both the needs of the organization and the needs for an individual. Developmental activities can be an integral aspect of an individual's continuing professional development. Employee development also embraces education and this can range from courses in basic literacy and numeracy through the post graduate such as a masters/doctorate degrees.

Another Majority of 58 (85.3%) of the respondents disagreed that they had an equal opportunity to benefit from the training opportunities that exist in the hospital just like any other staff while only 10 (14.7%) agreed. Similarly, 54 (79.4%) of the respondents disagreed that they had received a training sponsorship while employed with MRRH while only 14 (20.6%) agreed. This finding suggests that about 9 out of 10 staff felt that they were not given an equal opportunity to benefit from their training while 5 out of 10 were not given sponsorship by the hospital which de-motivates them for lack of in-service training which contributes to personal growth and advancement in their career. Armstrong, (2006) believes that growth needs propel people to make creative or productive efforts for themselves: 'a satisfaction of growth needs depends on a person finding the opportunities to be what he is most fully and to become what he can'. In view of that, Armstrong (2006) reveals that when we see ourselves progressing, moving forward and achieving,

we will always be more motivated and improve on our performance, when we see ourselves going backwards, we will be demotivated and decrease our performance levels.

However, only 23 (33.8%) of the respondents disagreed that they had attended special studies to enable them improve on their job performance while majority of 45 (63.2%) agreed, a findings which indicates that 6 out of l0 of the staff had attended special studies to improve on their job performance which motivates them to advance in their personal! career. Similarly, a total of 21 (30.9%) of the respondents disagreed that they received adequate orientations to enable them perform their job while 47 (69.2%) agreed finding which suggested that 70ut of 10 staff received orientations which motivates them to perform their duties as it contributes to their personal growth. Similarly, a total of 22 (32.3%) of the respondents disagreed that they underwent internships whenever they upgraded in their career while majority of 46 (67.6%) agreed a finding which suggested that 7 out of 10 medical staff received internship after upgrading in their careers which motivates them to advance in their careers. Mankin (2009) observes that the goal of training is for employees to master the knowledge, skill and behaviours emphasized in training programs and to apply them to their day-to-day activities. However the transfer of learning from the classroom to the workplace is notoriously fraught with difficulties which sometimes affect employee performance either positively or negatively.

A total of 40 (58.6%) of the respondents disagreed that they had been assigned a mentor in the hospital to develop their job skills and knowledge while 25 (36.7%) agreed a finding which suggested that about 6 out of 10 staff were not mentored to develop their job skills which may de-motivate them for lack of personal growth requirement of mentoring which could propagate them in their career- Similarly, a majority of 54 (79.4%) of the respondents disagreed that they had been assigned a coach In the hospital to develop job skills and knowledge while on 14 (20.6%) agreed a

finding which suggested that Bout of the staff did not get coaching necessary which may de-motivate them for lack of the necessary in-service training need. Employees regularly need to learn ‘something new’ either in terms of task performance, organizational or interpersonal relations (Asim, 2013). This enables employees appreciate their needs and motivates them to take on more responsibilities and/or perform better.

In regard to promotion as a dimension of employee development, a total of 48 (70.6%) of the respondents disagreed that they had been promoted since they joined the hospital while 20 (29.6%) agreed. Similarly, 49 (72.1 %) of the respondents, disagreed that the staff were promoted in a fair and honest way while only 19 (27.9%) agreed. These findings suggested that 7 out of l0 of the staff were not being promoted fairly which de-motivates them to perform their duties diligently. The study found out that 7 out of l0 of the medical staff were not being promoted fairly which de-motivates them to perform their duties diligently. According to Armstrong (2006), the availability of learning opportunities, selection of individuals for high-prestige training courses and programmes and the emphasis placed by the organization of the acquisition of new skills, as well as the enhancement of existing ones, can all act as powerful motivators.

This was flanged by other key informants who noted that staffs are ideally granted study leave after serving for two consecutive years, noting the challenge late communication from the medical staff. They still agreed to the fact that there almost no internal arrangements for staff training and development as all workshops ware mainly organized: by development partners like Strides for family Health, Baylor Uganda, and Save the Children although courses/workshops are rarely organized by the hospital itself'. This finding suggests that staff training and development has not been prioritized by the hospital management and this is one reason the medical staff are not motivated to realize their full potential. Staff cited Continuous Medical Development (CMA) for

all staff conducted every Friday morning; where medical staff sit together to discuss and learn from each other. There are similar meetings for clinicians, nurses and here particular issues are discussed and feedback given. They added that sometimes they receive external visitors who come to train/mentor hospital staff while on job, like it was happening in the laboratory at the time of data collection.

Staff acknowledged the fact that during trainings whether in workshops or at school, they get the latest information on their operations, new guidelines and as long as the necessary materials required to practice new knowledge are available they are always very eager to do something new. Trainings still improve on their competencies and capacity to handle specific health issues, increase level of commitment and ability to offer a better service to patients. Other things just need to be there. Given the beauty of staff training and development, the staff recommended that more trainings need to be organized by the government and also internally by the hospital management, not leaving the whole deal to development partners. This would help cause a much greater impact resulting from training as a motivating factor. In support with the quantitative results about promotion opportunities one administrator noted that:

> *"Promotion depends on details given in the appraisal. She said that at filling appraisal form recommendations for promotion are made and forwarded to the district health department".*

This view was supplemented by another key respondent who added that:

> *"Staff promotions are effected according to recommendations from the hospital and also depending on the time spent in service".*

This finding therefore suggests that staff are not being promoted fairly which de- motivates them from lack of fairness and transparency in promotions. The qualitative results revealed that training opportunities were fairly allocated to staff depending on the availability of funds. The results

further revealed that cases of favoritism during staff development were existent at the Department. Similarly, the senior officers disclosed that career prospects and guidance were provided to staff as a means of enhancing their performance. On the other hand, the operations staff affirmed that training abroad was majorly enjoyed by top management. The documentary reviews of the documents in the Personnel department showed that career prospects and guidance were provided by the hospital much as staff did not adhere to them and training opportunities were not equitably allocated depending on staff development plan. According to Bao and Nizam (2015), the availability of learning opportunities, selection of individuals for high prestige training courses and programs and the emphasis placed by the organisation on the acquisition of new skills, as well as the enhancement of existing ones, can all act as powerful motivators.

4.4.3 Descriptive Statistics on Job Responsibility

This section focuses on the respondents' level of agreement and disagreement in regard to job responsibility at MRRH. In order to achieve this, the study used a number of self administered questions and interview guide to collect data. The self administered questions were rated on the 5 point Likert scale ranging between strongly agree, agree, undecided, disagree and strongly disagree. The self administered questions item means showed the average response from the respondents for each item in relation to job responsibility. The findings are shown in table 4.11 below:

Table 4.11: Job Responsibility

Items	SD	D	NS	A	SA
my job offers an increased sense of responsibility		58 (85.3%)		10 (14.7%)	
My job allows me to participate in decision making in the hospital		54 (79.4%)		14 (20.6%)	
My job enables me to take part in planning how my duties are to be performed		48 (70.6%)		16 (23.5%)	4 (5.9%)
My job enables me to personally participate in coordinating the duties of the hospital	2 (2.9%)	50 (73.5%)	3 (4.4%)	13 (19.1%)	
My job enables to personally participate in coordinating the duties of the hospital	55 (80.9%)			13 (19.1%)	
I share some of my job responsibilities with fellow staff	46 (67.6%)	3 (4.4%)	5 (7.4%)	19 (27.9%)	3 (4.4%)
I periodically transfer jobs within my specialty in MRRH	8 (11.8%)	3 (4.4%)	5 (7.4%)	52 (76.5%)	
I am always assigned tasks for specified periods in various departments or units to gain diverse experiences necessary for my profession	4 (5.9%)	10 (14.7%)	2 (2.9%)	50 (73.5%)	2 (2.9%)
I have been delegated some functions while I perform my duties in MRRH	7 (10.3%)	2 (2.9%)	5 (7.4%)	52 (76.5%)	2 (2.9%)

Source: Primary data, 2016

Key: SD-Strongly Disagree, D-Disagree, NS-Not Sure, A-Agree and SA-Strongly Agree

From the results of job enrichment as shown in the table above, majority of 58 (85.3%) of the respondents disagreed that their job offered an increased sense of responsibility while 10 (14.7%) agreed a finding which suggested that 90 out of 10 medical staffs' job in Mubende Regional Referral were not enriched with increased sense of responsibility which is de-motivating. Similarly, a total of 54 (79.4%) of the respondents disagreed that their jobs allowed them to participate in decision making in the hospital while only 14 (20.6%) agreed. According to Armstrong (2006), being given more responsibility for their own work motivates people. Similarly, majority of 52 (76.4%) of the respondents disagreed that their job enabled them to take part in planning how other staff duties were to be performed while only 13 (19.1 %) agreed. In agreement the interview results from the key informants showed that;

"Staff are involved in budgeting. In fact all budgets are initiated and also implemented at departmental level. Most decisions are suggested by individual staff at meetings which are then pushed up until they are approved by the BOG. Work is highly decentralized with most things happening at departmental levels. Top administration only comes in only when it is necessary. Staff are still co- opted on different committees at different levels".

She added that that:

"Staff involvement in planning and decision making was really necessary because decision taken minus their knowledge always meet resistance".

Furthermore, a total of 55 (80.9%) of the respondents disagreed that their jobs enables them to personally participate in coordinating the duties of the hospital while only 13 (19.1 %) agreed. These findings suggest that 8 out of 10 medical staffs' job were not were enriched by allowing them of participate in decision making, planning how others duties are to be performed and coordination of duties which de-motivates them to perform effectively for lack of these job attributes. Armstrong (2006) asserts that employees are often more motivated by how they are used in a job than by how they are treated. Where people feel part of an experiment or a project they will show a much higher level of motivation.

Furthermore, a total of 48 (70.6%) of the respondents disagreed that their jobs enable them to take part in planning how their duties were to be performed while only 20 (29.4%) agreed. Another majority of 46 (67.6%) of the respondents disagreed that they shared some of their job responsibilities with fellow staff while only 22 (32.3%) agreed. These finding suggested that 70ut of) 0 medical staffs' jobs were not enriched to allow them take part in planning how their duties were to be performed and sharing responsibility which de-motivates them to perform effectively for lack of these job attributes. This is supported by Ibrahim (2015) who view responsibility as an

important factor while motivating people. Providing motivation through increased responsibility is a matter of job design and the use of performance management processes (Armstrong, 2006).

In regard to job rotation, the results in the table above shows that majority of 52 (76.5%) of the respondents agreed that they had periodically transferred jobs within their specialty at Mubende Regional Referral while only 11 (16.2%) disagreed. Similarly, 52 (76.4%) of the respondents of the respondents agreed that they were always assigned tasks for specified periods in various departments or units to gain diverse experiences necessary for their profession while 14 (20.6%) disagreed. Another majority of 54 (79.4%) of the respondents agreed that have been delegated some functions on top of their duties at Mubende Regional Referral while only 9 (13.2%) disagreed. These findings suggested that high incidence of job rotation as 8 out of 10 medical staff were given varied job responsibilities through periodic transfers in jobs within their specialty, assignment of task in various and delegation of responsibilities which motivates them to perform their duties due to the learnt experiences from the different job experience. In the same discussion, one Senior Nursing Officer revealed that:

> *"The hospital is run "NURSICALLY". In other words the hospital survives on the decisions made by nurses, without which very little would be achieved. Nurses have been doctors were doctors are not. They take and implement decisions immediately just to save critical situations.* "

These findings suggest that there are no genuine consultations of staff on key hospital issues, which leaves them with a little feeling of responsibility and control over their jobs. This de-motivates them and lowers their performance.

The qualitative results provided by top management revealed that the department encourages delegation of roles to subordinate staff by heads of sections as a means of promoting succession planning at the hospital. The top managers further revealed that they assessed staff performance

according to the delegated roles by their line managers. The documentary reviews of the hospital documents such as internal memos, files and minutes revealed that delegation of roles was biased to long serving and senior staff. Similarly, goal setting was emphasized for new and junior staff but there was no follow-up and in regard to creativity, this was centered on long serving officers and management.

4.5 The Relationship between the Study Variables

In this section, the results that address the research objectives which included; to assess the effect of recognition on employee performance; to evaluate the effect of employee development on employee performance; and to examine the effect of job responsibility on employee performance are presented. Correlation analysis was used to present the results of the research objectives of the study. The Pearson correlation coefficient (r) was employed to establish the relationships between the dimensions of motivational strategies: recognition, employee development and job responsibility and employee performance. The results from the quantitative source are compared with qualitative ones. Statistical tables were used for easier understanding and interpretations.

4.5.1 Recognition and Employee Performance

In order to understudy the relationship between recognition and employee performance, the Pearson's correlation test was used. The Pearson correlation coefficient was used because it presents data in a numerical way to quantify the relationship between two variables where the correlation coefficient is determined. Where if the correlation coefficient, is positive, then a increase in the independent variable would result in a increase in dependent variable, however if it was negative, an increase in independent variable would result in a decrease in the dependent variable. Larger correlation coefficients would suggest a stronger relationship between the variables and vice versa. The results are presented in table 4.12 below.

Table 4.12: Recognition and Employee Performance

		Recognition	Employee Performance
Recognition	Pearson Correlation	1	.655(**)
	Sig. (2-tailed)		.000
Employee Performance	Pearson Correlation	.655(**)	1
	Sig. (2-tailed)	.000	
***. Correlation is significant at the 0.01 level (2-tailed).*			

Source: primary data, 2016

The correlation results in table 4.12 above indicated a significant and positive relationship between recognition and employee performance ($r = 0.655^{**}$, $p<.01$). The study revealed that there is a high strong and statistically significant positive correlation between recognition and employee performance at 0.665** (66.5%) with a significance of 0.000 at the level of 0.01. This is indication that when MRRH focuses on recognizing staff, this will enhance employee performance. From the results, it's clear that if MRRH recognized staff as a motivational strategy, this would result into employee performance. The findings indicated a significant and positive relationship between recognition and employee performance. The results are in line with the literature of Azar and Shafighi (2013) who posits that recognition and praise reinforce the employees' beliefs about themselves and help make them be more productive. Employees with enhanced self-esteem can develop feelings of self-confidence, strength, making difference to the performance of the organization by being more productive. This view is supported by Bao and Nizam (2015) who also draws attention to the impact of recognition programs on motivation of employees and stresses the fact that recognition comes in many forms but is aimed at promoting employee performance.

4.5.2 Employee Development and Employee Performance

To investigate the relationship between employee development and employee performance, a Zero-order correlation table was generated. To study the relationship between employee development and employee performance, Pearson's correlation test was used and the results are presented in table 4.13 below.

Table 4.13: Employee Development and Employee Performance

Variable		Employee Development	Employee performance
Employee Development	Pearson Correlation	1	.773**
Employee performance	Pearson Correlation	.773**	1
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: Primary data, 2016

According to table 4.13 above, the correlation results showed a strong significant relationship between employee development and employee performance ($r = 0.773^{**}$, $p<.01$). Therefore, the management in MRRH should pay a lot of attention to the effect of employee development on employee performance. From the results the respondents revealed that there was some level of employee development in MRRH much as more needed to be done by management so as enhance employee performance at the hospital. This is supported by the results from the interviews which revealed that in service training and promotion contributed to employee performance among the staff of MRRH. The implication was that effective performance of medical staff significantly depends on the extent to which the medical staff are supported for personal growth and career advancement. Mankin (2009) affirms that during the training the trainee acquires new knowledge in the form of explicit knowledge or 'know what' and tacit knowledge or 'know how'. Training interventions are determined by the needs of the organization and are usually designed to bring about an immediate improvement in job performance.

4.5.3 Responsibility and Employee Performance

To study the relationship between responsibility and employee performance, Pearson's correlation test was used and the results are presented in table 4.14 below.

Table 4.14: Responsibility and Employee Performance

		Responsibility	Employee Performance
Responsibility	Pearson Correlation	1	.618(**)
	Sig. (2-tailed)		.000
Employee Performance	Pearson Correlation	.618(**)	1
	Sig. (2-tailed)	.000	
**. *Correlation is significant at the 0.01 level (2-tailed).*			

Source: primary data

Correlation results indicated a significant and positive relationship between responsibility and employee performance ($r = 0.618^{**}$, $p<.01$). The results indicate that there is a strong and highly significant positive correlation between responsibility and employee performance at 0.618** (61.8%) with a significance of 0.000 at the level of 0.01. The implication was that effective performance of medical staff significantly depends on the extent to which the medical staff jobs are enriched and staff job rotation to enable them gain job experiences which will heighten their performance. According to Muogbo (2013) studies have shown that many managers fail to intrinsically motivate their employees and increase performance levels because of poor delegation. Delegation is necessary for an organization performance as it promotes employee performance. Kalleberg (2006) demonstrated that individuals who were assigned difficult goals performed better than those who were assigned moderately easy goals. Thus, to ensure high employee performance levels, it is better to state a specific and challenging goal than to simply let workers do their best.

4.6 Multiple Regression Model

A regression analysis was carried out to examine the extent to which study variables recognition, responsibility and employee development) predict employee performance. The results are presented in table 4.15 below.

Table 4.18: Regression Model

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	**Std. Error**	**Beta**		
1	(Constant)	-2.220	1.207		-1.839	.085
	Recognition	.808	0.410	0.420	7.036	0.000
	Responsibility	.732	0.425	0.377	6.440	0.020
	Employee development	.187	0.344	0.591	9.891	0.000
Dependent Variable: employee performance R= .906 R Square = .821 Adjusted R Square = .787						

Source: primary data, 2016

According to table 4.15, recognition, responsibility and employee development predict 78.7% of employee performance (Adjusted R Square = .787). The regression model was significant and thus reliable for making conclusions and recommendations. The most significant predictor of employee performance was employee development (Beta= 0.591, t= 9.891, Sig. = .000). The Adjusted R Square of 0.787 suggested that employee development was a strong significant predictor of performance of medical staff. The implication is that medical staff in-service training and promotions significantly affects the performance of medical staff in health facilities. The study therefore confirmed the hypothesis that personal growth and advancement significantly affects the performance of medical staff. Recognition followed in the determination of employee performance (Beta= .420, t= 7.036, Sig. = 0.000) where, the Beta of 0.420 suggested that recognition was a strong significant predictor of performance of medical staff. The implication was that employee

material and verbal recognition significantly affects the performance of medical staff in health facilities. The study therefore accepted the hypothesis that recognition has a positive effect on the performance of medical staff. Responsibility was also found to be a predictor of employee performance although weak (Beta= 0.377, t= 6.440, Sig. = 0.020). The Beta of 0.377 suggested that responsibility was a strong significant predictor of performance of medical staff. The implication was that responsibility motivational strategies of job enrichment and job rotation significantly affect the performance of medical staff in health facilities. The study therefore confirmed to hypothesis that responsibility positively impacts on the performance of medical staff. The findings revealed that employee development and recognition were strong predictors of employee performance.

Muogbo (2013) argues that it is getting somebody to do something because they want to do it. According to Abbah (2014), goal setting raise expectations and strengthens people's positive judgments of their capabilities. Moreover, after setting the goal, it is necessary that individuals are provided with feedback to allow them to track their progress and how well they have accomplished the goals (Mullins, 2007). Through feedback, employees can know their level of performance and adjust the level of effort accordingly. According to Ganta (2014), an important factor in managing people is creativity. Creativity usually refers to the ability and power to develop new ideas. In an organization this can mean a new product, a new service or a new way of doing things. Creativity is part of responsibility because it's through responsibility that

4.7 Conclusion

This chapter analyzed the contribution of the managerial skills on employee performance. The findings indicated that technical skills, conceptual skills and interpersonal skills were significant predictors of employee performance and explained a variance of 78.7% in the performance of the

employees. This provided a basis for chapter five which considered discussion of the findings, conclusions and recommendations.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of findings, conclusions, and recommendations arising out of the research findings in chapter four and suggests areas for further study.

5.2 Summary of the Study Findings

5.2.1 Demographic Characteristics

From the findings on the demographic characteristics, the majority of the respondents were male, certificate and diploma holders and married. A large number of respondents had accumulated working experience of 1-5 years. The majority of the respondents belonged to the 30-39 years age group and were medical officers. On the other hand, the majority of the officers' salary at scales at the time of joining the hospital had not changed much.

5.2.2 Recognition and Employee Performance

The findings validate that, recognition was significant in determining employee performance (r=.655**). This was confirmed by the findings from the management staff who were the key informants and the correlation results which indicated a significant and positive relationship between recognition and employee performance. The correlation findings were also supported by regression analysis results which showed that recognition was a significant predictor of employee performance (Beta=.420).

5.2.3 Employee Development and Employee Performance

According to the findings, there was a positive and significant relationship between employee development and employee performance (r=.773**). The positive significant relationship between employee development and employee performance was confirmation that in order to realize efficiency in employee performance there was need for the management of MRRH to promote employee development. The correlational results are in line with the regression analysis which revealed that employee development predicted employee performance (Beta=.591).

5.2.4 Job Responsibility and Employee Performance

The findings established that job responsibility influenced employee performance at MRRH (r=.618**) which was implication that with adequate delegation and goal setting, this would promote employee performance. The positive significant relationship between job responsibility and employee performance is corroboration that in order to attain employee performance, there was a need to ensure that there is adequate sharing of responsibilities at the hospital. The correlational results are in agreement with the regression analysis findings which revealed that job responsibility predicted employee performance (Beta=.377)

5.2.5 Motivational Strategies and Employee Performance

From the regression analysis, the findings showed that recognition, employee development and job responsibility combined together predicted 78.7% of the change in the employee performance at MRRH. This is corroboration that MRRH needed to put emphasis on recognition, employee development and job responsibility when implementing motivation strategies so as to promote employee productivity.

5.3 Conclusions of the Study

The conclusions were drawn basing on the research objectives of the study as presented below:

Recognition and Employee Performance

The findings substantiate that recognition was an integral part of employee performance. This implies that a positive change in staff praise and appreciation through internal and external motivation programmes at MRRH would translate into improved employee job performance. This is justification that staff recognition was paramount in improving employee performance.

Responsibility and Employee Performance

The findings on objective two revealed that responsibility in relation to delegation, goal setting and creativity had a positive significant effect on employee performance. The positive significant relationship between responsibility on employee performance is justification that to attain effective and efficient employee job performance, there was need to have line managers and employees to appreciate the role of responsibility during delegation, goal setting and creativity at MRRH.

Employee Development and Employee Performance

The findings confirmed that employee development was a determining factor on employee performance which is implication that management's willingness to offer on job training and off job training, would enhance employee performance at MRRH.

5.4 Recommendations of the Study

In light of the research findings, the following recommendations are made:

Effect of recognition on employee performance

The findings revealed that recognition had a significant effect on employee performance. Therefore, the management of MRRH should promote material and verbal recognition of through staff praise and appreciation among staff. The management of the hospital should praise staff

through verbal positive comments, formal communication such internal memos, and during official ceremonies such staff parties and meetings. On the other hand, management should appreciate staff through provision of incentives such as gifts, in-land and abroad holidays, further training and provision of plaques. These will enhance employee performance at MRRH.

Effect of responsibility on employee performance

The findings revealed that responsibility had a significant effect on employee performance. For this reason, the management of MRRH should promote role delegation, goal setting and creativity among the staff. The management of the hospital should allocate responsibilities to staff through mentorship, coaching, training, supervision and succession planning. Likewise, management should encourage staff to carryout planning for daily activities by developing a list of things to do and what should be accomplished over a given period of time. Similarly, management should encourage idea generation through provision of feedback from staff and free expression as this will enhance innovation during job performance.

From the findings on employee performance, it was revealed that the number of cases being handled by the staff in the department were increasing on a daily basis resulting into more workload for the staff compared to the current number of staff. The researcher recommends that the management of the hospital should recruit more staff to match the ever increasing workload in the hospital.

Effect of employee development on employee performance

In order to promote employee development the study proposes that management should identify the training needs of the staff through staff competence based management and offer specialized training to staff. Here, management should provide career guidance, carry out talent management and workplace diversity. Management should provide guidance on training opportunities which are

relevant to their professions. This is because the findings revealed that employee development significantly affected employee performance.

Management should consider putting in place a complete staff development plan which will coordinate the scheduling of staff for training both on and off the job. This plan should have active participation from stakeholders and should be adhered to by management as a means of creating a sense of equality among staff.

5.5 Contributions of the Study

The study was able to contribute to knowledge by proving a clear understanding about the effect of motivational strategies in regard to recognition, employee development and job description on the performance of employees at MRRH, it was evident that recognition, employee development and job description were key components that determined employee performance at MRRH. These findings enhance policy makers', academicians', managers and other stakeholders' understanding of the extent to which recognition, employee development and job description as components of motivational strategies affect the performance of employees in regional referral hospitals in Uganda. From the findings of the study, the information can influence policy formulation and strategies that are intended to enhance employee performance in regional referral hospitals. In line with the Herzberg theory, recognition, employee development and job description if addressed by the hopsital, would enhance the performance of employees in regard to quality of work, quantity of work, timely task accomplishment and service delivery. Therefore, the study confirms the theory since recognition, employee development and job description were found to influence employee performance at MRRH.

5.6 Areas for Further Research

This study concentrated on recognition, employee development, job description and employee performance at MRRH adopting a cross sectional design and the dimensions of motivational strategies being able to explain 78.7% of the change in employee performance. The researcher suggests that a similar study be conducted on all regional referral hospitals in Uganda so as to assess the level of employee performance with the effect of motivational strategies

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APPENDIX I

QUESTIONNAIRE FOR QUESTIONNAIRE

Dear respondent, I am a student at Uganda Martyrs University, Nkozi pursuing a Masters degree in Business Administration. I am researching on The Effect of Motivational Strategies on the Performance of Medical Staff: A Case of Mubende Regional Referral Hospital (MRRH). Given your unique experience and position at MRRH, you have been chosen purposely for the study. Your response is therefore very instrumental to the success of my project. Kindly assist by answering the following questions as honestly as possible. The data sought shall be purely for research purpose and will therefore be treated with anonymity and utmost confidentiality.

SECTION A: Personal Profile

1. Gender

a) Female ( )

b) Male ( )

2. Age

a) 20-29 yrs ( )

b) 30-39 yrs ( )

c) 40-49 yrs ( )

d) 50 yrs & above ( )

3. Marital status

a) Single / never married ( )

b) Married ( )

c) Separated only ( )

d) Divorced ( )

4. Highest Education level ……

a) Certificate ( )

b) Diploma ( )

c) First degree ( )

d) Masters degree ( )

e) Others, Please specify……..

5. Current position ……

6. How long have you worked for the organization?

a) 1-5 yrs ( )

b) 6-10 yrs ( )

c) 11-15 yrs ( )

e) 16-20 yrs ( )

f) Above 20 yrs ( )

6. Salary scale at time of appointment

U1	( )	U5	( )
U2	( )	U6	( )
U3	( )	U7	( )
U4	( )	U8	( )

7. Current Salary Scale

U1	( )	U5	( )
U2	( )	U6	( )
U3	( )	U7	( )
U4	( )	U8	( )

SECTION B: Recognition

Please indicate the extent to which you agree or disagree with the statements below

Key: 1=SD-strongly disagree; 2=D-disagree; 3=AD- Agree nor Disagree; 4=A-agree and 5=SA-strongly agree

Items	**1**	**2**	**3**	**4**	**5**
Material Recognition					
I am always given awards for my good performance					
I am always given gifts for my good performance					
I am always given dinner for my good performance					
I am always given a certificate for my good performance.					
Verbal Recognition					
I am told that I am making good progress in performing my hospital duties.					
I often receive praises from my hospital director for my performance.					
I often receive praise from my immediate supervisor for my performance					
The public recognizes me for excellence at my work.					
I receive constructive criticism about my work.					
I generally get credit for what I do when it is due to me.					

SECTION C: Employee Development

Please indicate the extent to which you agree or disagree with the statements below

Key: 1=SD-strongly disagree; 2=D-disagree; 3=AD- Agree nor Disagree; 4=A-agree and 5=SA-strongly agree

Items	**1**	**2**	**3**	**4**	**5**
In service training					
Effort is taken to identify my in-service training needs.					
The hospital strives to identify for me the necessary training programs					
I have an equal opportunity to benefit from training opportunities that exist in the hospital just like any other staff					
I have received a training sponsorship while employed by MRRH					
I have attended special studies to enable me improve on my job performances.					
I receive (d) adequate orientations to enable me perform my job.					

I undergo internships whenever I upgrade my career.					
I have been assigned a mentor in the hospital to develop my job skills.					
I have been assigned a coach in the hospital to develop my job skills.					
Promotion					
I have been promoted since I joined the hospital					
Everyone in this hospital has an equal chance to be promoted.					
Staff are promoted in a fair way					

SECTION C: Job Responsibility

Please indicate the extent to which you agree or disagree with the statements below

Key: 1=SD-strongly disagree; 2=D-disagree; 3=AD- Agree nor Disagree; 4=A-agree and 5=SA-strongly agree

	1	2	3	4	5
Job Enrichment					
My job offers an increased sense of responsibility.					
My job allows me to participate in decision making in the hospital.					
My job enables me to take part in planning how my duties are to be performed.					
My job enables me to take part in planning how other staff duties are to be performed.					
My job enables me to personally participate in coordinating the duties of the hospital.					
I share some of my responsibilities with fellow staff.					
I periodically transfer jobs within my specialty in MRRH.					
I am always assigned tasks for specified periods in various departments to gain diverse experience necessary for my profession.					
I have been delegated some function while on my duties MRRH.					

SECTION D: Medical Staff Performance

Please indicate the extent to which you agree or disagree with the statements below

Key: 1=SD-strongly disagree; 2=D-disagree; 3=AD- Agree nor Disagree; 4=A-agree and 5=SA-strongly agree

Items	**1**	**2**	**3**	**4**	**5**
Quantity of out put					
As a staff of MRRH, I always attend to the recommended number of patients					
I have not registered patients who go back unattended to especially whenever am in position to handle such cases in my hospital.					
I always submit all my reports as required to my supervisor(s)					
I have always achieved my targets as set by my hospital supervisor.					
I have always accomplished most of my extra tasks given to me by the supervisor (s)					
Quality					
My output conforms to the specified health standards.					
My services are generally appreciated by the patients in my unit.					
My supervisors at MRRH are satisfied with my current level of performance.					
My fellow staff are satisfied with my current level of performance.					
Timeless					
I always report for duty					

I always arrive for official work on time					
I attend to all my patients in time					
I always meet deadlines for the tasks assigned to me.					

Thank you very much for your time

APPENDIX II

KEY INFORMANT INTERVIEWER GUIDE

The interview shall be a one on one interview with key informant who shall include: Hospital Director, Principle Hospital Administrator, Principle Nursing Officer, District Health Officer (Mubende District) and Chairperson Board of Governors

Key Guiding Questions

1. Would you like to share with us the various ways you recognize performance of workers at this hospital in the District?
2. Tell us about any existing training and staff development opportunities in the hospital. How is selection done for staffs that are considered for these opportunities?
3. In your opinion, do you think that motivation of medical staff has a direct positive impact on the way they perform their work?
4. From your point of view, do you think the medical staff at MRRH is sufficiently supplied with the necessary equipment and materials for them to perform their jobs well? Could you share with us one of the ways in which the medical staff are involved in hospital matters? How do you think this affects their performance?
5. Do staffs have clear job descriptions? If yes, are they aware of their job descriptions; how do you think this affects the performance?
6. Do you have any general comment you would like to make in relation to improving the performance of medical staff at MRRH or in Mubende District?

Thank you for participating.

APPENDIX III

FOCUS GROUP DISCUSSION INTERVIEW GUIDE FOR MEDICAL STAFF

The Focus Group Discussion will comprise of any 8 to 10 participants that will be available at the hospital at the time of conducting the FGD.

Key guide questions

1. Please share with us the various ways in which your performance is recognized at this hospital?
2. Tell us about any existing training and staff development opportunity in the hospital and how selection is done for staff that is considered for these opportunities.
3. In your own opinion as a medical staff, do you think that motivation has a direct positive impact on the way you perform your work.
4. From your point of view, do you think you are sufficiently supplied with the necessary equipment and materials you need to perform your job well?
5. Share with us some of the ways in which you as a medical staff are involved in hospital matters.
6. What recommendation would you like to make to the hospital management in regard to improving your performance at work?

Thank you for participating.

APPENDIX IV

TABLE FOR DETERMINING SAMPLE SIZE

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	41	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	372
75	63	230	144	550	226	1900	320	30000	379
89	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	342	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

N is population size and S is sample size

Source: Krejcie & Morgan (1970)