University Of Zimbabwe

GRADUATE SCHOOL OF BUSINESS

TOPIC : IMPACT OF REWARD STRATEGIES ON EMPLOYEE MOTIVATION IN THE HEALTH SECTOR: A CASE OF GUTU DISTRICT IN ZIMBABWE

By

MACHAKAIRE RUFARO

Dissertation submitted in the partial fulfilment of the Masters of Business Administration

February 2020

DISSERTATION TITLE	
THE IMPACT OF REWARD STRATEGIES ON EMPLOYEE MOTIVATION IN THE HEALTH SECTOR : A CASE OF GUTU DISTRICT IN ZIMBABWE	
DISSERTATION METHODOLOGY (please tick one)	

QUANTITATIVE		QUALITATIVE		MIXED METHODS	X

INTAKE (YEAR AND MONTH)	
JANUARY 2016	
Registration No.:	STUDENT NAME:
R141665E	RUFARO CLAIRE MACHAKAIRE
DISSERTATION SUBMISSION DEADLINE	SUBMISSION DATE
28 FEBRUARY 2020	27 FEBRUARY 2020

This statement should be completed and signed by the student producing the dissertation.

Declaration and Statement of Authorship:

1. I hold a copy of this dissertation, which can be produced if the original is lost/damaged.
2. This work may be reproduced, communicated, compared and archived for the purpose of detecting plagiarism.
3. I give permission for a copy of my marked work to be retained by the Graduate School of Management for review and comparison, including review by external examiners.

I understand that:

4. Plagiarism is the presentation of the work, idea or creation of another person as though it is your own. It is considered cheating and is a very serious academic offence that may lead up to expulsion from the program. Plagiarised material can be drawn from, and presented in, written, graphic and visual form, including electronic data, and oral presentations. Plagiarism occurs when the origin of the material used is not appropriately cited.
5. Enabling plagiarism is the act of assisting or allowing another person to plagiarise or to copy your work.

Last Name	First Name	Signature
MACHAKAIRE	RUFARO	

DECLARATION

I, **Rufaro C. Machakaire**, do hereby declare that this dissertation is the result of my own investigation and research, except to the extent indicated in the Acknowledgements, References and by comments included in the body of the report, and that it has not been submitted in part or in full for any other degree to any other university.

_____   _____

Student Signature   Date

I, **Dr R Rusike**, as the dissertation supervisor at Graduate School of Management (GSM) of University Of Zimbabwe do hereby vouch that this dissertation has been produced by the student under my supervision and therefore vouch that this dissertation represents the student's original work and have not detected any signs of plagiarism in this work save for those that have been reported under the Ephorus test.

_____   _____

Dr R. Rusike - Supervisor (GSM) (signature)   Date

DEDICATION

I wish to dedicate this dissertation to my children for their love and patience. May this achievement bring you joy! Always in my heart! The sky is the limit!

ACKNOWLEDGEMENTS

There are a lot of individuals who have contributed immensely, both directly and indirectly, towards the successful completion of this dissertation. Firstly, I would like to thank the Almighty God for the gift of wisdom and the strength he grants to me on a daily basis.

My special gratitude goes to my children and family for their unwavering support as they stood by me even when I denied them their valuable social time as I embarked on carrying out this dissertation.

I would like to thank Dr R. Rusike, my supervisor for his supervision, support and patience. I am grateful for his constructive criticisms, expertise, encouragement and valuable guidance that he extended to me despite his busy schedules.

I wish to also express my sincerest gratitude to the management and staff of Ministry of Health and Child Care in Gutu District who gave me the opportunity to complete my research.

Lastly, I would like to thank all those who have offered their helping hand in one way or the other in this research.

ABSTRACT

This research investigated the impact of reward strategies on employee motivation in the health sector. The case study for the research composed of health care workers in Gutu District. The objectives of this study were to ascertain the effect of reward strategies on the motivation of hospital and clinical staff performance in Gutu District, ascertain the reward strategies currently being effected on health staff in Gutu district, to evaluate the impact of reward strategies on the motivation of hospital and clinical staff in Gutu district, to explore any challenges faced during the implementation of the current reward strategies and to determine how the reward strategies are formulated for hospital and clinical staff in Gutu district. Major research questions answered by this study were (1) Which are the reward strategies currently being effected on hospital and clinical staff in Gutu district hospitals and rural health facilities? (2) What is the impact of the reward strategies on the motivation of hospital and clinical staff in Gutu district? (3) What are the challenges being faced by the employer in the implementation of the reward strategies? (4) What challenges are being faced by the employee when the reward strategies are being implemented? (5) How are the reward strategies formulated for hospital and clinic staff in Gutu District? Theories that guided the research were content and cognitive based. This study intended to garner facts on the various reward systems and how they affect their work as well as gathering expert opinion over the issue of government reward system hence a mixed research design was adopted. Following the mixed research design, both quantitative and qualitative data collection techniques were employed. The techniques included structured questionnaire and in-depth interviews with key informants. Findings from the research indicated that reward strategies have an impact on the motivation of the health sector employees. As a result of the current economic situation, the value of the salaries was continuously being eroded and thereby causing a strain on the employees and ultimately reducing their levels of motivation. Respondents argued that there was no set system in place which allowed them to send feedback to their employer or even to the reward strategists who set up the remunerations. Respondents also pointed out that their employer has been ridiculed as one of the most unpaying employer in the country which is not good for their organizational culture and reputation to attract the best employees. Given

the above findings, this research recommends government to implement a framework across all the other districts in the country so as to ensure improved health care delivery service to beneficiaries. The government should also offer non-financial rewards so as to pave way for self-actualization and professional development.

TABLE OF CONTENTS

xiii

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS AND ACRONYMS

MoHCC   Ministry of Health and Child Care

HIV/AIDS   Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

HSB   Health Services Board

NJNC   National Joint Negotiating Council

PSC   Public Service Commission

WHO   World Health Organisation

UN   United Nations

UNMDG   United Nations Millennium Development Goals

UZ   University of Zimbabwe

LIST OF APPENDICES

CHAPTER ONE

INTRODUCTION

1.1   INTRODUCTION

The health sector is regarded as one of the major backbone of the economy. Its efficient functioning remains a major burden to many governments since it also forms part of economic indicators which reflect the normal functioning of an economy. Many governments in Europe and Asia have resorted to many reward strategies aimed at keeping a motivated workforce. Research findings from the Asia-Pacific regions notes that, in order to address the shortage of health workers, introduction of incentives such as salaries and benefits, improvement in working conditions, supervision and management, together with education training opportunities are important in keeping the workers motivated (Henderson and Tullock, 2008). Further, that these would help maintain smooth flows and better service in the health sector.

A reward and recognition system has been used in the United Arab Emirates (UAE) to keep workers motivated, and rewards have included material and non-material benefits such as pay and performance, power, flexibility of working hours and certificates among other rewards (Younies et. al 2008). It is also acknowledged that, health worker performance is dependent on worker motivation, with service quality and efficiency all directed by the worker's willingness to work (Franco et al, 2002). These indicate the importance of motivation on bringing the best out of the health workers.

Zimbabwe has experienced an unprecedented decline in health service provision, exacerbated by the exodus of skilled health workers, in particular from the public sector. Low staffing levels, together with limited access to facilities, poor infrastructure, inadequate drug supplies and fees have impacted adversely on health outcomes in Zimbabwe (Sisimayi et. al, 2012). The World Health Organisation (WHO) in its guidelines state that in order for a country to achieve the health-related United Nations' Millennium Development Goals (UNMDG), there should be well trained and motivated health workers who are available to serve in

1

underserved areas as this will assist in improving access to essential health services (WHO, 2008). Further, this should be within the framework of a primary health care renewal (WHO, 2008). Dolea et, al (2010) noted that in both developed and developing countries, there are noticeable imbalances in the distribution of health workers geographically. An estimation of about half of the world's population are believed to live in rural or remote areas and yet in these areas, only 38% of the total nursing workforce serve them (Dolea et, al. 2010). At country level, imbalances in the distribution of health workers are even more prominent.

In order to keep the workers motivated, the government of Zimbabwe through the Ministry of Health and Child Care (MoHCC) has managed to come up with reward strategies in order to boost worker morale in the health sector. These include subsidies on medical aid facilities, access to bank loans, health research grants, promotions and introduction of the notching system where a person would be paid as regards to the amount of years which one have spent in the health system (MoHCC, 2009). The increase in salaries has however been as a result of the current economic crisis, characterised by inflation.

It is often argued that an effective health system forms the backbone of a functioning economy and hence the need for government to continue being innovative so that it keeps workers motivated in order to guard them jealously in order to maintain an efficient and effective health system. This comes in line with Sustainable Development Goal number 3 (WHO, 2008), which aims to promote good health and well-being by 2030, and hence the need to maintain a smooth flow in the health system. This project analyses the positive impacts of the efforts made by MoHCC through compensation and reward strategies aimed at motivating health workers in Gutu District.

1.2   BACKGROUND TO THE STUDY

Zimbabwe's MoHCC's main purpose is deeply rooted on promoting health and people's quality of living (MoH, 2017). The main mandate of the ministry is to promote equity, provision of primary health care, giving priority to pressing health issues, as well as ensure provision of health promotion programmes (MoHCC, 2017). In this case, the ministry aims at

2

ensuring that affordable and quality primary health care is offered even to the most disadvantaged parts of society. The MoHCC also aims at ensuring that people in communities are kept under good health and care.

It is acknowledged that, Zimbabwe's health delivery system was once the best in Sub-Saharan Africa (Sithole, 2013). The system has however deteriorated in the last decade, and this has been signalled by unacceptable maternal mortality rates and increased HIV / AIDS prevalence (WHO, 2017). Most of the increased mortality rates are caused by preventable diseases such as malaria as well as chronic non-communicable conditions of diabetes and hypertension (MoHCC, 2017).

The MoHCC in its efforts to motivate workers must be in a position to fully analyse the environment and make maximum use of it through the implementation of the PESTEL analysis by comprehensively looking at all environments and maximising them to their full advantage, and this is shown in the figure 1.1

Figure 1.1 The PESTEL Analysis Model

3

In the last twelve years, Zimbabwe went through an economic crisis which severely hit sectors of food security, education, health, water and sanitation as well as social protection (Schubert, 2010; Jennings-Gayfer, 2013). The crisis was mainly a result of governance issues, HIV/AIDS, drought and poverty which resulted in a situation exceeding the government and other present institutions' capacities to cope (Mugwenhi & Mafini, 2014). MoHCC also ought to zoom in on the social economic, political and social environments in order to understand the currents socio-economic trends so as to know exactly how to react when formulating reward strategies for health workers. The current hyper-inflationary period would need workers to be motivated so that they maintain a better standard of living.

Keeping abreast with trends in technology also helps motivate workers as this reduces workload and makes it easier to access patient information. The MoHCC has embraced technology through the recent development of the e-health system. The e-health system is meant to equip health workers with ICT skills which would add to the workforce's self-actualization needs and ultimately reduce paperwork and increase the use of laptops and tablets which would make it easier to create a file for each patient, making it easier for any hospital to track the health records of a particular patient in question. This also helps to create a data base with each person's medical history such as chronic illnesses, treatment and allergies.

1.3   PROBLEM STATEMENT

Zimbabwe's health system has steadily deteriorated post-independence, with it experiencing a major downfall between the year 2000 to early 2009 (Makochekanwa and Kwaramba, 2010). Its decline had detrimental effects which included poor service delivery resulting in an increase in maternal and child-related mortality rates. The introduction of foreign currency as a payment method in 2009, saw stability within the health sector as quality of service was maintained, due to better living and working conditions (Makochekanwa and Kwaramba, 2010). It is however a sad reality that, due to unstable economic conditions currently being experienced in the country, the health sector has seen a further deterioration of health services and standards as doctors and other health workers strike due to poor salaries and working

4

conditions, and in some worst scenarios, relocate from the public hospitals to private hospitals (which render expensive services), whilst others migrate (WHO, 2019; Russo et al, 2019). This has negatively affected the quality of health services in public hospitals and health facilities.

In an effort to keep health workers motivated, the MoHCC has resorted to various reward and compensation strategies to keep health workers motivated and these include major subsidies on medical aid benefits, free importation of cars once in five years, provision of subsidised staff buses to and from work and access to loans from banks among other benefits. The continued increases in salaries have not, however, been able to keep up with the pace of the Zimbabwean economic crisis and hence, the need for MoHCC to continue being innovative in introducing new reward and compensation strategies to keep workers motivated. Further, the health sector remains a major arm to a healthy functioning economy. This study aims to explore the impact of reward strategies on health care staff motivation in order to ensure quality service delivery in Gutu District's hospitals and rural health facilities.

1.4   AIM OF THE STUDY

The study aims at ascertaining the impact of reward strategies on the motivation of hospital and clinical staff in Gutu District.

1.5   OBJECTIVES OF THE STUDY

The main objective of the study was to ascertain the effect reward strategies has on the motivation of hospital and clinical staff in Gutu District.

Specifically, the study sought :-

5

1.5.1   To ascertain the reward strategies currently being effected on health staff in Gutu district.

1.5.2   To evaluate the impact of reward strategies on the motivation of hospital and clinical staff in Gutu district.

1.5.3   To explore any challenges faced during the implementation of the current reward strategies.

1.5.4   To determine how the reward strategies are formulated for hospital and clinical staff in Gutu district.

1.6   RESEARCH QUESTIONS

1.   Which are the reward strategies currently being effected on hospital and clinical staff in Gutu district hospitals and rural health facilities?

2.   What is the impact of the reward strategies on the motivation and performance of hospital and clinical staff in Gutu district?

3.   What are the challenges being faced by the employer in the implementation of the reward strategies?

4.   What challenges are being faced by the employee when the reward strategies are being implemented?

5.   How are reward strategies formulated for hospital and clinic staff in Gutu District?

1.7   RESEARCH HYPOTHESIS

Research hypothesis shape and focus the purpose of the study and are regarded as predictions about the outcomes of the results (Creswell, 2009).

H_0 – The reward strategies have no impact on employee motivation

H_1 – The reward strategies have positive impact on employee motivation

6

1.8   SIGNIFICANCE OF THE STUDY

- The findings of this research might benefit employers in the health sector in implementing policy and making strategic decisions with regards to motivating employees through implementation of effective reward strategies. The data that will be availed will also assist the MoHCC to identify strategies that are effective and can be employed in ensuring that health staff are highly motivated and provide an efficient and effective quality service to patients, particularly in rural settings.

- This study might also assist the government and policyholders to collaborate with stakeholders to craft policies which incorporate reward strategies to ensure that employees remain motivated and provide efficient and quality health care service to the populations they serve. Further, government can have a better understanding of the benefits associated when compensation and reward strategies are implemented equitably.

- The outcome of the this study might assist patients in receiving the appropriate high quality care and service and thereby keeping as many people as possible in good health in communities and particularly in rural health communities.

- The literature that will be analyzed, methodologies as well as outcomes of this study, will be included to the current hub of information on the topic that can be used in future studies by researchers and scholars in the field of reward and compensation strategies, which will also be a useful base for further research in government and public organizations.

- This study will also enhance the researcher's current skills and knowledge of compensation and reward strategies in developing countries and thus expanding her knowledge professionally. The researcher is extensively involved in implementing compensation and reward strategies within the organization she is employed and

this study will assist in ensuring that the various factors affecting its successful implementation are taken into account. As there are no similar researches done for MoHCC in this particular area, the researcher also seeks to bridge the gap and create a reference point for future researchers.

1.9 DELINEATION OF THE STUDY

Gutu is the third largest district in Masvingo Province, southern Zimbabwe. The geographical location of Gutu is shown in figure 1.2 from the Map of Masvingo Province.
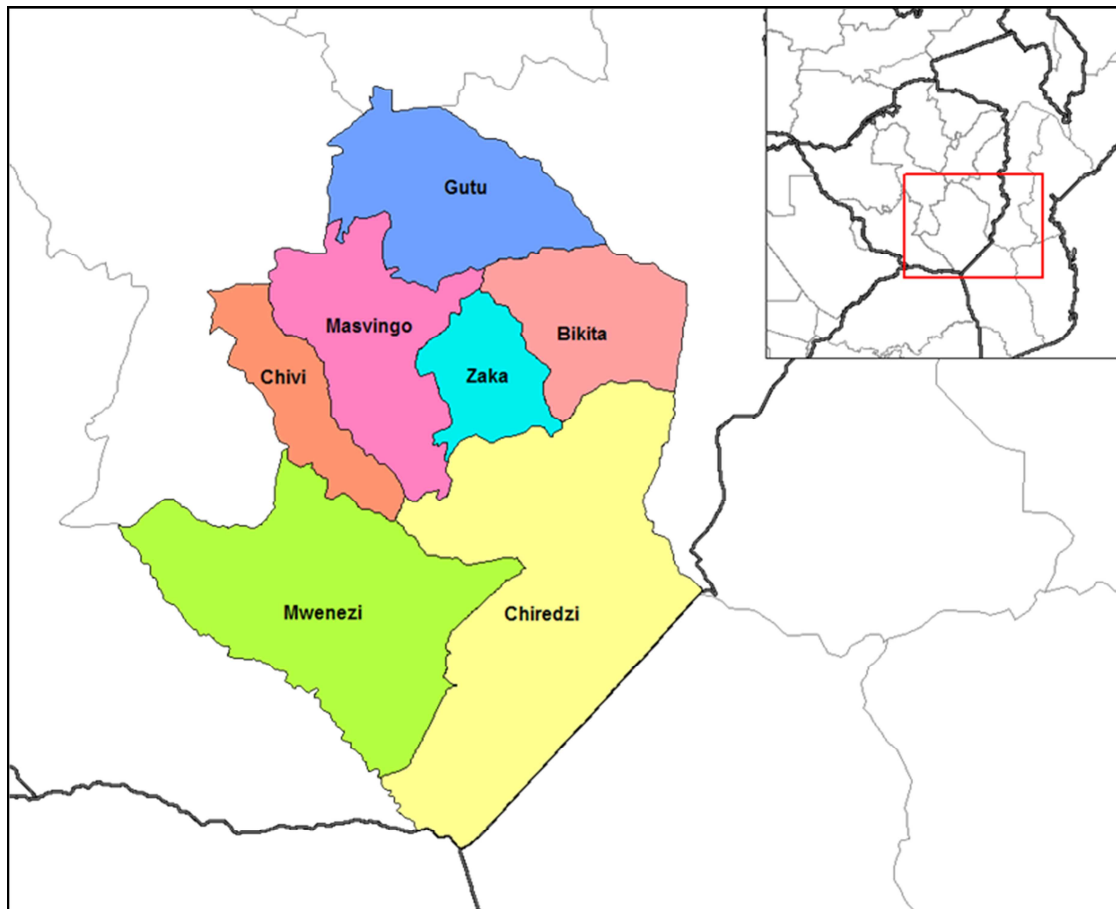
Figure 1.2: The Map of Masvingo Province
(Source: Zimbabwe National Statistics Agency, 2012)

The study was confined to Gutu which is a district within Masvingo Province in Zimbabwe. Gutu is comprised of one district hospital, one district mission hospital, twenty-seven rural health facilities, three private surgeries and one private clinic. The map below in figure 1.3 shows the geographical location of each clinic within Gutu district.
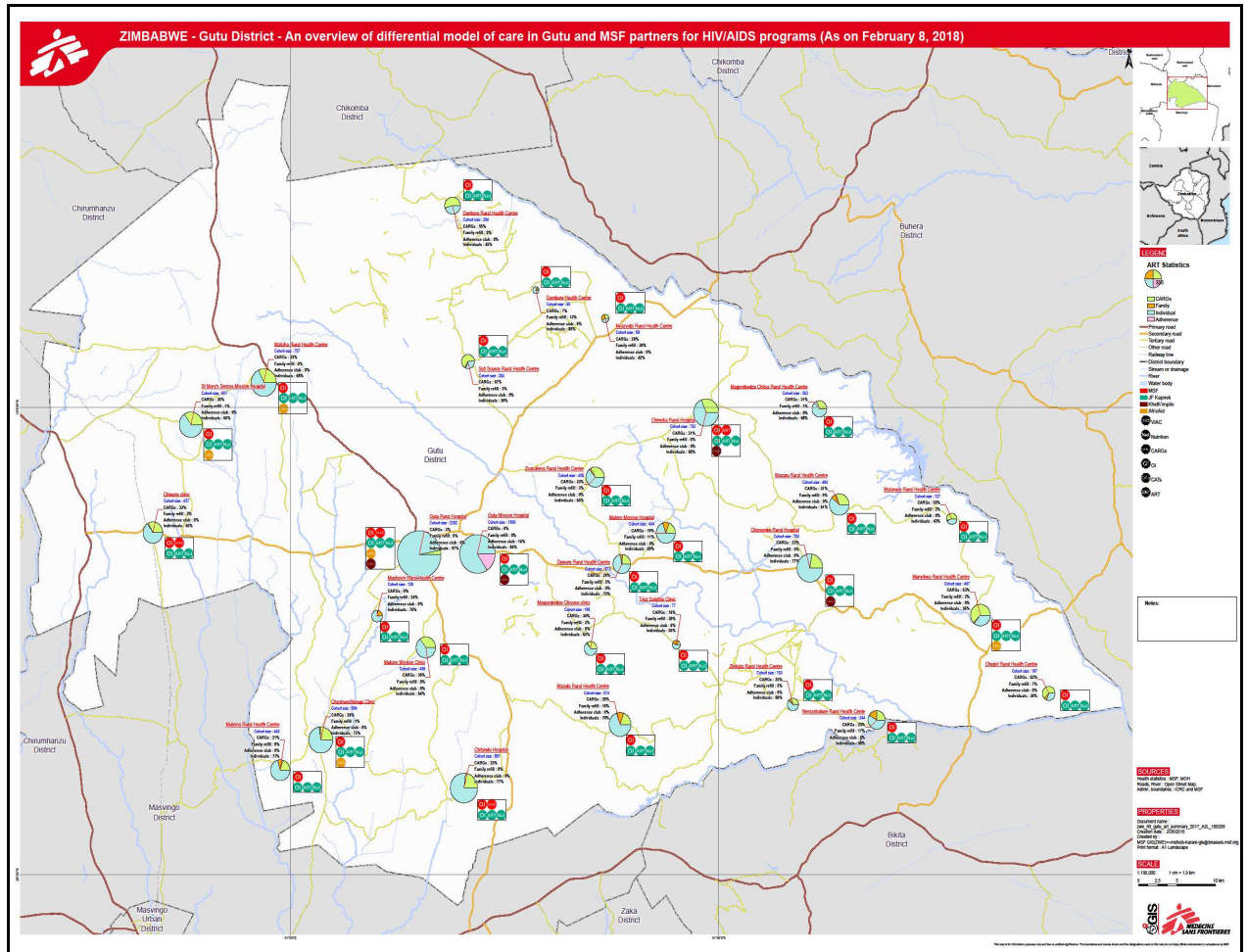
Figure 1.3 Locations of Clinics in Gutu District

(Source : MSF Newsletter 2018)

9

In order to statistically illustrate the distribution of the population of Gutu district per each clinic, data from MoHCC clinics has been highlighted in Table 1.0 below:-

Table 1.1   Distribution of Gutu District Population Per Clinic

CLINIC/SITE	Under 1 year	0-4 years	5-14 years	15 years and over	Total Population	Women 15-49 years
Chepiri	123	616	1245	2388	4249	926
Cheshuro	161	807	1631	3128	5566	1213
Chimombe	295	1474	2979	5713	10166	2216
Chinyika	339	1694	3423	6566	11683	2547
Chitando	477	2385	4820	9245	16451	3586
Chiwore	118	592	1195	2293	4080	889
Dambara	48	239	483	927	1649	359
Denhere	121	606	1225	2350	4181	911
Dewure	170	850	1717	3293	5860	1277

10

Guni	157	783	1582	3034	5399	1177
Gutu Mission	481	2407	4865	9331	16603	3619
Gutu Rural	512	2558	5169	9914	17640	3846
Magombedze Chitsa	253	1263	2553	4896	8712	1899
Magombedze Chivave	111	555	1121	2150	3825	834
Majada	289	1443	2916	5592	9951	2169
Mataruse	81	403	813	1560	2776	605
Matizha	223	1116	2255	4325	7696	1678
Mazuru	283	1417	2864	5493	9774	2131
Mukaro	331	1654	3343	6411	11408	2487
Munyikwa	317	1583	3198	6134	10914	2379
Mushaviri	77	386	780	1497	2663	581

11

Mutema	191	956	1931	3705	6592	1524
Mutero	226	1132	2287	4386	7805	1701
Nemashakwe	132	660	1334	2558	4552	992
Nyazvidzi	86	424	858	1645	2927	638
Serima	270	1350	2728	5233	9312	2030
Soti Source	127	636	1286	2466	4388	957
Tirizi	75	376	761	1459	2596	566
Zinhata	89	445	900	1726	3071	669
Zvavahera	155	773	1562	2996	5331	1162
TOTAL	6318	31584	63821	122415	217820	47572

(Source : MoHCC Clinic Demographics 2020)

Among services offered by hospitals are maternity services, family health care services, treatment of various ailments which include chronic diseases such as diabetes as well as casualties in emergencies such as accidents. The district mission hospital is incentivised by donors and carrying out this study on the district mission hospital may end up yielding

misleading results. The researcher therefore narrowed her focus on one district hospital and 10 clinics and rural health facilities.

1.10   DISSERTATION OUTLINE

Chapter one gives a brief explanation of the background to the study and provides the significance for the selection of the research area. Chapter two provides a critical review of literature on the various viewpoints of various authors in relation to the research area. Chapter three explains how the research process is conducted and also addresses the issues of research philosophy. Chapter four gives an account of the primary data collected through questionnaires. This data is then analysed and presented in a manner which any reader can easily deduce. In chapter five, conclusions will be arrived at as well as recommendations proffered. The limitations of this study will also be acknowledged and the scope for future studies in the same research area is also highlighted.

1.11   CHAPTER CONCLUSION

This chapter gave the introductory remarks to the topic under study as well as the background to the study. The statement of the problem elaborates on the problem and supports with literature that there is a problem. This section gives the magnitude of the problem and discusses the major problem. In addition, the chapter highlighted the main aim of the study giving specific objectives which will guide the researcher in the study. The research questions followed the objectives so that at the end of the study the researcher can be able to answer the questions. Significance of the study is also explained in this chapter. Different stakeholders will benefit from this research such as managers, academics, government etc since the researcher would like to study on the impact of reward strategies on the motivation of clinical and hospital staff particularly in Gutu District. Scope of the research and dissertation outline was also discussed. The next chapter presents literature review for the study.

13

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter seeks to extensively review the literature that exists with regards to reward systems that exist globally, regionally and locally. The various theories relating to motivation will be discussed in this chapter. The chapter will also look at empirical studies that were conducted in the field of reward system in line with their impacts on the motivation of employees and how this affected their performance in their jobs.

2.2 REWARD MANAGEMENT DEFINITION

A reward is an incentive plan to reinforce the desired behaviour of workers or employees and in return for their service to the organization. Rewards can either be monetary, that is, in the form of salary or non-monetary in the form of awards for some special services to the company or by simply giving an employee a work which he enjoys doing (www.mbaskool.com). The primary objective of the organizations in giving rewards is to attract, maintain and retain efficient, high performing and motivated employees (Armstrong, 2014).

Reward management deals with the strategies, policies and processes required to ensure that the contribution of people to the organization is recognised by both the financial and non-financial means. It is the implementation and maintenance of reward systems, which have goals to meet both the stakeholders and organizational needs (Armstrong, 2014). Reward management should aim at fairly rewarding people in a consistent and equitable manner that caters for the organization's values in ultimately achieving the strategic goals of the organization.

14

Youssef and Luthans (2007) observed that organizations provide rewards to their personnel in order to try to motivate their performance and encourage their loyalty. Not only is reward management about employee benefits and salary, it is also related to other non-financial rewards which are not limited to increased job responsibility, learning and development opportunities and recognition.

2.3   THE REWARD SYSTEM

A reward system consists of the policies and mechanisms by which organizations administer employee rewards, for example, by annual pay increases. A reward system should satisfy the goals associated with the strategy of an organization, while at the same time be attractive, cost effective, and fair. There are many variations possible, as a mix of components that include fixed, variable, and indirect rewards (Van Eerde, 2017).

A reward system consists of a number of interrelated processes and activities which combine to ensure that reward management is carried out effectively to the benefit of the organization and the people who work there (Armstrong, 2014). These are described below:-

2.3.1   Reward Strategy

Armstrong (2014) described this as the strategy which illustrates the organization's long term intentions to develop and implement reward policies, practices and processes with an aim at further achieving the goals of the business.

2.3.2   Reward Policies

According to Armstrong (2014), these reward policies should aim at addressing broad issues as follows:-

- The internal rates for pay should take into account the trends in the market. In order to achieve equal pay, the internal rates for pay can be aligned to the upper or median quartile rate in the market;

15

- As an approach to the total rewards, importance should be attached to both internal equity as well as external competitiveness;
- There should be a scope that is used for contingent rewards which are related to skill, competence, contribution or performance;
- Transparency from line managers is key and this can be achieved through the sharing of processes and information on the reward structures to all employees.

2.3.3   Total Rewards

This is the inclusion of all types of rewards which are indirect and direct as well as intrinsic and extrinsic (Armstrong, 2014). This concept of total rewards has had considerable influence being exerted on reward management. The various aspects of salary, benefits and variable pay as well as non-cash elements which are intangible are encompassed in total rewards. Non-cash elements include career development opportunities, learning and development as well as the scope to exercise more responsibility.

2.3.4   Total Remuneration

Total remuneration is the value of all cash payments (base pay, contingent pay and allowances, i.e. total earnings) plus the pensions and benefits received by employees (Kalimullah, 2010). For example, the total remuneration of medical staff may comprise a capitation fee and a fee for services, or it may include a salary and shared financial risk. A remuneration strategy, therefore, is the particular configuration or bundling of payments that go to make up an individual's total income (WHO, 2000).

According to Armstrong (2014) the six elements of reward systems are:

- base pay management;
- contingent pay;
- employee benefits;
- non-financial rewards;
- performance management;

16

- total rewards.

In a formal reward system these elements are interconnected and contain various sub-elements as set out in Figure 2.1 They flow from the business and reward strategies as influenced by the organization's context and combine to achieve performance and reward objectives
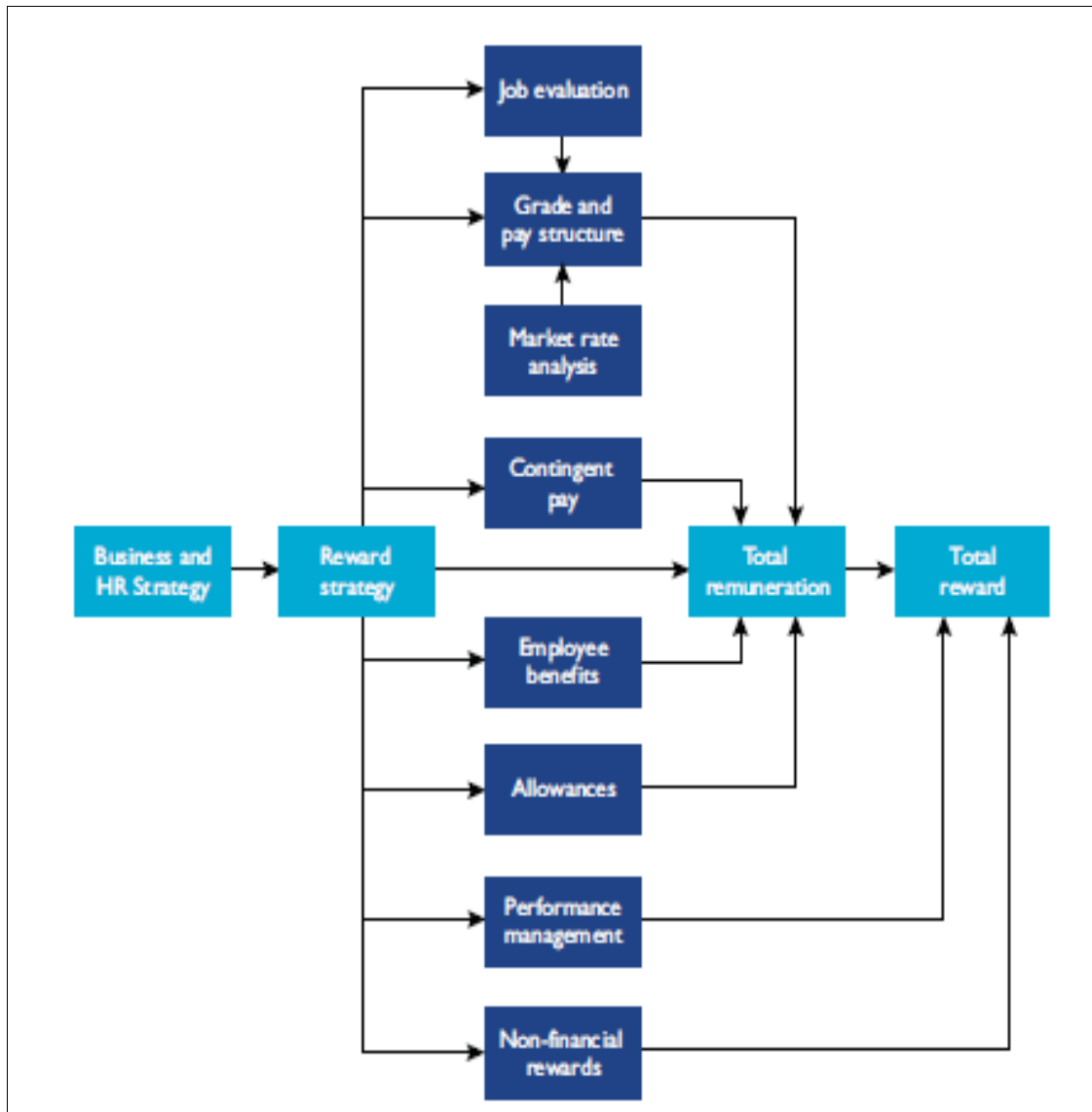
Figure 2.1: The reward management system: elements and interrelationships
17

Basic pay – this is the amount of the pay which is, the wage or fixed salary inclusive of the rate for the job being done. This pay rate can be varied in accordance with the job grade or the level of skill required to carry out that job. The base pay will always be influenced by both internal and external factors. Internally, this can be through some form of job analysis or evaluation whilst externally this can be assessed to prevailing market trends. Another option of agreement in relation to basic pay can be through collective bargaining processes and discussion done at trade union level. It is essential to note that basic pay can be expressed as a rate calculated hourly, daily, weekly, monthly or annually (Kalimullah, 2010).

2.4   THE PHILOSOPHY OF REWARD MANAGEMENT

Bratton and Gold (1999) purported that in the last decade, managers have significantly changed the way they manage remuneration. Reward management is key in ensuring effective human resources management and it is related directly to various elements of the human resources management cycle. Armstrong (2006) highlighted that reward management was based on a philosophy which is well articulated as well as a collection of guiding principles and beliefs which were consistent with the organization's values. A total reward approach is adopted in reward management with the view of taking into account all aspects in relation to rewards as well as integrating these with other human resources initiatives which are designed for the employees. Table 2.1 below explains the pay levels in accordance with economic theories (Armstrong, 2014).

Table 2.1: Economic theories explaining pay levels

Name of Theory	Summary of Theory	Practical Significance
The Law of Supply and	Other things being equal, if there is a surplus of labour and supply exceeds	Emphasizes the importance of labour market factors in

Demand	the demand, pay levels go down; if there is a scarcity of labour and demand exceeds the supply, pay goes up	affecting market rates
Efficiency Wage Theory	Firms will pay more than the market rate because they believe that high levels of pay will contribute to increases in productivity by motivating superior performance, attracting better candidates, reducing labour turnover and persuading workers that they are being treated fairly. This theory is also known as 'the economy of high wages'	Organizations use efficiency wage theory (although they will not call it that) when they formulate pay policies that place them as market leaders or at least above the average.
Human Capital Theory	Workers have a set of skills developed by education and training that generates a stock of productive capital	Employees and employers each derive benefits from investment in creating human capital. The level of pay should supply both parties with a reasonable return on that investment
Agency Theory	The owners of a firm (the principals) are separate from the employees (the agents). This difference can create 'agency costs' because the agents may not be as productive as the principals. The latter therefore have to devise ways	A system of incentives is needed to motivate and reward acceptable behaviour. This process of 'incentive alignment' consists of paying for measurable results that are

19

	of motivating and controlling the efforts of the former	deemed to be in the best interests of the owners
The Effort Bargain	Workers aim to strike a bargain about the relationship between what they regard as a reasonable contribution and what their employer is prepared to offer to elicit that contribution	Management has to assess what level and type of inducements it has to offer in return for the contribution it requires from its workforce

(Source : Armstrong, 2014)

2.5   CONCEPT OF MOTIVATION

There are many definitions and explanation of the motivation concept and these vary and differ in their own way. Focus though will be given more on those definitions which are related to the workplace. In order for managers to decide the actions to take in order to have encouraged employees, there is need for them to fully understand what motivation really is. Webster's Dictionary identifies the root word for motivation as motive which it further defined as something that would cause a person to act. The word motive is the reason why something is done or why something moves in a particular direction. Human nature has seen to show people as being motivated when they expect that the valued reward which is going to fulfil their particular needs, can be attained or given when they have taken a particular course of action in order to achieve a goal (both personal and organizational). Armstrong (2002) indicated that people who are well-motivated were those who had goals which were defined clearly as well as those people who take action when they expect that that same action will assist them in achieving their goals. Motivation is the force that energizes, directs and sustains behaviour. High performance is achieved by well-motivated people who are prepared to exercise discretionary effort, that is, independently do more than is expected of them.

Motivation can be defined as when the act of providing a motive, causes someone to act in a certain way. Motivation can cause someone to act and it is at an individual's discretion to

20

decide whether to be motivated or not. What motivates a person is the desire to achieve their own personal goals as well as those of the organization. When an employee is highly motivated, commitment towards the organization is visible and that particular individual can identify themselves with the organization. Ryan and Deci (2000) highlighted that a motivated person is one that is moved to do a particular act and although there may be various definitions for motivation, the concept remains the same.

2.6   THE PROCESS OF MOTIVATION

Theories in motivation are concerned in what motivates or moves a person to do a specific action in a specific way. The motivation process endeavours to illustrate the different factors affecting a person and hence the effort that is put into their work and their contribution and levels of engagement in the organization.

2.6.1   Motivation Model

The figure 2.2 below illustrates how motivation works according to Armstrong (2014)
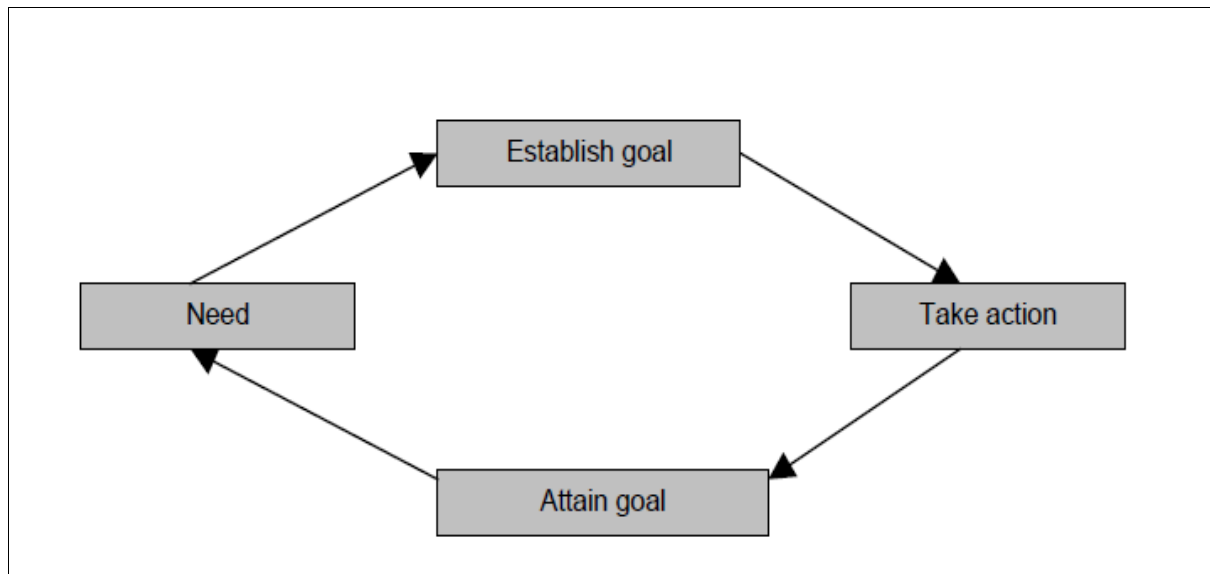
Figure 2.2: A Motivation Model

21

Armstrong (2014) designed a model of motivation which is based on both the reinforcement and needs theory. This model suggests that either the conscious or unconscious recognition of an unsatisfied need can initiate the motivation process. When a want is created, goals are then established and it is believed that these goals will satisfy the initial needs. The individual then selects a particular behaviour pathway that will be aimed at achieving the goal. Armstrong (2014) further illustrates that once the goal is achieved and the need is satisfied, the behaviour is most likely to be repeated should a similar need arise. Likewise, if the goal is not achieved, then the same action will most probably not be repeated. The process of motivation is a continuous process as Armstrong (2014) alludes as new needs arise when some needs have been satisfied. Maslow (1954) indicated however that is the unsatisfied need which motivates behaviour. Critics have argued that this deterministic model oversimplifies the motivation process. Further, the motivation model does not take into account the cognitive factor influencing motivation through individual perception of the importance of their working environment.

2.6.2 Types of Motivation

There are two types of motivation as originally described by Herzberg et. al, (1957).

2.6.2.1 Intrinsic Motivation

Herzberg et. al, (1957) defined intrinsic motivation as that motivation that was acquired through the work itself. This was the way people felt when the work which they did was interesting, challenging, important and involved exercising responsibility. Further, that people also feel intrinsically motivated when they are given the autonomy or the scope to

develop their abilities and skills as well as the opportunities which they were afforded for their growth and professional advancement.

2.6.2.2   Extrinsic Motivation

Herzberg et. al, (1957) went on further to define extrinsic motivation as that what was done to or people in order to motivate them. These rewards included recognition, increase in pay, promotion, disciplinary action or criticism. They went on further to highlight that these extrinsic motivators had an immediate and powerful effect, that that effect did not last for long.

Critics point out that it should not be assumed that extrinsic motivation is bad and intrinsic motivation the opposite. Both motivators have a role to play in the employee motivation.

	Personal	Interpersonal
Intrinsic	Personal Satisfaction	Social Interaction
Extrinsic	Personal Rewards	Public Recognition

(Source : Armstrong, 2006)

Figure 2.3: The types of Motivation according to Hertzberg

23

2.6.3   The Role of Job Design in Motivation

Intrinsic motivation is provided when jobs are well designed. This is the case when the job has the following characteristics:

- autonomy, discretion, self-control and responsibility;
- variety;
- use of abilities;
- availability of constructive feedback;
- a belief that the work is significant.

2.7   MOTIVATION THEORIES

The earliest approaches to understanding human motivation date from the time of the Greek philosophers and focus on the concept of hedonism as a principle driving force in behaviour. Individuals were seen as directing their efforts to seeking pleasure and avoiding pain. This principle was later refined and further developed in the works of philosophers such as John Locke and Jeremy Bentham in the 17th and 18th centuries (Armstrong, 2014). Motivation theory has moved on from then. It started in the earlier part of the 20th century with the contributions of the exponents of scientific management (instrumentality theory).

In the middle years of twentieth century the behavioural scientists entered the field and began to develop the 'content' or 'needs' theory of motivation. The main process theories such as expectancy theory emerged in the in the 1960s and 1970s, although the first formulation of the process theory of reinforcement took place in 1911. The three main areas of motivation theory are:

- instrumentality, behaviorist and reinforcement theories;
- needs or content theories;
- Herzberg's two-factor theory;
- Process or cognitive theories (expectancy, goal and equity).

24

2.7.1 Instrumentality Theory

Instrumentality theory states that rewards and punishments are the best instruments with which to shape behaviour. It assumes that people will be motivated to work if rewards and penalties are tied directly to their performance; thus the awards are contingent upon effective performance. It hypothesizes that a person's attitude toward an occurrence (outcome) depends on his perceptions of how that outcome is related (instrumental) to the occurrence of other more or less preferred consequences.

The theory is rooted into Taylor's findings, who concluded that 'it is impossible, through any long period of time, to get workmen to work much harder than the average men around them unless they are assured a large and a permanent increase in their pay.' This belief is often described as 'Taylorism'. In its crudest form, instrumentality theory states that people work only for money. Motivation using this approach has been and still is widely adopted and can be successful in some circumstances e.g. piece work. The instrumentality theory is based exclusively on a system of external controls and fails to recognize a number of other human needs. Nor does it take account of the fact that the formal control system can be seriously affected by the informal relationships between the workers.

2.7.2 Content Theory

The content theory is also known as the needs theory. The basis was under the notion that when there is an unsatisfied need, tension will build up and lead to disequilibrium. Further, in order to restore the balance, the goal that satisfies the need should be identified and thereafter, a pathway towards a particular behaviour should be selected that would aide in ensuring that the desired goal was achieved. In essence this meant that unsatisfied needs motivate a particular behaviour as not everyone has equally important needs but they differ from one person and from any time.

The renowned contributor towards the needs theory is Henry Maslow. Maslow (1954) formulated a hierarchy of needs concept which began with the fundamental physiological needs which would then lead through to safety, social and esteem needs and ultimately self-

25

actualization, which was the highest need of them all, but can never be satisfied. Maslow pointed out that despite the psychological development which takes place as individuals move up the hierarchy of needs, there was never a straightforward progression. Even if temporarily dormant, the needs at the lower level still existed and individuals would always constantly return to needs that would have beeen previously satisfied.
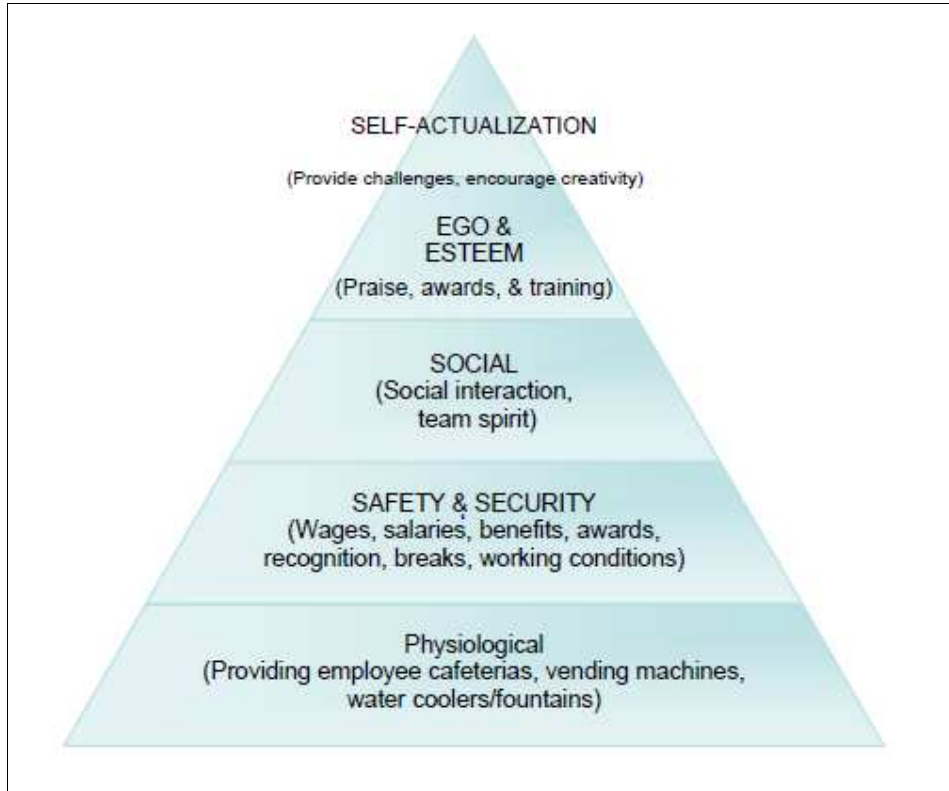
(Source: Venugopalan, 2007)

Figure 2.4: An Illustration of Maslow's Hierarchy of Needs

The theory has been criticized for its apparent rigidity since different people may have different priorities and the underpinning assumption that everyone has the same needs is invalid. It is difficult to accept that needs progress steadily up the hierarchy and Maslow

26

himself expressed doubts about the validity of a strictly ordered hierarchy. But he did emphasize that the higher-order needs are more significant.

2.7.4 Alderfer's ERG Theory

Alderfer (1972) produced a more convincing and simpler theory, which postulated three primary categories of needs:

- Existence needs such as hunger and thirst, pay, fringe benefits and working conditions are other types of existence needs.
- Relatedness needs, which acknowledge that people are not self-contained units but must engage in transactions with their human environment – acceptance, understanding, confirmation and influence are elements of the relatedness process.
- Growth needs, which involve people in finding the opportunities to be what they are most fully and to become what they can. This is the most significant need.

2.7.5 McClelland's Achievement Motivation

An alternative way of classifying needs was developed by McClelland (1961), who based it mainly on studies of managers. He identified three needs of which the need for achievement was the most important:

 1) The need for achievement,

 2) The need for affiliation, and

 3) The need for power.

The achievement need is described as a desire for achievement, combined with other influences such as social approval, and ability. The affiliation need is described as a concern for establishing, maintaining, or restoring positive relationships. People with affiliation needs are seeking approval (McClelland, 1961). Then the need for power is described as a superior person that can control or influence a subordinate. McClelland states that these needs can

27

influence their management style. High affiliation people tend to not perform well as managers because of their need to maintain positive social relationships. People with high power needs and low affiliation tend to be successful leaders, while people with high achievement needs tend to perform well as entrepreneurs.

2.7.6   Herzberg's Two-Factor Model

Herzberg's two-factor model of motivation (Herzberg, 1966) illustrated the factors which gave rise to job satisfaction and motivation are opposite from those factors which lead to job dissatisfaction. Herzberg Two-Factor model is also known as the Motivation–Hygiene theory. In order to illustrate this, Herzberg carried out a survey on a group of engineers and accountants and concluded in his findings that there were two factors which influenced employees which he cited as motivators and hygiene factors.

Armstrong (2014) illustrates the motivators identified by Herzberg as achievement, recognition, autonomy, growth, responsibility as well as the work itself. These are the aspects, when fulfilled, intrinsically created job satisfactions. These intrinsic factors had an influence on the ways of work in an organization. These intrinsic factors could be in the form of achievements, interests in the assigned tasks, responsibility of increased task as well as growth and advancement to higher level.

Hygiene factors, on the other hand, were defined by Herzberg (1966) as being extrinsic to the job. Such factors were the pay, company policies and administration, status, security and personal relations. Armstrong (2014) postulates that these factors identified by Herzberg do not necessarily create satisfaction but can actually cause dissatisfaction if preventive action is not taken. Herzberg (1966) also noted that any feeling of satisfaction resulting from pay increases was likely to be short-lived compared with the long-lasting satisfaction from the work itself. Herzberg research concluded that pay was a motivator only in the short term and if there were unfair systems for pay, such systems can lead to demotivation. Further, in order to make sure that the work environment did not develop into a disgruntled community,

28

hygiene factors are essential. The hygiene factors which were identified as being influential were salary, working condition, status, company policies and administration.

Critics to Herzberg's two-factor model have asserted that the original research failed to support the contention that pay is not a motivator. Further, that there was no attempt which Herzberg made to measure the relationship that existed between satisfaction and performance.

2.7.7 Self-Determination Theory

Deci and Ryan (2000) formulated this theory and proposed that individuals are motivated by the need to achieve three fundamental goals, which were, striving for competence, autonomy and relatedness. This theory is an approach that uses traditional empirical methods to human motivation and personality. The theory also employs an organismic meta-theory and highlights the importance humans have evolved in relation to inner resources for personality development and behavioural self-regulation. Thus, the main focus in this theory is the investigation of people's inherent growth tendencies and innate psychological needs which form the basis for individual self-motivation and personality integration, as well as for the requisite conditions that foster those positive processes.

Using the empirical process, Deci and Ryan (2000) identified three needs which were competence, relatedness and autonomy. Deci and Ryan (2000) further went to state that these needs were essential in facilitating optimal functioning of the natural propensities for growth and integration, as well as for constructive social development and personal well-being.

The research which guided this theory also examined environmental factors that hinder or undermine self-motivation, social functioning, and personal well-being. Although many specific deleterious effects were explored, the research suggested that these detriments can be most parsimoniously described in terms of thwarting the three basic psychological needs (Deci and Ryan, 2000). Therefore, the Self Determination Theory is not only concerned with the specific nature of positive developmental tendencies but also the social environments which are antagonistic towards these tendencies.

29

Behavior   Nonself-Determined   Self-Determined

Motivation	Amotivation		Extrinsic Motivation			Intrinsic Motivation
Regulatory Styles	Non-Regulation	External Regulation	Introjected Regulation	Identified Regulation	Integrated Regulation	Intrinsic Regulation
Perceived Locus of Causality	Impersonal	External	Somewhat External	Somewhat Internal	Internal	Internal
Relevant Regulatory Processes	Nonintentional, Nonvaluing, Incompetence, Lack of Control	Compliance, External Rewards and Punishments	Self-control, Ego-Involvement, Internal Rewards and Punishments	Personal Importance, Conscious Valuing	Congruence, Awareness, Synthesis With Self	Interest, Enjoyment, Inherent Satisfaction

Figure 2.5: The Self Determination Continuum Showing types of motivation with their regulatory styles, loci of causality and corresponding behaviours

(Source: Deci and Ryan, 2000)

2.7.8   Process or Cognitive Theories

The process theory places emphasis on the psychological or mental processes and forces that affect motivation, including the basic needs. Another reason why this theory is known as the cognitive theory is that it refers to the perceptions that people have of the environment within which they work and the various ways those same people understand and interpret it. The main process theories which have been focused on are reinforcement, expectancy, goals, equity and cognitive evaluation.

2.7.9 Reinforcement Theory

This is the oldest and least complex of the process theories. It is based on 'the law of effect' as formulated by Thorndike in 1911, which states that over time people learn about the relationships between their actions and the consequences of them and this understanding guides their future behaviour. In other words, if they believe that something has worked previously then they will do it again. It was later developed by Hull in the 1943s and 1951.

In 1953, Skinner and others later built on these principles with the notion of 'operant conditioning', which was influenced by the work of Pavlov and his salivating dogs. '*Positive reinforcement of desired behaviour elicits more of the same; punishment of undesired behaviour (negative reinforcement) elicits less of the same*' (Shields 2007). Reinforcement models continue to thrive today as explanatory vehicles for understanding work motivation and job performance, and as a justification of performance pay. But reinforcement theory can be criticized for taking an unduly mechanistic view of human nature.

It implies that people can be motivated by treating them as machines that is by pulling levers. In assuming that the present choices of individuals are based on an understanding of the outcomes of their past choices, reinforcement theory ignores the existing context in which choices are made. In addition, motivational theories based on the principle of reinforcement pay insufficient attention to the influence of expectations no indication is given of how to distinguish in advance which outcomes would strengthen responses and which would weaken them. Above all, they are limited because they imply a hedonism of the past, in Allport's vivid phrase.

2.8   THE GOVERNMENT REWARD SYSTEM

Government compensation and employment policies are important for the efficient delivery of public services which are crucial for the functioning of economies and the general prosperity of societies (IMF 2016). The efficient delivery of public services is crucial for the functioning of economies and the broader prosperity of societies. Governments typically play a key role in the provision of critical services such as education, health, sanitation and

31

security. Broad access to these services promotes inclusive growth and the general well-being of populations.

Government compensation and employment policies foster better compensation and employment standards, including equality of pay and employment opportunities for women, ethnic minorities, those with disabilities, the low skilled, and disadvantaged groups.

Closer to home, the Zimbabwean Constitution (2003), advocates for wages that are fair and reasonable for the worker. Through the Labour Act (Chapter 28:01) as well as other statutory instruments and employment negotiations done by trade unions and employer representation, minimum wages have been set in Zimbabwe. In 2014, the Zimbabwe Agenda for Sustainable Socio-Economic Transformation Asset (ZIMASSET 2014) was introduced and this has had a key component of ensuring that productivity labour laws are aligned to the country's strategy particularly in the crop production and marketing arena. Madhuku (2012) indicated however, that the two-tier system for the labour laws in Zimbabwe would bring hindrance to adopting a reward strategy that would be systematic across all sectors that were in the public service that is, the army, police as well as air force. Employees in the public service in Zimbabwe are governed by the Public Service Act (Chapter 16:04) whilst the remaining employees in other sectors are governed by the Labour Act (Chapter 28:01)

The analysis on unit labour costs has shown that labour costs are generally high in Zimbabwe relative to the rest of Africa and Asia. There are huge income disparities between top management and middle management, top management and ordinary workers, and between middle management and ordinary workers within enterprises. An analysis of the wage differentials between the public and private sectors shows a high public wage premium (SERA 2016). Compared to Sub-Saharan African countries, Zimbabwe has one of the highest public employment costs to total government expenditure and gross domestic product ratios. This is now compromising fiscal and debt sustainability, and jeopardizing growth by generating excessive deficits and crowding out growth-enhancing public investments.

32

2.8.1   The Health Services Board (HSB)

The Board serves government workers in the health sector. It is governed by the Health Services Act. The Chair of National Joint Negotiating Council (NJNC) currently chairs the HSB. The Board works in consultation with the Minister of Health and Child Care (MoHCC) and its functions include:

1. Appointing persons to offices, posts and grades in the Health Service;
2. Creating grades in the Health Service and fix conditions of service for its members;
3. Supervising and monitoring health policy planning and public health;
4. Inquiring into, and dealing with, complaints made by members of the Health Service;
5. Supervising, advising and monitoring the technical performance of hospital management boards and State-aided hospitals;
6. Setting financial objectives and framework for hospital management boards and State aided hospitals;
7. Handling appeals in relation to disciplinary powers exercised by hospital management boards, over members of the Health Service;
8. Assisting in resource mobilization for the Health Service; and,
9. Exercising any other functions that may be imposed or conferred upon the Board in terms of the Act or any other enactment.

The wages and conditions of services negotiations in the health sector are determined by the Health Service Board Negotiation Panel (HSBNP). This Panel also has a structure with representatives from the Government and workers associations, also known as Apex. The Apex is made up of the various professional associations in the health sector. This bi-partite structure is a duplication of the NJNC.

2.9   EMPIRICAL STUDIES

Several studies have been done on the impacts of reward systems and also on employee motivation in different parts of the world.

33

Quresh et. al, (2010) conducted their study in the cement industry in Pakistan. They found out that there was a direct relationship between the employees' performance with both intrinsic and extrinsic rewards. In their study, Quresh et. al, (2010), also found that the approaches used in recognition in the cement factories was good in order to attain optimum performance from the employees. Although this study is relevant, it is different from the current study as the latter will be targeting a specific population of health workers, whereas the former examined cement factory workers.

Prabakaran et. al, (2014) conducted a study which focused on the reward systems that was given to workers in the banking sector. Their study also sought to examine the relationship between rewards and employee performance and also pinpoint the relationship between extrinsic and intrinsic rewards. Extrinsic and intrinsic rewards were explored as well as the impact which they had on employee performance and actions. Prabakaran et. al, (2014) concluded their research by highlighting that in order to motivate employees to work harder, a good reward system should also be aligned with the goals of the organization. Whilst their research focused on designing performance-related reward systems in order to achieve greater rewards and yield motivation for those who contributed the most, this current research work is studying rewards and their impacts on employee motivation in the public sector.

Abdul et. al, (2013), conducted a research on reward and employee's creativity studying a case of manufacturing organization. This study was a correlational study where the researchers examined the relationship between reward system and employee's creativity among administrative support personnel in the manufacturing industries. This study focused on five (5) selected manufacturing organization involved in electronic field located in Shah Alam Selangor. The total population was one hundred and sixty (160) staff. The main objective of their study was to investigate strategic reward systems that are intrinsic and extrinsic reward for employees. The rewards address four areas that consist of compensation, benefits, recognition and appreciation. This study discussed whether the reward system gives more benefit to the organization and employees such as improving the employee level of creativity or vice versa.

34

The research findings showed that rewards are contributing factors to the employees' creativity or ideas among administrative support personnel in the manufacturing industries in Shah Alam. By providing employees with extrinsic rewards is relatively straightforward and usually built into performance and particularly useful in the short-term for creativity and motivating employees to work towards one specific organizational goal. The findings of this study would enhance understanding of the issues of reward systems among employers in organizations which can influence the motivation of employees.

In 2010, Dolea et. al, in their research titled '*Evaluated strategies to increase attraction and retention of health workers in remote and rural areas*' they identified a cause of worldwide concern the fact remote and rural areas lacked health workers. It would appear as if there are proposed and implemented interventions designed at addressing this issue by many countries. However, not much is known regarding whether these interventions are effective or sustainable in the long term. Dolea et. al (2010), provided an analysis that could be used to attract and retain health workers who were stationed in remote and rural areas. A synthesis was carried out by Dolea et. al, (2010) of the methods that could be used to measure rural retention interventions against the back drop of several dimensions in policies. A discussion was done and it was emphasized that there was a need for more thorough evaluations to be carried out in order to support policymakers when they develop, implement and evaluate interventions which were effective in increasing the availability of health workers who were based in underserved areas. This stance would ultimately make a contribution towards attaining the United Nations' Millennium Development Goals.

Whilst their research paper focused on retention, this research is aimed at studying rewards and motivation in Gutu District which is a rural area and the findings might help understand the motivation of the health workers in rural centres since the government also offers a rural allowance.

Weldegebriel et., al, (2016) conducted a similar study where he looked at health professionals' motivation reflecting the interaction between health professionals and their work environment. It can potentially affect the provision of health services; however, this

35

important attribute of the workplace climate in public hospitals is not usually given serious attention to the desired level. For this reason, they assessed the level of motivation of health professionals and associated factors in public hospitals of West Amhara, Northwest Ethiopia. The strongest drivers of all motivation dimensions were found to be nonfinancial human resource management tools, so policy makers and health workforce stake holders should focus on these tools to alleviate motivation problems.

Hongoro and Normand (2006) conducted a research on Health Workers: Building and Motivating the Workforce. They came up with recommendations for governments in developing countries which face huge challenges in strengthening their health systems, especially their human resources capacity. If cost-effective disease control interventions are to achieve their desired results. Strengthening their systems will entail developing self-sustaining systems for the supply, use, and retention of health workers. The following considerations are important in relation to putting effective policies and incentive structures in place:

Countries should explicitly link the planned number of each category of staff members, should recognize that the salaries necessary to recruit and retain staff members will depend on the opportunities such workers have for other employment within the country and abroad. Countries should also understand both that qualifications that are recognized internationally are likely to attract higher salaries and that such qualifications may only be partially suited to the needs of essential health services and they should focus on developing the most important skills by training new types of health workers. The training policies should take into account the decline in skills over time and must allocate scarce resources between basic training and continuing staff development.

Countries should also recognize the use of incentives to improve performance for example, doctors are allowed to practice in both public and private services, the effects of private practice on incentives tends to boost their morale yet will still serve the communal health care facilities.

36

2.10   RESEARCH GAP

Previous work that has been done has shown that rewards and motivation have been studied separately by different researchers. In this study, the researcher conducted a study on the impacts of reward strategies offered by the government to its health sector employees and its impact on the motivation levels of the employees. A case of Gutu Rural District was used. This is a conjoined study of the works of Quresh et. al (2010), Weldegebriel et. al, 2016, Dolea et. al, 2010, and Abdul et, al (2013), who studied all these variables separately.

2.11   CONCEPTUAL FRAMEWORK

The rewards strategy is the independent variable in this case and motivation, the dependant variable. Rural areas are the factors that have potential to alter the outcome coupled with the nature and the volatility of employees in the public health sector.
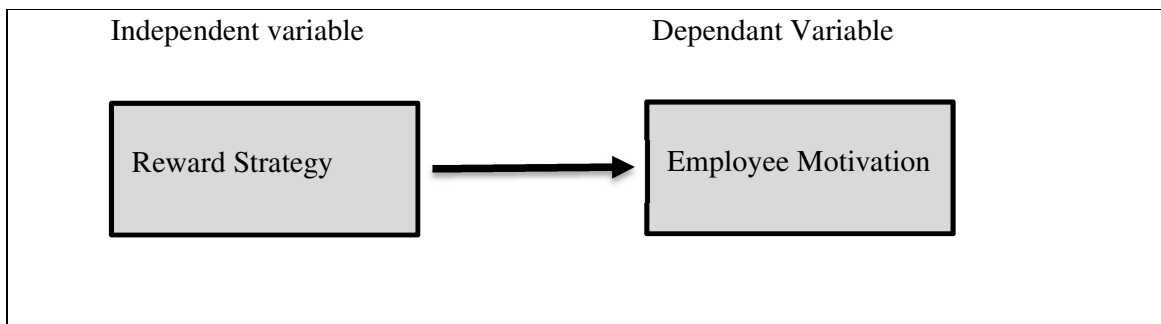
Figure 2.6 : Conceptual Framework

(Source : Author 2020)

The following factors are assumed and will be studied in order to see if they are correlated or are totally independent of each other:-

(i)   factors which influence health workers decisions or choices to relocate, leave or stay in remote and rural areas;

37

(ii)   the extent in which interventions and health policies respond to the factors.

The main categories in which these responses will be grouped are financial, regulatory, education as well as personal and professional support interventions

2.12   CHAPTER CONCLUSION

The chapter has described the underlying theories of rewards systems and strategies as well as the theories of motivation and their nature. Previous work done in the variables of this particular study have also been noted in this chapter which have made it possible to pinpoint the research gap for this study whereby rewards have been studied alone and motivation have been studied alone and in other industries not specifically the public health sector. Also no empirical evidence has been found to exist in the rural districts with specific mention to the Gutu Rural District.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1   INTRODUCTION

This chapter aimed at fulfilling the research objectives by answering the research questions and defining the research methodology and research techniques which the researcher implemented in obtaining the required and relevant data. The justification to choosing a particular method over the other was given by highlighting the advantages of the particular chosen method. Challenges which the researcher faced in the data collection process were also discussed.

3.2   RECAPITULATION OF RESEARCH AIM, MAIN OBJECTIVE, MAJOR QUESTIONS AND HYPOTHESIS

Table 3.1 gave a recap of the research purpose, aim and research hypothesis which guided the research and gave direction to the specific areas that were addressed

Table 3.1 : Recap of Research Aim, Objective, Research Question and Hypothesis

Research Aim	The study aimed at learning through the experiences of health workers at Gutu District public hospital and clinics, the impact of government reward strategies on worker motivation
Major Objective	The main objective of the study was to ascertain the effect of motivation strategies on hospital and clinical staff performance in Gutu District
Major Research Question	What was the impact of reward strategies on the motivation of hospital and clinical staff in Gutu district?

Hypothesis	H_0 – The reward strategies have no impact on employee motivation
	H_1 – The reward strategies have positive impact on employee motivation

(Source: Author, 2020)

3.3   RESEARCH DESIGN

A research design is a plan which was used by the researcher to answer research questions in an objective, valid and accurate manner (Kumar, 2011). It is also a framework by the researcher which highlights the most appropriate methods for data collection and analysis (Walliman, 2006). A research design can be Exploratory, Descriptive or Explanatory as shown in figure 3.1
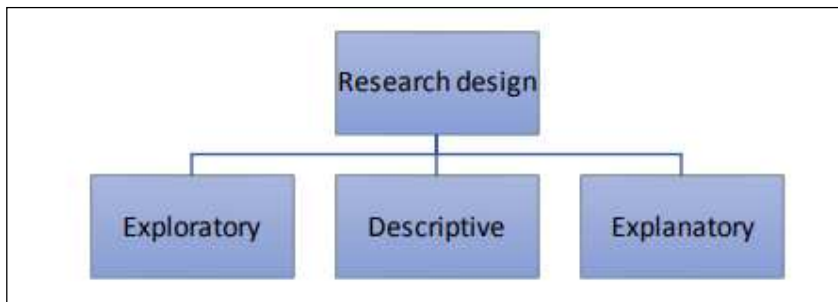
Figure 3.1 Types of Research Design

(Source: Raithatha, 2017)

40

Exploratory research aims at determining the nature of the problem being studied, Descriptive research aims at answering the questions, who, what, where, when, why, and how, whilst Explanatory Research Design aims at explaining a particular phenomenon (Raithatha, 2017). This research aimed at exploring the reasons behind certain behaviours by health workers before or after government rewards and at the same time, gather facts and figures relating to various factors such as labour turnover after the different motivation strategies by government. In this regard, the study was a combination of both, the quantitative and qualitative research methodologies. The researcher made use of the research onion to clarify the various steps and techniques which were taken in gathering the relevant data for the research which is shown in Figure 3.2 below.
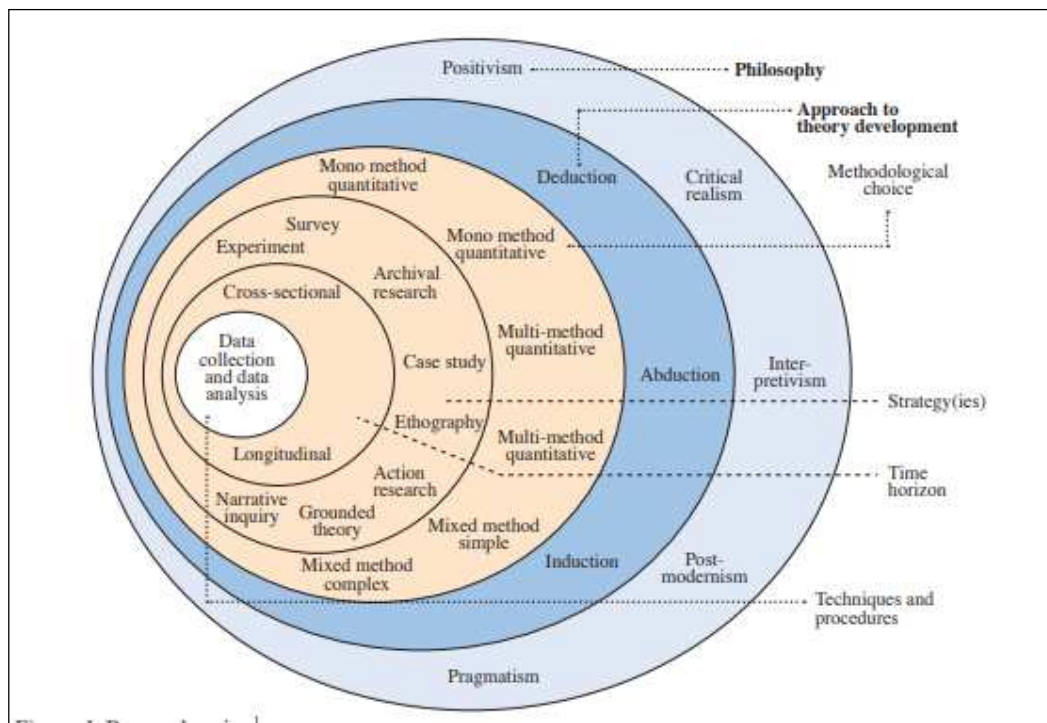
Figure 3.2 Research Onion

(Source: Melnikovas, 2018)

41

The research onion can be summarized by six main layers which include Research Philosophy, Approach to Theory Development, Research Strategy as well as, Research Techniques and Procedures (Melnikovas, 2018). These shall now be analyzed in line with this research, in order to make clear the research methodology and techniques to guide this research.

3.3.1 Research Philosophy

Research philosophy deals with the development of knowledge through a system of beliefs and assumptions and these assumptions may be about human knowledge (epistemological assumptions), the nature of reality (ontological assumptions) and the researcher's own influence through own values, alternatively referred to as axiological assumptions (Saunders et al, 2009). These are the assumptions which then underpin the research strategy as well as the methodology to be used (Saunders et al, 2009). The research philosophy is the model or the direction that the researcher assumes in tackling a specified problem (O'Leary, 2005). Understanding the different assumptions during the research process helped shape how the researcher interpreted her findings. This research was largely Positivist.

3.3.2 Research Approach

The choice of research approach is of the major importance for the researcher as it connects research philosophies with the way of processing theories (Saunders et al., 2009). The researcher took a deductive reasoning approach. Saunders et al. (2009) state that the two main ways to conduct a research which are namely deduction and induction. The deductive approach is built upon developing and processing relevant theories and creating a hypothesis, which later will be tested with the help of collected data (Saunders et al., 2009). Deductive reasoning also works from the general to the specific as it deals with existing theories (Burney, 2008).

42

The inductive theory is built as a result of analysis of collected data (Saunders et al., 2009, p. 126). These two types are generally viewed in a stereotypic way. Whilst induction is perceived to be connected to humanist field and qualitative data, deduction on the other hand is associated with scientific research and quantitative data (Bryman and Bell, 2011). This research was based on existing theories inclusive of Herzberg's two factor theory and Maslow's hierarchy of needs. The researcher wanted to see how the reward strategies influenced health workers' behaviour during their working period.

3.3.3   Research Methods

There are two main research methods used namely quantitative and qualitative. Quantitative research deals with facts and figures (Bowen, 2010). A quantitative research normally entails the collection of primary data from a large number of samples with an aim of reflecting the outcomes to a broader population (O'Leary, 2005). Qualitative research on the other hand, involves building up clarifications of social phenomena (Hancock, 1998). This type of research method seeks to answer the questions which start with in what way, when and how (Saunders et al, 2009). The researcher used the mixed method which includes both quantitative and qualitative techniques of data collection. Apart from gathering workers' views qualitatively, figures to support how these workers were performing at work were also collected. These involve the rate of labour turnover, the rate of promotions and salary increments, and also the rate at which the employee's educational statuses have been upgrading throughout the years. Qualitative research studies people's views and opinions (Patton and Cochran, 2002). These help to understand the reasons behind certain figures and facts. Triangulating the two methods helped in gathering more data, which the researcher later analysed.

The mixed method uses both the quantitative and qualitative methods. The researcher took an explanatory sequential approach to data collection which is quantitative technique dominant.

43

The dominant quantitative aspect was to gather facts and figures. This was aimed at having real figures which depicts various trends after each government action. A good research aims to understand the voice behind figures and facts, and hence the need to solicit people's views in order to understand their feelings and thoughts regarding the various reward systems and how they affect their work, either positively or negatively, and hence, the mixing of the two methods (Bryman, 2016). Questionnaires help in collecting large volume of data from a wider population, whilst key informant interviews help in gathering expert opinion over the issue of government reward system. The researcher employed both strategies in enriching the type of information gathered.

3.3.4   Research Strategy

A research strategy is different from a research method. Research methods are those tools which are used for data collection such as questionnaires, interviews, observation and documents. On the other hand, a strategy is a plan of action designed to achieve a specific goal (Denscombe, 2010). Although in research there are many and varied strategies which are used, for the purposes of this study, the researcher adopted the case study strategy, by specifically studying health workers at Gutu District's hospital and clinics. This helped to fully understand the impact of reward strategies on worker motivation within the district. Further, an analysis was carried out to see if these reward systems had an impact on employee motivation or not. The researcher adopted the mixed method as according to (Bryman 2016), using a combination of different data increases validity as the strength of one approach can compensate for the weaknesses of another. Further, mixed methods have the advantage that shortfalls of qualitative methods are complemented by strengths of quantitative methods

3.4   DATA COLLECTION TECHNIQUES

The researcher made use of questionnaires and interviews in gathering the required information for the research. The data collection techniques which were adopted by the researcher are briefly explained below.

44

3.4.1 Primary Data Collection

3.4.1.1 Non-Participant Observations

By visiting the hospital and clinics, the researcher observed if the workers were working happily and if they were maintaining their work ethics by serving patients with a content attitude. The researcher also observed if the nurse aide was receptive and welcoming.

3.4.1.2 Questionnaires

Questionnaires are a research instrument which helps a researcher in collecting the relevant data (Kumar, 2011). The researcher also used questionnaires to guide the research and help to maintain chronology in answering research questions. A questionnaire must be ethical and it must not discourage respondents from answering some of the questions (Etikan et. al, 2016). Questions must be asked in a simple manner and they must not be too sensitive to invade in people's privacy. This is because if people are not comfortable with certain questions, the response rate lowers and others may end up jumping particular questions, which distorts the data gathered. The researcher distributed questionnaires to hospital staff in at different levels within the clinics and hospitals.

3.4.1.3 Face to Face Interviews (Key Informant Interviews)

Face-to-face interviews have been regarded as the best or 'gold standard' among other data collection techniques (Jackle et al, 2006). Face-to-face interviews gave the researcher a platform to probe and ask more relevant questions. The response rate of face to face interviews became higher as it was possible for the interviewer to convince respondents to participate. Gestures and body language also helped the researcher to see if the respondent were being hesitant, not sure or were telling the truth. Face-to-face interviews are usually reliable than telephone interviews and questionnaires (de Leew, 1992). Key informant interviews help in understanding expert opinion, and this is important as it helps in understanding how experts view the issue and how they think it could be solved. In gathering

45

expert opinion on various motivation strategies by government, the researcher also engaged in key informant interviews with Doctors and high rank health officials in Gutu District.

3.4.2   Secondary Data Collection

Secondary data collection was also important as it helps one in understanding earlier researches and reasons behind other scholars' conclusion. This involves an appreciation of the evolution of motivation strategies by government, how they have evolved over the years and how they have impacted the lives of health workers. Statistics regarding the rate of labour turnover and levels of promotions were also made use of.

3.5   POPULATION AND SAMPLING

3.5.1 Population

The researcher adopted the definition of a population by Wegner (1993) who states that 'a population is a group of all the observations of a random variable under study and about which one is trying to draw conclusions in practice'. A research population is also known as a well-defined collection of individuals or objectives known to have characteristics. All individual or objects within a certain population usually have a common binding characteristic or trait. A meaningful research sample should represent at least 10% of the target population (Creswell, 2007). In this case, the researcher distributed the questionnaires to Gutu District Hospital and 10 clinics out of the 27 clinics. The district mission hospital was not included. This was due to the time and money constraints by the researcher. In an ethnographic study, a sample size of 30-50 people is enough to gather conclusive data about the research (Morse, 1995; Lopez and Whitehead, 2013). The sampled population was therefore enough to give the researcher the relevant data needed to make conclusive remarks about the stated study. Table 3.2 gives a summary of the target population and the reasons for selecting them.

Table 3.2: Target Population

46

TARGET	REASONS FOR SELECTING THEM
Gutu District Hospital workers, these include nurses, nurse aids, doctors, counsellors, general cleaners and other administrative staff	To get views on whether the reward strategies currently in place are influencing workers in their workplaces. Also to assess if these strategies are making workers more productive in their workplaces.
Gutu Clinics staff, these include nurses and counsellors and nurse aides	To also understand how reward strategies are contributing to positive / negative worker morale in their respective sites.

(Source: Author, 2020)

3.5.2 Sampling Methods

Sampling is the method of choosing a representative subset of observations from a population to conclude the characteristics (i.e. population parameters) of the variable under study (Wegner, 1993). Purposive sampling involves selecting the specific group of people affected by the issue to be studies (Kothari, 2004). The researcher has selected purposive sampling as the picking of the most relevant group of people will help to address specific issues regarding the study. The researcher selected key health workers particularly doctors, nurses and counsellors who will help to address the key research issues.

47

3.6   PROCEDURE FOR DATA ANALYSIS

The researcher used the Statistical Package for Social Scientists (SPSS) and the Microsoft Excel software in analysing the data gathered from the research. Graphs, pie-charts and tables were constructed for easier interpretation of results. These helped in trending the different responses by health workers. Data which was collected through face to face interviews was analysed through content analysis. The data collected was cleaned and summarized in order to see trends and patterns of the findings to be discussed in the next chapter.

3.7   RESEARCH LIMITATIONS

The study focused on one district hospital and 10 clinics and rural health facilities. This was mainly because of the money and time constraint. The researcher did not have the capacity to carryout research in all the 27 clinics as well as the district mission hospital. The mission hospital was sometimes incentivized by donors and carrying out this study in a mission hospital would end up yielding misleading results. The researcher therefore narrowed her focus on one district hospital and 10 clinics and rural health facilities. The sites chosen were those which cater for the majority of the population in Gutu district.

Due to the distances from the centre of Gutu to some of the clinics which are in remote areas combined with the time frame within which the study was meant to be carried out, the researcher joined the outreach teams in order to be able to distribute questionnaires to clinics which were in the hard to reach areas. The researcher also took advantage of the district monthly meetings to do further questionnaire distributions, for facilities with access to the internet, distribution of questionnaires was done electronically.

3.8   VALIDITY AND RELIABILITY

Reliability is the ability to produce dependable results in such a way that, the researcher can be able to obtain the same results using the same instruments more than once, whilst validity refers to the extent by which the researcher followed scientific research requirements in generating research findings (Dudovskiy, 2015). Reliability deals with the extent to which the

48

results gathered can be trusted; whist validity deals with ability of the researcher to follow the correct procedure in obtaining the required results. Reliability was ensured by designing the questionnaire in a clear and unambiguous way. This involved avoiding the use of words with double meanings which may prompt a respondent to assume what is being asked.

Internal validity is ensured when a researcher looks at what they said they were looking at (Whittmore et al, 2001). To ensure this, the researcher was guided by the use of a questionnaire in conducting key informant interviews. This aimed at directing the research as it kept the researcher in line with the objectives of the study. External validity was ensured when results gathered from the study were generalised to suit various situations, and solutions gathered could be used in different rural health centres. Employing internal and external validity parameters in research ensures quality research (Gray, 2014). The researcher therefore stuck to a well-defined methodological approach to gathering information to ensure that quality was upheld.

3.9   ETHICAL CONSIDERATIONS

Ethical considerations form an important part of research as they form the foundations for establishing a rapport between the interviewer and the interviewee (Rossi et al, 2009). They create a positive research environment between the interviewer and the interviewee (MacColl et. al, 2005; Mack, 2005). This called for the researcher to practice empathy when gathering the required information from the research and maximum gains were recovered by ensuring confidence in the respondent, and hence the elimination of fear in answering questions.

In conducting this research work ethical concerns were also adhered to, as permission to proceed with the research was sought from the Ministry of Health and Child Care in Gutu District. Issues relating to confidentiality of information, anonymity of participants were ensured as the questionnaires to be used for data collection did not collect any information regarding names of the respondents or the site of posting. The participants only had voluntary participants and no-one was coerced to take part in the study and explanation was given to

49

them that the information collected would be used for academic purposes only and no part of the raw data would be handed over to third parties and would remain strictly confidential.

3.10   CHAPTER CONCLUSION

This chapter gave a reflection of how the data was collected, and how it was to be processed and analysed. The data collection method was mixed with the fusion of both quantitative and qualitative data collection techniques. The next chapter focuses on presentation of data findings. .

CHAPTER FOUR

DATA ANALYSIS, FINDINGS AND DISCUSSIONS

4.1   INTRODUCTION

The previous chapter discussed the development of the research tools used in the empirical part of this study, the results of the processed data are analysed and interpreted in this chapter. The questionnaire survey method was used and these were distributed to the health care employees in and around Gutu District. The researcher carried out quantitative data analysis by turning raw numbers into meaningful data through the use of SPSS as well critical and rational thinking. The analysis of results included descriptive analysis, factor analysis, reliability tests, correlation tests and regression analysis. The data which was collected through face to face interviews was analysed through content analysis. Finally the discussion of the results with reference to the extent literature was also done.

4.1.1   Research Objectives

The main objective of the study was to ascertain the effect of reward strategies on hospital and clinical staff motivation in Gutu District.

- To ascertain the reward strategies that are currently being effected on health care staff in Gutu District

- To evaluate the impact of the reward strategies on the motivation of hospital and clinical staff in Gutu District

- To explore any challenges faced during the implementation of the current reward strategies

- To determine how the reward strategies are formulated for the hospital and clinical staff in Gutu District

4.1.2 Research Questions

The key research question was "to what extent are the reward strategies affecting the levels of motivation of the hospital and clinical staff?" This was broken down into four questions.

- What are the reward strategies that are currently being effected on the hospital and clinical staff in Gutu district?

- What is the impact of the rewards strategies on the motivation and performance of the hospital and clinical staff in Gutu District?

- What are the challenges being faced by the employer in the implementation of the reward strategies?

- What are the perceptions of the employees to the reward strategies?

- How are the reward strategies formulated for hospital and clinical staff in Gutu district?

4.2 RESPONSE RATE

The response rate which is also known as the completion rate is the number of respondents who took part in the survey divided by the number of the total respondents in the sample, which is also the number of questionnaires sent out by the researcher. It is usually expressed as percentage. According to Holbrook et al., (2007), a response rate of at least 70% is an acceptable and a good response rate which is capable of minimizing bias in research. The
51

total number of questionnaires sent out was 130 and 124 were returned to the researcher. After data cleaning five questionnaires were rejected by the researcher as they were not completely filled in, hence 119 questionnaires were accepted and were used in this analysis. The response rate achieved was 91.54% and this is a very good response rate.

Table 4.1: The table of response rate

Questionnaires sent out	Questionnaires accepted	Response rate
130	119	91.54%

(Source: Research Data, 2020)

4.3   DESCRIPTIVE ANALYSIS

Descriptive statistics are a brief descriptive coefficients that summarises a given set which can be either a representation of the entire or a sample of the population and are broken down into measures of central tendency and measures of variability (www.investopedia.com). The purpose of the descriptive data analysis is define the body of the data and accustom the researcher with the data before analysing the data by providing preliminary understanding of the responses from the survey (Diamantopoulos and Shlegelmilch, 2000).

4.3.1   Gender

Table 4.2: Table of Gender of Respondents

Gender of Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	42	35.3	35.3	35.3
	Female	77	64.7	64.7	64.7
	Total	119	100.0	100.0	

(Source: Research Data, 2020)

In the above table, it was observed that 42 of the respondents were males and 77 were females. This was representing a distribution of 35.3% males and 64.7% females. The data presented here shows a male gender ratio (%male / %females) of about 0.55. This denoted the female domination in the healthcare industry in Gutu District.

4.3.2 Age Distribution

The figure below shows the distribution of age of the respondents. The bar chart represents normal distribution curve and is in concordance with the actively employed age distribution of Zimbabwe too. There were 6.72% respondents who were aged 25 years and below, and 39.5% apiece for the 26 – 35 years and 36 – 45 years age groups. The sharp rise from 6.72% to 39.5% is primarily due to the late release from education that is caused by other professions in the health sector of Zimbabwe. Most people graduate at the age 23 – 25 years and it may take them 2 – 3 years before securing a stable job, hence the increase. Amongst all the health care professions, nursing is the one that releases its graduates earliest however nowadays the government is no longer absorbing all the trained student nurses in institutions so they might also need to wait quite some time before they secure stable jobs too.

53

The age group 46 – 55 years shows the age range that will have spent more time on the job and will be now eyeing their retirement packages. The sharp decrease from age group 46 – 55 years with 10.08% to age group 56 – 65 with 4.20% is also due to some early retirements that are now acceptable before the age of 65 years, at age 55 and age 60.

Figure 4.1: Age of Respondents

(Source: Research Data, 2020)

4.3.3   Years Of Experience In The Health Sector

The table below shows the number of years a respondent has been employed in the health sector. The respondents who have been in the sector for less than one year are 5.00%, and constitute a relatively small proportion of the health sector employees in this district. There is a relatively sharp increase in those with more than a year up to five years who constituted 30.3% of the respondents, showed the period when the government of Zimbabwe started resumed recruitments of the civil servants through the Health Services Board.

There is a gradual decrease in the work experience years from the ranges 1 – 5 years, 5 – 10 years, 11 – 15 years and 15 – 20 years which have 30.30%, 24.40%, 20.20% and 15.10% respectively. This shows how employees tend to leave the organizations as they get more years of experience. This is also contributed to by the period when the government stopped recruitment of nurses and other health care professionals yet at the same time some were leaving.

Table 4.3: Table of years of work experience in the health sector

Years of work experience in the health sector		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than a year	6	5.0	5.0	5.0
	1 - 5 years	36	30.3	30.3	35.3
	5 - 10 years	29	24.4	24.4	59.7

55

	11 - 15 years	24	20.2	20.2	79.8
	15 - 20 years	18	15.1	15.1	95.0
	21 - 25 years	1	.8	.8	95.8
	25 - 30 years	3	2.5	2.5	98.3
	31 years and above	2	1.7	1.7	100.0
	Total	119	100.0	100.0	

(Source: Research Data, 2020)

4.3.4   Highest Level Of Education And Profession

The table below shows a cross tabulation the respondents' highest level of education and their profession. It shows that of the 38 state registered nurses who responded to the survey, 30 of them have at least a national diploma certificate which represented the majority of the health care staff. This shows the level of professionalism that is required for one to be a state registered nurse and the prestige that comes along with it. The sister-in-charge is the next level the state registered nurse will rise to and the table shows that of the 6 who responded, 2 of them have a national diploma certificate, 2 have a bachelor's degree whilst the other 2 have up to master's degree. This trend shows continuous self-improvement involved in the health care sector.

56

The lab scientists and pharmacists are rare in the district as only 2 per profession responded, with national diploma certificates and bachelor's degrees respectively. The rareness can also give a sense of satisfaction in the institution. Nurse aides and clerical and administrative staff have totals of 7 and 6 respectively. The majority of nurse aide respondents were ordinary level certificate holders which require basic demonstration of understanding of instructions and is less technical and has less decision making capabilities. In the administration, the highest level of education is the bachelor's degree with the least having a national diploma certificate.

Drivers, security and cleaning staff contributed 15 of the respondents' with13 of them having ordinary level certificates and advanced level certificates. Other professions were 43 respondents in total, with 26 of them having a national diploma certificates and these could be midwives who might not have liked referring themselves as state registered nurse as these are further trained and would want the superiority in their profession. At the time of data collection there were no medical doctors who could respond as the junior doctors were suspended for reasons that were beyond the scope of this research work.

Table 4.4: Cross tabulation of highest level of education and the profession of the respondent

Highest level of Education * What is your Profession Cross tabulation								
Count								
	What is your Profession							Total
	State Registered Nurse	Sister-In-Charge	Medical Lab Scientist	Pharmacist	Clerical and Administrative	Nurse Aide	Driver/Security/Cleaning Staff	Other

Highest level of Education										
	ZJC Certificate	2	0	0	0	0	0	0	0	2
	Ordinary Level Certificate	6	0	0	0	0	6	13	11	36
	Advanced Level Certificate	0	0	0	0	1	0	2	4	7
	National Diploma Certificate	30	2	2	0	3	1	0	26	64
	Bachelor's Degree	0	2	0	2	2	0	0	2	8
	Master's Degree	0	2	0	0	0	0	0	0	2
Total		38	6	2	2	6	7	15	43	119

(Source: Research Data, 2020)

4.3.5   Monthly Basic Salary

The figure below shows the graphical representation of the respondents' monthly basic salary. The graph follows normal distribution with a positive skewness. The majority of the
58

respondents which is represented by 78 of the respondents earn above $ 750 a month. There are 37 respondents who earn $ 750 – 1000, 26 earn between $ 1000 – 1500 while 15 earn more than $ 1500. Below $ 300 there are only 8 respondents, 13 represent $ 300 – 500 with 18 in the $ 500 – 700.
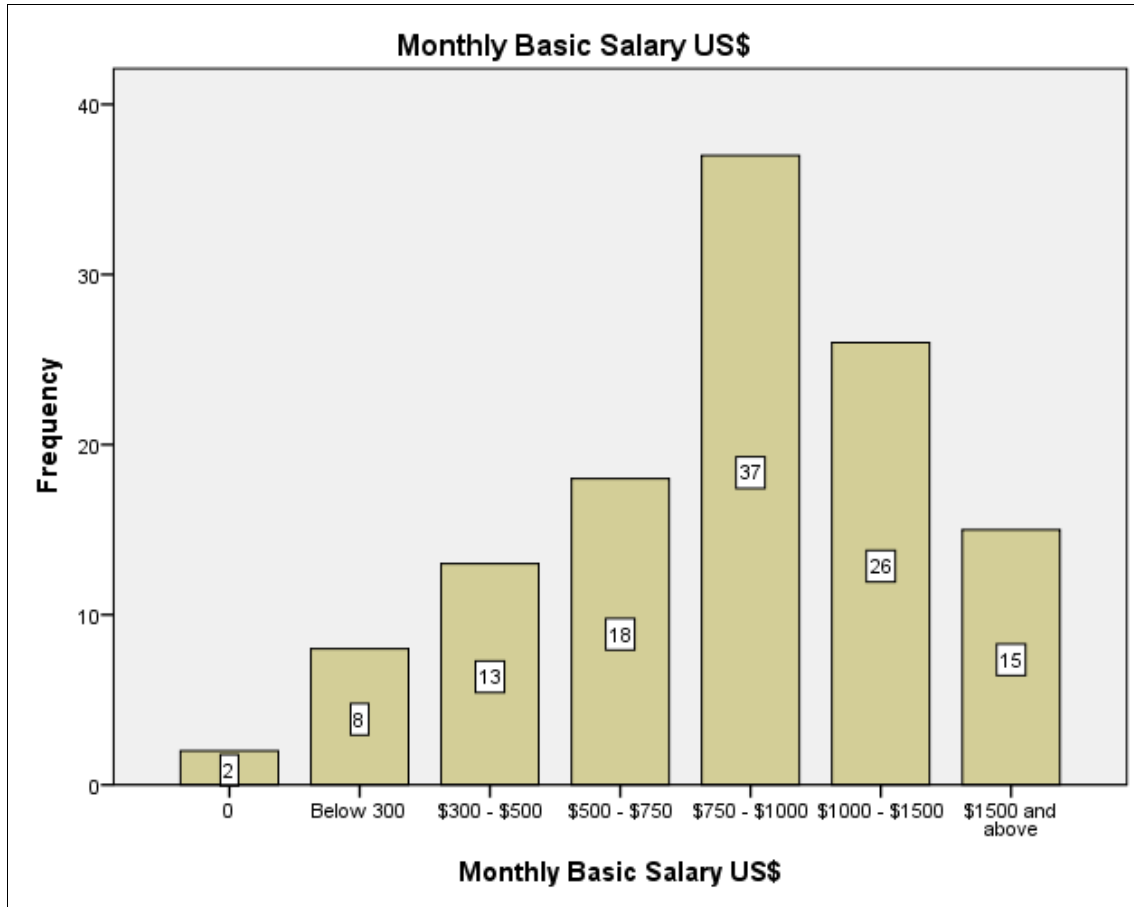
Figure 4.2: Graph of monthly income of respondent

(Source: Research Data, 2020)

4.3.6 Other Allowances

The pie chart below shows the other allowances that are received by the respondents. About 50.425 of the respondents mentioned that they do receive some monetary allowances while 36.13% receive non-monetary allowances. The remainder 13.45% consented to receiving other types of allowances.
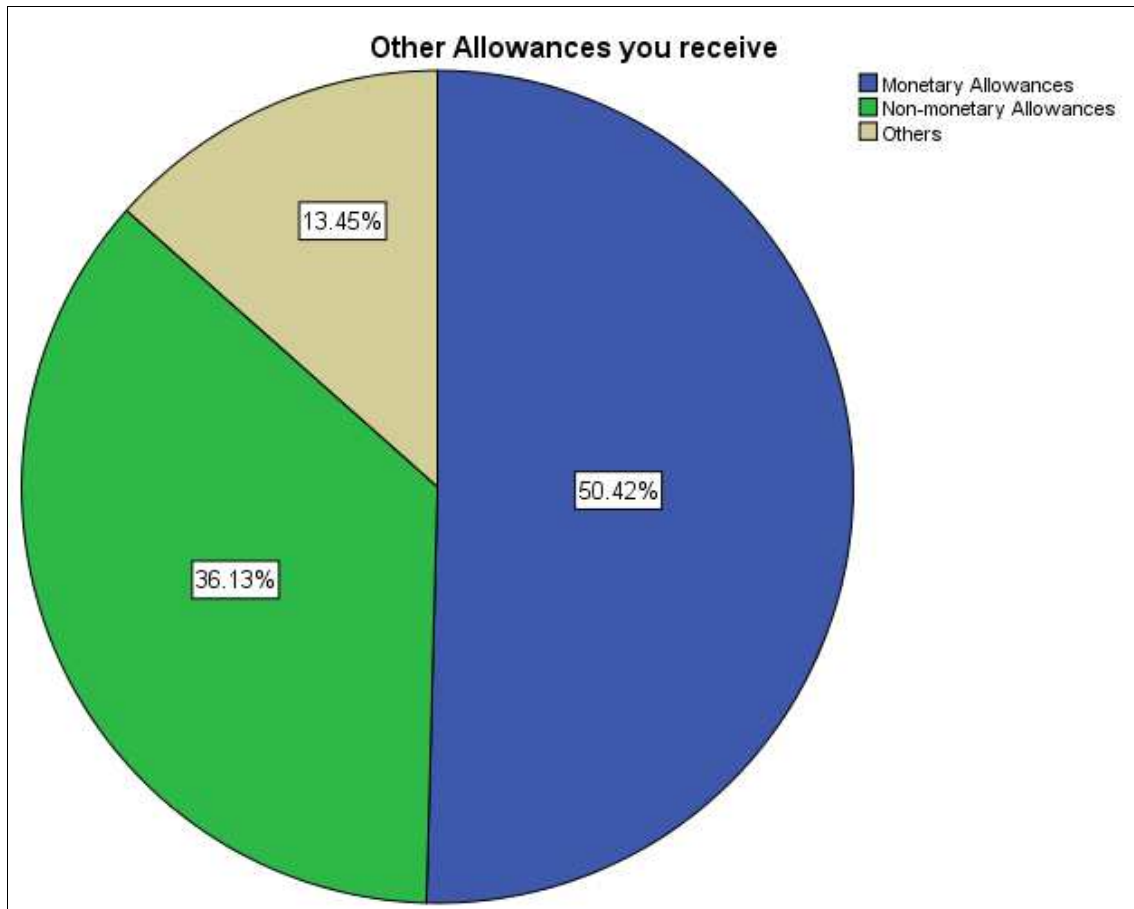
Figure 4.3: Other allowances that are received

(Source: Research Data, 2020)

4.3.7   Type of Institution

The figure below shows the respondents' type of institution in which they work at. The majority are at the government hospital (62) followed by government clinics (28) the mission hospital (9) and municipal clinics (8). Satellite clinics had 4 respondents and this is due to the relatively small size of the clinics and the ease of reach of respondents' sites. However the data collected was deemed to be representative of the district's work force.
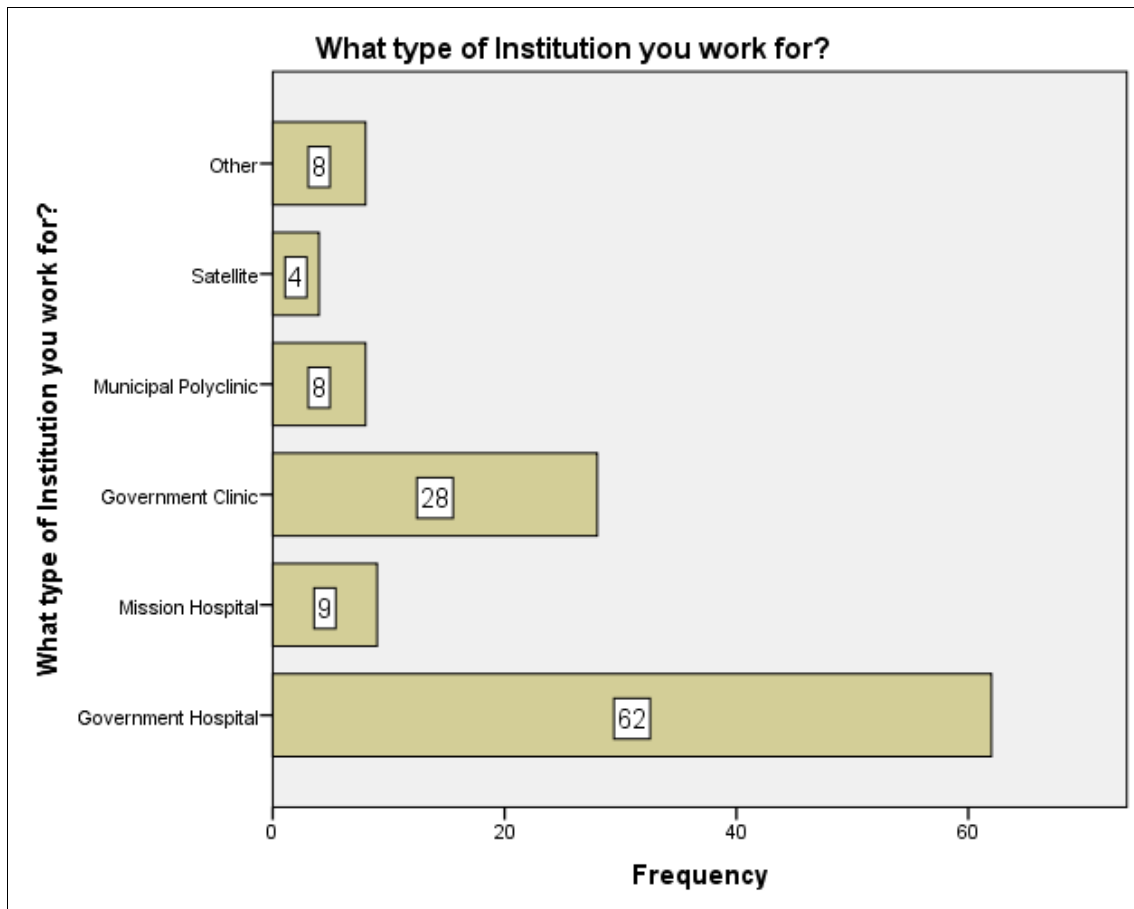
Figure 4.4: Type of institution

(Source: Research Data, 2020)

61

4.4   FACTOR ANALYSIS

Factor analysis is an exploratory tool (not a statistical test) that is used to guide the researcher in decision making and data reduction and visualisation into a manageable form, the factor loading for each function is the amount of relationship or the extent of contribution by a variable to the new factor.

4.5   VALIDITY AND RELIABILITY TEST

4.5.1   Validity Test

The two validity tests namely internal and content validity were tested in this research work to establish the credibility of the survey data. The internal validity test was done while carrying out a pilot test with 20 questionnaires and a Cronbach's Alpha value of 0.896 was displayed. According to John W. Creswell (2009), a Cronbach's Alpha value of 0.6 and above shows that the research tool is reliable and minimises bias. Hence the researcher progressed with the use of the research tool in the research work.

Table 4.5: Reliability Tests for the research tool with 20 samples

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.896	.723	51

(Source: Research Data, 2020)

62

4.5.2 Reliability Test

The internal consistency of the research was represented by the Cronbach's Alpha of the entire research tool for the study with all the questionnaires. The table below shows the value of Alpha as 0.880 and this is a very acceptable value according to Creswell (2009).

Table 4.6: Reliability Tests for the research

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.880	.861	51

(Source: Research Data, 2020)

4.6   NORMALITY TESTS

Normality tests are often used to determine if a data set is well modelled by a normal distribution and to compute the likelihood of a random variable underlying the data set to be normally distributed (Creswell, 2009). The majority of statistical tests rely on the assumption of normality and deviations from normality render those tests inaccurate, hence it is of paramount importance to ascertain if the data used in a research is normal or non-normal.

63

These tests that rely primarily on the assumption are called parametric tests. The general rule that applies when checking normality of data is guided by the following. The null hypothesis is that the data is normally distributed and the alternative hypothesis is that the data is not normally distributed.

Normal distribution: $P > 0.05$

Uneven distribution: $P < 0.05$

Table 4.7: Tests for normality

Tests of Normality						
	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Financial Rewards	.329	255	.000	.662	255	.000
Non-Financial Rewards	.309	255	.000	.758	255	.000
Intrinsic Motivation	.353	255	.000	.751	255	.000
Extrinsic Motivation	.286	255	.000	.844	255	.000
a. Lilliefors Significance Correction						

64

The table above shows the results of the normality tests for the research data. The Shapiro-Wilk values were considered in this research study because the study had 119 samples and the Shapiro-Wilk values are applicable to test samples less than 1000 while the Kolmogorov-Smirnov test are only applicable for samples more than 1000. Both the dependant and independent variables had significant values of 0.000 which is in the category $P < 0.05$ as denoted in the table. This therefore revealed that the data is unevenly distributed foe all variables and hence the justification for conducting of non-parametric tests, thus used Spearman ratio.

4.7 CROSS TABULATION TESTS

The cross tabulations of financial and non-financial rewards crossed against intrinsic motivation and extrinsic motivation have been presented in this section. These show direct relationships between the independent and dependant variables.

4.7.1 Financial Rewards * Intrinsic Motivation

Table 4.8: Financial Rewards * Intrinsic Motivation

Crosstab						
Count						
	Intrinsic Motivation					Total
	Very Important	Important	Moderately Important	Slightly Important	Unimportant	

65

Financial Rewards	Very Important	33	40	9	0	0	82
	Important	6	21	3	0	0	30
	Moderately Important	0	3	0	0	0	3
	Slightly Important	0	0	0	2	0	2
	Unimportant	0	0	0	0	2	2
Total		39	64	12	2	2	119

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	245.146[a]	16	.000
Likelihood Ratio	48.772	16	.000

66

Linear-by-Linear Association	35.919	1	.000
N of Valid Cases	119		

a. 20 cells (80.0%) have expected count less than 5. The minimum expected count is .03.

(Source: Research Data, 2020)

The above cross tabulation shows the relationship that exists between financial rewards and intrinsic motivation. A total of 82 respondents claimed financial rewards as very important to them followed by 30 who saw it as important to them. Intrinsic motivation has been viewed by 39, 64 and 12 respondents as very important, important and moderately important to them respectively. The Chi-Square tests has a p value less than 0.05 and this means we reject null hypothesis. This implies that there is a relationship between financial rewards and the intrinsic motivation of employees in the health sector in Gutu district.

4.7.2   Financial Rewards * Extrinsic Motivation

Table 4.9: Financial Rewards * Extrinsic Motivation

Crosstab
Count

	Extrinsic Motivation					Total
	Very Important	Important	Moderately Important	Slightly Important	Unimportant	
Financial Rewards — Very Important	29	38	13	2	0	82
Important	1	22	7	0	0	30
Moderately Important	0	2	1	0	0	3
Slightly Important	0	0	0	2	0	2
Unimportant	0	0	0	0	2	2
Total	30	62	21	4	2	119

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	191.913[a]	16	.000

68

Likelihood Ratio	53.739	16	.000
Linear-by-Linear Association	34.415	1	.000
N of Valid Cases	119		

a. 19 cells (76.0%) have expected count less than 5. The minimum expected count is .03.

(Source: Research Data, 2020)

The cross tabulation above shows that a total of 82 respondents responded to financial rewards as very important to them while 30 said it is important to them. Totals of 30, 62 and 21 responded that extrinsic motivation is very important, important and moderately important to them respectively. Of special mention is 2 of the respondents who have declared both financial rewards and extrinsic motivation to be unimportant to them. The Chi-Square tests done has a p value less than 0.05, hence we will reject the null hypothesis implying a relationship between financial rewards and extrinsic motivation of the employees.

4.7.3   Non-Financial Rewards * Intrinsic Motivation

Table 4.10: Non-Financial Rewards * Intrinsic Motivation

Crosstab

69

Count		Intrinsic Motivation					Total
		Very Important	Important	Moderately Important	Slightly Important	Unimportant	
Non-Financial Rewards	Very Important	29	25	1	0	0	55
	Important	10	37	7	0	0	54
	Moderately Important	0	2	3	0	0	5
	Slightly Important	0	0	1	2	0	3
	Unimportant	0	0	0	0	2	2
Total		39	64	12	2	2	119

Chi-Square Tests

70

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	231.730[a]	16	.000
Likelihood Ratio	68.737	16	.000
Linear-by-Linear Association	58.322	1	.000
N of Valid Cases	119		

a. 19 cells (76.0%) have expected count less than 5. The minimum expected count is .03.

(Source: Research Data, 2020)

The table above shows a total of 55 and 54 respondents agreeing that non-financial rewards are very important and important respectively to them. On the other hand 39, 64 and 12 respondents claimed intrinsic motivation was very important, important and moderately important respectively to them. Of those respondents 29 found intrinsic motivation and non-financial rewards to be very important to their wellbeing. A total of 84.87% viewed the variables as at least important to them.

The Chi-Square tests has a p value of less than 0.05 and the null hypothesis was rejected. This showed a significant relationship between non-financial rewards and intrinsic motivation.

71

4.7.4 Non-Financial Rewards * Extrinsic Motivation

Table 4.11: Non-Financial Rewards * Extrinsic Motivation

Crosstab							
Count							
		Extrinsic Motivation					Total
		Very Important	Important	Moderately Important	Slightly Important	Unimportant	
Non-Financial Rewards	Very Important	23	26	6	0	0	55
	Important	7	33	14	0	0	54
	Moderately Important	0	3	0	2	0	5
	Slightly Important	0	0	1	2	0	3
	Unimportant	0	0	0	0	2	2

Total	30	62	21	4	2	119

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	197.136[a]	16	.000
Likelihood Ratio	64.757	16	.000
Linear-by-Linear Association	45.755	1	.000
N of Valid Cases	119		
a. 19 cells (76.0%) have expected count less than 5. The minimum expected count is .03.			

Source: Research Data (2020)

The cross tabulation above shows the relationship between the non-financial rewards and extrinsic motivation. These two variables were viewed as very important by 23 respondents and 74.79% of the respondents claimed the variables as at least important. The Chi-Square

73

tests has a p value of less 0.05 hence rejecting the null hypothesis. This implies that there is a significant relationship between non-financial rewards and extrinsic motivation.

4.7.5   Reward strategies currently being effected on hospital and clinical staff in Gutu district hospitals and clinics

The researcher evaluated through the face to face interviews with key informants what the current reward strategies being offered to staff were. Results suggest that the employees were entitled to monthly salaries, fixed housing and transport allowances across all grades. Further, that the health allowances and medical allowances were for staff who are directly involved with patients and it is fixed. The key informants also highlighted that there were special allowances for qualified staff who were indirectly involved with patients and this allowance was fixed. There was a health factor allowance for unqualified staff who were indirectly involved with patients and it was also fixed. They noted that there was a fixed on call allowance for doctors and pharmacists and standby allowance for nurses. They also indicated that there was a rural allowance for staff at district level and lower i.e. rural sites and it was fixed for everyone despite rates

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1   INTRODUCTION

The preceding chapter, chapter four, synthesized data into valuable information concentrating on data presentation, analysis and discussion of results. Chapter five proceeds with making inferences and conclusions from the outcomes and the deliberations by revisiting the research objectives presented in chapter one then summarise the discoveries presented in chapter four. It also makes recommendations for stakeholders and suggests areas of further research.

5.2   ACHIEVEMENT OF RESEARCH AIM AND OBJECTIVES

The research study managed to fulfil all the research aims and objectives which were spelt out in chapter one. The evaluation of the impact of reward strategies on employees' motivation in the health sector in Gutu rural district in Zimbabwe was successfully executed in chapter four by using a questionnaire and Statistical Package for Social Scientists. The achievement of research objectives are explained below.

The main objective of the study was to ascertain the effect of rewards and compensation strategies on the motivation of hospital and clinical staff in Gutu District. This was supported by secondary objectives:

5.2.1   Objective 1

To ascertain the reward strategies currently being effected on health staff in Gutu district

5.2.2   Objective 2

To evaluate the impact of reward strategies on the motivation of hospital and clinical staff in Gutu district

75

5.2.3 Objective 3

To explore any challenges faced during the implementation of the current rewards and compensation strategies.

5.2.4 Objective 4

To determine how the rewards and compensation strategies are formulates for hospital and clinical staff in Gutu district

5.2.5 Research Hypothesis

H_0 - the reward strategies have no impact on employee motivation

H_1 - the reward strategies have positive impact on employee motivation

The research had a Pearson's Chi-square, p values less than 0.05 which means we will reject null hypothesis, thus a relationship between the reward strategies and motivation was found to exist.

The rewards were classified into financial and non-financial rewards whereas motivation was deemed to be either intrinsic or extrinsic. All the permutations and combinations of these variables had p values less than 0.05, hence a relationship existed within the independent and dependant variables.

5.3 CONCLUSIONS

The research study has successfully managed to ascertain the effect of rewards and compensation strategies on the motivation of hospital and clinical staff in Gutu District. Key informants provided the available reward strategies that are currently used in the hospitals and clinics in the district. The hospital staff had to complete the questionnaires and give information on their levels of motivation due to the given reward strategies. There was strong correlation of non-financial rewards with both intrinsic and extrinsic motivation.

76

5.3.1 ANSWER TO RESEARCH QUESTIONS

a)   Question 1 – Reward strategies currently being effected on hospital and clinical staff in Gutu district hospitals and clinics

This question was investigated through interviews with key informants and the following findings were discovered.

The employees are entitled to monthly salaries, fixed housing and transport allowances across all grades.

Health allowances and medical allowances are for staff who are directly involved with patients and it is fixed

Special allowances for qualified staff who are indirectly involved with patients and it is fixed

Health factor allowance for unqualified staff who are indirectly involved with patients and it is fixed

On call allowance for doctors and pharmacists and it is fixed

Standby allowance for nurses which is also fixed

Rural allowance for staff at district level and lower i.e. rural sites and it is fixed for everyone despite rates

b)   Question 2 – Impact of reward strategies on the motivation and performance of hospital and clinical in Gutu District

The rewards strategies were factored out to be financial rewards and non-financial while motivation became intrinsic and extrinsic motivation, by the use of factor analysis in this research study. Statistically the rewards strategies showed a strong Pearson's correlation with motivation. Rewards adequacy reportedly had very weak positive relationships financial rewards (sig = 0.338 and r = 0.089) and non-financial rewards (sig = 0.368 and r = 0.083).

77

However significant weak negative relationship existed with rewards adequacy and both intrinsic motivation (sig = 0.823 and r = -0.021) and extrinsic motivation (sig = 0.724 and r = -0.033).

However when asked to respond on the adequacy of the rewards, 84.03% felt the rewards were not adequate for them. This could be caused by the hyper inflationary environment that we are currently in at the moment in 2019 and 2020. The value of the salaries are continuously eroded and causing a strain on the employees hence reducing their levels of motivation.

c)   Question 3 - The challenges faced by the employer in the implementation of the reward strategies

The major challenges observed through the surveys were that of the hyper inflationary environment in which we are operating in. This means the employer has to increase the salaries so as to match up with the ever rising cost of living and the employer has no capacity to match up. As thorough as it is, the reward strategy has had the employer ridiculed as the most unpaying employer in the country which is not good for their organizational culture and reputation to attract the best employees.

There is always a high risk of brain drain from the system as the expertise keep moving for greener pastures.

d)   Question 4 – The challenges being faced by the employee when the reward strategies are being implemented

The employees feel left out in the overall decision making of the designing of the reward strategies. The APEX Council is the one that enters into negotiation with the Government on behalf of the Health Services Board. All these bodies are primarily centred in Harare and when negotiations are done, those rural district employees' needs will not be fully represented.

78

The Health Services Board sometimes does rounds in provinces to meet with representatives to ask if there are any problems. This is a good initiative but considering that there are ten provinces in Zimbabwe and the time it will take for them to gather resources to go around all provinces before they go present to the APEX Council who will in turn go to the employer for negotiations is always longer than the rate at which inflation is changing things on the ground. This has paralysed all the negotiations' impact such that employees no longer really participate in the negotiation of the reward strategies but rather will only wait for the employer offers them.

There is no set aside system that can allow feedback to be sent back to the Government or even to the reward strategists who set up the remunerations. Whenever there are consultations to be made, there will only be made to Senior Doctors only and no information is gathered from the junior staff and pretty much other professions.

5.5   CONTRIBUTION

5.5.1 Theoretical Contribution

The findings of the research study have added to the body of existing knowledge of the reward strategies and motivation of employees. The existing literature in this regard was primarily about reward strategies and performance or service delivery, motivation and performance or service delivery. In the previous research studies, both rewards and motivation were the independent variables with performance and service delivery being the dependant variables. Such studies have been done in many countries and in different fields like telecoms, agriculture, service industries and many others. In this research study motivation which was previously an independent variable was now studied as a dependant variable and rewards remained an independent variable and this was done specifically in the health sector in Zimbabwe in Gutu rural district. This bridged the research gap with the knowledge of the impact of reward strategies in the motivation of health workers in a rural setup now becoming available for other researchers.

79

A model for the intrinsic motivation and extrinsic motivation based on financial and non-financial rewards was generated in an equation by the regression models. Non-financial rewards were found to contribute to both the intrinsic motivation and extrinsic motivation of the employees in the health sector in Gutu district. The current financial rewards did not really motivate the employees as it did not statistically contribute to the regression model, perhaps this is due to their interpersonal comparison of their financial rewards with other colleagues in the private sector which tends to be a demotivating difference.

5.5.2   Methodological Contribution

In this research study, the research data was collected by the researcher through physical and personal distribution of the questionnaires to the staff of the hospitals and clinics in Gutu district. One on one interviews with key informants from the Ministry of Health and Child Care were scheduled. This method shows a broad spectrum that the health worker who is at a district hospital, municipal or government polyclinic, and a satellite clinic, all had a chance to contribute to the research thus making the research work more reliable with regards to coverage into the rural areas. This method of data collection ensured a high rate of response as it is highlighted by Creswell (2009), that when a researcher personally distributes the questionnaire, a higher response rate is likely to be achieved.

5.5.3   Empirical Contribution

The empirical analysis revealed that there is substantial effect of rewards strategies on the overall motivation of the health sector employees in Gutu district. Both financial and non-financial rewards had significant Pearson's correlation with intrinsic and extrinsic motivation. On the rating of attributes the financial rewards rated highest followed by non-financial rewards, then intrinsic motivation and extrinsic motivation.

5.6   Policy Recommendations

From the research study it is notable that rewards have an impact on the motivation of employees. It will be wise for such a framework to be implemented across all the other

80

districts in the country. The implementation of such reward strategy models and their adoption as a policy in the country means that those who formulate rewards strategies will understand the impacts of their strategies in motivating the end users of the service. This information will also attract the donors like Crown Agents, UNICEF and UNDP as well as Higher Life Foundation who would like to partner with the MOHCC in helping alleviate health service delivery in Zimbabwe.

5.7   Managerial Recommendations

The research findings showed that the management and the reward strategies formulators must really understand what exactly motivates their employees and to what extent does financial and non-financial rewards can affect the intrinsic and extrinsic motivation. The management must also take into cognisance that to motivate employees you might not necessarily have to offer financial rewards to the employees as it was observed that employees were also motivated by non-financial rewards too. Changing the employees' work stations and giving them more challenging tasks as well as allowing them to go for continuous professional development can also add to the motivation. By having a well-defined career path for every employee will motivate them, also having letters of appreciation to them whenever they make a high achievement is crucial for motivation.

5.8   GENERALISATION OF FINDINGS

The research findings have been agreeable with other findings that are found in literature. This work can then be generalised to suit other studies and can also be applicable to many other fields of research. The research model can be applied to other Government Ministries in Zimbabwe to assess the levels of motivation of their employees based on their respective reward strategies. This can also be used in other geographical locations around Zimbabwe and other developing economies too.

81

5.9   RESEARCH LIMITATIONS

The research study was limited to Gutu District and Gutu Rural District only. The study also focused on health care staff who are Government employees, but on the other they are not the only Government employees in the District of which the other ministry workers could also have helped in giving information to the overall Government reward strategies. At the time of data collection the Doctors were said to be on strike and could also not fully participate in the study. Not all satellite clinics were accessed by the researcher due to the difficulty of reach of such places hence the researcher ended up studying areas that are accessible only.

The time factor also affected the research as more time was required for the research study to even include everyone else who is in the health sector in the district, but rather the employees who were on duty at the time of arrival of the researcher were the ones who would participate in the research study. Other probable difficulties to the research could happen through the understanding of the questionnaire prior to differential levels of education of the respondents. That would lead to wrongly filled questionnaires, this kind of limitations however were minimised by trying to make the questions as short and simple as possible. Removal of wrongly completed and incomplete questionnaires also aided in reducing the impacts of such limitations.

5.10   AREAS OF FURTHER RESEARCH

The research work studied the impacts of the reward strategies on motivation of health sector employees in Gutu district. This research can be extended to other districts in the country to come up with a nationwide based perception. The same research can be done in other sectors of the public sectors, like the impact of the reward strategies to the motivation of members of the police force, the military and the public sector. All these can also be done at district level as well as national levels.

There is still a gap for studying the independent variable which is reward strategies with other dependant variables like employee satisfaction, employee performance as well as even service delivery in the health sector both at Gutu district, provincial and at national levels.
82

The dependant variable in the study can also be studied as the independent variable too, to assess the impact of employee motivation on performance and service delivery.

5.11   CHAPTER CONCLUSION

In this research study, conclusion can be made that rewards strategies by the Ministry of Health and Child Care has some significant impact in the motivation of the health care sector employees. The chapter concluded the research work with contributions to the theory, methodology and empirical contributions the research has made to the body of knowledge. Recommendations on policy and management were also made in this chapter as well as research limitations and areas of further research.

REFERENCES

Abdul Rahim, R., Nasir, M., Azrin, N., Mat Yusof, M. and Ahmad, N.L., 2013, *Reward and Employee's Creativity: Case of Manufacturing Organization.*

Armstrong, M, 2007, *A Handbook of Employee Reward*, 2nd ed., Kogan Page, London

Armstrong M, 2014, *Armstrong's Handbook of Human Resource Management Practice* 13th Ed, Philadelphia: Kogan Page, London

Armstrong, M, 2007, *A Handbook of Employee Reward and Practice*, 2nd ed, Philadelphia: Kogan Page, London

Created by Rarelibra 18:30, 28 September 2006 (UTC) for public domain use, using MapInfo Professional v8.5 and various mapping resources.

Creswell, J. W., 2009, *Research Design, Qualitative, Quantitative and Mixed Methods Approaches*, 3rd Edition, SAGE Publications USA

Burton, K., 2012. *Study of Motivation: How to Get Your Employees Moving*. Indiana University

Diamantopoulos, A. and Shlegelmilch. B., 2000, *Taking the Fear Out of Data Analysis*, Seng Lee Press, Singapore.

Dieleman, M., Watson, M. and Sisimayi, C. C.O.R.E., 2012. Impact Assessment of the Zimbabwe Health Worker Retention Scheme Final Report. *DFID Human Development Resource Centre*, *295358*.

Dolea, C., Stormont, L. and Braichet, J.M., 2010. Evaluated strategies to increase attraction and retention of health workers in remote and rural areas. *Bulletin of the World Health Organization*, *88*, pp.379-385.

84

Dobre, O.I., 2013. Employee motivation and organizational performance. *Review of applied socio-economic research*, *5*(1).

Guest, D., 1992. Motivation after Herzberg, Unpublished paper delivered at the Compensation Forum, London

Herzberg, F, Mausner, B and Snyderman, B (1957) The Motivation to Work, Wiley, New York

Holbrook, Allyson, Jon Krosnick, and Alison Pfent. 2007. "The Causes and Consequences of Response Rates in Surveys by the News Media and Government Contractor Survey Research Firms." In Advances in telephone survey methodology, ed. James M. Lepkowski, N. Clyde Tucker, J. Michael Brick, Edith D. De Leeuw, Lilli Japec, Paul J. Lavrakas, Michael W. Link, and Roberta L. Sangster. New York: Wiley. https://pprg.stanford.edu/wp-content/uploads/2007-TSMII-chapter-proof.pdf

Hongoro, C. and Normand, C., 2006, Health workers: building and motivating the workforce. *Disease control priorities in developing countries, 2,* p.22.

Hongoro, C., 2001. *Costs And Quality Of Services In Public Hospitals In Zimbabwe: Implications For Hospital Reform* (Doctoral dissertation, London School of Hygiene & Tropical Medicine).

https://www.mbaskool.com/business-concepts/human-resources-hr-terms/16854-reward.html as accessed on 02/10/2019

Latham, G and Locke, EA (1979) Goal setting: a motivational technique that works, Organizational Dynamics, Autumn, pp 68–80

Lyn N Henderson & Jim Tulloch, 2008, Human Resources for Health, *Incentives for retaining and motivating health workers in Pacific and Asian Countries*

Makochekanwa, A. and Kwaramba, M., 2010. Dwindling access to basic services in Zimbabwe.

Maslow, A (1954) Motivation and Personality, Harper & Row, New York

McClelland, D C, 1961, *The Achieving Society*, New York, Van Nostrand

Ministry of Health and Child Welfare, 2017. Zimbabwe's E-Health Strategy.

Mutizwa-Mangiza D., 1998, *The Impact Of Health Sector Reform on Public Sector Health Worker Motivation in Zimbabwe* [Major Applied Research 5 Working Paper No. 4]. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc; November 1998.

Porter, L and Lawler, EE (1968) Management Attitudes and Behaviour, Irwin-Dorsey, Homewood, IL

Prabakaran, J., Ispriya, S., Amsa, A. and Angulakshmi, T., 2014. A Study on Workers Reward System in Banking Sector.*IOSR Journal of Business and Management (IOSR-JBM) Vol*, *16*(7).

Russo,G., Xu, L., McIsaac, M., Matsika-Claquin, M.D., Dhillon, I., McPake, B. and Campbell, J., 2019. Health workers' strike in low-income countries: the available evidence. *Bulletin of the World Health Organization,* 97(7), p.460

Ryan, R.M. and Deci, E.L., 2000. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American psychologist*, *55*(1), p.68.

Taylor, FW (1911) Principles of Scientific Management, Harper, New York

Trevor, J (2011) Can Pay be Strategic?, Basingstoke, Palgrave Macmillan.

Youssef, C.M. and Luthans, F., 2007. Positive organizational behaviour in the workplace: The impact of hope, optimism, and resilience. *Journal of management*, *33*(5), pp.774-800.

Venugopalan, O., 2007. Maslow's theory of motivation its relevance and application among non-managerial employees of selected public and private sector undertakings in Kerala.

Vroom, V (1964) Work and Motivation, Wiley, New York

Weldegebriel, Z., Ejigu, Y., Weldegebreal, F. and Woldie, M., 2016. Motivation of health workers and associated factors in public hospitals of West Amhara, Northwest Ethiopia. *Patient preference and adherence*, *10*, p.159.

Wendelien Van Eerde, 2017, Motivation and Reward Systems, https://www.researchgate.net/publication/313993584

World Health Organisation, *Global Health Workforce Statistics,* OECD.

World Health Organization, 2008, *Primary health care: now more than ever. Geneva*: World Health Organization.

WHO, UNICEF, UNFPA, WORLD BANK Group and the UN Population Division, *Trends In Maternal Mortality 2000-2017,* GENEVA, WHO, 2019

World Health Organisation, 2000, WHO/EIP/OSD/00.14 Issues in health services delivery, Discussion paper No. 4, Health workforce incentive and remuneration – A research review – Evidence and Information for Policy, Department of Organization of Health Services Delivery, World Health Organization, Geneva

Zimbabwe National Statistics Agency. *"2012 Census Provincial Report: Masvingo"*. Retrieved 10 August 2019

APPENDIX A : APPROVAL LETTER TO CONDUCT A RESEARCH FROM UZ
    AND MoHCC

GRADUATE SCHOOL OF MANAGEMENT

UNIVERSITY OF ZIMBABWE

Ground Floor TREP Building
UZ Main Campus
Mt Pleasant
Harare, Zimbabwe
Email: info.uzgsm@gmail.com

Tel: 0240-333522

8ᵗʰ November 2019

TO WHOM IT MAY CONCERN

RE: <u>ACADEMIC RESEARCH LETTER FOR MS RUFARO MACHAKAIRE (R141665E)</u>

This letter serves to confirm that Ms Machakaire is a bona fide Master of Business Administration (MBA) student at the Graduate School of Management, University of Zimbabwe. She is carrying out a research in partial fulfillment of the requirements of the MBA degree programme.

We kindly request you to provide her with the information she needs, and only aggregated data will be used in the final analysis. Please note that the Graduate School of Management upholds high levels of confidentiality and ethical standards in conducting research, therefore, the information you provide will be used for academic purposes only and will not be disclosed to third parties.

Thank you.

GRADUATE SCHOOL
OF MANAGEMENT
UNIVERSITY OF ZIMBABWE

THE DISTRICT MEDICAL OFFICER
MIN. OF HEALTH & CHILD CARE
GUTU DISTRICT
2 7 NOV 2019
P.O. BOX 136, GUTU
ZIMBABWE

DR W. MKUMBUZI
DIRECTOR, GRADUATE SCHOOL OF MANAGEMENT
/fg

89

APPENDIX B: QUESTIONNAIRE

UNIVERSITY OF ZIMBABWE

GRADUATE SCHOOL OF BUSINESS

QUESTIONNAIRE

Introduction

My name is Claire Rufaro Machakaire registration number R141665E, I am a student at the University of Zimbabwe who is currently studying towards a Master's in Business Administration Degree. In partial fulfilment of the requirements of this degree program, I am carrying out a research study on the impact of reward strategies on employee motivation in the health sector: a case of Gutu district in Zimbabwe. Your cooperation in the completion of this questionnaire will be sincerely appreciated. Responses will be purely for academic purposes and hence will be treated with strict confidentiality. It is hoped that the findings of this research will assist the health sector in Zimbabwe to design strategies to improve employee motivation.

Section A. Demographic Characteristics

Please respond to the following questions below by ticking the appropriate box.

1. Gender   ☐ Male   ☐ Female

2. What is your age? Are you

☐ Less than 25 years old   ☐ 25 - 35 years old

☐ 36 - 45years old   ☐ 46 - 55 years old

☐ 56 - 65 years old   ☐ 65 years old and above

3. How many years of work experience in the health sector do you have?

☐ Less than a year   ☐ 1 - 5 years

☐ 5 - 10 years   ☐ 11 - 15 years

☐ 15 - 20 years   ☐ 21 - 25 years

☐ 25 - 30 years   ☐ 31 years and above

4. What is the highest level of education that you have attained (please tick only one choice below)

☐ ZJC Certificate   ☐ Ordinary Level Certificate

☐ Advanced Level Certificate   ☐ National Diploma Certificate

☐ Bachelor's Degree   ☐ Master's Degree

☐ Doctorate Degree

5. What is your Profession?

92

☐ State Registered Nurse   ☐ Sister-in-Charge

☐ Doctor   ☐ Medical Lab Scientist

☐ Student Nurse   ☐ Pharmacist

☐ Director   ☐ Clerical and Administrative

☐ Nurse Aide   ☐ Driver/Security/Cleaning Staff

☐ Other (please specify)…………………………………………………………….

6. What was your monthly basic salary?

☐ Below $300   ☐ $300 - $500

☐ $500 - $750   ☐ $750 - $1000

☐ $1000 - $1500   ☐ $1500 and above

7. What other allowances do you receive on a monthly basis?

☐ Monetary allowances   ☐ Non-monetary allowances

☐ Others

8. What type of institution do you currently work for?

☐ Government Hospital   ☐ Mission Hospital

☐ Government Clinic   ☐ Municipal Polyclinic

☐ Satellite Clinic   ☐ Other _____

Section B: Data Gathering

Instructions on how to complete the questionnaire

93

Please can you complete this questionnaire by placing a tick in the appropriate box against the 5 point score which best describes your feelings or attitudes or opinion about the statement.

Very Important	Important	Moderately Important	Slightly Important	Unimportant
5	4	3	2	1

9. Which rewards do you consider to be most motivating for you?

	Reward Strategy	1	2	3	4	5
1	Monthly salary					
2	Bonus					
3	Salary increase, overtime					
4	Training					
5	Letter of recognition					
6	Medical aid scheme					
7	More demanding work tasks					
8	Extra holidays					
9	Ability to go on leave					

94

10	Education and personal growth					
11	Varying work tasks					
12	Free lunch coupons					
13	Company car, phone, housing, fuel coupons etc.					

9. Can you indicate what motivates you at your workplace?

1	**Worker Motivation**	**1**	**2**	**3**	**4**	**5**
2	I need special skills in my job tasks					
3	I get to choose where, when and how to do my job					
4	I have job security					
5	I have good relationships with co-workers					
6	My work is too easy and self-repeating					
7	My work tasks are interesting					
8	My job is beneficial to my career					
9	My supervisor allows me to fully utilize my ability					
10	I like more challenging tasks at work					
11	I am well aware of my employer's comprehensive goals					
12	I am satisfied with the working conditions					

95

13	The organization values my service					
14	I get enough feedback from my employer					
15	I am satisfied with the flow of information					
16	It is personally important for me that my organisation is successful					

10. Are there other incentives or rewards that you feel should be given to you? If yes, please list them below

_____

_____

_____

11. Are you offered an opportunity to make suggestions with regards to the reward system? Yes or No

_____

_____

12. Are the reward strategies adequate? Yes or No

_____

_____

13. What suggestions do you have for improving the current reward system?

_____

_____

_____

96