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THE EFFECT OF MOTIVATION ON HEALTH WORKERS' PERFORMANCE IN FOUR HEALTH INSTITUTIONS OF THE ARCHDIOCESE OF BAMENDA, CAMEROON

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Abstract

Motivation of employees is an important inner control tool and should be satisfied in order to attain advantages such as increased employee commitment, increased productivity and efficiency. This piece of work was out to investigate the effect of motivation on worker's performance in Catholic Hospitals in the Archdiocese of Bamenda. In order to achieve this, primary data was collected using a questionnaire administered to 175 out of 309 workers in four selected hospitals (St Mary Solidad, Holy Family, St Blaise and St Martin) of the Archdiocese of



Bamenda. The estimations were carried out using simple percentages, chi-square and multiple regression analysis. The results show that contrary to expectations, financial and material motivation did not significantly influence performance. The chi square and regression results of all the motivational factors put together on workers' performance was positive and statistically significant at 1% level of significance. From the above results, we concluded that motivation had a positive and statistical significant effect on the performance of the workers in Catholic hospitals of the Archdiocese of Bamenda. We recommended that amongst other factors, Directors should adequately appreciate, promote and reduce working hours of workers in Catholic Health Institutions.

Keywords: Motivation, performance, health, workers, institutions

INTRODUCTION

In Maslow's hierarchy of needs (first proposed in 1943), at lower levels (such as physiological needs) money functions as a motivator; however, it tends to have a motivating effect on staff that lasts only for a short period (in accordance with Herzberg's two-factor model of motivation of 1959). At higher levels of the hierarchy, praise, respect, recognition, empowerment and a sense of belonging are far more powerful motivators than money, as both Abraham Maslow's theory of motivation and Douglas McGregor's theory X and theory Y suggest. According to Maslow cited in Tom and KunlakarnOh (2004), people are motivated by unsatisfied needs. The lower-level needs (such as Physiological and Safety needs) must be satisfied before addressing higher-level needs. One can relate Maslow's Hierarchy of Needs theory with employee motivation. For example, if managers attempt to motivate their employees by satisfying their needs; according to Maslow, they should try to satisfy the lower-level needs before trying to satisfy the upper-level needs otherwise the employees will not become motivated. Managers should also remember that not everyone will be satisfied by the same needs. A good manager will try to figure out which levels of needs are relevant to a given individual or employee. This thus implies the Maslow hierarchy of needs and the others propose that motivated employees will always look for better ways to do a job and motivated employees are more quality-oriented and more productive.

In contrast, David (1998) believed that workers could not be motivated by the mere need for money. In fact, extrinsic motivation (e.g., money) could extinguish intrinsic motivation such as achievements, though money could be used as an indicator of success for various motives. The problem that motivated this work stems from the fact that in the hospital set-up, workers are less interested in the performance of the health institutions but insist on being motivated before work is done. One will therefore ask him/herself if there exist a relationship between workers



motivation and their performance. This work thus sets out to investigate the presumptions of the Maslow hierarchy of need theory that specifies the importance of motivation in improving employees' performance.

LITERATURE REVIEW

A number of authors have attempted to define motivation. Locke and Latham, (1991) defined motivation as the experience of desire or aversion. Motivation can also be defined as the complexity of forces that inspires a person at work to intensify his desires and willingness to use his potential to perform a task in order to achieve organizational objectives (Mile, 2004). According to Mile (2004), motivation is also a condition which influences the arousal, direction and maintenance of behavior. Ryan, and Deci, (2000) defends the belief that emotions are automatic appraisals based on subconsciously stored values and beliefs about the object. They conceptualized motivation as either intrinsic or extrinsic. Rockson (2005) also defined motivation as an inner drive that energizes an individual to realize a good.

On the other hand, performance is defined as according to Ryan and Deci (2000) as good ranking with the hypothesized conception of requirements of a role. Michel (1995) characterizes the performance as future oriented, designed to reflect particularities of each organization/ individual and is based on a causal model linking components and products. Bernadin (1995) points out that performance should be defined as the sum of the effects of work, because they provide the strongest relationship with the organizations strategic objectives, the customer satisfaction and the economic contributions. According to Koontz and Weihric, (1990), employee performance refers to the efficiency and effectiveness of employees in achieving organizational goals and objectives.

The main theory used in this work is the Maslow's hierarchy of needs. This theory is one of the content theory of human motivation which includes both Abraham Maslow's hierarchy of needs and Herzberg's two-factor theory. Maslow's theory is one of the most widely discussed theories of motivation. Abraham Maslow believed that man is inherently good and argued that individuals possess a constantly growing inner drive that has great potential. Maslow's hierarchy of needs, represented as a pyramid. According to Maslow, people are motivated by unsatisfied needs. The needs, listed from basic (lowest-earliest) to most complex (highest-latest) are as follows:

- Physiology (Survival)
- Safety
- Social
- Self-esteem
- Self actualization



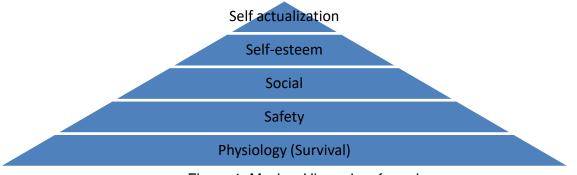


Figure 1: Maslow Hierarchy of needs

The basic requirements build upon the first step in the pyramid: physiology. If there are deficits on this level, all behavior will be oriented to satisfy this deficit. For example, if you have not slept or eaten adequately, you won't be interested in your self-esteem desires. The second level, awakens a need for security. After securing those two levels, the motives shift to the social sphere which is the third level. Psychological requirements comprise the fourth level, while the top of the hierarchy consists of self-realization and self-actualization.

To better understand this work, other theories were equally reviewed and amongst them are: the Herzberg's two-factor theory that concludes that certain factors in the workplace result in job satisfaction (motivators), while others (hygiene factors), if absent, lead to dissatisfaction but are not related to satisfaction. Alderfer's ERG theory, building on Maslow's hierarchy of needs, posited that needs identified by Maslow exist in three groups of core needs existence, relatedness, and growth, hence the label ERG theory.Self-determination theory. SDT identifies three innate needs that, if satisfied, allow optimal function and growth: competence, relatedness, and autonomy. Basic Desires Theory proposed that 16 basic desires guide nearly all human behavior. The natural system theories assumes that people have higher order needs, which contrasts with the rational theory that suggests people dislike work and only respond to rewards and punishment Dobbin(2010). Behaviorist theories: In the view of behaviorism, motivation is understood as a question about what factors cause, prevent, or withhold various behaviours. Incentive theory is a specific theory of motivation, derived partly from behaviorist principles of reinforcement, which concerns an incentive or motive to do something. The most common incentive would be compensation. Compensation can be tangible or intangible. The Job characteristics Model (JCM), as designed by Hackman and Oldham attempts to use job design to improve employee motivation.

A number of researchers have equally investigated the effect of motivation on workers' performance. Amongst them are the works of Abdi, Abdiaziz and Mohamud (2017) who explored the effect of motivation on employee performance in Hormuud Company in Mogadishu



Somalia. His results indicated that monetary rewards, job enrichment had significant and positive effects on employee performance and that there was a positive and insignificant effect of training on employee performance. The results also indicated that there were good relationships between motivation and employee performance and the research results showed that employee motivation influences employee performance of Hormuud Company in Mogadishu Somalia. Elton (1880-1949) discovered the importance of the social contacts a worker has at the workplace and found that boredom and repetitiveness of tasks leads to reduced motivation. Elton believed that workers could be motivated by acknowledging their social needs and making them feel important. Mohammad (2016) revealed that salary is the greatest motivation factor among various extrinsic and intrinsic motivation factor like job security, advancement in career, good relationship among co-worker, achievement sense, training and development and sense of recognition. Elizabeth (2017) examined the effect of motivation on the performance of employees using the case of Pam Golding Properties, Nairobi. He found out that motivation played an integral role in all organizations, whether private or public. According to Nurun et al. (2017), employees are the heart of any organization. The results obtained indicated that if employees are positively motivated, it improves both their effectiveness and efficiency drastically for achieving organizational goals. After a reviewing the above research, no work was found investigating the effect of motivation on health workers performance in Cameroon talk less of in the Archdiocese of Bamenda. Thus there is a great need for a research of this nature in this period of the covid-19 Pandemic where health workers are being overworked.

METHODOLOGY

The scope of the research is 2020 and four Catholic hospitals in the archdiocese of Bamenda. The four hospitals are St Mary Soledad which started in 2004 and has 140 workers; Holy Family hospital Akum which started in 1967 and has 77 workers; St Blaise Hospital which started in 2008 with 50 workers and the St Martin which started in 2017 with 42 workers. Considering the nature of this research which seeks to assess the effect employee motivation on their performance, we used both descriptive and causal research design. This permits us to describe the impression of workers in these hospitals on motivation and performance. Data was gotten from primary source using self-designed questionnaires constructed with variables specified in literature review. These questionnaires were administered 175 out of 309 workers and to the administrators in these four institutions. The researcher decided to use a stratified sampling of four Catholic hospitals and their staff selected to represent the 25 Catholic Hospitals in the Archdiocese of Bamenda. Samples were selected using the Krejcie and Morgan (1970) which



permits a sample of 175 for a population of 309. The data for this study is analyzed with the help of quantitative research tools. In this case, the primary data obtained through questionnaires was analyzed using percentages and simple inferential statistics technique (chisquare and regression) to know if workers' performance is affected by their motivation was analyzed with the help of the SPSS 20 Package.

FINDINGS AND DISCUSSION

The data is presented using descriptive statistics to describe the variables used in this work followed by chi square to capture the individual effect of motivation on performance and regression to capture the group effect of motivation on performance. The summary statistics table presented on appendix 1 gives a summary view of the nature, minimum value, maximum values, mean and standard deviation of the variables used in this work. On an average, worker's longevity was 6.18 while the standard deviation was 6.15 which do not divert much from the mean making the data set good for a regression. On 50, the least person indicated a motivation score of 10 while the highest person indicated a score of 48 giving a mean score of 34.63. The lowest performance score on 50 was 22 and the highest was 50 giving us a mean value of performance of 35.71. This gave us a cutoff point to categorize all performance above 35.71 as high and all performance below 35.71 as low in our analysis. This work further presents Demographic status of respondents (appendix 2), Health Workers' Motivational factors (appendix 3) and health workers' performance factors (appendix 4).

Chi square results on the Effect of Motivations on Worker's performance

| Variable | Low Performance | High performance | Total |
|-------------------|------------------------|-----------------------------|-----------------------------|
| Finances | Satisfied with the fin | ancial rewards I have fron | n my work |
| Disagree | 17(9.7%) | 23(13.1%) | 40(22.9%) |
| Strongly Disagree | 21(12.0%) | 25(14.3%) | 46(26.3%) |
| Indifferent | 14(8%) | 11(6.3%) | 25(14.3%) |
| Agree | 29(16.6%) | 20(11.4%) | 49(28%) |
| Strongly Agree | 9(5.1%) | 6(3.4%) | 15(8.6%) |
| Chi-Square | 3.721 | | 0.445 |
| | Satisfied with other r | reward (material, health in | surance, housing etc) I get |
| | from my job | | |
| Disagree | 22(12.5%) | 32(18.4%) | 54(31%) |
| Strongly Disagree | 20(11.50%) | 11(6.3%) | 31(17.8%) |
| Indifferent | 14(8%) | 14(8%) | 28(16.1%) |
| Agree | 25(14.4%) | 22(12.6%) | 47(27%) |
| Strongly Agree | 9(5.2%) | 5(2.9%) | 14(8.0%) |
| Chi-Square | 5.599 | · · · | 0.231 |
| | Love my position and | d status in this hospital | |
| Disagree | 7(4%) | 6(3.4%) | 13(13%) |

Table 1: Chi Square table for performance by individual motivational factors variable by variable



| Strongly Disagree | 3(1.7%) | 3(1.7%) | 6(3.4%) |
|-------------------|------------------------------|-----------------------------|---------------------------------|
| Indifferent | 11(6.3%) | 14(8%) | 25(14.3%) |
| Agree | 37(21.1%) | 52(29.7%) | 89(50.9%) |
| Strongly Agree | 32(18.3%) | 10(5.7%) | 42(24%) |
| Chi-Square | 14.358 | 10(0:770) | 0.006 |
| | | cknowledged enough fo | r the efforts I put on this job |
| Disagree | 9(5.1%) | 21(12%) | 30(17.1%) |
| Strongly Disagree | 7(4%) | 9(5.1%) | 16(9.1%) |
| Indifferent | 18(10.3%) | 11(6.3%) | 29(16.6%) |
| Agree | 32(18.3%) | 30(17.1%) | 62(35.4%) |
| Strongly Agree | 24(13.7%) | 14(8%) | 38(21.7%) |
| Chi-Square | 9.3 | , <u>,</u> | 0.054 |
| | Enjoy the level of | competition going on in | my work place |
| Disagree | 14(8%) | 19(10.9%) | 33(18.9%) |
| Strongly Disagree | 9(5.1%) | 6(3.4%) | 15(8.6%) |
| Indifferent | 16(9.1%) | 20(11.4%) | 36(20.6%) |
| Agree | 35(20%) | 31(17.7%) | 66(37.7%) |
| Strongly Agree | 16(9.1%) | 9(5.1%) | 25(14.3%) |
| Chi-Square | 3.865 | | 0.425 |
| | | when to or not to leave t | |
| Disagree | 16(9.1%) | 15(8.6%) | 31(17.7%) |
| Strongly Disagree | 13(7.4%) | 13(7.4%) | 26(14.9%) |
| Indifferent | 13(7.4%) | 18(10.3%) | 31(17.7%) |
| Agree | 29(16.6%) | 24(13.7%) | 53(30.3%) |
| Strongly Agree | 19(10.9%) | 15(8.6%) | 34(19.4%) |
| Chi-Square | 1.639 | | 0.802 |
| <u> </u> | | ve not out of fear of sand | |
| Disagree | 1(0.6%) | 2(1.1%) | 3(1.7%) |
| Strongly Disagree | 0(0%) | 3(1.7%) | 3(1.7%) |
| Indifferent | 1(0.6%) | 7(0.4%) | 8(4.6%) |
| Agree | 19(10.9%) | 33(18.9%) | 52(29.7%) |
| Strongly Agree | 69(39.4%) | 40(22.9%) | 109(62.3%) |
| Chi-Square | 19.191 Enjoy working in t | this hospital environment | 0.001 |
| Disagree | 2(1.1%) | 6(3.4%) | 8(4.6%) |
| Strongly Disagree | 1(0.6%) | 2(1.1%) | 3(1.7%) |
| Indifferent | 7(4.0%) | 15(8.6%) | 22(12.6%) |
| Agree | 42(24.0%) | 41(23.4%) | 83(47.4%) |
| Strongly Agree | 38(21.7%) | 21(12%) | 59(33.7%) |
| Chi-Square | 10.018 | 21(1270) | 0.040 |
| | | king relationship with my | |
| Disagree | 2(1.1%) | 8(4.6%) | 10(5.7%) |
| Strongly Disagree | 3(1.7%) | 1(0.6%) | 4(2.3%) |
| Indifferent | 1(0.6%) | 6(3.4%) | 7(4.0%) |
| Agree | 38(21.7%) | 44(25.1%) | 82(49.9%) |
| Strongly Agree | 46(26.3%) | 26(14.9%) | 72(41.1%) |
| Chi-Square | 14.035 | \/ | 0.007 |
| | | y materials to facilitate m | |
| Disagree | 15(8.6%) | 28(16%) | 43(24.6%) |
| Strongly Disagree | 9(5.1%) | 12(6.9%) | 21(12%) |
| Indifferent | 12(6.9%) | 10(5.7%) | 22(12.6%) |
| Agree | 35(20%) | 28(16%) | 63(36%) |
| Agree | 00(_0/0) | (, _ , | |
| Strongly Agree | 19(10.9%) | 7(4%) | 26(14.9%) |



Table 1 shows the effect of the individual component of motivation on the performance of the staff. The results show that love for Position and status, enough appreciation and acknowledgement on work by boss, love of job, working environment, work relationship with colleagues and having working materials all positively and significantly affect the performances of the worker.

The results show that contrary to expectations that financial (chi square-0.445) and material(chi square-0.231) motivation will increase performance. Their chi square results show that worker's performance did not statistically depend on financial rewards and material rewards. Thus to improve performance amongst working staffs, it is necessary to work on other motivational factors elaborated on the table above. Most of those who agreed (29.7%) to loving their position and status in the hospital had high performance. On the other hand, those who disagreed to loving their position in the hospital mostly had low performance (4%). The chi square results (0.006) show that performance is 1% statistically depended on the worker's love for his status and position in the hospital. In addition, most of those who agreed (17.10%) that they were sufficiently appreciated and acknowledged had a high performance. On the other hand, those who disagree to being sufficiently appreciated and acknowledged only 12% of them had high performance. The chi square result (0.054) shows that performance is 10% statistically depended on the worker's appreciation and acknowledgement in the hospital. This means appreciation and acknowledgement increases worker's performance. Again, those who agreed to love their job had high performance (18.9%) compared to those with low performance (10.9%). The chi square results (0.001) shows that performance is 1% statistically depended on the worker's love for his job. Meaning love of job influences performance and any attempt to influence the performance of workers should consider making them love their jobs. Those who agreed to love their work environment had high performance (23.4%) compared to those who disagreed (3.4%). The chi square results (0.040) shows that performance is 5% statistically depended on the worker's love for his work environment. Those who agreed to having a good working relationships with their colleagues had high performance (25.10%) compared to those who disagreed (4.6%). The chi square results (0.007) shows that performance is 1% statistically depended on the working relationship with colleagues. Results equally show that most of those who agreed to having all necessary working materials had high performance (25.10%) compared to those who disagreed (16%%). Surprisingly, 16% of those who disagree of having all working materials also had high performance. The chi square results (0.030) shows that performance is 5% statistically dependent on the presence of working materials in the hospital. To confirm the effect of workers motivation on performance, this work goes further to investigate



the join effect of all motivational factors and other demographic factors on worker's performance using both chi-square and regression test.

Chi square test on Motivation on Performance

Table 2: Total Motivation and other factors that influence Performance in

health facilities of the Arch diocese of Bamenda

| Variable | HEALTH WORK | KERS' PERFORMANC | E |
|---------------------------------|-------------|------------------|-----------|
| TOTAL MOTIVATION | HIGH | LOW | TOTAL |
| High | 56(32.0%) | 29(16.6%) | 85(48.6%) |
| Low | 34(19.4%) | 56(32.0%) | 90(51.4%) |
| P- Chi-square (χ ²) | | 13.823 | .000 |
| OTHER FACTORS | | | |
| HOSPITAL | | | |
| HOLY FAMILY | 33(18.9%) | 33(18.9%) | 66(37.7%) |
| ST. BLAISE | 12(6.9%) | 18(10.3%) | 30(17.1%) |
| ST. MARTINS | 9(5.1%) | 5(2.9%) | 14(8.0%) |
| ST. MARY | 36(20.6%) | 29(16.6%) | 65(37.1%) |
| P- Chi-square (χ^2) | | 2.956 | .398 |
| GENDER | | | |
| FEMALE | 46(26.3%) | 52(29.7%) | 98(56.0%) |
| MALE | 44(25.1%) | 33(18.9%) | 77(44.0%) |
| P- Chi-square (χ²) | · · · | 1.797 | .180 |
| AGE | | | |
| BELOW 20 | | | 0(0,00() |
| | 0(0.0%) | 0(0.0%) | 0(0.0%) |
| 21-30 | 32(18.3%) | 36(20.6%) | 68(38.9%) |
| 31-40 | 40(22.9%) | 35(20.0%) | 75(42.9%) |
| 41-50 | 12(6.9%) | 12(6.9%) | 24(13.7%) |
| 51-60 | 6(3.4%) | 1(0.6%) | 7(4.0%) |
| ABOVE 60 | 0(0.0%) | 1(0.6%) | 1(0.6%) |
| P- Chi-square (χ^2) | | 5.001 | .287 |
| EDUCATION | | | |
| PRIMARY | 8(4.6%) | 4(2.3%) | 12(6.9%) |
| SECONDARY | 17(9.7%) | 17(9.7%) | 34(19.4%) |
| VOCATIONAL WORK | 35(14.3%) | 16(9.1%) | 41(23.4%) |
| Bsc | 21(17.7%) | 42(24.0%) | 73(41.7%) |
| ABOVE Bsc | 9(5.1%) | 6(3.1%) | 15(8.6%) |
| P- Chi-square (χ ²) | × / | 5.428 | .246 |
| | | - | |



| OCCUPATION | | | |
|----------------------------|-----------|-----------|------------|
| ADMINISTRATOR | 4(2.3%) | 4(2.3%) | 8(4.6%) |
| DOCTOR | 5(2.9%) | 3(1.7%) | 8(4.6%) |
| LAB SERVICE | 9(5.1%) | 9(5.1%) | 18(10.3%) |
| NURSE | 43(24.6%) | 51(29.1%) | 94(53.7%) |
| SANITATION SERVICE | 10(5.7%) | 9(5.1%) | 19(10.9%) |
| TECHNICIAN | 19(10.9%) | 9(5.1%) | 28(16.0%) |
| P- Chi-square (χ^2) | | 4.666 | .458 |
| | | | |
| LONGEVITY | | | |
| BELOW 5 YEARS | 52(29.7%) | 55(31.4%) | 107(61.1%) |
| 6-10 YEARS | 20(11.4%) | 17(9.7%) | 37(21.1%) |
| 11-15 YEARS | 7(4.0%) | 7(4.0%) | 14(8.0%) |
| 16-20 YEARS | 7(4.0%) | 4(2.3%) | 11(6.3%) |
| 21-25 YEARS | 2(1.1%_ | 2(1.1%) | 4(2.3%) |
| 26-30 YEARS | 2(1.1%) | 0(0.0%) | 2(1.1%) |
| P- Chi-square (χ²) | | 3.005 | .699 |
| MARITAL STATUS | | | |
| SINGLE | 45(25.7%) | 40(22.9%) | 85(48.6%) |
| MARRIED | 40(22.9%) | 45(25.7%) | 85(48.6%) |
| DIVORCED | 3(1.7%) | 0(0.0%) | 3(1.7%) |
| WIDOWED | 2(1.1%) | 0(0.0%) | 2(1.1%) |
| P- Chi-square (χ^2) | - | 5.450 | .142 |

Source: Computed by authors using SPSS 20.0

Table 2 presents chi-square results on total Motivation and other factors that influence Performance (Hospital type, Gender, Age, Education, Occupation, Longevity, and Marital Status). Results show that Health workers Performance was statistically dependent on Total Motivation (p-value=0.000). This was not the case with other variables, as they were all statistically insignificant; Hospital type (p-value= .398, Gender (p-value=.180), Age (p-value= .287), Education (p-value=.246), and Occupation (p-value=.458), Longevity (p-value=.699) and Marital status (p-value=0.142). The table also provides valid frequencies and percentages health workers' performance on all the variables listed above.

It can be seen from the table that high health workers performance was 32.0% with a high motivation and 19.4% when motivation was low. High health workers' performance was 20.6% at St. Mary, followed by 18.9 % at Holy Family while St. Blaise had 6.9%. High health workers performance was 29.7% among female health workers than among male health workers (18.9%). High health workers' performance was 22.9% between the 31-40 age group,



followed by the 18.3% for the 21-30 age group. High performance was not recorded among health workers above the age of 60. High health workers' performance was 17.7% among Bsc. Certificate holders (17.7%), followed by those who did vocational work (14.3%) while primary school leavers 4.6%. High health workers' performance was 24.6% among Nurses, followed by Technicians 10.9% while Administrators had 2.3%. High health workers' performance was 29.7% for those who had served below 5 years, followed by 11.4% for those who had served between 6-10 years while those who had health workers who had served for 26-10 years. High health workers' performance was 25.7% among singles, and 22.9% among those who were married (25.7%).

Regression Results for the effect of Motivation on Performance

The constant term on table below is positive (26.126) indicating that there are still some variables not included in the model which positively influence workers' performance during the study period. Looking at the p-value (0.000), we observe that it is less than 1% indicating that the effect of other factors not included in the model on workers' performance is significant at 1%. This suggests that to improve workers' performance, other variables apart from those included in our model should be given due consideration.

| Variable | Coefficient | Standard deviation | T-value | p-value |
|------------------|-------------|--------------------|---------|---------|
| (Constant) | 26.126 | 2.908 | 8.983 | .000 |
| TOTAL MOTIVATION | .229 | .059 | 3.913 | .000 |
| AGE | .309 | .571 | .541 | .589 |
| EDUCATION | .140 | .377 | .371 | .711 |
| LONGIVITY | .053 | .080 | .659 | .511 |
| R ² | .086 | | | |
| R^2 | .65 | | | |
| F(4, 170) | 436.927 | | | 0.004 |

Table 3: Regression results for motivation and performance in health institutions of the Arch diocese of Bamenda

Table 3 presents the regression results of the group effect of all motivational factors put together on workers' performance. When looking at the effect of motivation on the performance of workers, the results gives a positive value (0.229), which means that improved motivation will lead to increase performance of workers. Increased motivation by 100% will lead to increase Performance by 22.9%. The p-value of this result (0.000) shows a statistically significant effect of motivation on performance. This result confirms the chi square results on table 6. The coefficients of other factors like age, longevity and education are all positive but insignificant. The coefficient of multiple determinations (Adjusted R-



squared) is 0.65. This shows that 65% of the variation the performance of workers is explained by the factors included in the model. The F-ratio or F-statistics (0.004) shows that the overall model is statistically significant at 1% percent level of significance. We can thus conclude that our result is 99% reliable.

DISCUSSION OF RESULTS

The results of the objective of this work which was out to investigate the effect of motivation on workers' performance show that love for position and status, appreciation and acknowledgement on work by boss, love of job, comfortable working environment, good work relationship with colleagues and having working materials all positively and significantly affect the performances of the worker. This results show that contrary to expectations, financial and material motivation did not statistically significantly influence performance. The chi square and regression results of all the motivational factors put together on workers' performance is positive and statistically significant at 1% level of significance. This result is in line with literature especially the Maslow hierarchy of needs theory where workers specify mostly the desire of basic needs to be motivated. The result is equally in line with the findings of Abdiaziz (2017) who explored the effect of motivation on employee performance and found out employee motivation influences employee performance.

Discussing this result from experience working in the hospital, it can be confirmed that workers perform better when motivated because: They want to continue to enjoy the motivation; they have been recognized and they feel important; It helps them to meet up with their other needs which their salaries cannot provide; they feel that they are contributing to the growth of the hospital; they feel hopeful of a bigger recognition or promotion in future; health workers feel energized and encouraged that the extra token given to them as reinforcement will help them attend to extra needs. According to Maslow theory Health workers perform more when motivated so as to meet their unsatisfied needs; Motivation spontaneously arouses the inner desire and spurs the health workers to more performance; Insatiable desire in any human being instigates the Health workers to perform more with motivation; health workers with meager salaries tend also to perform more when motivated so as to make both ends meet and to avoid their three square meals; some health workers who mismanage their money on unnecessary expenditures on unhealthy living such as drinking will perform more with any extrinsic motivation in form of money; poverty can also spur health workers to perform more with motivation and health workers with many responsibilities such as dependent relatives will perform more with motivation in other to be able to meet up with their needs.



CONCLUSION

This work was out to investigate the effect of motivation on worker's performance in catholic hospitals in the archdiocese of Bamenda. The results show that love for position and status, appreciation and acknowledgement of work done by the worker's boss, love of job, comfortable working environment, good work relationship with colleagues and having working materials all positively and statistically significantly affect the performances of the worker. From the above results, we therefore conclude that motivation has a positive and statistically significant effect on the performance of the workers in catholic hospital in the archdiocese of Bamenda.

RECOMMENDATIONS

From this study, the following recommendations can be made: The directors should share the issue of life saving and the mission of the hospital with the health workers especially at the moment of recruitment so as to increase their motivation to work in a bit to save life. Owning to the fact that the hospital depends on the output realized from the hospital without any foreign aid, extrinsic motivation (money) will be minimized if clear explanations are given to the health workers on the state of affairs. As such, the directors should depend more on nurturing intrinsic motivation such as empowerment of the workers by appreciating their work. The directors should endure to have partnership with NGOs and the foreign aids. The directors should endure to practice the principle of PDF (performance base finalizing) to enhance the transparency of the activities of the health institution to the workers.

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APPENDICES

Appendix 1

Table I : Descriptive Statistics

| | Ν | Minimum | Maximum | Mean | Std. Deviation |
|------------------------|-----|---------|---------|-------|-------------------|
| Output | 175 | 50 | 130 | 95.49 | 30.325 |
| AGE | 175 | 2 | 6 | 2.85 | .847 |
| EDUCATION | 175 | 1 | 5 | 3.26 | 1.081 |
| LONGIVITY | 175 | 1 | 30 | 6.18 | 6.155 |
| FINANCES | 175 | 1 | 5 | 2.73 | 1.318 |
| OTHER MATERIAL REWARDS | 174 | 1 | 5 | 2.63 | 1.374 |
| POSITION AND STATUS | 175 | 1 | 5 | 3.81 | 1.076 |
| APPRECIATION | 175 | 1 | 5 | 3.35 | 1.373 |
| COMPETITION | 175 | 1 | 5 | 3.20 | 1.326 |
| CONTROL | 175 | 1 | 5 | 3.19 | 1.383 |
| LOVE OF JOB | 175 | 1 | 5 | 4.49 | .808 |
| ENVIRONMENT | 175 | 1 | 5 | 4.04 | .973 |
| WORK RELATIONSHIP | 175 | 1 | 5 | 4.15 | 1.019 |
| MATERIAL | 175 | 1 | 5 | 3.05 | 1.438 |
| TOTAL MOTIVATION | 175 | 10 | 48 | 34.63 | 6.853 |
| PUNCTUATILTY | 175 | 1 | 5 | 3.06 | 1.283 |
| EXTRA HOURS | 175 | 1 | 5 | 3.15 | 1.427 |
| HAPPY TO WORK OUT OF | 175 | 1 | 5 | 3.63 | 1.274 |
| WORKING HOURS | | | | | |
| COVER FOR COLLEAQUES | 175 | 1 | 5 | 3.94 | 1.004 |
| TALKING TERMS WITH | 175 | 1 | 5 | 4.19 | .927 |
| COLLEAQUES | | | | | |
| DIRECTOR HAS RIGHT TO | 175 | 1 | 5 | 3.35 | 1.369 |
| CHANGE MY SCHEDLE | | | | | |



| PATIENTS LOVE | 175 | 1 | 5 | 3.89 | 1.179 |
|-----------------------|-----|----|----|-------|-------|
| ABOVE JOB DESCRIPTION | 175 | 1 | 5 | 3.61 | 1.334 |
| I KNOW MY JOB | 175 | 1 | 5 | 4.46 | .709 |
| BELOW CAPACITY | 175 | 1 | 5 | 2.43 | 1.293 |
| TOTAL PERFORMANCE | 175 | 22 | 50 | 35.71 | 5.401 |

Appendix 2

| Table II: Demographic statu | is of respondents | |
|-----------------------------|-------------------|-------------|
| Variable | Frequency | Percentages |
| Hospital | | |
| Holy Family | 66 | 37.7% |
| St Blaise | 30 | 17.1% |
| St Martin | 14 | 8% |
| St Mary | 65 | 37.1% |
| Gender | | |
| Female | 98 | 56%ss |
| Male | 77 | 44% |
| Age group | | |
| 21- 30 | 68 | 38.8% |
| 31-40 | 75 | 42.9% |
| 41 -50 | 24 | 13.7% |
| 51-60 | 7 | 4% |
| Above 60 | 1 | 6% |
| Education | | |
| Primary | 12 | 6.9% |
| Secondary | 34 | 19.4% |
| Vocational | 41 | 23.4% |
| First Degree | 73 | 41.7% |
| Above First Degree | 15 | 6.6% |
| Occupation | | |
| Administrator | 8 | 4.6% |
| Medical Doctor | 8 | 4.6% |
| Laboratory Technicians | 18 | 10.3% |
| Nurse | 94 | 53.7% |
| Sanitary Service | 19 | 10.9% |
| Technicians | 28 | 16% |
| Longevity in service | | |
| Below 10 years | 144 | 82.2% |
| 11 to 20 | 25 | 14.3% |
| Above 21 | 6 | 3.4% |
| Marital Status | | |
| Divorce | 3 | 1.7% |
| Married | 85 | 48.6% |
| Single | 85 | 48.6% |
| Widow | 2 | 1.1% |
| Total | 175 | 100% |

Appendix 3



Table III: Evaluation of Health workers' Motivation in health facilities of the Archdiocese of Bamenda

| Bamonaa | | | | | | | | | |
|------------|---|--------------------|--------------------|--------------------|-----------------|--|--|--|--|
| | Strongly | Agree | Indifferent | Strongly | Disagree | | | | |
| | Agree | | | Disagree | | | | | |
| Variable | I am satisfied with the financial rewards I have from my work | | | | | | | | |
| Frequency | 40 | 46 | 25 | 49 | 15 | | | | |
| Percentage | 22.9% | 26.3% | 14.3% | 28.0% | 8.6% | | | | |
| | I am satisfied | with other rewa | rds (material, he | ealth insurance, | housing etc.) I | | | | |
| | get from my jo | b | | | | | | | |
| Frequency | 54 | 31 | 29 | 47 | 14 | | | | |
| Percentage | 30.9% | 17.7% | 16.6 | 26.9 | 8.0% | | | | |
| | I love my posi | tion and status i | n this hospital | | | | | | |
| Frequency | 13 | 6 | 25 | 89 | 42 | | | | |
| Percentage | 7.4% | 3.4% | 14.3% | 50.9% | 24.0% | | | | |
| | I am appreciat | ed and acknowl | edged enough fo | or the efforts I p | ut on this job | | | | |
| Frequency | 30 | 16 | 29 | 62 | 38 | | | | |
| Percentage | 17.1% | 9.1% | 16.6% | 35.4% | 21.1% | | | | |
| | I enjoy the leve | el of competitio | n going on in my | work place | | | | | |
| Frequency | 33 | 15 | 36 | 66 | 25 | | | | |
| Percentage | 18.9% | 8.6% | 20.6% | 37.7% | 14.3% | | | | |
| | I have control | over when to or | not to leave this | s job | | | | | |
| Frequency | 31 | 26 | 31 | 53 | 34 | | | | |
| Percentage | 17.7% | 14.9% | 17.7% | 30.3% | 19.4% | | | | |
| | I work becaus | e I love not out o | of fear of sanctio | ons | | | | | |
| Frequency | 3 | 3 | 8 | 52 | 109 | | | | |
| Percentage | 1.7% | 1.7% | 4.6% | 29.7% | 62.3% | | | | |
| | l enjoy workin | g in this hospita | l environment | | | | | | |
| Frequency | 8 | 3 | 22 | 83 | 59 | | | | |
| Percentage | 4.6% | 1.7% | 12.6% | 47.4% | 35.7% | | | | |
| | l enjoy a good | working relatio | nship with my co | olleagues | | | | | |
| Frequency | 10 | 4 | 7 | 82 | 72 | | | | |
| Percentage | 5.7% | 2.3% | 4.0% | 46.9% | 41.1% | | | | |
| | I have all nece | ssary materials | to facilitate my v | work | | | | | |
| Frequency | 43 | 21 | 22 | 63 | 26 | | | | |
| Percentage | 24.6% | 12.0% | 12.6% | 36.0% | 14.9% | | | | |
| | | | | | | | | | |

Appendix 4

Table IV : Evaluation of Health workers' Performance in health facilities of the Arch Diocese of Bamenda

| | Strongly | Agree | Indifferent | Strongly | Disagree | | |
|------------|--|-----------------|-------------------|----------|----------|--|--|
| | Agree | | | Disagree | | | |
| Variable | My boss alway | ys applauded me | e for punctuality | | | | |
| Frequency | 31 | 23 | 47 | 52 | 22 | | |
| Percentage | 17.7% | 13.1% | 26.9% | 29.7% | 12.6% | | |
| | l don't bother | working extra h | ours | | | | |
| Frequency | 34 | 33 | 12 | 65 | 31 | | |
| Percentage | 19.4% | 18.9% | 6.9% | 37.1% | 17.1% | | |
| | I happily come to work when called up for emergency out of working hours | | | | | | |
| Frequency | 22 | 9 | 26 | 72 | 46 | | |



| Percentage | 12.6% | 5.1% | 14.9% | 41.1% | 26.3% | | | |
|------------|--|-------------------|-------------------|-----------------|-------|--|--|--|
| | I happily cover up for colleagues work hours | | | | | | | |
| Frequency | 11 | 2 | 21 | 93 | 48 | | | |
| Percentage | 6.3% | 1.1% | 12.0% | 53.1% | 27.4% | | | |
| | I am in talking | terms with all m | y colleagues | | | | | |
| Frequency | 6 | 2 | 19 | 73 | 75 | | | |
| Percentage | 3.4% | 1.1% | 10.9% | 41.7% | 42.9% | | | |
| | My boss has tl | he right to chang | ge my work sche | edule when need | l be | | | |
| Frequency | 29 | 20 | 22 | 68 | 36 | | | |
| Percentage | 16.6% | 11.4% | 12.6% | 38.9% | 20.6% | | | |
| | Most of my patients try to get in touch for advice with me after being | | | | | | | |
| | discharge | | | | | | | |
| Frequency | 16 | 3 | 27 | 68 | 61 | | | |
| Percentage | 9.1% | 1.7% | 4.6% | 15.4% | 38.9% | | | |
| | I don't mind w | orking above my | y job description | 1 | | | | |
| Frequency | 26 | 9 | 20 | 73 | 47 | | | |
| Percentage | 14.9% | 5.1% | 11.4% | 41.7% | 26.9% | | | |
| | l know my job | well | | | | | | |
| Frequency | 1 | 3 | 7 | 68 | 96 | | | |
| Percentage | 0.6% | 1.7% | 4.0% | 38.9% | 54.9% | | | |
| | I think I am wo | rking below my | capacity | | | | | |
| Frequency | 51 | 54 | 31 | 22 | 17 | | | |
| Percentage | 29.1% | 30.9% | 17.7% | 12.6% | 9.7% | | | |

