

**FACTORS AFFECTING HEALTH WORKERS' MOTIVATION IN A
FRAGILE STATE, THE CASE OF
JUBA TEACHING HOSPITAL, SOUTH SUDAN**

BY

BAMIRIYO TOGYAYO ESPERANCE

REG. NO. 2015-M121-10003

UGANDA MARTYRS UNIVERSITY

SEPTEMBER, 2016

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JUBA TEACHING HOSPITAL, SOUTH SUDAN**

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DEDICATION

This work is dedicated to all Comboni Missionary Sisters, especially to my superiors for their trust in what I can offer for the Mission and hence have offered me the opportunity of upgrading. May my mother and siblings find here the expression of fulfillment for their constant support, prayers, trust, and encouragement I received all the time. To all full time Master students of Health Services Management and Health Promotion for the academic year 2015-2016 compliments for the good learning experience shared together, for mutual support and inspiration in harsh moments.

ABSTRACT

Background: This study was conducted in Juba, the capital city of the Republic of South Sudan. Special consideration was to study the motivation of health workers in Juba Teaching Hospital (JTH) which is the only national referral hospital in the youngest African country which got its independence on July 11th 2011 after more than 20 years of civil war. Special consideration in this study was given to the situation of post conflict of South Sudan within FCAS.

Objective: The study was aiming at knowing the motivation of health workers in Juba teaching Hospital and determined Factors that influence their motivation, especially in context of post war and instability. The four specific objectives undertaken to achieve the results were; to assess the level of motivation of health workers, particularly medical doctors, clinical officers, nurses, midwives and laboratory staff; to determine factors that affects their motivation; to assess the extent of the influence of war and instability on their motivation; and to examine strategies put in place by respective authorities to support health workers overcome the challenges and effects of war on their motivation.

Methodology: This was a descriptive cross-sectional study which used a mixed method (both qualitative and quantitative) in order to determine the motivation of health workers in Juba teaching hospital. A total of 201 health workers in the hospital composed of medical doctors, clinical officers, nurses, midwives and laboratory staffs were proportionally sampled and interviewed using self administered questionnaires, FGD, and KII. The statistical software IBM SPSS version 20, Microsoft Excel 2007 and Microsoft word document 2007 were used for raw data coding, entry and analysis.

Results: The results of the study showed that 66% of health workers at Juba Teaching Hospital were de-motivated. Reasons for their de-motivation being poor salary, poor working conditions, non availability of policies and guidelines enacted, and slow decision making process by respective authorities. Considering the level of motivation of each cadre showed that medical doctors were more motivated than the rest of the cadres with 64.26%. It was also found out that 72% of all the respondents were happy with their profession although 54.23% would quit work in the hospital for reasons mentioned above if they get another employer within the medical field. This study revealed that health workers in JTH have a high patriotic spirit that maintain them faithful to their duties.

In time of war and instability community support, team spirit among staff motivated them to work. However, harassment, life threat and lack of transport to ensure their protection contributed to their de-motivation. The study revealed a positive Pearson correlation between working in war and instability on staff motivation with a significance of 0.713 two tailed.

Conclusion: All the respondents were well versed about their profession and the motivation they derived from taking care of sick people. All were conscious and happy that their work in one way or another supply to the upbuilding of their country after many years of conflict. During this post war period, the existence of fragile socio-political and economical status in the country, poor salary, insecurity manifested through instability and harassment from patients and their relatives, poor working conditions, lack of clear policies and guidelines tempered with their motivation. A management more approachable and close to them would contribute to their strength all through but more especially in time of instability.

Recommendations:

The Ministry of Health – GoSS-RSS to increase and constantly sustain funding for the health sector; enact policies and guidelines responding to the situation of South Sudan and produce sufficient copies for use; provide training to empower the management of the hospital on managerial skills, especially various kinds of skills to motivate staff on the only national referral hospital.

To the Hospital Management: communicate more efficiently to the staff, ensure a conducive working environment, offer timely salary to staff, ensure availability of equipment and supplies, and ascertain transport for staff especially during the time of instability.

To health workers in JTH, keep up intrinsic motivators and the good team spirit.

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ACRONYMS AND ABBREVIATIONS

AU: African Union

BTE: Bamiriyo Togyayo Esperance

CPA: Comprehensive Peace Agreement

CPD: Continuous professional development

DFID: Department for International Development (United Kingdom)

EAC: East African Community

FCAS: fragile and conflict affected states

FGD: Focus group discussions

FHS: Faculty of Health Sciences

GHWA: Global Health Workforce Alliance

GoSS: Government of South Sudan

HR: Human Resource

HRH: human resource for health

HWrs: Health workers

ICRC: International committee of the Red Cross

IDP: Internally displaced peoples

IGAD: Intergovernmental Authority on Development

JLI: Joint Learning Initiative

KII: Key informants interviews

LMICs: in low- and middle-income countries

MOH: Ministry of Health

MSF: Medecins Sans Frontieres

NGOs: Non-governmental organizations

PNFP: Private not for profit

RSS: Republic of South Sudan

SCT: social cognitive theory

SPLA/M: Sudan People's Liberation Army/Movement

SSBS: South Sudan Bureau of Statistics

UMU: Uganda Martyrs University

UN: United Nations

UNFPA: United Nations Population fund

WHO: World Health Organization

WHO-CSDH: World Health Organization's Commission on Social Determinants of Health

OPERATIONAL DEFINITIONS

Fragile States; refer to states that are failing, or states in danger of failing, with respect to authority, comprehensive access to basic services, or governance legitimacy. Meaning that authority wise the state cannot protect its citizens from violence of various kinds such as diseases outbreak or natural disaster. With regards to comprehensive service the state fails to ensure access to basic services like education or health to all the population. Failing in legitimacy reflects lack of democracy and limited support among the people. (Stewart, 2010). In the context of this study the above definitions apply and in addition these are states with a very low and often declining economic growth, and high rates of relapse into conflict. There is limited government funds allocated to the health system leaving room for more intervention from international organizations in the provision of health services, including training of health workers.

Fragile Conflict Affected States (FCAS) this defines the situation of both obvious crisis characterized by organized conflict and violence causing disruption of socio-political processes in a state as well as a latent fragmentation of the state resulting from contested political settlement, insecurity, and failure to ensure basic rights and services within a state (Taylor, 2014).

Health workers as per the WHO definition these are people whose job is to protect and improve the health of their communities. This term refers to all people engaged in actions whose primary intent is to enhance health (Mohr, 2006). However in the context of this study the term health workers refers to all medical workers under study namely medical doctors, nurses, midwives, laboratory staff whose primary work is do deal directly with patients with the aim of restoring them to good health.

Motivation is a noun defined by Web word dictionary as the psychological feature that arouses an organism to action toward a desired goal; the reason for the action; that which gives purpose and direction to behavior; the reason for acting and behaving in a particular way. In the context of this study motivation refers to the internal and external factors that stimulate the desire and energy of health workers in being continually interested and committed to their medical work.

Clinical Staff For the case of this study clinical staff refers to medical doctors, clinical officers, and laboratory staff, those health workers who deal with patients' examination, and process of disease diagnosis

Nursing/Midwifery staff In the case of this study, these are staff nurses or midwives who are directly involved in patients' care. Such care include bed side care, drug administration, antenatal care, conducting delivery, post operative care, etc.

CHAPTER

INTRODUCTION

1.0 Introduction

Motivation is one of the key concepts of human resource development in maintaining the productivity of an organization (MSG, 2016). Quite often organizations raise complaints about particular employees because these display signs of lack of motivation and therefore their performance at work has dropped. Some organizations who desire to retain employees and fear to lose some staff because of their talents and importance for the organization engage in huge expenses in further training, recreational events, and acknowledgement to motivate employees. Motivation is understood as the desire or drive that an individual has to accomplish work (MSG, 2016). It is therefore the role of the management within an organization such as in business, education or health industry to ensure that employees are motivated. Keeping employees motivated is a big concern for managers in all situations and across careers. Although, employee motivation, especially health workers (HWrs) motivation remains a big pre-occupation of managers and human resource for health (HRH) in most health systems; this is an even bigger problem most especially in fragile and conflict affected states (FCAS) hence requiring more attention to look at. This study will investigate factors affecting motivation of health workers in FCAS using South Sudan which is just rising up from a long history of instability and war as a case study.

Considering human resource (HR) Musau, (2008) affirms that HR is a vital resource to any organization that allows the organization to achieve its goals and objectives. For this reason

many organizations, health institutions inclusive invest a major part of their financial input into HR to the extent that it takes a big portion of the budget spent whether on wages, training or so in order to motivate staff. At the same time Musau also affirms that human resource is an indispensable resource to the health sector which takes a big portion of the budgeted resources in the provision of healthcare services (Musau, 2008).

Motivation is believed to be an inner driver of an individual which is sometimes also triggered by external factors that impel an employee to act. Despite the fact that motivation is considered to be an employee's intrinsic passion that drives in deciding to take an action and accomplish activities related to a given work; employers need to understand and develop skills on how to inspire employee' motivation at work (Heathfield, 2016). In FCAS employer have to delve deep into the surrounding realities in order to understand and discover those factors that keep employees loyal to their job and so persuade them through the use of additional extrinsic factors so as to maintain employees motivated in the aftermath of conflicts.

Bartol and Martin (1998), defined motivation as a force that energizes behavior, gives direction to take, and sustains the tendency to persevere in performing a particular task. This definition underlines the importance of awakening individual stimuli in order to achieve goals in an organization. Individuals must be sufficiently stimulated and energetic; they must have a clear focus on what is to be achieved, and must be willing to commit their energy for a period of time long enough to reach the final aim.

The above mentioned points state the dynamism of motivation and the great role that is to be played by the management in steering. In the process it is important that each situation and reality is considered in its uniqueness. Consequently individual states emerging from conflict

will require different approaches to respond to their distinctive circumstances and rebuild public service provision. In the case of a post-conflict reality, reconstruction should aim at a comprehensive, multidimensional and long-term undertaking to rebuild institutions and promote good governance. Reconstruction in fragile states following a post conflict situation involves ensuring security and reconciliation, promoting unity, re-building of trust and legitimacy in government institutions as well as the re-establishment of the rule of law. Therefore a particular attention is required in a post-conflict situation while addressing FCAS.

In post conflict realities creating and or rebuilding an environment where affordable and quality health services can be provided to citizens is just one of the many competing priorities that governments face. In most cases reconstruction of the health sector might scale lower in the government top priorities. However, in most FCAS health concerns tend to be a major priority with international donor than with the government (Tulloch, 2011). In most cases health statistics are alarming, especially the percentage of malnourished children, child mortality rate, maternal mortality ratio just to name a few due to scarcity of health personnel (MacKinnon, 2012). In such reality it is therefore interesting to know the motivation of health workers and establish factors related to it (Ranson, 2007; Downie, 2012).

Considering this situation of health workers in FCAS overwhelmed by increased disease burden, poor remuneration, experience of sickness, war trauma, wounded and suffering people; it will be interesting to identify those factors that kept energizing, directing and sustaining them in the complex situation of conflict to continue rendering service in their medical profession. Bartol (2011) found out that these energizing factors are of two origins one internal (inner drive to the person) and another external (meaning that they are provoked by external dynamics). It is therefore important that one possesses adequate knowledge on the dynamism of external

motivating factors and their interaction with internal factors in a working place so as to create environment that encourages motivation. In the health factory this role is entrusted to managers and HRH to stimulate, encourage health workers to work and achieve the goal of a health system (Bartol, 2011). In this regards some studies have been conducted and revealed factors that determine motivation of some cadres among health workers. The results from those studies show variety of features of the health sector in FCAS.

For instance a research carried out by Tulloch on human resource for health in post conflict setting presents the feature of health sector as lacking or having reduced resources due to scarce revenue and diversion of funds to other reconstruction priorities. Scarcity of financial resource is evidenced through insufficient medical equipment and supplies; lack or low staff salary, lack of clear information about the population's health and health service provision. Poor management systems capacity; damaged infrastructure; displacement and mal-distribution of the workforce; and displacement of communities; changes in (health) service delivery, such as shifts to centralized service delivery, and proliferation of malpractice and private sector health provision including traditional healing (Tulloch, 2011). This situation characterized by scarcity of resources therefore constrains the ability of managers in being innovative to motivate staff. It is therefore within this context of collapsed health systems, which is resuscitating from many years of instability that lays our interest on staff motivation. Moreover in FCAS most of the external stimuli to motivation seem lacking, especially in the health sector because health workers are exposed to traumatic experiences and at time they even have to run for their own lives.

Although, the impact of conflict on the health workers varies across states and settings yet it has cross cutting facts that in many situations of conflict HWrs are often cut off on many aspects such as proximity with their other colleagues who could be of support as they work in isolation

and under hard conditions up to risking of their lives for example. For this reason in the process of rebuilding human resource for health in FCAS it is imperative to deal with the consequences of conflict in many fronts. During the reconstruction process majority of health sector in FCAS, as shown by Pavignani, (2011) encounter human and capital escape, death of health workers during the conflict, a lack of senior management, a distorted skills mix of health workers, inconsistent or poor availability of some categories of workers (midwifery/physicians), deformation of health worker supply and salaries by the aid industry, poor productivity due to absenteeism, lack/poor supervision, low salaries), deteriorating skills and poor regulations and guidance to follow (Pavignani, 2011).

Therefore, in FCAS promoting and stimulating motivation of employees depends majorly on employers' understanding of their role in providing a conducive work environment where employees feel at ease to work. For example in a hospital managers can establish engineering control measures such as creating spacious admission room with enough sun light and air circulation, or provide adjustable examination tables in consultation rooms, make sure there is running water, providing health workers with all material, equipments, supplies to carry out their work in a risk reduced setting. They can as well introduce financial system that award best performers or non financial mechanism of acknowledgement to motivate health workers (Stephen, 2014).

It is noted that even in normal circumstances and across careers, many employers fall short of understanding the significance of motivating employees; hence they invest less resource in bettering the working environment and creating alternative external motivators in the work place. In addition even though some managers may understand the importance of motivating staff but

they lack the skill and technical knowledge in providing work environment that fosters employee' motivation (MSG, 2016).

In addition to having a work environment that stimulate workers' motivation a study by Shattuck reveals that sometimes motivating employees do not directly express their feelings. Thus managers must develop the ability of carefully observing employee' output in a given job so as to judge for themselves that employees produce what is expected (Shattuck, 2008). In this perspective identifying motivation of health workers requires keenness from managers in the work place. Ensured basic requirement in a health care setting coupled with an encouraging salary package, recognition by managers, development/growth opportunities for staff, promotion and an inspiring management guarantees motivation to health workers. Rarely, majorities of developing countries apply all the above policies and practice within their health systems in normal circumstances. It is rare that many honor their commitment in providing all that is required for the health sector and see that health workers are motivated to work. The reality of war and instability makes it even more complex for FCAS to ensure motivation of health workers as they have poorer health settings compared to their counterparts in other states within the same region.

Similarly, a study dedicated to factors sustaining HWrs motivation in FCAS by Daneshkohan in Iran found out that good management, supervisors and managers' support as well as a good working relationship with colleagues were the main motivating factors for health workers. Whereas, unfair treatment, poor management and lack of appreciation were the main demotivating factors (Daneshhkohan, 2014). Managers have a great role to play in employee motivation, so they need to have a clear grasp of what it takes to motivate employees within the context of the work.

Besides the enhancement of the working environment that stimulates employees' motivation, FCAS have their own particularities that require special attention. In most cases, it is to be acknowledged that FCAS are often ruled by politically contentious governments and the public administrative structures are very weak. Authorities are constrained by so many emergencies to attend to and some even have limited capacity for leadership. All these reduce possibility of putting enough emphasis from the government into having a more responsive health system in place. It then result that in most of the FCAS number of undertakings such as development of health policies and guidelines rely on the support of external experts and so little of local needs are captured in those policies due to lack of local need assessment. In addition many FCAS lack good governance or leadership in the management of HRH thus leading to a disorganized health system. Substantial part of resources for health are donor funded with donors driven projects and so funds go to where donor have interest (Bornemisza, 2002).

Although, literature is awash with studies on health workers' motivation yet little has been discussed about factors that affect health workers motivation in a post conflict FCAS in Sub Saharan Africa. Taking South Sudan as case study of post conflict and fragile state among many others, this study seeks to examine factors affecting health workers motivation in Juba National Teaching hospital.

1.1 Background

1.1.1 Background to the study area

The study was conducted in Juba which is the Capital and largest city in South Sudan. Juba has an estimated population of nearly 400,000 by 2012 according to South Sudan Bureau of Statistics (WHO, 2010). Juba Teaching Hospital which is located in Juba, is the only national referral hospital in the whole country. The hospital was built in 1927 during the colonial era. The

facility functioned under the State Ministry of Health of Central Equatoria as a State Teaching Hospital until 2007 when its administration was passed on to the National Ministry of Health. From then on the hospital is directly funded by the central government through the National Ministry of Health (ACAPS, 2016). The study area of Juba National Teaching Hospital was selected for three main reasons. First because of its significance assuming that the majority of health workers during the long lasting conflict converged to some towns that were safe like Juba among others and they continued to work there even during war. Secondly, because Juba Teaching Hospital is the National referral hospital for the country where most of the effort of the Ministry of Health (MOH) and national HRH is geared in improving health care service delivery by bettering HRH and creating a conducive working environment so as to allow the facility offer good services. The third reason for the choice of JTH was that many efforts from partner international organizations in the health sector with the MoH – GoSS were directed to JTH in reconstructing and strengthening the health system. In addition, findings from this particular study will benefit the department of HRH at the national and provincial levels because it is evidence based. Result will serve to inform practice at various levels to motivate staff and retain skilled ones. The HRH could use findings to develop policies and improve practices by including motivation evidence based strategies.

1.1.2 Background to South Sudan

South Sudan, officially the Republic of South Sudan, is a landlocked country in the northeastern Africa that gained its independence from Sudan on July 9th 2011. Salva Kiir Mayardiit is the president from 2005 to date. The country is covering approximately an area of 640,000 km² with a total population of 11,562,695 by 2014 according to South Sudan Bureau of Statistics (WFP, 2010). The monetary unit in use is the South Sudanese Pound. Juba is its Capital and also the

largest city. South Sudan is bordered by the Republic of Sudan to the north, Ethiopia to the east, Kenya to the southeast, Uganda to the south, the Democratic Republic of the Congo to the southwest, and the Central African Republic to the west.

The region was severely affected by two civil wars since the Sudanese independence in 1956. From 1955 to 1972, the Sudanese government fought the Anyanya rebel army (Anyanya is a term in the Madi language which means 'snake venom') which ended up with the formation Southern Sudan Autonomous Region in 1972 that lasted only until 1983. Following this period of first Sudanese civil war was the second Sudanese civil war led by the Sudan People's Liberation Army/Movement (SPLA/M) for over twenty years. These decades of civil war led to lots of sufferings and serious neglect, there was lack of infrastructural development, major destruction and displacement of people. A study by Downie portrayed the conflict in South Sudan as 'One of the most disheartening results' since the country's health indicators are extremely poor (Downie, 2012).

Besides, more than 2.5 million people were killed and millions more became internally displaced people (IDP) within and refugees outside the country. The war between the northern and southern parts of Sudan ended up with the signing of the Comprehensive Peace Agreement (CPA) on the 9th of January 2005. For six months Dr. John Garang, the founder of the SPLA/M was the first president of the autonomous government of South Sudan until his tragic death on 30 July 2005. Salva Kiir Mayardit, his deputy succeeded him and was sworn in as First Vice President of Sudan and President of the Government of Southern Sudan on 11th August 2005 to date. South Sudan became an independent State on 9th July 2011, following a 98.83% referendum result that separated the country from North Sudan. South Sudan is a United Nations (UN) member state; a member state of the African Union (AU), a member of the East African

Community (EAC), and a member of the Intergovernmental Authority on Development (IGAD). In July 2012, South Sudan signed the Geneva Conventions. (ACAPS, 2016).

1.1.3 Situation of the health system after the long lasting war

From its independence to date local authorities within have analyzed that the general situation so as to plan for reconstruction. The analysis in the health sector is summarized by the MoH - GoSS in the following terms: “South Sudan in its young age as a country is facing a delicate situation as far as HRH is concerned.” The evidence is that within the MoH and the Health system in particular there is insufficient coordination of human resource development across different parts of the health system. This is a result of limited possibility of continuing educational opportunities and professional development offered to health workforce during the long period of war. The MoH also acknowledges that there is poor recruitment procedures and weak retention capacity at state and county health facilities levels. According to the Policy Framework of 2013-2016 from the Ministry of Health a total number of 6,895 health workers were reported for the whole country from all the different cadres (MOH, 2013).

Besides the limited number of health workforce (MacKinnon, 2012), the MoH also admits the weakness that exists in the management of human resource for health seen in number of facts such as lack of job descriptions, insufficient and irregularly paid health workers, lack of support supervision and quality control mechanisms at all levels, and poor recruitment procedures as well as weak retention capacity in state and county health facilities (MOH, 2013). This result of scrutiny of the MoH on the general situation of the health sector situates the country in its post-conflict reality. The succession of all the internal conflict and the long years of civil war since

the independence have predisposed South Sudan to the highest score on the Fragile States Index. Some of these health indicators confirm the fragility in the health sector (ACAPS, 2016).

This overview of the health sector in general and of personnel for health in particular as analyzed by the MoH at the dawn of the independence shows that the country has to begin building its health system from scratch. All the factors that identified the MoH - GoSS as lacking or better not provided sufficiently within the country actually are those that provide motivation and satisfaction to health workers. In addition to ensuring motivation the presence of clear job descriptions, adequate and irregular salary, support supervision and good recruitment mechanisms also contribute to staff retention. A study by Willis found out that aspects related with financial rewards, career development, continuing education opportunity, good hospital infrastructure, availability of resource, hospital management, and recognition/appreciation ranked high as motivators to health workers. In addition evidence in the study suggested that the use of initiatives to improve motivation were effective in helping increase retention. Although, there was less clear evidence on the differential response of different cadres in regards to these motivators (Willis, 2008). On the same Baston (2011) in support to the presence of factors that increase job motivation and confidence in workers also consented that possessing a clear job description helps staff to be focused to their specific job and tasks to perform (Baston, 2011).

1.2 Health workers in conflict affected and fragile states (FCAS)

A fragile state is described by the Department of International Development (DFID) as a state in a situation of inability or unwillingness of delivering core functions to satisfy the basic needs of its populations (Rietveld, 2006) . It is a state where people hardly have what they need to satisfy their basic needs as long as feeding, education, health care and decent living is concerned. In this sense the fragility of a state does not necessarily mean the presence of open war. Therefore,

many of the developing countries can very well be classify as fragile due to the many facets of limitations they experience in offering minimum of basic services to their populations in the absence of open war. A comparative study on HRH in fragile and conflict affected states namely the case study of Afghanistan, Haiti, Central African Republic, the Democratic Republic of Congo, Palestine and Somalia by Durham et al (2015) revealed that FCAS, in general have similar constraint as far as HRH is concerned although some few particularities may differ one state from another. Those constraints cover a wide range of situations starting from having a sufficient number of qualified staff through a good & conducive working environment to providing a decent & timely remuneration to health workers.

Other reasons that hamper FCAS from providing a minimum health care service in a decent environment is the fact that they mostly have a very low and often declining economic growth, and high rates of relapse into conflict again, as reported by WHO. In addition fragile states have weak management in regards to the health system hence leaving room for more intervention from international organizations to play most of the roles. Moreover due to reasons such as insecurity and so forth, other priorities take over and the formulation of legitimate policy-making processes for health service delivery within the government gets least importance or does not take place at all. Besides the fragility that exists in many states particularly in low income or so called third world countries it is also important to realize that many developing countries in Sub Saharan Africa are still struggling to reach a pledge of 15% of the country's total budget allocation to the health sector to improve the health of the population as agreed in Abuja declaration. As noted by Palmer and cited in WHO the evidence on health financing in developing countries is usually weak (WHO, 2008).

The context of fragility in a state affects the life of a health worker in many ways. First of all a health worker is suppose to spend most of his/her time taking care of patients therefore a committed HWR has very little or no time at all to do other work. Therefore, HWrs need to receive good salary package to satisfy the other needs pertaining to their welfare. In context of FCAS the fragility also has repercussions on the health workers into that on top of having little salary, health workers in a typically conflict affected area face other constraints such as having to run for their lives, being the target of warring factions for different reasons, being overwhelmed by people to take care of and so forth (Durham, 2015). A study by Sharp (2002) also says another aspect of fragility especially when public infrastructures are used by armed forces. The author expressed that when health and other public services are linked to military or political agendas as in the case when hospitals are used as registration and polling centers during the elections or even as temporary bases for military operations , health personnel and patients are exposed to increased risk (Sharp, 2002). Another example that illustrates the repercussion of the fragility of a state on health workers is the case of Afghanistan during the Taliban years. Many health care workers were killed or fled the country. The “brain drain” on Afghanistan left few health care workers. Of those who remain, medical training was inconsistent because of the lack of standardized training programs (Sharp, 2002).

In a FCAS health workers also experience fragility when they are constraints to live in remote zones where they are often vulnerable to crime or to general violence associated with instability. In some instances they are even targeted by armed factions. In addition to safety and security concerns, they are likely to face other problems such as lack of accommodation, poor living conditions, lack of basic services and the cost of maintaining contact with family and friends

(WDR, 2011). Amidst all these ambiguous conditions health workers continue to carry out their job in FCAS, and such has been the case in South Sudan.

1.2.1 Situation of health workers in South Sudan during years of war

In a brief, the reality of health workers in South Sudan during the long lasting years of war is that HWrs were active since public health institutions and some private NGOs run institutions were still functioning. With the support from donors, the production of health workers never stopped, although the standard was low; just good enough to offer basic training to keep services running despite years of conflict and instability. In addition to public health facilities there private sectors were services continued with a great support of health workers who had remained in the country. In addition to continuous service rendered this group of staff had no opportunity for formal professional preparation of continuing education to improve their skills. They remained faithful using the minimum practical standards they had acquired to the maximum to respond to the many health needs of their people (World Bank 2007; Pavignani 2009). At the dawn of peace after the signing of the Comprehensive Peace Agreement in Naivasha in 2005, the MOH developed policies whose aim was to attract health workers from the Diaspora to work with their colleagues who never left the country during war so as to increase access of health services to the population.

By considering the complex situation of South Sudan (from one conflict to another since its independence in 1956) and based on the analysis of the situation carried out by the MOH on the current situation of the health workforce; it realized that it is taking a long time for the health system to properly launch plans on the development of the health workforce. Therefore, it was interesting to know factors that motivate medical workforce in such reality. This study therefore endeavored to discover and to determine factors that provide motivation across different medical

cadres, mainly medical doctors, nurses, midwives and laboratory staff working in Juba Teaching hospital. Special attention was offered to health workers who served during war and are still in service now as the country goes through this transitional period from war, instability to a hopeful, bright and stable state.

1.3 Problem statement

To maintain a health system on track requires a strong sense of direction founded on the commitment of well motivated staff. In actual sense the government should invest in a coherent establishment and support of various building blocks of the health system (leadership, health financing, health workforce, medical products & technologies, information & research, and service delivery), so as to provide the kind of services that respond to the need of the population (WHO, 2010).

The analyses of reality in FCAS demonstrate that the impact of conflict besides destabilizing the health system building blocks usually encroaches and interferes with the life of health workers on many fronts such that it disturbs them. Therefore, any situation of war and instability in FCAS does not favor health workers in many ways. Although, the impact of conflict on HWrs varies across settings in general FCAS, but always war and conflict cause human and capital flight, death of health workers during the conflict. Such problems are visible in lack of senior management in the health system, a distorted skills mix of health workers, growth of informal and uncontrolled private practice, inconsistent or poor availability of some categories of workers coupled with deteriorating skills and poor regulation, and distortion of health worker supply. In some conflicts health workers themselves were targeted in the violence and so in the after conflict they might require sessions of trauma healing so that they can regain confidence in their profession. Financing the health system becomes a problem leading to poor/low salaries. The

information on health services becomes completely distorted since conflict does not favor collection and compilation of data. Above all service delivery to population becomes very poor (Tulloch, 2011).

Cases show that during many armed conflicts, health facilities and health workers come under attack, infrastructures are destroyed or reduced to minimum function, health workers are overwhelmed with the many health needs from the population. and yet they are using very limited resources; they work without or availed with very limited diagnostic and treatment equipments; at times they work under risky conditions with no protection for their own lives (taking care of wounded peoples without gloves for protection, patient are too many to the extent that some have to be kept on the floor; health workers are threatened because some patient might be in critical condition and there is little possibility left to save their lives. in some extreme situations health workers are killed intentionally or accidentally in the course of their job and some even end up running away in order to save their own lives. Health workers go without salary for months.

This therefore subjects FCAS to shortage of health workers elevating the density of health worker/patient ratio which frequently may results in poor quality service and minimum health care. In most of the situations of reduced number of health workers urban areas are favored as they get a bigger number of HWRs with more mixed skills and specializations over disadvantaged rural areas getting small numbers.

Another issue to note about health workers in FCAS is the inappropriate skill mix of health workers and scarcity of specialists which may lead to some health workers working for long time hence running the risk of burn out. For these reasons it was important to give specific attention and find out what motivates health workers in FCAS so that strategies can be developed to

motivate and maintain them in continuing their service. Strategies should also aim at encouraging new forces to join the medical field in order to strengthen the health system. This study sought to identify factors that affect motivation of health workers in FCAS taking the case study of South Sudan with the aim of providing some keys information from empirical evidences, lived experiences in relation to motivation of health workers in order to provide guidance for a better management of HRH for the country and for other FCAS. If the specific question of motivation among health workers in South Sudan is not accurately addressed the health system will continue to experience poor performance because of de-motivated staff; question related to health workers will always be an alarming agenda in the country and in all FCAS worldwide.

As a result the population will not receive a service that would protect their lives hence predisposing them to many preventable diseases and increased morbidity and mortality even from preventable diseases (Henderson, 2008).

1.4 Goal

The main goal of the study is to determine factors affecting health workers motivation in Juba Teaching Hospital so as to inform and influence policies and practice in planning for human resource for health, in financing and strengthening the capacity of human resource management for a improve the health system.

1.5 Research questions

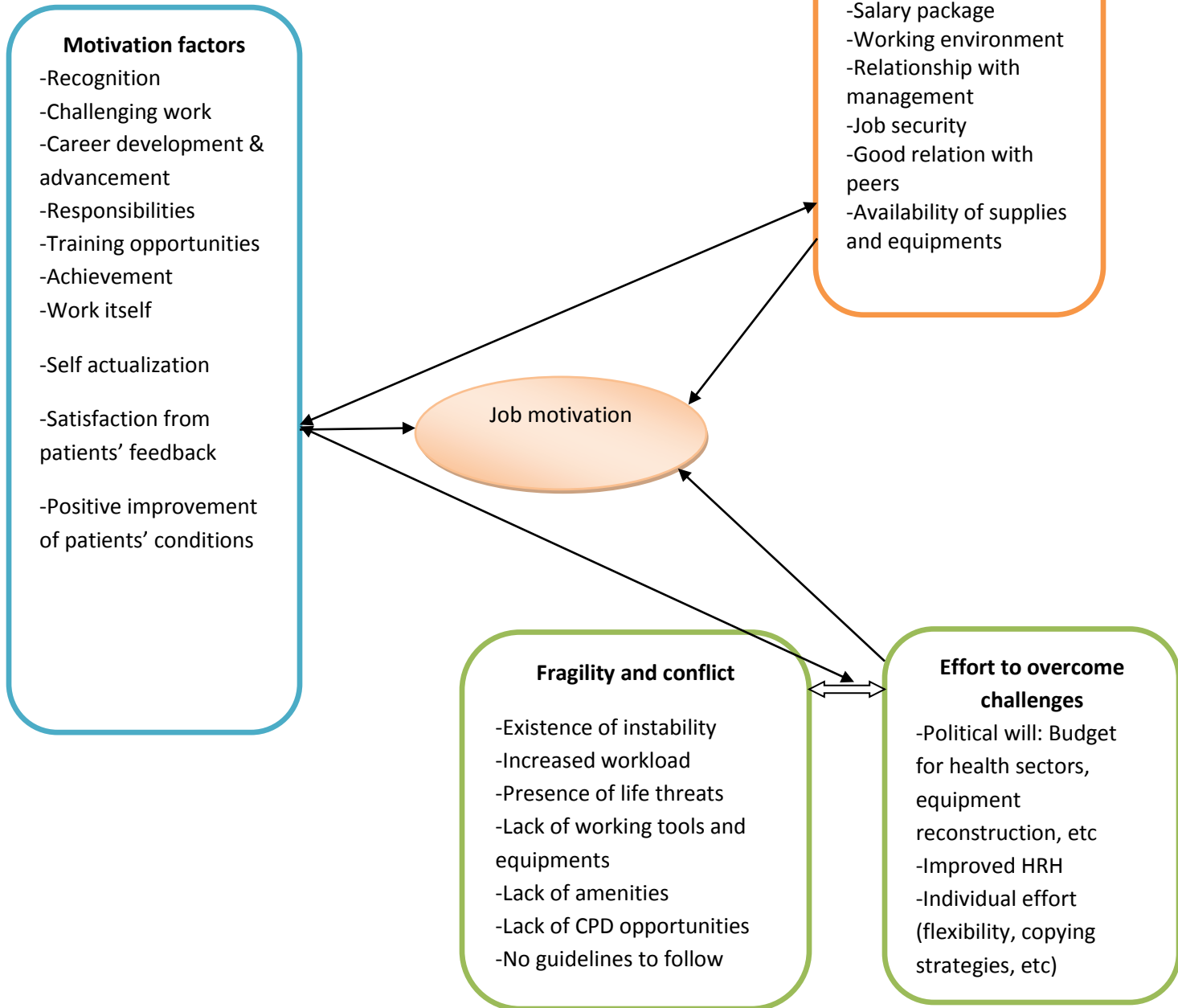
- What is the level of motivation among health workers in Juba teaching Hospital?
- What are the factors influencing motivation of health workers in Juba Hospital?

1.6 Conceptual frame work

Internal factors

External factors

Figure 1 Conceptual framework



Work motivation is attained by the presence and interaction between intrinsic and extrinsic factors. However depending on the situation intrinsic and extrinsic factors are mutually exclusive in the dynamic of producing motivation in health workers.

1.7 Objectives

1. To determine the level of motivation of health workers in Juba teaching Hospital
2. To determine factors contributing to motivation of health workers in Juba Teaching hospital
3. To determine the influence of war and instability on motivation of health workers
4. To examine efforts, if any, that are being taken to overcome the challenges of the effects of war on health workers' motivation

1.8 Significance of the study

The socio-political situation in South Sudan is still frail and might subject health workers to emotional labor whose effect can be translated into physical exhaustion among health workers because of too much workload. As noted by Lee (2012), the situation of post conflict is that Health workers have to work with very limited means as far as equipment and supplies are concerned and this is very demoralizing for health workers. Sometimes they are exposed to so many needs of patients with various conditions that they cannot manage well. All these might lead to discouragement, de-motivation, staff turnover as well as work-related stress among health workers who work for long period of time and this kind of situation possibly could be the causes of burnout (Lee, 2012).

The reality of subsequent succession of civil war in South Sudan did not spare health workers from what is typical to FCAS. Therefore, if the problem of motivation of health workforce in South Sudan is not addressed properly, meaning that health workers are taken care of considering the fragility of the environment in which they work, this could result into high attrition rate of medical workers from government health facilities. It is well known that the majority of patients who seek medical care in public health facilities are the poor who cannot afford to pay medical fees in private clinics. These groups of citizens would be subjected to poor

a health care service which means poor health for them and reduced life expectancy for the country.

As far as job motivation among health workers in South Sudan, especially in Juba Teaching hospital is concerned the reason for carrying out this study was to identify factors affecting motivation of health workers in relation to the working environment; the benefits they receive (such as salary packages, other allowances and recognition). The study looked also at HWRs motivation in relation to the management of the hospital; and the plan for personal development of the individual health worker. Although this study was an academic research, it was purposively designed in order to respond to a need of uncovering aspects of health workers motivation in a post conflict and fragile state using a particular case study of Juba Teaching Hospital.

By the outcome of its findings the study laid out strategies and provided tools that could be used to improve the skills and capacity of management for HRH especially in situation of post conflict. With improved capacity of HRH there is open perspective for betterment of the working environments, understanding of HRH hence develop plans and policies that respond to their needs and apply adequate measures to ensure health workers are motivated in their duties.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter is dedicated to the review of literature in relation to motivation. Although the chapter examines literature in general, particular emphasis in this section was to examine what previous researches, scholarly articles have already uncovered in the area of motivation of employees in general and especially on motivation of health workers. Special attention was also given to studies that investigated motivation of HWrs in realities of FCAS.

The section examined studies that explored the situation of health workers in Sub Saharan Africa, region that is bearing 24% of the world's disease burden. Keeping in mind the outline of the study which guided the review of literature previous studies, articles, and report which were in line or related with the topic of this study were reviewed. All reviewed materials were properly cited in this report.

Studies and scholarly articles were analyzed and compared alongside each objective mainly to determine the level of motivation of health workers in Juba teaching Hospital; to determine factors contributing to motivation of health workers in Juba Teaching hospital; to establish the influence of conflict and war on health workers' motivation; and finally to examine any efforts that were taken by responsible authorities to overcome the challenges of the effects of war on health workers' motivation. This review was informed by Frederick Herzberg two factors theory.

2.1 Theoretical framework

The topic of motivation of workers has been given ample attention by researchers studying organizational behavior because of its impact on the life and existence of organizations. The results of these studies clarified the overall context surrounding motivation mainly as they highlighted practices and interactions in which a given work is performed and its impact on the employees. On the topic of employees' motivation one of the researchers however affirms the important role that one needs to focus on the underlying factors that initiate (intrinsic/extrinsic), direct, sustain and halt employees' behavior in order to understand their motivation (Bennett, 1999).

In most cases the overlapping of the content and process theories shed light on factors that determine motivation. Therefore, a clear grasp of motivation of employees in a given context is better understood by taking into consideration a combination of intrinsic and extrinsic factors in order to appreciate why people are motivated by one factor over another at a given level. For this reason Bennett affirms also that determinants of work motivation of health workers originate at various levels mainly at the individual level, the level of immediate organizational work context, the level of larger health sector context, and the socio-cultural and environmental context level (Bennett, 1999). The following paragraphs offer brief elaboration on Frederick Herzberg two-factor theory that informs this study and relate to employee motivation within the individual, organizational and socio-cultural working environment in the context of FCAS.

Frederick Herzberg two-factor theory was selected by the investigator to guide this study because of its approach since it considers all factors related to the individual employee and the surroundings of the work environment. According to this theory factors affecting employees' motivation are divided into two namely hygiene factors and motivation factors. Hygiene factors

also called external factors takes into account all that is directly related to the actual doing of the job itself, but are external to the employee. Examples of hygiene factors encompass aspect to do with work policy, relationship with supervisor, work conditions, salary, any benefit attached to the work, personal status that the work offers to an individual within the society, social security, relationship with subordinates, and employee' personal life. Although these factors are external to the employee equally they influence the liking of the work and what is expected of it by the employee. There is an establishment of a two ways relation between employee and the work and vice versa. One performs a specific task because he/she likes it at the same time expects to receive reward from employer because of the task performed.

On the other side motivation factors looks at all internal stimulating elements towards a given job that exist in an individual, these are inner disposition; they are also known as intrinsic motivation factors. In this group are classify factors such as achievement, recognition, the work itself, the responsibility and challenging that work present and trigger more input/learning from employee, and career advancement that the work offers. All these motivating factors actually sustain the employee in fulfilling the inner need for self actualization. According to the principles of Herzberg two factors theory it is concluded that once the hygiene and the motivation factors are fulfilled there is no room left for de-motivation and poor performance in a given job. When the employee is fully motivated the result is an increased productivity and a better performance.

The researcher chose to use this theory because of the good interlink of motivation factors and hygiene factors which suitably apply to the reality of a health care settings. Particularly in realities of post conflict with special attention geared to look at hygiene factors that were implemented. The study also compared the presence of established hygiene factors and their

impact on job motivation of health workers in JTH. However the researcher was well aware of criticism advanced against the two factors' theory by some authors such as Gazieli, (1986) in whose view the theory seems to be bound and confuses events. According to Gazieli the two factors' theory is most applicable only to the critical incident.

The criticism of Gazieli was found on the fact that the feelings of satisfaction and dissatisfaction both seem to originate from the agent that caused the event to happen. Therefore Gazieli underlines that the reliability of the data could have been negatively impacted by ego-defensiveness on the part of the employee. Other criticisms on the two factors' theory affirmed that there exists an overlapping of sources of satisfaction and dissatisfaction. The value of the factors differed only as a function of the occupational level of the employee. The theory ignores the part played by individual differences among employees. However, the benefits produced by the correct use of the two factors' theory outweigh claims focusing on limitations. The two factors' theory authors such as Stello (2011) states it is worth to acknowledge that wherever the two factors theory was implemented it has greatly helped managers to identify situational factors that can motivate their employees. These positive ending notes once more encouraged the investigator to use the two factors' theory in studying motivation of health workers in JTH ascertained that they are suitable for use in a post conflict situation in a FCAS.

2.2 Level of motivation of health workers

The feeling of enthusiasm that moves someone to take up an action is a very important element to consider because it prompts the action of the worker towards a given direction. Among the many definitions of motivation analyzed the one given by Shattuck (2008) offered a comprehensive approach as it considers motivation as that inner driver, which incites or rather prompts someone to realize an action of interest and makes the person happy that the intended

action is fulfillment or achieved. This definition therefore entails that one can experience the feeling of a certain level of motivation if an intended action of interest carried is successfully achieved.

Being motivated about some aspects of life is a feeling that exists in each person's consciousness. This feeling therefore is behind the force that hastens one to take actions in a given direction so as to achieve certain desired outcome. Once a desired outcome is achieved the result is the attainment of a certain level of motivation. In addition it should be noted that an individual's motivation is influenced not only by inner force but also by biological, intellectual, social and emotional factors (Heathfield, 2016). This understanding therefore means that individual biological build up predisposes towards certain tendencies that stimulate motivation. For example when a worker has the required intellectual capacity to perform, the technical support and the physical resources needed to accomplish an expected outcome the person will work hard to achieve the desired outcome. This achievement therefore leads to the attainment of individual-level motivation. The individual makes a good use of the combination of psychological and transitional processes. Psychological since the individual sets up on a direction and adopt certain behavior. A transitional since all the action takes place in a work environment where the person interact (Bonenberger, 2014).

Another element in measuring the level of motivation is the consideration given to the inner drive of different category, cadres of employees within the same institution. In this case the motivating factors for an employee would be determined by the level of involvement and the creativeness put in motion in innovative new ways to respond to a need within one's area of professional preparation. For example a laboratory technician who is capable of producing the laboratory results in a situation of a particular disease outbreak and helps clinicians to take the

correct treatment decisions will surely achieve a certain level of motivation. Such a person would be motivated if the type of job to be performed is challenging and requires the maximum use of one's intellectual capacity and thinking. This of course will not be the case of another person who is more apt in practical skills than rational thinking. Therefore, the natural inner drive to motivation or intrinsic factors is supported by a number of other side factors that add on to generate motivation. The understanding of Mathauer follows the same thinking when he explains a worker's motivation as feeling that involve cognitive, affective, and behavioral processes giving reason to why workers behave as they do towards achieving personal and organizational goals (Mathauer, 2006).

The above context in which employee's motivation is measured clearly shows the importance of the interaction between factors related to the core values of the organization such as the external environment/working condition and the human resource management is considered. It is against the presence of these extrinsic factors in addition to the intrinsic individual factors that one can measure employees' level of motivation. Therefore, the exercise of determining motivation becomes more interesting and complex at the same time because motivation is stimulated not only one factor or by a clearly defined number of factors. For this complex circumstances in which the level of motivation is noticed Benenberger furthermore says motivation is noticed only through its determinants.

Following the same line of argument Shattuck speaks of motivation connecting it to the degree of willingness and explains motivation as an individual's degree of willingness to exert and maintain an effort towards attaining organizational goals. It is interesting to note the emphasis that the author puts on the degree of willingness that has to be maintained (Shattuck, 2008). In connection with this idea of maintaining the enthusiasm with a particular job that is to be carried

on, a worker affirms: *“It is a common fact that unless you really like working or love what you work, it is very easy to lose interest and become less motivated over time. When we join a new company, the job, the responsibilities, the work place and the company itself seems very interesting and we enjoy working for the company for a specific period of time i.e. 2 years or 5 years and when that initial time passes, we start getting bored on the job and feel that responsibilities are a huge burden on our shoulders that we have to carry in any case. It all happens because of lack of motivation”* (Admin, 2015).

Furthermore to add to the same school of thought on the hidden aspect of motivation Shattuck affirms that worker motivation is commonly understood while taking into consideration cognitive, affective and behavioral processes giving reason to why workers behave in a certain way in order to achieve personal and organizational goals. Hence, motivation is not directly observable but depends on the ability of a manager in noticing it through the employee’ output in a given job (Shattuck, 2008). The author brings in the aspect of manager’s responsibility in relation to employees’ level of motivation. Therefore, it means that it is the duty of a manager or employer to conduct a survey so as to determine the level of motivation of employees. Manager needs to be keen in noticing the way employee gets involved in the culture of the organization and the attitude of employee visa vis a particular job. A good manager will also have the opportunity of identifying suitable employee for some particular work because he/she would have observed them well in different departments within the organization. This way will as well enable managers to identify areas of further support to employees as their strength and weakness will be seen.

The suitable way managers can use within the organization to identify areas of competencies of employees could rotation of employees within different departments. In so doing managers will

be able to grasp the kind of work that motivates some particular employee more than other duties and so put a person where he/she can best produce. Another way that helps in finding out the level of motivation of employees is the use a survey with simple questions administered to workers, putting up suggestion boxes for employees to air their views for the management to encounter with the real problems and areas that could motivate employees (Admin, 2015).

Although, managers have the duty of promoting workers' motivation, the results of all the different studies conducted on employees' motivation show that there is no single formulae in measuring the levels of an employee's motivation. A practical technique for measuring level of motivation of employee relies mostly on a number of criteria within the organization. In this regards Larkin, (2011) argues that if one wants to measure the level of employee' motivation it is important first of all to consider the general key drivers of motivation for example incentive, work environment, employees' managers' relationship. In addition to this then develop flexible means that focus on those factors in the work place so as to have employees motivated.

This paragraph gives a close look given to work environment as one of the key motivator for employees'. In this regards Bastian emphasizes on the important the environment as a physical working place, policies in use, and culture within an organization. An organization where the physical appearance of the working place is attractive because it looks clean, organized; an organization with clear policies that is communicated and availed to employees; an organization with good culture such recognition, team spirit provide good extrinsic factors for employees' motivation.

The author furthermore exploring the employee' perspective as far as motivation is concerned affirms that throughout his or her career the individual employee has to adjust to the working

environment and to work policies in order to use work accordingly. Managers should then focus on making flexibility policies, clear job descriptions, and career development in keeping the job interesting and motivating to employees (Bastian, 2011). For this reason in the author's effort of offering practical way on measuring the level of motivation of employees suggestion is that employer should set up a ground that lays favorable foundation for staff motivation; employer should favor those extrinsic factors that motivate staff in the working environment. In practical terms it means that managers should be proactive to engage one-on-one time with their employees. Therefore, the author brings in the importance that managers need to maintain frequent communication with employees in that they convey clear expectations in relation to the vision of the organization and common goals to be attained by the employee. Only in this way they maintain the motivation of their employees over a long period of time. Bastian's experience in the field of work is that employees want both autonomy and while working in a great team environment (Bastian, 2011).

All sectors or working environment have something in common in that they are run by managers, they have their own organizational culture, and employ human beings to produce their desired outputs. Whatever steps that have helped build motivation among workers in one sector can therefore be adapted in other sectors as well. Following the same line of argument such steps that facilitated and prepared the ground for motivating staff in other settings remain valid in determining the level of motivation of health workers in all circumstances, even in FCAS.

Another way of measuring the level of motivation is to compare motivation to satisfaction and relate them to staff retention. Number of studies such as Bonenberger et al, 2014; Peters et al 2010 affirm that motivation and satisfaction play a crucial role on retention and turnover among health workers in low- and middle-income countries (LMICs) (Bonenberger, 2014); (Peters,

2010). Craig suggests the use social cognitive theory (SCT) to measure employees' motivation. The SCT suggests that employees are put in a working environment that enhances the development of their cognitive, social and behavioral competencies empowering self efficacy mechanism in workers. By this method those employees who know their capacity and believe that they can produce good outcome if given space to do so are prone to work hard to achieve good performance. The outcome of their effort is what determines their level of motivation. The better they perform, the more motivated they are. As a result of that method staff who believe and can perform their work well, up to completion also, believe that they can mentor others in improving their performance. It then results that the overall motivation level of staff in the working environment will be high because best staff perform and other staff are ready to learn and be modeled by their colleagues in order to better their output (Craig, 2008).

For a number of years, the African continent is weighted down by crisis of serious shortage of human resource in the health sector Dieleman (2006). This shortage of adequate human resource affects the ability of many African countries in initiating and sustaining a credible health services for its population. Due to limited resources allocation for health sector public health services are not functioning to their best level and so are underperforming. There are good reasons to believe that health workers are the backbone of any health system because their commitment and output determine the performance of the system; it affects the quality of health service and portrays the picture of the health system. The reality of many African Countries is that they do not only experience shortage of health workers in addition there is also distortive incentive structure, ineffective management and an adverse work environment that overweigh on health workers and cause de-motivation (Dieleman, 2006). If this is the situation of health workers in most of Sub Saharan African Countries in general, this reality potentially seem to be exacerbated in FCAS

where health service delivery is limited to safe areas and the number of health workers is further reduced.

In spite of reforms and policies undertaken by many countries such as introducing a decentralized health system and the practical use of community health workers/ village team aiming to improve on health care in the continent, not much is being achieved as far as offering required attention to human resources and their motivation (Mathauer, 2006). There is no doubt that the quality of care and performance in health facilities to a large extent depends on the available human resource and on their level of motivation. Although Heathfield refers to motivation as an intrinsic driving force that moves a person towards accomplishing an act it is also to be noted that the same author acknowledges that motivation though an intrinsic driving force is strongly influenced by external factors (Heathfield, 2016). In this way the author acknowledges the important role of the working environment, a good management and a good organization culture on the level of motivation of employees.

2.3 Determinants of job motivation among health workers

The work of all managers within an organization is to take the organization from one step towards growth and expansion. Therefore, managers need to work hard in order to establish clear mission, vision, values, and objectives for the organization. They also have to ensure that they clearly communicate them to the employees who are implementing agents. In addition to all these, managers should have good working strategies that translate the objectives into concrete actions. Any given organization needs to have people to work with, go through processes to carry out its activities and be guided by policies that shape everyone's action towards the fulfillment of the mission and goals. The effectiveness of an organization often reflects the ability of its managers in getting all departments and employees to work together toward the

objectives, goals, mission and vision. In the context of the unfolding of the organization growth, Kokemuller says: “the fact that an organization is moving successfully and the belief that it is growing to a bright future is very important in stimulating an employee’s motivation” (Kokemuller, 2016). Once on track to growth it is very important for managers to know factors that stimulate employees’ motivation so as to strategize in maintaining those factors high in order to keep up the standard or even better scale up to the next level of the organization development. For example, in many industrialized countries, flat organizational structures, and worker involvement are valued and are prominent determinants of motivation (Bennett, 1999). A worker’s motivation is contingent upon the organizational context in which the worker is situated. The growth of the organization is one of the non incentive factors which motivate employees.

Factors that affect motivation of workers are not static as they vary in time, space and from one organization to another. Consideration should be given to staff issues, context of work, and circumstances. Creative flexibility is required from managers to enable identify those motivating factors among staff in any given context. Work motivating factors are also continually changing from job to job and from person to person. What might work to motivate an employee today might change tomorrow when the same person assumes a different function within the same organization. Or even if the same individual assumes a similar function in a different organization motivating factors might also change. For this reason, besides a clear overview of the organization goals and objectives, additionally manager should engage in personalized support to individuals within the organization according to what is important to individuals at any given time (Bastian, 2011).

In general, employees motivation in organization is achieved through a set of practices that make them feel part of the on going process of the organization. The application of interlink and interplay of hygiene and motivation factors is key to promoting motivation. Under the hygiene factors one may look the established culture of recognition and reward for performance; manager should make it clear to employees what the incentives are and should provide fair reward across all departments so employees see the benefits of their effort as individual or group. Another motivating factor is a participatory communication whereby employees find the space to air out their views in forum such as meetings and exchange that can bring about constructive discussion on workplace issues in order to improve together. Employee need to be and feel trusted by the managers in this way they are shaped to suit the organization. It is very important that managers make employees feel the business impact of their contribution; hence they need to be provided with periodic reports on the effect their projects are having on the business so they know their work makes a difference (Monster, 2015).

Among motivation factors an employee gets motivated when the work is challenging and exciting; manager has to ensure that every employee has a plan that challenges him/her and is periodically reviewed and asked to rate the degree of job excitement. This will boost the self-esteem of employee in working hard with creativity. Although, manager holds the control over the job this should not suffocate employees in the exercise of their duty. They have been employed to do a job; they should be given the chance to do so. Another factor that motivates workers is opportunities to growth. In the process of developing their employees managers should make sure those employees are held accountable for their duties and make sure there s individual learning plans as per need and future plan of the organization (Monster, 2015).

In the health sector the main motivating factors for health workers vary from one study context and objectives to another. However the results of most of the researches conducted have revealed similarities in their findings. Under hygiene factors good salary, good management providing supervisory support, good working environment, availability of resources and supplies, good relationship with colleagues and recognition are all motivating factors (Carless, 2004; Haas, 2010). Javed also found out that empowerment for example in involving them in a range of decision making of daily activities, promotion, responsibilities have a positive impact of the employees' motivation (Javed, 2014). On the other hand, poor salary, unfair treatment, poor management, lack of appreciation, and lack of resources were the main de-motivating factors for health workers (Carless, 2004; Haas, 2010) cited in Javed et al, 2014. While writing on de-motivating factors for health workers Leshabari use these terms in addition to low salaries, lack of motivation in the workplace can also arise from several other factors, such as lack of positive acknowledgment and reward for good service, punitive measures for even infrequent mistakes, and a lack of communication between management and staff (Leshabari, 2008).

Additionally a study by Jacobi found out that health workers are motivated when they have all supplies and equipments they need to carry out their job up to the standard. Health workers become motivated when they see that the organization provides complementary inputs such as drugs, equipment and other medical supplies in the health facility. Besides, the hospital should also have as clear policies and guidelines, efficient working systems that easy health workers' to effectively carry out their tasks. In the same study by Jacobi also underlined the importance of non incentive motivator. This falls as well in the line of communication but this time emphasis is on the feedback from management to employees and feedback among employees. It is necessary that human resource management provide feedback to staff since the received feedback from

management and colleagues within the health system motivate staff and impact on their performance. Another non negligible factor contributing to health workers' motivation is the organizational culture that enables the individual's level of commitment and motivation (Jacobi, 2010).

As we examine factors that contribute to motivation of health workers it is equally important to look at those factors those factors de-motivating health workers in low income countries in Sub Saharan African. An empirical study conducted in Tanzania affirms that the African continent is facing serious human resource crisis in the health sector, which is affecting the ability of many countries to initiate and sustain credible health services (Leshabari, 2008). To respond to this problem, the Joint Learning Initiative (JLI), World Health Organization (WHO), and the Global Health Workforce Alliance (GHWA) have been focusing their attention on health workers. Particular attention was geared on the pervasive problems with staffing shortages, poor job conditions, low remuneration, and extensive migration because these are the areas identified to be contributing to limited or lack of motivation of health workers. Among factors contributing to low and lack of motivation among health workers in public facilities the JLI found out that the lack of adequate remuneration ranges high as the main cause of grievance among health worker in low income countries. For this reason public sector health workers are frequently missing or working elsewhere. Another factor is the management culture and working conditions which also figure among factors affecting motivation; poor management and bad working condition have adverse effects on health workers' motivation (Bastian, 2011).

Although salary is rated high among motivating factors for health workers, additionally a studies by Mathaeur and Jacobi raised the role of non-financial incentives on HRH. The latter study revealed that health workers and VCT councilors were more motivated with factors like good

working relationships with colleagues; training opportunities that would empower them offer better service. Environmental factors such as having tools to use, needed skills, and good physical appearance of the health centre as more important than income because HWrs felt more motivated and could even go an extra mile following their professional conscience (Mathauer, 2006). They identify themselves with a good working place that increased their status *“Even if they tell me to work 15 people per day, I choose to work 40 to 50 people. I work not for the money but for the community. It is my sisters and brothers that are going to get hurt here [by HIV].... It is not for the money or for my boss... I work with my own motivation.... Even sometimes I miss the [transportation] service that takes me home.”* —Community Counselor, 35-year-old male (Jacobi, 2010). The above listed factors positively or negatively affect health workers’ motivation in a normal cross cutting situation yet it makes it more interesting to explore their existence or absence in a situation of post conflict in a FCAS.

2.4 Influence of war and instability on job motivation

The time of war is characterized by breakdown of systems and structures that should protect health worker’ and boost his/her motivation. The only source of motivation that remains is the intrinsic motivators of each individual. The ideal during war and conflict would be that an interim system is set that provide protection to health workers. Only in this way they can be retained and motivated to work during and after the conflict. This is particularly important when health workers are themselves the target of violence and abduction, as is often the case (Namakula, 2014). In any situation of war and conflict there is need to apply specific measures to protect health workers because in most cases they are targeted by the warring factions. In many cases health workers are abducted by warriors so that they can provide health care services to wounded warriors and some health workers are even killed. This therefore explains why in some

FCAS health services during war and conflict is confined to protected areas; this centered area service ensures protection and retention of healthcare workers during and after the conflict.

Among previous studies conducted in FCAS a study by Durham et al described the situation of FCAS as characterized by the breakdown of the health system in general; there is destruction of infrastructures, exodus of human resource for health, increased morbidity and mortality (Durham, 2015). In situation of war and conflict many health workers lose their lives or witnessed the death of their friends and colleagues; they are the target of abduction, ambush and injury (Namakula, 2014). Further case studies on human resources for health by Durham et al in Afghanistan, Central African Republic, Democratic Republic of Congo, Haiti, occupied Palestine territories and Somalia indicated crowding of health workers in some areas of apparent security since health workers were targets for violence in remote areas. In most situations of conflict health workers are disconnected from social and professional support systems, they are constraint to work with limited supplies and equipment; they have increased workload and long working days many time combined with lack of pay (Durham, 2015).

An analysis of facts and reality typical of war and conflict affected areas by Namakula in the health sector revealed a situation characterized by lack of most extrinsic factors. In war and post war there is scanty salary, poor working environment, lack of recognition by managers that could stimulate motivation of health workers; enthusiasm to work depends mostly on individual intrinsic factors. When formal structures of promotion and recognition cannot function well, when pay is low and erratic and when working conditions are hard, health workers rely on their internal motivating factors. Health workers have to find coping mechanisms as they rely on their intrinsic professional values. Namakula and Witter found out that HWrs in Northern Uganda war and conflict affected region employed a number of strategies to survive and

continued to practice their profession and save lives. They used alternative strategic measures such as mingling with community members, sleeping in the bush and often changing locations. In this way they were able to maintain their moral high and continued to offer essential health care during difficult times and in marginalized areas. War and conflict have the potential to diminish all the external motivating factors among health workers. *“During the conflict in northern Uganda, some health workers were equipped with intrinsic values and demonstrated empathy, professionalism and selflessness in their profession”* (Namakula, 2014).

2.5 Efforts taken to overcome the challenges of the effects of war on health workers’ motivation

As stated earlier health workers in FCAS face challenges related to lack of pay, they work in poor environment most of the time lacking essential equipment and tools for their work, lack of essential medicine, they face personal threat for their personal life, there is no proper supervision and the list can continue. In this regards a study by Witter exploring ways of state building and HRH in FCAS reasoned it out said: *“to understand the situation of human resource for health during war and conflict policy makers need to have a proper approach that conceptualizes the real situation, identify ways to appreciate the potential of the human resource for health and come up with accurate and comprehensive reconstruction policies”* (Witter, 2015).

A typical characteristic of post-conflict situations is that of large numbers of development partners, including United Nations (UN) agencies, international and local non-government organizations (NGOs), and various others, literally “rush in” to offer support. Moreover the situation on ground in that specific State is also characterized by a weak health system coupled with limited capacity of the government in the management of human resources. In addition there could possibly be a new government that is taking shape with emergent ministries limited

in its capacity to manage all the tasks necessary for reconstruction (Fujita, 2011). Lessons learned from analysis of Human Resource System Development (HRSD) in three post-conflict countries (Afghanistan, DR Congo, and Cambodia) revealed the importance of an initial situation analysis. Initial situation analysis is a very important step in identifying the socio-cultural background of the conflict, understanding its form and duration and know how that have affected the human resource for health in that particular case.

These preliminaries steps pave the way for the formation of a strategic government which should demonstrate willingness and commitment to invest in the health sector so as to restore external factors that contribute to motivation of health workers. Such commitment should translate in the improvement of the health sector through the formulation of meaningful, comprehensive, and visual framework that is easy to understand and identifies key components of the human resources for health. Additionally there should also be clear guiding policies formulated by the MoH that give guidance on the management of HRH, and other policies to be used in the health sector as far as service delivery is concerned. The government should also be willing to invest in the areas of restructuring the destroyed infrastructures or build new ones so as to create a conducive working environment; providing equipment and tools to health facilities; offering possibility of training and upgrading to health workers to increase their knowledge and skills; and providing regular salaries (Fujita, 2011).

An additional but equally important aspect to overcome challenges of war in a situation of post conflict should be the recognition of health workers who proved faithful to their work during war and conflict. A study by Namakula et al highlights that government should prepare specific policies to protect health workers during conflict and in addition to that recognize and reward those staff for continued service in dangerous conditions during war. This is a very practical step

with tangible actions aiming to heal memories in the effort to overcome challenges of war and conflict that might have affected health workers motivation during war and conflict (Namakula, 2014).

2.6 Gaps in literature and conclusion

Literature both globally and at African continent level is extensively covered with evidences of factors that determine motivation of employees in general and of health workers in particular. As far as the topic of health workers in FCAS is concerned a lot has been written in regards to the general situation of health workers during armed conflicts and instability. However, a part from suggestions made by researchers on the situation of health workers in FCAS little is known specifically in regards to effort taken by government to overcome the challenges of the effects of war and conflicts on health workers in FCAS.

In conclusion this section on literature review has covered various factors that stimulate motivation of health workers. These factors are of both intrinsic and extrinsic origins. Yet, there was no literature that looked specifically on steps that were taken by a MoH in post conflict state so as to help health workers overcome the challenges and effects of various situations they went through during armed conflict that could have altered their intrinsic and extrinsic motivators.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter describes the various methods and techniques used in this study in order to determine factors that affect the motivation of health workers in a FCAS particularly the case study of Juba Teaching Hospital in South Sudan. The section explores the methodology that is suitable to the study type and the areas chosen. It is in this chapter that the total number of respondent was determined and the mode of collecting a sample that is representative of the population under study. Briefly few wards were said on hindrances to the study.

3.1 Study Area

The study was conducted in Juba Teaching Hospital; the Southern Sudanese national referral hospital located in Juba the Capital City of the Republic of South Sudan.

3.2 Study type

This was a descriptive cross-sectional study using a mixed method (both qualitative and quantitative) in order to determine the motivation of health workers in Juba teaching hospital.

3.3 Study population

The study population comprised of health workers specifically medical doctors, clinical officers, nurses, midwives, laboratory staff working in Juba Teaching hospital. It was among the above listed medical cadres that the study derived its population whose motivation was determined.

3.4 Study unit

The study unit constituted of individuals among different medical cadres in Juba Teaching hospital.

3.5 Sample Size

According to the information received from the HRH officer the total number of health workers in JTH is 440. This number is subdivided into different cadres as follows 71 Medical doctors, 14 Clinical Officers, 303 Nurses, 21 Midwives, and 31 Laboratory staff.

KREJCIE and Morgan required sample size table calculation (KREJCIE, 1970) was used to determine the sample required for the study at 95% confidence level and accepting a margin of error of 5.0% which gave a sample size of 196 respondents. A 5% respondent's rate of 196 was calculated and added to the sample size to cover for unexpected non response or incomplete questionnaires.

Hence the final sample size taking into consideration the 5% respondents' rate to cater for non responses or incomplete questionnaires was $196 * 5\% = 10$

Therefore, the final sample size of respondents was $196 + 10 = 206$.

The questionnaires were distributed to 206 health workers from cadres of medical doctors, Medical doctors, Clinical Officers, Nurses, Midwives, Laboratory staff.

3.6 Sampling techniques

Juba Teaching Hospital was purposively selected for this study because of its importance as the National referral hospital that receives patients who are referred from all parts of the country. The study used a stratified sampling method to randomly select respondents among the target group which was made up of the different medical cadres working in the hospital (Medical doctors, Clinical Officers, Nurses, Midwives, and Laboratory staff). According to the proportion of each cadre within the target group, respondents were randomly selected proportionally to the size of the cadre and in this way every single cadre was given the possibility to have sufficient

number of respondents that was representative of the whole. Therefore the sample size was large enough and ensured confidence that the respondents represented the characteristics of the medical cadres to which they belong. In this way the study was able to show the real state of motivation of health workers in the hospital in general.

JTH was purposely selected because of its importance. JTH being in the capital is and also being the only national referral hospital is presumed to be receiving a lot of support in this reconstruction time following the post conflict period. It is in this very hospital that many health workers are employed in order to respond to various medical needs of patients coming from the city itself as well as those transferred from all other lower hospitals and health facilities. Identified research assistants were selected among the existing health workers, especially those who had a good understanding of both English and local Arabic languages for the FGDs.

3.7 Inclusion and exclusion criteria

Health workers of interest were namely medical doctors, clinical officers, nurses, midwives, and Laboratory staff working in the hospital. In addition to that selection criterion, all respondents were southern Sudanese working in the hospital. Although at the time of the study there were other non southern Sudanese staffs these were excluded from participating in the study.

3.8 Variables and data sources

Objectives	Variables	Measures	Data collection methods
1. To determine the level of motivation	<ul style="list-style-type: none"> ✓ Level of motivation of the different cadres of interest (Medical doctors, Clinical Officers, Nurses, Midwives, Laboratory staff) 	<ul style="list-style-type: none"> • Number/percentage of motivated staff in general across cadres • Numbers / percentage motivated staff per (cadre, gender, department, ward/unit, year of service) • Number/percentage of staff not motivated in general across cadres • Number of staff not motivated per cadre per (cadre, gender, department, ward/unit, year of service) • How many would leave given new jobs • Which jobs would make them leave the hospital? • Reasons for leaving JTH 	<ul style="list-style-type: none"> • Questionnaires • FGD • KII
2. factors that determine staff motivation	<ul style="list-style-type: none"> ✓ Hygiene factors: Work policies, salary, allowances, end of service package, supplies/equipments, working environment/conditions, job security, relationship with managers and peers ✓ Motivation factors: Recognition, challenging work, achievement, career advancement, responsibilities, training opportunities. 	<ul style="list-style-type: none"> • Presence or absence of motivating factors (hygiene And motivation factors) • Number/% of motivated staff in general by each of the factor • Cadres motivated by those factors • Number/% of staff de-motivated by the absence of those factors 	<ul style="list-style-type: none"> • KII • Questionnaires • Empirical observation • In depth interview
3. Influence of war and instability on motivation	<ul style="list-style-type: none"> ✓ Existence of instability ✓ Presence of life threats ✓ Increased workload ✓ Lack/limited working tools and supplies ✓ Lack of opportunities for continuous professional development (CPD) ✓ Lack of social amenities 	<ul style="list-style-type: none"> • Evidence of realities/factors related to instability such as life threat, increased workload, lack of tools and supplies, lack of amenities, and other. • Number of staff affected by those factors related to instability and war. • Positive correlation between war/instability and HWrs' motivation 	<ul style="list-style-type: none"> • KII • Questionnaires • FGD • In depth interview
4. Effort taken to overcome the challenges of the effects of war on health workers'	<ul style="list-style-type: none"> ✓ Political will: budget for health sector, reconstruction of structures and systems, presence of policy makers ✓ Hospital leadership and management of HRH: employed skilled staff in adequate number, skill mix, ensured training for staff ✓ Effort of individual staff: copying strategies, flexibility to change for the better, understanding, going extra mile. 	<ul style="list-style-type: none"> • Number of policies enacted • Number and cadres of staff affected by policies and guidelines, • Evidence of steps taken (renovated structures) • Evidence of policy makers • Number of staff motivated by new strategies and steps in place 	<ul style="list-style-type: none"> • Document review • Questionnaires

Table 1. Variables and Data Sources

3.9 Data collection and study instruments

Data from health workers in Juba Teaching Hospital was collected using both quantitative and qualitative methods. Structured questionnaires containing open ended and closed ended questions were administered to respondents. These served to collect basic information from respondents in relation to their motivation as per the four objectives of the study, which respectively stated to determine the level of motivation, determine factors affecting motivation of health workers, establish influence of war and instability on health workers' motivation and find out steps taken by respective authorities to help health workers overcome the challenges and effects of war. Responding to the questionnaires health workers were able to rate their level of motivation and factors that affected their motivation. Questionnaires were pretested twice; first with health workers in Matany and Lacor hospitals in Uganda.

Qualitative methods instead were used through in-depth interviews, FGD, and KII with different groups of selected staff. KII and In-depth interview were carried out either with heads of departments/units or staff who have had a longer working experience in the hospital (above 25); Whereas the FGD were conducted with a small group (4 to 6 members) staff of similar cadres. These methods captured and gathered lived and freely shared experience of health workers in relation to their motivation.

A total of three FGD were conducted with varied numbers of participants ranging from a minimum of 4 to a maximum of 6 staff each. FGDs were conducted on three different days and each FGD lasted between 30 to 45 minutes. KII were conducted with the deputy matron (since the matron was on training out of the country), the heads of Maternity, MCH, medical departments as well as with long experienced staff in Laboratory, ANC and surgical wards. Listening to those unique experiences was very useful in expounding on valuable information

which responded to the objectives of the study in relation to the motivation of staff. These raw data were decoded, interpreted, and analyzed to produce the report with relevant information that could be used for policy formulation, for improving the management of HRH in the study area as well as in post conflict in other FCAS.

3.10 Data analysis and presentation methods

Data gathered from questionnaires was entered in computer using IBM SPSS Statistics 20, Microsoft Excel 2007 and Microsoft words windows 8 to generate information on the level of motivation of different cadres. The same software were also used to categorize determinants of motivation of different medical cadres in the hospital; to examine the influence of war and instability on HWrs' motivation, and finally examine effort taken by respective authorities to overcome the challenges of the effects of war and conflict on health workers' motivation. The qualitative information generated from key informant interview, in depth interviews and FGD were transcribed, decoded using Microsoft Word windows 8. These were then analyzed and only relevant information related to the research questions were taken into consideration for the report. In the analysis of data special attention was given to the voice of respondents under specific objectives where they belong. The analysis of the data also helped evidence the correlation that existed between the fragility of South Sudan in relation to motivation of health workers in JTH. Results are presented using graph, tables, and charts.

3.11 Quality control

Prior to this study the module on Health Research System and Fields Analysis covered during lectures as well as practical fields report writing informed the investigator on important steps required to conduct a research. In addition the main investigator received a prior training on the

use of IBM SPSS Statistics 20 to ensure that data are correctly entered and analyzed using this software. In this way the data gathered were accurately and appropriately handled to guarantee they generate expected results.

3.12 Ethical consideration

A letter allowing the main investigator to go to the field for data collection was obtained from the Faculty of Health Sciences of Uganda Martyrs University. Once in Juba the proposal was presented to the MoH - Directorate of Policy, Planning, Budgeting, and Research in seven copies for review by the MoH research committee. The investigator also filled a research submission form from the above mentioned MoH directorate as required (Appendix VII). Additionally the main investigator presented a written request for authorization to conduct a research in Juba Teaching Hospital to MoH directorate of Policy, Planning, Budgeting and Research to which a Curriculum Vitae was attached (Appendixes VIII & IX). After review of the proposal by the committee a research approval letter was issued allowing the investigator to go to JTH (Appendix X). Copies of the approval letter were sent to the Undersecretary –MoH-RSS, to the Director General of Medical services – MoH-RSS and to the Director General of JTH. In addition to the approval from the MoH Directorate consent of the manager of each department in the Hospital was received as they endorsed the approval letter from the MoH (Appendix XI). In regard to respondents' participation in the study a verbal consent of each and every health worker involved in the study was obtained to ensure their free and fair participation. Participants were also assured of their information confidentiality. At the end of data collection the investigator gave a verbal feedback to some heads of department of the hospital, especially those who were present as she waits to provide them with hard copies of the report.

3.14 Study limitations

The scope of the study was to collect the views of all health workers in JTH in regards to their motivation. Although medical staffs were present in the hospital every day they had a very tight work schedule in all the departments due to high number of patients to attend to. In all the departments, staffs were very busy and overwhelmed by many patients hence it was not possible to conduct focus group discussions with each cadre as planned except those with nurses and midwives that took place. For the same reason of being very busy some staff from the departments of HIV, and TB/Leprosy and Buruli ulcer only read the questionnaires but did not respond. Another limitation to this study was that the Financial Administrator and the Human Resource Officer on the ground were newly appointed. They were still becoming acquainted to their new offices, hence could not produce any document to the researcher for consultation in regards to staff contracts, disciplinary measures in the hospital, guidelines and policies. The Principal nursing officer was also out of the country for training in Kenya. The investigator was guided and introduced by the deputy Nursing Officer all the departments within the hospital. Additionally she also pointed resourceful staff who helped in the FGDs.

3.15 Plan for dissemination of results

At the end of compilation of all the results, a report will be presented to the Faculty of Health Sciences of Uganda Martyrs University by the investigator in partial fulfillment of requirement for the awards of Masters in Health services Management. The report will be shared with MoH South Sudan through the Directorate of Policy, Planning, budgeting and Research as well as with the management of Juba Teaching Hospital. This dissemination in South Sudan aims at providing respective authorities with practical information from primary sources that could be very valuable for decision making in order to better manage extrinsic motivation factors that

could increase health workers motivation in all circumstances. The MoH – GoSS- RSS has expressed interest of having this report.

3.16 Budget and work plan

The budget planned and used for this study was estimated using US dollars. Although expenses for printing, photocopying, spiral binding prior and after to data collection were all covered using Ugandan shillings (Ush). Whereas similar expenses plus internal transport in Juba and support to data collection assistants in Juba were covered using South Sudanese Pounds (SSP). Return air ticket was paid also in US Dollars. All the activities were estimated and budgeted US Dollars and cash was exchanged to local currency as per needed. The total budget was 700 dollars. The study work plan was scheduled to cover the period from April to September 2016.

CHAPTER FOUR

RESULTS AND ANALYSIS

4.0 Introduction

This chapter describes all the findings and informs on factors affecting motivation of health workers in a FCAS. In particular this study informs on findings about Juba Teaching Hospital, South Sudan. The results are presented as per the objectives of the study namely to determine the level of motivation of health workers, determine factors affecting their motivation, establish the influence of war and instability on health workers motivation, and finally examine efforts taken by the MoH and Hospital management to help health workers overcome the challenges and the effects of war and instability on their motivation. It is also in this chapter that most of the data are organized and presented in form of simple tables, charts, and chart representing comparison and cross-tabulations of some selected socio-demographic variables, and findings in accordance with the objectives.

4.1 Socio demographic distribution of respondents

Table 2 General distribution of respondents per department

Departments	JOB TITLE					Total
	Medical Doctor	Clinical Officer	Nurse	Midwife	Laboratory Staff	
OPD	5	0	7	0	0	12
Obstetrics & Gynecology	5	9	17	11	0	42
Laboratory	0	0	0	0	21	21
Medicine	9	1	39	0	0	49
Pediatrics	0	0	23	0	0	23
Surgical	9	0	45	0	0	54
Total	28	10	131	11	21	201

This table shows the distribution of the different cadres studied per department. Nurses across departments, except in laboratory where they are not, constitute the majority of all the respondents.

4.1.1 General responses to the study

Questionnaires were distributed to 210 health workers across all the medical cadres in JTH. A total of 206 questionnaires dispensed were received back out of which 5 were invalid because they were not completely filled in. The general response to the study questionnaires was 96% out of all the questionnaires administered to eligible respondents. The final result was compiled from 201 questionnaires fully completed which were considered as 100% of result. The questionnaires received back from health workers of different departments were as follows 28 from medical doctors (14%); 10 from Clinical Officers (5%); 131 from Nurses (65%); 11 from Midwives (6%); and 21 from Laboratory staff (10%).

Table 3 Distribution of respondents per department, gender and year of service

Department	Gender		Years of service in the hospital					
	Male	Female	1 to 2	3 to 4	5 to 6	7 to 8	9 to 10	Above 10
OPD	8	4	6	4	2	0	0	0
Gynecology & Obstetrics	15	27	20	6	0	4	1	11
Laboratory	13	8	1	9	0	4	2	5
Medical wards	20	29	17	14	8	3	0	7
Pediatrics wards	7	16	3	7	4	0	1	8
Surgical wards	24	30	8	7	4	8	5	22
Total	87	114	55	47	18	19	9	53

The table illustrates the gender of respondents per department and their distribution per years of service in the hospital. The majority of respondents were female making a total of 114

respondents out of 201. Majority of respondents in the study ranged within their first two years of employment in the hospital followed by those who have been in service for 10 years and more.

4.2 Level of motivation of health workers in JTH

Table 4 Level of motivation of health workers in JTH in general

Level of motivation	Frequency	Percent
very de-motivated	27	13.4
De-motivated	105	52.2
Do not know	8	4.0
Motivated	54	26.9
Highly motivated	7	3.5
Total	201	100.0

The table shows the general level of motivation of health workers in the hospital. It results that 65.6 % rounding up to 66% of health workers are de-motivated and only 30 % are motivated whereas 4% are not clear about their motivation.

A key informant in one of the department shared the following regarding the motivation of health workers in that particular department: *“Actually all the staff is not motivated starting from medical doctors, Nurses, Midwives, and cleaners in this department are not motivated at all”*.

Table 5 Level of motivation of clinical staff per department

STAFF MOTIVATION PER CADRE

Depart.	Medical Doctors			Clinical Officers			Laboratory staff		
	Motivated	De-motivated	Don't know	Motivated	De-motivated	Don't know	Motivated	De-motivated	Don't know
OPD	2	3	0	0	0	0	0	0	0
Obstetrics & Gyn	1	3	1	1	3	0	0	0	0
Laboratory	0	0	0	0	0	0	11	10	0
Medical	7	1	1	1	3	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0
Surgical	8	1	0	0	2	0	0	0	0
Total	18 (64.26%)	8 (28.57%)	2 (7.14%)	2 (20%)	8 (80%)	0	11 52.38%	10 47.62%	0

Table 6 is an illustration of the level of motivation of clinical staff (medical doctors, clinical officers, laboratory staff) per department. Out of 201 respondents, 59 were clinical staff categorized as follows 28 medical doctors, 10 clinical officers, and 21 laboratory staff. 52.54 % of all the clinical staff are motivated with their work; while 44.06 % are de-motivated and 3.39 % were not very sure of their level of motivation. As shown in the table per stratum the highest motivation is noted among medical doctors with 64.26 % of the total stratum followed by laboratory staff 52.38 % of the total laboratory staff. It is to be noted that medical doctors in surgical and medical wards are more motivated than their colleagues in OPD and Obstetrics and Gynecology departments. Possible reasons for their motivation could be they are not meeting patients in the front line with all the problems like their colleagues. Unlike those in OPD for example who experience lack of diagnostic equipment and have to refer patients to outside clinics

for some tests (for example scanning); or those in Obstetrics and Gynecology who sometimes attend emergency cesarian section without proper protective gears or no electricity in the operating theater. Medical doctors in Medical and surgical wards are not so roughly stressed by being powerless in facing patients conditions. They visit or operate patients and leave most of the care to nurses and they are free to take up other duties on their own. Another possibility could also be that they receive allowances more than the rest. The least motivated are clinical officers with only 20 % of the 10 staff.

Table 6 Level of motivation of nursing/midwifery staff per department

STAFF MOTIVATION PER CADRE						
Department	<i>Nurses</i>			<i>Midwives</i>		
	Motivated	De-motivated	Don't know	Motivated	De-motivated	Don't know
OPD	1	6	0	0	0	0
Obstetrics & Gyn	8	8	1	4	7	0
Medical	8	30	1	0	0	0
Pediatrics	4	19	0	0	0	0
Surgical	5	38	2	0	0	0
Total	26 (19.85%)	101 (77.10%)	4 (3.05%)	4 (36.36)	7 (63.64)	0

The table demonstrates the level of motivation of nursing and midwifery staff who numbered 142 out of the 201 respondents in various departments of the hospital. Of all the nursing and midwifery staff in the hospital who actually was the majority of the respondents 76.06 % were de-motivated meanwhile only 21.13 % of the total was motivated and 2.82 % don't know about their motivation. Higher de-motivation was observed among nurses 101 nurses out of 131. Of

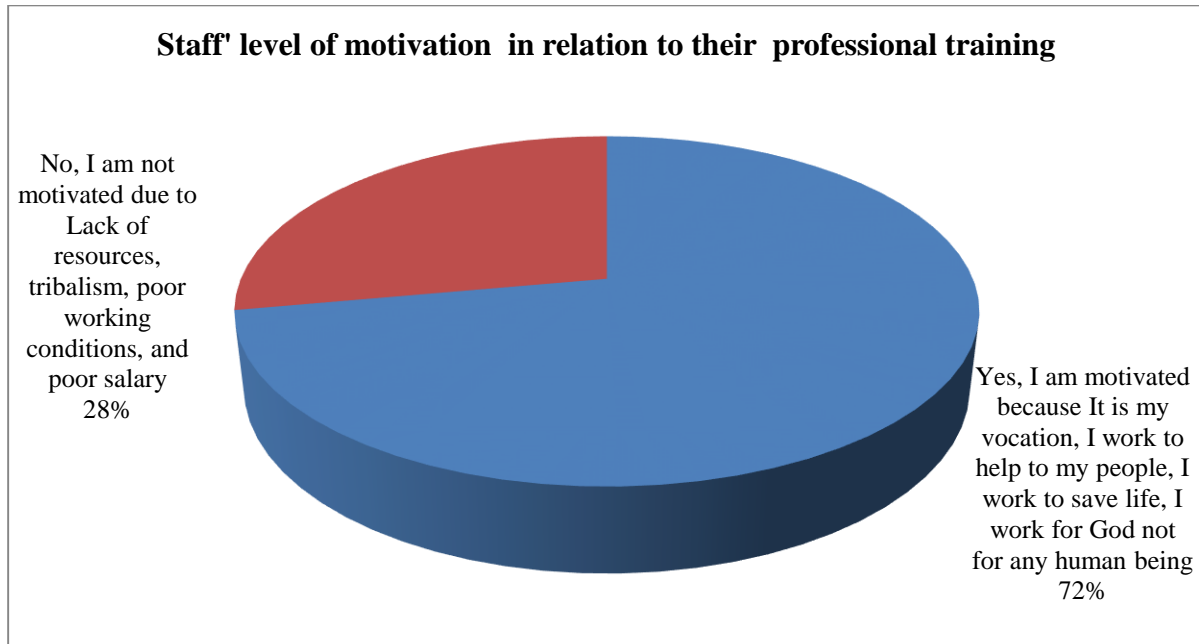
those nurses more motivation was observed among nurses in the Obstetrics and Gynecology department, almost 50% of them. This could possibly derive from the good leadership influence that the head of the department had on some of the staff in the department. She was a good role model for some and one key informant appreciated her leadership as he said: *“The head of our department is good, every month she calls us for the meeting, she communicates to us and if we have a problem we can approach her without any fear. She also tries hard to find some donors to support us in the department with missing supplies and we are happy about that.”*

Possible reasons for this drastic de-motivation of this group of staff could be that they are more stressed as they are exposed and withstand the suffering of patients in particular as they offer nursing care. The lack of supplies to facilitate their job as per the standard, coupled with harassment by some patients and their relatives, and irregular and insufficient pay could be possible trigger of de-motivation. In addition they are not even allow to claim their right, the management has no forum to listen to complaints and suggestions from staff.

For whatever reason that could be found to justify the de-motivation of nursing and midwifery staff, the fact is that these are the people who deal directly with patients. As such their actions bear a lot of consequences on the health of the people they handle. Nursing and midwifery staffs are considered the backbone of any health system. Any circumstances causing the mismanagement of this category of staff should be looked at carefully because the action taken or not taken by them could lead to up raising or downfall of the health system. Any negligence on the side of nursing and midwifery staff has repercussion on patients for whom the health institution exists. De-motivated nurses and midwives could possibly leave some of their duties to be carried out by patient’s attendant hence increasing risk of infection rate and prolong patients stay in the hospital. They could also offer little care, or even demand pay from patients before

carrying out any procedures. De-motivated nursing and midwifery staff could neglect following the proper treatment schedule for patients hence delaying patients' recovery or causing resistances to medication.

Figure 2 Reasons for staffs' motivation with their level of training

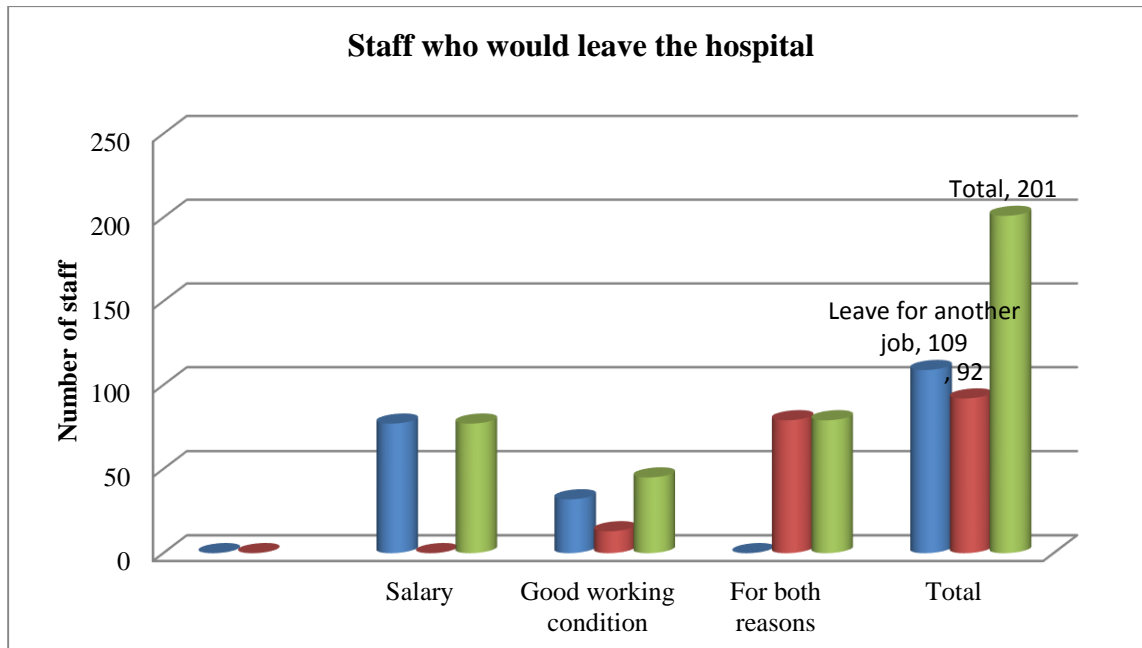


This figure portrays the motivation of staff in relation with their level of training and the duty they perform in the hospital. This shows that the majority of staff love their profession, because their training helps them carry out their duty with confidence in addition to high intrinsic motivators.

“Staff are comfortable with their duty, they are trained. All the staff English and Arabic patterns know what to do. They love their work even if they are complaining that the money is little but they do their work. Some of them even stay when they have to wait for another person to come and release them from the duty; you see that they do not leave the patients alone.”

These words from a key informant affirm how devoted staff are to their duty because they feel they are responding to a vocation and a need to serve the people who are sick and deserve care from them.

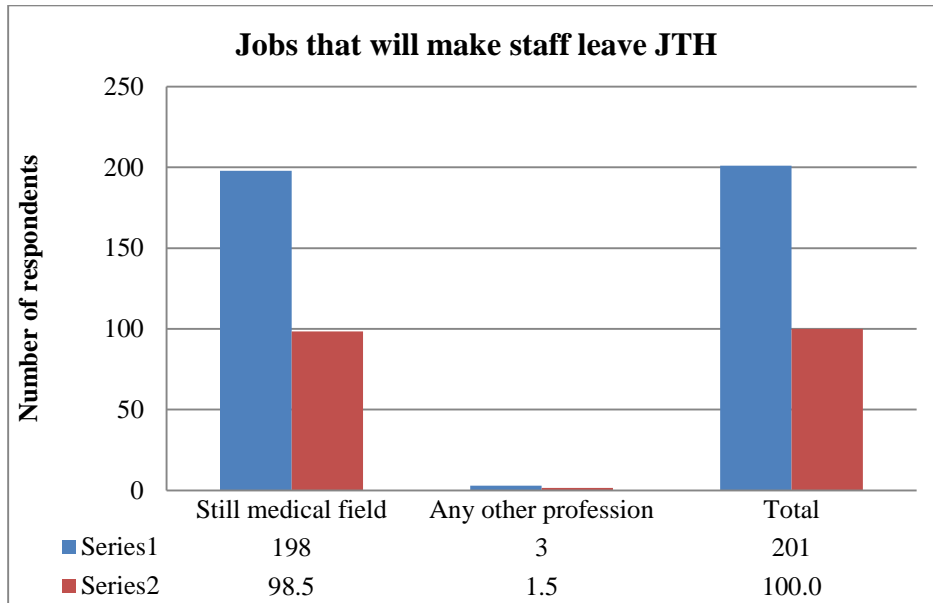
Figure 3 Staff who would leave the hospital given the possibility of another job and reasons for changing



The figure represents the total number of respondents showing the number that would leave the hospital if given another opportunity. The vertical axis shows the number of staff while the horizontal one gives the reasons for which staff would chose to change from JTH to another employer. Out of 201 respondents 109 opt to leave the hospital and 92 made the choice of remaining in the hospital. Search for good salary and conducive working environment being reasons to leave JTH.

“I have been working here for more than 15 years from the time I finished my training. There is no promotion for me. Other staff come they get promoted but me I am still doing the same job. I am even looking for another job, if I get a chance I will leave the hospital but I will still remain working in the medical profession. I need to work in a place where there is clear policies of promoting staff as per their working experience and not just because I know so and so therefore I am favored above others”. This was said by a staff expressing reasons for leaving the hospital.

Figure 4 Jobs that will make staff leave JTH



This figure is a representation of jobs that would take health workers away from JTH. 98.5% almost 96% would leave the hospital but still prefer to work in the medical field meanwhile only 1.5% would leave JTH to joint any other job opportunity.

A staff in the laboratory department uttered the following for reasons in favor of leaving the hospital: *“I cannot leave this work of taking care of the sick people to go for another job, it is my work. What will take me to private sector is just looking for a good salary because I also need to improve my life and the life of my family. I need to offer good education to my children, I need to settle in life and enjoy the fruit of my work. I have gained a lot of experience here with the government hospital and I am sure I will continue to use this experience to help the sick people in my work as a laboratory technician while receiving a good salary”*.

4.3 Factors contributing to motivation of health workers in JTH

Table 7 Motivating factors

S/N	STAFF CADRES					Total
	Medical Doctor	Clinical Officer	Nurse	Midwife	Laboratory Staff	
1	4	0	0	0	0	4
2	11	0	0	0	0	11
3	13	10	67	0	0	90
4	0	0	3	0	0	3
5	0	0	4	0	0	4
6	0	0	57	9	0	66
7	0	0	0	2	11	13
8	0	0	0	0	10	10
Total	28	10	131	11	21	201

The above table lists factors that motivate health workers in JTH. These factors are categorized in the table as per the number and cadre of staff they motivate. It is important to note that the majority of staff among medical doctors, all clinical officers, and nurses are motivated by challenging work, team spirit in the work place, increased number of staff and skill mix. The least motivating factors are good working policies, good management, and good salary. This then proves that there are no working policies or maybe the policies are not suiting the reality of JTH. It might also mean that staff has not come across those policies and they not put in practice. This finding also shows that there is no good relationship between management and staff members. Here also the study shows that scanty and irregular salary is a big problem in JTH.

Health workers in JTH were very much aware of what extrinsic factors that provided them motivation in their working place. Although most of them concentrated their main motivation on salary, nonetheless they knew which of other external factors in the hospital motivated them to exercise their profession. Among the motivating factors, guided by the self administered questionnaires HWrs were able to differentiate between intrinsic and extrinsic determinants of their motivation.

Some health workers in FGD stated: *“Once you get your appointment letter to work with the government your job is assured. Even though it takes time but we hope promotion will come. Unless you decide to change by yourself nobody will take off the pay list of the government”*.

These findings are similar to a previous research conducted by Willis, 2008 attesting that health workers are motivated by challenging work, career development, and continuing education opportunity. However, from the quote above it becomes true that HWrs do not care for what happens but they are just after job security meanwhile they can also engage in their own private business, late coming and having reasons to justify absenteeism since staff is assured of employment.

The analysis of this finding points out to the fact that the management of the hospital needs to be keen in monitoring employed staff. If not monitored staff who seek employment just for the sake of having a secured job yet they are not very committed to work will manage to take advantages of training opportunities and use that knowledge not for the uplifting of the hospital but for their own business. Therefore the hospital management should establish supervision and monitoring system on employed staff.

Findings from this study are also similar with factors that sustain HWrs motivation in a FCAS the case study of Iran by Daneshkohan, 2014 whereby good management, supervisors and managers' support as well as a good working relationship with colleagues were the main motivating factors for health workers.

Table 8 De-motivating factors for health workers in JTH

S/N	Factors de-motivating staff	JOB_TITLE					Total	%
		Medical Doctor	Clinical Officer	Nurse	Midwife	Laboratory Staff		
1	Lack of policies, poor salary, poor working conditions, unclear communication, management not approachable	23	0	0	0	0	23	11.44
2	Limited supplies, lack of supervision, poor working condition	3	0	0	0	0	3	1.49
3	Lack of plan for training, lack of support to staff in sickness & accident, lack of promotion	2	1	0	0	0	3	1.49
4	1 & 2	0	9	59	0	0	68	33.83
5	1 & 3	0	0	29	0	0	29	14.43
6	All the above	0	0	43	11	21	75	37.31
Total		28	10	131	11	21	201	

The above table is an illustration of factors that contribute to de-motivation of medical workers in JTH. The result of study shows that most of the staff in the hospital (37.31%) among nurses, midwives and laboratory staff are de-motivated by all the factors listed in the table mainly lack of policies, poor salary, poor working conditions, unclear communication, management not approachable, limited supplies, lack of supervision, poor working condition, lack of plan for training, lack of support to staff in sickness & accident, and lack of promotion.

A nurse in one of the surgical ward uttered: *“What disturbs me is that we even lack a simple washing soap in the ward. Many times there is not even running water. I don’t even remember the last time a piece of soap was given to us in the ward. Even when you request for it, it is not given; so there is no need to continue disturbing them. The management does not even call us for a meeting so that we can say how we feel about the situation in this ward.”*

Another staff in the same FGD said: *“We are just given one packet of gauze to use for the whole week and we have a lot of patients who need their wounds to be dressed. It is not enough. Many times we use it only for 3 days and it is finished.”*

Instead majority of medical doctors 82.14 % are de- motivated by lack of policies, poor salary, poor working conditions, unclear communication, and the non approachability of the management as shown in the table.

Every institution requires its own policies that distinguishes it from other institutions working in the same field. An institution has to be compentitive in its policies so as to attact customers. More so in health sector, every hospital need to have its policies and guidelines that guide the flow of services as well as be able to staff out and compete with other hospitals in HRH, service delivery, patients satisfaction, etc so as to attact customers and retain good staff . It the case of this study whereby respondents mentionned lack of policies as a demo-motivating factor two scenarios could play a role in it. The first scenario could be that policies and guidelines are present but staff are not made aware of those policies. This could also be the result of poor communication between managers and staff. This picture could then be interpreted that management and staff work on different levels whereby the management received those document and never share them with the staff. These scenario denote a poor communication

between management and staff. What is perceived in these feedback from staff that the management work at its own level without much involvement of front line staff, not even the heads of departments.

Additionally it was striking to notice the language staff used to refer to management; they were called “people in the office”, meaning that there is no much interaction between management and the staff in the departments. This disconnection can create barriers and mistrust between management and the real life of the hospital. Staff feel there is no room for their views to be taken in the running of the hospital, they cannot suggest anything but can only execute orders. In such a situation it would be difficult for managers to have the clear picture of non tangible realities within the hospital hence they risk only to be taken by surprise when staff take some wrong actions or over react to some management decisions; it is because they feel somehow suppressed in their capacity.

Therefore, to overcome this situation management could consider the establishment a system promoting holding of having departmental meetings with staff, listen to their views and involve them. Managers could also consider paying spontaneous visits to department just to encourage staff.

4.4 Influence of war and instability on staff motivation

Table 9 influence of war and instability on health workers' motivation

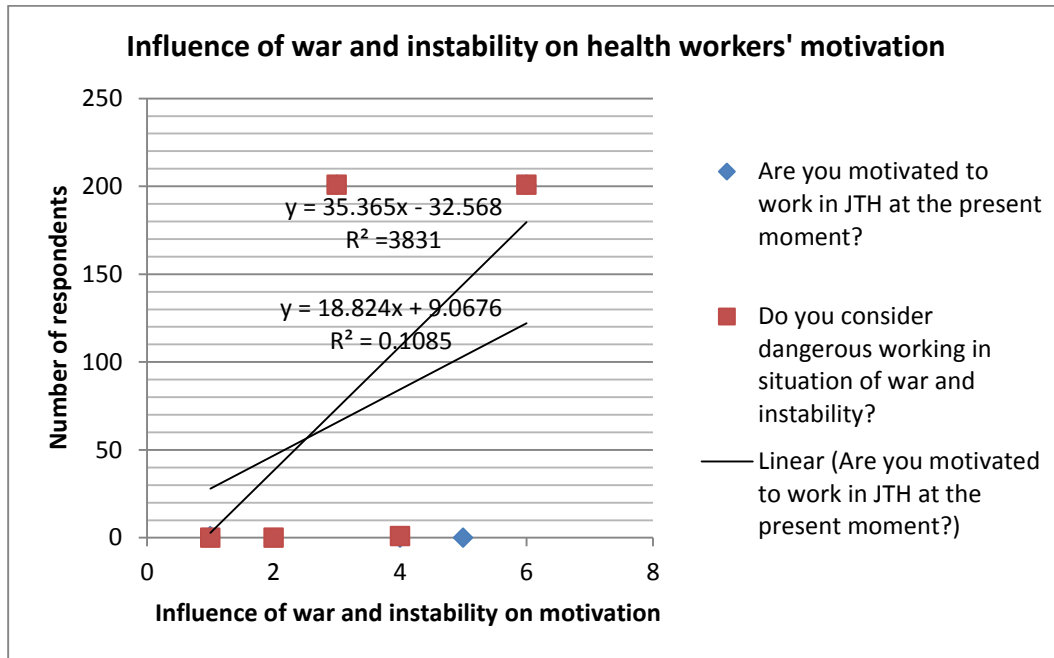
Correlations

		Are you motivated to work in JTH at the present moment?	Do you consider dangerous working in situation of war and instability?
Are you motivated to work in JTH at the present moment?	Pearson Correlation	1	.713**
	Sig. (2-tailed)		.000
	N	201	201
Do you consider dangerous working in situation of war and instability?	Pearson Correlation	.713**	1
	Sig. (2-tailed)	.000	
	N	201	201

** . Correlation is significant at the 0.01 level (2-tailed).

This table presents a positive relationship between health workers' motivation and the danger of working in South Sudan in time of war and instability. The correlation table shows that war and instability have greater positive impact of the motivation of health workers in JTH expressed the desire to work in a more peaceful situation where there is neither war nor instability.

Figure 5 Influence of war and instability



As shown in the table and the diagram above war and instability negatively influence health workers motivation in JTH. The more war and instability exists the less health workers are motivated to work.

Health workers in JTH were very conversant with those factors during war and conflicts that hampered their motivation. Having lived in situation of instability even in December 2013, health workers experienced uncertainty, setback in development and social security, the decadence of socio-economical situation which was getting beyond control. The fragility of the situation was experienced by every citizen since the general socio-economical situation was overwhelming due to financial crisis. The price of all commodities skyrocketed and yet the staff of the hospital, although being among the working class could not easily afford to satisfy their basic needs. Staff in the hospital were going to the third month without their salary. To add on to the whole thing, staff in the hospital had no freedom to claim anything that they considered their

right. Even when staff received their salary it was so little and with no buying power. A key informant attested: *“we cannot not even express our frustration with the little salary that we have and which does not come on time; when we want to do so some forces with guns are sent to fight against us. There is no liberty even of claiming our own right.”*

In time of instability health workers felt motivated by the support of the community who knew them and appreciated their service to the sick people. Besides the support from the community health workers also appreciated the support and understanding from the side of the management. Concretely speaking management provided security at the gate of the hospital; also heads of department were able to adjust work shift in a flexible way that could favor staff. At the same time during harsh period there exists team spirit among staff. All the above mechanisms were moral boosting and motivated health workers to continue their work.

In an interview with a KII who spoke on behalf of colleagues in the department it was discovered that health workers are tired of this situation and have nowhere to turn to. *“Staff is willing to work and wish the little salary is coming on time. Another option is that the salary should be increased. Although the salary was increased some time ago, which I don’t really remember, the fact is that life has become very expensive here and if we also have to take care of our transport every day, it becomes very complicated.”*

In a FGD one nurse uttered: *“I complain that the salary is little, true (paused and smiled) but my joy is that I am offering my contribution in the building of my country with my work. I work for the sake of my people and for my country. My cry is only if the government would be giving our small salary on time...”* This statement was approved by 4 out of 6 members of an FGD.

The discussion of the quote above implies that health workers in JTH are feeling the weight of financial constraints. They have to come to work every day, they need to sustain their families by supporting their basic needs such as education for their children, feeding, health care and so forth. Furthermore the hospital does not offer transport service to the staff. Even in time of war and instability there no such a thing like improvised transport service to staff during such circumstances. Additionally, financial crisis coupled with lack of transport weighted heavily on staff in time of war and insecurity. Staff found it very difficult to afford paying public transport to and from work every day with their meager and irregular salary.

Finding from this study has demonstrated that the situation of war and instability has negative influence on the motivation of health workers in JTH. This is very true that the majority of health workers are finding it very difficult to satisfy those basic needs as evidenced by some of them in the quotes below.

Staff who came for the evening duties and have to handover to the next shift by 8 pm expressed more fear on their way home. Some of them shared their concern in these words in an FGD: *“Sometimes we cover some of the distances on foot because we cannot afford to pay transport, especially when you are on evening duty or coming for night duty that we begin the work at 8 pm. Some of us come from very far that side of Gudele”* (paused and asked the investigator if she knew where Gudele was). And then continued: *“When you don’t have enough transport money, you have to run because if you meet with an unknown person you can be shot dead. In our area almost every day they kill people. I am afraid”*

In addition to meager salary in time of war and instability findings of the study evidenced increased workload for staff due to casualties coupled with insufficient number of health workers

in various departments to keep up the three working shifts. Additionally health workers experienced harassment from patients and their relatives as well as life threat from armed people. Even though they come to work in time of insecurity and staff feared for their lives because they could even be harmed within the premises of the hospital.

As fact to life threat a nurse in a FGD said: *“We cannot even express our frustration with the little salary that we have and which does not come on time; when we want to do so some forces with guns are sent to fight against us. There is no liberty even of claiming our own right”*.

From this finding it then result that MoH –GoSS should give consideration to providing a decent salary to health workers in the National Referral Hospital to motivate them work even in situation of fragility. In case no steps are taken to respond to this situation health workers would leave the hospital for a first job opportunity so that they afford a decent life.

4.5 Effort taken to overcome the challenges of the effects of war on health workers

From the time JTH became National Referral Hospital, the MoH-GoSS has invested resources in terms of money to refurbish, build a new OPD section and smarten up the look of the hospital (restoration and painting of existing structures). On March 5, 2008 the First Vice President of the Republic and President of the Government of Southern Sudan (GoSS) officially opened the hospital after it underwent two years renovation and rehabilitation. This effort and investment from the GoSS proved the will and interest of the government in rebuilding the health sector and offer quality health care to its citizens. In addition to the reconstructions that took place, more health workers were employed. The government has also been able to attract and employ many Southern Sudanese from the Northern Sudan (commonly called Arabic patterns) and others from

the Diaspora to join the staff members in JTH. There was some increase on the salary of the staff. All these positive development certainly motivated the staff and filled them with hope.

An important step in overcoming the challenges of the effects of war in the health sector by MoH - GoSS was achieved through creation of policies and guidelines to channel actions of all actors in the health sectors. Among those policies and guidelines were Health Policy Government of Southern Sudan 2007-2011; Southern Sudan Essential Medicine List; Guidelines for the Donation of Medicines; Medical Supplies and Equipment for Southern Sudan; Southern Sudan Pharmacy Protocol; Prevention and Treatment Guidelines for Primary Health Care Units; and the production of a comprehensive health sector development plan 2011 - 2015.

Going extra miles in their effort to overcome challenges of the long period of war, the MoH-GoSS also worked on establishing partnership with hospitals overseas to support and build the capacity of JTH staff that has diverse training background and experiences. One of such effort to mention is the link with St Mary's Hospital, Isle of Wight (UK)-Juba Teaching Hospital, Southern Sudan. MoH-GoSS also contracted a partnership with Real Medicine Foundation to train and support health workers in JTH to empower them. Trained and empowered staff are therefore expected to improve the quality and sustainability of medical and surgical services rendered to patients through the provision of more effective treatment.

The analysis of these findings are similar to findings are in comparable with previous study by Fujita, 2011 which stated what a government should do to evidence its dedication after war/conflict in FCAS. Fujita affirmed that government should demonstrate its commitment in ensuring the improvement of the health sector in restructuring destroyed infrastructures so as to create a conducive working environment. In addition the post conflict government should also

provide equipment and tools to health facilities; offer possibility of training and upgrading to health workers to increase their knowledge and skills; and provide regular salaries. Furthermore there should be clear guiding policies for management of human resource for health. Additionally the MoH in post conflict should design a meaningful, comprehensive, and visual framework that is easy to understand and capable in identifying key components of the human resources system.

In the particular situation of South Sudan and of JTH it was evidenced that there was no consistency in maintaining commitment for the health sector on the side of the MoH – GoSS under which JTH depends. In the course of time the government undertook other priorities and the funds for the health sector was reduced and became so irregular. This finding is true into that at the time of data collection it was possible to find any of the policies or guidelines neither in the hospital nor in the MoH because they were out of stock.

In this situation of setback some staffs express their disappointment in terms such: *At the end of the month we were sure to have our salary to take home and life was not so expensive. But now things are very, very difficult!*”

The lack of constant commitment to finance the hospital was also witnessed by the fact that there has been no continuous repair and maintenance in some of the departments within the hospital. One key informant expressed: *“Just imagine in this ward, there is no toilet nor for the patients neither for the staff. Staff move to easy themselves anywhere, sometimes even they do it just outside the ward. And for us staff, when you know you need a toilet, you better move before time and go to beg in another department. We have reported this to the management a number of times verbally and we have written reports all in vain. Now we are tired and we leave it; let them do what they want.”*

Nurses in one FGD looking at the dilapidated and broken furniture said: *“From the time the hospital became the national referral hospital, the MoH painted these buildings, some new beds and equipments were brought, doors were fixed. They brought also chairs, tables for us. As you can see for yourself when these things get broken nobody care about repairing them. They are just left there so we have left that corner to keep all the broken things.”*

The analysis from the quotes above is that the financing of the health sector should not be something accomplished once for all but it should be a continuous one. The evidence is that the infrastructures like buildings and furniture like beds, chairs and tables are used by many patients and they need constant maintenance and repair.

4.5.1 Motivating factors to health workers in JTH of strategies and plans from the MoH- GoSS to overcome challenges and effects of war

Table 10 Motivating factors of strategies put in place by MoH in the effort to overcome challenges of the effects of war

S/N	Strategies and steps taken by MoH	CADRES					Total	%
		Medical Doctor	Clinical Officer	Nurses	Midwives	Laboratory Staff		
1	Increased budget for health by MoH, reconstruction of infrastructures, enacted guiding policies and improved salary for staff	6	0	0	0	0	6	2.99
2	Increased number of medical staff, number of staff trained, staff are coping with changes	22	10	97	0	0	129	64.18
3	All the above steps taken by MoH	0	0	34	8	0	42	20.90
4	None of the above steps	0	0	0	3	21	24	11.94
	Total	28	10	131	11	21	201	100

The above shows that the majority of health workers in JTH 64.18% of them were motivated by the increased number of health workers in the hospital, and the number of staff who has received further training. In this also noted that staff have also developed positive attitude in coping with the changes since JTH became the National Referral hospital, this helps them to continue working positively and hoping that more positive changes will continue to occur in spite of the hardships they are enduring presently.

Having stated these steps taken by MoH – GoSS and comparing them with the findings of the study it is shown that health workers in JTH was motivated by the increased budget for the

health sector by MoH which were seen some years ago in the reconstruction of infrastructures (new buildings and painting of all the wards in the hospital); increased number of employed medical staff in all the departments, the enacted policies and guidelines and the slight salary increase that took place. There was also a good number of staff who have benefited from training abroad to improve their skills.

Since the independence the number of population in Juba has grown and since then no further improvement has taken place in the hospital in as much as increasing the capacity of the hospital to accommodate patients, getting new diagnostic and treatment equipments, increasing the number of specialist to manage special cases, etc. The cost of living in Juba is very high as the local currency devaluated very much against the US Dollars and yet the salary of the staff remains still at the same grade. Staffs are coping with these challenges but find it very hard to continue.

Evidences to this reduction of budget were irregularity of salary to staff, limited resources which was seen through lack of supplies, medicines, and lack of diagnostic equipments. The MoH has not also been able to increase the capacity of the hospital to accommodate patients hence all the staff complained of overwhelming number of patients coupled with limited capacity of the hospital to accommodate them.

Additionally staff underlined the slow implementation of decisions to change, the non implementations of policies and guidelines (which many staff were not even aware of). The hospital has not been able to employ specialists to respond to patients' needs, poor water and sanitation in some departments within the hospital.

In the effort taken by the MoH to help health workers in JTH overcome the challenges and effects of war since it became the national referral hospital most of the staff across all the cadres were de-motivated by the slow implementation of decision, the non implementation of policies and guidelines, the overwhelming number of patients coupled with limited capacity of the hospital to accommodate them all, the limited resources in the hospital as well as the lack of diagnostic equipments.

The waiting for further improvement is taking too long for some staff that even went on comparing the situation with the time of war and preferred war because they had all they needed to perform their duties under the guidance of some NGOs. In a FGD with nurses in surgical department many expressed their disappointment in these terms: *During the war, we worked well. If I have to compare, I think when we were with some organization like MSF (Medecins Sans Frontieres) or ICRC (International committee of the Red Cross) we were better than now because we were guided well on what to do and how to do it. We were not lacking medicines and other supplies like now. For example in this department, we have no iodine, no gauze at present and we have a lot of wound to dress. To dress the wound, we just use normal saline. If patients have money they go to buy their iodine and gauze from pharmacies outside the hospital. Otherwise you are there on duty but cannot even help them. I feel very bad about that.*”

Some health workers feel that some NGOs should be allowed to work in partnership with the hospital in the running of some department. At ANC unit, the waiting area for pregnant mothers was packed at the time of sharing with the key informant since there was other space to interact with her. The key informant uttered the following *“Now in our department we are ok. We have space to welcome pregnant mothers, give the talks and we have 4 examination rooms. All this is just the help from UNFPA (United Nation Population fund) that is supporting us. They are even*

the one who made this renovation for us and they guide us on what to do, how to do it and from time to time they do follow up on us to see what we are doing. (Pause) at that very moment a staff from UNFPA came in for support supervision; the key informant was happy and proud to introduce her to the investigator. Afterwards she continued *“We are happy of their support and guidance. Staff are conversant with what they have to do and they do it well.”*

Findings from this study confirm that GoSS-MoH does not have an easy task in maintaining its promise and raise up the standards of the health sector. This will take a lot of time and considerable political will due to so many constraints that the government has to face in the post conflict period. This finding is typical of the dynamism of FCAS after long period of war and instability as described by WHO and Durham, 2015. Findings Durham demonstrated that FCAS in post conflict period face constraints rising from having a sufficient number of qualified staff, to providing a good & conducive working environment, and guaranteeing a decent timely remuneration to health workers. Likewise a report from WHO in addition to the above mentioned constraints stressed on the fact that fragile states have weak management devoted to the health system. Furthermore fragile states are still battling with insecurity and therefore other priorities take over. In such a situation a legitimate policy-making processes for health sector within the government is given the least importance in spite of bad health indicators whatsoever.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATION

5.0 Introduction

This chapter discusses the findings of the field results and analysis, which were outlined in relation to the objectives. Even in this chapter the flow of the discussion keeps the focus of the study that is to examine motivation of health workers in the context of a fragile and conflict affected state. Results are discussed as per the objectives of this specific study in relation with literature that was reviewed in chapter two. The chapter also includes the general conclusion and recommendations as well as areas where further studies are required to explore motivation of health workers in FCAS. The chapter ends up with a self evaluation of the investigator on the reliability of the study report considering the methodology used.

5.1 Level of health workers' motivation in general in JTH

This study found out that health workers in JTH were knowledgeable and aware of their motivation. Generally, the result of the study showed that health workers in JTH were demotivated.

Motivation of health workers in any health care institution is an important aspect of the system because of its correlation with service outcome and staff retention. In a health care setting, motivation is a double edged management issue by the fact that the action or non action of the management influences the motivation of health workers on one side. On the other side the action or non action of the health worker impacts on the patients who seek service. Motivation,

being a managerial issue has repercussion on the management, on the health workers and on the patients.

At the management level, management needs to work hard so as to keep health workers motivated so that they can remain with the hospital. If the management is not able to motivate the staff this will lead into high turnover of staff and therefore there will be constant struggle of employing new staff while some experienced one' leave for greener pasture. The management support to the health workforce ranges from improving the working environment to providing decent and timely salary package. To improve the working environment, management needs to ensure constant provision of all the necessary equipment, supplies in the hospital. Furthermore it is also important that the management creates a good rapport with the staff and finds additional means of providing non incentive motivations such as individual or group appreciation scheme (Bastian, 2011).

Motivated health workers play a great role in preventive, curative, and rehabilitative care of people in need of their support. An institution with motivated health workers contribute greatly to the promotion of a healthy population. Therefore, it is very important that the management of the hospital develops mechanisms of motivating health workers. The said mechanisms could comprise of both monetary and non monetary elements.

Therefore, motivated health workers work much better as they are committed to their duties and so offer services that satisfy patients. In addition to that a hospital with motivated health workers has the potential to retain most of its best workers because there is less staff turnover (Bonenberger, 2014; Peters, 2010).

The general feeling of de-motivation of health workers explained the uneasiness and discouragement that health workers experienced in JTH. Health workers are the bridges that link the management of the hospital to service delivery. Motivated health workforce improved service delivery and offers better care for patients. Health workers are the backbone of the health system as they action determine the performance of the health system Dieleman (2006).

5.2 Factors that determine motivation of health workers in JTH in general

Extrinsic motivation factors such as good salary package, a good/conducive working environment, and a supportive management are associated with staff motivation in a health care setting (Carless, 2004; Haas, 2010; Javed, 2014). Health workers who earn good salary can afford to raise their social standard and also gain a certain social status in the community. With a good salary staff can afford social amenities and satisfy their basic needs. On the contrary, de-motivation of health workers is commonly associated with poor salary, poor working environment with lack of most equipment and supplies and lack of an effective management. The association between motivation and the above mentioned factors are true whether it is the case of health workers in a FCAS or not.

Additionally, intrinsic motivation factors such as challenging work, career development, and continuing education opportunity are connected with motivation of health workers. A particular duty that challenges health worker triggers him/her to work hard to find solution and serves as learning opportunity for development of new skills. Once health workers gain self confidence their ability to perform better increases and thus they will require less supervision for routine tasks. Such staff can easily be singled out by managers for CPD and promoted. Earlier studies

have confirmed similar findings about health workers who have high intrinsic motivation factors (Shattuck, 2008; Willis, 2008; Stello, 2011).

However, the triangulation on general de-motivation of HWrs shown by this study in JTH with their professional preparation demonstrated a different result. Considering their professional preparation, health workers in JTH showed a high level of motivation. The majority of them are happy with the work they do in relation to the qualifications they hold. They are fulfilled in their profession. A particular finding that justifies this high level of motivation of health workers in JTH was found out to be their great sense of patriotism. Because of love for their country and their people HWrs developed a strong intrinsic motivation factor that pushes them to keep on working in a situation where most of extrinsic factors are absent.

This study therefore found out on a unique outstanding factor that strongly keeps health workers very motivated in JTH. The motivation, concretely translated in constancy that maintain health workers faithful to their duty is linked to the symbiotic relationship involving their cognitive, affective, and behavioral processes giving reason to why health workers in JTH continue to work towards achieving their personal goals which. By working to realize their personal goal as health professional HWrs also worked to alleviate and improve the health of sick people in the country.

Amidst congested wards, tough working conditions, harassment, life threat, lack/shortage of supplies HW's freely chose to work for their own people. There is a fact that health workers in JTH continue to work to demonstrate their determination towards offering their personal contribution for the up building of the society. Their motivation is influenced not only by intrinsic force, but also by their biological, intellectual, social and emotional factors that energizes them daily. In addition to their strong sense of patriotism HW's in JTH have developed

a strong team spirit. This finding is in tune with the some definition of motivation provided by authors such as Mathauer, 2006; Daneshkohan, 2014; and Heathfield, 2016.

A strong sense of patriotism at all cost is a unique result sustaining health workers motivation in South Sudan among other FCAS.

5.3 Influence of war and instability on staff motivation

The situation of war and instability has multiple effects associated with negative impact on health workers' motivation. War and instability is characterized by insecurity, infrastructural destruction, uncertainty, socio- politico-economical decadence, and developmental set back. In most FCAS effects of war and instability is pictured by the breakdown of the health system, destruction of infrastructures, constraints to work with limited supplies and equipment. In addition, there is increased workload for health workers coupled with scanty/irregular salary. Earlier studies have demonstrated these facts in FCAS (WDR, 2011; Namakula, 2014; Durham, 2015).

This study found out that there is a correlation between war/instability and health workers' motivation. During war and instability health workers' in JTH faced hardships for their own security both within and outside the hospital. Within the hospital health workers experienced harassment and life threats from patients, patients' relatives and some armed people.

There is need to promote a general sensitization within the community to increase awareness on respect for health workers in the course of carrying out their duties. Patients, their relatives and armed people should not interfere with HW's in the work place. In case the situation is not addressed by responsible people this will restraint some health workers from coming to attend to their duties.

Working under threat might also cause health workers to commit some medical errors that could bear irreversible and fatal consequences on patients. The result of this study is unique in the case of South Sudan as such reality has not yet been experienced in any other FCAS. Furthermore while outside the hospital premises health workers feared for their own security. This fear was not connected with their profession as such; rather it was related to the general insecure situation. The inability of HW's to afford public means since the hospital does not provide transport for staff. This finding of the study is contradictory with a previous study whereby health workers were sheltered and protected by the community in time of war and instability (Namakula, 2014).

5.4 Efforts taken to overcome the challenges of the effects of war on health workers

In the situation of post war action taken in FCAS to overcome challenges caused by war on health workers' motivation vary. Commonly, important steps comprise of increasing the budget for the health sector, enacting new policies and guidelines, restructuring destroyed infrastructures so as to create a conducive working environment, providing regular salaries, ensuring constant provision of supplies and equipment, and providing training and refresher courses to improve health workers skills and build they knowledge/capacity. This shows the commitment of the government in taking care of its population in the reconstruction process of the after war. These findings were evidenced by previous studies such as Fujita (2011).

This study showed a clear relationship between tangible steps taken by the MoH – GoSS to improve the health sector and the motivation of health workers in JTH. In the early years of the CPA the renovation of the hospital infrastructures, the increased number of health work force

employed and the increased salary provided on regular basis had positive impact as it boosted the motivation of health workers in JTH.

Conclusion

This study was geared to examine motivation of health workers in a fragile state. In light of the data collected, analyzed and discussed in previous chapters, one may conclude that health workers in JTH, especially the cadres studied composed of medical doctors, clinical officers, nurses, midwives and laboratory staff were all well conversant with the concept of motivation. All the respondents had clear ideas about their profession and the motivation they derived from taking care of sick people. Particularly the majority of health workers were motivated to work for the betterment of South Sudan which, they felt that their work for the sick was their contribution to save life and build the country. Health workers in JTH have a high patriotic spirit that motivate them to work at any cost.

Within the context of FCAS measuring their motivation in time of war and conflict showed that team spirit is their strength, provision of support and security by managers enables health workers to continue their service to the sick people. However, in those particular moments of war and conflict their motivation is hampered by presence of instability, harassment from patients and their relatives and the presence of a life threat.

Considering the particular situation of South Sudan working hard to establish systems in place after many years of civil war and still battling with waves of adjustment to reach a stable state. Systems were falling in place with initiatives taken by responsible authorities to improve the health sector. Such improvement were initially seen in restoration of infrastructures, employment of new health workforce, enactment of new policies and guidelines. However, time

is elapsing and there is slow pace in decision making on the side of the responsible authorities. The salary of health workers meager and irregular, the hospital' capacity to accommodate patients is still very limited. The hospital lacks basic resources including equipment to run services adequately. Also, enacted policies and guidelines are not divulged for use.

In grasping the general feeling of health workers due to the above mentioned points, the study shows a 66% de-motivation of respondents. Causes for de-motivation being poor salary, poor working conditions, non divulged policies and guidelines and slow decision making process. In time of war and instability harassment, life threat and lack of transport to ensure their protection contribute to de-motivation.

Poor salary is ranking high among the de-motivating factors and is constantly repeated by respondents in every FGD and KII. This fact is an indication of the elapsing socio-economical situation, typical to FCAS. Since the money has lost value the immediate problem that staff need to solve is to find ways of satisfying their basic needs, such as feeding, transport, and daily necessities. Staff are not even bothered for higher needs for example to live in better housing.

Daily survival is the major problem of life for any common citizen in Juba including health workers. In order to feed, move within; sustain one's family financial resources are required. For an employee such as a health worker, working and not having money to satisfy those basic needs every day' life becomes frustrating; facing daily life is always a challenge.

Recommendations

The Ministry of Health – GoSS-RSS may consider to increase funding to the health sector and maintain consistency in this commitment. Particular consideration could be given to fund allocation to the National Referral Hospital for its needs to ensure decent and regular salary to health workers

To allow management improve infrastructures as well as increase the capacity of the hospital, better the work environment, equip the hospital, and ensure availability of adequate supplies.

HoH –GoSS –RSS to enact policies and guidelines that respond to the dynamic reality of South Sudan and also produce enough copies for use among those who need them.

HoH-GoSS provide training to empower the management of the hospital on managerial skills, especially various kind of skills to motivate staff in the hospital.

To the Hospital Management:

Management could possibly be offered a short training on how to develop various skills on different ways of motivating staff in an Institution such as a hospital.

Improve its communication with the staff management could plan a periodical staff meeting in the best suitable way that can allow them to listen to all the staff (could be per department, per cadre, etc).

Management members could possibly conduct spontaneous supervisory visits in different department at their convenient time.

Management could ensure transport to staff especially during the time of instability.

To health workers in JTH, keep up the good team spirit and your inner motivators related to your profession. Do not give up and be patient. It is said “Rome was not build in one day” hence remain constant in your work and changes will come. Patience pays.

Areas for further research

This research topic on motivation of health workers in South Sudan still has a lot to uncover. One area for further research could be to establish the relationship between health workers motivation and patients satisfaction. The result of such a study could then show the impact of health workers motivation on customers who benefit from their service.

Another area for future research, still considering the case of FCAS, to carry out a comparative study in measure the motivation of health workers in a public and private facility. In such a study one could also chose to narrow down to a compare a single cadre.

Self evaluation

Upon reaching the end of this study one cannot deny the struggle and constrictions that surrounded the whole process. Yet, the successful completion of the whole work crown everything with joy and gratitude. It was worth that this specific study was conducted and the study area was the right one, specifically at this time that the counrty is struggling to shape its way forward. The study type as well as the study design employed to determine the motivation of health workers in a FCAS were suitable to the study. However, if given another opportunity to carry out a research the same topic will still be considered in the context of FCAS, with difference on the target population. It would be good the next time to preferably consider one cadre of health worker, for example nurses and a group of support staff for instance cleaners and then compare their motivation. Such a study would give more elignthenement for a comprehensive approach on staff motivation in the hospital to inform policies and practice.

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APPENDIXES

Appendix I Work plan for the implementation of the study

Activity	Responsible person	Time frame 2016								Remarks
		April	May	June	July	Aug.	Sept.	Oct.	Nov.	
Dissertation topic presentation	Principal researcher									
Proposal writing	Principal researcher									
Presentation of proposal	Principal researcher									
Training of research assistants	Principal researcher									
Pretesting of data collection tools	Principal researcher and research assistants									
Data collection	Principal researcher and research assistants									
Data coding	Principal researcher									
Data entry	Principal researcher									
Data analysis	Principal researcher									
Report compilation	Principal researcher									
Handing in a draft copy of dissertation	Principal researcher									
Defense	Principal researcher									
Correction and writing of the final copy	Principal researcher									
Submission of the final copy	Principal researcher									

Appendix II Budget required for the study

S/N	Activity description	Total cost in USD	Remarks
1	Visa single entry to South Sudan	50	
2	Transport to and from Juba by air	294	
3	Local transport in Juba	30	
4	Communication	20	
5	Token appreciation to research assistants	20	
6	Printing of interview tools	2	
7	Photocopying of interview tools	60	
8	Printing of dissertation first draft	22	
9	Printing and spiral binding of 3 copies of dissertation	55	
10	Printing and hard copy binding ...copies and burning on CD for the faculty	144	
11	TOTAL BUDGET	697	

Appendix III SELF ADMINISTERED QUESTIONNAIRES

Questionnaire No.....

Interviewer Code: BTE-2016

Date of Interview...../06/2016

I am a student from Uganda Martyrs University. The purpose of this interview is to help generate possible answers related to health workers motivation in the hospital.

This interview will based on your knowledge and experience pertaining to motivation about the work

Anything you tell me is confidential. Nothing you say will be personally attributed to you in any reports that result from this interview. All of my report will be written in a manner that no individual comment can be attributed to a particular person.

Dear respondent,

Below is a list of questions intended to collect information related to factors that influence motivation of medical workers from different cadres and departments in this hospital. You are kindly requested to place a tick in the box besides all appropriate responses to you and add any other factor suitable to you situation that is not listed in the space under. Where needed kindly give a brief reason for your answer. The feedback you provide will be kept confidential. Your responses are expected as soon as possible.

PLEASE DO NOT WRITE YOUR NAME.

SECTION A: Person specification

1. Gender Male Female
2. Job Title _____
3. Working department/Unit_____

4. Number of years you have spent working in this hospital _____

SECTION B: Level of motivation in relation to the health worker

1. Considering your level of training, are you motivated with the work you do?

Yes

NO

If Yes/No briefly say why _____

2. Given the work you have, the environment in which you work, the working conditions and the management of the hospital, how would you rate your level of motivation to a scale of 5-1

(Highly motivated (5), Motivated (4), Do not know (3) De-motivated (2), Very de-motivated (1))

- Highly motivated
- Motivated
- Do not know
- De-motivated
- Very de-motivated

SECTION C: Factors affecting motivation

3. Taking into consideration factors that determine motivation of health workers, which factors motivate or de-motivate you?

➤ **Factors that motivate you**

- Good working policies
- Good management helping to solve problems
- Good salary package
- Availabilities of resources and other supplies
- Job security
- Promotion

- Training for staff
- My work challenges me to learn new skills
- Team spirit in work place (Good co-workers)
- Sufficient number of staff with skill mix

Do you have any other motivating factors? List them _____

What de-motivate you?

- Lack of clear working policies
- Poor salary
- Unclear communication from management
- Management not approachable
- Limited supplies and equipments
- Lack of support supervision
- Poor working condition
- Lack of plan for staff training
- Lack of support to staff in case of sickness and accident

Any other de-motivating factors that you wish to add here _____

SECTION D: Conflicts and motivation

4. In time of conflict and insecurity what have been keeping you encouraged to continue with your service and what gave you hard time to continue working in the hospital?

What motivate you?

- Community support
- Understanding and support from management
- Collaboration with colleagues (teamwork)
- Flexibility in work shifts
- Provision of security and protection around the hospital
- Opportunities for continuous professional development and workshops
- Attention given to vulnerable staff such as women/disabled staff
- Risk allowances given to staff to encourage them

Do you have any other motivating factors? List them _____

What de-motivate you?

- Too much work to be done by few staff/ increased workload
- Reduced number of staff on duty
- Harassment and abuse by patients and their relatives
- Instability and harassment by armed people
- Life threats to health workers
- Too much suffering of the people and little that can be done to help
- Lack of secure transport for staff during instability
- Lack of social amenities (shops, commodities, etc)
- No training opportunity

Any other de-motivating factors that you wish to add here

SECTION E: Strategies in place to overcome challenges of effects of conflicts on motivation

5. As the political and social situation became more stabilized and the Ministry of health started taking steps to improve the working condition in this National Teaching Hospital what are the strategies or measure put in place that encouraged you and gave you more enthusiasm in your work as health worker? Are there some strategies and measures that you expected and did not take place and you got de-motivated?

What motivate you?

- Increased budget for health sector
- Reconstruction of infrastructures
- Enacted policies and guidelines
- Better salary for staff
- Increased number of employed health workers in the hospital with skill mix
- Staff coping well with changes and accommodate new way of working

Do you have any other motivating factors? List them_____

What de-motivate you?

- Slow decision making process from Management for better changes
- Non implementation of policies and guidelines
- Overwhelming number of patients

- Limited capacity of the hospital in accommodating patients
- Limited resources and too much need to satisfy
- Lack of specialized staff to respond to specific needs of patients
- Staffs are not trained to use modern diagnostic and treatment equipments
- Poor electricity and water supply

Any other de-motivating factors that you wish to add here _____

SECTION F: Other alternatives

6. Base on what is your personal experience as a health worker in case you are given any other opportunity to work will you chose to change your job or not?

a) If you are given possibility of another job will you go for it?

Yes NO

If Yes briefly say why you would leave the hospital and go to another sector _____

b) Which kind of job would you go for?

Still in medical field any other profession

7. Do you consider dangerous to work in situation of war and instability?

Yes NO

Briefly explain your answer _____

8. Are you motivated to work in South Sudan now? rate your level of motivation to a scale of 5-1 (Highly motivated (5), Motivated (4), Do not know (3) De-motivated (2), Very de-motivated (1))

Highly motivated

- Motivated
- Do not know
- De-motivated
- Very de-motivated

Appendix IV FOCUS GROUPS DISCUSSION GUIDE

Word of welcoming and thanking participants for their availability and participation

I am a student from Uganda Martyrs University. The purpose of this interview is to help generate possible answers related to health workers motivation in the hospital.

This interview will be based on your knowledge and experience pertaining to motivation about the work

Anything you tell me is confidential. Nothing you say will be personally attributed to you in any reports that result from this interview. All of my report will be written in a manner that no individual comment can be attributed to a particular person.

Purpose of the session: The purpose of this is to explore your work experiences during years of conflict and after conflict, gather information on factors that affect your motivation to work

Introductions: Please tell us your names, the department where you work, the role you assume, how long have been working in the hospital

Ground Rules:

- 1) Be honest; your individual comments will remain confidential but will be compiled into a report
- 2) I will be recording the session in order to write my report but will not share the tape with anyone.
- 3) Be respectful- allow the person talking to express all his/her view, no personal attacks; if you disagree with some points that are raised or you need to compliment, wait for the person to finish and then you will be kindly allowed to do so in a calm and respectful manner
- 4) Stay on the subject
- 5) Participate

Discussion Questions

- 1) Tell us your view about what you understand of motivation (probing)
- 2) According to you. What motivated health workers to continue their work in Juba Hospital during the years of conflicts?

- 3) What has been your experience working in the hospital during war? What could motivate health workers? What could de-motivate them?
- 4) Are there new encouraging things you have seen in the hospital since it became the National Referral hospital? Give some examples
- 5) What recommendations do you have to give about the hospital in general? Is there anything you would suggest to the management?
- 6) Is there anything I didn't ask that you'd like to discuss about the executive director role or search?

THANK YOU FOR YOUR TIME

APPENDIX V KEY INFORMANTS/IN DEPTH INTERVIEW GUIDE

I am a student from Uganda Martyrs University. The purpose of this interview is to help generate possible answers related to health workers motivation in the hospital.

This interview will be based on your knowledge and experience pertaining to motivation about the work

Anything you tell me is confidential. Nothing you say will be personally attributed to you in any reports that result from this interview. All of my report will be written in a manner that no individual comment can be attributed to a particular person.

Your input and contribution will be very valuable for this research. The interview should last between 15-30 minutes.

Do you have any questions or concerns before we begin?

1. What is your assessment of the current level of motivation of staffs in your unit/department?
2. How would you rate the level of motivation of staff who worked during conflict in comparison with those who never experienced war conflict?
3. What factors motivate staffs in your department/Unit?
4. Do you consider the motivation of staffs while allocating making the duty roster?
5. Do you think the staffs in your department/Unit are comfortable with the type of work they are doing?

(Probe: what makes them comfortable or not comfortable with the type of work?)

What type of work makes them comfortable or uncomfortable?

6. Do you think that the number of staff in your department/Unit is sufficient in relation to the available work?
7. Are the staffs in your department/unit having adequate knowledge and skills to carry out their job?

8. Does your department/unit have enough space for patients?
9. Are they procedure guidelines that staffs follow for their duties? Are they familiar with that?
10. Are you consulted by management while planning for training for staff in you department?
11. What is your opinion about the salary given to staff?
12. Are they staffs that you see who could do/work/ offer more for the hospital and yet they just offer the minimum? What do you think could be the reason for this kind of behavior?
13. Do you have any other suggestion to offer as far as motivation of staffs in your department in concerned?

Thank you for your time!

Appendix VI UMU INTRODUCTION LETTER FOR DATA COLLECTION



Making a difference

Faculty of Health Sciences
Email: health@umu.ac.ug
12th June 2016

To The Responsible Officer,

.....
.....
.....

Dear Sir/Madam

RE: INTRODUCING SR. ESPERANCE BAMIRIYO TOGYAYO

This is to introduce to you **Sr. Esperance Bamiriyo Togyayo** as a *bona fide* student of Uganda Martyrs University, under the Faculty of Health Sciences. Sr. Bamiriyo is pursuing a course leading to the award of *Master of Science in Health Services Management*. She has been cleared to undertake field research for her dissertation on the topic:

Factors Affecting Health Workers' Motivation in a Fragile State. The case of Juba National Referral Hospital, Southern Sudan

The research topic and protocol have been approved by the relevant University authorities. Any assistance rendered to enable her conduct this study will be highly appreciated by the University.

Yours sincerely,

John Francis Mugisha (PhD)
Dean,
Faculty of Health Sciences,
Uganda Martyrs University

**Appendix VII MoH-GoSS-RSS RESEARCH SUBMISSION FORM
MINISTRY OF HEALTH FOR THE GOVERNMENT OF SOUTHERN SUDAN**

**SUBMISSION FORM FOR SOCIAL AND BEHAVIOURAL RESEARCH INVOLVING HUMAN
SUBJECTS**

PLEASE PRINT OR TYPE

A. BASIC INFORMATION

Applying agency/Institution	
Title of Proposal/Project	
Proposed Start Date	
Anticipated Duration	

B. PERSONNEL:

NOTE THAT IT IS A MUST TO HAVE A SUDANESE NATIONAL AS ONE OF THE KEY INVESTIGATORS/COLLABORATORS IN THE STUDY

i) PRINCIPAL INVESTIGATOR

Name	Organization	Department/ Division	Full Address	Email /Tel/Fax	Qualification (Attach CV)

ii) COLLABORATOR/S OR OTHER PERSONNEL INVOLVED IN THE STUDY.

Name(s)	Organization	Department/ Division	Full Address	Email /Tel/Fax	Role/Task of each collaborator

C. FUNDING

Is this proposal/ project Funded?	Yes []	No []	Pending []
If Yes	Agency/Sponsor		
	Contact Person		
	Email/Tel/Fax		
If No/Pending	Potential Sponsor		
	Contact (Email & Tel/Fax)		
	Submission date		
	Expected funding date		

D. OTHER REVIEW BOARD

Is this proposal/protocol subject to review by another Institutional/Human Subject Review Board/Committee	Yes []	No []
If Yes,	Indicate the Name of Board/Committee below. (Attach a copy of approval)	

E. PROJECT DESCRIPTION

<p>E1. Give a brief outline of the proposed project/study and attach a proposal with sufficient detail to allow the committee to make an informed decision.</p>	
<p>E2. State the location of the study and justification for its selection.</p>	
<p>E3. State the justification and importance of the study (If this study or a similar one has been done before, what is the value of repeating it).</p>	
<p>E4. Specify the number, sex, and age range of participants.</p>	
<p>E5. Briefly specify the source and method of recruiting study participants/subjects.</p>	

E6. Briefly mention the research methodology and data collection tools to be used. In case the research is divided into phases, specify the method of each phase?	
E7. Will this study be published? In case so, state the procedures to be undertaken to publish the study.	

F. PARTICIPANTS RISK

F1. Mention the research procedures or activities that may cause discomfort or distress to the study participants/subjects.	
F2. In case of any discomfort or stress caused by the study procedure, what specific steps will be taken to minimize or monitor the risk?	
F3. If the research involves vulnerable group such as children >5, pregnant women, prisoners, the mentally ill etc, explain procedures taken to ensure their safety and care.	
F4. If study participants/subjects are physically harmed, will they be compensated? If so, how?	

F5. In case of any special or unusual circumstances related to this research that might raise specific concern for the welfare of study participants, describe how these concerns will be addressed.	

G. CONFIDENTIALITY

G1. State the degree of confidentiality to be maintained with respect to the data collected and the method of how this will be achieved.	
G2. If some of the information will not be kept confidential (indicate in the consent procedure), state why this is required by the research.	
G3. Will audio, video or photographs be part of the data collection, presentation and publication?	Yes [] No []
G4. If Yes, how will participants' consent for the publication of these recordings or images be obtained?	

H. DATA HANDLING AND DISSEMINATION

H1. What steps will be taken to prevent irresponsible or unauthorized use of data and findings?	
H2. Describe the measures to be taken to communicate the results of the study to study participants, their representatives, MoH, institutions, and other relevant bodies who could use the results of the study to improve the health of the study population.	

I. INFORMED CONSENT

I1. State the manner in which consent will be obtained if applicable and supply copies of the information sheet and consent form (Written consent is required where possible).	a) Written Document [] b) Orally from Script [] c) Orally without scrip [] d) Not Applicable []
I2. How will the participant informed consent be documented?	a) Signature on written consent document [] b) Signature on document to be read to the participants [] c) Signature on written consent document by parents/guardians []
I3. Incase the research requires a wavier of written consent documentation, explain why?	

I4. If children or individuals below 18 years of age are to participate in the study, how will the consent of parents or guidance be obtained (Describe).	
<p>I5. Will participants be informed about the following aspect of research:</p> <p>a) Voluntary participation</p> <p>b) Freedom to withdrawal</p> <p>c) Purpose and procedures of research</p> <p>d) Foreseeable risks or discomfort</p> <p>e) Extent to which confidentiality will be maintained</p> <p>f) Expected direct benefits</p> <p>g) Expected indirect benefits</p> <p>h) Expected duration of participant' participation</p> <p>i) Compensation incase research involve risk of injury.</p>	<p>a) Yes[] No [] N/A []</p> <p>b) Yes[] No [] N/A []</p> <p>c) Yes[] No [] N/A []</p> <p>d) Yes[] No [] N/A []</p> <p>e) Yes[] No [] N/A []</p> <p>f) Yes[] No [] N/A []</p> <p>g) Yes[] No [] N/A []</p> <p>h) Yes[] No [] N/A []</p> <p>i) Yes [] No [] N/A []</p>
I6. Indicate the name of the contact person in case of further enquiry regarding the research.	
NB. Incase the answer to any of the above in I5 is "No", attach an explanation of why the research requires such an alteration of the standard elements of informed consent	

J. ATTACHMENT

<p>J1. Documents that must be attached to this submission form are:</p> <p>a) Official covering letter</p> <p>b) Detailed project proposal/protocol</p> <p>c) Information Sheet</p> <p>d) Consent form</p>	<p>a) Attached [] Not []</p> <p>b) Attached [] Not []</p> <p>c) Attached [] Not []</p> <p>d) Attached [] Not []</p> <p>e) Attached [] Not []</p> <p>f) Attached [] Not []</p>
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<p>e) Research Tools - Questionnaires/Topic guides</p> <p>f) CV of principle investigator</p> <p>Note: Include CVs of all main collaborators participating in the study as well.</p>	
<p>NB: Project proposal/protocol should include but not limited to Title of the project, background information, study objectives, study design, research methods, study area, inclusion criteria for participants, sample size, sampling method, data collection tools, ethical considerations, criteria for discontinuation of the study).</p>	

K. CERTIFICATION OF PRINCIPAL INVESTIGATOR

<p>Note: Incomplete forms will not be processed, and concealment or falsification of any information stated above may result in rejection of the proposed project/study. Any change to an approved research study requires the submission of an amendment to the form.</p>	
<p>I certify that I have provided all the information required for this study to be conducted in Southern Sudan and I agree to comply with the research regulations of the Ministry of Health for the government of Southern Sudan (MoH of GoSS) for the protection of human subjects involved in this research. I will ensure that the report generated from the study will be submitted to the MOH-GOSS without any difficulty/delay.</p>	
<p>K1. Signature of Principle Investigator:</p>	<p>Date:</p>
<p>K2. Signature of the Research Director-MoH GoSS</p>	<p>Date:</p>

FOR OFFICE USE ONLY

IRB No	
Status of Application	Approved [] Pending [] Rejected []
Comments if any	
Name of the ethical committee member who reviewed the application	
Signature	

**Appendix VIII INVESTIGATOR' RESEARCH REQUEST LETTER TO
MoH**

Juba, 21/6/2016

**To the Director General of Policy, Planning, Budget and Research
Ministry of Health, GoSS**

Subject: Request for authorization to conduct a research in Juba Teaching Hospital

Sir,

I Am Bamiriyo Togyayo Sr. Esperance, a Comboni Missionary Sister and student at Uganda Martyrs University pursuing a Masters program in Health Services Management.

By the present letter, I am hereby requesting for your permission to be allowed to conduct a research for academic purpose on the topic *“factors affecting health workers motivation in a fragile state, the case juba teaching hospital.”*

Besides its academic purpose this topic holds the expression and the dream I bear in my heart to see a fully motivated southern Sudanese health workers working for the betterment of the health status of all in Southern Sudan.

I remain as I wait your kind consideration of this letter.

Sincerely,

Bamiriyo Togyayo Sr. Esperance

Appendix IX THE INVESTIGATOR' CURRICULUM VITAE PRESENTED TO THE MOH-GOSS

Personal details

Names: Bamiriyo Togyayo Sr. Esperance

Profession: Missionary Religious

Nationality: Congolese

Age: 45 years

Gender: Female

Educational Background

Pursing Masters in Health Services Management (Uganda) 2015-2016

Degree in Nursing (DR Congo) 1995

Diploma in Business and Administration (DR Congo) 19910

Work experience

2011-2014: Leadership position in the Institute of Comboni sisters in DR Congo, Togo and Benin

2002-2011: Program coordinator in Nzara Hospital and Administration of Wau Catholic Health training Institute respectively

Languages

1. French written and spoken
2. English written and spoken
3. Arabic spoken

Appendix X MoH research approval letter

The Republic of South Sudan



Ministry of Health

TO: Sr. Esperance Bamiriyo
Uganda Martyrs University
Kampala -Uganda

Date: 27th June.2016

RESEARCH APPROVAL LETTER

Dear Sr. Esperance

SUBJECT: FACTORS AFFECTING HEALTH WORKERS MOTIVATION IN A FRAGILE STATE, CASE STUDY OF JUBA TEACHING HOSPITAL

I am writing in response to the request for authorization for the study on **“Factors affecting health workers motivation in a fragile state, case study of juba teaching hospital**

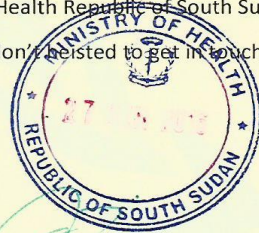
After close review of the proposal, I am glad to inform you that the ethnical committee at the Ministry of Health for the Republic of South Sudan has approved the study. The Ministry acknowledges the importance of getting baseline information aimed at providing evidence-based information on improving services delivery across South Sudan.

Please, keep the Ministry informed in case of any changes regarding the study and on its progress. I look forward to the report, especially the recommendations that will be generated from the study.

Note that any information generated from the study should not be published without the consent of the Ministry of Health Republic of South Sudan.

Good luck and don't hesitate to get in touch should there be any queries.

Yours Sincerely,




Dr. Richard Laku Lino
Director General of Policy planning, budgeting and Research
Ministry of Health, Republic of South Sudan -Juba

CC: Undersecretary –MOH-RSS
CC: Director General, Medical services –MOH-RSS
Cc: Director General Juba Teaching Hospital

Appendix XI MoH letter endorsed by heads of hospital department for data collection

No objection for your request
30/06/2016
J. A. Director for Lab & Blood Bank
Juba Teaching Hospital

The Republic of South Sudan

 Ministry of Health

Approved: 28/06/2016
D/Adm & Fin 7-74
8/6 now in a file to me

TO: Sr. Esperance Bamiriyo
 Uganda Martyrs University
 Kampala -Uganda

Date: 27th June.2016

RESEARCH APPROVAL LETTER

Dear Sr. Esperance

SUBJECT: FACTORS AFFECTING HEALTH WORKERS MOTIVATION IN A FRAGILE STATE, CASE STUDY OF JUBA TEACHING HOSPITAL

I am writing in response to the request for authorization for the study on "Factors affecting health workers motivation in a fragile state, case study of juba teaching hospital"

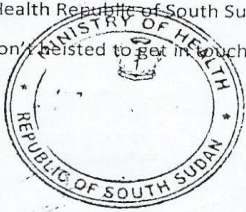
After close review of the proposal, I am glad to inform you that the ethnical committee at the Ministry of Health for the Republic of South Sudan has approved the study. The Ministry acknowledges the importance of getting baseline information aimed at providing evidence-based information on improving services delivery across South Sudan.

Please, keep the Ministry informed in case of any changes regarding the study and on its progress. I look forward to the report, especially the recommendations that will be generated from the study.

Note that any information generated from the study should not be published without the consent of the Ministry of Health Republic of South Sudan.

Good luck and don't hesitate to get in touch should there be any queries.

Yours Sincerely,



I D/Adm & Fin
for your attention
facilitation
please

Dr. Richard Laku Lino
 Director General of Policy planning, budgeting and Research
 Ministry of Health, Republic of South Sudan -Juba

CC: Undersecretary -MOH-RSS
 CC: Director General, Medical services -MOH-RSS
 CC: Director General Juba Teaching Hospital

29/06/16 To All Dept. of OPD kindly allow her to do her research. / I think Dr. Abraham Dirie 28.6.2016
no objection she can continue her research. & Kuma
28/6/2016

