Performance and Motivating Factors among Selected Health's Workers "Nurses" in Murtala Muhammad Specialist Hospital, Kano State

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ABSTRACT

Motivation is a driver to health worker performance in hospitals. In view of this, the Ministry of Health has rolled out motivational policies to accentuate work performance of nurses. The focus of this study was to examine the performance and motivating factors among selected health's workers "nurses" in Murtala Muhammad Specialist Hospital, Kano State. This study aimed at identifying the intrinsic and extrinsic motivation factors of work performance, examine existing policies aimed at improving work performance of nurses and propose various options of motivational policies that could improve the work performance of nurses. A qualitative approach was adopted for the study with purposive sampling for selecting 50 nurses. An in-depth interview guide was used to collect data from nurses at Murtala Muhammad Specialist Hospital, Kano State. Thus, one-on-one interview process was adopted to collect data from nurses. A thematic content analysis approach was adopted to analyze the transcribed data. Key findings from the study revealed that job satisfaction and logistic provision are intrinsic motivation factors; while extrinsic motivation factors that influence work performance are financial reward, accommodation and transportation. Again, the study noted that the welfare policy, accommodation for prescribers and the annual package should be sustained to improve the work performance of nurses at Murtala Muhammad Specialist Hospital, Kano State. It further noted that motivational policies such as award schemes and transportation should be introduced to improve the work performance of nurses. Motivation is key to work performance of nurses. Murtala Muhammad Specialist Hospital, Kano State should adopt motivational policies based on the intrinsic and extrinsic motivation for effective work performance of nurses.

Key words: *Motivation, Performance, Health Worker, medical doctorss, Intrinsic Motivation Factors, Extrinsic Motivation Factors, Murtala Muhammad Specialist Hospital, Kano State*

INTRODUCTION

Motivation is a prerequisite for better organizational performance. Motivation maybe described as the processes that account for an individual's intensity, direction and persistence of effort toward attaining a goal. In most cases, motivation stems from a need, which must be fulfilled, and this in turn leads to a specific behavior (Lambrou *et al,* 2010). However, it is not only an inherent factor in the individual but also a group incentive to act or not to act. It is defined as an intrinsic process that psychologically directs the behavior of an individual (Kreitner 1995; Grafham *et al.,* 2004). Furthermore, Nahavandi and Malekzadeh (1999) relate motivation to organizational performance. In the healthcare field, attaining health objectives in a population depends to a large extent on the provision of effective, efficient, accessible, viable and high-quality services by healthcare professionals who are technically driven by motivation (Lambrou *et al.,* 2010). In this era, the willingness of employees to work and stay in an organization depends on the extent to which they are adequately motivated (Adams & Hicks, 2000). Ideally, every employee will put up better performance if the incentive packages are rewarding and in line with the capacity to meet the needs of the individual. In this regard, while economic factors play a crucial role in the motivation and retention of health workers as well as healthcare facilities and other work post (Henderson &Tulwloch, 2008),x other factors are equally important for their loyal

stay. The workforce in the health sector has specific features that cannot be ignored and motivation can play an integral role in many of the compelling challenges facing healthcare today. In this era, the task of motivation is exacerbated by the nature of the economic relationship between those using the system and the system itself (physicians, patients and hospitals), and secondly, the heterogeneity of the workforce to be managed. In Africa, health workers face a hierarchy of motivations or disincentives generated by the work they do, the way they are paid, and the organizational and system context in which they work. Motivational packages are generally designed to encourage providers to furnish specific services; encourage cost containment; support staff recruitment and retention; enhance the productivity and quality of services and allow for effective management (Hongoro and Normand, 2006). More so, empirical evidence indicate that poor worker motivation can be seen across countries at different levels of development. The number of health workers is related to the level of development because of the tight resource constraints facing developing countries and supply constraints, often exacerbated by migration of skilled workers and prevalence of AIDS (Awase et al, 2003). Franco *et al,* (2010), indicated that motivational issues at work may show themselves in many ways, but common manifestations include: lack of courtesy to patients; tardiness and absenteeism; poor process quality such as failure to conduct proper patient examinations; and failure to treat patients in a timely manner. Yet, health sector performance, and in turn, health outcomes, are critically dependent on worker motivation (Martinez & Martineau, 1998).

Healthcare is highly labor-intensive, and thus, service quality, efficiency, and equity are all directly mediated by worker's willingness to apply themselves to their task. While worker performance is dependent on, or limited by, resource availability and worker competencies, the presence of these factors is not sufficient in themselves to ensure desired worker performance. Worker performance is also contingent on worker's willingness to come to work regularly, work diligently, be flexible, and carry out the necessary tasks (Hornby & Sidney, 1988). Increased motivation combined with effective management practices and supervision creates these conditions for a more effective workforce performance. Health sector policy makers and health facility managers must recognize the importance of work motivation in reaching sectoral and organizational goals, and they must understand the links between their current policies and worker motivation (Van Lerberghe *et al.,* 2002). In Nigeria, there is considerable progress in many health outcome indicators. For instance, the percentage of antenatal and postnatal coverage improved from 42.2% and 33.8% in 2008 to 91.3% and 64.7% in 2011 respectively. The percentage of deliveries attended by skilled health staff also increased from 44.2% in 2008 to 52.3% in 2011. Likewise, the number of outpatient visits per capita improved from 0.77 in 2008 to 1.07 in 2011 (National Bureau Statistics, 2011). However, these achievements are insufficient to attain the 2015 targets for the health related Millennium Development Goals (MDGs). This is due to a number of factors, including understaffing in health facilities, inequitable distribution of health sector human resources, de-motivated staff and inadequate healthcare infrastructure (Alhassan *et al,* 2013). To attain the health related MDGs, there is the need for more comprehensive quality improvement interventions, including a health sector human resource (HSHR) approach (Alhasssan *et al.,* 2013). There is therefore the need to ascertain the influence of motivation

on work performance in the nursing profession. The objective of this paper is to bring to light the performance and motivating factors among selected health's workers "nurses" in Nigeria: a case of Murtala Muhammad Specialist Hospital, Kano State. To achieve this objective relevant literatures in the area were obtained information was collected from nurses using in-depth interviews was involved both health workers at the Murtala Muhammad Specialist hospital to obtain useful information for this purpose.

REVIEW OF RELATED LITERATURE
Concept of Motivation:
Definition and Overview
The concept of motivation has been used extensively in the literature and scholars have various perspectives regarding it (Armstrong, 2001). The idea is that the concept of motivation has over the years become a battleground for a variety of disciplines and theories. Motivation, according to Bulkus and Green (2009), is derived from the word "motivate", which means a move, push or influence to proceed for fulfilling a want. Bartol and Martin (2008) describe motivation as a power that strengthens behaviour, gives route to behaviour, and triggers the tendency to continue (Farland et al, 2011). This explanation observes that in order to attain assured targets; individuals must be satisfactorily energetic and be clear about their determinations. In the view of Bedian (2003), it is an internal drive to satisfy an unsatisfied need and the will to accomplish. Motivation is also a progression of moving and supporting goal-directed behaviour (Chowdhury, 2006). It is an internal strength that drives an individual to pull off personal organizational goals (Reena et al, 2009). It is an internal strength that drives an individual to pull off personal organizational goals (Reena et al, 2009).

The concept has variously been defined as an intrinsic process that psychologically directs the behaviour of an individual (Kreitner, 1995; Grafham et al., 2004). Motivation is also described as the strength within an individual that accounts for the level of direction and amount of effort used at work (Johns, 1996). According to Locke and Latham (2004), motivation is not only an inherent factor in the individual but also a group incentive to act or not to act. Nahavandi and Malekzadeh (1999) relate motivation to organizational performance. They define motivation as a driver of stable mind, aspiration, force or interest within the individual that translate into action. It can be inferred from these definitions that to motivate someone is to stimulate the person's interest or cause him to desire to do something. Motivation has also been defined as the characteristic of an individual's willingness to expend effort and strength towards the pursuit of particular set of behaviours (Tabassi & Bakar, 2009); it could also be viewed as a process by which people choose between alternative forms of behaviour in order to achieve goals (Cole 2000); and finally, a way for us to get a better understanding of why people work and why they exhibit certain behaviours in the work place (James, 1999). Jones (1955) provides two main definitions of motivation: Firstly, he defines motivation as a process and this means that it is possible to identify at a point in time during which an individual is motivated or not. Again, there is a subjective reaction, which is present in and underlies the behaviour of a motivated individual. Motivation is therefore the force that energizes, directs, maintains and sustains

behaviour towards a given goal in a work environment. Motivation refers to the means of creating an inner state in the individual that energizes or moves him and directs or channels his behaviour towards achieving organizational goals (Garvey, 1997). The individual employee has his needs and problems, which, if satisfied and/or resolved, will liberate his energies towards the performance of organizational tasks. At the same time, there are organizational issues that concern the employee, and the resolution of such matters will also enhance the employee's attitude to his roles in the organization. The needs of the employee could be internal to him, or external within the organization, and the way they are perceived may differ from employee to employee. But however, each employee views his needs; they must be addressed if the employee will contribute his utmost in the workplace. The means of addressing these needs of the employee is what is referred to as motivation.

Forms of Motivation

In all human organisations, it is motivation that strengthens, directs and sustains human behaviour (Huitt, 2003; Ogunrin *et al.*, 2007). An important addition to these definitions is that motivation may be influenced by factors that are intrinsic or extrinsic to the individual. However, since the intrinsic factors are relatively hard to define, emphasis has often been placed on the extrinsic factors, which include the ability of managers to satisfy an employee's needs. The sections below explain both intrinsic and extrinsic forms of motivation.

Intrinsic Motivation

This form of motivation is the one that is driven by an interest or enjoyment in the task itself, and exists within the individual rather than relying on any external pressure. Intrinsic motivation is the motivation to do or act in one's own interests or simply for the enjoyment of the activity itself (Hennessey & Amabile, 2005). Robbins (2003) depicts that it is the desire to work on something that is interesting, challenging, satisfying, exciting or involving. Intrinsic motivation has been studied by social and educational psychologists since the early 1970s. Explanations of intrinsic motivation have been given in the context of Fritz Heider's attribution theory, Bandura's (1999) work on self-efficacy, and Deci & Ryan's (1985), cognitive evaluation theory. Intrinsic motivation is the innate and natural propensity to engage an individual's interests and exercise an individual's skills and capabilities, and in so doing, to look for and achieve optimal opportunities and challenges (Deci & Ryan, 1985). This motivation comes from internal tendencies and can direct and motivate behaviour without the presence of constraints or rewards (Deci & Ryan, 1985). When an individual is intrinsically motivated he or she will move for the challenge or the enjoyment instead of the promise of rewards or avoiding punishment (Deci & Ryan, 1985). The cognitive evaluation theory, as part of the self-determination theory, specifies factors in social contexts that cause variability in intrinsic motivation (Deci & Ryan, 1985). This cognitive evaluation theory states that those interpersonal events and structures (like feedback, rewards, communication and so on) that lead to feelings of competence during a certain action can increase intrinsic motivation for the specific action since these feelings permit satisfaction of the innate psychological need for competence that is inherent for humans (Deci & Ryan, 1985). The cognitive evaluation theory states furthermore that

feelings of competence need to be combined by a sense of autonomy (or internal perceived locus of causality) in order to increase intrinsic motivation (Deci & Ryan, 1985). In the view of Amabile (1993), intrinsic motivators are necessarily bound up with work itself. The intrinsic motivation of having pleasure in a certain activity could propel the individual to spend many days practicing a sport, an instrument, and so on. Therefore, the individual derives satisfaction from such an activity which serves a motivator to work performance.

Extrinsic Motivation
This form of motivation comes from outside of the individual. Common extrinsic motivations are rewards like money and grades, coercion and threat of punishment. Competition is in general, extrinsic because it encourages the performer to win and beat others not to enjoy the intrinsic rewards of the activity. A crowd cheering on the individual and trophies are also extrinsic incentives. Extrinsic motivation refers to performing an activity with a feeling of being pressured, tension, or anxiety just to make sure that one would achieve the result that one desires (Lindenberg, 2001). Hennessey and Amabile (2005) depict that extrinsic motivation is the motivation to do something to make sure that some external goal is attained or that some external imposed constraint is met. Extrinsically motivated behaviours are actions that cause the attainment of rewards that are externally imposed, including material possessions, salary, additional bonuses, positive feedback and evaluations from others, fringe benefits, and prestige (Ryan & Deci, 2000b). Socio psychological research has indicated that extrinsic rewards can lead to over justification and a subsequent reduction in intrinsic motivation. In one study demonstrating this effect, children who expected to be (and were) rewarded with a ribbon and a gold star for drawing pictures spent less time playing with the drawing materials in subsequent observations than children who were assigned to an unexpected reward condition and to children who received no extrinsic reward (Lepper, et al 1973). Motivation is an emotive state causing persons to want or need something intensely enough to put forth the necessary efforts to achieve it.

Performance in the Health Sector
In the health field, the assessment of quality of healthcare service had solely been based on the outcome of health service. However, recently, evaluation of processes of healthcare has been done in terms of the technical aspects of healthcare but not of interpersonal care. Unfortunately, the assessment of interpersonal care is left behind in the assessment of service quality in the healthcare sector in developing countries. However, many researchers have mentioned the importance of taking into consideration the welfare of healthcare employees from the perspective of the workers as a way of improving the client quality in healthcare organizations is a key factor in improving the overall quality of healthcare (Zineldin, 2006). In assessing the performance of workers especially, in the service sector the SERVQUAL model has widely been used to examine the extent to which health workers perform along certain key indicators. SERVQUAL is an instrument for assessing customer perceptions and expectations of service quality in service organizations. In short, it is based on the gap measures of expectation and perception of patients regarding the quality of healthcare services (Parasuraman et al., 1988). Perhaps, it is the most widely

tested and evaluated instrument for the generic measurement of perceived quality (Davies *et al.*, 1999). This instrument was frequently applied in for-profit services in developed countries. However, a number of researchers have evaluated the quality of healthcare using this tool in public hospitals. Babakus and Mangold (1992) and Taylor and Cronin (1994) tested the SERVQUAL in healthcare services and concluded these dimensions were appropriate and transferable to hospital services, although Taylor and Cronin commented that health service managers should adapt the SERVQUAL model in accordance with their own environments rather than automatically adopt it. Youssef (1996) and Curry and Sinclair (2002), who empirically tested the 34 SERVQUAL model in UK hospitals, also mentioned that this survey instrument was broadly transferable to health services in both public and private sectors. Exploratory research conducted in 1985 showed that clients judge the service quality by using this instrument regardless of type of service, even though the importance of dimensions varies from service to service (Luke, 2007). The SERVQUAL instrument consists of 22 pairs of statements that measure consumer's expectations and perceptions of service performance; and these statements are loaded into 5 dimensions of service quality, including reliability, responsiveness, assurance, empathy and tangibles. (i) Reliability: Reliability is the ability to perform the promised service accurately and dependably. It means that the service is accomplished on time without any errors (Parasuraman, 1991). Therefore, if health worker are able to deliver services to patients or their clients on time without any errors, the health worker's performance is deemed reliable.

Responsiveness: Responsiveness is the willingness to assist patients and provide prompt service (Parasuraman, 1991). Keeping customers waiting with no apparent reason can create a low perception of quality. This suggests that health worker s ought to treat patients in real time by as far as practicable reducing waiting periods of patients. (iii) Assurance: Assurance is the ability to be knowledgeable, to show courtesy and to convey trust and confidence (Parasuraman, 1991). It includes the following features: competence to perform service, politeness and respect for customers and effective communication with the customer. (iv) Empathy: Empathy is provision of care and the ability to show compassion towards customers. It includes approachability, sensitivity, and understanding patients' needs (Parasuraman, 1991). Mostly, health worker s have been touted as being inhumane and appear not to show compassion to their patients (Parasurman *et al*, 1985). Therefore, a key indicator to assess the performance of health worker s is the level with which they treat their clients with compassion and empathy they deserve. (v) Tangibles: Tangibles deal with the physical appearance of the facility, which satisfied the customer's interest and desire. The availability of adequate seating and the cleanliness of the washrooms are key constituents of tangibility.

Effects of Motivation on Performance of Health Workers

The concept of motivation has been argued largely in the literature; and there exists a positive relationship between employees' motivation and organizational performance (Revelle & Anderson, 1995). Health worker s' work motivation has proven to be important for their intent to work (Brewer *et al.*, 2009) and job satisfaction (Blegen, 1993; Freeman & O'Brien-Pallas, 1998; De Loach & Monroe, 2004), detection of the factors that increase and

decrease the motivation levels of health worker s is considered to be useful as a means of preventing their dissatisfaction and burnout (Engin & Cam, 2009), or intention to quit nursing (Yildiz et al., 2009). Moreover, a motivated and satisfied health worker has probably greater readiness to take care levels of participation. However, substantial differences were observed between countries (Lopes, 2011).

Factors of Motivation

Among Japanese, US and Australian employees, the cultural variable indicated significant relationships with human-relation orientation and safety-maintenance orientation, and the types (worker-type) variable showed an indication of significant relationships with job-performance orientation (Yamaguchi, 1999). In Australia, research shows that individuals will work long hours when motivated to do so by the satisfaction they derive separately and collectively from income (materialism), leisure, privileges and work per se (Douglas & Morris, 2006). A survey of 112 students in India revealed that participants felt satisfied about making an important contribution to their organization (Tikam, 2011). In Malaysia, a survey was conducted to identify the motivating factors of employees working in various Malaysian organizations. An ordered set of motivating factors for employees working in Malaysian organizations were identified. It was observed that demographic factors like gender, race, and education, among others were found to have impact on the ranking of the factors (Islam & Ismail, 2008). In Africa, researches on motivation have shown similar results that motivate workers to stay on their job or work hard while on a particular job.

For instance, in South Africa, when 367 health workers were selected for a staff retention strategic study in 2009, it was found that, 34.8% indicated an intention to change their sector of employment within the next five years while only 30.2% reported that they would most likely be still in their current positions as professional health worker s in five years' time. Younger health worker s, health worker s in the public sector and health worker s from the more rural provinces were also significantly less likely to be in their current positions within the next five years. Public sector health worker s felt that employment security, workplace organization and the working environment were the most important motivating factors that could determine whether they maintain or change their jobs when they were interviewed. Private sector health worker s, however, rated workplace organization, employment security and professional practice as being most important (Pillay, 2009). A study by Dieleman *et al* (2006), on the match between motivation and performance management of health sector workers in Mali on 370 health workers identified motivating and de-motivating factors. The motivating factors include feeling: responsible, salary increment, receiving training, holding responsibility, appreciation and receiving recognition, receiving promotion, receiving incentives, working within a team spirit, receiving financial benefits from users' fees, and having your partner living near the workplace, and having good colleagues. According to factors involved in this study de-motivating health workers include: lack of materials, lack of recognition, difficult living conditions, lack of job description, subjective performance appraisal, poor management, and partner living far away poor functioning of the health committee, living far away, from an urban centre and living far away from places where decisions are being made (Schermerhorn *et al*, 2003; Rowe

et al, 2005; Suliman & Al-Sabri, 2009). However, these factors are not exhaustive for the discussion of motivation as key dive to positive work performance in all jurisdiction. It is indicated that the social and cultural foundation of an employee are also key elements in the motivational drive to positive work performance. However, the above factors are not sacrosanct in all employee motivational studies but they are limited the target population under of employee understudy. A study by Peters et al, (2010), on job satisfaction and motivation of health workers in public and private sectors from two Indian states revealed that contrary to common perceptions, many more employees rated motivating factors like good working relationships with colleagues (96%), training opportunities (92%), and environmental factors, such as having tools to use skills (92%), and 'good physical conditions (93%) as more important than income (76%). Recently in Ghana, researchers have begun to look into the factors that are likely to motivate workers in general and particularly health workers. For instance, a study on Motivation and retention of workers found that financial incentives significantly influence motivation of workers in Ghana (Adzei & Atinga, 2012). If organizations, and more specifically, managers, are seeking to motivate their workers without adhering to the positivist and de-humanizing management theories of old, then it would seem that the best approach is to use all of the theories within the contexts they seem best suited for. There is no grand motivation theory that can be applied to every person or situation and as such, the only way to truly motivate someone is to simply treat every individuals as unique (Hakala, 2008).

Theoretical Framework
Maslow's Hierarchy of Needs

One of the most widely used theories of motivation is Maslow's theory of needs which views human needs as arranged in five hierarchical needs. By 1943, Maslow had reasoned that human beings have an internal need pushing them on towards self-actualization (fulfillment) and personal superiority. Maslow came up with the view that there are five different levels of needs, and once one satisfies a need at one stage or level of the hierarchy it has an influence on our behaviour. At such level human behaviour tends to diminish, one now put forth a more powerful influence on our behaviour for he need at the next level up the hierarchy. The needs are: physiological needs or psychological needs; security needs; social needs; self-esteem and finally, self-actualization needs. These have been presented in the diagram below.
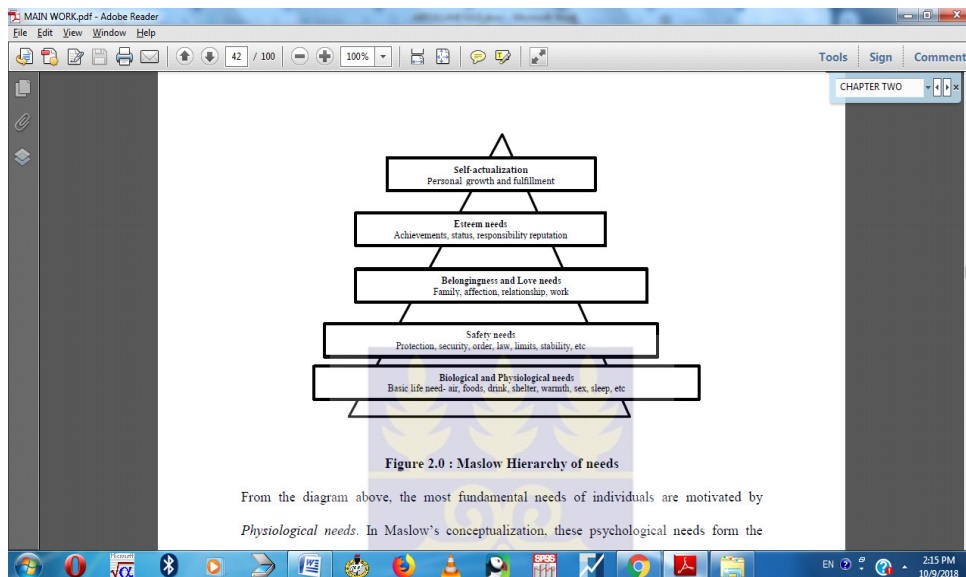
Figure: Maslow Hierarchy of needs

From the diagram above, the most fundamental needs of individuals are motivated by *Physiological needs*. In Maslow's conceptualization, these psychological needs form the basic need for survival and this may include food, warmth, clothing and shelter. When people are hungry, do not have shelter or clothing, they are more motivated to fulfill these need because these needs become the major influence on their behaviour. On the other hand, when people do not have a deficiency in those basic needs (psychological needs), their needs tend to move to the second level where it is equally seen by Maslow as the higher order of needs. The second level is described as the *security needs*: Security tends to be the most essential need to people at this level. This is expressed in safety in the employee's health and family. The third level of needs by Maslow was the *social needs*. When feeling secured and safe at work, employees will now place job relations as their focus; that is, trying to build up a good friendship, love and intimacy. As one keeps moving up the ladder one will have to fulfill *self-esteem needs:* This fourth level of needs by Maslow presents the recognition to be accepted and valued by others. The highest or last level of Maslow's hierarchy of needs need is *self-actualization needs*. Self-actualization was to develop into more and more what one is to become all that one is competent of becoming (Srivastava 2005; P. 69). The Abraham Maslow theory of needs is a key theory underpinning motivation of the health worker s based on the intrinsic factors that motivate health worker s to effectively perform at their work places. Thus, to some health worker self-actualization which is at the apex of the theory is their dream hallmark (That is to be the Florence Nightingale in the profession) and therefore with some form motivation, which they see as enablers push them to effectively work in-order rise from the baseline need of biological and physiological to the level of self-actualization.

Herzberg two-factor Theory
Herzberg had the notion that those factors which cause job satisfaction are the opposite of those that cause job dissatisfaction. Herzberg's survey was conducted among a group of

accountants and engineers. Herzberg in his studies came up with the conclusion that employees are influenced by two factors, namely; the *motivators and hygiene factors.* *Motivators* create job satisfactions which include achievement, recognition, autonomy and other intrinsic aspects when an individual is fulfilled. According to Herzberg, 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. *Motivators* are those factors which provide feeling of job satisfaction at work. These factors influence the ways of work in a company; for example giving responsibility to carry a large task within an organization and providing the person with the necessary conditions will lead to growth and advancement to higher level tasks. Motivators are those factors which come from within an individual that is *intrinsic.* These factors could be achievements, interest in the task, and responsibility of large task, growth and advancement to higher level. *Herzberg hygiene factors* create a suitable work environment, though not increase in satisfaction. 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. 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 the above-mentioned as 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 for motivation. However, improvements in these conditions do not create necessary motivation (Huling, 2003). For instance, low pay can cause job dissatisfaction which will affect employees' performance on an assigned task. Hygiene factors are essential to make sure that the work environment does not develop into a disgruntle situation. The basic assumption of Hezerberg two- actor theory indicated that health worker s productivity at work can be increased through worker satisfaction and that this comes from a variety of factors. For example, jobs should be challenging enough so that health worker s utilize their full ability, and workers who are successful should be given more responsibility. This theory serves the basis for effective work performance by health workers.

McGregor's Theories X and Y

McGregor [1960] argued that the structure of organizations tended to be determined by the managerial assumptions about human nature and behaviour. Traditionally, these assumptions were based on the philosophy of hedonism, which argues that people seek to maximize their self-interest and leads to the following assumptions regarding employee behaviour (Schein, 1980). Employees are primarily motivated by economic incentives; since

economic incentives are under the control of the organization, the employee is essentially a passive agent to be manipulated, motivated and controlled by the organization. Schein (1980), further posits that irrational feelings must not be allowed to interfere with a person's rational calculation of self-interest; organizations should be designed in such a way as to neutralize and control people's feelings and, therefore, their unpredictable traits. These assumptions are the foundation for scientific management and led McGregor to develop his 'Theory X' about how organizations behave towards people, which can be outlined as follows: People are inherently lazy and must be motivated by outside incentives; and people's natural goals are contrary to those of the organization. Therefore, due to their irrational feelings, people are basically incapable of self-discipline and self-control. People can be divided roughly into two groups – those who fit the above assumptions and those who are self-motivated, self-controlled and less dominated by their feelings. This latter group must assume the management responsibilities for all the others. The assumptions of Theory X imply that a psychological contract is essentially a purchase of services. The organization gives the employee economic rewards in return for their service and controls their behaviour through rules and regulations enforced by the designated positions of authority. The primary emphasis of an organization operating under these assumptions is efficient task performance. This is achieved through the design of job and relationship structure and implementing efficient incentive and control procedures. The responsibility for output lies entirely with the management as employees are only expected to do what the incentive and control systems encourage. McGregor concluded that organizations designed under the principles of scientific management and Theory X ignored the fact that human needs were dynamic. McGregor, therefore, developed an alternative philosophy, Theory Y, which allowed the individual's need for self-actualization to be integrated with the organizational goals. The main principles of Theory Y are: Human motives fall into a hierarchy of categories (example Maslow's hierarchy of needs). The individual seeks to be mature on the job and is capable of being so, in the sense of exercising of a certain amount of autonomy and independence, adopting a long-range time perspective, developing special capabilities and skills and exercising greater flexibility in adapting to circumstances. Again, it posits that people are primarily self-motivated and self-controlled. Externally imposed incentives and controls are likely to be threatening and to reduce the person to a less mature adjustment; and there is no inherent conflict between self-actualization and more effective organizational performance. The lazy nature of employee according to McGregor are motivated by outside incentives which stimulate them for work. Based on this assumption underproductive health worker s are motivated to work by putting in place some external policies that stimulate health worker s to perform effectively on the job.

Vroom's Expectancy Theory
Victor Vroom (1964) wrote about what has become known as expectancy theory. According to Vroom, individuals are constantly trying to predict the future. People create probable futures for themselves about events and strive to meet them. Yet before acting, one internally calculate the value of the reward and the probability of achieving it. Vroom's theory of cognitive decision making and behavior outlines three attributes of motivation: valence, instrumentality, and expectancy. Valence is simply the strength of desire for the

perceived outcome and the want of the reward of the end of performing the duty. Instrumentality is the belief that by completing certain steps, the desired outcome will be achieved. Expectancy is the belief that you can actually achieve the desired outcomes. Taking all three measures into account leads to the level of motivation a person may experience.

To put it more simply:

Expectancy theory claims that people are motivated by calculating how much they want something, how much of it then think they will get, how likely it is that their actions will cause them to get it, and how much others in similar circumstances have received (Ott *et al.*, 2007). Based on the Vrooms theory, the desire for health worker s to be promoted to other higher ranks from the baseline qualification of Principal Nursing Officers which is tie to their salaries stimulate their desire to effectively work and perform the needed professional duty requirement in-order to meet the promotional needs. This theory clearly plays well at places where the promotions procedures are clearly adhered by the promotional boards and management.
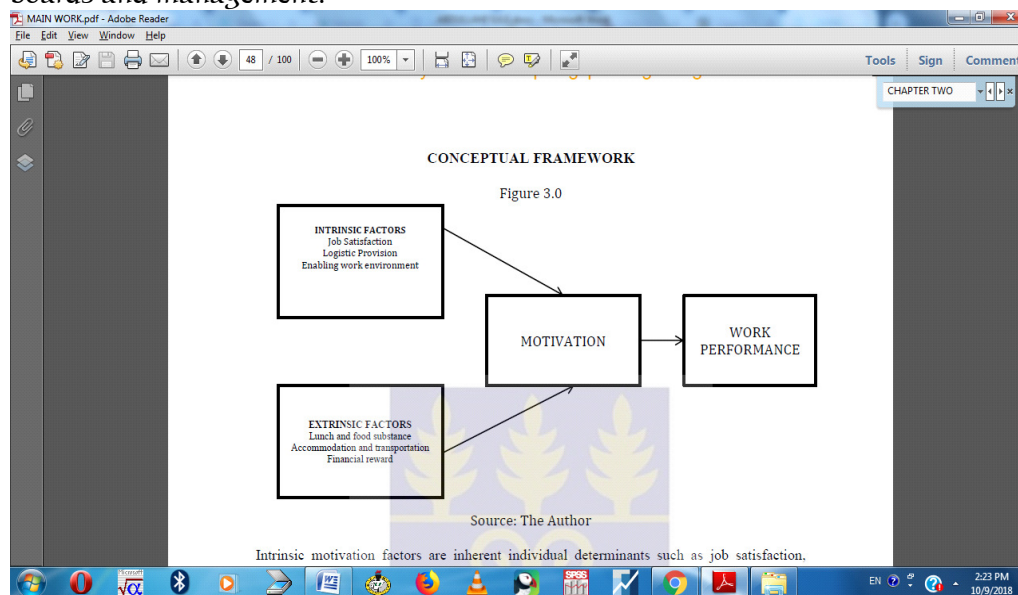
Source: The Author

Intrinsic motivation factors are inherent individual determinants such as job satisfaction, logistic provision and enabling work environment and many more that induces workers to be motivated. Extrinsic motivators in a form of lunch and food substances, accommodation and transportation as well as financial reward and others are relevant extrinsic factors that ensures motivation. Both intrinsic and extrinsic motivating factors resolve to work performance being high or low depending on how workers are motivated intrinsically and extrinsically.

Methods

This study utilized in-depth interview guide was used to collect relevant data from the health workers "Nurses". An interview guide provided the researcher with a raw

transcribed data, which were analyzed in order to make a meaningful impact for the main study. This tool allowed the researcher to identify the perspectives, thoughts and feelings of respondents in order to meet the objectives of the study.

The Study Population, Sample Size and Sampling Technique

The population of the study comprises of all the Nurses in Murtala Muhammed Specialist in Kano State. The population of this study is 50 registered nurses in Murtala Muhammed Specialist Hospital, according to Murtala Muhammed Specialist Hospital Annual Report, 2018. The study adopted the purposive sampling technique. This sampling technique will be appropriate for the homogenous nursing population (at Murtala Muhammed Specialist Hospital). The purposive sampling technique will enable the researcher focus on particular characteristics of a population that are of interest, which best enabled the researcher answer research questions (Barbie, 2004). The criteria characteristics for the sampling selection will be based on the years of experience and knowledge of health worker. This technique will helped ensure that key informants who were registered health workers in the hospitals had chance of being selected for the study. This sampling procedure will be used to select the sample size of out of the total Population of 50 registered nurses of Murtala Muhammed Specialist Hospital.

Finding of the Study

The focus of this objective was to know from the nurses the key factors that constitute intrinsic and extrinsic motivation factors that improve work performance of the nurses at the Murtala Muhammad Specialist Hospital.

Intrinsic Motivating Factors

There have been factors discussed in motivation literature as factors that constitute intrinsic motivators to work performance. These include, personal satisfaction, joy and peace. Deci and Ryan (1985) describes intrinsic factors as innate and natural propensity that stimulates employee interest to exercise an individual's skills and capabilities. However, the findings revealed that there is varied opinion on what are intrinsic factors in the context of work performance by nurses in Nigeria. These factors are job satisfaction, logistic provision, and enabling work environment.

Job Satisfaction

Job satisfaction is the fulcrum of worker motivation in most service organisations. A satisfied worker has the desire to work hard since the inner joy and happiness is the motivating factor for the work. Nurses at the Murtala Muhammad Specialist Hospital also appreciate job satisfaction as a key drive to work performance. The health workers share the view that their training requires them to provide essential healthcare, and therefore helping the patient by giving an inner satisfaction. A greater percentage (80%) of the nurses at the Murtala Muhammad Specialist Hospital highlighted intrinsic motivating factors are the primary driver to work, as of the nurses revealed that: "...........I see intrinsic factors as satisfaction, because, it is something you like, you have gone to school, it is something I have learned to help somebody out of it, so I am here because I love

the job and I want to help somebody out of his/her problem. That is why I am in this profession specifically midwifery department" (Female, Senior Midwifery Officer, Aged 35). Nurses deem job satisfaction based on the love for the work and the humanitarian value to help patients. This intrinsic value of care and the professional demands drive nurses at Murtala Muhammad Specialist Hospital to effective work performance at the hospital.

Logistics Provision
Other nurses viewed intrinsic motivation in terms of logistics, which serve as the boosters for work. They further indicated that these logistics include drugs, consumables, syringes, infusions to stimulate to work hard. Again, one respondents indicated that: "........... I see the intrinsic factors as logistics and the things to work with. We don't have the things to work with. During delivery, complicated delivery process or surgery, sometimes things don't go well so we rush delivery processes due to inadequate logistics. At the end of the day you become frustrated a little" (Female Nurses Aged 36). This is a clear indication that nurses see logistic as basic materials that enable them to work and therefore share the concern that the absence of these logistics makes work difficult. They also understand the fact that they sometimes had to rush through some medical processes and procedures due to inadequate logistics where quality and patient-centred care were compromised.

Enabling Work Environment
Furthermore, other nurses noted that creating an enabling environment for work performance constitutes an intrinsic factor other than personal satisfaction. Creating a work friendly environment involves support from management and support from other departments, where nurses can easily access information on patients to enhance quick healthcare delivery; thus eliminating all bureaucratic processes in providing quality healthcare, which is the primary duty of nurses. "..........yes, I get all, joy, peace and satisfaction, as a nurse if the working environment is ok, there is peace, joy and satisfaction to work with. You know we are dealing with human life and so we need the needed logistic support and co-operation from all units to enhance safe delivery" (Female, Deputy Director of Nursing, Aged 50).

Extrinsic Motivating Factors
The findings revealed there are various forms of extrinsic motivators as indicated by the nurses. These include financial reward, lunch and food substance, accommodation and transportation. One senior nurse officer in an interview opined that: "............a lot come to mind when you talk of extrinsic motivation and I can remember, the rewards they took away, extra-duty allowance already gone, even accommodation, lunch and the bus that dropped nurses at some places are all inclusive" (Female, Senior Medical Officer, Aged 40).

Financial Reward
Health workers at Murtala Muhammad Specialist said that financial aid was deemed the best form of motivator to workers in the era of financial crises, and that this boosts their work performance. They said that the new medical superintendent at the hospital has started something like that, where after completing a report one was given something small.

A senior nurse at the antenatal care unit noted that: "... the medical superintendent called me and gave me GHC 100 for writing a report on antenatal care attendance. I felt so happy and in fact next time I will make sure I write a quality report" (Female, Senior Nursing Officer, Aged 36).

Lunch and Food Substance

In a focus group discussion, the nutrition officer at Murtala Muhammad Specialist Hospital revealed lunch and other food substances as some of the external motivating factors that could influence work performance at Murtala Muhammad Specialist Hospital. Some nutrition officer revealed that lunch could help sustain them to work continuously, and some of the nutrition officer believed that at night duty it was disheartening that they were not even given beverage or bottled water to carry them through the night. In this regard, one of the nurses indicated that: "Sometimes it is pathetic, you wish at least the hospital provides some food, even at night common tea, they cannot give us. At least bottle water and scoop of rice will boost our performance" (Male, nutrition officer, Aged 35). The study revealed that financial reward, lunch and food substance, accommodation and transportation are key extrinsic motivating factors that influence work performance of medical officials at the Murtala Muhammad Specialist.

CONCLUSION

Motivation is relevant for organizational performance, thus a motivated worker is physiologically stable, psychologically balanced and socially minded to effectively perform his/her duties with the needed attention (Cubbon, 2000). Motivation is a good thing, thus if managers and administrators appreciate what drives workers to effective work performance, resources would be channeled to get the maximum output from employees. Health workers are motivated by intrinsic and extrinsic factors. Thus, appreciating key motivating factors in terms of financial and non-financial is relevant for effective work performance among nurses in Murtala Muhammad Specialist Hospital, Kano State.

RECOMMENDATIONS

Based on the key findings, it is recommended that the following could have institutional and policy implications. Firstly, Kano State Health Service and Ministry of Health should put in place strict policy guidelines on motivation; this will ensure effective work output by health workers at the various hospitals in Kano State. Thus, a motivational approach targeting personal professional-based desire of health workers, in terms of; job satisfaction, logistic provision and enabling-working environment. Furthermore, policy guidelines aimed at improving the work performance of health workers based on national best practices award schemes for health workers in Kano should be introduced. Transportation and night duty care being beverages as well as timely seminars to present the processes and procedures of applying for promotions in the profession is also relevant for improving work performance of health workers. Moreover, Ministry of Health and Kano State Health Service should have yearly appraisal policies to assess the overall work performance of health workers in various public hospitals in order to generate some level of competition, which promote healthcare quality and patient-centred service delivery, since competition in practice breeds

creativity leading to productivity. The management of Murtala Muhammad Specialist Hospital should strategically sustain the staff welfare package, accommodation for prescriber's policy as well as the annual and holiday's package policy, since these packages help to boost the work performance at the hospital.

REFERENCES

Adzei, F. A., & Atinga, R. A. (2012). Motivation and retention of health workers in Ghana's district hospitals: addressing the critical issues. *Journal of health organization and management, 26*(4), 467-485.

Alhassan, B. (2013). Factors affecting performance of hospital nurses in Riyadh Region, Saudi Arabia. *International Journal of Health Care Quality Assurance, 22*(1), 40-54.

Armstrong, J. S. (Ed.). (2001). *Principles of forecasting: a handbook for researchers and practitioners* (Vol. 30). Springer Science & Business Media.

Babakus, E., & Mangold, W. G. (1992). Adapting the SERVQUAL scale to hospital services: an empirical investigation. *Health services research, 26*(6), 767.

Bartol C. E., & Martin G. H., (2008). Management: A Pacific Rim focus Fifth Edition, Wiley and Sons Inc.

Bedian, V., Moxness, M., Foley, J., Stene, M., Krasner, A., & Kawabata, T. (2003). Development and validation of radioligand binding assays to measure total, IgA, IgE, IgG, and IgM insulin antibodies in human serum. *Annals of the New York Academy of Sciences, 1005*(1), 265-268.

Benson, S. G., & Dundis, S. P. (2003). Understanding and motivating health care employees: integrating Maslow's hierarchy of needs, training and technology. *Journal of nursing management, 11*(5), 315-320.

Blegen, M. A. (1993). Nurses' job satisfaction: a meta-analysis of related variables. *Nursing research, 42*(1), 36-41.

Chowdhury, M. S. (2006). Enhancing motivation and work performance of the salespeople: the impact of supervisor's behavior. *African Journal of Business Management, 1*(9), 45-53.

Cole, M. (1997). *Mind, culture, and activity: Seminal papers from the Laboratory of Comparative Human Cognition.* Cambridge University Press, Cambridge.

Cole, T. J. (2000). Establishing a standard definition for child overweight and obesity worldwide: international survey. *British Medical Journal, 320* (7244), 1240.

Davies, M. N. & Al-Shehri, A. S. (2009). Motivation and vision: The relation between the ideal L2 self, imagination and visual style. *Motivation, language identity and the L2 self,* 34(9) 164-171.

Davis, D., O'Brien, M. A. T., Freemantle, N., Wolf, F. M., Mazmanian, P., & Taylor-Vaisey, A. (1999). Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes?. *Journal of Motivation Assurance, 282*(9), 867-874.

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior.* Springer Science & Business Media: London.

Dieleman, M., Biemba, G., Mphuka, S., Sichinga-Sichali, K. Sissolak, D., van der Kwaak, A., & van der Wilt, G. J. (2006). 'We are also dying like any other people, we are also people': perceptions of the impact of HIV/AIDS on health workers in two districts in Zambia. *Health Policy and Planning, 22*(3), 139-148.

Douglas, E. J., & Morris, R. J. (2006). Workaholic, or just hard worker? *Career Development International, 11*(5), 394-417.

Engin, E., & Cam, O. (2009). Validity and reliability study of the Turkish psychiatric nurses of job motivation scale. *Journal of psychiatric and mental health nursing, 16*(5), 462-472.

Farland, R. L Powers, W. T., & Clark, R. K., (2011). A general feedback theory of human behavior: Part II. *Perceptual and Motor Skills, 11*(3), 309-323.

Garvey M., (1997). Motivation, knowledge transfer, and organizational forms. *Organization science, 11*(5), 538-550.

Gibson, S. (2007). Does motivation matter when assessing trade performance? An analysis of mutual funds. *Review of Financial Studies, 20*(1), 125-150.

Hennessey, B., Moran, S., Altringer, B., & Amabile, T. M. (2005). Extrinsic and intrinsic motivation. *Wiley Encyclopedia of Management.*

Hornby, P., & Sidney, E. (1988). *Motivation and health service performance.* WHO/EDUC/88-196. Geneva: World Health Organization.

Huitt, W. (2003). A transactional model of the teaching/learning process. *Educational Psychology Interactive.* Valdosta, GA: Valdosta State University.

Huling, E., (2003). Rough Note. *Journal of Applied Psychology, 24*(1),17- 24.

Islam, R., & Ismail, A. (2008). Employee motivation: a Malaysian perspective. *International Journal of Commerce and Management, 18*(4), 344-362.

James. M. (1999). The synergistic effect of market orientation and learning orientation on organizational performance. *Journal of the academy of marketing science, 27*(4), 411-427.

John, J. (1991). Corporate performance, corporate takeovers and management turnover. *The Journal of Finance, 46*(2), 671-687.

Johns, E.,(1996). The impact of human resource management on organizational performance: Progress and prospects. *Academy of management journal, 39*(4), 779-801.

Kreitner, R. (1995). Management (6th ed.). Boston: Houghton Mifflin Company.

Lopes, R. D.,(2011). Apixaban versus warfarin in patients with atrial fibrillation. *New England Journal of Medicine, 365*(11), 981-992.

Luke, C. J. (2007). Distinguishing between learning and motivation in behavioral tests of the reinforcement sensitivity theory of personality. *Personality and Social Psychology Bulletin.*

Mowday, R. T., (1982). Employee-organization linkage. *The Psychology of Commitment Absenteism, and Turn Over:* Academic Press Inc. London.

Nahavandi, H. G., & Malekzadeh E. G., (1999). Improving motivation among health care workers in private health care organizations: A perspective of nursing personnel. *Baltic Journal of Management, 45* (2), 334-365.

Nurses and Midwives Council Report (2003). Trends in internationals nurses' migration. Health Affairs: Accra. Ghana Press.

Ott, M., Wolf-Watz, M., Fenn, T., & Kern, D. (2007). Intrinsic motions along an enzymatic reaction trajectory. *Nature, 45*(11), 838-844.

Ryan RM, Deci EL (2000) Intrinsic and extrinsic motivations: Classic definitions and new directions. Contemporary educational psychology 25: 54-67.

Toode K, Routasalo P, Suominen T (2011) *Work motivation of nurses: A literature review.* International journal of nursing studies 48: 246-257.

Zineldin, M. (2006). The quality of healthcare and patient satisfaction: an exploratory investigation of the 5Qs model at some Egyptian and Jordanian medical clinics, *International Journal of Healthcare Quality Assurance,* 19(1), 60-92.

Zurn, C., Cross, C., & McGuire, D. (2005). The motivation of nurses to participate in continuing professional education in Ireland. *Journal of European Industrial Training, 30*(5), 365-38