

# The effect of organisational factors in motivating healthcare employees: a systematic review

Abimbola Afolabi, Senaka Fernando and Tony Bottiglieri

## ABSTRACT

Healthcare employee motivation is a key concept when attempting to achieve an efficient, effective and good quality healthcare delivery. In this article, a systematic review of primary data from the UK, Europe, Africa and Asia was conducted to consolidate the available evidence on the effect of organisational factors on healthcare employee motivation. Because healthcare delivery is highly labour intensive, it must be acknowledged that human resources are extremely critical in the drive for healthcare organisations to deliver on their organisational goals. The organisational factors that were identified as having a great effect on healthcare employee motivation can be divided into financial and non-financial factors. Remuneration was identified as a strong extrinsic factor, while conducive working conditions, increased responsibilities and appreciation from the communities in which they serve were identified as strong intrinsic factors. Even though there is a cultural aspect to motivation, remuneration, managerial support, and career advancement are core factors that affect all healthcare professionals—irrespective of country. Many of the factors that were observed in the literature as affecting motivation can be addressed by improving the reward strategy of healthcare organisations.

**KEY WORDS:** Employee performance ■ Healthcare employee ■ Job satisfaction ■ Motivation ■ Organisational factors

**H**ealthcare is a highly labour intensive industry, with its workforce representing the major and most important component of its service. The demand for healthcare is continually growing as a result of population growth, an increase in the ageing population, advancements in drug provision, and technological growth (World Health Organization (WHO) (Roberts and Charlesworth, 2012; WHO, 2015).

The impact of new diseases and infections such as HIV, chronic diseases and long term

conditions are changing the way public expectations of healthcare provision are being considered (WHO, 2006; World Economic Forum, 2013).

A well-motivated healthcare workforce is key to meeting the continuous and changing demand of healthcare services (Buchan, 2000). However, where healthcare employees are demotivated, their performance at work deteriorates. This consequently affects the quality of healthcare that is provided – often it is less effective and less efficient (Kasenga and Hurtig, 2014).

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## “ A well-motivated healthcare workforce is key to meeting the continuous and changing demand of healthcare services ”

The researchers Henderson and Tulloch (2008) point out that a large proportion of the healthcare workforce is demotivated, emphasising the importance of searching for ways to improve motivational states within this group (Kasenga and Hurtig, 2014).

Motivation of employees is defined as a willingness to exert high levels of effort towards organisational goals, conditioned by the ability of such effort to satisfy some of their individual needs (Ramlall, 2004). This suggests that to motivate the healthcare workforce, organisations need to help employees achieve their individual needs while they work towards organisational goals.

There are several factors that influence the motivation of healthcare employees. External factors such as political, economic, social, cultural and technological factors are known to significantly impact the level of motivation of employees (Bratton, 2010). For example, healthcare reforms initiated by a government affect the organisational structures in which employees work. Organisational cultures fluctuate across professional and political beliefs and values, as well as across organisational processes on which healthcare is constructed. These values shape employee motivation – a factor that the employer is dependent (Franco et al, 2002).

However, some researchers argue that internal organisational factors provide significant influence when motivating employees. These often relate to the unsolved tensions between the need of the healthcare sector to increase productivity, while improving the quality of care. At the same time, the external pressure of reducing costs is also applied (Lake et al, 2000).

The organisational factors that were identified as having a great effect on healthcare employee

motivation can be divided into two categories: financial and non-financial.

Financial incentives are a very important and powerful organisational factor in motivating healthcare workers, such incentives come in the form of adequate salaries and allowances, which are considered an important means of meeting the basic needs of healthcare workers such as housing and other living costs. According to studies conducted in several countries, such as North Vietnam (Dieleman et al, 2003), Mali (Dieleman et al, 2006), Ghana (Agyepong et al, 2004; Adzei and Atinga, 2012) and the UK (Joshua-Amadi, 2002; 2003), the significance of basic salary in supporting the survival needs of employees beyond subsistence is a critical motivator. Hence, financial incentives are considered important drivers for work morale and motivation, which sustain higher levels of output.

However, another study conducted in Africa by Mathauer and Imhoff (2006), stressed how non-financial factors motivated employees. This included the opportunity for continued professional development and career development, as well as strong communication mechanisms that aim to strengthen employer-employee relationships and communication between colleagues.

The research argues that an increase in salary is by no means enough to solve the problem of reduced motivation among healthcare workers. Furthermore, it suggests that to motivate healthcare employees and foster increased commitment to their career, healthcare organisations should place an emphasis on non-financial motivational factors – especially in view of the economic challenges confronting healthcare organisations (Skefales et al, 2014).

Empirical studies report that healthcare organisations need to recognise the importance of continuing education and career development (Dieleman et al, 2006). Furthermore, a study conducted in Mali by Dieleman et al (2006), which focuses on motivation and performance management of healthcare workers, found that the majority of respondents were highly appreciative of training opportunities provided by their employers. However, the study also

noted that some activities, such as promotion, career development and performance appraisal were mainly administrative rituals and not used to improve motivation and enhance performance, which is a situation found in most developing countries, such as North Vietnam (Dieleman et al, 2003), Ghana (Agyepong et al, 2004), Tanzania (Manongi et al, 2006) and South Africa (Ibeziako et al, 2013).

In light of these findings, this article will address the following research question: what are the key organisational factors that lead to the motivation of employees in the healthcare sector?

To answer this question, a systematic review was conducted. This was the chosen approach, as systematic reviews evaluate the main body of research within a particular field, and are seen to be more rigorous than literature reviews (Greenhalgh, 2004).

## Methods

The review was carried out by consulting the following electronic databases: EBSCOhost, ProQuest, ASSIA, PubMed/Medline, CINAHL and Psychinfo.

Publications were also hand-searched as references were followed up if they satisfied the inclusion criteria. The articles obtained through hand-searching were not treated differently from those obtained in the initial database search.

Several key words and phrases were entered during the review process: 'organisational factors and healthcare employee motivation', 'factors affecting health worker motivation', 'health workers and job satisfaction', 'factors that motivate the healthcare employees', 'leadership as a factor in healthcare worker motivation', 'financial incentives and health worker motivation', 'health worker motivation and retention', and 'health worker and job satisfaction'.

To further improve the relevance of the publications extracted, practical screenings of the articles were also undertaken. This was done by analysing the abstracts of the extracted publications. Fink's (2005) criteria for practical screening was used to identify whether the publication's content was relevant to the research question, and whether the publication's

content satisfies the inclusion criteria. Using these criteria, the extracted publications were based on:

- **Content** – only publications that had a bearing on organisational factors and healthcare employee motivation were included in the review
- **Setting** – locations were limited to healthcare organisations such as hospitals, clinics and health centres in the countries where the studies were conducted
- **Participants** – studies were restricted to those that involved clinical staff such as doctors, dentists, nurses, laboratory scientists, pharmacists and mid-level health providers, non-clinical staff were excluded even if they worked in healthcare organisations e.g. caterers, the central sterile services department and hospital administrators
- **Publications** – these were limited to the databases mentioned previously
- **Language** – only articles written in English were considered due to time constraints

**Table 1. Inclusion and exclusion criteria**

	Inclusion criteria	Exclusion criteria
<b>Population</b>	Healthcare workers such as doctors, dentists, nurses and allied professionals	Non-clinical employees working in the healthcare sector
<b>Exposure</b>	Organisational factors	Non-organisational factors
<b>Outcome</b>	Effect of motivational factors on the performance of healthcare workers	
<b>Study type</b>	Primary research Articles written in English Data obtained from quantitative, qualitative and mixed method publications Publications published from 2000–2014	Literature and systematic reviews Publications not written in English Dissertations Publications published before 2000 Conference proceedings Publications addressing healthcare workers but not motivation scholarly journals

■ **Research design** – Because of the paucity of publications, review articles that were quantitative, qualitative and mixed method research were included.

After applying the above criteria to the remaining articles, the number of articles was reduced further. These were then subjected to a second screening to further appraise them for eligibility using the inclusion and exclusion criteria.

The inclusion and exclusion criteria that was used was based on the population, exposure, and outcomes concept. These criteria are suitable for in-depth review, as well as the types of studies included in the review, and those that are excluded from it (Petticrew and Roberts, 2006). *Table 1* depicts details of the inclusion and exclusion criteria used in this study.

The quality of the reviews was then assessed using the criteria provided by Dixon-Woods et al (2006) (*Table 2*).

Articles were ranked 1–5 (with 5 being the highest possible score). Publications that scored 5 points were rated A, publications that scored 4 points were rated B, publications that scored 3 points were rated C, publications with 2 points were rated D, publications with 1 point were rated E. Publications that scored no points at all were rated F and excluded from the study.

The data were extracted by reading through the studies that were included in the final review, highlighting any relevant information that would answer the research question (Bettany-Saltikov, 2012; Coughlan et al, 2013). This involved extracting data related

to healthcare professionals (population), organisational factors (exposure) and particularly the effect of motivational factors on the performance of healthcare professionals (outcome) (Bettany-Saltikov, 2012). The search strategy is depicted in pictorial form using the Prisma (Preferred Reporting Items for Systematic Reviews and Meta- Analyses) flow diagram (*Figure 1*). Narrative synthesis was used to analyse the data and identify key themes that related to healthcare employee motivation (Dixon-Woods et al, 2006).

**Results**

A total of 30 publications met the inclusion criteria. The studies focus on both developed and developing countries which suggest that the issue of healthcare employee motivation is a global concern. The review includes studies from: Cyprus, England, Georgia, Benin, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia, India, Jordan and Vietnam. These studies were largely conducted in public healthcare facilities in both rural and urban areas; however, some took place in private facilities (Mathauer and Imhoff, 2006; Marinucci et al, 2013).

Each of these 30 publications was then read to ascertain how they conformed to the appraisal criteria. There were no studies rated E or F, as they had been filtered out during the screening process. Three publications were rated D, eight studies were rated C, five studies were rated B, while 14 studies were rated A.

Only studies which were rated as A made the final review. Six of these publications were qualitative studies (Joshua-Amadi, 2002; Dieleman et al, 2003; Joshua-Amadi, 2003; Manongi et al, 2006; Mathauer and Imhoff, 2006; Chimwaza et al, 2014), five were quantitative studies (Agyepong et al, 2004; Lambrou et al, 2010; Ibeziako et al, 2013; Marinucci et al, 2013; Purohit and Bandyopadhyay, 2014), and three were of mixed method design (Franco et al, 2004; Chandler et al, 2009; Ojaka et al, 2014).

Eleven of the studies that made it to the final review had nurses as participants (Joshua-Amadi, 2002; Dieleman et al, 2003;

**Table 2. Quality appraisal criteria**

Criteria for appraising the reviews	Points
Are the aims and objectives of the research clearly stated?	1
Is the research design clearly specified and appropriate for the aims and objectives of the research?	1
Do the researchers provide a clear account of the process by which their findings were produced?	1
Do the researchers display enough data to support their interpretations and conclusions?	1
Is the method of analysis appropriate and adequately explicated?	1

Joshua-Amadi, 2003; Agyepong et al, 2004; Manongi et al, 2006; Mathauer and Imhoff, 2006; Lambrou et al, 2010; Ibeziako et al, 2013; Chimwaza et al, 2014; Franco et al, 2004; Chandler et al, 2009; Ojaka et al, 2014), with two studies based on nurses alone (Joshua-Amadi (2002; 2003).

Seven studies had doctors and dentists as part of the participant sample (Dieleman et al, 2003; Agyepong et al, 2004; Franco et al, 2004; Mathauer and Imhoff, 2006; Lambrou et al, 2010; Ibeziako et al, 2013), with one study focusing on doctors alone (Purohit and Bandyopadhyay, 2014).

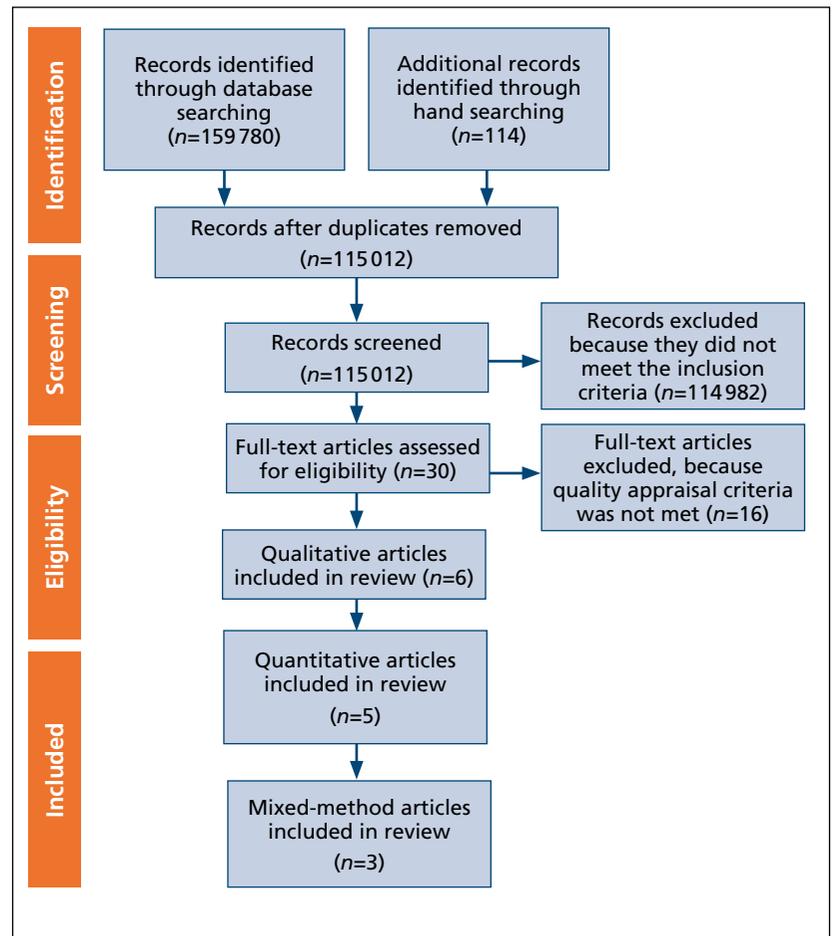
Just two studies, Marinucci et al (2013) and Ojaka et al (2014), included medical laboratory professionals, with Marinucci et al (2013), focusing on medical laboratory professionals only. A number of the studies focused on rural health workers (Dieleman et al, 2003; Manongi et al, 2006; Mathauer and Imhoff, 2006; Chandler et al, 2009; Ojaka et al, 2014), while eight studies were undertaken in urban healthcare facilities. A summary of the studies included in our review is outlined in *Appendix 1*.

## Discussion

As the review includes publications that employ different research methods, a narrative synthesis was adopted to analyse the findings (Dixon-Woods et al, 2006). Using this method, key themes that helped to answer the research question were identified, the data were then reviewed and themes identified and analysed. The themes regarding organisational factors and employee motivation identified within the studies will now be analysed.

### Management and leadership

This was a recurring theme in all the 14 articles that were reviewed. Poor management, lack of teamwork and a lack of support from supervisors and those in authority were observed as strong demotivating factors (Joshua-Amadi, 2002, 2003; Agyepong et al, 2004; Manongi et al, 2006; Ibeziako et al, 2013; Chimwaza et al, 2014). In the study conducted by Franco et al (2004), the healthcare



**Diagram 1. Search Strategy**

Source: Moher et al (2009)

professionals stated that management openness has a positive effect on motivation. Moreover, healthcare workers in rural areas felt isolated and abandoned, as supervision is minimal or non-existent according to Manongi et al (2006).

### Salaries and performance-related pay

All 14 studies consider salary as an important motivational factor. In particular, nine studies consider this an important factor in developing countries because of the high level of poverty. Alternatively, according to five studies, although financial incentives were considered important, they were not enough by themselves to motivate healthcare professionals. Therefore, financial incentives should be part of a group of incentives and not administered alone (Bratton et al, 2010; Armstrong, 2012; Sullivan

“ Although financial incentives were considered important, they were not enough by themselves to motivate healthcare professionals ”

and Garland, 2013). Performance-related pay finds its root in Adam's equity theory, which states that the input-outcome ratio for all employees should be perceived as equal (Bratton et al, 2010).

### Professional development

According to participants in eleven of the studies (Joshua-Amadi, 2002; Dieleman et al, 2003; Joshua-Amadi, 2003; Agyepong et al, 2004; Manongi et al, 2006; Mathauer and Imhoff, 2006; Chandler et al, 2009; Ibeziako et al, 2013; Marinucci et al, 2013; Chimwaza et al, 2014; Purohit and Bandyopadhyay, 2014) in-service training and career progression development programmes are very important motivating factors to healthcare professionals because they equip employees with the knowledge to perform their duties optimally, which in turn boosts self-esteem.

### Promotions

Seven studies (Joshua-Amadi, 2002; Joshua-Amadi, 2003; Agyepong et al, 2004; Manongi et al, 2006; Ibeziako et al, 2013; Ojaka et al, 2014; Purohit and Bandyopadhyay, 2014) dealt with promotions. These studies stressed that delayed promotions can be greatly demotivating, because it is perceived that the expected reward that follows performance is lacking (Armstrong, 2012; Sullivan and Garland, 2013). A promotion is an important motivational factor because it is perceived as a form of growth, advancement and recognition, meeting the needs of self-esteem and self-actualisation according to Alderfer, Herzberg and Maslow's motivational theories (Armstrong, 2012). It is also frequently accompanied by a pay rise, which is considered to be a strong motivating factor (Agyepong et al, 2004; Manongi et al, 2006; Mathauer and

Imhoff, 2006; Chimwaza et al, 2014; Ojaka et al, 2014; Purohit and Bandyopadhyay, 2014).

### Poor working conditions

Seven of the studies reviewed (Joshua-Amadi, 2002; Dieleman et al, 2003; Joshua-Amadi, 2003; Chandler et al, 2009; Ibeziako et al, 2013; Marinucci et al, 2013; Chimwaza et al, 2014; Ojaka et al, 2014) discussed working conditions extensively. When the working environment is not conducive, it has a demoralising effect on staff. Conditions such as lack of electricity and potable water, non-provision of hospital equipment (e.g. sphygmomanometers, microscopes etc), lack of hospital consumables (e.g. protective gloves, face masks etc), failure of management to provide changing rooms and on-call duty rest rooms for doctors, nurses and other healthcare professionals all have a demotivating effect on healthcare workers.

### Recognition, appreciation and reward

Eight studies (Joshua-Amadi, 2002, Dieleman et al, 2003; Joshua-Amadi, 2003; Agyepong et al, 2004; Manongi et al, 2006; Chandler et al, 2009; Ibeziako et al, 2013; Chimwaza et al, 2014) dealt with the issues of recognition, appreciation and rewards. Being recognised, appreciated or adequately rewarded greatly motivates healthcare personnel, it gives them a feeling of being valued. Therefore, when healthcare professionals perceive that they are not adequately rewarded for the work they do e.g. if passed over for training or bonuses it can lead to healthcare workers feeling demotivated.

### Staff shortage and work overload

Six studies (Dieleman et al, 2003; Agyepong et al, 2004; Manongi et al, 2006; Ibeziako et al, 2013; Chimwaza et al, 2014; Ojaka et al, 2014) dealt with the issue of staff shortage and work overload. Respondents in the studies that were reviewed were demotivated by staff shortages as this led to work overload for those still in service, which invariably led to staff burnout. This affected healthcare professionals in both urban and rural healthcare facilities (Agyepong et al, 2004; Manongi et al, 2006; Ibeziako et al, 2013); however, it was of particular importance in the

rural centres according to Dieleman et al (2003), Chimwaza et al (2014) and Ojakaa et al (2014).

### Responsibility and achievements

Five studies (Agyepong et al, 2004; Mathauer and Imhoff, 2006; Lambrou et al, 2010; Ibeziako et al, 2013; Purohit and Bandyopadhyay, 2014), demonstrated how increased responsibility and achievements were a significant source of motivation as they helped to build confidence in the healthcare professional.

### Conclusions

Effective, efficient and good quality healthcare cannot be provided unless organisations take the issue of healthcare employee motivation seriously. From this article, it can be inferred that healthcare employee motivation is not a function of one single factor, rather it is a mix of multifarious factors that must be addressed within the cultural context of the healthcare system of each particular country.

Core organisational factors that have an effect on healthcare employee motivation include: financial incentives, career development, a favourable working environment and management and leadership approaches. It should be reiterated that financial incentives alone are not effective motivational factors. Recognition and appreciation are also important in healthcare employee motivation; this is especially true of healthcare professionals posted to rural areas of developing countries. To address this, we suggest that a review of the range of reward and recognition strategies adopted by current healthcare organisations should be reconsidered.

However, a word of caution from the publications reviewed, the evidence is inconclusive because perceptions of motivational factors may vary according to the cultural context of both the organisation and its host country. Studies have not been able to differentiate how motivational factors may be valued differently by the different cadres of healthcare professionals, which in itself suggests the need for further research. Other issues considered that are not adequately addressed relate to the socio-political context

“ The healthcare professionals stated that management openness has a positive effect on motivation ”

in which the organisation operates, and how these factors inform the motivational states of healthcare workers. [EJHCM](#)

### Competing interest

The authors declare that they have no competing interests.

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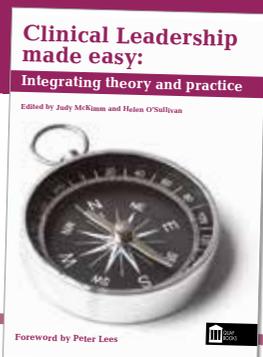
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## Appendix 1. Summary of the studies under review

Study	Type	How identified	Aim and objectives	Research design of study	Main findings	Quality rating
Joshua-Amadi (2002 and 2003)	Qualitative	EBSCO	To identify factors leading to staff de-motivation, and leading to the decision to leave the NHS; to offer practical proposals that may aid staff motivation and improve retention and recruitment rates	In-depth interviews. Purposive sample of nurses about to leave the NHS voluntarily	Demotivating factors were identified as: decline in patient care, staff shortage, low and inequitable pay, lack of appreciation, lack of support from employers and poor relationship with managers as well as unsatisfactory working environment. Nurses will be motivated by managerial openness and two-way communication	A
Manongi et al (2006)	Qualitative	Hand search	To explore the experiences of primary healthcare workers in Northern Tanzania in terms of their motivation and work satisfaction and frustrations. And to identify areas of sustainable improvement to the services they provide	Focus group discussions were conducted in 3 districts of Northern Tanzania. The purposive sample involved 64 participants made up of nurses and different healthcare workers	The following factors motivate healthcare workers in this study; support from supervisors, better supervision and being valued and respected. Lack of feedback causes the healthcare worker to feel isolated; this is a strong de-motivating factor along with lack of training and inadequate patient care	A
Franco et al (2004)	Exploratory and mixed method	ASSIA	To identify the kind of interventions and strategies that should be built into health sector reforms to facilitate health workers motivation and therefore improve both health sector performance and health outcomes in Jordan and Georgia	Data collection was obtained in 3 phases in both countries. 1) Qualitative interviews at managerial and policy makers level. 2) Structured interviews including patients, workers and supervisors. 3) Quantitative questionnaires for healthcare personnel	Results from this study confirm that motivation is not a function of one factor; motivational factors include managerial openness, career development, recognition and appreciation as well as financial incentives. Also it was observed that interventions addressing motivational factors must be applied within the cultural context of the community	A
Lambrou et al (2010)	Quantitative	PubMed	To investigate how medical and nursing staff of the Nicosia general hospital Cyprus is affected by specific motivational factors and the association between motivation and job satisfaction	The instrument used was developed to measure motivation based on the Maslow and Herzberg's theories. 67 doctors and dentists and 219 nurses working in 4 different departments responded to the questionnaire	Intrinsic factors such as achievements that lead to self-actualization are great motivating factors. Having a good relationship with co-workers, good remuneration and job attributes are strong motivational factors as well	A
Mathauer and Imhoff (2006)	Qualitative	Hand search	To assess the role of non-financial incentives and human resource management tools for motivation of health workers in Africa (Benin and Kenya case study)	The research design entailed semi-structured qualitative interviews was conducted with a purposive sample of doctors and nurses working in public, private and NGO facilities in rural areas. There were 62 and 37 respondents in Benin and Kenya respectively	Findings confirm that healthcare personnel are motivated largely by professional satisfaction, good leadership, enabling work environment, increased staff involvement in decision making, recognition, positive feedback and provision of essential equipment. Fear of safety is a strong de-motivating factor along with lack of training and delayed promotion.	A
Purohit and Bandyopadhyay (2014)	Cross-sectional and Quantitative	Emerald	To access and rank the motivational factors that are important to in-service medical officers working in three states in India	Survey instrument was a self-administered questionnaire developed by Pareek (2002). 92 medical officers responded to the survey, these represented doctors working in different health care facilities in over 25 districts in 3 states in India	Findings suggest that doctors are motivated by a plethora of factors including, increased job security, respect and recognition as well as training and career progression	A

Ojaka et al (2014)	Empirical and mixed method	EBSCO	To investigate factors influencing motivation and retention of healthcare workers at primary health care facilities in 3 different settings in Kenya	3 methods of data collection were used in the study, which took place in 59 health facilities involving 404 health workers Group into 10 different types of health service providers. A self-administered questionnaire by service providers and in-charge of facilities. Face to face interviews with key informants. Focus group discussions (FGD) with support staff and service providers	Proposals suggested for implementation from the findings of this study at both county and national levels, include; gender mainstreaming, development of appropriate retention schemes, competitive compensation package and strategies for career growth	A
Dieleman et al (2006)	Exploratory and qualitative	PubMed	To determine major motivating factors that affect rural healthcare workers in North Viet Nam. Also study healthcare workers job perception and motivation and develop strategies which will influence staff motivation, leading to better healthcare delivery	53 semi-structured interviews conducted in 2 provinces. 14 policy makers and managers were interviewed to assess the organisational level. 24 health workers working at the district or commune level. 11 exit interviews were conducted with people who visited the facilities for community perceptions. Group discussions were also carried out	Findings support the evidence that appreciation and respect from managers, colleagues and the community, training opportunities and support from managers and colleagues motivate healthcare workers. Demotivators include difficulty with transportation, low income and allowances, lack of professional know-how and training; these lead to a lack of confidence	A
Chimwaza et al (2014)	Exploratory and qualitative	PubMed	To highlight the de-motivating factors in the Malawian health system, that influences mid-level providers (intention to leave the health service	The study was conducted in 68 facilities providing emergency obstetric care in 25 out of the 28 Malawian districts. 84 respondents participated in anonymous critical incident analysis interviews	Findings from the study show that demotivating factors that influence health workers decisions to leave their jobs can be divided into 1) factors that cause staff to feel under-valued e.g. management issues and 2) factors that lead to poor patient care e.g. lack of resources	A
Chandler et al (2009)	Mixed method	ASSIA	To evaluate factors affecting motivation in non-physician clinicians in Tanzania	Qualitative phase consisted of observation of over 2000 clinician-patient consultations, 80 clinical meetings and the day-to-day routine of the clinicians, as well as informal and formal interviews with 34 clinicians. 179 questionnaires were administered in the quantitative phase, 177 were returned. 27 were eliminated because of missing items	Findings from this study show that older participants see their job as a vocation. On the other hand poor work conditions and low salaries act as de-motivators especially for the younger clinicians, as well as lack of respect and recognition	A
Marinucci et al (2013)	Quantitative	PubMed	To assess factors responsible for job satisfaction and retention of medical laboratory professionals in seven sub-Saharan countries	A quantitative 12-question survey tool was developed and administered to participants. A total of 257 laboratory professionals completed the survey	From the study across all the 7 countries professional development and opportunities for training were rated highest for job satisfaction by the interviewees. Poor working conditions and lack of benefits were rated de-motivating factors	A
Agepong et al (2004)	Quantitative	DOAJ	To focus on the internal customers (public sector health workers) of the health system and identify factors that influence their job satisfaction and motivation	Data collection was through a structured questionnaire in healthcare facilities in the Greater Accra region of Ghana. 550 and 614 staff took part in the survey in January 2002 and August 2003 respectively	Healthcare personnel are highly demotivated. Demotivating factors include lack of essential equipment, low salaries, delayed promotions, transportation difficulties, inadequate staffing and poor supervision. Staff are motivated by regular in-service training and involvement in decision making	A
Ibeziako et al (2012)	Quantitative and cross-sectional descriptive	Wiley Online Library	To determine the prevalence and nature of factors that affect staff motivation at a restructured hospital in South Africa	Data collection was by a semi-structured questionnaire. 122 completed questionnaires were returned	Organisational factors that demotivate healthcare personnel include, poor management style, lack of compensation for hard work, lack of essential equipment, inadequate training and professional development	A