

**WORKERS' PERCEPTION OF WORKING CONDITIONS AND  
EFFECTS ON PERFORMANCE OF MEDICAL PERSONNEL IN THE  
UNIVERSITY OF CALABAR TEACHING HOSPITAL, CALABAR,  
CROSS RIVER STATE, NIGERIA.**

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Master of Science (MSc) Degree in Sociology (Medical Sociology)**

**BY**

**EVARISTUS AKOMAYEANIAH  
PG/MSc/16/80786**

**SUPERVISORS: PROF. N. N. EZUMAH  
DR. CHIDI UGWU**

**DECEMBER 2019**

This dissertation has been approved for the department of Sociology & Anthropology,  
University of Nigeria, Nsukka

.....  
**Dr. Chidi Ugwu**  
Supervisor  
Anthropology

.....  
**Prof. P-J. Ezeh**  
Head, Dept. of Sociology &

.....  
**Prof. L. Ugwu**  
Dean, Faculty of the Social Sciences

.....  
**Prof.**  
External Examiner

**CERTIFICATION**

The candidate, Evaristus Akomaye Aniah, a post graduate student in the Department of Sociology & Anthropology with registration number PG/M.Sc/16/80786, has successfully completed all the requirements for the Master of Science Degree in Sociology. The work embodied in this thesis to the best of our knowledge is original and has not been submitted in part or in full for any other degree of this or any other University.

.....  
**Dr Chidi Ugwu**  
(Supervisor)

.....  
**Prof. P-J. EZEH**  
(Head of Department)

## **DEDICATION**

This work is dedicated to God, the Giver of life for his infinite mercy and grace that have sustained me all through the period of this programme.

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## ABSTRACT

Scholarly attempts to explain factors associated with poor health care delivery in Nigeria have focused mainly on problems of affordability of health care services, poor health management system, lack of professionalism among medical personnel and in some instances, effectiveness of orthodox medical practices generally. The linkages between the working conditions of the medical personnel and their performance has remained inadequately explained. Few attempts in this regard equally failed to itemize specific aspects of the working conditions that affect effective health care delivery by hindering the performance of medical personnel. To address this lacuna, the current study adopted cross sectional survey design and obtained data from a randomly selected sample of 490 medical personnel of University of Calabar Teaching Hospital (UCTH) on the effects of working the conditions in the hospital on their performance. Questionnaire was used as the main instrument for data collection while In-depth Interview (IDI) and Focus Group Discussion (FGD) guides were used to obtain qualitative responses from 5 Heads of Departments and 8 Heads of different units in the hospital. Qualitative data were analyzed under relevant themes to provided detailed insight on specific research issues while the quantitative data were analyzed using IBM SPSS software (version 20) and presented using frequency/percentage distribution tables and charts. Chi-square ( $\chi^2$ ) was used to test the study hypotheses. On the socio-demographic information of the respondents, the study found that 50.4% of the respondents were male while 49.6% were female. The professional affiliation shows that 31.2% were doctors while 56.7% were nurses. Others include Laboratory Scientists (4.5%), Ophthalmologist (3.3%) and Dentist (4.3%). It was also found that UCTH was recently equipped with diagnostic and diagnostic machines that have improved the working environment thereby making 80% of the respondents to perceive the working condition as good. However, there were other perceived constraints on the working conditions such as poor building facilities; poor treatments melted on some categories of medical personnel, specifically the nurses, non-availability of insurance policy etc. Distinct conception of how working conditions affected performance was observed among different groups of medical personnel given that health workers were found more likely to perceive monetary benefits as affecting performance of medical personnel than doctors at  $p < .05$ . The number of years medical personnel have spent in active services also influenced perceived effect of availability of working conditions as younger medical personnel were found to be more likely to perceive availability of working equipment as affecting performance ( $\chi^2 = 62.875, p < .001$ ). It is concluded that differences exist on how medical personnel working conditions affect their performance. There is need for specific interventions to address the peculiar working condition challenges faced by different groups of the medical personnel. This will ensure that each category of the medical personnel is given favourable conditions to improve on their performance and ensure effective health care delivery.

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## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the study

Across the world, organizations want to have employees with competence, in accordance with the needs of their organizations, committed to the organizations and have high performance and medical institutions are not exempted from such reality. Hence, organizations in a bid to get the best out of their employee are obliged to attract competent employees, and make consistent efforts to retain them. One of the things that can be done to attract and retain competent employees is to establish a pleasant working environment (Pitaloka& Sofia, 2014). According to Jain and Kaur (2014), work environment involves all the aspects in the workplace which act and impact on the body and mind of an employee. They posited that, if the conditions in the environment are congenial; fatigue, monotony, and boredom are minimized and the performance of workers can be maximised fully.

The work environment encompasses aspects of physical, psychological and social working conditions. The work environment can have a positive or negative effect on psychology and welfare of employees. Organizations with high job demands and high pressures tend to make employees experience stress. Stress can have a negative impact on employee productivity and performance in the organization. Difficult working environment would make the employees unhappy and uncomfortable with the organization (Bakotić& Babić, 2013). Organizations seek to eliminate the negative aspects of the work environment so that employees are satisfied with their work. Job satisfaction can affect work behaviour and organizational performance. Employees who are satisfied will have high performance thereby improving organizational performance (Abdullah & Muhammad, 2012). Creating a supportive work environment is a necessity for organizations who want job satisfaction for their staff (Mokaya, Musau, Wagoki& Karanja, 2013).

Working conditions in teaching and public hospitals have been of great concern to healthcare practitioners worldwide in their bid to provide adequate health care services (Chipeta, 2014). This is because employees view work conditions as essential ingredients to their satisfaction. Accordingly, Makinde (2013) posits that the nature of working conditions workers are exposed to is crucial to the overall performance of workers in an organization. It is such that, where the working condition is favourable workers naturally work with less concern about their welfare, but if it is contrary, the productivity of the workers cannot be guaranteed (Makinde, 2013). Globally, working conditions in teaching hospitals have recently been under scrutiny in the press and medical publications, with understaffing, excessive workload, inadequate supervision or support and long working hours, lack of essential equipment, lack of sufficient consumables to work with, among others; being described as factors that compromise the performance of medical personnel in teaching hospitals worldwide (De Villiers & De Villiers, 2014; Edoho, Bamidele, Neji& Frank, 2015).

Across the African continent, medical practitioners in teaching hospitals are unable to perform their duties satisfactorily due to lack of equipment, drugs, and unsupportive management systems (Edoho, Bamidele, Neji& Frank, 2015). Lack of a career structure, poor housing, inadequate clinical facilities, inadequate pay, lack of recreational facilities, limited schooling opportunities for children, academic isolation and bureaucratic problems have also been identified as factors that affect the performance of medical personnel (De Villiers & De Villiers, 2014). In Pakistan, numerous factors influence medical employees' low satisfaction and these are associated with working with unskilled or inappropriately trained staff, laborious tasks such as monotonous documentation, feeling overloaded, tensions within role expectations, repetition of duties, overlapping of duties, role conflict, and role ambiguity, the

increasing need to be in good relations with co-workers, personal factors and organizational factors (Mohsin, Maira & Amit, 2015).

Research evidence suggests that across Africa, healthcare personnel in teaching and public hospitals work under appalling conditions (Chipeta, 2014). In Tanzania less than 50% of the required staff is available to serve rural populations; while at times health care is provided by non-qualified staff. This situation seriously compromises the health status of the communities. The poor performance has been attributed to poor diagnosis and even death of the sick people (Asigele, 2012). In South Africa, working conditions in the district hospitals are causing frustration and hindering optimal service. The lack of resources, both in terms of equipment and specialist back-up, emerged as sub-themes of frustration. The fulltime medical officers felt that the excessive workload, especially after-hours' duties and coping with large numbers of primary healthcare problems, assaults and trauma were a problem (De Villiers & De Villiers, 2014). In Ghana, working conditions including understaffing in health facilities, inequitable distribution of health sector human resources (HR), de-motivated staff and inadequate healthcare infrastructure, among others are hindering effective and efficient health service delivery to the users (Aduo-Adjei, Emmanuel & Forster, 2016). In Malawi, most commonly cited factors leading to the poor working environment include poor compensation, lack of continuing education and training opportunities, lack of social and retirement benefits, lack of proper equipment, and poor HR management (Chipeta, 2014).

In Nigeria, medical personnel work under unsafe and unfriendly conditions. According to Akwash (2016) workers are often exposed to poor working conditions, unsatisfactory hygiene facilities, and poor reward system. Other prevalent problems with regards to working conditions in Nigeria are insufficient working space, inadequate lighting, poor and epileptic power supply, lack of sufficient ventilation, shortage of working apparatus, routine refusal to pay overtime benefits, unfriendly welfare packages, as well as poor health

insurance schemes, which have leftmost teaching hospitals in deplorable states. It is sad to note that Africa and indeed Nigeria are losing their experienced health workers to developed countries as a result of neglect of their health sectors. Particularly in Nigeria, mismanagement of resources, lack of priority, lack of respect for human lives by leaders, low wages, poor motivation, persistent shortages of basic medical supplies, poor working conditions, outdated equipment, lack of efficient and effective coordination, limited career opportunities and above all, economic reasons are among the most important factors responsible for this brain drain (Omoruan, Bamidele & Phillips, 2009).

In a report on the Nigeria Medical News, current statistics show that health institutions rendering health care in Nigeria are 33,303 general hospitals, 20,278 primary health centres and health posts, and 59 teaching hospitals including Federal Medical Centres. This represents a huge improvement compared to the last decades; nonetheless, health care institutions continue to suffer shortage of qualified manpower and adequate working equipment. In spite of the various reforms to increase the provision of health to the Nigerian people, health access is only 43.3%. The inadequacy of the health care delivery system in Nigeria could be attributed to the peculiar demographics of the Nigerian populace. About 55% of the population live in the rural areas and only 45% live in the urban areas. About 70% of the health care is provided by private vendors and only 30% by the government. Over 70% of drugs dispensed are substandard. Hence, the ineffectiveness of most government health policies and programmes (like the National Health Insurance Scheme (NHIS) had recently been attributed to the fact that the scheme represents only 40% of the entire population, and 52-60% are employed in the informal sector) are not benefitting most of the people (Onwujekwe, 2010).

Since the Alma-Ata declaration, countries around the world (Nigeria inclusive) have made considerable efforts in trying to bring health to all, through national health policies and

plans which have been formulated and implemented by governments of various countries based on Primary Health Care principle. In a bid to make basic health services accessible to her citizenry, Nigeria fully joined the world wide movement to adopt and implement a national Primary Health Care Programme in 1986 (Tope-Ajayi, 2004; Omoleke, 2010). Bearing in mind the interplay between conducive work environment and job satisfaction, the implementation of the Primary Health Care Policy/Programme or any other health programme will be defective, if quality work environment, a committed and satisfied team are not developed and placed in their right context for efficient service delivery. It has been argued that the provision of these will make for a situation where everyone feels that he or she is an important stakeholder who must make significant contributions that aim to improve the quality of health of Nigerians (Ayamolowo, Irinoye&Oladoyin, 2013).

A review of past studies shows that working conditions impact positively on employees' performance (Edoho, Bamidele, Neji& Frank, 2015). Similarly, occupational safety and healthy environment also contribute to medical personnel performance and the attainment of organizational goals (Mokaya, Musau, Wagoki& Karanja, 2013). Employees' working conditions are no doubt critical to their overall well-being and performance in their duties, yet concerted efforts are yet to be directed towards ascertaining how such materializes in orthodox health care delivery system and what influence this has on medical personnel. Hence, this study seeks to ascertain the relationship of the existing working conditions and health care delivery potency of the University of Calabar Teaching Hospital, Calabar, Cross River State, Nigeria.

## **1.2 Statement of the problem**

Globally, there are growing challenges and demands for effective and efficient health care delivery. Billions of naira is annually budgeted, to ensure that hospitals which are the most subscribed health care channel lives up to its health care deliver expectations

(Ayamolowo, Irinoye&Oladoyin, 2013; Akwash, 2016). Yet, many countries of the world are faced with the crises or challenge of shortages of dentists, doctors, nurses, pharmacists, physiotherapists and other health workers. This problem has become very common in Nigeria health sector and considerably worrisome in the light of the contention that the quality of health care delivery of every nation determines the quality of their socio-economic growth (Anyika, 2014).

The reasons for this varies and are complex, but inclusive among them could be unhealthy work environments and the poor organisational climate that characterise many hospitals (Anyika, 2014). The ongoing underinvestment in the health sector, coupled with poor employment conditions and policies (such as exposure to occupational hazards, discrimination, physical and psychological violence; insufficient remuneration; unfavourable work-life balances; unreasonable workloads, limited career development opportunities, etc.) have resulted in a deterioration of working conditions for health professionals in many countries (Almalki, FitzGerald & Clark, 2012). There is clear evidence that this has a serious negative impact on the recruitment and retention of health professionals, the productivity and performance of health facilities, and, ultimately, on patient health outcomes (I.C.N., 2007; Beecroft, Dorey &Wenten, 2008).

Furthermore, it is evident that one of the hindrances to development of healthcare in Nigeria has to do with insufficient number of medical personnel as well as their uneven distribution. Despite the desire by the government to ensure equitable distribution of resources across ministries and programmes, glaring disparities are still evident. The deterioration in government facilities such as bad roads, poor power supply, etc., low salaries and poor working conditions had reportedly increased the mass exodus of health professionals to foreign countries with comparatively better working conditions (Ayamolowo, Irinoye&Oladoyin, 2013). This has further led to much concentration of

medical personnel at the urban to the neglect of the rural areas. Consequently, all health sector stakeholders, employer or employee, private or public and governmental or non-governmental, have respective and specific roles and responsibilities to foster a positive practice environment and must work in concert if quality workplaces for quality healthcare are to be achieved (I.C.N., 2008; Onwujekwe, 2010; Akwash, 2016).

The contention on the extent to which organizational environment influences worker's performance is a longstanding debate in industrial relations (Ajala, 2012). Progress recorded in this area have recently been extrapolated by medical experts focusing on public health sectors to ascertain how the nature of hospital environment could influence the performance of medical personnel and in turn, the effectiveness of health care delivery (Wanjau, Muiruri & Ayodo, 2012). The hospital environment when placed and supported by appropriate resources (both financial and human), is believed to go a long way in ensuring the establishment and maintenance of an effective health care professional workforce and, ultimately, the overall quality of health systems (Akwash, 2016). Ali and Anis (2015) carried out a study on the antecedents of job satisfaction using hospital's employees in Pakistan and found that administrative variables like pay and benefits, supervision and collegiality all have positive relationship with job satisfaction which in turn influences performance. Asigele (2012) considered the effect of working environment on child health care in Tarime District, Tanzania. In their own study, Edoho, Bamidele, Neji & Frank (2015) looked at job satisfaction among nurses in public hospitals in Calabar, Cross River State, Nigeria. In the identified instances, medical personnel were mostly treated as inseparable entity with no attempt to account for how different social and occupational groupings like years of service, gender, rank and professional affiliations of medical personnel relate with their perceived influence of work environment on performance. Furthermore, there is insufficient evidence of how different areas of work environment like working equipment/tools, power supply,



consumables, payment of hazards and other monetary benefits is perceived by distinct medical personnel categories as affecting their performance. In the absence of such information, government or management intervention programmes directed at improving the working conditions of medical personnel have treated all medical personnel as similar and as such fail to capture their professional peculiarities.

This study therefore, sets to bridge this gap by ascertaining essentially, medical personnel perception of the effect of working environment on their job performance and to equally find out how certain categories of medical personnel (professional affiliations and years in active service,) relate with the perception that certain working conditions affects job performance. This will help the management of the UCTH in developing appropriate strategies and programmes that would not only lead to better job performance and satisfaction among medical personnel, but would also increase productivity, efficiency and quality of health care delivery in the UCTH. The study will also help in broadening the understanding of medical personnel in the UCTH and other teaching hospitals to the dynamics of suitable working conditions in the field of medical practice and healthcare delivery.

### **1.3 Research questions**

The study was guided by the following questions:

1. What are the existing working conditions (availability of constant power supply, availability of working equipment and consumables, etc.) in the UCTH, Calabar?
2. How does worker safety affect the performance of medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar?
3. How does overtime remuneration affect the performance of medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar?

4. How does non-payment of hazard allowances affect the performance of medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar?
5. How do working hours affect the performance of medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar?
6. What are the available working equipment (diagnostic machines, consumables, etc.) accessible to medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar?
7. What are the possible ways of improving on the existing working conditions (availability of constant power supply, availability of working equipment and consumables, etc.) as part of management policy in the UCTH, Calabar?

#### **1.4 Objectives of the study**

The general objective of this study is to determine the perceived effect of working conditions on the performance of medical personnel in the UCTH, Calabar, Cross River State. Specifically, the study seeks:

1. To explore the existing working conditions (availability of constant power supply, availability of working equipment and consumables, etc.) in the UCTH, Calabar.
2. To examine how worker safety, affects the performance of medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar.
3. To determine how overtime remuneration, affects the performance of medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar.
4. To ascertain how non-payment of hazard allowances affects the performance of medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar.

5. To find out how working hours affect the performance of medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar.
6. To find out the available working tools (diagnostic machines, consumables, etc.) accessible by medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar.
7. To determine possible ways of improving on the working conditions (availability of constant power supply, availability of working equipment and consumables, etc.) for medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar.

### **1.5 Significance of the study**

The study will have both theoretical and practical significances. Theoretically, the study, through its results, will contribute to the existing body of empirical literature and knowledge of the existing working conditions and the perceived performance of medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the medical and healthcare profession, and the development of theories in medical sociology. The results of this study will be subjected to criticisms, thereby provoking further research and serving as reference material for future researchers.

Practically, the study will help in broadening the understanding of medical personnel in the UCTH and other teaching hospitals to the dynamics of suitable working conditions in the field of medical practice and healthcare. It will help the UCTH management to refocus their energies and resources on those areas and issues that affect their workers' welfare, in relation to the working environment and conditions (conducive working availability of constant power supply, availability of working equipment and consumables, etc.). The results of this study will also be of immense benefit to stakeholders (including the government agencies, health facility managers, among other policy makers) in the health sector, as it will

serve as a veritable reference material in the improvement of the working conditions and environments in the teaching hospitals and other health facilities across the country.

### **1.6 Operationalization of concepts**

For easy comprehension of the study, some basic concepts are defined as follows:

**Available working tools:** These refer to equipment used in carrying out assigned duties, which are handy for the medical doctors, nurses, ophthalmologists, laboratory scientists and dentists in the UCTH to work with.

**Difficult working conditions:** These refers to the unfavourable atmosphere in a work environment, that makes it difficult for medical doctors, nurses, ophthalmologists, laboratory scientists and dentists in the UCTH to carry out their duties efficiently.

**Doctors:** This refers to medical personnel employed as experts in distinct areas of medicine who also holds a degree in medicine either as dentist, ophthalmologist, gynaecologist, paediatrics and so on.

**External factors:** This refers to forces from outside the UCTH that affect the overall performance of the medical doctors, nurses, ophthalmologists, laboratory scientists and dentists in carrying out their duties.

**Good working conditions:** These refer to the suitable atmosphere in a work environment, which also includes the physical environment, the psychological atmosphere and/or the interpersonal relationships and adequate working materials.

**Hazard allowances:** These refer to benefits that are given to medical personnel, to cover any unforeseen accident on the job. It is mostly in monetary form.

**Healthcare practitioners:** These include all carers in any medical facility, including doctors, nurses, ophthalmologists, social workers, dentists, neurosurgeons, among others.

**Health workers:** This refers to any medical personnel who cannot be classified as a medical doctor. It includes personnel like Nurses, Laboratory Scientist and so on.

**Internal factors:** These refer to forces from within the UCTH that affect the overall performance of the medical doctors, nurses, ophthalmologists, laboratory scientists and dentists in carrying out their duties.

**Medical personnel:** These are all the persons employed to work as healthcare professionals including medical doctors, nurses, ophthalmologists, laboratory scientists and dentists in the UCTH.

**Occupational Affiliation:** This refers to the different professional groups that works in the hospital, which is the context of this study is grouped into doctors and health workers.

**Older Medical Personnel:** This refers to all persons employed as health care professionals who have been in active services for more than 10 years.

**Perceived performance:** This refers to the observed outcome of duties or activities carried out to achieve a goal in any work environment, especially, activities in the medical environment.

**Poor working conditions:** These refer to the unsuitable atmosphere in a work environment, which also includes the physical environment, the psychological atmosphere and/or the interpersonal relationships and inadequate working materials.

**Subjective factors:** These refer to the forces that affect, either positively or negatively, the overall performance of the medical doctors, nurses, ophthalmologists, laboratory scientists and dentists in carrying out their duties in the UCTH.

**Teaching hospitals:** This refers to the highest tier of medi-care to which referrals are made from other medical facilities like the health centres, the general hospitals and private hospitals/clinics. They also serve as training schools for medical personnel, who understudy experienced experts.

**Working conditions:** These refers to the atmosphere in a work environment (i.e. physical environment), its suitability or otherwise, the psychological atmosphere and/or the working materials.

**Working environment:** This refers to the workplace and all the paraphernalia in the workplace, including the physical environment, the psychological atmosphere and/or the interpersonal relationships and working materials.

**Working tools:** These refer to equipment used in carrying out assigned duties, especially equipment used in the medical environment.

**Younger Medical Personnel:** This refers to all persons employed as health care professionals who have not served for up to 10 years.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Theoretical Review**

##### **2.1.1 Concept of working conditions**

The concept of working conditions of workers in their places of work, has been operationalized differently by different authors. WHO (2006) in Songstad, Rekdal, Massay and Blystad (2011) defines working conditions as the working environment and all existing circumstances affecting labour in the workplace. Another author defines working conditions as the environment in which an individual performs his work. It includes all physical and psychological factors and social circumstances that influence his work (Manyisa, 2015). The working conditions under which a job is performed varies from those completely comfortable to those very difficult and dangerous to employees' life and health. According to Bakotić and Babić (2013), difficult working conditions can be influenced by external, subjective and internal/objective factors. They posit that the external factors include climatic-meteorological conditions, temperature, humidity, drafts, lighting in the workplace, noise and interference, gases, radiation, dust, smoke and other harmful factors; while the subjective factors include: gender and age of the worker, fatigue, monotony, unfavourable posture during work, etc.; and the internal/objective factors are related to the organization of production such as duration of the work shift, work schedule, working time, work pace, excessive strain, etc.

Jobs with difficult working conditions may be performed by only those employees who meet specific requirements in terms of age, sex, qualifications, health, physical and mental condition and psycho-physiological and psychological capabilities. Difficult working conditions influence employees' performances (Newsham, JayBrand, Veitch, Aries & Charles, 2009). It is therefore necessary to take measures to eliminate uncomfortable working

conditions or, if not possible, to take appropriate safety measures to mitigate them. Safety at work is carried out to ensure working conditions without danger to life or health, or, to avoid accidents, injuries, occupational diseases and, or at least mitigate their consequences. With reference to safety at work, emphasis should be about the equipment that employees use in their daily work. Equipment (machinery, equipment, plant, tools, supplies, laboratory equipment, etc.) that employees use in their work has to be functional and correctly used to avoid injuries at work or reduce performances. It is important that workers are trained on how to work with the equipment because inadequate equipment handling can result in accidents or deviations in performance no matter the number and types of equipment provided, and have adverse effect on the quality and efficiency of service. Training of employees should be also affected and upgraded to the proper use of protective equipment and personal protection, and to make for service efficiency and quality (Bakotić and Babić, 2013).

### **2.1.2 Factors affecting working conditions in public hospitals**

Research evidence suggests that globally, health care personnel in public hospitals work under appalling conditions (Manyisa, 2015). However, there is a dearth of research reviews that address the factors affecting working conditions in public hospitals. Several factors have been identified to be affecting working conditions in public hospitals, these include: an increase in patients loads/workloads, disease epidemic among medical personnel through infected patients, long working hours, shift work, physical infrastructure, inadequate resources and shortage of staff. It is obvious that unsatisfactory working conditions have negative impact on the physical and psychosocial wellbeing of employees, as well as impinge upon optimal performance and organizational productivity and profitability (Manyisa & van Aswagen, 2017).

Ali and Wajidi (2013), are of the view that several factors affect working conditions in public hospitals across Pakistan, including; time pressure, opportunities for career



development, management support, compensation and promotional policies of the organizations. In a study carried out in India, on the working conditions that affects the quality of performance of nurses. The results indicated dissatisfaction of nurses in terms of heavy workload, poor staffing, and lack of autonomy to make patient care decisions, and performing non-nursing tasks. Another factor that influences the quality of performance of nurses is the work context, including management practices, relationship with co-workers, professional development opportunities and the work environment. Potential sources of dissatisfaction with management practices include lack of participation in decisions made by the nurse manager, lack of recognition for their accomplishments, and lack of respect by the upper management (Battu&Chakravarthy, 2014).Daneshkohan, Zarei, Mansuori, Maajani, Ghasemi and Rezaeian (2015) highlighted that in Iran, factors like unfair treatment, poor management and lack of appreciation were the main demotivating factors. Furthermore, 47.2% of health workers believed that existing schemes for supervision were unhelpful in improving their performance.

Leshabari, Muhondwa, Mwangu and Mbembati (2012) pointed out that in Tanzania, physical factors like office building space have been strongly associated with health workers' performance; with environmental factors like office layout, level of staff interaction and the comfort level of the office have been ascribed as having significant effect on workers' performance. In the Oromia Region of Ethiopia, the major factors reported for affecting working conditions included poor payment scheme, lack of training opportunity, and lack of incentives, bureaucratic management style, poor performance evaluation system and poor working conditions (Mengistu & Bali, 2015). In South Africa, working conditions in rural hospitals have recently been under scrutiny in the press and medical publications, with understaffing, an excessive workload, inadequate supervision or support and long working hours described as factors that compromise care in rural hospitals. Also, doctors are unable to

perform their duties satisfactorily due to a lack of equipment, drugs and transport and unsupportive management systems (De Villiers & De Villiers, 2014).

While in Nigeria, poor adherence to safety practices has been reported as a contributing factor to occupational-related infections in several Nigerian studies (George, 2010). In most clinical settings in Nigeria, safety which is practiced is often focused on eliminating contact of personnel with infectious agents through the routine use of personal protective devices such as hand gloves, laboratory coats, and face masks, while paying little or no attention to other elements that may not necessarily cause an infection, but have the capacity to compromise the health of the worker (Haile, Taye & Hussien, 2012). For instance, medical laboratory personnel working in a laboratory with poor application of principles of ergonomics have increased risk for the development of work-musculoskeletal disorders (MSDs), which could adversely affect his performance on the job, quality of test result, and ultimately patient's management and care. MSDs, also known as cumulative trauma disorders or repetitive stress injuries, are injuries to muscles, nerves, tendons, ligaments, joints, cartilage, and spinal discs (Franco, 2011). They often present as pains in the upper extremities, neck, and back and shoulders, etc. MSDs are an increasing health problem in workplaces, resulting in workers' disability, loss of precious time from work, and huge economic and social costs. Poor posture at work, repetitive movements, ill-structured job, poor workstation design, and prolonged working time, among others, have been reported as risk factors for the development of MSDs among clinical laboratory and other health workers (Oladeinde, Ekejindu, Omoregie & Aguh, 2015).

### **2.1.3 Strategies for improving working conditions in public hospitals**

The need for the provision of a positive working environment is crucial for the wellbeing of the employees, the patients, as well as the organization. The strategies that will help mitigate the barriers to good working conditions, have been suggested to include

that:management has to find a way to address issues of excessive workloads, irregular shifts and long working hours, etc., as these have been found to be the major predictors of job dissatisfaction, high levels of burnout, low morale, fatigue and emotional exhaustion among health care workers(Manyisa&van Aswagen, 2017). The aspect of resources is also important in improving working conditions and towards the achievement of the organizational goal. It is therefore imperative that the necessary resources be made available to employees so that they can complete their tasks on time. Access to resources refers to one's ability to acquire the financial means, materials, time given to complete the task, rest breaks, cognitive capacity, support staff and suppliers to do the work (Geiger-Brown, Trinkoff& Rogers, 2011).

Across the world, and low income countries like Tanzania, Nigeria and other sub-Saharan countries, the provision of adequate infrastructure is of high importance as poor infrastructure has been found to be associated with the increased level of job satisfaction and a potential risk factor for nosocomial infections (Manyisa, 2015). He further suggested that filling of the vacant posts and offering better remuneration packages, incentives and career advancement opportunities should be a matter of concern for the Departments/Ministries of Health. Improving the promotion system and recognition for work done are other factors to be considered in trying to curb migration of health care personnel. Munga, Kilima, Mutalemwa, Kisoka and Malecela, (2012),suggest that for hospitals to retain qualified personnel in a competitive labour, they have to market policies and benefits comparable to those in other businesses, provide opportunities for career advancement, lifelong learning, flexible work schedules as well as develop policies that promote loyalty and retention. Failure to develop long term strategies that will address the challenges will lead to chronic inadequate hospital staffing as more nurses and doctors, particularly the younger ones, intend to encourage them to leave their professions and pursue greener pastures in other fields. Improving communication, interpersonal relationships between management and staff and the

allocation of resources may help in improving the present situation and in the creation of an environment that is conducive to high quality patient care.

Aduo-Adjei, Emmanuel and Forster (2016), assert that motivation is a major determinant of work performance for workers in Ghana. They posit that, intrinsic and extrinsic motivational policies have an impact on the work performance of both paramedics and medics at Korle Bu Teaching Hospital (KBTH). 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. Motivation is a good thing; if managers and administrators appreciate what drives workers to give an effective work performance, resources will be channelled to get the maximum output from employees. Health workers are motivated by intrinsic and extrinsic factors. Thus, appreciating key financial and nonfinancial motivating factors is relevant for effective work performance among health workers. The authors recommended as strategies for improvement of services, the following for the KBTH. Firstly, the Nursing and Midwifery Council (NMC) of Ghana, the Ministry of Health, and the KBTH should renew their motivational policies content based on the intrinsic and extrinsic motivational blocks. Thus, a motivational approach should target the personal professional-based desire of nurses, such as job satisfaction, logistic provision, and enabling working environment. Furthermore, policy guidelines aimed at improving the work performances of health workers at KBTH should be introduced. Transportation, accommodation, and an enabling working environment as well as financial rewards are relevant for improving the work performance of health workers at KBTH.

## 2.2 Empirical Literature

### 2.2.1 Factors that influence job performance

#### *Non-monetary*

In a study of hospital employees in Pakistan carried out by Mohsin, Maira and Amit (2015) on the antecedents of job satisfaction; a sample of 162 respondents was used. The respondents included medical and non-medical employees. The study focused on the hospital employee's perception towards job satisfaction; as well as the associations of factors like pay and benefits, career development and management, supervision and collegiality and participation (as dependent variables) with job satisfaction (as independent variable) of the employees working in the hospitals of Pakistan. The findings from the study show positive correlation between the dependent and independent variables. The relationship between participation and job satisfaction was the most significant, indicating that an employee who participates more can derive maximum job satisfaction. It also shows that pay and benefits, career development and management and supervision and collegiality also had a significant relation with job satisfaction.

Similarly, Ojokuku and Salami (2011), conducted a study on the contextual influences of health workers' motivations on performance in University of Ilorin Teaching Hospital. The study used 150 health care workers as respondents. It was found that most of the workers (59.05%), experienced general satisfaction with their current jobs. They also observed the effect of compensation system on staff performance was determined using Tobit regression analysis and it was deduced that motivational indexes like age and management-staff relationship positively affected the performance of the workers with coefficients of 0.305, 0.157 and 0.156 respectively while years of experience and gender have negative relationships with performance with coefficients of -0.806, -0.003 and -0.022 respectively. The result of f-ratio for Tobit regression model was 4.38 at 1% significant level which shows that

motivational system positively affects performance of health care workers. It was concluded that motivation systems (monetary and non-monetary) would increase health workers' performance if it is well implemented. From the study, it can be said that factors that influence the performance of workers are varied and most times not monetary.

### *Monetary*

Aslam, Ghaffar, Talha and Mushtaq (2015), carried out a study on the impact of compensation and reward system on the performance of an organization: An empirical study on the banking sector of Pakistan. The study highlighted some of the factors which contribute to an employee's performance like reward and benefits, compensation, incentives and salary. The study showed that the most significant variable in the research is reward and compensation. It shows a great effect on the performance of employees. It boosts the efficiency of employees. On the contrary, motivation and incentives contribute least to the employee's performance.

Similarly, Aduo-Adjei, Emmanuel and Forster (2016) conducted a qualitative study on the impact of motivation on the work performance of health workers in Korle Bu Teaching Hospital: Evidence from Ghana. A sample of 15 health workers including medics and paramedics was used for the study, adopting a one-on-one interview to gather data. Findings from the study revealed that job satisfaction, logistic provision, and an enabling work environment are intrinsic motivating factors that affected the work performance of health workers; whereas, extrinsic factors such as financial reward, accommodation, and transportation also impacted work performance. Furthermore, motivation is key to the work performance of nurses. Hence, from the study it can be said that monetary rewards, among other factors, impacted the performance of workers to a great extent.

Agba, Mboto and Agba (2013) carried out a study on the effect of wages or other conditions on workers' performance in Nigeria. The authors adopted 300 respondents from

four organizations in south-south, south-east, and south-west selected geo-political zones in Nigeria for the study. Findings from the study reveal that, employee job performance are greatly influenced by regular and good wages; followed by conducive work environment, availability of internet facilities, good library, recognition/award, regular promotion, training opportunities, access to medical care and communication flow. The study posits that other least motivating factors should not be ignored by managers, since each provide workers with a level of stimulant that propel them into maximum performance in work organization. From the study, it can be deduced that improved monetary benefits in form of wages and other allowances, play a major roles in stimulating workers to put in their best for maximum performance in the organization.

### **2.2.2 Effect of working condition on job performance**

#### *Negative Effects*

Ahmed, Sleem and Kassem (2015), conducted a study on the effect of working condition and fatigue on performance of staff nurses at Mansoura University Hospital, Egypt. A sample of 110 staff nurses working at all general medical and surgical units was used for the study. The authors made use of three tools: working condition questionnaire, occupational fatigue exhaustion recovery scale and observation checklist of nurses' performance. The findings showed that there were statistically significant differences between working condition, fatigue, and performance among staff nurses ( $p=0.01$ ). The study also showed that staff nurses' performance was affected by degree of working condition and level of fatigue. So, there is a possibility of improving the performance of staff nurses and decreasing their fatigue through improving their working condition. From the study, it can be said that if the working environment is not conducive and is generating high stress levels for the staff, the performance of the staff is likely to degenerate and will not increase the organizational performance.

In a similar vein, Edoho, Bamidele, Neji and Frank (2015) carried out a study on job satisfaction among nurses in public hospitals in Calabar, Cross River State, Nigeria. The study was undertaken to assess the level of job satisfaction and the relationship between determinants and overall job satisfaction. A sample of 346 nurses was used as respondents for the study. The study indicated that majority of respondents 262 (75.7%) were between ages 31-40 years while most (48.5%) had 16-25 years of working experience. The respondents were predominantly female (88.4%). Regarding education, most of the respondents (69.9%) had diploma in nursing while 28.6% were first degree holders. The mean overall of job satisfaction was 146.7. The results also revealed that majority of the respondents 265 (82.4%) were moderately satisfied with their work. Nurses were least satisfied with their salaries. The level of achievement, advancement, responsibility, recognition, work itself, nursing practice environment, hospital policy, interpersonal relationship, salary, supervision and working conditions were significantly positively related to the overall job satisfaction. The study showed that nurses in the hospitals under study were not satisfied with their job. From the study, it can be observed that job satisfaction is an essential part of nurses' lives, influencing patient safety, productivity, performance, quality of care, retention, turnover, commitment to the organization and the profession. Where these factors are not put in place to attain job satisfaction, the impact will surely be negative on the organization and workers will not put in their best.

### **2.3 Review of relevant theories**

The following theories are reviewed as they are considered relevant to the study, they include human relations theory, Abraham Maslow's theory of motivation, Herzberg two-factor theory of motivation, Herzberg two-factor theory of motivation.



### **2.3.1 Human relations theory**

The human relations theory is attributed to the outcome of the studies, referred to as the Hawthorne experiments, carried out by Elton Mayo (1927-1932) and his colleagues in the Western Electric Company in Chicago. The tenets of the theory are as follows: firstly, a worker's need for recognition, consultation and a sense of belonging is more important in determining his morals and productivity than the physical ability or stamina. Secondly, non-economic factors (social rewards and sanctions) are significant determinants of workers' motivation and their levels of job satisfaction. In other words, productivity is strongly affected by social and psychological factors, not simply by conditions of work. Thirdly, informal groups within an organization strongly influence the work habits and attitude of the individual workers. Lastly, an effective style of supervision is created when the managers consult the work groups and their informal leaders before introducing every change in the work schedule.

By application to this study, the workers at the health facility will appreciate and value attention, recognition and consultation as much as an improvement in physical working conditions in the establishment. The life of the workers outside the organization is also as important as that within the organization, as they belong to other groups other than the formal organization, as these all will contribute to their optimal or dismal performance. Those in the management should also be conversant with reality that man's major motivation for greater output is not only money or economic rewards, but other things like social rewards and sanctions can also be considered (Izueke, 2014). Where all these factors among others are in place, the workers have a sense of belonging and are treated as critical stakeholders in progress (with their own welfare adequately taken care of), then, there is a guarantee that they will put in their best for optimal performance and organizational growth.

### **2.3.2 Abraham Maslow's theory of motivation**

The theory of motivation is attributed to Abraham Maslow in his famous article, "A Theory of Human Motivation"; wherein he propounded the hierarchy of needs theory. The theory proposes that people are motivated by multiple needs and that these needs exist in a hierarchical order, namely: the physiological needs (food, shelter, sex and clothing), the safety needs (physical, emotional and economic protection), the social needs (love, status, sense of belonging, friendship, etc.), the esteem needs (self-confidence, achievement, self-respect, recognition and respect from others), and the self-actualization needs (the desire for self-fulfilment, to be one's best). The tenets of the theory include: firstly, that human motivation to action arises from certain driving needs common to all; secondly, the lower needs must be satisfied for an individual to be fundamentally comfortable; thirdly, that the lower level needs must be fairly satisfied before higher level needs emerge; fourthly, that a satisfied need no longer motivates behaviour while an unsatisfied need motivates; and lastly, that higher level needs can be satisfied in many more ways than the lower level needs.

Applying the theory to this study, it will be pertinent upon the management of the health facility/organization to be abreast with the tenets of the theory, so as to know the categories of staff, their state of needs and to know what to do to meet those needs as they manifest. The workers, being human beings, are wanting beings; they always want more, what they want depends on what they have already (Majchrowska&Zolkiewski, 2012). In the life of each worker, the urgency of these needs varies. However, safety constitutes one of the essential human needs, as postulated by Maslow in his theory of needs hierarchy. Feeling of safety at work ranks as an important factor that influence optimal performance and job satisfaction (Gyekye, 2006). In an attempt to satisfy this level of needs certain organizations tend to incorporate into their policy thrusts, measures that guarantee workers' safety under a climate capable of enhancing the physical, mental and emotional conditions, with the intent

to improve the individual worker's optimal performance and the organizational overall productivity and profitability.

### **2.3.3 Herzberg two-factor theory of motivation**

The two-factor theory, also called the motivation-hygiene theory was proposed by Fredrick Herzberg in 1959. According to Herzberg, there are certain factors that cause satisfaction as well as dissatisfaction in the workplace, and these causal factors are separate and act independently from each other. The theory was based on the conclusion he had drawn, that there were two different sets of factors affecting or influencing motivation and work (Gyekye, 2006; Majchrowska&Zolkiewski, 2012). These factors are extrinsic or hygiene factors and intrinsic or motivating factors. The extrinsic factors are related to job dissatisfaction, whereas, the intrinsic are related to job satisfaction. By application to this study, the theory seeks to encourage those in the management of health facilities not to be one-sided in considering factors that will motivate employees but rather consider all the two factors (both the intrinsic and extrinsic factors), in order to optimally motivate and satisfy employees to get the best out of them, with regards to optimal performance and the productivity of the organization (Dartey-Baah& Amoako, 2011).The ability of the management to understand and duly apply both factors, will make for an organizational harmony and maximum productivity.

## **2.4 Theoretical framework**

The underlying rationale for the employment of workers is for them to give out their best performance for the organization's maximal productivity and profitability, as such, the management needs keep the workers adequately motivated and satisfied. Hence, the theoretical underpinning for this study will be the Herzberg two-factor theory of motivation, which holds that certain sets of factors (namely the extrinsic or hygiene factors and the intrinsic or motivating factors) affect or influence the motivation of workers and their

approach to work. The hygiene factors are also referred to as the maintenance factors (and comprise of the physiological, safety and love needs as highlighted in 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, Ivanevich, John & Donnelly, 2010). 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 for motivation. However, improvements in these conditions do not create motivation (Huling, 2013). Whereas; the motivator factors, according to Herzberg, 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. The job is then perceived as a pay check.

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.

The theory intends to encourage managers not to be one-sided in considering factors to motivate employees but rather to consider the two factors in order to optimally motivate and satisfy employees to get the best out of them, with regards to optimal performance (Dartey-Baah& Amoako, 2011). Although, Herzberg's theory has been generally accepted in management and administrative circles, there are some criticisms namely; 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, 2013). Despite such criticisms, there is still evidence of support for the continuing relevance of Herzberg's theory.

## **2.5 Research hypotheses**

The study was guided by the following hypotheses:

1. Health workers are more likely to perceive monetary benefits as affecting performance of medical personnel than Doctors.
2. Male respondents are more likely to perceive non-payment of hazard allowances as affecting performance of medical personnel than female respondents.

3. Younger medical personnel are more likely to perceive availability of working tools as affecting their performance than older medical personnel.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Research design**

This study adopted a cross-sectional survey design, which involved observations of a sample, or a cross section of a population or phenomenon that were made at one point in time (Babbie, 2010). The researcher chose this research design because it was appropriate for collecting information from a section of a study population and also allowed the use of a selected sample to describe or represent a large population at a given point in time (Obikeze, 1990). Survey design basically uses questionnaire and interview as a means of data collection. The study used a mixed method, that is, both quantitative and qualitative methods of data collection namely the In-depth Interview [IDI] and Focused Group Discussion [FGD], in order to obtain a clearer insight regarding the subject-matter.

#### **3.2 Area of the study**

The study area was University of Calabar Teaching Hospital (UCTH) in Cross River State, Nigeria, situated in Calabar, Nigeria's National first capital. The hospital was opened at St. Margaret Hospital in November 1897 as the first General Hospital in Nigeria before it metamorphosed into the UCTH in 1980 and became the first training centre for Nurses, Pharmacists, Technicians and other Paramedical staff in the South Eastern State of Nigeria (UCTH Aluta Continua, 2014).

The University of Calabar Teaching Hospital owing to its geographical location, serves as a referral centre for specialist medical care for neighbouring states in Nigeria, the Republic of Cameroun and Equatorial Guinea. In 1992, the Federal Government of Nigeria deemed it necessary to build a permanent site for the hospital which is located at Etta-Agbor Layout, opposite the UNICAL Hotel, in Calabar. After 60% completion in 2002, it was commissioned by Prof. A.B.C. Nwosu, the then Minister of Health. Presently, the UCTH

has attained 90% infrastructural completion and almost all the Departments have moved to the permanent site (UCTH Aluta Continua, 2014).

The mission of the UCTH is to provide excellent healthcare, training and research for its clients using skilled manpower and state of art equipment with emphasis on tropical disease research prevention and control. Their vision by 2017 is to achieve 100% completion and movement of services to the permanent site and accreditation of all Departments and schools through expansion in its human capacity development and achievement of improved quality services in all areas of Health Care Delivery and Research (UCTH Annual Report, 2014). The objectives of UCTH aside their vision and mission is as follows:

1. To build an up-to-date infrastructure with adequate and modern accommodation, well equipped Laboratories, Ultra-modern and well equipped theatres and support services.
2. To recruit and develop high manpower by creating an enabling environment for self-actualization encouraged initiative, reward productivity, an improved staff welfare and the maintenance of a clearly defined administrative structure.
3. To offer the best possible medical services based on a productive work force, ultra-modern and functional infrastructure including accommodation, laboratories and an up-to-date functional equipment (UCTH Aluta Continua, 2014).

Finally, the UCTH staff strength is made up of a total number of five thousand, three hundred and seventy-eight (5,378) staff presently working including prospective retirees between May, 2015 to December, 2015. It has seventeen (17) functional wards and fifty-six (56) departments (UCTH Personnel Unit, 2018).

### **3.3 Population of the study**

The population of the study consists of the entire medical personnel of the University of Calabar Teaching Hospital (UCTH), made up of the medical doctors, nurses, laboratory scientists, ophthalmologists and dentists in the UCTH, Calabar, Cross River State, Nigeria.



According to the Personnel Unit of UCTH (2018), the UCTH staff strength is made up of a total number of five thousand, three hundred and seventy-eight (5,378) staff presently working. The representative sample was drawn from this number to take part in the study.

### **3.4 Sample size**

A sample size of 501 respondents was proportionately selected. Given that the desired population is 5,378 and there were five major Departments in the hospital that are directly involved in health care delivery. Consequently, 10% derivation was applied in each department, which is to select only 10% of the total number of staff working in each of the five major Departments/Professional units. This was to ensure even representation of the major affiliations that are directly involved in health care services, vis-à-vis attending directly to patients. As a result, 156 medical doctors, 280 nurses, 23 laboratory scientists, 17 ophthalmologists, and 25 dentists were selected. It should be noted that specialist units, such as General Medicine, Paediatrics, Gynaecologist, Residency Doctors and others were grouped together as Doctors with exception of dentists and ophthalmologists. Also, one head of each of the Departments was interviewed using in-depth interview schedule (IDI) while eight representatives of the various departments (departments of nursing, laboratory science, ophthalmology, medicine and dentistry) participated in a focus group discussion (FGD) session. This is different from the 501 respondents for the questionnaire, which brought the total number of respondents for the study to 514.

### **Sampling techniques**

The multi-stage sampling (probability) and purposive sampling (non-probability) techniques were adopted in carrying out this study. The study adopted the purposive sampling technique to select the respondents for the study, since they are already there and predetermined. While the accidental sampling technique was used to select respondents from each of the selected groups that make up the sample size. The choice of this technique is

because individual respondents were on duty for most of the time; some were given the questionnaires during their break periods or when they are signing in or out, while others will be given at any other time as occasion will present itself during the field work.

For the qualitative study, five IDI sessions were conducted with five heads of department as participants each in their offices or wherever they deem convenient to participate in the interview session. While, one FGD session with eight staff that were Unit Heads of different units in the hospital. The FGD was held at the conference room at a scheduled time, negotiated with and agreed upon by all the participants. These participants were selected due to the fact that they were considered to be in privileged positions and able to offer relevant information on the subject-matter.

### **3.5 Instruments for data collection**

The primary instrument for data collection was the questionnaire, supported by the IDI and the FGD. The questionnaire addressed different aspects of the study by stating questions relating to the study research questions. It guarantees anonymity and was designed to accommodate both open-ended and close-ended questions. The questions were in sections: section A, deals with the socio-demographic data of the respondents, while section B, deals with questions and views of respondents on the specific issues of the study. The in-depth interview guide and FGD guide contained structured questions; this is because responses to such questions are likely to elicit further questions which are not originally in the interview guide, but still within the scope of the study.

Appropriate ethical application was made to the Health Research Ethics Committee (HREC) in University of Calabar Teaching Hospital for approval before the fieldwork commenced. After which the approved letter was presented to the heads in charge of the units under study, who then gave the permission to seek the consent of respondents under study to participate in the exercise.

### **3.7 Administration of Instrument**

Four research assistants, who were undergraduate students of the department of Sociology, University of Calabar, Calabar, were employed. The number of questionnaires involved for distribution and retrieval, and the logistics involved, necessitated the need for the researcher to solicit the services of the research assistants. The research assistants were trained to help in the field work for about a month. The in-depth interviews and the focused group discussions were out by the researcher, with one of the research assistants taking notes and the other operating the recorder (if allowed by the participants), after fixing the appointment with the officials concerned.

### **3.8 Methods of data analysis**

This study applied qualitative as well as quantitative methods of data analysis. The Statistical Package for Social Science (SPSS) was used to code and analyze the responses from the questionnaires distributed. Frequency tables and simple percentages were used in presenting the outcomes. The chi-square ( $\chi^2$ ) test was used to test the significance of relationship in the stated hypotheses. The qualitative data collected was transcribed, reviewed, organized, coded and analyzed into common themes. Careful interpretation of the responses obtained was ensured in order to use the points generated to relate to themes developed. Verbatim quotes from the transcription were used to support the quantitative data.

## CHAPTER FOUR

### SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

The variables of interest analysed in this section were the socio-demographic characteristics of respondents. These variables include sex, age, occupation, years of service in UCTH, marital status, religious affiliation, and educational background.

**Table 4.1:** *Distribution of respondents by sex*

<b>Sex</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Male	247	50.4
Female	243	49.6
<b>Total</b>	<b>490</b>	<b>100.0</b>

Responses from Table 4.1 reveals that out of a total of 490 respondents used for the study, 50.4% were males while 49.6% were females.

**Table 4.2:** *Distribution of the respondents by age of respondents*

<b>Age</b>	<b>Frequency</b>	<b>Percentage (%)</b>
18-28	189	38.6
29-39	221	45.1
40-50	67	13.7
51 years and above	13	2.7
<b>Total</b>	<b>490</b>	<b>100.0</b>

The age of respondents ranged from 18-50 and years above. As seen in Table 4.2. Out of the four categories of age groups utilized for this study, respondents between the age intervals of 29-39 years were noticeably more than those in any other age interval and they accounted for 45.1% of the sample. This was followed by those aged 18-28 years (38.6%), those who indicated their age interval to be 40-50 years were 13.7% and finally those who indicated that they were 51 years and above accounted for 2.7%.

**Table 4.3:** *Distribution of the respondents by professional affiliation*

<b>Occupation</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Doctor	153	31.2
Nurse	278	56.7
Laboratory scientist	22	4.5
Ophthalmologist	16	3.3
Dentist	21	4.3
<b>Total</b>	<b>490</b>	<b>100.0</b>

Results in Table 4.3 revealed that nurses (56.7%) were the highest, followed by doctors at 31.2%. Again, laboratory scientists accounted for 4.5%, dentist were 4.3% while ophthalmologist (3.3%) were the least accounted. However, for the purpose of this work, Nurses and Laboratory scientist were regrouped as health workers while doctors, Ophthalmologist and Dentist were regrouped as Doctors. On that basis, it can be inferred that 61.2 of the respondents were Health Workers while 38.8% were Medical Doctors.

**Table 4.4:** *Distribution of the respondents by years of service*

<b>Years of service in UCTH</b>	<b>Frequency</b>	<b>Percentage (%)</b>
1-4 years	317	64.7
5-9 years	19	3.9
10-14 years	114	23.3
15-19 years	33	6.7
20 years and above	7	1.4
<b>Total</b>	<b>490</b>	<b>100.0</b>

Results in Table 4.4 revealed that medical personnel who have worked for 1-4 years (64.7%) were the majority, this is followed by those who have worked for 10-14 years (23.3%). Also, those who have worked for 15-19 years were 6.7%; 3.9% have worked for 5-9 years while those who have worked for 20 years and above (1.4%) were the minority.

**Table 4.5:** *Distribution of the respondents by marital status*

<b>Marital status</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Single	258	52.7
Married	205	41.8
Separated	24	4.9
Divorced	3	.6
<b>Total</b>	<b>490</b>	<b>100.0</b>

Entries in Table 4.5 showed that respondents who are single were noticeably more than those in any other category and they accounted for 52.7% of the sample. This is followed by those married (41.8%), those separated (4.9%) and those who were divorced (.6%) were the least sampled.

**Table 4.6:** *Distribution of the respondents by religion*

<b>Religion</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Christianity	463	94.5
Islam	10	2.0
African Traditional Religion	15	3.1
Others	2	.4
<b>Total</b>	<b>490</b>	<b>100.0</b>

Results in Table 4.6 showed the religion of respondents. The result revealed that respondents who were Christians accounted for 94.5%, this is followed by African Traditional Religion (3.1), Islam were 2.0% while others accounted for .4%. The result of this table may not be strange since the study was carried out in UCTH in Calabar, Cross rivers state which is inhabited by a good number of Christians.

**Table 4.7:** *Distribution of the respondents by educational qualification*

<b>Level of education</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Registered nurse	83	16.9
B.Sc.	241	49.2
Ph.D.	19	3.9
Others (MBBCH, MDS, BDS)	147	30.0
<b>Total</b>	<b>490</b>	<b>100.0</b>

Data in Table 4.7 been response on educational qualification indicated that those who had their B.Sc. accounted for 49.2% which is the largest, this is followed by those who indicated others such as: MBBCH, MDS and BDS. Those who had their Ph.D. were 3.9%, this showed that they were the least sampled.

#### ***Socio-demographic characteristics of respondents for IDIs and FGD.***

The socio-demographic characteristics of respondents who participated in IDIs is shown in Table 4.8.

**Table 4.8:** *Socio-demographic characteristics of respondents that participated in the IDI for heads of department in UCTH (N=5)*

Categories	1	2	3	4	5
<b>Sex</b>	Male	Female	Female	Male	Male
<b>Occupation</b>	Medical doctor	Dentist	Nurse	Laboratory scientist	Ophthalmologist
<b>Age</b>	45years	51years	49years	42years	47years
<b>Religion</b>	Christian	Christian	Christian	Christian	Christian
<b>Marital status</b>	Married	Divorced	Married	Married	Married

The socio-demographic characteristics of the respondents from the in-depth interview conducted with five heads of department as displayed in Table 4.8 revealed that out of the 5 participants, 60.0% were males and 40.0% were females. In terms of occupation and age; one (20.0%) head of department represented: medicine (45years), dentistry (51years), nursing (49years) laboratory science (42years) and ophthalmology (47years). 100.0% the participants were Christians. Also, in terms of marriage, 20.0% was divorced and 80.0% were married.

#### ***Socio-demographic characteristics of respondents for FGD among staff of UCTH***

The socio-demographic characteristics of respondents who participated in FGD is shown in Table 4.9.

**Table 4.9:** *Socio-demographic characteristics of respondents that participated in the FGD for staff of UCTH (N=4)*

Categories	1	2	3	4	5	6	7	8
<b>Sex</b>	Male	Male	Female	Female	Male	Male	Female	Female
<b>Marital status</b>	Married	Married	Married	Divorced	Separated	Single	Separated	Single
<b>Occupation</b>	Ophthalmologist	Dentist	Nurse	Laboratory scientist	Medical doctor	Nurse	Dentist	Medical doctor
<b>Age</b>	28 years	29 years	26 years	29 years	28 years	26 years	31 years	31 years
<b>Religion</b>	Atheist	Christian	Christian	Christian	Christian	Christian	Atheist	Christian

Table 4.9 showed the socio-demographic characteristics of the respondents from the FGD session conducted with staff of departments in UCTH. Out of the 4 participants, four (4) were males and four (4) were females. In terms of occupation, one (1) was an ophthalmologist, two (2) were dentist, two (2) were nurses, one (1) was a laboratory scientist while two (2) were medical doctors For age:two(2) were aged 28 years, two (2) were aged 29years, two (2) were26 yearsand two (2) were 31 years. Six (6)of the participants were Christians while two others (2)wereatheist. Also, in terms of marriage, three (3) weremarried, one (1) was divorced, two (2) were separated while two (2) were single.



## CHAPTER FIVE

### FINDINGS

#### 5.1 Workers perception of working conditions and effects on performance of medical personnel

This section presents the results of data analysis concerning respondent's perception of working conditions and effects on performance of medical personnel. The essence was to determine their perception on the effects of working condition on performance.

**Table 5.1:** *Distribution of the respondents on characteristics of a good working condition*

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Conducive environment	175	35.7
Co-operating colleagues	71	14.5
Improved staff welfare	111	22.7
Availability of working equipment	110	22.4
Constant power supply	23	4.7
<b>Total</b>	<b>490</b>	<b>100.0</b>

Respondents were asked to describe their understanding of a good working condition. The information presented in Table 5.1 showed that, majority (35.7%) of the respondents mentioned conducive environment, this is followed by 22.7% who said improved staff welfare, next is 22.4% of the respondents who mentioned availability of working equipment, 14.5% mentioned co-operating with colleagues while 4.7% said constant power supply indicates a good working condition. Additionally, data from FGD compliments this finding. A nurse opined thus:

There are various factors to consider when we talk about good working condition in the hospital. These factors are: light, water, good equipment, cordial relationship, good remuneration, safety of job, steady pay, good security just to mention a few. When these things mentioned are available

in a hospital, one can say there is good working condition for both staff and these positively affect their performance (FGD with Head of Units).

**Table 5.2:***Distribution of the respondents on whether the working condition in UCTH is good*

<b>Good working condition</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	392	80.0
No	98	20.0
<b>Total</b>	<b>490</b>	<b>100.0</b>

Responses on whether UCTH has a good working condition showed that majority (80.0%) of the respondents indicated that UCTH has a good working condition while 20.0% stated that UCTH lacked a good working environment/condition. Data from an In-depth interview conducted with the head of dentistry department supports the finding. According to her; “Generally, Nigeria is suffering from lack of equipment’s in all her hospitals, but to the best of my knowledge amidst these issues we have strived over the years to give our best to patients. So yes, I can say we have a fair working condition, it’s not perfect though”.

Additionally, data from IDI with the Head of Nursing Department also revealed thus:

The working condition of University of Calabar Teaching Hospital is in very good shape. At least what we see here is presently okay. The challenge we have in UCTH is inadequate equipment’s which most patients usually or normally complain about. But we are working on this already and I’m certain that in no distance time everything will be okay (IDI: Head of Dentistry, UCTH).

**Table 5.3:***Distribution of the respondents on description of good working conditions*

<b>Description of good working condition</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Conducive environment	166	42.4
Co-operating colleagues	54	13.8
Improved staff welfare	85	21.5
Availability of working equipment’s and consumables	62	15.9
Constant power supply	25	6.4
<b>Total</b>	<b>392</b>	<b>100.0</b>

Entries in Table 5.3 revealed responses on descriptions of good working conditions. Majority 42.4% mentioned conducive environment, 21.5% said improved staff welfare, 15.9% mentioned availability of working equipment and consumables, 13.8% indicated co-operating colleagues and 6.4% said constant power supply.

**Table 5.4:** *Distribution of the respondents on reasons for non-existing working conditions in UCTH*

<b>Reasons</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Poor facilities	45	45.9
Poor security services	26	26.6
No conducive environment	15	15.3
Poor treatment meted on nurses	12	12.2
<b>Total</b>	<b>98</b>	<b>100.0</b>

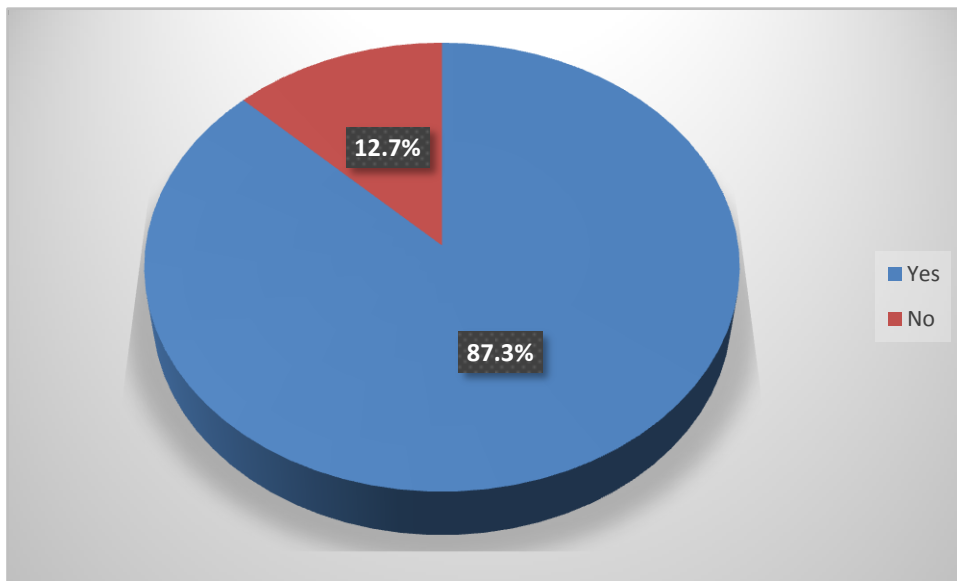
Data in Table 5.4 revealed that, 45.9% indicated poor facilities as the reason they indicated that UCTH lacked good working conditions. This is followed by 26.6% who said poor security services, 15.3% mentioned that there was no conducive environment while 12.2% said poor treatment meted out on nurses. This study showed that a greater percentage (45.9%) of the respondents indicated that UCTH had poor facilities.

**Table 5.5:** *Distribution of the respondents on understanding of safety in workplace*

<b>Safety</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Non-violence in workplace	121	24.7
Peaceful co-existence of staff	165	33.7
Availability of adequate working equipment and consumables	101	20.6
Availability of hazard allowance	72	14.7
Availability of insurance policy	22	4.5
Others	9	1.8
<b>Total</b>	<b>490</b>	<b>100.0</b>

Table 5.5 showed that majority (33.7%) of the respondents said that peaceful co-existence of staff indicated safety in workplace. non-violence in the workplace (24.7%), availability of adequate working equipment and consumables (20.6%), availability of hazard

allowance (14.7%), availability of insurance policy (4.5%) and others were identified as respondents understanding of safety in workplace.



**Figure 5.1:** *Percentage distribution of the respondents on safety in UCTH*

From the pie chart in Figure 5.1, it is clear that out of a total of 490 respondents, 87.3% indicated that there is safety in UCTH while 12.7% said there was no safety in UCTH.

Although this quantitative data indicated that there was safety in UCTH, however, data from IDI with the Head of Nursing Department has a differing view. According to her:

It is alarming that adequate security is not provided in this hospital and I am sorry to say that, it is an institution people have been harassed including doctors and nurses, even there have been cases of rape and sexual harassment. A times, it even scares doctors from sleeping in the hospital for their night shift. I think security should be one of the major things for workers' safety (IDI: Staff Nurse, UCTH).

Additionally, data from FGD also revealed that UCTH lacked proper safety. A participant opined thus:

The security team is poorly staffed thus, it affects their productivity. Daily, you hear of issues of theft and other unwholesome practices in the hospital. Also, safety equipment's are lacking in this hospital and

when we can't access these things it affects the kind of services we render. (FGD, with Head of Units, UCTH).

**Table 5.6:** *Distribution of the respondents on their perception of safety in UCTH*

<b>Describe safety in UCTH</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Availability of adequate working equipment and consumables	149	34.8
Availability of hazards allowance	73	17.0
Peaceful co-existence of staff	86	20.1
Non-violence in the workplace	96	22.2
Availability of insurance policy	21	4.9
Others	3	1.0
<b>Total</b>	<b>428</b>	<b>100.0</b>

Data in Table 5.6 revealed that out of the 428 respondents who indicated that in UCTH there is safety, 34.8% said there is availability of adequate working equipment and consumables in UCTH. This is followed by 22.2% who mentioned that there is non-violence in the workplace, 20.1% said there is peaceful co-existence of staff. Furthermore, 17.0% said there is available hazard payment in UCTH, 4.9% mention that there is insurance policy while 1.0% mentioned others.

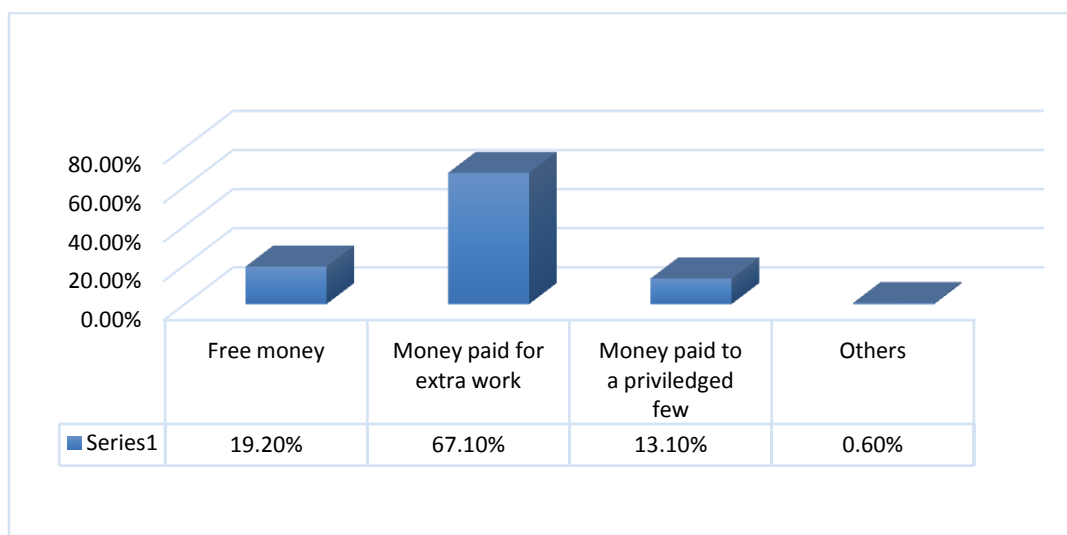
**Table 5.7:** *Distribution of the respondents on why they feel that UCTH work condition is not safe*

<b>Reasons for no safety</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Inadequate security personnel in UCTH	25	40.3
Non-availability of insurance policy	20	32.2
Poor equipment's and poor power supply	9	14.5
Stealing among staff	8	13.0
<b>Total</b>	<b>62</b>	<b>100.0</b>

Data in Table 5.7 revealed responses of the respondents on the reasons why they indicated that there is no safety in UCTH. 40.3% said there is inadequate security personnel in UCTH, 32.2% mentioned that there is non-availability of insurance policy in UCTH, 14.5% said there is poor equipment and poor power supply while 13.0% said there is stealing

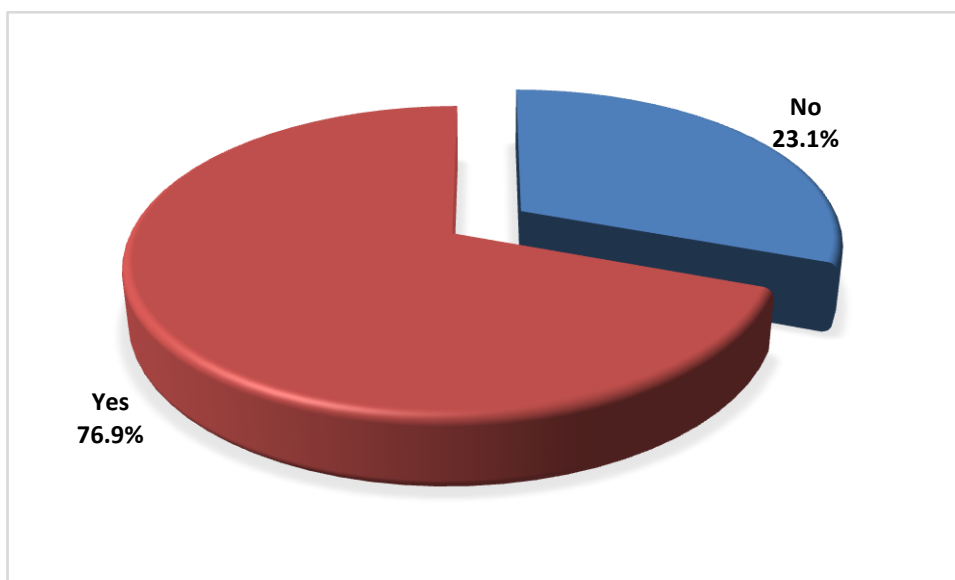
among staff. However, majority (40.3%) said there are inadequate security personnel in UCTH. Additionally, data from IDI with a medical doctor also revealed thus:

We lack the right tools and equipment to handle our patients. You know we attend to a good number of sick people and these people are affected with various kinds of infectious diseases and one has to attend to them. Some basic things such as gloves may not be available for you to attend to patients and all that. A good number of personnel have died in course of discharging their duties. I think is an opportunity for the government to look into this hazard and do something positive about it because medical personnel are not immune to these diseases (IDI: Head of Department of Medicine, UCTH).



**Figure 5.2:** *Percentage distribution of the respondents on understanding of overtime remuneration*

From the pie chart in Figure 5.2, it is clear that out of a total of 490 respondents, 67.1% said overtime remuneration is the money paid for extra work, 19.2% indicated free money, 13.1% said it is money paid to a privileged few while 0.6% mentioned others.



**Figure 5.3:** *Percentage distribution of the respondents on awareness of remuneration*

Data from the pie chart in Figure 5.3 showed that 76.9% of the respondents indicated that they were aware of overtime remuneration while 23.1% said they had no knowledge of remuneration.

**Table 5.8:** *Distribution of the respondents on beneficiary of overtime in remuneration*

<b>Who benefits</b>	<b>Frequency</b>	<b>Percentage (%)</b>
All medical personnel	169	52.1
All supporting staff	21	6.4
Only medical doctors	75	23.1
All administrative staff	48	15.0
Others	11	3.4
<b>Total</b>	<b>324</b>	<b>100.0</b>

Entries in Table 5.8 revealed responses on the beneficiaries of overtime remuneration in UCTH. Majority 52.1% said all medical personnel, 23.1% indicated that only medical doctors are beneficiaries, 15.0% mentioned all administrative staff of UCTH, 6.4% indicated all supporting staff while 3.4% mentioned others as beneficiaries.

**Table 5.9:***Distribution of the respondents on working condition and perceived performance*

<b>Working condition and perceived performance</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Total</b>
Hazard allowance is not necessary for medical personnel	149 (30.4%)	29 (5.9%)	171 (34.9%)	141 (28.8%)	490 (100.0%)
Hazard allowance should also be paid to administrative staff	111 (22.7%)	212 (43.3%)	135 (27.6%)	32 (6.5%)	490 (100.0%)
Non-payment of hazard allowance will hinder performance	150 (30.6%)	278 (56.7%)	36 (7.3%)	26 (5.3%)	490(100.0%)
Regular payment of hazard allowance aids performance	307 (62.7%)	151 (30.8%)	25 (5.1%)	7 (1.4%)	490 (100.0%)
Long working hours make for low performance	122 (24.9%)	151 (30.8%)	66 (13.5%)	151 (30.8%)	490 (100.0%)
Long working hours inspire commitment	69 (14.1%)	146 (29.8%)	93 (19.0%)	182 (37.1%)	490 (100.0%)
Commensurate pay for long working hours encourages performance	266 (54.3%)	188 (38.4%)	28 (5.7%)	8 (1.6%)	490 (100.0%)
Current accessibility of working equipment affects my work as a medical personnel	124 (25.3%)	180 (36.7%)	128 (26.1%)	58 (11.8%)	490 (100.0%)

Entries in Table 5.9 showed the degree of respondent's agreement and disagreements to the working conditions in UCTH and the perceived performance of medical personnel in UCTH. Firstly, the result showed that 30.4% of the respondents "strongly agreed" that hazard allowance is not necessary for medical personnel, 5.9% "agreed" to the idea, 34.9% "strongly disagreed" while 28.8% "disagreed" to the idea. Next, 22.7% of the respondents "strongly agreed" that hazard allowance should also be paid to administrative staff, 43.3% "agreed" to the idea, 27.6% "strongly disagreed" while 6.5% "disagreed" to the idea. In addition to this finding data from IDI with the Head of Laboratory Department opined thus: "Everyone deserves to be paid hazard allowance, hazard concern is one of the serious problem in UCTH, it surprises me how these issues of hazard are neglected. Come to think of it the environment



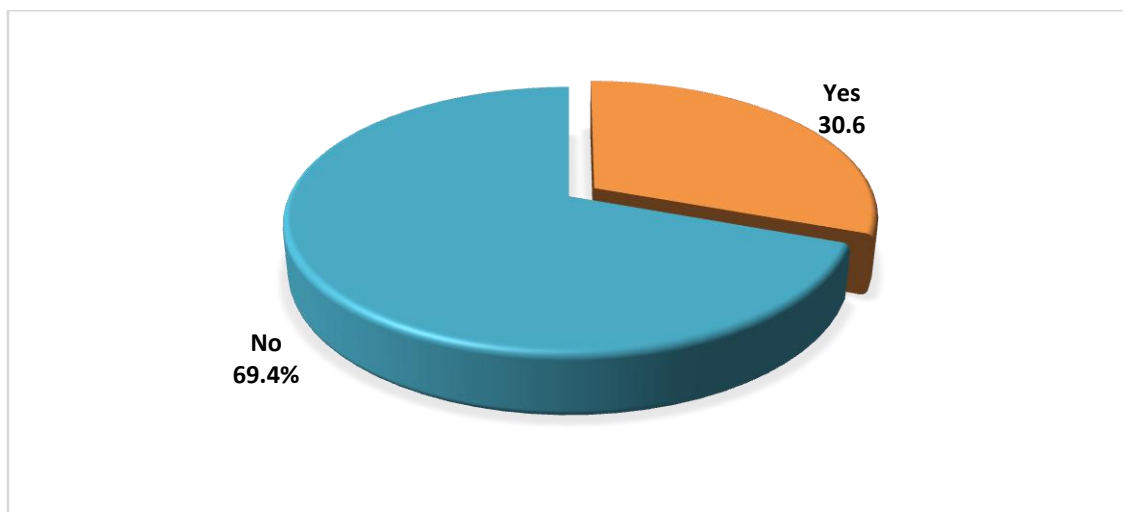
is hazardous and equally dangerous to our health, so I'm of the view that this hazard should be paid to all medical personnel". In terms of if non-payment of hazard allowance will hinder performance, 30.6% "strongly agreed" to it, 56.7% "agreed", 7.3% "strongly disagreed" while 5.3% "disagreed". Furthermore, 62.7% of the respondents "strongly agreed" that regular payment of hazard allowance aids performance; 30.8% "agreed", 5.1% "strongly disagreed" while 1.4% "disagreed" that regular payment of hazard allowance aids performance.

Additionally, an FGD participant said:

Non-payment and increase in workers hazard allowance is not obtainable in this area and this is the major reason for brain drain, every day you find professionals leaving the country for better pay, when we lack many hands it stresses us out that we perform poorly since we too are humans (FGD, with unit Head, UCTH).

More so, as regards long working hours and low performance, 24.9% of the respondents "strongly agreed" that long working hours make for low performance, 30.8% "agreed", 13.5% "strongly disagreed" while 30.8% "disagreed". Table 5.9 equally indicated that 14.1% of the respondents indicated that long working hours inspires commitment, 29.8% "agreed" to the idea, 19.0% "strongly disagreed" to the idea while majority (37.1%) "disagreed". Additionally, IDI with a medical doctor revealed that medical personnel work on shift and stated thus: "I am okay with my number of work hours because I have time to do other things apart from this hospital job, we mostly work on shift except on emergency" Again, 54.3% of the respondents "strongly agreed" that commensurate pay for long work encourages performance, 38.4% "agreed" to the idea, 5.7% "strongly disagreed" while 1.6% of the respondents "disagreed".

Another aspect of the working conditions explored was accessibility of working tools/equipment and how the respondents perceived its effect on their performance as medical personnel. It was also evident in Table 5.9 that 25.3% of the respondents “strongly agreed” that current accessibility level of working equipment in UCTH affects their performance as medical personnel, 36.7% “agreed” accordingly, 26.1% “strongly disagreed” while 11.8% “disagreed”. In addition, data from an IDI with a medical doctor in UCTH revealed that: “Working equipment’s are very fundamental in achieving results. The Head of Dentistry Department also added to this finding by stating that, “the infrastructures in UCTH are not optimum but we have to work on them, presently there are in bad conditions and this affects our performance”.



**Figure 5.4:** *Percentage distribution of the respondents on sufficient working equipment*

Respondents were asked if UCTH had sufficient working equipment. Data from the pie chart in Figure 5.4 showed that 30.6% of the respondents indicated that UCTH had sufficient equipment’s while majority (69.4%) said UCTH lacked sufficient equipment.

**Table 5.10:***Distribution of the respondents on the types of equipment UCTH has*

<b>Types of equipment</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Diagnostic machines	67	44.7
Consumables	6	4.0
Safety equipment	38	25.3
Therapeutic machines	34	23.0
Others	5	3.0
<b>Total</b>	<b>150</b>	<b>100.0</b>

Entries in Table 5.11 revealed that, 44.7% of the respondents indicated that diagnostics machines were available in UCTH. 25.3% indicated safety equipment, 23.0% said therapeutic machines, 4.0% indicated consumables while 3.0% said others.

**Table 5.11:***Distribution of the respondents on access of medical staff to equipment*

<b>Access of staff</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	445	90.8
No	45	9.2
<b>Total</b>	<b>490</b>	<b>100.0</b>

Respondents were asked if medical staff had access to available working equipment, Data in Table 5.11 revealed that majority (90.8%) of the respondents indicated that medical staff had access to available working equipment while 9.2% stated that they lacked access to available working equipment in UCTH.

**Table 5.12:***Distribution of the respondents on types of accessible equipment*

<b>Types of equipment</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Diagnostic machines	162	36.4
Consumables	37	8.3
Safety equipment	150	33.7
Therapeutic machines	94	21.1
Others	2	0.5
<b>Total</b>	<b>445</b>	<b>100.0</b>

Data in Table 5.12 revealed that, 36.4% of the respondents indicated that diagnostics machines were available to medical staff in UCTH, 33.7% indicated safety equipment, 21.1% indicated therapeutic machines, 8.3% mentioned consumables, 0.5% said others.

**Table 5.13:** *Distribution of the respondents on effect of non-access to equipment on staff performance in UCTH*

<b>Effect</b>	<b>Frequency</b>	<b>Percentage (%)</b>
It leads to poor performance	37	82.2
It brings about poor diagnosis leading to death/poor patient care	8	17.8
<b>Total</b>	<b>45</b>	<b>100.0</b>

Data in Table 5.13 showed that, 82.2% of the respondents were of the view that lack of access to working equipment leads to poor performance while 17.8% indicated that it brings about poor diagnosis which leads to death/poor care.

**Table 5.14:** *Distribution of the respondents on how working conditions in UCTH can be improved*

<b>Ways of improvement</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Adequate facilities should be provided	249	50.8
Regular payment of hazard allowance and salary increment	117	23.9
Adequate funding	65	13.3
Trust and understanding should be encouraged	31	6.3
Regular supervision should be carried out on staff	28	5.7
<b>Total</b>	<b>490</b>	<b>100.0</b>

Having identified various issues regarding the existing working conditions and perceived performance of medical personnel in UCTH, respondents were asked to mention ways in which the working condition of UCTH can be improved. Data in Table 4.23 showed that, majority (50.8%) of the respondents said that adequate facilities should be provided, 23.9% mentioned that there should be regular payment of hazard allowance and salary increment, 13.3% said adequate funding, 6.3% said that trust and understanding should be encouraged among staff while 5.7% said there should be regular supervision carried out on staff to monitor their performance. Additionally, data from FGD supports this finding as one of the participants said that “availability of equipment should be key to enhance the working performance of medical personnel. Also, hazard allowance and adequate power supply are basic needs to be improved upon for our welfare and productivity”

In addition, a nursing officer commented as follows:

My opinion is short and simple. The government should pay attention and listening ear to health workers by taking into consideration what is required. They should make working equipment available and social amenities such as: water, light, compensations, safety kits, increased labour force to reduce fatigue or stress etcetera (IDI:Head of Nursing Department, UCTH).

## 5.2 Socio-demographic characteristics of respondents and their views on the working conditions existing in UCTH.

In this section the researcher cross tabulated key socio-demographic characteristics with perception of working conditions and performance of medical personnel. This was done to give a clearer view of the existing working conditions in UCTH.

**Table 5.15:** *Distribution of respondents on the existing good working conditions in UCTH and their occupation*

<b>Good existing working conditions</b>	<b>Doctor</b>	<b>Nurse</b>	<b>Laboratory scientist</b>	<b>Ophthalmologist</b>	<b>Dentist</b>	<b>Total</b>
Yes	110 (28.1%)	127 (32.4%)	72 (18.4%)	22 (5.6%)	61 (15.6%)	392 (100.0%)
No	32 (32.7%)	24 (24.5%)	15 (15.3%)	7 (7.1%)	20 (20.4%)	98 (100.0%)
<b>Total</b>	<b>142 (29.0%)</b>	<b>151 (30.8%)</b>	<b>87 (17.8%)</b>	<b>29 (5.9%)</b>	<b>81 (16.5%)</b>	<b>490 (100.0%)</b>

Data in Table 5.15 showed that out of all the respondents who indicated that UCTH had good existing working conditions, 28.1% were doctors, 32.4% were nurses, 18.4% were laboratory scientists, 5.6% were ophthalmologists and 15.6% were dentists. Amongst those who stated that UCTH had no existing good working conditions, 32.7% were doctors, 24.5% were nurses, 15.5% were laboratory scientist, 7.1% were ophthalmologist and 20.4% were dentist.

**Table 5.16:** *Distribution of respondents on the types of existing working conditions and their years of service in UCTH*

<b>Types of existing working conditions</b>	<b>1-5years</b>	<b>6-11years</b>	<b>12-17years</b>	<b>18-23years</b>	<b>24years and above</b>	<b>Total</b>
Conducive environment	119 (71.7%)	34 (20.5%)	4 (2.4%)	6 (3.6%)	3 (1.8%)	166 (100.0%)
Co-operating colleagues	38 (70.4%)	6 (11.1%)	3 (5.6%)	4 (7.4%)	3 (5.6%)	54 (100.0%)
Improved staff welfare	55 (64.7%)	23 (27.1%)	4 (4.7%)	3 (3.5%)	0 (.0%)	85 (100.0%)
Availability of working equipment and consumables	34 (54.8%)	22 (35.5%)	0 (.0%)	6 (9.7%)	0 (.0%)	62 (100.0%)
Constant power supply	16 (64.0%)	4 (16.0%)	5 (20.0%)	0 (.0%)	0 (.0%)	25 (100.0%)
<b>Total</b>	<b>262</b> <b>(66.8%)</b>	<b>99</b> <b>(22.7%)</b>	<b>16</b> <b>(4.1%)</b>	<b>19</b> <b>(4.8%)</b>	<b>6</b> <b>(1.5%)</b>	<b>392</b> <b>(100.0%)</b>

Data in Table 4.16 showed respondents description of the existing working conditions available in UCTH. Amongst respondents who indicated that UCTH had a conducive environment, 71.1% of the respondents had worked for 1-5 years, 20.5% had worked for 6-11 years, 2.4% had worked for 12-17 years, 3.6% had worked for 18-23 years while 1.8% had worked for 24 years and above. Also, among those who revealed that UCTH had co-operating colleagues, 70.4% of the respondents had worked for 1-5 years, 11.1% had worked for 6-11 years, 5.6% had worked for 12-17 years, 7.4% had worked for 18-23 years and 5.6% had worked for 24 years and above. Again, of all those that said UCTH had improved staff welfare, 64.7% of the respondents had worked for 1-5 years, 27.1% had worked for 6-11 years, 4.7% had worked for 12-17 years, 3.5% had worked for 18-23 years while .0% had worked for 24 years and above. Additionally, amongst respondents who indicated that UCTH had available working equipment and consumables, 54.8% of the respondents had worked for

1-5 years, 35.5% had worked for 6-11 years, .0% had worked for 12-17 years, 9.7% had worked for 18-23 years while .0% had worked for 24 years and above. Finally, amongst those who disclosed that UCTH had constant power supply, majority (64.0%) of the respondents have worked for 1-5years in UCTH. Also, 16.0% had worked for 6-11 years, 20.0% had worked for 12-17 years, .0% had worked for 18-23 years while another .0% had worked for 24 years and above.

**Table 5.17:** *Distribution of respondents on safety in UCTH and their marital status*

<b>Safety in UCTH</b>	<b>Single</b>	<b>Married</b>	<b>Separated</b>	<b>Divorced</b>	<b>Total</b>
Yes	228 (53.3%)	173 (40.4%)	24 (5.6%)	3 (.7%)	428 (100.0%)
No	30 (48.4%)	32 (51.6%)	0 (.0%)	0 (.0%)	62 (100.0%)
<b>Total</b>	<b>258 (52.7%)</b>	<b>205 (41.8%)</b>	<b>24 (4.9%)</b>	<b>3 (.6%)</b>	<b>490 (100.0%)</b>

Data in Table 5.17 showed that out of all the respondents who indicated that there is safety in UCTH, 53.3% were singles, 40.4% were married, 5.6% were separated while .7% were divorced. Furthermore, among those who stated that there was no safety in UCTH, 48.4% were singles, 51.6% were married, .0% were separated while another .0% were divorced.

**Table 5.18:** *Distribution of respondents on overtime remuneration in UCTH and their educational background*

<b>Remuneration in UCTH</b>	<b>RN</b>	<b>B.Sc.</b>	<b>Ph.D.</b>	<b>Others (MBBCH, MDS and BDS)</b>	<b>Total</b>
Yes	77 (20.4%)	176 (46.7%)	14 (3.7%)	110 (29.2%)	377 (100.0%)
No	6 (5.3%)	65 (57.5%)	5 (4.4%)	37 (32.7%)	113 (100.0%)
<b>Total</b>	<b>83 (16.9%)</b>	<b>241 (49.2%)</b>	<b>19 (3.9%)</b>	<b>147 (30.0%)</b>	<b>490 (100.0%)</b>

Information in Table 5.18 showed that out of all the respondents who indicated that they were aware of overtime remuneration in UCTH, 20.4% were registered nurses, 46.7% had their B.Sc. degree, 3.7% had their Ph.D. while 29.2% had other qualifications such as: MBBCH, MDS and BDS. Moreover, among those who had no knowledge on overtime remuneration in UCTH, 5.3% were registered nurses, 57.5% had their B.Sc. degree, 4.4% had their Ph.D. while 32.7% had other qualifications such as: MBBCH, MDS and BDS.

### **5.3 Cross tabulation of research variables**

The main objective of this study was to determine the effect of working conditions on the performance of medical personnel in the UCTH, Calabar, Cross River state of Nigeria. However, other related variables were also looked at with hope that they may give more light on the major issues. The study examined the relationship between certain independent variables and the dependent variables. The independent variables include: sex, age, occupational affiliation, marital status, and religion. The themes used were perceived working conditions and perceived effect of environment on performance of medical personnel. Chi-square ( $\chi^2$ ) test was used to determine whether there is any statistically significant relationship between the variables.

Similarly, in this subsection, some data were re-coded for better understanding of the variables; respondents aged 18-28 years were coded as younger staff while those aged 29 years and above were coded as older staff, Also, marital status was re-coded into never and ever married; those who are married, divorced, and separated were recorded as ever married while singles were never married. Underoccupational affiliation, Nurses, laboratory scientists, dentists and ophthalmologist were re-coded as other medical personnel. The classification is based on the nature of training that is given to medical doctors which are not accessible to other medical personnel. In terms of religion, African Traditional religion, Islam and others were re-coded as other religions. Also, for educational background, registered



nurses, Ph.D. holder and others such as MBBCH, MDS AND BDS holders were classified as other educational backgrounds.

Also, data in Table 5.1, Figure 5.1 and Figure 5.3 were used to test for good working conditions in UCTH. All those that answered; “yes” were regarded as “have good working conditions”, while those who answered; “no” were regarded as “lack good working conditions”. Data from Table 5.7 was used to check for perceived effect of work environment on performance of medical personnel, those that “strongly agreed and agreed” were re-coded “affects performance”, while those who “strongly disagreed and disagreed” were regarded as “do not affect performance”.

### SEX

Sex is an important factor to be considered when considering the effect of working conditions on the performance of medical personnel. This study therefore considered it necessary to investigate whether there is any relationship between these variables in UCTH, Cross rivers state as shown in Table 5.19

**Table 5.19: Medical personnel sex and their perceived state of working conditions in UCTH**

Working conditions in UCTH	Sex		Total
	Male	Female	
Have good working conditions	215(52.3%)	196(47.7%)	411(100.0%)
Lack good working conditions	32(40.5%)	47(59.5%)	79(100.0%)
<b>Total</b>	<b>247(50.4 %)</b>	<b>243(49.6%)</b>	<b>490(100.0%)</b>

$\chi^2 = (N = 490), 3.694^a; df = 1, p = .055$

Data from Table 5.19 revealed that of all those that indicated that UCTH had a good working condition, 52.3% were males and 47.7% were females. Again, of all those that indicated that UCTH lacked good working conditions, 40.5% were males and 59.5% were females. Additionally, the chi-square value:  $\chi^2 = 3.694^a; df = 1, p = .055$  indicates that there is

a statistically significant relationship between sex of the respondents and perception of good working conditions. Hence, one's sex is a determinant to respondents' perception of good working conditions.

### *AGE*

Age is an important factor to be considered when considering the effect of working conditions on the performance of medical personnel. This study therefore considered it necessary to investigate whether there is any relationship between these variables in UCTH, Cross rivers state as shown in Table 5.20

**Table 5.20: Medical personnel age and their perceived state of working conditions in UCTH**

<b>Working conditions in UCTH</b>	<b>Age</b>		<b>Total</b>
	<b>Younger staff</b>	<b>Older staff</b>	
Have good working conditions	156(38.0%)	255(62.0%)	411(100.0%)
Lack good working conditions	33(41.8%)	46(58.2%)	79(100.0%)
<b>Total</b>	<b>189(38.6 %)</b>	<b>301(61.4%)</b>	<b>490(100.0%)</b>

$\chi^2 = (N = 490), .407^a; df = 1, p < .523$

Table 5.20 showed that, 38.0% of the younger staff in UCTH indicated that UCTH had good working conditions while 62.0% were older staff. Also, of all those that did indicate that UCTH lacked good working conditions, 41.8% were younger staff while 58.2% were older staff. The result however revealed that more respondents that were older staff had the highest proportion of respondents who have indicated that UCTH had good working conditions and at the same time they had the highest percentage of those that indicated that UCTH lacked good working conditions. Although, the chi-square value:  $\chi^2 = .407; df = 1, p < .523$  showed that there was no statistically significant relationship between age of respondents and their perception of good working conditions.

### *MARITAL STATUS*

An important factor to consider when discussing the effect of working conditions on the performance of medical personnel is one's marital status. This study therefore considered it

necessary to investigate whether there is any relationship between these variables in UCTH, Cross rivers state as shown in Table 5.21

**Table 5.21:** *Medical personnel marital status and their perceived state of working conditions in UCTH*

Working conditions in UCTH	Marital status		Total
	Never married	Ever married	
Have good working conditions	217(52.8%)	194(47.7%)	411(100.0%)
Lack good working conditions	41(51.9%)	38(48.1%)	79(100.0%)
<b>Total</b>	<b>258(52.7 %)</b>	<b>232(47.3%)</b>	<b>490(100.0%)</b>

$\chi^2 = (N = 490), .021^a; df = 1, p = .883$

Data from Table 4.21 revealed that 52.8% of the respondents who were never married and 47.7% of respondents who were ever married indicated that UCTH had good working conditions. Also, of all those that indicated that UCTH lacked good working conditions, 51.9% were never married and 48.1% were ever married. Furthermore, the chi-square value:  $\chi^2 = .021^a; df = 1, p = .883$  indicate that there is no statistically significant relationship between respondents marital status and their perception of working conditions. Hence, one's marital status has no influence on working conditions in UCTH.

#### *Occupational affiliation*

Occupation is an important factor to be considered when considering the effect of working conditions on the performance of medical personnel. This study therefore considered it necessary to investigate whether there is any relationship between these variables in UCTH, Cross rivers state as shown in Table 5.22

**Table 5.22:** Occupational affiliation, state of working conditions and perceived effect of the environment on performance of medical personnel in UCTH

Variables	Doctors	Other Medical affiliation	Total	$\chi^2$
<b>Working conditions in UCTH</b>				
Have good working conditions	123(29.9%)	288(70.1%)	411(100.0%)	<b>N=490,</b>
Lack good working conditions	32(40.5%)	47(59.5%)	79(100.0%)	<b>3.429<sup>a</sup>;</b>
<b>Total</b>	<b>155(31.6%)</b>	<b>335(68.4%)</b>	<b>490(100.0%)</b>	<b>df=1, p&lt; .064</b>
<b>Work condition and performance</b>				
Affects performance	67(26.9%)	182(73.1%)	249(100.0%)	<b>N=490,</b>
Do not affect performance	88(36.5%)	153(63.5%)	241(100.0%)	<b>;5.226<sup>a</sup></b>
<b>Total</b>	<b>155(31.6%)</b>	<b>335(68.4%)</b>	<b>490(100.0%)</b>	<b>df=1, p&lt; .022</b>

Entries in Table 5.22 showed that of all those that indicated that UCTH had good working conditions, 29.9% were doctors while 70.1% belonged to other medical professional affiliations. Again, of all those that indicated that the hospital lacked good working conditions, 40.5% were doctors and 59.5% were not. Moreover, the chi-square value:  $\chi^2 = 3.429^a$ ;  $df = 1$ ,  $p = .064$  indicates that there is no statistically significant relationship between occupational affiliations of medical personnel and perceived state of working conditions in UCTH.

In addition, 26.9% of respondents who were doctors and 73.1% of respondents who belonged to other medical affiliations perceived the work environment (working condition, monetary payments and availability of working equipment) as affecting the performance of medical personnel. The chi-square value ( $\chi^2 = 5.226^a$ ;  $df = 1$ ,  $p = .022$ ) further indicates that there is a statistically significant relationship between professional affiliations of medical personnel and their perceived impact of work environment on performance.

Religion was another factor, considered capable of influencing the medical personnel perceived effects of working conditions on their performance. This study therefore considered it necessary to investigate whether there is any relationship between these variables in UCTH, Cross rivers state as shown in Table 5.23

**Table 5.23:** Religion and working conditions and perceived effect on performance in UCTH

Variables	Religion		Total	$\chi^2$
	Christianity	Others		
<b>Working conditions in UCTH</b>				
Have good working conditions	387(94.2%)	24(5.8%)	411(100.0%)	<b>N=490,</b> <b>.531<sup>a</sup>;</b> <b>df=1, p&lt; .466</b>
Lack good working conditions	76(96.2%)	3(3.8%)	79(100.0%)	
<b>Total</b>	<b>463(94.5%)</b>	<b>27(5.5%)</b>	<b>490(100.0%)</b>	
<b>Work condition and performance</b>				
Affects performance	232(93.2%)	17(6.8%)	249(100.0%)	<b>N=490,</b> <b>;1.687<sup>a</sup></b> <b>df=1, p&lt; .194</b>
Do not affect performance	231(95.9%)	10(4.1%)	241(100.0%)	
<b>Total</b>	<b>463(94.5%)</b>	<b>27(5.5%)</b>	<b>490(100.0%)</b>	

Source: Fieldwork, 2018

Data in Table 5.23 showed that, 94.2% Christians and 5.8% of the respondents from other religions were of the view that UCTH had good working conditions. Again, of all those that indicated that the hospital lacked good working conditions, 96.2% were Christians and 3.8% were from other religions. It is important to note here that majority (Christians) of the respondents who indicated that UCTH had good working conditions were also majority who indicated that UCTH lacked good working conditions. The reason for this may not be far from the fact that Calabar, Cross rivers state were this study was carried out is inhibited majorly by Christians. Moreover, the chi-square value:  $\chi^2 = .531^a$ ;  $df = 1$ ,  $p < .466$  indicates that there is no statistically significant relationship between religion and working conditions.

In addition, 93.2% of respondents who were Christians and 6.8% of respondents from other religions perceived the effect of work environment on performance of medical personnel. It also indicated that majority of the respondents in each case of the dependent variables re Christians which further demonstrates the dominance of Christian faithful in the area., 95.9% were Christian while 4.1% were from other religions. This finding however showed that: the chi-square value:  $\chi^2 = 1.687^a$ ;  $df = 1$ ,  $p = .194$  indicates that there is no statistical significant relationship between religion and the perceived effect of work environment on performance of medical personnel.

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## **CHAPTER SIX**

### **TEST OF HYPOTHESES AND OTHER STATISTICAL REPRESENTATIONS**

The study hypotheses were tested in this section in pursuit of answers to the research questions. The study examined the existing working conditions and perceived performance of medical personnel in the UCTH, Calabar, Cross River state of Nigeria. This gave rise to, a total of three hypotheses designed for this study; these hypotheses were tested in this section using chi-square ( $\chi^2$ ). Consequently, three independent variables (professional affiliation, years of services and gender) were cross-tabulated with “perceived effects of monetary benefits, non-payment of hazard allowances and availability of working tools on performance of medical personnel” to test the hypotheses.

Given that some of the selected independent variables were not obtained on dichotomous basis, they were re-coded in line with the operational definitions of those categories to enable a test of the study hypotheses. For example, respondents’ years of services presented in Table 4.4 were re-coded into older and younger. Respondents who were yet to serve for 10 years were coded as younger while those that have served for 10 years and more were coded as older staff. Furthermore, the respondents professional affiliation presented in Table 4.3 was also recoded. Nurses and Laboratory scientists were coded as “Health workers” while dentist, ophthalmologist and doctors were coded as “Doctors”.

Also, data in Table 5.9 were extracted to measure perceived effects of payment of hazard allowance, monetary benefits and accessibility of working equipments as distinct aspects of working conditions on performance of medical personnel. For example, data presented in Table 5.9 row 3, was used to measure perceived effect of non-payment of hazard allowances on performance of medical personnel. “Strongly agree” and “Agree” responses were re-coded as affirmative while “Disagree” and “Strongly disagree” responses were re-



coded as denial. Similar process was repeated for data presented in the seventh and eighth row to obtain measures of perceived effect of “Monetary Benefits” and “Accessibility of working equipments” on performance of medical personnel respectively.

### Hypothesis one

**Substantive hypothesis ( $H_1$ ):** Health workers are more likely to perceive monetary benefits as affecting performance of medical personnel than Doctors.

**Null hypothesis ( $H_0$ ):** Health workers are less likely to perceive monetary benefits as affecting performance of medical personnel than Doctors.

**Table 6.1:** Professional affiliation of the respondents and perceived effects of monetary benefits on performance

Monetary benefits affects performance	Occupational Affiliations		Total
	Doctors	Health Workers	
Affirmative	163 (85.8%)	291(97%)	454 (92.6%)
Denial	27 (14.2%)	9 (3%)	36 (7.4%)
<b>Total</b>	<b>190 (100%)</b>	<b>300 (100%)</b>	<b>490(100.0%)</b>

$\chi^2 = (N = 490), 21.477^a; df = 1, p < .001$  N/B: critical  $\chi^2 = 3.841$

Table 6.1 revealed that 85.8% of the respondents who were doctors perceived monetary benefits as affecting their performance while a whopping 97% of health workers shares similar opinion. This also manifested in the number of health workers that denied the effect of monetary benefits on their performance (3%) compared to 14.2% of medical doctors that perceived monetary benefits as unable to affect their performance. Furthermore, given that the computed  $\chi^2$  (21.477) is greater than the critical  $\chi^2$  value (3.841) at degree of freedom (1), the test showed that there is a statistically significant relationship ( $p < .001$ ) between professional affiliation and how medical personnel perceived the effect of monetary benefits on their performance. As a result, the substantive hypothesis which states that Health workers

are more likely to perceive monetary benefits as affecting performance of medical personnel than Doctors were upheld. The study therefore concludes that health workers are more likely to perceive monetary benefits as affecting their performance than Doctors.

### Hypothesis two

**Substantive hypothesis ( $H_1$ ):** Male respondents are more likely to perceive non-payment of hazard allowances as affecting performance of medical personnel than female respondents.

**Null hypothesis ( $H_0$ ):** Male respondents are not likely to perceive non-payment of hazard allowances as affecting performance of medical personnel more than female respondents.

**Table 6.2:** Gender and perceived effects of Non-payment of Hazard on performance

Non-payment of hazard allowances affects performance	Sex		Total
	Male	Female	
Affirmative	212 (85.8%)	216 (88.9%)	428 (87.3.0%)
Denial	35 (14.2%)	27 (11.1%)	62 (12.7%)
<b>Total</b>	<b>247 (100%)</b>	<b>243 (100%)</b>	<b>490(100.0%)</b>

$\chi^2 = (N = 490), 1.037^a; df = 1, p > .308$  N/B: critical  $\chi^2 = 3.841$

The result in Table 6.2 shows that 85.8% of the male respondents were affirmative that non-payment of hazard affects performance of medical personnel while 88.9% of the female. This shows that the difference between male and female medical personnel perception on how non-payment of hazard allowances affects their performance is less than 5%. It was further evident from the Table that the computed Chi-Square ( $\chi^2 = 1.037$ ) is less than the critical Chi-square ( $\chi^2 = 3.841$ ) at df (1), showing that there is no statistically significant relationship ( $p > .308$ ) between gender and perceived effect of non-payment of hazard on performance. As a result, the substantive hypothesis which states that male respondents are more likely to perceive non-payment of hazard allowances as affecting their performance more than female respondents is rejected. As a result, the study concludes that

male respondents are not likely to perceive non-payment of hazard allowances as affecting their performance more than the female respondents.

### Hypothesis three

**Substantive hypothesis (H<sub>1</sub>):** Younger medical personnel are more likely to perceive availability of working tools as affecting their performance than older medical personnel

**Null hypothesis (H<sub>0</sub>):** Younger medical personnel are more likely to perceive availability of working tools as affecting their performance than older medical personnel

**Table 6.3:** *Years of service and perceived effect of working equipments availability on performance*

Availability of working equipments affects performance	Years of Services		Total
	Younger	Older	
Affirmative	248 (73.8%)	56 (36.4%)	304(62.0%)
Denial	88 (26.2%)	98 (63.6%)	186(38.0%)
<b>Total</b>	<b>336(100%)</b>	<b>154 (100%)</b>	<b>490(100.0%)</b>

$\chi^2 = (N = 490), 62.875^a$ ;  $df = 1, p < .001$  N/B: critical  $\chi^2 = 3.841$

Source: *Fieldwork, 2018*

The result in Table 6.3 indicated that 73.8% of younger respondents (medical personnel who have been in active service for less than ten years) perceived availability of working equipments as affecting the performance of medical personnel while only 36.4% of older respondents (medical personnel who have been in active service for less than ten years) holds similar opinion. Also, given that the computed Chi-Square ( $\chi^2 = 62.875$ ) is greater than the critical Chi-Square ( $\chi^2 = 3.841$ ) at  $df (1)$ , it shows that there is a statistically significant relationship ( $p < .001$ ) between years in active service and perceived effect of availability of working tools on the performance of medical personnel. As a result of this, the substantive hypothesis which states that younger medical personnel are more likely to perceive availability of working tools as affecting their performance than older medical personnel is upheld. The study thus concludes that younger medical personnel perceive work

environments whereby working tools are inaccessible as affecting the level of health care services than the older one. While this could be as a result of the experience differences between the two groups, it also shows the nature of technological reliance of modern day medical personnel that makes it almost impossible for them to provide adequate health care services in the absence of such technologies, a condition that some of the long serving medical personnel may not find difficult to grapple with.

## 6.2 Prediction of good working conditions and perceived effect on performance

Having done series of analyses in the preceding sections, it is important to take a number of independent variables in order to determine the effect on the dependent variables. In this section, binary logistic regression analysis was conducted to further examine the simultaneous effect on some of the independent variables. The links between socio-demographic characteristics (such as: sex, age, occupation, years of service, marital status, religion and educational background) and good working condition and perceived effect on performance. This is shown in Tables 6.4 and 6.5.

**Table 6.4:** Regression analysis of some demographic characteristics predicting the perceived working conditions in UCTH

Socio-demographic variables	Unstandardized coefficient		Standardized coefficient		Sig.	EXP (B)	95% C.I for EXP (B)	
	B.	S. E	Wald	Df			Lower	Upper
<b>Sex</b>	.502	.260	3.716	1	.054	1.651	.992	2.750
<b>Age</b>	-.360	.342	1.110	1	.292	.697	.357	1.363
<b>Occupation</b>	-.450	.293	2.360	1	.124	.637	.359	1.132
<b>Years of service</b>	.426	.305	1.952	1	.162	1.531	.842	2.784
<b>Marital status</b>	.048	.304	.025	1	.875	1.049	.578	1.903
<b>Religion</b>	-.423	.641	.436	1	.509	.655	.186	2.301
<b>Education</b>	.159	.282	.320	1	.572	1.173	.675	2.038
<b>Constant</b>	<b>-1.565</b>	<b>1.189</b>	<b>1.731</b>	<b>1</b>	<b>.188</b>	<b>.209</b>		

*Note that N=490. Age was coded as younger and older. Marital status was categorized as never married and ever married, education was categorized as B.Sc. and others, years of service was categorized as short and long term in service, occupation was categorized as doctors and other occupations, and religion was categorized as Christian and others.*

From the representation displayed in Table 6.4, we can deduce that the independent variables: sex, age, marital status, occupation, education, religion and monthly income were used to ascertain their relationship with performance. Effectiveness of services (EOS) = - 1.565, + .502 (sex), -.360 (age), -.450 (occupation), + .426 (years of service) +.048 (marital status), -.423 (religion), +282 (educational background).

Data in Table 6.4 showed that from the Exp. values: sex, years of service, marital status, and education had positive impact on ascertaining good working conditions on performance, this is because the values were greater than 1 (1.651, 1.531, 1.049 and 1.173) while age, occupation and religion had negative impacts since their values were less than 1 (.697, .637 and .655). Furthermore, the distribution of the impact of sex, age, occupation and years of service has WALD test value of 3.716, 1.110, 2.360 and 1.952 with assumption respectively. P < value (significance) of 0.000 < 0.05 at 5% respectively indicating that, sex, age, occupation and years of service significantly influenced views on good working conditions on performance. From the level of significance, only sex showed less relative risk (probability) while age, occupation, years of work, education, marital status and religion had relative risk value on performance of medical personnel. However, the findings showed that sex has (WALD = 3.716, EXP B = 1.651, P < . 0.54), age (WALD = 1.110, EXP B = .697, P < . .292), occupation (WALD = 2.360, EXP B = .637, P < . .124), years of service (WALD = 1.952, EXP B = 1.531, P < . .162), marital status (WALD = .025, EXP B = 1.049, P < .875), religion (WALD = .436, EXP B = .655, P < ..509) and education (WALD = .320, EXP B = 1.173, P < . .572). Amidst all seven independent variables (predictors) of assessing good working conditions on medical personnel performance, sex (1.651), years of service (1.531),

marital status (1.049), and education (1.173) indicated a high-risk effect on good working conditions on performance, indicating that they were  $>1$ .

**Table 6.5:** *Regression analysis predicting perceived effects of benefits on medical personnel performance and some demographic characteristics*

Socio-demographic variables	Unstandardized coefficient	Standardized coefficient						
	B.	S. E	Wald	Df	Sig.	EXP (B)	95% C.I for EXP (B)	
Independent variables							Lower	Upper
Sex	-.415	.197	4.430	1	.035	.661	.449	.972
Age	-1.129	.256	19.398	1	.000	.323	.196	.534
Occupation	-.658	.240	7.526	1	.006	.518	.324	.829
Years of service	-.466	.229	4.161	1	.041	.627	.401	.982
Marital status	.243	.230	1.110	1	.292	1.275	.812	2.001
Religion	-.238	.433	.303	1	.582	.788	.338	1.840
Education	-.025	.218	.013	1	.909	.975	.636	1.496
<b>Constant</b>	<b>4.082</b>	<b>.926</b>	<b>19.441</b>	<b>1</b>	<b>.000</b>	<b>59.277</b>		

*Note that N=490. Age was coded as younger and older. Marital status was categorized as never married and ever married, education was categorized as B.Sc. and others, years of service was categorized as short and long term in service, occupation was categorized as doctors class and others, and religion was categorized as Christian and others.*

From the representation displayed in Table 6.5, we can deduce that the independent variables: sex, age, marital status, occupation, education, religion and monthly income were used to ascertain their relationship with performance. Effectiveness of services (EOS) = 4.082, - .415 (sex), -1.129 (age), - .658 (occupation), - .466 (years of service) +.243 (marital status), -.238 (religion), -.025 (educational background).

Furthermore, data in Table 6.5 showed that from the Exp (B) values only marital status had positive impact on determining the perceived effects of working conditions on performance, this is because the value is greater than 1 (1.275) while sex, age, occupation, working experience, religion and education had negative impacts since their values were less than 1 (.661, .323, .518, .627, .788, .788 and .975). Furthermore, the distribution of the

impact of sex, age, occupation, years of service and marital status has WALD test value of 4.430, 19.398, 7.526, 4.161 and 1.110 with assumption respectively.  $P < \text{value (significance)}$  of  $0.000 < 0.05$  at 5% respectively thus, indicating that, sex, age, occupation, years of service and marital status significantly influenced views on the perceived effects of working conditions on performance. From the level of significance; sex, age, occupation and years of service showed less relative risk (probability i.e. 0.5) while marital status, religion and education had relative risk value on the perceived effect of working conditions on performance of medical personnel. However, the findings showed that sex has (WALD = 4.430, EXP B = .661,  $P < .035$ ), age (WALD = 19.398, EXP B = .323,  $P < .000$ ), occupation (WALD = 7.526, EXP B = .518,  $P < .006$ ), years of service (WALD = 4.161, EXP B = .627,  $P < .041$ ), marital status (WALD = 1.110, EXP B = 1.275,  $P < .292$ ), religion (WALD = .303, EXP B = .788,  $P < .582$ ) and education (WALD = .013, EXP B = .975,  $P < .909$ ). Amidst all seven independent variables which were the predictors of assessing the perceived effect of working conditions on medical personnel performance, only marital status (1,275) indicated a high-risk effect on the perceived effect of working conditions on performance, indicating that its Exp (B) value was  $>1$ .

## **CHAPTER SEVEN**

### **DISCUSSION OF FINDINGS**

Globally, there is the desire for organizations to have employees who are competent in discharging the duties of these organizations and in the health sector, such amounts to a quest for effective health care delivery. Hence, organizations generally and hospitals specifically in a bid to have the best employees that will ensure such efficiency, need to do something to attract competent employees, and make consistent efforts to retain them. One of the things that can be done to attract competent employees is to establish a pleasant working environment (Pitaloka & Sofia, 2014).

Findings from this study as revealed that conducive environment (35.7%), co-operating colleagues (14.5%), improved staff welfare (22.7%), availability of working equipment's (22.4%) and constant power supply (4.7%) were all characteristics of good working conditions. Also, the finding also found that UCTH had good working conditions as was affirmed by majority (80.0%) of the respondents. This finding however contradicts the findings of Akwash (2016) which is probably based on the disparities of hospitals under study. Akwash own position is that in Nigeria, medical personnel work under unsafe and unfriendly conditions, as they are often exposed to poor working conditions, unsatisfactory hygiene facilities, and poor reward system (Akwash, 2016).

As regards reasons for non-existing working conditions, poor facilities, poor security, no conducive environment and poor treatment meted on nurses were options indicated to give a clear picture of poor working conditions. This study is congruent with the findings of Daneshkohan, Zarei, Mansuori, Maajani, Ghasemi&Rezaeian (2015) and Mengistu & Bali (2015). Daneshkohan, Zarei, Mansuori, Maajani, Ghasemi & Rezaeian (2015) highlighted that in Iran, factors like unfair treatment, poor management and lack of appreciation were the main demotivating factors. Also, Mengistu & Bali (2015) revealed that in the Oromia Region



of Ethiopia, the major factors reported for affecting working conditions included poor payment scheme, lack of training opportunity, and lack of incentives, bureaucratic management style, poor performance evaluation system and poor working conditions (Mengistu and Bali, 2015).

On the other hand, issues of respondents understanding of safety in workplace indicated that 33.7% indicated that the peaceful co-existence of staff showed that there was safety in a workplace. Furthermore, surprisingly the study also found that majority (87.3%) of the respondents indicated that there was safety in UCTH. This finding does not stand alone as Ojokuku and Salami (2011) in their study on the contextual influences of health workers' motivations on performance in University of Ilorin Teaching Hospital involving 150 health care workers as respondents revealed that most of the workers (59.05%), experienced general satisfaction with their current jobs. Thus, indicating that there was safety in their work environment.

The findings also indicated that majority (67.1%) of the respondents perceived overtime remuneration as money paid for extra work and that majority (76.9%) of the respondents were aware of overtime remuneration (see Figure 5.3). It was further indicated by 34.5% of the respondents that all medical personnel benefit from overtime remuneration. Additionally, on issues concerning improved working conditions, 43.3% of the respondents strongly agreed that overtime remuneration should also be paid to administrative staff not only medical staff. This finding also found that the non-payment of hazard allowance hinders performance. This is because motivation such as hazard allowance and other benefits improve performance. This is in tandem with the findings of Aduo-Adjei, Emmanuel and Forster (2016). They asserted that motivation is a major determinant of work performance for workers in Ghana. They posit that, intrinsic and extrinsic motivational policies had an impact

on the work performance of both paramedics and medics at Korle Bu Teaching Hospital (KBTH). The study also found that majority of the respondents (62.7%) indicated that regular payment of hazard allowance aids performance. Findings of this study revealed that majority of the respondents (54.3%) indicated that commensurate pay for long working hours encouraged performance. These findings agree with the findings of Agba, Mbotto and Agba (2013) who carried out a study on the effect of wages or other conditions on workers' performance in Nigeria. The authors adopted 300 respondents from four organizations in some selected geo-political zones in Nigeria for the study. Findings from their study revealed that, employee job performance were greatly influenced by regular and good wages; followed by conducive work environment, availability of internet facilities, good library, recognition/award, regular promotion, training opportunities, access to medical care and communication flow.

Additionally, the study found that 69.4% of the respondents indicated that UCTH lacked sufficient equipment. This finding is in tandem with that of Edoho, Bamidele, Neji & Frank (2015). They revealed that across the world, medical practitioners in most teaching hospitals were unable to perform their duties satisfactorily due to lack of equipment, drugs, and unsupportive management systems (Edoho, Bamidele, Neji & Frank, 2015). Although the study found that UCTH lacked sufficient equipment but amidst this finding, diagnostic machine (33.1%) was indicated as the most utilized equipment by medical staff in UCTH. The non-availability of certain medical equipments was also found to affect the health services delivery as it instigates poor medical performance and poor diagnosis leading to death and poorly treated patients. Additionally, it was found that adequate facilities should be provided, regular payment of hazard allowance and salary increment, adequate funding, trust and understanding should be encouraged, regular supervision should be carried out to improve the working conditions and performance of staff. On the issue of supervision,

Daneshkohan, Zarei, Mansuori, Maajani, Ghasemi and Rezaeian (2015) disagreed with the issue of supervision according to them 47.2% of health workers believed that existing schemes for supervision were unhelpful in improving their performance. Also, Manyisa (2015) stated that the provision of adequate infrastructure is important as poor infrastructure is associated with the increased level of job dissatisfaction and a potential risk factor.

Various socio-demographic factors were cross tabulated to find out how they relates with perceived effect of work environment on performance. This was to enable the study determine the category of medical personnel that are more prone to work environment changes in delivering efficient health care services. Sex which was the first demographic to be tested as against perceived state of working conditions showed that more of female medical personnel (59.5%) perceived their state of working condition as bad compared to 40.5% of their male counterparts that shared same opinion. However, this was not the case with age and marital status as both were found to have no relationship with perceived state of the working condition in UCTH.

Furthermore, the study found that 70.1% of respondents that perceived their working conditions as good belong to other medical professional affiliation like, nursing, laboratory science and ophthalmology, this does not imply that other medical personnel are better treated because the greater percentage observed also derived directly from the fact that they constitute majority of the respondents (68.4%). This was further evident in the study as 97% of other medical personnel regarded as health workers perceived monetary benefit as part of the working conditions that affect their performance.

More so, the test of hypothesis one as presented in Table 6.1 showed that the computed  $\chi^2$  (21.477) was greater than the critical  $\chi^2$  value (3.841) at degree of freedom (1), which implies that there is a statistically significant relationship ( $p < .001$ ) between

professional affiliation and how medical personnel perceived the effect of monetary benefits on their performance. On the contrary, the test of hypothesis two as earlier presented in Table 6.2 with a computed chi-Square ( $\chi^2 = 1.037$ ) that was less than the critical Chi-square ( $\chi^2 = 3.841$ ) at df (1), showing that there was no statistically significant relationship ( $p > .308$ ) between gender and perceived effect of non-payment of hazard on performance. The third hypothesis which stated that “younger medical personnel are more likely to perceive availability of working tools as affecting their performance than older medical personnel” was upheld given that the computed Chi-Square ( $\chi^2 = 62.875$ ) was greater than the critical Chi-Square ( $\chi^2 = 3.841$ ) at df (1), which shows that there was a statistically significant relationship ( $p < .001$ ) between years in active service and perceived effect of availability of working tools on the performance of medical personnel. Again, from the logistic regression analysis; sex (1.651), years of service (1.531), marital status (1.049), and education (1.173) indicated a high-risk effect on good working conditions on performance, indicating that they were  $>1$ . while only marital status (1,275) indicated a high-risk effect on the perceived effect of working conditions on performance, indicating that its Exp (B) value was  $>1$ .

## **7.2 Relationship between findings and theoretical framework**

Globally, there are growing challenges and demands for conduciveness, availability of working tools and adequate remuneration that make for proper productivity in the workplace. This occurs in almost all sectors of the socio-economic structures of the society, and health professionals are not immune from these challenges (Ayamolowo, Irinoye & Oladoyin, 2013; Akwash, 2016). The researcher measured existing working conditions and perceived performance of medical personnel. For a better understanding of the issue, the researcher used the Herzberg two-factor theory of motivation, which holds that certain sets of factors (namely the extrinsic or hygiene factors and the intrinsic or motivating factors) affect or influence the motivation of workers and their approach to work. The hygiene factors are also

referred to as the maintenance factors (and comprise of the physiological, safety and love needs as highlighted in Maslow's hierarchy of needs).

However, 35.7% of the sampled population revealed that a good working condition entails having a conducive environment. This finding indicates that for effective performance beyond the pay and remuneration available in UCTH, a conducive environment gives room for effective service and performance among medical personnel. 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, 2013). This may explain why majority of the respondents (80%) indicated that UCTH had good working conditions. In essence, UCTH had conducive environment, improved welfare scheme, co-operation among staff, available equipment and constant power supply.

Findings of this study also revealed poor facilities, poor security, no conducive environment and poor treatment on nurses to be the reasons for non-existing working conditions in UCTH. This is in line with what Herzberg called the hygiene factors, since they are necessary to maintain a reasonable level of satisfaction, once these factors are absent there is dissatisfaction in the workplace. Again, 87.3% of the respondents indicated that there was safety in UCTH while factors such as: availability of adequate working equipment and consumables (30.4%), non-violence in the workplace (19.6%), peaceful co-existence of staff (17.6%), availability of hazard allowance (14.9%) and availability of insurance policy (4.3%) were identified as reasons for safety in the workplace. These factors are what Herzberg referred to as the hygiene factors are also known as the maintenance factors, these factors that are not directly related to the job but the conditions that surround producing effective performance on the job.

## CHAPTER EIGHT

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 8.1 Summary of findings

The instruments used for data collection were the questionnaire, In-depth Interview schedule and Focus Group Discussion guide. From the data analysis of this study presented in the previous chapter, several research findings were made and summarized below. The study had a total of 514 respondents (490 for questionnaire study, 8 for FGD and 5 for IDI). The study showed that out of a total of 490 respondents used for the quantitative study, 50.4% were males while 49.6% were females. In terms of age, the least sampled were those aged 51 years and above (2.7%) while majority were 29-39 years (45.1%). Looking at their occupation, majority (56.7%) of the respondents were nurses, 31.2% were doctors, 4.5% were laboratory scientists, 4.3% were dentist and 3.3% were ophthalmologist. Majority (64.7%) of the respondents had worked for 1-5 years while minority (1.4%) had worked for 24 years and above in UCTH. In terms of the marital status of the respondents, 52.7% were single, married persons were 41.8%, separated were 4.95 while the least sampled were those divorced (.6%). Majority were Christians (94.5%) since the study area is a dominated by a good number of Christians. Also, that those who had their B.Sc. accounted for 49.2% which was the largest, this is followed by those who indicated other qualifications such as: MBBCH, MDS and their BDS, registered nurses were 16.9% while those who had their Ph.D. (3.9%) were the least. For the in-depth interview, the respondents used were five (5) in number, 2 females and 3 males. Their age range was between the interval of 42-51 years old. For the FGD, 1 session was held for participants within ages 28-31 years.

On vital discussions regarding workers' perception of working conditions in UCTH and the effect on medical performance, the study found that 35.7% of the respondents

indicated that UCTH had good working conditions. Additionally, majority (80.0%) of the respondents indicated that UCTH had good working conditions. On the description of good working conditions in UCTH, 33.9% stated that UCTH had good working conditions, 17.3% said UCTH had improved staff welfare, 12.7% said there was availability of working equipment's and consumables, 11.0% said there is an existing co-operation among colleagues while only 5.1% said there was constant power supply in UCTH. On the other hand, factors such as poor facilities (9.2%), poor security services (5.3%), no conducive environment (3.1%) and poor treatment meet on nurses (2.4%) were identified reasons for non-existing working conditions in UCTH. The study went on to find out respondents understanding of safety in workplace, greater percentage (33.7%) of the respondents indicated that safety exists when there is peaceful co-existence of staff. Additionally, 87.3% of the respondents indicated that there is safety in UCTH. Also, in describing the type of security existing in UCTH, majority (30.4%) of the respondents said there is adequate working equipment and consumables in UCTH. Also, inadequate security personnel (5.1%), non-availability of insurance policy (4.1%), poor equipment's (1.8%) and stealing among staff (1.6%) were identified as factors indicating no safety in UCTH. On respondents of remuneration, 67.1% said it is the money paid for extra work. In addition, greater percentage (76.9%) of the respondents said they were aware of remuneration in UCTH. 34.5% of the respondents said remuneration is money paid to all medical personnel. As regards working conditions and the perceived effects on performance, majority (34,9%) strongly disagreed that hazard allowance was not necessary for performance, 43.3% agreed that hazard allowance should be paid to administrative staff too. This is because the non-payment of hazard allowance will hinder performance (56.7%) as 62.7% strongly agreed that the regular payment of hazard allowance aids performance. On the issues of long working hours, majority of the respondents indicated that long working hours makes for low performance while 37.1% strongly disagreed that long

working hours inspires commitment. Also, 54.3% strongly agreed that commensurate pay for long working hours encourages performance while 36.7% of the respondents indicated that the existing working conditions in UCTH encourages accessibility to available working equipment.

Furthermore, majority of the respondents (69.4%) said UCTH lacked sufficient equipment's while 13.7% of the respondents further indicated that diagnostics machines were available in UCTH. Issues on if medical staff had access to available working equipment, majority (90.8%) of the respondents indicated that medical staff had access to available working equipment while 9.2% stated that they lacked access to available working equipment's. 33.1% of the respondents indicated that diagnostics machines were available to medical staff in UCTH. Respondents of this study indicated that non-access to equipment leads to poor performance (7.6%), 1.6% indicated that it brings about poor diagnosis which leads to death/poor care. Having identified various issues regarding the existing working conditions and perceived performance of medical personnel in UCTH, majority (50.8%) of the respondents said that adequate facilities should be provided, 23.9% mentioned that there should be regular payment of hazard allowance and salary increment, 13.3% said adequate funding, 6.3% said that trust and understanding should be encouraged among staff while 5.7% said there should be regular supervision carried out on staff to monitor their performance.

Additionally, a total of three hypotheses were tested and the findings were as follows; there is a statistically significant relationship ( $p < .001$ ) between professional affiliation and perceived effect of monetary benefits on performance, given that the computed  $\chi^2$  (21.477) is greater than the critical  $\chi^2$  value (3.841) at degree of freedom (1). However, there was no statistically significant relationship ( $p > .308$ ) between gender and perceived effect of non-payment of hazard on performance as the computed Chi-Square ( $\chi^2 = 1.037$ ) is less than the



critical Chi-square ( $\chi^2 = 3.841$ ) at df (1). Thirdly, there was a statistically significant relationship ( $p < .001$ ) between years in active service and perceived effect of availability of working tools on the performance of medical personnel. ( $\chi^2 = (N = 490), 62.875^a; df = 1, p < .001 = .044$  critical  $\chi^2 = 3.841$ ). Conclusively, findings from the regression analysis presented in Table 4.38 and 4.39 revealed that sex (1.651), years of service (1.531), marital status (1.049), and education (1.173) indicated a high-risk effect on good working conditions on performance, indicating that they were  $>1$  while only marital status (1.275) indicated a high-risk effect on the perceived effect of working conditions on performance, indicating that its Exp (B) value was  $>1$ .

## **8.2 Limitations of the study**

This research study examined public perception on the existing working conditions and perceived performance of medical personnel in the UCTH, Calabar, Cross River state of Nigeria. A study of this nature would not have become a reality without one scaling through some constraints which couldn't be avoided. Some of these constraints experienced by the researcher include the following: much time was spent on carrying out this research study from the printing and distribution of questionnaires to the medical personnel, since they work in shift, it was difficult meeting them at the right place or time. However, despite the delay the questionnaires were retrieved. Most of the respondents who actually filled the questionnaire had work for a short time, it was difficult to see longer working staff on duty. Some of the respondents initially were not willing to fill the questionnaire as they claimed that they were busy and some others wanted to maintain anonymity. However, I told them the essence of the research was purely for academic purpose. Also, the ethical clearance from the hospital board was shown and they responded to the questionnaire. Some of them claimed that they were busy and didn't have the time to fill it, I actually waited and checked on them continuously till when they deemed it fit to return the questionnaire. Also, 11 copies of the

questionnaire were lost during the data collection process. Finally, during the FGD, we had clash of interest since each occupation such as: medicine, nursing, ophthalmology, laboratory science and dentistry all wanted to speak in the interest of their occupation and not generally the entire staff. However, we had to sensitize them on the essence of the FGD, after which peace was restored and we had a smooth session. Also, during the IDI two of the respondents interviewed insisted that I show the proof of an ethical clearance before proceeding with the interview. Along the line also, my memory card got corrupt, so we rescheduled one of the IDI. Finance was also a problem as carrying out a study of this nature is exorbitant. But in all the experience the knowledge gained in the course of this study cannot be compared.

### **8.3 Conclusion**

The current study explored the existing working conditions personnel in the UCTH, Calabar, Cross River state of Nigeria and its perceived impacts on the performance of medical personnel in the hospital vis-à-vis health care delivery. The work was built on the debate that the nature of working conditions exposed to workers was vital to their general performance and that the case of medical personnel in hospitals might not be an exception. Makinde (2013) shared similar opinion by noting that where the working condition of medical personnel is favourable, then adequate health care delivery is guaranteed. But unlike previous studies with same objective, the current study dichotomized medical personnel using variables like gender, years of services and professional affiliations in a bid to provide insight on how distinct aspects of work environments like availability of medical equipments, payments of hazard allowances and other monetary benefits affected the performance of certain medical personnel.

Contrary to dominant literature evidence on the working condition of medical staff in Nigerian teaching hospitals, the study found that majority of the respondents perceived the working condition in UCTH as good, though needed to be further improved for a robust

health care services. This could be attributed to recent infrastructural and equipment changes in the hospital as evident in the qualitative data. It was also revealed that there is perceived safety for effective output/performance in UCTH which further calls for actions and improvement to ensure the safety of medical personnel. The study also found that, non-payment of hazard allowance hindered the performance of medical personnel, when hazards allowances were not paid it killed the morale to work and this feeling was not subject to the gender of the medical personnel as no statistical relationship was found between gender and perceived effect of non-payment of hazard allowance on the performance of medical personnel.

In the same light, the study found that, commensurate pay for long working hours encouraged performance hence there was need to improve the remuneration system existing in hospitals. However with regards to how monetary benefit affected performance of medical personnel, the study found that Medical doctors were less affected in such regard compared to other medical personnel like Nurses, Laboratory Scientist and so on. This was evident in the third hypotheses which affirmed that health workers were more likely to perceive monetary benefits as affecting their performance than doctors. The reason for this could be due to the disparity in the monetary benefits paid to Doctors as a profession group, compared to that of health workers.

Another key finding of this study as indicated by the few respondents that perceived UCTH as having poor working environment were the lack of sufficient equipment. Although the accessibility of such tool was perceived more by younger medical personnel (those that were yet to work for 10 years) as affecting their performance than older medical personnel (those that have worked for 10 years and above); the general conception as demonstrated by 62% of the respondents was that availability of working equipments affected their performance. It is thus evident that when these equipments are not available, health care delivery becomes poor

and patients suffer. The finding implies that older medical personnel by the virtue of their years of experience could to an extent, function under that prevailing circumstance of inadequate equipments than the younger ones. It should also be noted, based on the sample distribution that medical personnel who have worked for less than 6years constituted majority of the respondents. Since the study made use of personnel on duty during the one month period the field work lasted; it implies that respondents who have worked from 6-28 years and above were rarely on ground. Since these persons have stayed longer on the job there is need for them to be on ground to attend to the needs of patients and other colleagues who may need their wealth of knowledge and experience. This could be achieved through improved work environment that will limit the exodus of medical personnel and their preoccupation with private consultancy.

#### **8.4 Recommendations**

. The recommendations from the study include:

- 1 Since majority of the respondents utilized in this study had worked for 1-5 years and this is because they were the ones on ground carrying out their duties, there is need to bring up welfare schemes/policies that encourage them to keep up the good work. On the other hand, measures should be put in place to ensure that long-term staff equally carry out their duties in the hospital. In so doing, their wealth of knowledge and experience will aid in active and effective performance.
- 2 Again, Government should join WHO and other collaborating health bodies and institutions to ensure that the existing good working condition is maintained and improved upon as change itself is constant. This can take the shape of, ensuring the equipment's are replaced when spoilt, new discoveries and ways of carrying out treatments are explored. These deliberate efforts will go a long way in improving performance.

- 3 Government should also collaborate with International bodies, organizations and security agencies that are capable of providing adequate security to medical personnel in course of carrying out their duty. Since the study found that there was safety in UCTH, there is need to improve on it.
- 4 The Ministry of health, the chief medical officer and the board of directors should ensure that hazard allowances and remunerations are paid on time. Also, there should be increment in the salary of these medical personnel to enable them meet up with what their contemporaries outside the country are being paid.
- 5 Government in collaboration with school vice chancellors should provide adequate working equipment and facilities, the availability of equipment and facilities improves the performance of medical personnel.
6. Adequate facilities should be provided in hospitals to aid performance, regular payment of hazard allowances and salary increment should be considered. Also, the needs for adequate funding of the hospital by government to enable them acquire adequate equipments in the hospital.
7. Regular supervision should be carried out to ensure that these facilities are utilized extensively. To this end, the government, organizations, medical personnel, institutions, sociologist and the general public should quickly rise to their distinct responsibilities in providing positive help that improve the working conditions of medical personnel which in turn enhances effective health care delivery.

### **8.5 Areas for further study**

The research on the existing working conditions and perceived performance of medical personnel in the UCTH, Calabar, Cross River state of Nigeria is not a final study. Mankind to stay healthy and live life to its fullest, people must visit the hospital. Since the kind of service they receive is given by medical personnel, the working conditions and performance of these medical personnel must be properly taken care of to prevent deaths which result from lack of performance. Further research to be carried out in the following areas:

- Studies of this type should be conducted in other teaching and government hospitals to ascertain the working conditions obtainable.
- Studies should also be conducted to examine the reasons for delayed payment and poor remuneration of medical personnel
- Again, studies on the role of international bodies on the health sector should be carried out
- Studies that encourage the production of hospital facilities and equipment should also be carried out

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**APPENDIX I****LETTER TO THE RESPONDENTS**

Department of  
Sociology&Anthropology,  
University of Nigeria,  
Nsukka,  
Enugu State.

Dear Respondent,

I am a postgraduate student from the above-mentioned institution and department currently carrying out a research in the University of Calabar Teaching Hospital (UCTH), Calabar, Cross River State, Nigeria. You have been selected as one of the respondents for the study. Your sincere answer will be of immense benefit to the study, and the information that you provide is mainly for academic purposes and will be treated with utmost confidentiality.

Kindly respond to the questions by ticking or filling the appropriate response(s) in the corresponding spaces provided.

Thanks in anticipation.

Yours faithfully

Aniah, Evaristus A.  
(PG/MSc/16/80786)

**APPENDIX II**  
**QUESTIONNAIRE**

**INSTRUCTIONS:** Please provide a response to each question by ticking (✓) in the appropriate box. When your preferred response is not covered under the options provided, please indicate other responses in detail under the options given as “others specify”.

**Section A: Socio-Demographic data**

1. Sex: (a) Male  (b) Female
2. Please indicate your age interval: (a) 18-28  (b) 29-39  (c) 40-50  (d) 51-and above
3. What is your area of work in the UCTH? (a) Doctor  (b) Nurse  (c) Laboratory scientist  (d) Ophthalmologist  (e) Dentist
4. Years of service in the UCTH -----
5. Marital status (a) Single  (b) Married  (c) Separated  (d) Divorced  (e) Widowed  (f) Others, specify-----
6. Religion (a) Christianity  (b) Islam  (c) African Traditional religion  (d) Others, specify-----
7. Educational Background: (a) FSLC  (b) SSCE  (c) RN  (d) B.Sc.  (e) Ph.D.  (f) Others, specify-----

**SECTION B: Views of respondents on working conditions.**

8. How can you describe the characteristics of a good working condition? (a) Conducive environment  (b) Co-operating colleagues  (c) Improved staff welfare  (d) Availability of working equipment and consumables  (e) Constant power supply  (f) Others, specify-----
9. Do you think the existing working conditions in the UCTH is good? (a) Yes  (b) No

10. If yes to **question 9**, how can you describe it? (a) Conducive environment  (b) Co-operating colleagues  (c) Improved staff welfare  (d) Availability of working equipment and consumables  (e) Constant power supply  (f) Others, specify-----  
-----
11. If no to **question 9**, give reasons -----  
-----
12. What do you understand by safety in the workplace? (a) Non-violence in the workplace  (b) Peaceful co-existence of staff  (c) Availability of adequate working equipment and consumables  (d) Availability of hazard allowance  (e) Availability of insurance policy  (f) Others, specify-----  
-----
13. Can you say there is safety in the UCTH? (a) Yes  (b) No
14. If yes to **question 13**, can you describe it? (a) Availability of adequate working equipment and consumables  (b) Availability of hazard allowance  (c) Peaceful co-existence of staff  (d) Non-violence in the workplace  (e) Availability of insurance policy  (f) Others, specify-----
15. If no to **question 13**, give reasons -----  
-----
16. What do you understand by overtime remuneration? (a) Free money  (b) Money paid for extra work  (c) Money paid to a privileged few  (d) Others, specify-----  
-----
17. Are you aware of overtime remuneration in the UCTH? (a) Yes  (b) No
18. If yes to **question 17**, how frequently is it paid? (a) Regularly  (b) Irregularly  (c) Others, specify-----

19. Who benefits from overtime remuneration in the UCTH? (a) All medical personnel ()  
 (b) All supporting staff () (c) Only medical doctors () (d) All administrative staff () (e)  
 All staff of the UCTH () (f) Others, specify-----

**Please tick [√] at your appropriate response to the following questions.**

**Keys**

**SA- Strongly agree**

**A- Agree**

**SD- Strongly Disagree**

**D- Disagree**

S/N	STATEMENTS	SA	A	SD	D
20	Hazard allowance is not necessary for medical personnel				
21	Hazard allowance should also be paid to administrative staff				
22	Non-payment of hazard allowance will hinder performance				
23	Regular payment of hazard allowance aids performance				
24	Long working hours makes for low performance				
25	Long working hours inspires commitment				
26	Commensurate pay for long working hours encourages performance				
27	Existing working conditions in the UCTH encourage accessibility to available working equipment				

28. Are there sufficient working equipment in the UCTH? (a) Yes () (b) No ()

29. If yes to **question 28**, what kind of equipment? (a) Diagnostic machines () (b)  
 Consumables () (c) Safety equipment () (d) Therapeutic machines () (e) Others, specify-

-----

30. Medical staff have access to available working equipment (a) Yes () (b) No ()

31. If yes to **question 30**, to which equipment? (a) Diagnostic machines ( ) (b) Consumables  
 () (c) Safety equipment () (d) Therapeutic machines () (e) Others, specify-----

-----

32. If no to **question 30**, what are the effects on staff performance? -----

-----

33. In your own opinion, how can working conditions in the University of Calabar Teaching Hospital be improved upon, for better performance and improved service delivery?-----

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## APPENDIX III

### IN-DEPTH INTERVIEW (IDI) GUIDE

General introduction: First, welcome participants, briefly introduce yourself and explain the purpose of the interview to the participants: Our discussion with you focuses on workers' perception of working conditions and its effect on the performance of medical personnel in the UCTH. You have been selected for the discussion because of your importance in the institution. We request that you will explain to us all that you know with regard to these topics as we rely on you to learn more on this. We assure you that the information you share with us will be strictly used for academic purposes, and to a large extent help us to do thorough research on the subject-matter. Moreover, for us to remember what we will discuss with you, we appeal for your permission for us to use a tape recorder during our discussion. This will be compared with the notes to be taken by my colleague here. However, before we start the discussion, there is need for us to formally introduce ourselves. This will help us to know each other's name, where we come from and what we do. (N.B: Socio-demographic characteristics are highlighted in the consent form of the participants).

1. What do you consider as factors that motivate workers in the UCTH? Probe for (i) physical environment (ii) materials (working equipment, consumables, etc.). (iii) infrastructure (iv) benefits.
2. What do you consider as safety concerns of workers? Probe for (i) issues related to work hazard (ii) compensation benefits (iii) health benefits
3. What do you consider will influence workers' performance? Probe for (i) remuneration (ii) benefits (iii) compensation (iv) number of hours worked.
4. What do you suggest are likely strategies for improving existing working conditions in the UCTH? Probe for (i) number of hours worked (ii) benefits (iii) hazard concerns (iv) motivation (v) available equipment (vi) type of work done.



## APPENDIX IV

### FOCUS GROUP DISCUSSION (FGD) GUIDE

#### Opening remarks

Our discussion with you focuses on the existing working conditions and the performance of medical personnel in the UCTH. You have been selected for the discussion because of your importance and position in the UCTH community. We request that you will explain to us all that you know as regard to these topic as we rely on you to learn more on this. We assure you that the information you share with us will to a large extent help us to do thorough research on existing working conditions and the performance of medical personnel in the UCTH and other tertiary health facilities.

Moreover, for us to remember what we will discuss with you, we appeal for your permission for us to use a tape recorder during our discussion. This will be compared with the notes to be taken by my colleague here. However, before we start the discussion, there is need for us to formally introduce ourselves. This will help us to know each other's name, where we come from and what we do. We assure you that the information we collect will be used strictly for academic purposes and will confidential. Your identity will not be disclosed.

#### Question Guide

1. What, in your own assessment, do you consider as factors that motivate workers in the UCTH? Probe for (i) physical environment (ii) materials (working equipment, consumables, etc.). (iii) infrastructure (iv) benefits.
2. By your own assessment, what are the safety concerns of workers in the UCTH? (probe for conditions of service, workers' welfare and safety issues).
3. What are the factors that influence workers' performance, in your view? Probe for specific issues like remuneration and other monetary benefits, number of working hours, other specific motivational drives in the UCTH).
4. What do think can done to improve the existing working conditions in the UCTH? Probe for likely suggestions in the following areas: (i) number of hours worked (ii) benefits accruing (iii) hazard concerns (iv) motivation (v) equipment (vi) type of work done.

## APPENDIX V

### INTERVIEW WITH DR. ATO ULUCAH OF THE UCTH CALABAR

**1) What do you consider as factors that motivate workers in the UCTH? Probe for:**

i) Physical environment: Before I answer that question, I want to find out from you if you have an approval to carry out a research in the institution; like ethical Clearance? Yes:

Physical environment, I will say if you have the basic tool to work with and you carryout responsibility while feeling save, but to motivate, it is relative because what may motivate Mr. A will not be the same that would motivate Mr. B, on the whole, motivation to me is when you have the necessary tools to work with, feeling very secure in the course of carryout your duty and having enough hand so that the jobs will not become cumbersome or tedious to you.

**ii) Equipment and consumable are they okay, like in good condition.**

This is not just peculiar to this hospital, it a national thing, the issue of underfunding of the health sectors have been a recurrent document and the reason is not far first, it has not gotten to the level where we can say yes, by operating the health system base on the WHO recommendation interm of budgeting. If I remember very well, I think just about 3.9% of the national budget fiscal year was allocated to health sector and that is far short of the recommendation. in fact 2012, if I remember very well, there was a plague Nigeria was part of the other African countries that promise they will dedicate 15% percent of their national budget to health and since 2012 they have not be able to meet that target till date, so we will continue to grapple with the issue of underfunding and poor equipment and consumable as long as the issue of budgeting is not been addressed. So it is a national thing.

**iii) Sir what can you tell us about the issues of infrastructural facilities in your hospital?**

Well, to say the least, the infrastructural facilities are grossly inadequate. I always say that, a good number of the patients we lose in this centre could be saved if we have a enough equipment to work with. It a very sad situation, it all boil down to the issues of underfunding the health sectors. The summary of all is that, we don't have enough equipment. The infrastructural capacities of the hospital are far below what it should be. Though there have been recent efforts in that regards that gives the impression we have infrastructure, but when you talk about what is obtainable in other parts of the world, i.e. international standards, we have nothing.

**iv. What do you consider as safety concern of workers; for instance work hazard?**

Safety concerned, of course all health personnel are facing one common challenges by reason of a kind of work we do. You know they attending to sick people and a good number of this sick people are affected with various kinds of infectious diseases and you have to attend to them.

Often time, because of this same things the issue of inadequate facilities and consumable. Some time things as basic as glove might not even be available for you to even attained to patients and all of that. A good number of personnel have die in the lines of duty, because of this kind of scenario, so it a hazardous job we do and it quite risky. I think is an opportunity to called on the government to look into that direction, at least provide basic things because

medical personnel are not immune to these diseases. They are susceptible so that government needs to look into that area.

**iv) Dr. is there any compensation/benefit pay to a personnel who by mistake contacted the disease in their line of duty?**

To the best of my knowledge, I am not aware of any compensation to the family of a doctor or any house personnel that die of in the line of duty. However, I know by the provision of the international labour law that all workers are supposed to be entitled to what we called work man compensation scheme, if the person suffers any harm or is incapacitated in any way of carrying out his or her duty. But to the best of my knowledge, I am not aware of any, I know a couple of colleagues who die in the course of attending to patients and am not aware of compensation to the family.

Apart from the usual welfare package from the association of Resident Doctors, so far I am not aware of such compensation.

**v) Dr. What do you consider will influence work performance, for instance; "Remuneration"?**

Worker performance, like I say earlier that what would motivate Mr. "A" will not be the same thing that would influence Mr. "B" work performance. But there are basic things that I believe will motivate every worker, for instance remuneration is key. I don't think it will come to that understanding that, you know that health personnel deserve better pay than what we are getting currently. I think we should take one from the international community let us see how things have been done and see how we can apply it here. Remuneration is key and security is important, you will not give your best if your working environment is considered unsafe.

Also when you are ready to work and the basic necessary things are lacking, on the whole provide the right environment, improve remuneration, provide the basic tools to work and workers must be better motivated.

**Benefit**

It depends on what you mean by "benefit" if you are looking at it from the angle of remuneration, I believe is the key factor motivating staff and also I notice that there is no reward system for excellence performance and if the government can bring up a policy to reward hard work and I think everybody will be up and doing.

**Does number of working hours, influence working performance?**

Yes, of course in the western world, there are specific numbers of hours in the week and by nature of our job, you will get up and go to work and only tell when you will be back from work because issues will come up that will require you to stay back and all of that and because of the sensitive nature of our jobs and you cannot keep away from such responses and all of that, to care for patients, that is not to say that your oath you should be over work.

That is when the issue of adequate numbers of staff, by employing more staff or workers so that the work load should not be more than those who are already on ground. So this is my belief that, the longer an hour you work, the lower the performance because fatigue will set in, you get tired, you get exhausted. So the number of hours should be reasonable enough for you to be able to put in your best.

**Does compensation influence worker performance?**

Definitely, it will, you know that we all have people depending on us and all of that. And a question may be ask that, if something happen to me and I cannot be here? So if they would be policy of compensation package to staff that get or loss their life in the process of carrying out their jobs. If their family can be handsomely compensated, I think it would motivate the workers to put in their best and be willing to satisfied patients care. Until we get there but for now, I think the government has to consider that seriously.

**What do you suggest are likely strategies of improving existing working conditions in the UCTH?**

Number of workloads/hours: with regard to the work load or numbers of hours work, I think is simple they should employed more hands so that the work should not get tedious for the few hand, motivate staff, don't compromise on their security, provide all they need to work with, in addition to good remuneration, I belief all this will improved the working conditions.

**Does benefit improved working condition?**

I wish to assume you means by remuneration, reward or compensation and improved working conditions. I cannot denial the fact that good remuneration improved working condition; good security, provision of adequate working tools, institution of a reward system, compensation, the environment will better off front.

Does hazard allowance motivate workers performance?

**I don't know if hazard concern can be a strategies of existing working conditions**

Yes hazard, we are engage in a very hazardous profession and I belief in this hazard, step can be taken to minimized the hazard, so that where the issues of provision of constant water power supply, adequate security to ensure life and properties. I belief the hazard, and cannot be completely role then out, they can be minimized if the necessarily step are taken.

**Does availability of working equipment equally be a measure of improving working conditions?**

Definitely, I have said that before, is a key motivating factor where everything's you need to do your work is available, you will enjoy your work. Not when you need to wait for hours for the basic thing to be provided, its really discouraging.

Does working type of work done equally improve working condition. Type of work done? If you mean the load of work, I will say, the more the load of work, it less the output because fatigue will set in, that is where they is need for more hands, they say many hand or division of labour made work done easier.

**What of motivation?**

We cannot run away from motivation, if you want the best from your staff, you will motivate them. And they are many way to motivate your staff such as remuneration, safety, security, hazard allowance, payment of overtime and it should be adequate promptly pay, timely and they should be a form of insurance for medical personnel in case there any form of unpleasant event or permanent disabilities. At least they should be an insurance that will cover the person and the family. The issue of social welfare like housing, mobility vehicle an all of that should be made always available.

## APENDIX VI

### INTERVIEW WITH DR. BISONG (OPHTHALMOLOGY)

**What do consider that motivate working condition in the UCTH for instance conducive environment?**

Well conducive environment enable optimum working condition in the UCTH. But for most a time, we have not made that standard. Like conducive environment, good call room, availability of working material and also adequate power supply, unlike a tertiary institution like the UCTH, we need standby Generators, but those things are hardly made with the available condition. Management are trying to look into that, but for now, they are of no high standard.

**What about infrastructural development?**

Well it still on the hold, it not optimums but we have little infrastructure. We have to work on them, because right now they are in a sad conditions.

**What about safety concerned of workers?**

The safety concern of works like improving the worker hazard allowance is not what is obtainable in other area. That is the most reason where we have brain drain problem more people keeping on leaving the country for a better work place where all these things are adequately consider. Most a times even the safety boots are not in place.

Sometimes, patients are ask to go and buy what the need from outside the hospital because they are not available after being paid for their bills. All the basic need for surgery and others are not always available in the theatre.

**Is compensation benefit being paid to health personnel?**

No, they are modalities in place for you to get exposure and also being some day off to treat yourself because of the site effect of the drugs.

If you have any exposure, you have to report to the management so that you will be taking off.

**What do you consider will influence workers performance?**

The pay for a doctor and not commensurate, so hazard allowance should be paid and even of an increase, prompt payment of overtime and a conducive work environment provided. If you have good call room, constant power supply, doctor will be encouraged to stay in their place of work.

**Strategies of improving**

Availability of equipment should be key to enhance the working performance. Secondly the hazard allowance and also adequate power supply are basic need to improve our welfare.

## **APPENDIX VII**

### **INTERVIEW WITH MR. ANTHONY (LAB SCIENTIST)**

#### **Factors that motivate physical environment**

So far so good, when we talk about factors that motivate workers, the environment must be conducive. It one of the vision that talk about working conditions. It alarming that security is not providing in the hospital am sorry to say that, it is an institution people has been harassed, Doctors, Nurses, they have cases of rape and sexual harassment, a time it even seared Doctors from sleeping in the hospital. I think that should be one of the main things to provided if not the major things for workers to be safe before others need should be attended to.

#### **What about working equipment?**

I think that is a problems generally in Nigeria. It is bad to an extent that if somebody have to do a simple test, the person has to go as far as Ibadan to do x-ray or scan. So far there is nothing in the hospital, most of the tests, where done outside. The machines are bad, have not been fixed, repairs and all of that I will say, there is nothing to work with in the hospital in term of equipments.

#### **How about infrastructures?**

In this case,I give the hospital a distinction. They have a very good infrastructures but I don't think that is the very main things to be done. They have a good one I must commend on that.

#### **What about the area of benefits?**

Benefit in term of pay? The UCTH is one of the hospitals that pay very well. I give them that too.

#### **What do you consider as issues related to worker concerned?**

(a) Probe to at work hazard

If you go through our salaries scale, you will see that, that is the least and it is painful that they have been exposures to environmental hazards, coming in contact with patients with different or all kinds of diseases and the government provide such minimum amount so in term of hazard, the pay is very poor. Those is a pay for it but is too poor not to compare to what they expect is to be paid.

#### **What about the issues of compensation benefit?**

Yes, I know we have an association in the hospital we do pay. a colleagues is dead or sick, they must be a specific amount to be paid for these people. Also some of the personnel that was harassed sometimes ago, they also benefit N20,000 each even though it was stipend.

#### **What do you consider as possible suggestion?**

The area that are make mention that are lacking. I know payment in term of hazard might not really improved performance, I think it will encourage people enough equipment should be provided, also the working environment should also be conducive. Like I say earlier, it is painful that most people become afraid to stay around the night to take care of patients. But

when the security is not there like the new oath we took said you need to take care of yourself not to think of taking care of the patients. So if these whole things are not provided, I don't see the patients been taking care of.

### **What of hazard concerned?**

Hazard is mainly prevented, I mean sensitive precaution, and this can go as hand glove, noise mask, hand wash, theatre boots, overall, lab coat, etc and if these are provided like sometimes, there may not be water in the hospital to wash your hands if these are put in place it will go a way to reduce hazard to a minimum. Just that, there is a saying that, prevention is better than cures.

### **Cause so far, if there equipments**

If these equipment that patients are being going out to do their test and all of that are here in the hospital we go along way to minimize the cost.

### **Availability of equipment**

We just have very few of them and most of them are in a very bad state and they have not been fixed.

### **What are your possible suggestions?**

To me, one thing about life is that, nothing is done in single, there is no monopoly in this Nigeria. Sometimes we feel the government should provide all that we needs "No" I think all hand should be on desk. The government should take care of their workers, and the hospital management should also do their parts. Even an ordinary good Nigerian, NGO can assist to provide facilities or equipment as contribution to the hospital. so everyone should contribute his or her own parts meaningfully and not only the government.

There should be attended to, it is not about purchasing these equipment, they should be maintenance too. I think should be funds, most of them can be fixed. It just like buy television in your house and it may developed a fault will not necessarily means that you should buy a new one. So it is a matter of repairing them and the ones that are beyond repairs, effort should be made to purchase the new ones.

## APPENDIX VIII

### FOCUS GROUP DISCUSSION WITH MEDICAL PERSONNEL

**Start time:** 1:25pm

**End time:** 2:14pm

Q1 What in your own assessment will you consider as factors that motivate works in the University of Calabar Teaching Hospital. Probe for: physical environment, material equipments, consumables, infrastructures and monetary benefits.

R1. I have been in this institution for over 10 years by my own opinion infrastructure availability is the key and most important factor that motivate workers in UCTH also benefits in terms of salaries and other entitlements equally to motivate workers specifically medical personnel in UCTH. Think infrastructural facilities in terms of electricity and other ehm equipment in the university teaching hospital. If they are adequately provided will enhance productivity and equally motivate workers. I think for now I can pause so that other members of this team can give their own contributions or opinions.

Researcher: Any other opinion on the issue?

R4 To actually support what doctor has said in my own opinion which is not far different from doctor's opinion. I believe that infrastructural facilities is very key in the delivery of services and also in the enhancement of productivity in the University of Calabar Teaching Hospital, take for example in cases where we have a patient for operations or for other things even in terms of taking a test, we hardly see light, it that is a very bad one and this situation has been in place for quite a long time and I believe that if infrastructural facilities such as electricity can be adequately provided it will actually enhance the productivity of workers in the University of Calabar Teaching Hospital thank you.

R2 In support of what my others colleague have said, I believe one of the key factors to bring about good and optimal productivity in UCTH as well as every other organization is benefit both in form of remuneration, salaries and the value that is attached to every worker which entails the working condition and then the facilities that are produced too is not enough to provide facilities but how do we maintain those facilities is not about providing facilities maybe there are facilities that where provided for like I have been in this hospital for over 20 years now you cannot tell me that certain facilities have been in place and there are not maintain and they haven't been replace but because the facilities have been there for like 30 years ago for the fact that there are not been put to use, there was a time, my cousin went to the lab for test but because of light, there could not conduct the test and I had to complain because I was a staff they decided to do it day that and askher to come back for the test which was close to three weeks she came back and that test was never done or I believe the test was done and because of the fact that, due to the deplorable state of infrastructural facilities in UCTH over the years for the past five years or there about it wasn't done and then the lady did not find it funny and nobody could blame her for reacting in the way she did so I am believing the Almighty that the new administration will put certain things in place. Thank you.

R3 Thank you researcher I think I will like to look at the issue of material equipments and consumables now those of us in the lab section where you conduct a lab test, the report for the doctor to analyze before we determine the drugs you give to the patient



we have suffered a lot to set back and the reason is because some of the fundamental basic equipment we need in the Lab to conduct test, we lack them. If I start mentioning them am sorry to say that today will not be enough. Some of the one we, have there are not functional and some of the major once we need to test even malaria the commonest of the sickness by the poor malaria and typhoid we have to even borrow and some, we the medical personnel we use our own money in getting some of those things to that we will be able to function. And they are cases where people bring their love ones, their wards, their husband or whatever not that we the staffs cannot do the work, but we do not have the equipment and we start making referrals to some of the private clinic and the commonest is this new one there just established at Mary Slessor they call it Asi Diagnosis Clinic there is no medical lab scientists they am sorry to say that is as good as what we have in teachings hospitals it is because we don't have the materials most times we come to work from mornings till the evening not that cases are not there, there are case but can we use our own mega Salary to purchase the things we need to serve the public? It is not done anywhere so I think the reasons it looks like we are underperforming in UCTH those of us in the lab section is because the basic things we need to conduct basic test we do not have them. We don't and I believe if those things are made available we will definitely have the best of the people you have here. Thank you.

R5 before I buttress on the issue on ground, may I wish to ask the researcher if he was cleared and verified to conduct this exercise in this very hospital and if he was cleared, please can I sight the clearance certificate to conduct research in this institution.

Researcher: Thank you very much doctor. Before in here for interview, the University of Calabar Teaching Hospital ethnical committee are aware of my research and they gave me a clearance certificate to carryout the research and here is the certificate.

R5 Continue. . . after observing the clearance certificate from the researcher . . .I continued, mine will be on it very short note and of course Dr. Udosen have said a lot because we are into the same department, department of Surgery what I want to add to what he have said earlier is very short. He mention infrastructure, is not just all about infrastructural, upgrade and total overhaul of infrastructure is very key in achieving organizational goals and objectives and of course, if you take teaching hospital as the case may be we are lacking in terms of infrastructure a lot. A lot of them are outdated. There is no upgrade of infrastructure, there is no overhaul of infrastructure and you find it that the same equipments that have been in use for over 15 years since I have been here are still the same equipments in place when you compare this hospital and other teaching hospitals out there where they are new infrastructure in place you notice that the motivation in University of Calabar Teaching Hospital are in decline and this factors are external and internal like job satisfaction, logistics, promotion even work environment are key in motivating staff in this hospital and equally identify extrinsic factors such as financial rewards, accommodation and transportation and of course it is no news that this hospital lack all of this factors I have just mention. And in my opinion I suggest I pray that the government should come to the aid of the hospital for maximum operation.

Q2 By your own assessment, how is the safety concern of workers in University of Calabar Teaching Hospital, proof for conditions of service, worker welfare and safety issues.

R6 I will respond to this question in the area of works welfare and safety issues from the physical design of this institution, they are no provisions for doctor's quarters which

affects service delivery for example there are patient that come in here 12 and, I am even when doctors are not on call, but they are some serious issues that request the services of a consultant like myself and where I am living, driving at night is not safe and leaving my family at night is not safe so the contractors that were responsible in constructing this institution, they will have made provision for housing unit for doctors and other health workers that are working in this institution for a better performance and good service delivery and the condition of service here the factors I just pointed out affects the condition of service here like when you are on call you might be held by traffic or the fear of safety of leaving your environment to come to the hospital and attend to your patient during that period a lot of things may happen or there might be a lot of complication which might be out of our own medical expertise to handle.

Researcher: Thank you very much.

- R1 I am still doctor Udosen Surgery Department, just to add to what my colleague just said in terms of Condition of service. I will say it is fair but for workers welfare and safety I think we need to improve and the emergence of the new C.M.D staff welfare need to be address. My colleagues earlier mention staff quarters and the issue of staff quarters is grossly inadequate, workers welfare need to be address to avoid incessant strike to the detriment of poor patient. Welfare issue is very critical in any organization for safety. I think the management is trying it best but there is still need to do more, if there is no safety in any organization the output or productivity will decline. I think I will purse for now for other team members or colleague in this FGD to air out their own view or opinion concerning this issues.
- R5 Let me quickly add to what Dr. Udosen have just said. The issue of occupational safety of workers is one of the greatest concerns in any organization and University of Calabar Teaching Hospital. UCTH workers welfare and safety issue are very paramount here. Thank God that the former administration here attempted to address some certain issues as it bothers on the staffs in this hospital by my assessment safety issues such as prevention of disease, injury, allergy and even stress this are all evident in this hospital. Thank you very much.
- R2 I want to talk a little on the issue of security as the major aspect of safety. There have been occasions where arm robbers invade the hospitals and then both their patients and staff are put at risks. There is a security lapses and I think that should be seriously look into and address. Thank you.
- R3 Interrupted I will love to add to that, that is why the new C.M.D have decided to block the entrance from satellite Town to teaching hospital and he is trying to put one or two security checks to ensure that kidnapping and other criminal activities overtime taking place in teaching hospital is being address. I think I will just brief look at safety as it concerns my own department which is the medical lab unit, should I say the hospital management, they are trying, it is fare but I think we can do more some of those essential need sample to get ourselves equip while carrying out test of the patient while also collecting blood from the patient. Some of those things, they are in short supplies not that there are not, they but there, but there are not adequate for I think if we have enough of it, it will go a long way to motivate those of us in this unit to do better than what we are doing. Thank you.
- Q3 what are the factors that influence workers performance proof for (a) remuneration and others monetary benefits (b) numbers of working hours (c) and others motivational drives.
- R5 thank you very much my researcher, there are several factors that motivate workers performance for example, remuneration like you mention. If a worker is paid well, it

been paid his dues, he is been paid his salary adequately and he is been paid his allowances adequately, that work will perform optimally but it hasn't been the case in the University of Calabar Teaching Hospital. In the University of Calabar Teaching Hospital we seen the scenario of things that we have around us is that doctors are underpaid and lab scientists are underpaid and even some staff we call contract staff, the staff that are been deprive of their allowances optimally, they have been short changed through remuneration. But I believe very strongly if the workers are paid adequately, efficiently, and effectively are actually paid their ward it will enhance their productivity. Thank you very much.

R3 The issue we have had overtime not just in University of Calabar Teaching Hospital, but it is applicable virtually in all the teaching hospitals cut across the country is the issue of wage differentials where the doctors are paid better than other workers in the teaching hospitals (laughing) continue the issue of wage differential I think I will continue from that aspect. Most of us we receive similar trainings like the doctors we receive almost similar training like the nurses, even the radiographers but when it comes to pay especially the allowances, what they give to the doctors, what they give to the radiographers is quite different from what they give to most of us that are in the lab unit of this hospital. Most times if you look at this things it has a way of discouraging you putting in your best we go to the same market, our children are in the same schools is not that they create a different school or market for them and at the end of the day, what we earn is not equal to what the doctors are being earn and we are in the same hospital and in the same environment and it has a way of making us feel jealous and most times to be honest with you when cases comes and you are called upon anything the motivation is not there for you to do anything. There is need for wage harmonization in the teaching hospitals across the country so that every worker at the same level with equal certificate. Not we are being equal qualification and others are earning higher than you I don't think it is been fare. I want to briefly talk on the issue of working hours, now for the doctors, for the nurses they run shift in this hospital and some of them they run 3 to 4 shift in a day but in my own unit we run just 2 shift and the reason is because we are understaff. The hour we spent at work per day, on a more serious note beyond what other medical personnel are. Because when you work more than you are suppose to you suffer fatigue even when you have other patient here to attain, there is a way it affect your productivity so I think one of the problems that have affected our performance in this particular unit and the hours at which we work is affecting us psychologically that is the reason why most persons complain that we are not really doing the best and I believe if the staff strength in this unit is increase it has a way of encouraging and boosting our moral. Thank you.

R6 Let me add up to what the lab scientist just said as it do really affects the way works perform in this facility like my colleague in Germany they work four hours per day out of 24 hours so in Nigeria, I believe is because our economy is not that develop in the area of health we should be concern about human. Like imagine, my female colleagues who are mothers okay, she was suppose to in theartre, there is work going on and she is thinking on how to go for school runs which if she have enough time to take care of both family issues or what she is in the institution. This affects the way we work around her because we are human beings and are not supper humans we have other responsibilities to take care of our working hours. Her is not encouraging at all, the labour laws should be looked into especially when it comes to the number of working hours because as a medical doctor when you are fatigue what will you do? You might kill a client or patient for a simple reason as this. Although we might not take it into consideration but it is very very important. Thank you.

- R1 I want to say something just like when it comes to the issue of salary like the lab scientist said, they are category or cadre of people in terms of salary with medical doctors it is not ideal here but I want to highlight my own view. What I want to say is that prompt payment of salary influences workers performance because when workers are paid promptly they be dedicated and do their job to the best of their ability. Then when it comes to working hours, every organization have designated working hours anything outside the working is schedule as overtime need to be paid as of when due to enable workers put in their best, overtime, promotion allowances etc and other motivational drives that I think enhances workers performance. Thank you.
- R3 Let me add something to what my colleague have said, I am not surprise she/he is a medical doctor that is why he is what he is saying, if we should let it to a debate, the market you go to is of different form the one we go to? Is not different! The school your children attend you might be surprise that the school my children attend is even more expressive than the one your own children attend no even even . . . (Clash of conflicts on salary between doctors and other medical personnel) . . . interrupted.
- R7 I am doctor Shegun is not new in Nigeria and all over the world is the same standard; if you go to America doctors are paid more than other medical personnel like registers nurses (arguments with other colloquies) refusing to accept that doctors all over the world are paid more than others). He continue that hazard allowance should be paid on time. He ended that we are not here to do a debate but for research. Thank you.
- R4 What do you think can be done to improve the existing working condition in the University of Calabar Teaching Hospital and proof for likely suggestions as (a) number of working hours (b) hazard concern (c)motivation (d) equipments (e)type of work done.
- R5 I did not want to say anything about salary but I have to make recommendations and highlight things that could be as a pointer, recommendations, recognitions of workers achievements, acknowledgment, recognition programs, alignment of training programs as a self recognition of training mechanism promote strength posting via feedback mechanisms and combine with supervisions. I believe if those suggestion I just made, infact this hospital will be great.
- R1 I think for number of work hours, I think workers on night duty should have less work hours maybe say 3 shift to enable them put more effort and make time to rest for hazard concerns. I think the hospital management should provide more suitable measures to combat it base on it peculiarity example items like gloves, disinfectants should be available in the hospital and adequately for motivation salaries and other allowances should be provided for us at when due. The Ministry of Health should provide the needed equipment to enable the hospital function optimally. Base on time of work done every department has its own peculiarity and different categories of staffs management of the hospital should endeavour to provide for her staff and necessary facilities based on the type of work done to enhance productivity and performance.
- R3 My own very simple oh! Salary harmonization. Let them harmonies salary, what they are paying the doctors, is what they should pay the med lab, scientist, nurses, radiographers and the rest of them and in addition to that we need more staff especially in my own unit we need more medical lab scientist let me stop here with my recommendation. Thank you.
- R2 Thank you Mr. researcher, in my own opinion just to add to what my colleague have said improve job conditions, condition of service, good remuneration and then a little knowledge of what leadership entail. I will advise, or suggest and recommend that the leadership should be a transformational kind of leadership where you try as much as

possible to add value to your staff not just allowing them or leaving them to remain the way they are in this society that new things evolve every day. There should be constant on the job training atleast to expose them to the new trend of events, new technology and several other thing. So we should try as much as possible to make them fit to tackle issue that will come up as long as upgrading the facilities we have in this UCTH. Thank you. Research: Thank you all for your time and contributions. It has indeed been of a great pleasure. Once again, I thank you all for coming. May God Bless you all.