

**INFLUENCE OF HYGIENE FACTORS ON MOTIVATING
EMPLOYEES IN PUBLIC SECTOR IN TANZANIA: A CASE OF
HEALTH SERVICE IN NYAMAGANA MUNICIPALITY IN
MWANZA REGION**

By

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A Dissertation Submitted in Partial Fulfillment of Requirements for the Award of the
Degree of Master of Business Administration in Corporate Management of Mzumbe
University

2015

CERTIFICATION

We, the undersigned, certify that have read and hereby recommend for the acceptance by Mzumbe University, a dissertation entitled **Influence of Hygiene Factors on Motivating Employees in Public Sector in Tanzania: A Case of Health Service in Nyamagana Municipality in Mwanza Region** in partial fulfillment of the requirements for the Masters Degree of Business Administration in Corporate Management of Mzumbe University.

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ABSTRACT

The study investigated the influence of hygiene factors on motivating employees in public sector in Tanzania, a case being health service in Nyamagana municipality in Mwanza. Motivation in this study was defined as individual's degree of willingness to exert and maintain an effort towards organizational goals, and hygiene factors on motivation are the factors that cause dissatisfaction. The study based on the Herzberg's dual-factor theory of motivation, focused on hygiene factors on motivation.

General objective of the study was to explore hygiene factors on motivation, which make public sector under health service satisfied. Specific objectives were (i) to identify hygiene factors that motivate employees in public sector in health services, (ii) to assess the rate of hygiene factors on motivation to stimulate commitment and job performance to the employees in public health sector, (iii) to suggest means and strategies to improve hygiene factors on motivating employees in public sector. The study adopted cross-sectional design and used combination of direct observation and structured questionnaires to collect primary data. Secondary data were obtained from reviewed related literatures. The study involved 89 respondents from 7 Wards in two Referral hospitals and one District hospital. Wards were purposively selected while simple random method was used in choosing respondents. The study report is presented using descriptive statistics namely, frequencies and percentages.

Based on the findings it was found that, there is high relationship between hygiene factors on motivation and employee's job engagement and performance. It was also found that, consideration of the Hygiene factors on motivation in Public Health service sector, have positive results in organization such as employee retention, motivating teamwork and increasing morale. The study identified hygiene factors on motivation that motivate workers in public health sector, being work-life balance, working conditions, job security and interpersonal relationship.

If taken into consideration, these can stimulate morale and commitment of workers. Recommendations based on study findings, are for the policy makers and implementers to the public health sectors, not to ignore hygiene factors on motivation while thinking of ways to motivate workers. Instead, they should put more efforts and emphasize on improving them.

DEDICATION

I dedicate the work to my beloved wife and children.

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LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|------|---|
| AHC | Aga Khan Health Centre |
| BMC | Bugando Medical Centre |
| BC | Bio Centre |
| DMO | District Medical Officer |
| DFT | Dual Factor Theory |
| EF | Extrinsic Factors |
| HT | Herzberg Theory |
| HM | Hindu Mandal |
| MNH | Muhimbili National Hospital |
| MC | Mwanza City |
| MCP | Mwanza City Profile |
| PDAU | Population Distribution Administrative Unit |
| RMO | Regional Medical Officer |
| NGO | Non Governmental Organisation |
| UK | United Kingdom |
| UN | United Nations |
| URT | United Republic of Tanzania |
| WHO | World Health Organisation |

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CHAPTER ONE

INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction

Motivation plays a key role in employee job performance and commitment, and therefore it has been a central research topic for a number of scholars and practitioners. As a result, a number of theories and approaches have been developed in order to explain the nature of employee motivation in the private as well as public sectors. However, in Tanzania most of the studies fall short of practical application to Public sectors. Public employees have a reputation for being lazy and carelessly (Yair Re'em, 2010).

This research aimed on studying motivation at the relevance of the motivation theory proposed by Frederick Herzberg in 1966, with the intent to investigate the influence of hygiene factors on motivation to the employees of public sector. This section explains how this study was carried out in the field. The researcher investigated the influence of hygiene factors on motivating employees in public sector, focusing health services in Nyamagana municipal in Mwanza city. The section describes the background information to the problem. It further illustrates the study objectives, research questions, the rationale or importance of the research study and the study limitations.

1.2 Background Information

Herzberg (1968) believes that the factors involved in producing job satisfaction, are separate and distinct from the factors that lead to job dissatisfaction. The author argues that, motivator factors are intrinsic to the job (achievement, recognition, the work itself, and responsibility), while dissatisfaction hygiene factors are extrinsic to the job (supervision, interpersonal relationships, working conditions, and salary). Hygiene factors are considered as negative feelings about job satisfaction, such as bad safety measures, unhealthy relationship with co-workers, salary problems, status, working condition and environment, administration of company and its policy.

In developed countries, hygiene factors in public sector have been found to be generally effective in increasing motivation (Basil, 2013). Various scholars have stated that, motivation is the main determinant of workers' retention and public sector performance; (Peters et al., 2010). Data reveals that unfair treatment, poor management and lack of appreciation are the main de motivating factors; hence health workers believed that existing schemes for supervision were helpful in improving their performance (Abbas et al., 2015). For example, study of barriers to motivation in Iranian nurses identified lack of clear job description as a barrier to job motivation (Oshvandi et al., 2008); and in UK and US, strengthening management capacities in health services can increase job motivation and improve health workers' performance; (WHO, 2006a).

Further studies stated that, in African countries, despite the current challenges such as poor working conditions, personal safety concerns and inadequate equipments, job motivation could play a key role in productivity for health services (Luoma, 2006; Mutale et al., 2013; WHO, 2006a). Data indicates that health workers need to receive a living wage; (WHO, 2006a). Evidence suggests that too much focus on financial incentives to motivate individuals in the public sector, might have some negative impacts; (Malik et al., 2010). For instance, contrary to Zimbabwe health staff in remote areas by having good leadership and supportive management, were well motivated in spite of hard working conditions and low financial incentives; (Abbas et al., 2015). Likewise in Mali, health workers cited poor management as a de-motivating factor (Dieleman et al., 2006). For example in Zambia, health workers were facing unsupportive management and supervision (Mutale et al., 2013).

The East African countries experience the same in hygiene factor on motivation in public sector under health services. Different writers affirm that, lack of recognition appreciation and subjective performance appraisal, are the discouraging factors in public sector; (Mutale et al., 2013; Abbas et al., 2015).

In countries like Tanzania, motivation plays an integral role in many of the compelling challenges facing the health workforce in public sector today. Researchers concludes that, meeting the needs and achieving the goals of both the employee and the organization in public sector, is the cornerstone of job satisfaction, and this is of crucial importance for management as it is correlated with the upgrading of the quality of the services provided (Dussault et al., 2003; Lambrou et al., 2010). Data show that, among the total of 286 employees in public sector (67 medical doctors and 219 nurses) revealed that, achievements were ranked as first among the four main motivators, followed by remuneration, coworkers and job attributes (Griffeth et al., 2000).

1.3 Research Problem

The public sector in Tanzania faces lots of challenges of satisfying its employees and other stakeholders, including in health service sector. This led to poor performance, non commitment and inefficiency to the employees in Public health sector as compared to private sector. Clients in Health facilities have been complaining of receiving low quality of care from Public health providers (Kigwangalla, 2012). Private health facilities offer more attractive salary perks, better working conditions and good personnel policies and procedures than of public ones (Kigwangalla, 2012). Different authors accept that various factors contribute to motivation, as how Ishengoma (2007) argues that low salaries and other allowances make public sector employee demotivated. Others hold that, dissatisfaction with relations between seniors; working conditions; few hours spent on research; excessive workload; financial rewards; lack of career opportunities; and work-life balance (Metcalf et al., 2005) may catalyze the public sector.

Such situation leads to decreased morale, reputation of the organization and affects productivity (Abraham, 2007).

It is stated that in African countries the current challenges such as poor working conditions, personal safety concerns and inadequate equipments, job motivation could play a key role in low productivity for health services (Luoma, 2006; Mutale et al., 2013; WHO, 2006a).

Despite its significance, various authors seem to give more priority to the motivators as effective factors to motivate job satisfaction as compared to hygiene factors. According to the setting of theory, extrinsic factors are less to contribute to employees' motivation needs (Fauziah; Yusoff, et al., 2013). When 'extrinsic' conditions are not available, it result in dissatisfaction among employees. However, even if these conditions are present, it doesn't mean that they will necessarily motivate employees; (Kigwangalla, 2012). This could be a reason for the practitioners on Public health centre in Tanzania, to put more effort on motivators and ignoring the hygiene factors. This has resulted into poor performance and commitment on Public health centre. However one wonders, what makes employee retain their jobs in the public health facilities despite all these hurdles, though they are not committed and perform their job efficiently? Is it because they are satisfied with job motivator factors? Will hygiene factors change their attitude towards commitment and job performance?

Therefore, there should be immediate efforts to arrest it. If strategies will not be taken, the public sector will definitely reduce its performance and reputation to the costumers, (Mboya, 2010). Therefore, serious steps or move has to be taken so that to identify the impact of hygiene factors on motivation in public health sector. Thus, the researcher is going to investigate the impact of hygiene factors on motivation which will make employees in public health services sector be motivated towards improve efficiency, performance and commitment.

1.4 Research Objectives

The overall objective of this study was to explore hygiene factors on motivation which makes employees in public sector under health service satisfied. This was carried out under the help of the following specific objectives;

- i. To identify hygiene factors that motivates workers in public sector in health services.
- ii. To assess the rate of hygiene factors on motivation for the employees in public sector in health services.
- iii. To suggest means and strategies to improve hygiene factors on motivating employees in public sector.

1.5 Research Questions

Research questions for this study aimed at exploring major hygiene factors motivating public sector. This was studied under the help of specific questions explained;

- i. What are hygiene factors motivate employees in public sector?
- ii. Which rate is the hygiene factors motivate workers in public sector?
- iii. What suggestions and strategies to improve hygiene factors on motivating workers in public sector?

1.6 Scope of the Study

This study examined the impact of hygiene factors on motivating workers in public health sector in Tanzania, specifically in Nyamagana municipal, Mwanza city. It only focused on investigating hygiene factors which makes workers in public sectors under health services motivated. Therefore all findings of the study will be limited within this scope.

1.7 Significance of the Research

The research will assist the public sector identify hygiene factors to motivate health services employees within the industry. It will provide guidance on the development and enhancement of specific motivation strategies which can be applied in the public sector. The researcher intended to assess the perception of various workers whether the strategies put to the public sector to motivate its employees and other stakeholders are good enough. Besides, the research findings will bridge the gap of knowledge on the factors influencing the health services performance. In addition the findings will contribute to scientific world for more investigation and utilization to the well being of any public sector in the society.

The study will present an objective assessment of a set of factors that could lead to the motivation of employees in public sector and good performance of the health service. This will facilitate the synthesis of existing research and help to address the gaps existing in theories. Furthermore, the study will contribute to the extensive and ongoing research gathering of reliable and accurate information about public sector in Tanzania. In addition, the findings will be a contribution to scientific world for more investigation and utilization to the well being of any society.

In that way of thinking, this study will offer a concrete guidance on the combination of factors. The study will contribute to the extensive and ongoing research gathering of reliable and accurate information about hygiene factors on motivation in Tanzania. It is of hope that, the findings of this study will spur further researches in this area of hygiene factors on motivation, as many people get more interested in studying the public field. To the International community, the results of this research can be used as a case study upon which various measures could be taken. The result will serve as a lesson for other countries embarking on motivation through hygiene fact.

Apart from the academic requirement of the researcher, the reason behind carrying the study is that, the result will contribute to other researchers who have been struggling to come up with a comprehensive list of hygiene factors on motivation in public sector. It is widely accepted that ability of the management teams play a significant role to the development and motivation of the employees. The question remains whether the crucial set of the health sector are universal one or differs in different public sectors (Dahlqvist et al, 2000). The study aimed at investigating the hygiene factors on motivation which make public sector motivated, whether workers within public sector after motivation are satisfied or not. The study has intended to become reliable information about what hygiene factors motivate health services in public sector. Then, such information may enable others to build and practice such ideas for ensuring success in their public sectors.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section has enriched the researcher with what others researchers have investigated and written about the problem. It is therefore states the link between hygiene factors on motivation and its impact in public sector under health service. Relevant motivation theories have been used to support this research study. The chapter introduces certain terms, clarifies concepts and gives operational definitions for the constructs used in the study. In this regard, the research obvious include the theoretical literature review, empirical literature review, conceptual frame work and end up with conceptual frame model.

2.2 Definition of the Constructs Used

At this point it is necessary to define certain constructs used in this study. This section form part of the conceptual foundation of the study. This section clarifies concepts and gives operational meaning for constructs used in the study. It helps to be clearly understanding in this research discussion. Therefore, the meaning of various terms were explained.

2.2.1 Hygiene Factors

The hygiene factors are also referred to as the maintenance factors and comprise of the physiological, safety and love needs from Maslow's hierarchy of needs; (Gibson, 2000). They are factors that are not directly related to the job but the conditions that surround doing the job. They operate primarily to dissatisfy employees when they are not present, however, the presence of such conditions does not necessarily build strong motivation, Gibson (2000). These factors include; company policy and administration, technical supervision, interpersonal relations with supervisor, interpersonal relations with peers and subordinates, salary, job security, personal life, work conditions and status.

Herzberg called these hygiene factors, since they are necessary to maintain a reasonable level of satisfaction and can also cause dissatisfaction. The hygiene factors are not direct motivators but are necessary to prevent dissatisfaction and at the same time serve as a starting point or foundation for motivation. However, improvements in these conditions do not create motivation (Huling, 2003).

2.2.2 Motivation

Motivation can be assumed as the reason or the force behind why a person does what he or she does. Sometimes, it is also a means to make the person perform better and more efficient. Basically there are three assumptions in human motivation established in research. The first one assumes that motivation is inferred from a systematic analysis of how personal, task and environmental characteristics influence behavior and job performance (Wiley, 1997). The next one infers that motivation is not a fixed trait but rather it refers to a dynamic internal state resulting from the influence of personal and situational factors; (Wiley, 1997). This means that motivation may change with changes in personal, social or other factors (Wiley, 1997). Finally, motivation affects behavior, rather than performance (Nicholson, 1995; Wiley, 1997). Wiley explained: Initiatives designed to enhance job performance by increasing employee motivation may not be successful if there is a weak link between job motivation and an employee's efforts. In this study anything given or done to raise motivation morale that can be financial, material, verbal or written congratulations is usually the impact of hygiene factors.

2.2.3 Public Sector

The public sector is the part of the economy concerned with providing various Government services. The composition of the public sector varies by country, but in most countries the public sector includes such services as the public roads, public education, along with health care and those working for the government itself such as elected officials.

The public sector might provide services that a non payer cannot be excluded services which benefit all of the society rather than just the individual who uses the service (Persefoni , 2010).

2.2.4 Health Sector

The health or medical sector industry is an aggregation of sectors within the economic system that provides goods and services to treat patients' with curative and palliative care. It is one of the largest and fastest growing industries. Consuming over 10% of the gross domestic product of most developed nations, health care can form an enormous part of a country's economy. The modern health care industry is divided into many sectors and depends on interdisciplinary teams of trained professionals and paraprofessionals to meet health needs of individuals and populations (Peters et al, 2010).

Since the aim of this study is to investigate the impact of motivation on performance of employees of public health sector, the chosen guide for this study are motivational theories; a content motivation theory and a process motivation theory. Theories of motivation can be divided into two, the content theories and the process theories (Mullins, 1999). Content theories emphasize the factors that motivate individuals. Examples of content theories are Maslow's theory, Alfelder's theory, McClelland's theory, and Herzberg's theory (Mullins, 1999). On the other hand, the emphasis on process theories is on the actual process of motivation. Some examples of process theories are Expectancy theories, equity theory, goal theory, and social learning theory (Mullins, 1999).

The content motivation theory that suits for this study is Herzberg's Two-Factor because hygiene factors motivate individuals to work hard. This theory basically extended Maslow's hierarchy of need theory and is more directly applicable to the work situation (Steers, 1983; Kreitner and Kinicki, 1998).

Herzberg's research suggested that, motivation is composed of two largely unrelated dimensions: job-related factors which can prevent dissatisfaction but do not promote employees' growth and development (hygiene), and job-related factors that encourage growth (motivators) (Steers, 1983; Kreitner and Kinicki, 1998). Herzberg's theory is the first of its kind to emphasize the importance of non monetary rewards in motivating employees; (Geivity Institute, 2005). According to this theory, satisfying experiences are most often associated with the non-monetary, or intrinsic, content of the work.

This includes variables such as achievement, recognition, personal growth, personal responsibility and the characteristics of the work (Geivity Institute, 2005). These factors are called motivators. When people are satisfied, they attribute their satisfaction to the work itself and not on the environment in which they work (Manisera et al., 2005). On the other hand, dissatisfying experiences result from the extrinsic work environment; (Geivity Institute, 2005). These factors include company policies, salary, co-worker relations, supervisor relationships, status, supervision, personal life and job security (Herzberg, 1966; Geivity Institute, 2005). Extrinsic factors cause a person who feels neutral about the job, to feel dissatisfied and less motivated (Herzberg, 1966; Geivity Institute, 2005).

The theory explains that workers basically attribute their dissatisfaction to the environment in which they work, or conditions that surround the doings of the job (Herzberg, 1966; Geivity Institute, 2005). This is also known as the "Hygiene factor" (Herzberg, 1966). This should be continually maintained because employees never completely satisfied (Manisera et al, 2005). Manisera et al. (2005) noted that when the hygiene factors are very low, workers became dissatisfied. However, when hygiene factors are met, workers are not dissatisfied but it does not necessarily mean that they are satisfied or motivated to work. The same goes for the motivator factors. When motivators are met, workers are satisfied leading to higher performance.

On the other hand, the process motivation theory adopted for this study is the goal theory of motivation. In the late 1960s, Edwin Locke proposed that intentions to work toward a goal are a major source of work motivation (Locke and Latham, 1990). That means the goal will tell the people what needs to be done and how much effort will need to be put in order to fulfill the goal and target of the organization (Locke and Latham, 1990). Diagnosis for readiness, preparing employees via increased interpersonal interaction, communication, training and action plans for goal setting emphasizing the attributes of goals that should be understood by a manager and subordinates, conducting intermediate reviews to make necessary adjustments in established goals and reforming a final review to check the goals set, modified, and accomplished (Matteson, 1999). According to Coetsee (2003), performance is the realization of goals and meeting of expectations. In relation to this research, the study investigated the impact of hygiene factors on motivation in public sector under health sector of Tanzania.

2.3 Motivational-Hygiene Model

The motivational-hygiene model states that, employee motivation is achieved when employees are faced with challenging but enjoyable work where one can achieve, grow, and demonstrate responsibility and advance in the organization. That is, when the employees' efforts are recognized, it brings about job satisfaction and motivation. Environmental factors, such as poor lighting, poor ventilation, poor working conditions, low salaries, and poor supervisory relationships are causes for dissatisfaction in a job. These for Herzberg are basic needs and for that matter, is the responsibility of society's businesses and industrial institutions to provide for its people in order to self-actualize. According to Herzberg (1987), the work one considers to be significant leads to satisfaction. Thus factors that depict job satisfaction are completely different from those factors that lead to job dissatisfaction. Therefore, these feelings are not polar opposites. In other words the opposite of job dissatisfaction is not job satisfaction, but no job satisfaction.

2.3.1 Motivator Factors

According to Herzberg (1987), the motivator factors pertain to the job content. They are intrinsic to the job itself and do not result from carrot and stick incentives. They comprise the physiological need for growth and recognition. The absence of these factors does not prove highly dissatisfying but when present, they build strong levels of motivation that result in good job performance. They are therefore called satisfiers or motivators. These factors include; achievement, recognition, advancement, the work itself, the possibility of personal growth and responsibility.

Combining the hygiene and motivator factors can result in some scenarios namely:

- High hygiene + high motivation, the ideal situation where employees are highly motivated and have few complaints.
- High hygiene + low motivation: Employees have few complaints but are not highly motivated.
- Low hygiene + high motivation: employees are motivated but have a lot of complaints. A situation where the job is exciting and challenging but salaries and work conditions are not.
- Low hygiene + low motivation: the worse situation unmotivated employees with lots of complaints.

This theory sought to encourage managers not to be one-sided in considering factors to motivate employees but rather consider all the two factors in order to optimally motivate and satisfy employees to get the best out of them.

2.3.2 Management Elimination of Job Dissatisfaction

According to Herzberg (1987), managers need to eliminate the dissatisfaction by doing the following:

- Fix poor and obstructive company policies;
- Provide effective, supportive and non-intrusive supervision;
- Create and support the culture of respect and dignity for all team members;

- Ensure that wages and salaries are competitive;
- Provide job security;
- Build job status by providing meaningful work for all positions.

The above actions help in eliminating job dissatisfaction in organizations, and there is no point trying to motivate people or employees until these issues are addressed. Addressing the above issues should not be an end in itself but rather managers are to be aware that just because someone is not dissatisfied does not mean one is satisfied either. It is crucial in the work environment to identify conditions for job satisfaction (Amoaki, 2011).

2.3.3 Creation of Conditions for Job Satisfaction

Herzberg (1987) advanced that there is the need to address the motivating factors associated with work, this is called job enrichment. His premise was that, every job should be examined to determine how it could be made better and more satisfying to the person doing it. Hence, managers need to consider and include:

- Providing opportunities for achievement;
- Recognizing workers contributions;
- Creating work that is rewarding and that matches the skills and abilities of the employee;
- Giving as much responsibility to each team member as possible;
- Providing opportunities to advance in the company through internal promotions;
- Offering training and development opportunities so that people can pursue the positions they want within the company.

Herzberg (1966) theory is largely responsible for the practice of allowing people greater responsibility for planning and controlling their work, as a means of increasing motivation and satisfaction. The relationship between motivation and job satisfaction is not overly complex.

The problem is many employers and managers look at the hygiene factors as a way to motivate when in fact, beyond the very short term, they do very little to motivate. Perhaps managers like to use this approach because the thinking is that people are more financially motivated than they are, or it takes less management effort to raise wages than it does to reevaluate company policies and redesigning jobs for maximum satisfaction. In seeking to motivate people, first management in organizations must identify and address things that make workers unhappy about the workplace environment. Furthermore management has a responsibility to ensure that workers are treated fairly and with respect including helping workers to grow within their jobs and give them opportunities for achievement.

Although Herzberg's theory was generally accepted, there are some criticisms that it applies least to people with largely unskilled jobs or those whose work are uninteresting, repetitive, monotonous and limited in scope. He was also accused of assuming a correlation between satisfaction and productivity though his research stressed satisfaction and ignored productivity. Recent research indicates that employee satisfaction does not necessarily contribute directly to productivity. Satisfaction may be viewed as a passive attribute, while more proactive measures such as motivation levels are viewed as more closely linked to behavioural change and performance Hayday (2003). Despite such criticism, there is still evidence of support for the continuing relevance of Herzberg's theory.

2.3.4 The Motivation on Health Sector in Tanzania

The Tanzanian health system has undergone major reforms. The African continent is facing serious human resource crisis in the health sector (Mathauer et al., 2006). These severe human resource shortages have affected the ability of many countries to initiate and sustain credible health services (WHO, 2006). Although several reforms and policies have been developed to address health problems in the continent (Dovlo, 2005), little attention has been given to required human resources and their motivation.

The quality of performance in health facilities to a large extent depends on available human resource mix and their motivation (Dieleman et.al., 2006). Workforce which is one of the most important inputs to any health system has a strong impact on the performance of health facilities (Fritzen, 2007). Despite the existence of several theories of motivation in the work place (Bennett et al., 1999), little empirical data is available on the extent to which these theories have been used to address motivation related issues among health care workers in Africa, even though there is overwhelming evidence of attrition.

There are a few studies which have addressed motivation of health workers in Tanzania (Manongi et al., 2006). Indeed, low motivation in the workplace contributes towards the brain drain of the health manpower in Africa from one country to another, or from rural to urban areas within the same country (Mathauer et al., 2006). Sub-Saharan Africa has the lowest health worker to population ratio in the world, a situation that has recently worsened partially due to migration of the few available workers to other countries (WHO, 2006). For example, one report of 2002 shows that, out of the 150 medical officers who were trained in three medical schools in Ghana, 50% left the country within the second year and 80% left by the fifth year.

The health work force in Tanzania declined by over 35% between 1994/95 and 2005/2006 partially due to migration out of the country (Kireria et al., 2007). Tanzania has been training medical doctors since 1963, but mapping surveys in 2006 revealed that only 1,339 doctors were in the country and 455 of them were working in the private sector (MoH, 2008-2013). According to the 2005 proposed national staffing levels for the health sector, Tanzania should have 125,924 health workers but only 35,202 were available representing a deficit of over 72 per cent (MoH, 2008-2013). This deficit would be even more serious due to current proposals to build one hospital for each district, one health centre for each administrative ward and a dispensary for each village.

Little is known about the quality of health services provided by existing few workers and the level of motivation in their respective work stations. It is also important to note that despite of decades of effort to provide effective, equitable and affordable health care services; health indices in Africa have either remained unchanged or declined (Lethbridge, 2008). Surprisingly, financial and technological resources are not the major barriers to improving the health system in Africa. Instead, poor implementation of systemic improvements is to blame, and personnel motivation is a key component in this functional failure.

The motivation of workers is influenced by several factors. Financial resources in terms of salary and other fringe benefits is just one of the elements (Lindner, 1998). However, when the study was conducted it was found that salaries were so low that even the clinicians had to seek additional employment in private hospitals to supplement their income. For instance at Muhimbili National Hospital, several reforms were introduced to improve the situation including benefits for doctors attending meetings and workshops, to be later replaced by a promise of performance-linked salary increases. The impact of all of these efforts is yet to be fully assessed, but future strikes by workers due to grievances associated with low salaries and unfavorable working conditions are still a real possibility for the hospital system. Some nurses were suspended from duty due to strikes whose root cause was low salaries (Fritzen, 2007).

Apart from low salaries, lack of motivation in the workplace can also arise from several other factors, including lack of positive acknowledgment and reward for good service, punitive measures for even infrequent mistakes, and a lack of communication between management and staff (Lindner, 1998). All of these factors contribute to a general lack of work satisfaction, as well as disharmony between managers and workers. The extent to which workers at health sector are satisfied with the tasks they do and their working environment, and how these factors affect staff performance, has not been empirically documented (MoH, 2008-2013).

2.4 The Empirical Literature Review

This section presents several studies which were conducted by different researchers on the impact of hygiene factor on motivation in Public sector. The finding of those researchers identified multiple hygiene factors which motivate workers in public health sector. In the same line, Holland et al., (2007); De Vos et al., (2008); De Vos and Meganck, (2009), investigated about the factors for poor performance. Again, they suggested that salary, work life balance, or career opportunities are the causal factors for people to perform poor. In addition, low performance in higher education institutions, dissatisfaction with relations between seniors, working conditions, few hours spent on research, excessive workload, financial rewards, lack of career opportunities and work-life balance.

According to Williams (2005) in Jamaica who studied about determining factors influence employees performance; he suggests lack of job satisfaction, home sickness, and cultural alienation, fear of crime and violence and family commitments make professionals employees leave the job. Likewise, Zimmerman, (1998) conducted a study in Uganda at Makelele University in Uganda about how peoples' motivation needs differ among individuals. He found that, there was a need to raise employees' basic salaries and allowances of the employees, as it is low it makes people produce low hence decrease performance.

Ishengoma (2007) carried out a study about internal and external brain drain at private organizations in Tanzania, argues that salaries and other allowances are generally lower as compared to remuneration provided to employees with lower or equivalent qualification elsewhere. He then, indicates the fact that the retention strategies for most government employees as they are unfulfilled. Given that, there is still absence of common stand on the factors that make employees to perform better in public health sector.

Wiley (1997) did a research on the influence of hygiene on workers motivation. The researcher concluded that employees overall expressed the importance of pay as a motivator, and an effective compensation programme is critical. A good way to change compensation is to make sure that it affects the employees' hierarchy of needs. For instance, a daily meal allowance can satisfy their physiological needs, while an increase in salary or extra bonuses can increase the employee's esteem and safety as such actions symbolically tell them that their efforts are being recognized and that they are secure in the company. Promotion should also be given to those skilled workers who deserve promotion. This action can basically satisfy their social needs.

Leshabari et al. (2008) did a study on motivation of health workers in Tanzania. The main objective of the study was to find out the current undergoing of health system reforms. The findings showed that almost half of both doctors and nurses were not satisfied with their jobs, as was the case for 67% of auxiliary clinical staff and 39% of the supporting staff. Among the contributing factors reported were low salaries, levels the frequent unavailability of necessary equipment and consumable to ensure proper patient care inadequate performance evaluation and feedback poor communication channels in different organizational units and between workers and management, lack of participation in decision making processes and a general lack of concern for workers welfare by the hospital management.

Melkidezek et al. (2008) did a research on motivation of health care workers in Tanzania a case study of Muhimbili Health Hospital. This was a cross sectional study involving a sample of 448 hospital workers. The results showed that almost half of both doctors and nurses were not satisfied with their jobs, as was the case for 67% of auxiliary clinical staff and 39% of supporting staff. This dissatisfaction was multi-factorial in origin. Amongst the contributing factors reported were low salary levels, the frequent unavailability of necessary equipment and consumables to ensure proper patient care, inadequate performance evaluation and feedback.

Poor communication channels in different organizational units and between workers and management, lack of participation in decision-making processes, and a general lack of concern for workers welfare by the hospital management were also contributing factors. The study concluded that many workers at all levels in the hospital were not satisfied with the tasks they performed due to a variety of factors.

Lodahl (1964) felt that the relationship between job satisfaction and motivation was shallow and conducted a study designed to measure job attitudes on a broad scale by determining the underlying structure and then relate that structure to measurements of the job performed. It was concluded that his study constituted a replication of Herzberg's findings using different methods and a different sample, indicating that there may be generalisability in Herzberg's findings across a wide range of technologies and people (Lodahl, 1964). On the other hand, Hong and his colleagues (1995) of National Taiwan Normal University conducted a study in order to understand the impact of employee benefit on employees' work motivation and productivity. They contend that everyone works in expectation of some rewards, and welfare is one of them.

Lawler (1970) examined the studies regarding the relationship between satisfaction and performance in Australia and found that satisfaction is an indicator of an employee's motivation to come to work, satisfaction influences the motivation to perform a job effectively only very indirectly, and that performance can influence satisfaction directly under certain conditions. In looking at satisfaction and performance through this frame of reference, their relationship is important and should be monitored not to determine if satisfaction leads to performance, but because it tells something about how awards, both intrinsic and extrinsic, are being given out in an organization (Lawler, 1970).

Nawaz et al. (2014) did a study on factors motivating employees in the public sector banks. The aim of the study was to determine the factors motivating employees in the banking sector of Pakistan with respect to their demographic reflections.

The study involved questionnaire from employees working at different organizational level in banks of Pakistan. In order to get result different test were performed which shows that all the motivational factors and Hygiene factors taken in to account which include fair wages and promotion, health and other services, work environment, job specification, prestige and request, management policies and style, non-cash benefits, sports and lastly, setting and defining goals, play a significant role in motivating employees. Thus helping public banks of Pakistan to direct their focus on the above mentioned factors in order to not only retain employees but also increase their performance.

2.5 Research Gap

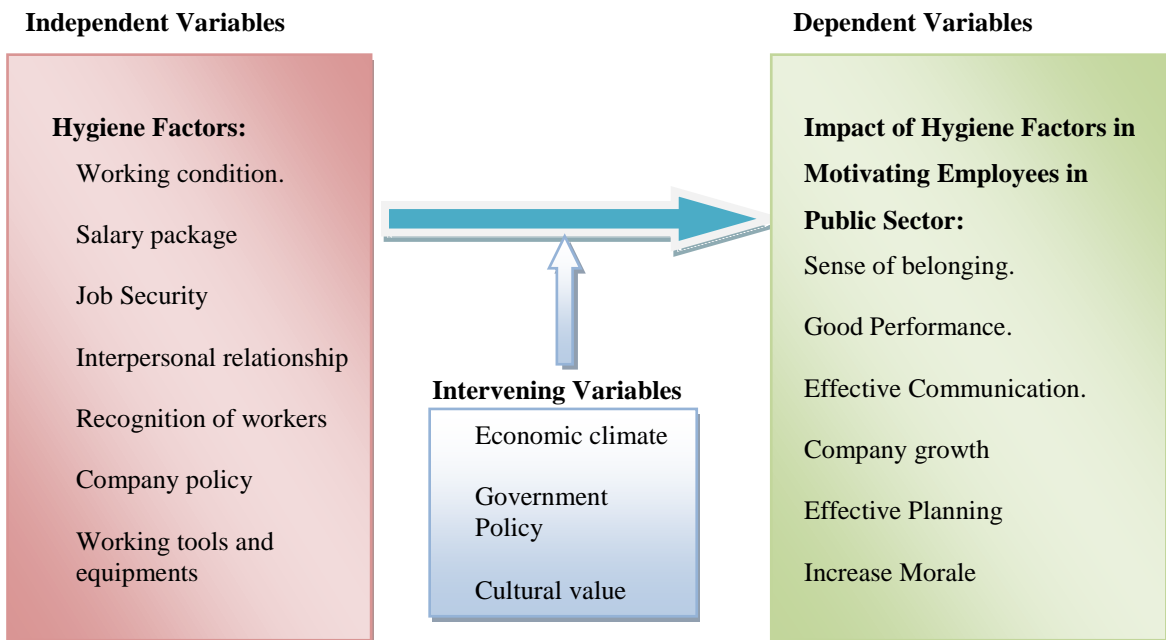
Most of the studies reviewed in Section 2.4 show that hygiene factors on motivation have multiple attributes which they consider important in motivation in public sector. However, some of the studies in preceding section were conducted outside Tanzania environment which could be quite different to that of Tanzania. Also, despite of agreeing the importance of hygiene factors on motivation, and some studies indicating that hygiene factors on motivation plays as a foundation for the motivators, none of the studies discussed the impact of hygiene factors on motivation as itself. Most of the studies done, looked on the impact of combination of both, Motivators and hygiene factors on motivation. Therefore, there is a need to carry out a research relating to Tanzania context which will focus on impact of hygiene factors in motivation of workers in public sector.

2.6 Conceptual Framework

The purpose of this section is to develop a conceptual framework to guide the researcher in the study. The conceptual framework explains the main issues under the study in either graphical or in a narrative form, (Miles and Herberman, 1994). The conceptual framework also explains the relationships between variables.

This study focused on important variables and their relationship in order to be well understood and guide the information to be collected and analyzed. A conceptual framework is described as a set of broad ideas and principles taken from relevant fields of enquiry and used to structure a subsequent presentation, (Cooper & Schindler, 2008). As a whole conceptual framework covers the conceptualized relationships between variables, that is; independent variables (hygiene factors), dependent variables (impact of hygiene factors in motivating employees in public sector) and intervening and moderating variables under the health sector which are economic climate, government policy and cultural values as analyzed in the conceptual frame model in Figure 2.1. The study investigated different factors on the impact of hygiene factors on motivation in public sector under health sector in Tanzania.

Figure 2.1: Conceptual Framework Model



Source: Researcher, 2015.

The conceptual framework in the Figure 2.1 shows the relationship between independent and dependent variables as well as the intervening variables. The independent variables are hygiene factors that are conceptualized as recognition of workers, company policy, Interpersonal relationship, job security, salary package, Working tolls and equipments and working conditions. The independent variable as noted to be important hygiene factors in motivation.

In contrast, the dependent variables are responses or the outcomes of independent variables, conceptualized as Sense of belonging and commitment, good performance, effective communication, company growth, effective planning, increasing morale, excessive workload, strikes and violence. In addition, the intervening variables which include economic climate, government policy, and cultural values, are taken into consideration for the moderating effect on the independent variables. The research aimed to find out whether these variables interact to motivate workers in health services in Nyamagana municipal Mwanza city.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter indicates the research type and the research design of this study. It explains the relevant methods and the suitable tools used to collect and analyze data in the study field. Besides, it describes the study area of the research, the study population and the sampling techniques. It later, states types and source of data, the study variables, the research measurements, data collection methods, the validity issues and data analysis methods employed in the research study.

3.2 Research Design

The research design is the blueprint for collection, measurement and analysis of data that enable the researcher to come up with solutions to the research problem and guides him/her in the various stage of the research (Frankfort, 1996). It is a plan for addressing objectives of the hypothesis (Carl, 2006). The importance of research design is to ensure that all aspects of the study are well addressed and implemented to enable right use of time and resources as well as enable accurate assessment of validity and reliability (Easwaran, 2010). The current study adopted a descriptive research design, incorporating both quantitative and qualitative approaches as they complement each other. Descriptive research design helped the researcher to understand the phenomenon and to get the broad picture of the phenomenon as it provides a tool for describing a phenomenon (population characteristics) which helps to give ideas for further probing and make simple decisions (Sekeran 2003).

3.3 Geographical Area of the Study

The study was carried out at Nyamagana municipal, Mwanza city situated in the North-western part of Tanzania.

Mwanza consist with seven districts namely Nyamagana, Sengerema, Misungwi, Magu, Ilemela, Kwimba and Ukerewe. Nyamagana municipal council comprises the northern half of the city of Mwanza. It is bordered to the North and West by lake Victoria, to the South by the Ilemela district, and to the East by the Magu district. It covers an estimated area of 274 square km, of which 90 square km are covered with water and remaining 184 sq. km is land. Population of Nyamagana municipal according to the 2012 census was 363,452 (Population Distribution by Administrative Unit, United Republic of Tanzania, 2012).

As for the year 2015, there were two main public hospitals and a number of private health centers operating in Nyamagana municipality. The public hospitals are Butimba hospital which operates as a district hospital, and Sekou Toure regional hospital. There is also one referral hospital which is public-private partnership owned namely Bugando Medical Centre (BMC). The Private health centers in Nyamagana including the following: Aga Khan Health Centre, Hindu Mandal, Mwananchi, Salamaan, CF and Bio Centre.

As this study look at hygiene motivation factors in Public health service, the concentration was on the public health sector in Nyamagana municipality. The researcher selected Nyamagana municipal as the area of the study due to familiarity with the area, and the fact that Nyamagana is among the districts in Mwanza city which comprises different characteristics of people in terms of income, beliefs, education, and ethnics. It is also a convenient district to the researcher in terms of accessibility and it is cost effective in collection of data and organizing the report.

3.4 Target Population

Population is the group of people who share common traits or attributes of interest to the researcher (Burns and Grove, 2001).

In this study the target population was comprised medical officers, nurses, labour/maternity assistants, mid wives, human resource personnel, clinical officers and clients of health services in Nyamagana municipal. The number of medical officer is estimated to be 70, nurses 70, labour officers 40, mid wives 70, human resources personnel 20, clinical officers 70 and general public of health services 60. The total number of target population is estimated to be 400, and the details of the categories of target population in the study are shown in Table 3.1.

Table 3.1: Categories of the Target Population for the Study

| Category of Respondents | Sekou Toure Hospital | Butimba Hospital | Bugando Referral Hospital | Total |
|--------------------------------|-----------------------------|-------------------------|----------------------------------|--------------|
| Medical Officers | 20 | 10 | 40 | 70 |
| Nurses Officers | 25 | 15 | 30 | 70 |
| Mid Wives | 20 | 15 | 35 | 70 |
| Clinical Officers | 20 | 15 | 35 | 70 |
| Human Resource Personnel | 7 | 6 | 7 | 20 |
| Labour/Maternity Assistants | 15 | 10 | 15 | 40 |
| General Public | 20 | 10 | 30 | 60 |
| Total | 127 | 81 | 192 | 400 |

Source: RMO Mwanza, 2015.

Since the target population is too diverse to enable meaningful data collection, therefore, the researcher did not include the general population, instead the target population as shown above was satisfactory. To obtain required sample size, Bailey (1994) recommended that regardless of the population size, a sample size of 30 was the minimum for data collection.

3.5 Sample Size

Cooper & Schindle (2006) defines sample size as the total collection of elements about which inferences are to be made.

Samples are selected because it is not possible at times to study the entire population due to various limiting factors such as lot of time, cost and other research resources (Mugenda and Mugenda, 1999).

There are many methods of determining a sample size such as the use of mathematical sampling formula (Malhotra, 1996), use of statistical tables (Bartlett, Kortlink and Higgins; 2001), general rule of 40% (Huysamen, 1991) and Roscoe (1975) rule of thumb of greater than 30 and less than 500 respondents, provided that the study population has diverse strata. The choice of methods to be used to determine sample size depends on several factors such as representativeness, how diverse target population is, and researcher's preference.

Since the target population was diversified, and has different identifiable strata (wards), this research used Godfrey (1977) who proposed a general rule of 25% of the population, if the target population contains 400 to 1000 research participants and when they are highly dispersed. As this study is not statistical but aim to have reasonable sample, therefore, a sample size of 100 respondents was selected (400x25%). A detail of the target population and its sample size is shown in the Table 3.2.

Table 3.2: Details of Target Population and its Sample Size

| Category of respondents | Target population | Sample size | Percentage |
|----------------------------|-------------------|-------------|------------|
| Medical officers | 70 | 18 | 25 |
| Nurses | 70 | 18 | 25 |
| Mid Wives | 70 | 18 | 25 |
| Clinical officers | 70 | 18 | 25 |
| Human Resources Personnel | 20 | 5 | 25 |
| Labour/Maternity Assistant | 40 | 10 | 25 |
| General Public | 60 | 15 | 25 |
| Total | 400 | 102 | 25 |

Source: Research, 2015.

3.6 Sampling Techniques

Simple random sampling and purposive methods were utilized to identify the respondents. This increased accuracy and precision of the sample in representing the characteristics of the population of health sector in Nyamagana Municipal. Convenience sampling was used in the operational employees within each department whereas the respondents were picked randomly with the help of Health Secretaries of the said hospitals. This method of sampling also was used in selection of clients of health sector whereby gender were considered to have equal representative. The selection of respondents was done in conveniently based on their availability, though special efforts were made to make sure that all professions are represented.

The researcher assumed that, these respondents have equal chance to provide the required data due to their experiences in health sector. Other respondents were identified through the purposive sampling method to select respondents from top Management and Human Resource department as they have information about matters related to hygiene factors on motivation in public health sector. Intensity sampling was used to select such individuals as the Director of Human Resource in Bugando Hospital, Secretaries of Health of all hospitals in question, the Regional Medical Officer (RMO), District Medical Officer (DMO) and few other departmental heads.

3.7 Types and Sources of Data

Data for this study included that from the field as primary data, and that which has already been gathered as secondary data. The study involved different research data collection instruments such as Interview and Questionnaires for different categories of respondents.

3.7.1 Primary Data

Primary data is that which is collected specifically for the purpose of providing information on the decision under question (Easwaran and Singh, 2010).

Under this study, primary data was collected by using questionnaire with closed questions that was distributed to respondents to be filled. The researcher structured the closed questions with two or more responses from which the respondents can choose. Closed questions were employed because they are simple to administer, compile and analyses. The interview is done face-to-face questioning between researcher and the respondents. This was another method used to collect primary data, whereby open ended questions were used. This study involved interview to obtain depth and detail of information, as the researcher was able to do more things to improve the responses and quality of information.

3.7.2 Secondary Data

Secondary data consists of information that has already been gathered and might be relevant to the problem at hand (Carl, 2006). The current study also involved documentary review such as reports, News papers, Journals, Brochures and other relevant documents showing the impact of hygiene factor in motivation of workers in public health sector. The study used secondary data as they were quick, cheap to obtain and broadened the database from which scientific generalization were made. However, most of the secondary data were used during proposal formulation.

3.8 Data Collection Methods

Data collection method for this study was done by using a combination of personal interviews and self-administered questionnaires and documentary review. Most interviews were conducted during the period of April to July 2015. Two interviewers were recruited to assist the researcher in collecting data. They were trained before and given a guideline document to follow. Most of the interviews were conducted at the health sector premises and some outside the premises with each respondent.

3.8.1 Interview

The interviews were conducted to obtain qualitative data that allowed a comparative assessment. Semi-structured interviews and documentation were conducted with medical officers, head of departments and health officers as explained previously. Yin, (1994) suggested that interview tool is very important source of getting information and it is helpful in handling case study matters. As the study targeted the health public sector in Nyamagana district, the interview was used to collect data from medical officers, labour officers, health officers and head of department because they are able to provide additional information for this study.

Based in semi-structured interview, the respondents were met and asked about their opinions on particular impact of hygiene factors on motivation in public sector. Similarly, the respondents were also asked if the health sector has any strategies to motivate its workers. The study questions were administered while responses are written in notebooks. The respondents were asked about their own insights about certain occurrences; (Yin, 1994) in respect to motivation of employees due to hygiene factors in order to gain a deep in depth understanding about the research topic.

Semi structured interview was a dialogue between a skilled interviewer and an interviewee. Its goal was to elicit rich, detailed material that can be used in analysis. Such interviews were best conducted face to face. Typically, the researcher prepared an interview guide that included a list of questions to be explored and suggested by following up on key topics. The guide helped the interviewer to keep pace with the interview and make the whole interview process more systematic and comprehensive.

3.8.2 Questionnaires

The questionnaires were left to respondents at their premises for later collection. Follow-up telephone reminders after 14 days were used to contribute a high rate of non respondents and when possible through it.

This method was also consistently used with (Dahlqvist, 2000) relied heavily on telephone interviews to minimize non-response. Once the data were captured in the questionnaires, a sub-sample of reasonable number health sector workers were identified for a closely matched comparison of respondents. The respondents came from different personal backgrounds like age, gender, work experiences and educational achievements. This included amongst others, clinical officers, mid wives, nurses and health sector clients/stakeholders.

Later, a pilot test was conducted through interviewing 10 experts who are among the respondents. The reason behind this pilot study was to see whether the questionnaire suit for data collection. This would ensure that the questionnaires were appropriate and reasonable to be spread among the health sector employees and stakeholders for data collection. The self-administrated questionnaire with the method of delivery and collecting questionnaires were used in this research. Validity measures the degree to which this study succeeded in measuring intended values. The extent to which differences found reflected true differences among the respondents.

The following steps indicate the validity of this study: The researcher asked experts and group of experts from public sector top management who commended on the representativeness and suitability of the questionnaires. Besides, the researcher allowed suggestions to be made to the structure of the questionnaire. That helped researcher to establish content validity (Mitchell, 1996) of the tools for data collection. Thereafter, a pilot test conducted through asking some experts and interviewing 10 professionals' employees in the health sector. Such experts added suitable comments to the questionnaire and make them more understandable. The number of people who were chosen for the pilot test was sufficient to include any major variations in the population that is likely to affect the responses rate. Though for most questionnaires the minimum number for a pilot is 10 (Fink, 1995).

But due to the time constraints and the number of the respondents in this study, the reasonable number of people in the pilot test was 10 that provided some idea of the validity of the questionnaire. Since Reliability was the accuracy or precision of a measuring instrument, thus in this research reliability is concerned with the questionnaires' consistency of responses to the questions asked in repeated measurements (Carmines & Zeller, 1979). This was carried at pilot study and field study. Then later, the collected data was verified and recorded precisely for a reliable analysis.

3.9 Data Analysis

Data analysis refers to the process of editing and reducing accumulated data to a manageable size, developing summaries and looking for patterns of relationship that exist among data groups (Kothari, 2008). It is a significant examination of the assembled and grouped data for studying the characteristics of the object under study and for determining the relationship among variables relating to it (Krishnaswami, 2003). Furthermore, it was necessary to have all relevant data in place for making contemplated comparison and analysis. In the study, both quantitative and qualitative data analysis techniques were used.

3.9.1 Quantitative Data Analysis

For data that were collected using questionnaire, descriptive and statistical analysis tools were used based on the data and information collected. The questionnaire was first edited and then computed and analyzed using the Statistical Package for Social Sciences (SPSS) software to compute frequency distribution percentage, tabulations and descriptive output such as mode, mean and standard deviations. Thereafter, data was summarized, analyzed in a general way and interpreted as per research objectives. This enabled the researcher to draw out the information about the problem under investigation and make necessary discussion to address the research problem.

3.9.2 Qualitative Data Analysis

On the other hand, data that was collected using interviews which were essentially text information, analyzed using narrative and content analysis techniques to describe the text data. Responses from specific interview questions were classified into categories and then analyzed in themes, meanings as well as quotations expressed through words from respondents. This information then was linked to the research objectives.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 Introduction

The purpose of this study was to examine the impact of hygiene factors on motivation of workers in public health sector in Tanzania; the case of Nyamagana municipal in Mwanza-city. This chapter included questionnaires as the data collection tools, which were conducted to Public health workers, found at Nyamagana municipal in Mwanza city. The results of the study were divided into three major categories of research objectives. These were to identify hygiene factors that motivates workers in public health sector; to assess the outcome of hygiene factors on motivation in public health sector and to identify means and strategies under improving hygiene factors on motivating public sector.

4.2 Background of Respondents

This study involved workers in public health sector found in Nyamagana municipal in Mwanza-city. The respondents were clinical officers, medical officers, labour/maternity attendants, human resource officer, nurses and other professions in public health sector. A total of 110 questionnaires were sent to respondents, however only 89 were returned complete and usable. This represents 80.9% response rate. The industry level of response rate should range from 40% - 60% which is above the industry level; (Mugenda and Mugenda, 2003). Therefore, 80.9% of the response rates achieved by the researcher from the target sample size were optimum.

4.2.1 Respondents' Gender

Respondents were to choose their gender, whether male or female. The result is shown in Table 4.1. The findings indicated that, there were more male respondents than female respondents in the study. Out of the 89 responses received, a total of 57 were male participants in comparison to 32 female participants.

This result could mean that, in the public health sector in Nyamagana municipality, a number of male workers is greater than of female. This has further revealed that possibly males were more participating in public sector while females may be engaging with other various family activities.

Table 4.1: Gender of Respondents

| Gender | Frequency | Percent |
|---------------|------------------|----------------|
| Male | 57 | 64 |
| Female | 32 | 36 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.2.2 Respondents' Age

The age of respondents were grouped into 18-25 years, 26-35 years, 46-55 years and 56 years and above. According to the Tanzania National Bureau Statistical on 2012 census (pg 44), the working age population in the country was between 15-64 years. This was the basis of grouping ages of respondents starting 18 years to 56 and above as they are the working population age range. Table 4.2 shows the majority of respondents were aged between 26 to 55 years. The least category of respondents was aged between 56 years and above. The majority of respondents lie between the ranges of working age population as put forth by the Tanzania National Bureau Statistical census (2012).

Table 4.2: Age of Respondents

| Age | Frequency | Percent |
|----------------|------------------|----------------|
| 18-25 years | 11 | 12.4 |
| 26-35 years | 18 | 20.2 |
| 36-45 years | 30 | 33.7 |
| 46-55 years | 25 | 28.1 |
| 56 above years | 5 | 5.6 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.2.3 Working Experience

Regarding to the time of service for the selected respondents, the questions were well designed to assess the working experience of the respondents to the public health sector. We believed that, the longer period the respondent has worked with public health sector, was more experience she/he has in the sector. The working periods were grouped into 0-5 years, 6-10 years, 11-15 years, 16-20 years and above 20 years as shown in Table 4.3 Findings show that 74.4% were in service between 6–20 years with public health sector. The least category of respondents was in service in public health sector for more than 20 years. Therefore, almost all of respondents who participated in the study had enough experience on hygiene factors considered in public health sector.

Table 4.3: Respondents Working Experience

| Period | Frequency | Percent |
|--------------------|------------------|----------------|
| 0 – 5 years | 15 | 16.9 |
| 6 – 10 years | 26 | 29.2 |
| 11 – 15 years | 24 | 27 |
| 16 – 20 years | 18 | 20.2 |
| More than 20 years | 6 | 6.7 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.2.4 Occupation of the Respondents

On this category of respondent characteristics, the study intended to identify strata (wards) of respondents to make sure all categories were equally represented. Table 4.4 shows that high response range of the respondents was from medical officers followed, by clinical officers and nurses. The least were from human resources, labor/maternity attendants and others professionals such as optometrist, radiographer, pharmacist, dental officer and laboratory technicians of which each scored 10.1%. The results indicate that, at least all strata in the study population were fairly represented.

This was important to the study because it assured the coverage of study area and reasonable conclusion.

Table 4.4: Occupation of Respondents

| Respondents | Frequency | Percent |
|----------------------------|------------------|----------------|
| Clinical officer | 21 | 23.6 |
| Medical officer | 25 | 28.1 |
| Labor/Maternity attendants | 9 | 10.1 |
| Human resource | 9 | 10.1 |
| Nurse | 16 | 18 |
| Other professions | 9 | 10.1 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.2.5 Types of Health Services

The study assessed types of health sector of which respondents were working. The selected three types of public health sector were referral hospital, regional hospital and district hospital. This question was important on the study, as those mentioned types of health service offers health service at different level and probably also differ in consideration working condition. As indicated in Table 4.5 referral hospital has high frequency of the respondents, followed by regional hospital and lastly from district hospital.

Table 4.5: Working Types of Health Services

| Type of health service | Frequency | Percent |
|-------------------------------|------------------|----------------|
| Referral Hospital | 39 | 43.8 |
| Regional hospital | 27 | 30.4 |
| District hospital | 23 | 25.8 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3 Hygiene Factors that Motivate Public Health Sector Workers

Hygiene factors that motivate public health sector workers were examined through the first specific objective of the study. On this objective, respondents were asked to identify hygiene factors that have impact on motivating workers in public health sector. Questionnaires that were supplied to the respondents, mentioned several hygiene factors of which respondents have to indicate level of agreement/disagreement on each factor. Also on the questionnaire, respondents were asked if there was relationship between hygiene factors on motivation and motivation behavior the public sector in Nyamagana municipal.

4.3.1 Hygiene Factors on Motivation that Motivate Workers in Public Health Sector

On this question, the researcher aimed to identify hygiene factors that make workers in Public health sectors be motivated. A question was constructed in such a way that, respondent has to show degree of agree/disagree on each factor that has been mentioned in a questionnaire. The mentioned factors were working condition, Job security, Workers welfare, Interpersonal relationship, Work-life balance, Company policy and Job satisfaction. Respondents also were given option to mention any other factors out of the mentioned one, that can contribute on motivate workers in public health sector. The response on the question was as follows:

4.3.1.1 Working Condition

For working condition, the study aimed on looking on all factors that surrounding a worker while he/she is at work place. This includes job description, workload and working environment. Table 4.6 shows that, most of respondents (79.8%) agreed that working condition are among the factors that can help to motivate public health sector in Nyamagana municipal. The study findings suggest that, working condition contribute much on motivating workers in public health service sector.

The more working condition is taken into consideration in a working place, is the more workers are motivated to the job commitment and morale.

Table 4.6: Working condition

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 2 | 2.3 |
| Disagree | 5 | 5.6 |
| Neutral | 11 | 12.3 |
| Agree | 32 | 36 |
| Strongly agree | 39 | 43.8 |
| Total | 89 | 100 |

Source: Field data, 2015

4.3.1.2 Job Security

Job security in this study refers to an employee’s assurance or confidence that they will keep their current job. An employee with a high level of job security has a low probability of losing their job in the near future, and vice versa. Table 4.7 shows response to the question. Findings from the field show the high rate of respondents who agreed that job security in public health sector motivates workers. On other hand, 27 respondents (90%) out of 30 respondents who were interviewed agreed that job security if taken into consideration, can motivate workers in public health sector. Herzberg, (1966) on explaining the importance of job security as among the factors on motivating employees, said extrinsic factors cause a person who feels neutral about the job, to feel dissatisfied and less motivated (Herzberg, 1966; Gevity Institute, 2005). These factors include company policies, salary, co-worker relations, supervisor relationships, status, supervision, personal life and job security (Gevity Institute, 2005).

Among the quoted statements from the interviewed respondents who agreed on the statement were, “... *if one does not know his/her future in the job, definitely will lose confidence in the job.*” (Nurse at Bugando referral hospital).

“...job security plays a great role in motivation as it gives assurance to a worker that will not lose a job in near future.” (Medical officer in Bugando referral hospital). As for those who did not agree with the statement, one medical officer from Bugando hospital said “... job security cannot be taken as motivation factor to the rare professional job like Doctors as demand on them in the country is high.”

These results suggest that, job security is among the factors that help to motivate workers in public health sector. When workers feel secured in job, tends to enjoy and maintain peace and good psychological mind without fear of losing job or got injured/death before attaining his/her retirement. Therefore, on this condition workers become more comfortable and this motivates them to concentrate more in job.

Table 4.7: Job Security

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 11 | 12.4 |
| Disagree | 9 | 10.1 |
| Neutral | 9 | 10.1 |
| Agree | 24 | 27 |
| Strongly agree | 36 | 40.4 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.1.3 Workers Welfare

For this study, workers’ welfare refers to the various services, benefits and facilities offered to employees by the employer. Workers welfare is not necessarily be in money form, but any kind of generous benefits which employer offers to the employee. These may include items like allowances, housing, transportation, medical insurance and food. If taken in consideration, workers’ welfare creates ‘sense of belonging’ to the workers and feels that they are part and parcel of organization. Table 4.8 show responses on the question of which majority of the respondents agreed that workers’ welfare helps on motivating employee in public health sector, and contrary to this demoralize workers.

Likewise, 27 respondents (81 %) out of 30 respondents agree on the fact that workers welfare contributes most to motivate workers in public health sector. On this manner, one respondent from Sekou toure hospital said, "*... it is really discouraging. We are working hard and on a very challenging environment, still when you get personal problems, say family problems and you need assistance from the employer, no one is there to help you. For example my relative died, but my office did not help me with transporting the body.*" (Medical officer from Sekou toure hospital). This simply mean that, the quoted medical officer was so demoralized by not be assisted by the office for the problem he faced. This could be different if the office would take trouble to help him.

Table 4.8: Workers Welfare

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 18 | 20.2 |
| Disagree | 16 | 18 |
| Neutral | 02 | 2.3 |
| Agree | 32 | 35.9 |
| Strongly agree | 21 | 23.6 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.1.4 Interpersonal Relationship

Interpersonal relationship in the study was regarded as an association between individuals who are working together in the same organization. It is a relationship between the worker and his/her superiors, subordinates, and peers. This includes both, job related and social interactions within the work environment. An individual spends around seven to eight hours at his workplace and it is practically not possible for him to work all alone. One needs people to talk to and discuss various issues at the workplace. Research says productivity increases manifold when individuals work in groups as compared to an individual working alone. The study assessed interpersonal relationship impact on motivation to the workers in public health sector in Nyamagana Municipal.

Response on the question is shown in Table 4.9. Findings indicate that, majority of the respondents agreed that interpersonal relationship in public health sector has an impact on motivation for workers. Furthermore, 27 interviewed respondents (90%) out of 30, agreed on the statement.

More than half of the respondents (64% on questionnaires and 90% interviewed) agreed on the statement. The study suggests that interpersonal relationship have great impact on motivational behavior in public health sector towards commitment and efficiency. The good interpersonal relationships show courtesy to, and interest in all employees regardless of hierarchy. This means workers’ basic humanity, is appreciated and valued hence motivate workers towards working hard and efficiently. The health secretary in Sekou Toure hospital on emphasizing the importance of interpersonal relationship on employees’ motivation, he advised, “... *Interpersonal relationship tends to smooth communication and relationship between workers. This creates good relationship and ‘trust each other’ situation among workers as well as between workers and management*”.

Table 4.9: Interpersonal Relationship

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 12 | 13.5 |
| Disagree | 15 | 16.9 |
| Neutral | 05 | 5.6 |
| Agree | 25 | 28 |
| Strongly agree | 32 | 36 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.1.5 Work-life Balance

Work-Life balance does not mean an equal balance, but trying to schedule an equal number of times spending between working and personal activities.

It is a term used to describe a concept of proper prioritizing between work time (career and ambition) and lifestyle time (health, pleasure, leisure, family and spiritual development/meditation). The response on the question is shown in table 4.10. Findings from the field showed the highest rank of respondents (89.9%) agreed that work-life balance is among the factors that can motivate workers in public health sector. On other hand, among 30 respondents interviewed, 25 of them (83.3%) agreed on the statement that, a good ‘work-life balance’ programs motivate employees in public health sector as it assures them to have time to fulfill other personal obligations and time to refresh.

More than three quarter of respondents on both, questionnaires and interview agreed on the factor ‘work-life balance’ can help to motivates workers. This suggests that, consideration of work-life balance in Public Health sector will have positive result in motivating workers towards achieving organizational goals. One said in Swahili “...*hapa poa sana walau unapata muda kidogo wa kufanya mambo yako. Inatia moyo tofauti na hospitali binafsi wanakutumia ‘mwanzo-mwisho’ ukirudi nyumbani hoi, ni kulala tu.*” (...its better here, at least you can have time to attend personal issues as compared to the private hospitals, it motivates. In private hospitals you are used at maximum, when you get home, you are deadly tired) (Laboratory technician at Butimba hospital).

Table 4.10: Work-life Balance

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 04 | 4.5 |
| Disagree | 05 | 5.6 |
| Agree | 45 | 50.6 |
| Strongly agree | 35 | 39.3 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.1.6 Company Policy

The study considered company policy as a set of principles and related guidelines that established to define long-term goals direct and limit the scope of its actions within the health public sector. It tells rules of conduct within an organization and outlining the responsibilities of both employees and employers. Company policies and procedures are in place to protect the rights of workers as well as the business interests of employers. Depending on the needs of the organization, various policies and procedures establish rules regarding employee conduct, attendance, dress code, privacy and other areas related to the terms and conditions of employment.

Table 4.11 shows the result of the question. Findings show that, the majority of respondents (59.6%) did not agree on the statement that company policy be a factor on motivation workers in Public health sector. For the interviewed respondents, 18 (60%) out of 30, did not agree that company policy can motivate workers in public health sector. Some of them believed that, for the public health sector in Tanzania, company policy intends to safeguard interest of organization. A pharmacist in Butimba district hospital claimed. *“...all these problems in Government hospitals are caused by those policies because they are not for the employees.”*

The results suggest that, company policy cannot be counted as good factor to motivate workers in Public health sector in Nyamagana Municipal. However, the negativity aspect of some respondents could be caused by misunderstanding the question. It seemed some respondents attended the question as ‘to discuss the existing company policy on Public health sector.’ This were observed to some interviewed respondents when they changed their view after being asked, ‘what if’ company policy would be on their favor. For instance, a maternity attendant from Sekou Toure hospital responded to the second part of the question, *“... If that is the case, yes. Good company policy will motivate workers in this hospital, but I tell you, this will never happen...”*

Table 4.11: Company Policy

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 21 | 23.6 |
| Disagree | 32 | 36 |
| Neutral | 08 | 9 |
| Agree | 14 | 15.7 |
| Strongly agree | 14 | 15.7 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.1.7 Job Satisfaction

As mentioned by Dunnette, Campbell and Hakel (1967) and Robbins (2001), job satisfaction is an emotional state of which a person perceives a variety of features of his/her work or the work environment. There is a number of factors that can influence job satisfaction to the worker, such as good policy, quality of working environment, incentive payments, promotions and rewarding system. On this study, researcher intended to look whether job satisfaction can motivate workers in public health sector. Findings in Table 4.12 reveal that the majority of respondents (40.5%) disagreed on statement that job satisfaction is among factors on motivation to the public health sector.

The results indicate that in public health sector in Nyamagana Municipal, job satisfaction was not taken as a factor to motivate workers. However, findings drawn from interview, show 17 respondents (68%) out of 25 agreed that job satisfaction can influence motivation to workers. For instance one respondent from Bugando referral hospital said, "*...there is no interesting thing in public health sector like 'love your job' which resulted from job satisfaction. If an employee is satisfied with the job, surely will be motivated and hence become more committed to the job.*"

Another mid wife from Butimba hospital insisted that, *"... being a result of good consideration on beneficial packages and attractive working environment, job satisfaction can play as a good factor on motivating workers in public health sector."* Therefore, in overall result, the study suggests that, job satisfaction can be useful on motivating workers in public health sector.

Table 4.12: Job Satisfaction

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 36 | 40.5 |
| Disagree | 30 | 33.7 |
| Neutral | 05 | 5.6 |
| Agree | 09 | 10.1 |
| Strongly agree | 09 | 10.1 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.2 Relationship between Hygiene Factors and Motivation in Public Health Sector

The question aimed to determine, whether there was relationship between motivational behavior of workers in public health sector with hygiene factors on motivation. The results in Table 4.13 indicate the findings obtained in the field. Majority of respondents agreed that there is relationship between motivation to the public health sector and hygiene factors on motivation. Furthermore, 29 interviewed respondents (96.7%) out of 30, agreed on the statement. The Director of Human Resource in Bugando referral hospital said, *"It is very true that hygiene factors have closely relationship with motivational behavior of workers in Public hospitals. Whenever those factors are considered, workers are motivated to work hard and efficiently..."* Another medical officer from Butimba district hospital argued that, *"... without satisfied with working conditions and other incentives, workers are totally loose morale to work..."*

The findings suggest that, there is directly relationship between motivation for the public health sector and hygiene factors on motivation. This simply interpreted that, the more hygiene factors on motivation are satisfied, the more workers in public health sectors are motivated. According to Herzberg (1987), the motivator factors pertain to the job content. They are intrinsic to the job itself and do not result from carrot and stick incentives. They comprise the physiological need for growth and recognition. The absence of these factors does not prove highly dissatisfying but when present, they build strong levels of motivation that result in good job performance. They are therefore called satisfiers or motivators.

Table 4.13: Hygiene Factors and Motivation of Workers

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 02 | 2.3 |
| Disagree | 05 | 5.6 |
| Neutral | 02 | 2.3 |
| Agree | 39 | 43.8 |
| Strongly agree | 41 | 46 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.3 Outcome of Hygiene Factors

When discussing Hygiene factors on motivation (also termed as dissatisfiers), Herzberg et al, suggested that, when these conditions are not available, they would cause dissatisfaction among employees. In other words, these conditions (factors) are required to maintain at least a degree of 'no dissatisfaction'. When these factors are considered good or acceptable, workers tend to become 'satisfied' and productivity is not restricted, it is just held at an acceptable level. But when workers become 'dissatisfied' with any of these factors, they tend to restrict output.

On this question, the study focused on assessing the impact of hygiene factors if taken into consideration (no dissatisfaction) in public health sector.

A list of outcomes was listed in the questionnaires on which respondents had to show degree of agreement/disagreement against them. There was also an option of discussing other outcomes out of the listed in questionnaire. The listed outcomes were (i) profitability (ii) increase morale of workers (iii) effective interpersonal communication (iv) employee retention (v) competitiveness (vi) health service reputation and (vii) teamwork. When hygiene factors are considered good, workers becomes satisfied and motivated towards achieving organization goals. Motivated workers are more committed to their organizations and show less insubordination and grievance (Jurkiewicz et al., 1998, p.246). The response to the questions on the outcomes of hygiene factors in public health sector was as follows

4.3.3.1 Profitability

Profitability in organization refers to the ability of a business to earn a profit. It is a state or condition of yielding associated with financial profit or gain. For non-profit oriented organization like Public health sector, profitability is measured by the service provided to their clients. Table 4.14 shows the response on the question of which data conclude that the majority of the respondents (61.8%) did not agree with the statement that profitability was the outcome of hygiene factor in public health sector as compared to 25.8% who agreed. However, most of those who agreed on the statement were from managerial strata. This could be mean that, there were different perceptions on how groups in study interpreted, assess and measure ‘profitability’ in public health sector.

Responding to the question asked on interview, Regional Medical Officer (RMO) said, “... *profitability is a major outcome of the satisfied worker in Public health sector. This can be seen in quality of services offered to the clients.*”

Health Secretary in Sekou Toure Hospital said, *“This is a service oriented organization, not every person can figure out its profitability. We know, when workers are satisfied and enjoy working, we get nothing from clients’ complains. And this is what we call profitability.”* These findings suggest that, profitability in public service oriented organization like health service sectors, cannot be seen or measured. Thus, cannot be easily taken as an outcome of hygiene factor in public health sector.

Table 4.14: Profitability

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 21 | 23.6 |
| Disagree | 34 | 38.2 |
| Neutral | 11 | 12.4 |
| Agree | 11 | 12.4 |
| Strongly agree | 12 | 13.4 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.3.2 Increase Morale of Workers

Morale of workers is seen on how they are committed, creative and innovative toward achieving organizational goals. A question was posed to attest if hygiene factors on motivation can result into increasing morale of workers in public health sector. Table 4.15 shows response of which, more than half of respondents (72%) agreed that morale of workers was the results of considering hygiene factor in public health sector. These results suggested that, satisfied workers are inspired to achieve more, hence give all their efforts to the job, and increase morale.

Table 4.15: Increase Morale of Workers

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 11 | 12.4 |
| Disagree | 14 | 15.6 |
| Agree | 32 | 36 |
| Strongly agree | 32 | 36 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.3.3 Effective Interpersonal Communication

Interpersonal communication is an exchange of information between two or more people or groups. Effective interpersonal communication allows good exchange of information among workers, and if developed, it may increase knowledge and practice among workers in organization. As shown in Table 4.16, 56.2% of respondents agreed that effective interpersonal communication was the outcome of hygiene factor in public health services. This finding suggested that, hygiene factor results into effective interpersonal communication in public health sector.

Table 4.16: Effective Interpersonal Communication

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 12 | 13.5 |
| Disagree | 13 | 14.6 |
| Neutral | 14 | 15.7 |
| Agree | 29 | 32.6 |
| Strongly agree | 21 | 23.6 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.3.4 Employee Retention

Employee's retention refers to the ability of an organization to keep its employees to the job. It is oblivious, what keeps employees to the job is assurance that he/she is well treated, fairly paid and attracted future benefits.

The study was to see if employee retention is a result of consideration of hygiene factors on motivation in public health sector. Table 4.17 shows that high ranked (84.3%) of the respondents agreed that hygiene factors on motivation results into employee retention in public health sector. With the improved and considered of hygiene factors in public health sector, workers tend to stay on the job. One respondent added that, "... *good doctors run out of the country or join private hospitals for green postures since the government cant retain them. This could root from poor hygiene factors provided by the sector.*"

Table 4.17: Employee Retention

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 09 | 10.1 |
| Disagree | 05 | 5.6 |
| Agree | 36 | 40.5 |
| Strongly agree | 39 | 43.8 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.3.5 Competitiveness

Competitiveness in health sector pertains to the ability and performance of its employees to render health services to their clients. Findings in Table 4.18 indicate that 60.6% of the respondents did not agree that competitiveness was the results of hygiene factor on motivation in public health sector. Since majority of the respondents disagreed (60.6%), findings suggest that competitiveness in public health sector was not an outcome of hygiene factors on motivation.

Table 4.18: Competitiveness

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 27 | 30.3 |
| Disagree | 27 | 30.3 |
| Neutral | 07 | 7.9 |
| Agree | 16 | 18 |
| Strongly agree | 12 | 13.5 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.3.6 Health Service Reputation

Reputation of a health service is seen on how public (client) perceive health services provided by public health sector. It is like an indicator to show how workers in public health sector are satisfied working with public sector. The more workers are satisfied, is the motivated they will be to offer better service to the clients, and vice versa. Commented on this, Dieleman and other researchers said, “*The quality of performance in health facilities to a large extent depends on availability of human resources mix and their motivation;*” (Dieleman et al., 2006).

As noted in Table 4.19, majority of the respondents (62.9%) shows that respondents agreed that reputation of the public health sector was the outcome of hygiene factor on motivation. These findings suggest that reputation on certain public health centre, can tell how hygiene factors on motivation are considered in that centre. Complain from a relative of patient who got an accident and was waiting for service at Sekou toure hospital, was quoted saying, “... *What do you expect from frustrated workers in this hospital? We are here for more than an hour, but no one bother even to ask us what our problem.*” (a client at Sekou toure hospital). From this notion, a picture drawn by clients is poor motivated workers has result poor performance and work commitment.

Table 4.19: Health Service Reputation

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 20 | 22.5 |
| Disagree | 09 | 10.1 |
| Neutral | 04 | 4.5 |
| Agree | 25 | 28.1 |
| Strongly agree | 31 | 34.8 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.3.7 Teamwork

Teamwork in the study was considered as a dynamic or process of working collaboratively within a group in order to achieve a common goal. It is the ability to work together toward a common vision. Table 4.20 indicates that 79.8% of the respondents agreed that, team work in public health service was the outcome of hygiene factor on motivation. The findings reveal and suggest that, motivated workers can be easily harmonized to work in a team, of which it is easier to build up the spirit of ‘we’ (unity) among workers. There is one proverb saying ‘The nice thing about teamwork is that you always have others on your side’ which simply mean, in teamwork everyone is there for another.

Table 4.20: Teamwork

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 09 | 10.1 |
| Disagree | 07 | 7.8 |
| Neutral | 02 | 2.3 |
| Agree | 32 | 36 |
| Strongly agree | 39 | 43.8 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.4 Consideration of Hygiene Factors on Motivation in Public Health Sector

The question was to attest how hygiene factors were given consideration to motivate workers in public health sector in Nyamagana municipal. The response to the question is shown in Table 4.21. From the study, result shows that majority of respondents (51.9%) remained neutral about the extent to which hygiene factor on motivation was considered in Public health service sector. On other hand, the rate of those who agreed on the statement (33.7%) was greater than those who disagreed (14.6%). This means majority of workers in Public Health sector in Nyamagana municipal, were not sure whether hygiene factors on motivation are considered in their organizations or not.

This result could be caused by either respondents were not clearly understands the question, or they are not sure with the extent to which consideration of hygiene of motivation can be measured in public health service sector. This situation has a serious effect on motivational behavior for the workers in organization. If worker cannot tell whether he/she is satisfied or not, means management has to put more effort to find out what exactly motivate workers in the organization. Otherwise, this will affects workforce and efficiency of employees.

Table 4.21: The Extent of Hygiene Factor Consideration in Health Service Sector

| Response | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 04 | 4.5 |
| Disagree | 09 | 10.1 |
| Neutral | 46 | 51.7 |
| Agree | 12 | 13.5 |
| Strongly agree | 18 | 20.2 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.5 Means and Strategies to Improve Hygiene Factors

Here, the study intended to find out means and methods to improve hygiene factors on motivation, which can stimulate motivational behavior to the workers in Public Health sector. The statements posed in questionnaire on this purpose were (i) involvement of workers' input in decision making, (ii) provision of adequate working equipments, (iii) conducting periodic training among workers, and (iv), employees' recognition ceremony and getting together. There was also option for other comments/suggestions out of the mentioned one above. Response on the question was as follows:

4.3.5.1 Involving Input of Workers in Decision Making

The question was to seek if involvement of workers in decision-making in Public health sector can motivate worker to work hard and be more committed to the job. Response to the question is shown in Table 4.22. Field data show that the majority of respondents with 61.8%, agreed on involving inputs of workers in decision-making were a strategy to improve hygiene factors on motivation for workers in public health sector. On the other hand, 18 respondents interviewed out of 25 (72%) agreed on the statement while only 2 respondents (8%) disagreed.

Responding to the question, a nurse from butimba hospital said, "*If Management could give us a chance to contribute on decision making, things could be better*" A respondent from Sekou toure were quoted saying "*... if we could participate on decision making, for sure we would work hard and no one will be complain as we were part and parcel on what has been decided.*" (Medical officer in Sekou toure hospital).

The findings suggest that, involvement of workers' inputs in decision-making is one of the strategies to improve hygiene factors on motivating workers in public health sector. Involvement of workers in decision-making creates sense of ownership which drives on working hard towards organizational goals. Olckers and Plessis, (2012) suggest that, ownership can have a positive effect on organizational effectiveness.

Table 4.22: Involving Input of Workers in Decision Making

| Statement | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 11 | 12.4 |
| Disagree | 14 | 15.7 |
| Neutral | 09 | 10.1 |
| Agree | 27 | 30.3 |
| Strongly agree | 28 | 31.5 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.5.2 Provision of Adequate Working Equipments

Provision of adequate working equipment in public health sector, was among the strategies respondents were asked if could be used to motivate workers in Public health sector as shown in Table 4.23. The majority of respondents (51.7%) agreed on statement that provision of adequate working equipments was means and strategy of improving hygiene factors that motivate workers in public health sector.

Workers with adequate and quality working tools are motivated as Bowey (2005), suggested “... It is not easier trying to motivate high performance, while employees are frustrated by not having the right quality and amounts of equipment they need for their work”, (Bowey, 2005).

In addition to the point to improve the statement, working environment was added as a factor on motivating public health sector. The study findings suggest that, provision of adequate working equipments and attractive working environment was among the valuable strategies to improve hygiene factors to motivate workers in Public health sector.

Table 4.23: Provision of Adequate Working Equipments

| Statement | Frequency | Percent |
|-------------------|-----------|------------|
| Strongly disagree | 20 | 22.5 |
| Disagree | 16 | 18 |
| Neutral | 07 | 7.8 |
| Agree | 21 | 23.6 |
| Strongly agree | 25 | 28.1 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.5.3 Conducting Periodic Training among Workers

Periodical training used to shape workers and makes them more equipped with new changes of technology and way of thinking and working. This allows workers to go with changes and make them more productivity. Also, periodical training creates sense of responsibility for a worker to apply new knowledge he/she obtained into action. Thus, he/she motivated to show differences, before and after training.

Table 4.24 shows 60.6% of the respondents agreed on statement that, conducting periodic training among workers in public health sector can help on improving hygiene factors on motivation. Furthermore, on responding the question on interview, two nurses said, *“It is discouraging as we are not given opportunity to further studies and training. I do believe that training would sharpen our skills, and obviously will motivate us to improve our working skills.”* (a nurse from Bugando referral hospital); *“... there are lots of development opportunities on health sector employee which are offered by Government and International organizations. The problem here is favoritism. If you are ‘nothing’ in the system, you will end-up just hearing those opportunities. It really demoralizes.”* (a nurse from Butimba hospital).

Table 4.24: Conducting Periodic Training among Workers

| Statement | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 16 | 18 |
| Disagree | 14 | 15.7 |
| Neutral | 05 | 5.7 |
| Agree | 27 | 30.3 |
| Strongly agree | 27 | 30.3 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.5.4 Employee Recognition Ceremony and Getting Together

Findings in Table 4.25, shows that the majority of the respondents (64%) agreed that, employee recognition, ceremony and getting together was a strategy of improving hygiene factor in public health sector. Furthermore, 76% of 25 interviewed respondents supported the statement. Among the comments were, “...yes it means a lot, it motivates when you are recognized by doing a good job, so appreciation for doing a good job is good.” (A Pharmacist at Bugando hospital).

Basing on the findings from the field, employee recognition and getting together ceremony can be used as a strategy to maintain and improve hygiene factor in public health sector. Study revealed that, programs of reward and appraisal systems is among the best ways of improving hygiene factors in Public sectors, as workers are motivated to know that their efforts are appreciated. Get together programs also creates sense of ‘we’ to the workers and feels that they are part and parcel of the organization.

Table 4.25: Employee Recognition Ceremony and Getting Together

| Statement | Frequency | Percent |
|-------------------|------------------|----------------|
| Strongly disagree | 16 | 18 |
| Disagree | 12 | 13.5 |
| Neutral | 04 | 4.5 |
| Agree | 25 | 28 |
| Strongly agree | 32 | 36 |
| Total | 89 | 100 |

Source: Field data, 2015.

4.3.5.5 Salary

On this study, salary was not mentioned on questionnaires to be discussed by respondents as among the factors of motivation, but there was a chance to discuss it on the additional opinions. It was done purposeful so as to attest whether this factor is important in motivation or not. This is because, most of researchers, who did study on motivational behavior, concluded that salary was among the important factor to motivate employee. Holland et al., (2007); De Vos et al., (2008); De Vos and Meganck, (2009), investigated about the factors for poor performance, they suggested that salary was among the causal factors for people to perform poor. The same conclusion done by Ishengoma (2007) who carried out a study about internal and external brain drain at private organizations in Tanzania, Melkidezek et al., (2008) who did a research on motivation of health workers in Tanzania a case study of Muhimbili Health Hospital.

On the study, no one ever mentioned salary as factor to motivate employee in public health sector. Only one respondent who interviewed commented on this by saying, *“salary to employee is never enough. Whatever you get an increase in salary, is the more you need increments. But the truth remain that, employee will enjoy and feel changes only on a month of increment. The following months he/she will take it as his/her right and not motivator”*. (a medical officer from bugando referral hospital). This indicates that, salary cannot be good strategy on improving hygiene factors on motivation, because it seems its impact does not last long.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the research findings from each research objective and its conclusion. In addition, the chapter provides recommendations to Public health sectors as well. Moreover, this chapter gives suggestions for future research about the impact of hygiene factor on motivation for motivating workers in public health sectors in Nyamagana municipal which were drawn from uncovered areas revealed in the study.

5.2 Summary and Conclusions of the Study

Based on discussion, it indicates that, study of impact of hygiene factors on motivation in public health sector in Tanzania started earlier. However still requires increasing attention to the value of more applied research, innovative, relevant processes, regulations frame works, laws, controls and evaluation to the local, regional and national level. Such strategies facilitates through creating linkages between the public sector and motivation factors. In recent decades, there has been significant progress toward the goal of universal employment standards under hygiene factors provisions for employees in public health sector, even while improvements in access have not necessarily been matched by quality of its application in the implemented stages. This research study was about to assess the impact of hygiene factors on motivation in Public Health sector. The study was carried out to workers in public health sector in Nyamagana municipal, Mwanza municipal for the year 2014-2015.

5.2.1 Summary of the Findings

The higher consideration of hygiene factors on motivation to the workers is the more workers become motivated toward achieving organizational goals. Motivation also creates sense of ‘connectedness’ of employees to the organization which has been observed to influence job satisfaction of employees.

Employees' connectedness to the organization entails sense of belonging to the place of work, as Baumeister & Leary, (1995) posits that, every employee wants to be part of the larger communal settings, an environment that gives them a sense of belonging, and provide them.

The findings from the study were summarized based on the specific objectives of the study. First objective was to identify hygiene factors on motivation, which can motivate workers in Public health sector. The findings indicated several hygiene factors on motivation in help, to motivate workers in Public health sector. These include; working conditions, job security, workers welfare, Interpersonal relationship and work- life balance. Based on the study, the highest ranked hygiene factors that motivate workers in public health sector in Nyamagana Municipal were work-life balance, followed by working conditions and job security. On the other hand, the study observed that, some hygiene factors were not taken as motivational factors to the public health sector as they do not have direct impact to the workers' motivational behavior. Those are company policy of which has the highest rank of disagreed, followed by job satisfaction.

Secondly, on assessing the extent to which hygiene factors on motivation were considered in Public health sector in Nyamagana municipal, study findings show the majority of respondents neither agreed nor disagreed. Beside, on comparing between those agreed and disagreed on the question, the agreed respondents scored high rank. Furthermore, the study results show that, there is a significant relationship between hygiene factors on motivation and workers' motivational behavior in Public health sector in Nyamagana municipal. Moreover, it was observed that there are positive outcomes on workers' motivational behavior in Public health sector. These are increase morale of workers, lead to effective interpersonal communication, insuring employees' retention, build up health service reputation and stimulate team work among workers. The highest ranked outcomes were employee retention, followed by team work and increasing morale of workers.

Workers tend to keep their job if they are satisfied with job conditions, which also increases morale for them. Furthermore, the study revealed that, consideration of hygiene factors on motivation in the public health sector, harmonizing teamwork to the workers of which eventually lead to efficiency and commitment. The end result of this building up health service reputation of the public health sector.

The third objective of the study was to suggest means and strategies to improve hygiene factors on motivation in the Public health sector so as workers become motivated. The study revealed several means and strategies to improve hygiene factors on motivation for workers in the public health sector to be motivated. These include; involving inputs of workers in decision making, provision of adequate working equipments, conducting periodic training among workers and employees recognition ceremony and getting together with workers. Among those strategies, employees' recognition, ceremony and getting together held the highest rank, followed by involving inputs of workers in decision making and conducting periodic training to workers. Provision of adequate working equipments held the least rank. This indicates that employees feel more motivated when their contributions to the organization are recognized and there are social gathering programs. Furthermore, involvement of workers' inputs in decision making creates a sense of belonging to the employees towards management, and this motivates workers. On the other hand, periodical training to the workers and provision of adequate working tools motivate employees to work hard towards organizational goals.

5.3 Conclusion

Herzberg et al, suggested that, meeting hygiene factors, will only eliminate dissatisfaction, but would not result in actual motivation. This can be achieved only by fulfilling motivator factors, such as recognition, achievement, the work itself. From the study findings, this statement has proved otherwise. That, hygiene factors on motivation as itself, has proved to have impact on motivational behavior on employees in the public health sector.

If taken care to the level of satisfying employees, hygiene factors on motivation can motivate workers in public health sector to increasing efficiency and commitment towards achieving organizational goals.

Based on findings, the research concluded that, there is great relationship between hygiene factors on motivation and workers involvement, performance and commitment in Public health sector. The more workers satisfied that hygiene factors are considered, is the more motivational spirit is increased on them. This tends to increases engagement and commitment to the job. Therefore, it is obvious that, Hygiene factors on motivation plays a great role in motivating workers performance in public health sector in Tanzania.

The study also concluded that, there are several hygiene factors which help to motivate, increase morale and commitment of workers in public health sector. These includes recognition, reward system, provision of adequate working tools and equipments, improving working environment, periodical training to the employees and involvement of workers in decision making. If these factors are taken into consideration, workers in public health sector are motivated to job and hence improve performance and commitment. Moreover, it has been proved that, hygiene factors have positive outcomes in public health sectors such as: building up sense of belonging of workers toward organization, increase morale to the workers, building up team work to workers and approving workers retention to the job.

5.4 Recommendations

For the increasing working performance and job commitment of workers in public health sector, hygiene factors on motivation should not be ignored when thinking about motivating workers. The policy makers and implementers in public health sector should introduce and/or improve hygiene factors on motivation by taking among others, the following purposeful measures:

5.4.1 Implementation of Fairly Recognition and Rewarding System

By nature, everyone needs to be recognized for anything good done. Workers in public health sector will be motivated if their efforts are recognize. Policy makers and implementers should formulate and implement fairly recognition and rewarding system to the hard working class.

5.4.2 Provision of Adequate Working Equipments

Provision of adequate working equipments alongside with favorable working conditions, will encourage workers in public sector to perform their obligations at the best level. This will motivate employee to work hard and efficiently. Workers can be more motivated to work at safe working environment as their safety will be insured.

5.4.3 Involvement of Employees on Decision Making

This makes workers feel that they are part and parcel of organizational achievement, as their contribution has been considered on organization decision making. This obvious will motivate workers in Public health sector to work hard and efficiently to achieve the organizational goals. His/her contribution on decision making will bind him/her on fulfilling his/her obligations.

5.4.4 Improve Interpersonal Relationship

Whenever there is a workable interpersonal relationship, sense of trusting each other is improved, and this will lead team-work spirit among workers. This will automatically increase morally to workers.

5.4.5 Conduct Periodical Training to the Workers

This will enable workers be more competent on their areas of work and thus motivated to improve working performance and commitment. Skilled worker is always ready to face new challenges, and only way of sharpening workers is through periodical training out of which workers are motivated to perform new skills.

5.5 Suggestions for Further Research

The study examined the impact of hygiene factors on motivation in public health sector. Further research on impact of hygiene factors on motivation should be conducted in other sectors, whether government or private sector to reveals other additional information. The findings on such research could be different from the current study, and therefore can be used to formulate other constructive decisions and give new ideas to different interesting parties. Furthermore, the research focused on studying the impact of hygiene factors on motivation in public health sector in Nyamagana municipal. An extensive research on the same topic should be conducted in different districts and regions for generalization purposes.

In addition, this study was cross-sectional research on impact of hygiene factors on motivating workers in public health sector at one point in time. There is a need to conduct longitudinal research to gauge any changes on impact of hygiene factors over time. Due to generalization of findings and complications during the study the researcher keeps proposing on other areas of researches such as effects of hygiene factors on public health sector in relation to other industries. The effects of hygiene factor standards of Tanzania compared to other countries regarding wages, leave, working hours, employment conditions and other benefits.

5.6 Limitations in the Research

The study involved questionnaires as the major data collection techniques. Some of questionnaires distributed to the respondents were not returned on time. To address this problem, the researcher made an intensive follow up to ensure the satisfactory questionnaires were returned. There was also inadequate time for collecting and analyzing data for a researcher. To overcome this problem, the researcher engaged research assistance to ensure data collection. This enabled the researcher to collect sufficient questionnaires for data analysis.

Some respondents got confused with the term 'hygiene' in the questionnaires, with the word hygiene used in hospital meaning cleanliness, maintaining health and preventing diseases. The usages of the word have two different meaning. To overcome this, the researcher had to give more descriptive on the word. This have to be done as the word carried a core importance on the study.

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APPENDIX ONE

QUESTIONNAIRES FOR PUBLIC HEALTH SECTOR

Dear respondent, I am from Mzumbe University conducting a research as part of the requirements for the fulfillment of my Master degree in Business Administration (MBA Corporate Management). My topic is based on the Assessment of the Impact of Hygiene factors (factors that causes dissatisfaction) on motivation for the employees in Public sector. Please, here under find my questionnaire. The questions are purely for academic purpose, I request you to fill them and handle back to me. Strict confidentiality is granted for the information to be provided.

Thank you in advance for your corporation.

(HEALTH SERVICES' MANAGEMENT)

SECTION A: PERSONAL INFORMATION OF RESPONDENTS

1. Gender

- Male
- Female

2. Age (Years)

- 18- 25
- 26- 35
- 36- 45
- 46- 55
- 56 and Above

3. For how long have you worked with the Public health Service?

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years

4. Occupation

- Clinical officer
- Medical officer
- Labour Office
- Human resource
- Nurse
- Other (Please specify):

5. In which of the following types of health services are you working?

- Regional Hospital
- District Hospital
- Dispensary
- Other (Please specify)

SECTION B: RESEARCH OBJECTIVES

6. Which of the followings hygiene factors motivate workers in Public sector in Tanzania? Answer in every statement

| Statement | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|-------------------|----------|---------|-------|----------------|
| | 1 | 2 | 3 | 4 | 5 |
| Working condition | | | | | |
| Job security | | | | | |
| Workers welfare | | | | | |
| Interpersonal relationship | | | | | |
| Work-life balance | | | | | |
| Company policy | | | | | |
| Job satisfaction | | | | | |
| Other reasons (Please specify)..... | | | | | |

7. What are the key performance outcomes of considering hygiene factors in health services in Tanzania?

| Statement | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|-------------------|----------|---------|-------|----------------|
| | 1 | 2 | 3 | 4 | 5 |
| Profitability | | | | | |
| Increase morale of workers | | | | | |
| Effective inter-personal communication | | | | | |
| Employees retention | | | | | |
| Competitiveness | | | | | |
| Health service reputation | | | | | |
| Team worker | | | | | |
| Other indicators (Specify): | | | | | |

08. To what extent are hygiene factors considered in your health organization?

| Strongly disagree | Disagree | Somewhat agree | Agree | Strongly agree |
|-------------------|----------|----------------|-------|----------------|
| | | | | |

09. Which of the following means and strategies can be used to improve hygiene factors for motivating workers in Public health sector?

| Statement | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|-------------------|----------|---------|-------|----------------|
| | 1 | 2 | 3 | 4 | 5 |
| Involving input of workers in decision making | | | | | |
| Provision of adequate working equipments | | | | | |
| Conducting periodic training among workers | | | | | |
| Employee recognition ceremony and getting together | | | | | |
| Other (Please specify) | | | | | |

10. Do you think there is relationship between hygiene factors and motivation of workers in Public health services?

| Strongly disagree | Disagree | Somewhat agree | Agree | Strongly agree |
|-------------------|----------|----------------|-------|----------------|
| | | | | |

11. What other comments can you make about the impact hygiene of factors in motivation of worker in Public sector?

.....

.....

.....

.....

Thank you for your response!

Source: Researcher, 2015.

APPENDIX TWO

Table 3.2: Research Budget

| Activities/materials | Cost/ T.sh. |
|---|--------------------|
| 4 Reams of photocopy papers @700/= | 28,000/= |
| 1 flash disk 2GB | 25,000/= |
| 20 pens @200 | 4,000/= |
| 1 box containing pencils | 1000/= |
| 10 rulers @200 | 2,000/= |
| 3 files @1200 | 3,600/= |
| 1Punching machine | 3,000/= |
| 2 scientific calculators @15,000 | 30.000/= |
| 1 box of staple pins | 1,500/= |
| 1 stapler | 4,000/= |
| Transport cost when visiting supervisors | 100,000/= |
| Sub total | 202,100 |
| Field activities | Cost/Tsh. |
| Transport in Mwanza for research matters; go and return 150 | 160,000/= |
| Meals and water 3000 per day for 5 days | 150,000/= |
| Allowances to research assistants 6,000x2 personsx30 days | 360,000/= |
| Photocopying 150 questionnaires @50 | 5,000/= |
| Emergence money | 200,000/= |
| Sub total | 875,000/= |
| Report writing | Cost/Tsh. |
| Meal allowance | 300,000/= |
| Typing and printing | 60,000/= |
| Binding 3 copies @ 2500 | 7,500/= |
| Sub total | 367, 500/= |
| Grand total | 1,444,000/= |

Source: Researcher, 2015.

APPENDIX THREE

Figure 3.1: Duration and Schedule of Activities

| Schedule of activities | | 2014 | | | | 2015 | | | |
|---|------|------|-----|-----|-----|------|-----|------|-----|
| Months | Nov- | Dec | Jan | Feb | Mar | Apr | Jun | Jul- | Aug |
| Presenting proposal before the panel | | | | | | | | | |
| Training of one research assistant | | | | | | | | | |
| Questionnaire pre-testing(Pilot study) | | | | | | | | | |
| Data collection | | | | | | | | | |
| Data coding cleaning and editing | | | | | | | | | |
| Data analysis | | | | | | | | | |
| Dissertation writing | | | | | | | | | |
| Submission of the first draft of dissertation | | | | | | | | | |
| Submission of the final draft of dissertation | | | | | | | | | |

Source: Researcher, 2015.