

Perceptions of Health Workers and Managers on the Use of Non-Monetary Human Resource Motivation Tools in General Hospitals of Central Uganda

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Abstract

World over, there is a driving force to create a health care workplace that motivates, maintains and obtains the best out of health workers. In order to achieve this, non-monetary tools can be employed by health managers in hospital settings. Therefore, a study was carried out in six Ugandan general hospitals to establish the perceptions of health workers on the use of nonmonetary human resource motivation tools and to examine the contribution of these tools to employees' motivation. A cross-sectional qualitative study was employed. Key informant interviews with three District Health Officers and 15 top hospital managers were conducted. Six focus group discussions, one in each hospital where also conducted with participating health workers derived from professional groups such as medical officers, enrolled/registered midwives and nurses and allied health professionals. Health workers were interviewed on prevailing practice, adequacy, experience, functioning and views on core non-monetary human resource motivation tools such as training, supervision, performance assessments, and management. Critical incidents were nonmonetary human resource motivation tools had influenced the motivation of some health workers were identified. The use of core non-monetary human resource tools such as continuous medical education, communication between health workers, taking part in decisions of the hospital and organizing social functions were well perceived by the respondents. Promotion of health workers, recognizing best performers, supervision, training and workshops were not well perceived. Health workers were mainly: motivated by the good work relationships and they were mainly demotivated by the poor working conditions. There is a need to have urgent attention on factors which seem to affect the effective use of the nonmonetary human resource tools. The factors include; improving working conditions and staffing to reduce workload and avail enough resources to the workers to be motivated carry out their work.

Keywords

Motivation, Non-Monetary Human Resource Tools

1. Introduction

There is an increasing need to create healthy healthcare workplaces that motivate, maintain and get the best out of healthcare workers. Motivation as a human resource tool has specifically been seen as key in achieving the millennium development goals targeting health (17). Experience shows that in order to have motivated health workers, there has to be

use of a combination of both financial and non-financial tools (7). Many scholars have put in place theories trying to come up with factors that motivate workers. Others have carried out studies on the motivation of health workers in developing countries and have indicated that financial incentives have limited influence on the motivation of health workers (3, 10, 14).

Most studies carried out on the motivation of health workers in Uganda context have concentrated on monetary

incentives (6). However, studies carried out in other developing countries have shown that better remuneration and allowances have not directly translated into better motivation and performance (15). Similarly, studies carried out in private not for profit hospitals (PNFPs) in Uganda have shown that the health workers working in PNFPs are highly motivated in spite of lower salaries compared to public/government health facilities (14).

In a developing country like Uganda, salary increments even if implemented may not match remuneration in developed countries. Health workers, therefore, will continuously quest for increased payments. Recently, the Government of Uganda has developed an interest in the development of human resource management. However, little has been done to identify and apply non-monetary human resource tools to the motivation of health workers. The poor motivation of the health workers in Uganda is evident from the high reported rates of absenteeism from duty and the high concern of the poor performance of many hospitals (6). The poorly motivated health worker will in the end become unsatisfied with his or her job. As a result, some leave the country for better jobs; others join the private sector that is believed to motivate its workers. This leaves the public sector with inadequate human resources, loss of the best workers hence poor performance. Hence, the objective of this study was to assess the perception of health workers and managers on the use of the non-monetary human resources tools and examine their contribution to employee motivation.

2. Methods

2.1. Study Settings and Design

This cross-sectional, qualitative study was conducted in six purposely selected general hospitals in central Uganda. To ensure that there was geographical representation of hospitals, Kiboga, Kayunga, Entebbe, Gombe, Rakai and Nakaseke hospitals were selected. Eight health workers from different hospital departments, who had worked at least five years or more and hence, may have been exposed to the non-monetary human resource tools of motivation for a significant period of their working in the hospital, were selected to participate in the focus group discussions. Key informant interviews with three District Health Officers and 15 top hospital managers were conducted. Six focus group discussions, one in each hospital were also conducted.

2.2. Data Collection

Health workers were interviewed on perceptions, prevailing practice, adequacy, experience, functioning and views on the implementation of 18 core non-monetary human resource tools for motivation. These tools included training, supervision, performance assessments and management leadership styles of hospital managers, work environment, recognition, support; respect and participation in the daily running of hospital activities

We further sought perception on the use of tools such as

recognition schemes; intra-organizational communication process; work-time flexibility and workload as well as perceptions on the influence of the hospital's vision and goal on their motivation. Key informants were interviewed on perceptions on how they applied the tools, their perception on the motivation of the workers in relationship to the motivation tools as well as challenges they were facing in applying the tools to motivate the health workers.

Respondents who were identified to have high motivation towards work arising from a critical incident regarding any of the motivation tools were followed up for in depth interview using the critical incident technique. The interview with such health workers searched more information concerning their motivation to work or performance improvement experienced as regards pre and post application of the specific tool. Ethical approval was provided by the management of each hospital studied.

2.3. Data Analysis

Data was audio recorded and analyzed thematically, interpreted and discussed in relationship to the aims and objectives of the study.

3. Results

3.1. Explaining Visions and Goals of the Hospital to the Health Workers

Basically, no efforts were taken to explain the vision and mission of the hospital according to most respondents. In some hospitals; it was in practice to display the hospital vision and goal in all departments without elaborating their importance to the health workers. But from the managers' perspectives this would do little to influence the motivation of the health workers.

Most health workers in government hospitals are like mercenaries who only do their job and wait for payments at the end of the month unlike in PNFP hospitals where health workers have attachments to their organizations because of mainly their faith (Medical Superintendent).

3.2. Recognition of Best Performers in the Hospital

Most respondents avowed that this kind of motivation is an end of year party event. Once in a year, best performing workers are rewarded; however the selection process did not seem satisfactory for all the health workers since it is only done by the hospital managers.

You find same people being selected year in year out, but when you deeply analyze their performances, they seem not to perform better than most of those not selected (Registered nurse)

Health workers from departments with few staff and those with lower budgets perceived use of this tool negatively. It was observed that the contribution of health workers from

such departments was not easily noticed compared to other colleagues from departments with bigger staff numbers and a relatively high hospital budget.

To this dissatisfaction, some hospital managers tried to come up with innovations like having a secret friend. With this, each health worker would get a reward from a friend as a token of gratitude for the work done in a year. This however, did not mean being the best performer. In two of the hospitals, there existed 5S Total Quality Management (5S TQM) tool, a well perceived, unique rewarding and recognition scheme where best performing departments and individuals in quality and safety maintenance in these hospitals were rewarded based on a set and known criterion to all health workers in the hospital. Under this initiative, health workers strived to sort their workplace relieving it of unwanted material, set the workplace, shine it by cleaning it, standardized the workplace and then sustain what has been put in place. While doing this, different departments and individual health workers would compete among each other. Best performing departments and individuals would then be selected by the hospital management team working together with the quality improvement team. The best performers' photographs were pinned and displayed on hospital notice boards for all to see.

3.3. Support Supervision and Appraisal of Health Workers in the Hospitals

Although participants displayed mixed feelings concerning appraisal and supervision, internal hospital supervision was well perceived in many of the hospitals especially those running the 5S QIT programme. As affirmed by one of the hospital managers, the intention for internal supervision and appraisal, how and when it should be done was often well communicated in advance.

Different hospital management team members have been assigned specific departments where they move around every morning to find and solve different problems any problem a member of the hospital management team may not be able to solve, is brought to the attention of the hospital management team during the heads of departmental meeting and solutions sought. (Senior hospital manager)

On the other hand, external supervision wasn't well perceived with the views that the time it would be carried out and its purposes were always not communicated to the health workers. External supervision especially by the medicine and health services monitoring unit of the president's office as well as supervision from officers from the ministry of health was always viewed as a fault finding exercise rather than a support supervision exercise aiming to improve service delivery. Sometimes the supervision team included security officers, the whole exercise appearing like a court session and this was de-motivating as mentioned by one of the hospital managers that

'The whole interview was like a court session: I was feeling uneasy throughout the process bearing in mind that

I was being interrogated with a police officer around'. (Medical superintendent,)

On many occasions, when external supervision was conducted especially by supervisors from the president's office i.e. the Health Services Monitoring Unit (HMU), they acted as security investigators. Healthworkers were often accused of offering poor services and sometimes threatened with imprisonment.

They did not appreciate anything good in this hospital, but instead left a bad name for us before the public as they labelled us as thieves of drugs. In fact, seeing you here, we thought you were one of them and fear had developed in us again (as mentioned by an Enrolled nurse)

3.4. Continuous Professional Development/Continuous Medical Education

In majority of the hospitals, this tool was carried out in form of continuous medical education (CME) once a week and on ward rounds on scheduled days. CMEs were perceived by some participants as a motivating factor where workers learnt new knowledge. CMEs offered the opportunity for health workers who had been to some training or workshops to share new knowledge obtained to the rest of the colleagues. However, to some of the workers, CMEs were not of value because the same people always attended. It was also believed by some managers that since the number of times one had to attend CPD/CME ceased to be one of the factors necessary for health workers' promotion, the use of this tool lost value and many health workers stopped attending them.

3.5. Career Development Through Workshops/Trainings and Study Leaves to Workers in the Hospital

Very few health workers viewed workshops as a capacity building tool/process, but rather as an opportunity to get cash stipends which are usually paid allowances for either facilitation and/or transport. As a result, the selection criteria itself for members who attend these workshops remained questionable. Sporadically, workshops and trainings were reported to be organized by non-government organizations who preferred people they had already, trained for continuity of their services. This explained the continued attendance of workshops by same individuals. Manytimes unqualified people were selected to attend workshops that were not in-line with their expertise. In such a case, such a person would not benefit the organization on return since she/he would share nothing.

You find an administrator going for a PMTCT workshop intended for midwives. We as midwives become demotivated to keep doing PMTCT services wanting to refer patients to that administrator (Registered midwife, FGD)

Respondents also reported that it was a not easy to some of them to be allowed to go for further studies though according to the district managers, this arose after health workers failed to conform to the government standing orders. The standing orders required one to have worked for at-least two years, a criterion most health workers were not aware about. The shortage of health workers also would not guarantee a study leave even when one qualified for it.

Hospital and district managers have authentic and precise reasons on how to handle issues regarding further studies and training through workshops. The challenge identified in this entire scenario is that most of the issues were not communicated to the health workers and this left a lot of frustration to the health workers.

3.6. Maintaining a Good Working Environment

There is lack of water at their places of work, toilets were dilapidated and space is not adequate to carry out duty. Indeed, the managers agreed that the working environment was not conducive in most of the hospitals citing old buildings and malfunctioning sewerage systems in most of the hospital buildings in most of the hospitals. In some hospitals, accommodation of health workers was a problem and some staffs had to rent on. Some had to pay transport to places of work. In some hospitals, health workers had to share houses and this did not go well to some of the workers as one mentioned;

.....you have to ensure that your husband visits you on a day when the colleague you share with a house is on night duty so that you can have ample time with him without interference. This is very annoying to both the one to be on night duty and the one being visited (Enrolled mid wife, FGD)

3.7. Organizing Social Gatherings by the Hospital

Hospitals held social functions, once a year, inform of end of year parties. Health workers reported that it is during this time that people from different departments came together and got to know each other. At the same time, best performers were rewarded with certificates of recognition. As a form of motivation, money was given to selected committees among health workers to organize for this function. This was viewed as a means of involving health workers in the management of the hospital and as means of power sharing between hospital leaders and health workers. However, what demotivated the health workers was the fact that they were expected to contribute towards this function.

3.8. Allowing Health Workers Take Part in Important Decisions Taken in the Hospital

From the managers' perspective, this tool is implemented through general staff meetings and through heads of

departments where health workers' views on different issues in the hospital are registered and reported to hospital management. Where possible these are discussed during hospital management team and heads of department meetings. Feedback is given to the health workers through in-charges and heads of department meetings or during next general staff meetings. Many of the health workers agreed that indeed their contributions are forwarded but it takes long for most of their concerns to be addressed.

3.9. Conducting of Performance Appraisal by Supervisor

Most health workers associated appraisal to promotion which usually did not happen frequently. More still the appraisal process was not satisfactory to many health workers given the way it was conducted. Health workers stated that performance appraisal forms were just a formality, after all not even a single meeting would be accorded to review the appraisals with their supervisors. Even those that expected to be promoted after appraisal and there was a delay would not be motivated to participate in the process again. Sometimes, appraisal forms had to be bought at the districts. Sometimes, the forms had to be transported back to the districts and this was de-motivating especially to those who worked in hospitals far away from the district headquarters.

3.10. Encouraging Benchmarking at Departmental Level and National Level

Competition between departments and between hospitals is one of the tools that are believed to motivate health workers. The use of this tool was most prevalent in hospitals where the 5S TQM tool was being implemented. In these hospitals, health workers were striving to work hard so that their department emerged the best. This created competition among departments and among individuals within the departments. Competition was higher in the hospital where selection of best performers was done on a monthly basis. This act created innovativeness among health workers, coming up with different kinds of quality innovations to ensure that their departments emerge the best. On the other hand, much as government scores the performance of hospitals every year, this did not influence the motivation to work harder either from the perspective of the health workers nor the hospital managers.

3.11. Promotions of Health Workers in the Hospitals

Throughout all hospitals, it was apparent that promotion of health workers was a problem. Health workers were also not aware of criteria for promotions, and what they were required to do to get promoted. There was a belief that promotions were meant for nurses for they were the cadres promoted most. Many health workers had undergone further training but they were not recruited to the positions that they had trained for prompting some of them to leave such hospitals were they would be promoted.

We have lost many registered nurses here in Entebbe hospital, who have joined regional referral hospitals after failing to secure promotions in Wakiso district thus creating a vacuum in our hospital whereas take long to be carried out (as revealed by one of the hospital managers).

Managers believed that the failure to promote health workers sometimes occurred when the health workers did not consult the district health office to know where gaps existed and to which further training would guarantee promotion. Further still, it was reported that most health workers underwent further studies without an official study leave to which according to the government standing orders, a promotion cannot be given. However, this information was not known to many of the health workers. Hospital managers also mentioned that they were not in control of promotion of health workers and it was the districts in charge. The district managers though mentioned that because of the scarcity of human resources, recruitments for new personnel took precedent over promoting old ones so that they could increase the number of health workers.

3.12. Challenges to the Use of Nonmonetary Motivation Tools

Most managers mentioned that though most of these tools are regarded to be non-monetary, in one or another, their implementation may require money. Such tools mentioned included maintenance of good working conditions, construction of adequate housing, promotion of health workers as well as organizing training and workshops. Managers also believe that it is hard for them to apply these nonmonetary incentive tools when health workers' salaries are dismal compared to the work load at hand.

3.13. Critical Incidents Identified on the Use of Human Resource Tools to Motivate Health Workers

To demonstrate the effectiveness of use of human resource tools in motivating health workers in the hospitals studied, critical incidents from some health workers to whom some tools had been applied and positive outcome as regards their motivation achieved are explained as follows. The first incident came from an enrolled nurse who had been identified for late coming and poor performance on duty by her supervisor.

My supervisor called me to the office and we discussed my problem which was making me fail to perform well. She helped me get a maid who helped me with house work and looking after my baby. I was so happy after that incident and started coming early for work and my performance on the job improved (Enrolled midwife).

This demonstrated how good relationships between a health worker and his/her supervisor motivated the worker to perform well. It also highlighted the importance of the supervisor being aware of the job satisfaction of their

supervisee as much as it emphasized the need to sanction a health worker if there is consistent poor performance.

The second critical incident demonstrated how a conducive working environment can motivate better performance on the job...Because of poor working conditions, a laboratory technician often contemplated about joining another organization but when the laboratory was renovated by one of the organization that was carrying out vertical HIV programmes in the hospital, this changed his mind to stay

I felt motivated to stay, report on duty and work in the new state of the art laboratory which had been renovated and equipped even though my salary was not improved. I enjoy some of the facilities fixed in the laboratory like the internet (Laboratory technician).

The third critical incident demonstrated how creating competition between departments and rewarding good performers can be used by managers to motivate their work. The incident was demonstrated by a dispenser in one of the hospitals where this tool was efficiently being implemented under the 5S KAIZEN TQM programme as noted below;

The 5S KAIZEN TQM programme does not give money but it makes us compete among departments. I want to be the best all the time and therefore mobilize people in my department to organize the pharmacy. In the six months so far this year, our department has been the best three times and this makes me happy and motivates me work harder (Pharmacist).

The fourth critical incident came from a registered nurse who had been recognized and promoted to senior level

The hospital recognized me for being the best performer last year. This has made me work harder to defend my title. This, on addition to having promoted me to the post of senior registered nurse with a new red belt, I am motivated to work harder so that I defend my achievements (senior registered nurse)

The last critical incident was obtained from the use of training and offering assistance for further studies to a health worker. A nursing assistant working in a private not for profit hospital but supported by government was trained as a dispenser and posted to a government hospital upon completion of the course.

During the time I worked as a nursing assistant, I was despised and my contribution to the hospital was not appreciated. However, when I was trained as a dispenser and posted to this hospital my work now is appreciated and the people I work with now do not despise me (Dispenser).

4. Discussion

Nonmonetary human resource motivation tools possibly can have a great potential towards encouraging and maintaining health workers efforts if well applied. Although

not formally and systematically used, this form of motivation has been seen to be commonly used in many hospital settings to appreciate, appraise and encourage health workers. This has not only contributed to improvement in staff inter-relationships but has also promoted a supportive working environment which ultimately is important for retaining staff at work stations.

The need to belong and feel accepted in a work setting greatly enhances one's self esteem but this greatly depends on the extent to which one is able to interact socially that they begin to feel a sense of affection, belonging and respect for one another. This study has shown that nonmonetary tools for motivation could go a long way to meet the fundamental needs of health workers like feeling safe and secure at work, but there is limited indication that they can meet the growth being need which is the actual self-realization and attained full potential. This could partly be because nonmonetary motivation has been minimally used to understand the different employees' levels of need or perhaps employers and managers do not just know when to start using such tools for motivation for different workers (12). Knowing the employees needs in advance may aid the managers to know which tool may apply under the circumstances.

Self-actualization as emphasized by Hertzberg, appears to be highly linked to the managers' abilities to align health workers' expectations with those of the organization (6). As evidenced in this study, the process involves clear explanations about the vision and goals as well as creating an enabling and supportive environment which minimizes worker's on-job-control, but promotes ownership and a sense of accountability.

This research revealed a negative attitude towards external supervision and participants asserted that it presented in form of fault finding and cross-checking. Previous researchers also affirmed that when supervision is not friendly, it enhances demotivation and dissatisfaction among workers. This emphasizes the need to have a clearly defined need for supervision, whether internal or external (7, 9).

Furthermore, a proper mechanism for staff appraisal training and promotion echoes good management and leadership which in turn offer a sense of direction and guidance. This responsibility however falls on the shoulders of top management especially the medical superintendent, hospital administrators and principal nursing officers. This study highlighted the importance of including health workers in the decision making process especially when it comes to planning. This however can only be facilitated by putting in place systems of support such as those that promote creativity, new innovations and self-direction among health workers. For example this particular study showed that health workers in hospitals where the 5S TQM programme was being implemented reported higher motivation to perform on job compared to those without this system. This then conforms to McGregor's theory Y which assumes worker's dedication and sincerity to their job (11). Nevertheless, decentralization of authority and promotion of participatory decision making still remains important if managers are to

harmonize health workers needs and objectives to those of the hospital.

This research revealed certain forms of injustice and unfairness towards employee appreciation and motivation; these were identified in forms of rewards, promotions, certificates, training and recognition in performance. This was very significant as was expressed by health workers and if not addressed could deter institutional performance as well as that of other members within the same department in which unfairness seems to occur, as the health workers who are unsatisfied could modify not only their self-perception but also that of the others. Previous research also highlighted that employee's perception of injustice determines their productivity and the quality of their output (1,18). Therefore, a tool that was meant to motivate health workers when wrongly implemented may tend to be a de-motivator. The hospital leaders therefore have a duty to try to find out reasons as to why certain non-monetary tools, despite their potential to motivate workers and improve performance actually offer limited results. On the other hand, such leaders need specific training in appropriate human resource management and evaluation courses to enhance their ability and skill to correctly apply different non-monetary tools and to also be able to advocate for their employee's welfare in terms of salaries and workload allocation.

This study pointed out that the amount of work assigned to the health workers does not equate to the amount of money they get, and this could be one thing that de-motivates, but it might also explain why the actual implementation of non-monetary activities that would otherwise inspire and stimulate better workman ship among health workers may actually need money to transpire. Like it was observed that financial incentives alone may not be enough to influence motivation of health workers (7), this study demonstrates that the implementation of non-monetary tools may be hampered if the minimum level of financial motivation is not achieved. The truth to this perception may therefore need to be uncovered for this not to be considered a misconception.

5. Conclusion and Recommendations

The use of non-monetary human resource motivation tools in hospitals in central Uganda is not well perceived by both managers and health workers. Reinforcement of hospital management and charismatic leadership that will ably apply and enforce the application of non-monetary human resource tools with little influence of money. The ministry of health should develop effective motivation guidelines both non-monetary and the monetary/incentive based. Guidelines should be widely distributed and particularly address issues of promotion, career development, recognition of best performing health workers and hospitals, accommodation of health workers and performance management. Issues of workload and staffing, working conditions, and the scarcity of resources necessary for carrying out work as well as workers' salaries should be addressed as they greatly influence the use of non-monetary motivation tools. The 5S

TQM quality improvement tool should be rolled out by ministry of health to other hospitals where it does not exist out since it has been found to be effective in positively influencing motivation in some hospitals.

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