

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI

COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

SCHOOL OF BUSINESS

DEPARTMENT OF MARKETING AND CORPORATE STRATEGY

**THE IMPACT OF MONETARY COMPENSATION ON EMPLOYEE RETENTION IN
GHANA HEALTH SERVICE: A CASE STUDY OF GHANA HEALTH SERVICE IN
CENTRAL REGION**

BY

**GADO, ABDUL-RAHAMAN (PG7636412)
(MBA FINANCE OPTION-UCC, B.ED SOCIAL SCIENCE-UCC)**

**A THESIS SUBMITTED TO THE DEPARTMENT OF MARKETING AND
CORPORATE STRATEGY, KWAME NKRUMAH UNIVERSITY OF SCIENCE AND
TECHNOLOGY IN PARTIAL FULFILLMENT FOR THE REQUIREMENTS OF THE
DEGREE OF MASTER OF BUSINESS ADMINISTRATION
(STRATEGIC MANAGEMENT & CONSULTING OPTION)**

JULY, 2015

DECLARATION

I hereby declare that this submission is my own work towards the Masters of Business Administration and that, to the best of my knowledge, it contains no material previously published by another person or material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

Abdul- Rahaman Gado (PG7636412)

(Student)

Signature

Date

Mr. Samuel Yaw Akomea

(Supervisor)

Signature

Date

Dr. Ahmed Agyapong

(Head of Department)

Signature

Date

DEDICATION

To my late Grandmother (Mma Gambapoa Bukari Sissala), late parents (Adisah Imoro-Gado & Gado Mahama), my wife (Martina Mutiatu Mohammed-Gado) and Children (Rayaad Yike Rahama Gado, Courage-Melissa Gado, Marlene Wambala Gado & Gado Mahama Remiel)



ACKNOWLEDGEMENTS

My profound acknowledgment goes to God Almighty who guided me this far. My candid gratitude goes to my supervisor, Mr. Samuel Yaw Akomea for his insightful comments, suggestions, direction and recommendations in helping to shape the work to its final stage. I am most grateful to him for supervising this work and for imparting his rich knowledge and experience towards the completion of this programme.

To the other lecturers of KNUST, I say many thanks for your contributions towards the completion of this programme.

Summarily, I am thankful for my colleagues, friends and family who provided their support and encouragement to complete this thesis.

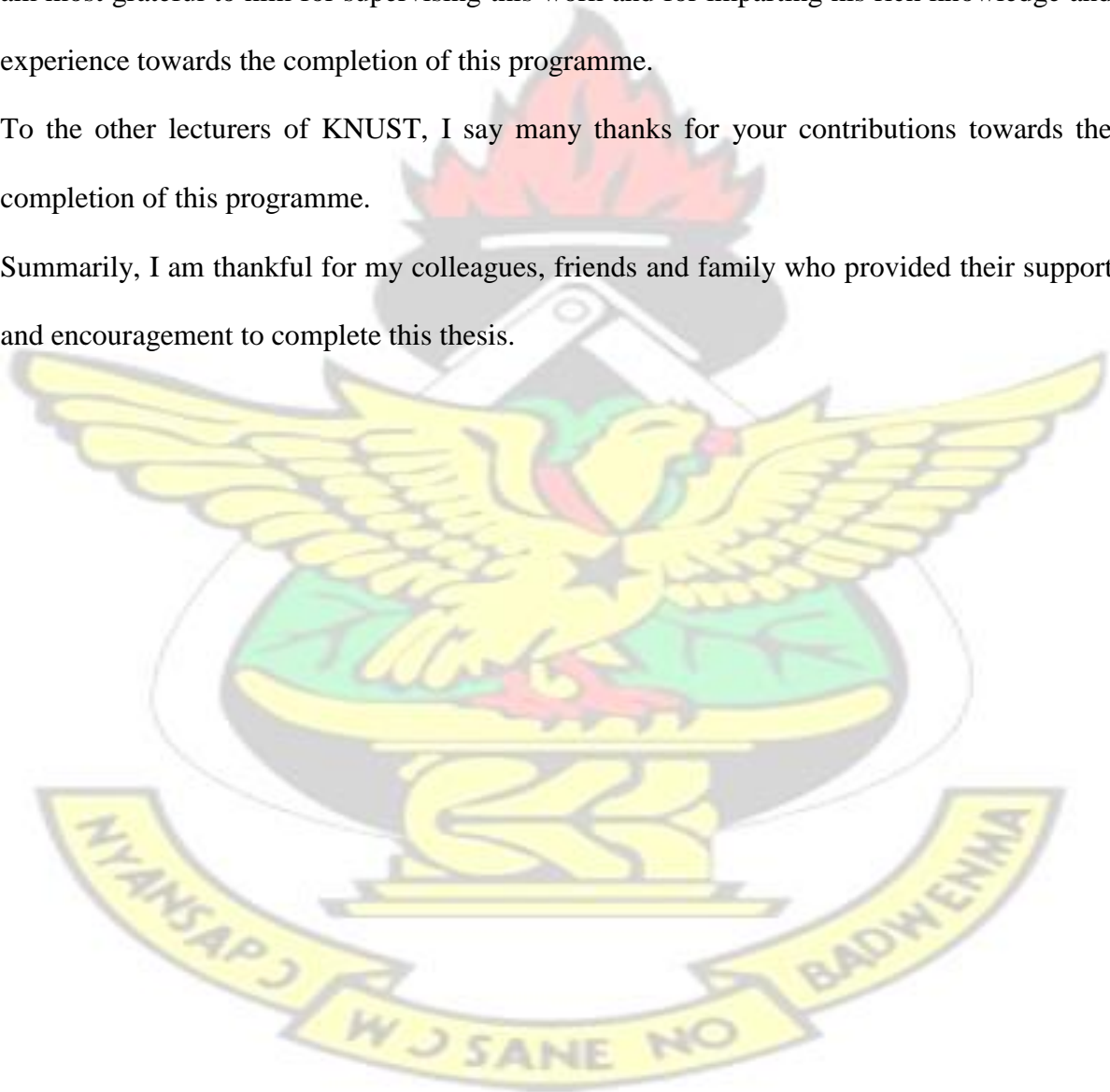


TABLE OF CONTENTS	Page
DECLARATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENTS.....	iv
TABLE OF CONTENTS.....	v
LIST OF TABLES.....	vii
ABSTRACT.....	viii
 CHAPTER 1: INTRODUCTION.....	 1
1.0 Background of the study.....	1
1.1 Statement of the problem.....	4
1.2 Objective of the Study.....	6
1.3 Research Questions.....	6
1.4 Significance of the Study.....	6
1.5 Limitation.....	7
1.6 Organisation of the Study.....	8
 CHAPTER 2: LITERATURE REVIEW.....	 9
2.0 Introduction.....	9
2.1 The value of hospital to the nation.....	9
2.2 Employee Retention.....	10
2.3 Employee Compensation.....	12
2.4 Monetary and Non-Monetary Compensation.....	15
2.5 Empirical studies on Compensation and Employee Retention.....	17
 CHAPTER 3: METHODOLOGY.....	 23
3.0 Introduction.....	23
3.1 Research Design.....	23
3.2 Population of the Study.....	24
3.3 Sampling and sampling procedure.....	24
3.4 Data Source.....	25
3.5 Data collection procedure.....	26

3.6 Pre-Test.....	28
3.7 Reliability, Validity and Generalization.....	28
3.8 Data Analysis.....	30
3.9 Ethical Considerations.....	30
3.10 Organizational Profile.....	31
CHAPTER 4: DATA PRESENTATION, ANALYSIS AND DISCUSSION.....	33
4.0 Introduction.....	33
4.1 Demographic information of respondents.....	33
4.2 Monetary compensation and employee retention.....	37
4.3 Other Factors which motivate staff to stay or leave the hospital.....	39
4.4 The Main Motivational Factor.....	41
4.5 Factors that breeds turnover.....	42
CHAPTER 5: SUMMARY OF FINDINGS, CONCLUSIONS AND	44
RECOMMENDATIONS.....	44
5.0 Introduction.....	44
5.1 Summary.....	44
5.2 Conclusions.....	47
5.3 Recommendations.....	48
5.4 Suggestions for further research.....	48
REFERENCES.....	50
APPENDIX: QUESTIONNAIRE.....	55

LIST OF TABLES

Table	Page
1 Distribution of gender by respondents.....	33
2 Distribution of highest educational qualification by gender.....	34
3 Distribution of length of service by gender.....	34
4 Distribution of job category by gender.....	34
5 Distribution of employment status by gender.....	36
6 Distribution of monetary compensation by gender.....	38
7 Distribution of monetary compensation by gender.....	39
8 Other Factors of Motivation by respondents.....	40
9 Main Motivation Factor by respondents.....	41
10 Rating Management Attitude by respondents.....	42

ABSTRACT

The shortage of health professionals as a result of employee retention in Ghana is a major concern for people living in the country. The worry stems from the fact that health service delivery is labour intensive and human resource crisis adversely affects the quantity and quality of health services delivered to clients. For this reason, one wonders whether compensation has impacted on employee retention or not.

The study emphasised on examining the influence of monetary compensation on employee retention within the Ghana Health Service located in Central Region of Ghana as a case study. In this study, a descriptive approach was adopted. The study relied on the census technique to collect views from the entire three hundred and forty one staff of the hospitals. In all, one hundred and seventy one (171) questionnaires were retrieved. The study made use of cross tabulation and frequencies in its data analysis.

The study revealed that Health workers perceived monetary compensation through an increase in pay as a very important medium of retaining them in their various hospitals. However, less than half of the health workers were dissatisfied with the reduction in pay as a medium to affect employee retention. With regards to the alternative factors that motivated them, the health workers identified job security, work condition, supervision, recognition, decision-making, opportunities for advancement and organizational culture. It was therefore recommended that management should ensure the motivation of employees by developing conditions of service that will attract, develop and maintain employees in the various hospitals in the region.

CHAPTER ONE

INTRODUCTION

1.0 Background to the Study

Employee Retention is viewed as a paramount feature in developing and accomplishing the goals of an organization. This provides a critical contribution to gaining a competitive advantage in many organizations. Ongoing changes in technology, international trading policies and the psychological contract are influencing the way employee/employer relations are nurtured. Previously, the cornerstone was the bedrock of many organizations. Employees are important in today's business environment because the loss of talented employees may affect the future success of the organization. According to Coff (1997), dissatisfaction may be a major underlying factor for losing outstanding employees. Other factors may also include employees being underpaid or unmotivated. For organizations to try to retain such talents there will be challenges such as employees demanding higher wages, which may not be in compliance with the organization's best practices, or breed insubordination amongst co-workers towards their managers.

In today's economic situation, globalization, innovation and technology have greatly influenced hospitals and other healthcare institutions. To curtail these challenges, institutions need to sustain their competitive advantage by strengthening their core competitive areas of operation. Currently, the need to generate and disseminate knowledge is becoming more critical than ever (Wilson and Cattell, 2005), thus managing, upgrading and retaining healthcare professionals effectively is paramount to every nation, in order to increase their output and innovative performance.

Hospitals and other healthcare institutions within the health sector in most developing countries are replicants of today's most complex social structures due to their dynamic attributes and influence they bear on today's economy. It has been acknowledged all over the world that, the health of people in any country is the key to accelerated national development. This explains why developing countries and even developed nations spend huge proportions of their resources in the provision of healthcare services to their citizenry. A country like Ghana can create wealth among its people by ensuring that its citizenry are doing well in the face of good health. For example, nations with healthy population are likely to contribute more meaningfully to socio-economic development. Such nations easily reproduce efficiently and achieve high life expectancy rates of its citizens (Borkowski, Amann, Seok-Ho, & Weiss, 2007).

In recent years, most scholars have paid attention to investigating the issue of nurses' turnover intention in respect of their own institutions. By appreciating the key significance of human capital, hospitals and healthcare institutions have embraced the use of human resource management as a strategic tool, in recruiting, developing and retaining this valuable asset. In the views of Carmeli and Schaubroeck, (2005), human capital retention is critical to enhancing the competitive struggle of employing the most valuable employees in the industry.

Nurses, Doctors, Pharmacists and other health workers in every healthcare institution are the life blood of the health sector of every country. If there are no health workers, there cannot be any meaningful healthcare facility in the country. Health workers are seen as the primary resource for any healthcare facility. Therefore, the development and retention of this group of workers has become the overriding concern of every country. In view of the importance

of health workers in our hospitals, it is essential to appreciate their degree of satisfaction and how this reflects in their core duty of delivery of health care to the people, for which they are hired (Borkowski et al., 2007). Retaining an effective work force has become a challenge to most developing countries due to the management of distinctive challenges and employee needs. It thus behooves on management to find out what excites the employee – to appreciate and to cater for needs of the employee. However, notwithstanding the difficulty, enhancing the retention methods of healthcare professionals should be put at the forefront of the agenda of every health facility (Carmeli & Weisberg, 2006).

Contained in the annual report of East Gonja District in the northern region is a report of the frequent dissatisfaction and turnover of health workers in the area (SEND-GHANA, 2010). As a result of that the District has even constructed a six unit hostel facility to ease accommodation problem of paramedics and to retain and lure more health persons to the District. There has been other intervention by Non - Governmental Organizations (NGOs) and the State to resolve this problem, which still serves as one of the main worries of healthcare managers in the District.

1.1 Statement of the Problem

The existence of a worldwide shortage of the healthcare professionals' especially nursing workforce is well-documented. Although there is no universally accepted rate of health workers shortage, however, there exists evidence (Borkowski, 2007; Flinkman, 2010) to support an increasing gap in the supply/demand ratios of health care workers in globally. According to, Flinkman (2010) majority of most developing countries report shortages of health workers, and this affects the unemployment situation of health workers which is reported to be marginal.

There exists an abundance of qualified health workers in many developed countries; however there exists a shortage of available health workers to support the workforce. In most developing countries, the ageing population accounts for the increase in healthcare services demands in Africa, coupled with the reduction of the available pool of health workers who are effective in the workforce (Simoens et al., 2005).

These challenges have led to a growing concerns regarding acute shortage of health professionals especially the nurses and doctors categories in Ghana and other countries. In a 2010 report by SEND-GHANA, it was stipulated that the worry stems from the fact that health service delivery is labor intensive and human resource crisis adversely affects the quantity and quality of health services delivered to clients (SEND-GHANA, 2010). Most health personnel who are well trained and skilled in developing countries particularly Ghana have found themselves emigrating at an alarming rate to developed countries in pursuit of greener pastures and better working conditions (SEND-GHANA, 2010).

The Ghanaian health sector is not being spared in terms of the leakage of professional nurses, doctors and other health workers to the United Kingdom (UK) and other developed countries. In 2001/2002 the UK alone registered one hundred and ninety-five (195) Ghanaian health workers mostly nurses and doctors. The number of Ghanaian health workers in the UK from 2003 to 2004 increased from 255 to 354 and 372 in 2004/2005 (WHO, 2006). There is variation in turnover levels across the health sector of Ghana resulting in uneven distribution of health professionals among healthcare facilities. While some facilities are experiencing increases in nurse workforce others are losing staff through transfers, resignation and retirement (Ghana Health Service, 2009).

The turnover of health workers and the constraints in finding substitutes for them has an adverse effect on service delivery and practical human resource management. It also weakens the ability of health systems to sustain quality, comprehensive as well as accessible health services to a nation's population (Eastwood, 2005). By introducing the National Health Insurance Scheme there have been significant increases in the hospital attendance without a corresponding improvement in human resources (SEND-GHANA, 2010:11). The Salaga (East Gonja District, Northern Region) hospital annual report stated that attendance in 2004 rose from 47,732 to 50,087 in 2005 and 65,633 in 2006 (Salaga Hospital, 2010). Meanwhile, health workers strength consistently decline from 70 in 2004 to 62 in 2006 and subsequently to 60 in 2010. For example the national nurse-patient ratio as at 2010 was 1:1,510 (GNA, 2010). However, the facility recorded nurse-patient ratio of 1:2,500, a worse ratio compared to the national ratio (Salaga Hospital, 2010).

It is speculated that, employment benefits such as job security, accommodation, prestige, advancement, better financial reward and safe working environment, are some of the factors that have influenced staff to stay in the organization. In view of the foregoing factors, the study aims at finding out the impact of monetary compensation as a factor which is associated with employee retention in the Ghana Health Service.

1.2 Objectives of the Study

The underlying objective within this study was to find out the degree of impact that Monetary Compensation has on Employee Retention. Outlined below are the specific objectives of the study:

1. To identify factors that lead to employee retention of Ghana Health Service in Central Region;
2. To identify the factors that enhance healthcare employee retention;
3. To evaluate factors that cause employee turnover at the Ghana Health Service in the Central Region.

1.3 Research Questions

1. What other factors may lead to employee retention?
2. What is the main factor that can lead to employee retention?
3. Which factors breed turnover of employees?

1.4 Significance of the Study

The study possesses significant outcomes which may be of interest to the government as the main employer of health workers in the country. The study is significant for several reasons. Many research works have been conducted on regional bases focusing on the retention strategies and incentives for health workers. However, this study concentrates on monetary compensation on health workers retention. This study is therefore useful for the Regional Health Directorate in formulating strategies aimed at enhancing the motivation of its healthcare professionals. Though professional-specific, the results of the research gives a general idea of health workers retention which can inform policy decisions in a broad national context. The research is important in the sense that it broadens the boundaries of existing body of knowledge on monetary compensation and employee retention.

Research on monetary compensation and employee retention in the region therefore, can help managements, stakeholders and other healthcare professionals in the region and beyond

to understand that monetary compensation is the main factor of health workers retention. From the study, adjustments could be made by management and other stakeholders to enhance their ongoing policies and procedures as a stopcock measure to forestall the resignation of health workers from the organization.

1.5 Limitations

Notwithstanding the significance of the study to practitioners and researchers in relation to the appreciation of the concept, there exist several limitations which include, but not limited to the generalized subject matter and situational contexts. The sample of the study was limited to Ghana Health Service workers in the Central Region. The results may have restricted generalizability to employees in Ghana Health Service workers in Ghana in its entirety. The degree of selectiveness of the sample as a representation of the population could also reduce the valid outcome of the conclusions elicited from the results of the questionnaires in congruence with the entire or whole population. It was challenging to use all the workers in Ghana Health Service as intended. The result could therefore not be perfectly generalized for the entire employees in Ghana Health Service.

It was assumed that the selected workers in Ghana Health Service in Central Region had sufficient knowledge and understanding of the concepts and what is expected of them is to answer the items in the questionnaire with precision, but this was unverified. In addition, the findings and conclusions of the study are not a constant projection for future work since employee's retention issues keep changing with time.

1.6 Organization of the Study

Outlined and discussed below is the structure of presentation of the study: The first chapter, contains the introductory segment, and presents an outline of the background to the research undertaking and introduction, the statement of the problem which indicates the rationale for need to undertake the study, the benefits to be obtained from the study, the general and specific objectives; research questions, the limitations inherent in the study, and the delimitation of the study as well as the chapter by chapter disposition of the study. The second chapter on the other hand presents an evaluation of relevant studies with reference to the research. It considers the conceptual basis of the study, training practices, evaluation of training, and measurement of training effective on performance. The third chapter espouses the methodology; it touches on the areas of Research design, the respondents and, their methods of selection and sampling procedure, the research instrument used, the data source, data collection methods and means by which the results were analysis. Chapter Four of study presents the findings and discussions of the study application and administration of the survey instrument. In Chapter Five, the summary of the analyzed results is dealt with. It also contains the conclusions drawn out of the survey analysis done. It further states recommendations made on the possible ways to measure training and performance.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This part presents an evaluation of the associated studies in connection with the research. Its aim is to help have a better appreciation of the topic and identify where gaps exist in the research literature and most importantly generate relevant methods such as the design of the research and questions or hypotheses to elicit responses from research participants. It is beyond the remit of this study to present a detailed revision of related concepts regarding the influence of monetary rewards on employee retention of health workers in Ghana. Instead, the focus is on the interaction of the concept and themes as they relate to research and theory. That is, it is a review of a few very pertinent and appropriate concepts that serve as the ideological and empirical reviews of the research.

2.1 The value of hospital to the nation

Government is a major player in the administration of healthcare in Ghana. This is done through the Ministry of Health and through the agency of the Ghana Health Services. The structure of the healthcare system comprises of five levels of providers: the first level is made up of the health posts, which are engaged in basic health delivery within rural enclaves, as well as administrative capital Hospitals, Health clinics, tertiary and geographically mapped hospitals (Cabagarian and Ye, 2001). The government of Ghana makes available most of the funds, while others are derived from financial credits, donor-provided health funds and Internally Generated Funds (IGF).

Religious groups that run hospitals and clinics as part of their religious duty to society also play a significant role. According to Berry (1994), there exist 172 hospitals in Ghana.

Religious administered healthcare facilities are said to make up thirty-five percent (35%) of the total healthcare services provision in Ghana. They are operated under the umbrella of the Christian Health Association of Ghana (CHAG). There also exists clinics that are run for profits; however, according to Akapule (2011), these provide less than two percent (2%) of the total healthcare services in Ghana.

The delivery of health care in Ghana is varied according to the area it is being administered. Within the urban centers, quality services are provided, due to the availability of healthcare facilities like hospitals, pharmacies and clinics.

On the contrary, health care facilities within the rural areas often do not have modern facilities. Within these areas, there is an overreliance on traditional African medicine, as well as patients having to travel great distances to seek healthcare. According to Akapule (2011), 6.2 percent of the country's GDP is spent on healthcare. That accounts for about US\$30 per capita of which 34 percent (34%) is government expenditure.

2.2 Employee Retention

Zineldin, (2000) defines Retention as a responsibility to carry on or engage in business or quid pro quo basis with an entity on a regular basis (Zineldin, 2000). Chaminade (2007) views retention as a deliberate strategy set up within an organization in stimulating the type of engaging surroundings for workers in a long term. In the views of Samuel and Chipunza (2009), it is the central goal of retention exercises to avoid or forestall the losing of valuable and skilled employees within the organization as a measure to forestall negative profitability. Notwithstanding these attempts the practice of retention has become traumatic and intensively challenging for administrators and Human Resource (HR) practitioners

against the background of an unfavorable economic climate. Some studies point to the notion of retention being underscored by numerous factors that needs managing effectively and concurrently to ensure success. According to Ftezenz (1990), these factors include but not limited to strategy, organizational culture, monetary and fringe benefits, and employee or professional development systems.

From the definitions above, there is a clear example of what occurs in our contemporary life, which is beset with apathy on the part of employees which leads to a lack of a sense of loyalty once they leave. The aftermath of various merger and acquisitions has created displeasure amongst employees from erstwhile companies that may have assured them of an impression of job security. With a view to this, there is a lot of career mobility by employees to safeguard their employment standards as well as their job security. Contrary to this, there is the urge for employees to also prevent workers from resigning to join other companies. This is as a view of the great expense incurred in the hiring and retention of new employees. The common maxim that says that ‘good help is difficult to come by’ is indeed more apparent these days due to the flux nature of the job market (Eskildesen, 2000; Hammer, 2000).

The use of a reward system is one of the conventional ways of managing turnover and retention of employees. According to William and Werther (1996), a reward could be described as the token received by employees in exchange for their support to the organization. Rewards come in several forms including monetary rewards, promotions, fringe benefits, bonuses and other motivational packages. An effective workforce is seen to be in place, whose performance is geared towards achieving the corporate objectives, when

an effective rewards system is put in place. In moments when employees perceivably feel unsatisfied with their rewards, there is the tendency that employee may leave and finding replacement for that employee may be costly in terms of time and expenditure or in most cases, such skills may be limited on the market or not readily available.

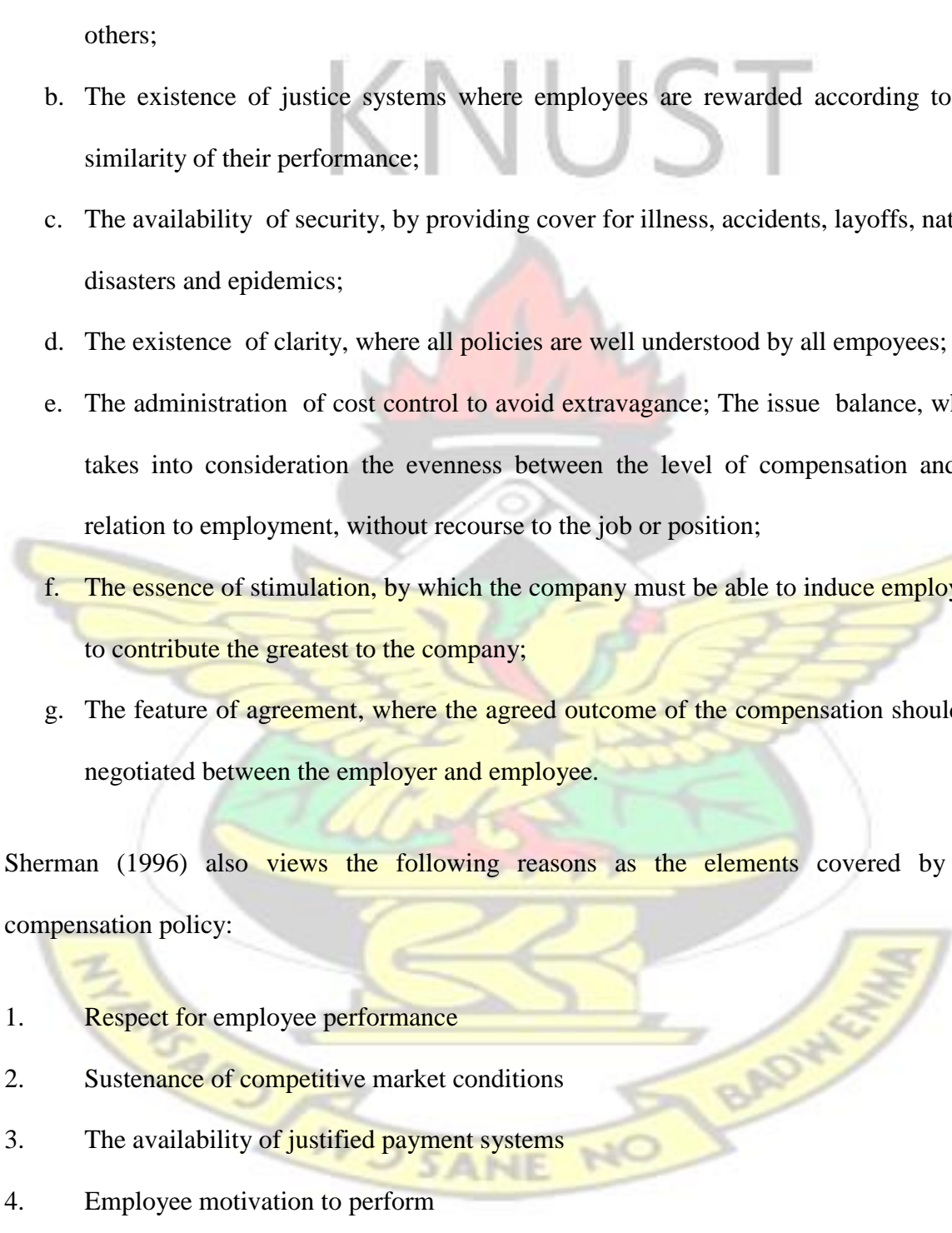
Other related studies on employee retention espouse the fact that maintaining existing employees is less costly than attracting new talents (Davidov and Uttal, 1989). The issue of retaining employees also reflects on subjects such as customer satisfaction, lower costs and the delivery of quality services (Reichheld, 1995). Additionally, there is also the issue of positive-word of mouth by being the first choice employee on the market, higher efficiency and productivity (Zineldin, 2000), which affects the business bottom-lines positively.

2.3 Employee Compensation

Employees depend on compensation as a physical need that motivates them to perform. It is however challenging to provide fair and just compensation to take care of the needs of the various staff, thus is difficult for the personnel department to implement.

Compensation packages include financial packages given to employees as part of their relations with the company. According to Desler (1995), compensation is a reward given to employees as part of their granted employment. This has great influence in areas of hiring, satisfaction, productivity as well as departure of employees (Bernardin and Russell, 1993).

Degree of the reward is important because it dictates the self-esteem, lifestyle and value of the organization. In the view of Cascio (1991), the following principles must be reviewed when giving out compensation:

- 
- a. Equitable principles that take into consideration the difference between the highest and the lowest paid employee, taking into consideration the cost of living amongst others;
 - b. The existence of justice systems where employees are rewarded according to the similarity of their performance;
 - c. The availability of security, by providing cover for illness, accidents, layoffs, natural disasters and epidemics;
 - d. The existence of clarity, where all policies are well understood by all employees;
 - e. The administration of cost control to avoid extravagance; The issue balance, which takes into consideration the evenness between the level of compensation and its relation to employment, without recourse to the job or position;
 - f. The essence of stimulation, by which the company must be able to induce employees to contribute the greatest to the company;
 - g. The feature of agreement, where the agreed outcome of the compensation should be negotiated between the employer and employee.

Sherman (1996) also views the following reasons as the elements covered by the compensation policy:

1. Respect for employee performance
2. Sustenance of competitive market conditions
3. The availability of justified payment systems
4. Employee motivation to perform
5. Budget administration

6. Reduction of employee turnover

Having well motivated employees is a precursor towards the achievement of the company's strategic goals. In the event where the compensation system is based on designation and skills that are in relation to the organizational needs, there exists a greater tendency that the organization will attract the right talent, motivate effectively and have a high retention rate.

Compensation that are in fringe benefits to employees also provide some significance in helping achieve a reduction in monetary compensation packages.

Monady and Noe (1993) divide compensation into two types, which are; non-financial and financial compensation. Financial compensation is further divided into direct and indirect. The direct types of compensation comprise salaries, bonuses and commissions and wages. Benefits that relate to the indirect types of financial compensation are not taken care of by the direct types of compensation. Non-financial types of compensation on the other hand, cover such activities as opportunities, employee satisfaction, responsibility, recognition, the opportunity for promotion. These also include the existence of an environment (both physical and psychological) that supports sound working policies, pleasant working environment, and flexible work schedules.

Compensation was further divided into three forms by Michael and Harold (1993). These include social, material and activity-based compensation. Social compensation is dependent on the need to interact with others, taking cognizance of status, recognition by others as being competent in a field, the existence of a task group and decision based groups. Material compensation does not only represent monetary value such as salaries, commissions and

bonuses, but includes various physical emoluments such as telephone, health insurance, well-spaced offices and pension schemes and so on. Activity compensation gives employees the opportunity to work outside the routine boundaries of work life. This comprises the power held by employees to engage in activities outside the routine nature of work to avoid boredom, responsibility, development training and delegation of authority. The above-mentioned forms of compensation have the ability to motivate employees to perform, enhance supervision and commit to the job. Control, involvement and achievement, personal development, security and membership constitute underlie motivation.

In the views of Dessler (1995), compensation can also be further divided into three other types; wages and salaries (direct); benefits (indirect); and rewards (non-financial).

According to Mathis & Jackson (2000) also agree with the divisions employed by Dessler (1995), however their categorization is limited to two forms, that is, direct and indirect compensation. This includes basic pay such as salaries and wages. Salaries are paid consistently over time, while's wages are paid per some agreed measures such as time or working hours, productivity, etc. The second type is made up of additional payment, also known as variable pay. This is related to individual and group achievement, distribution of stock and bonuses. Members of organizations also benefit from indirect compensations which include leave allowances, compensations for retirement and healthcare grants.

2.4 Monetary and Non-Monetary Compensation

In order to utilize money as a motivator, there must exist some form of meritorious pay increases (at least 7% of the base pay) to influence employees perceptions about being motivated (Bates, 2006). Studies conducted by Locke (1998) reveal that money is rated as a

second basis of motivation among entry-level employees. This evidences that money is not a sole motivator, although this is difficult to prove. This prompts a recognition for non-financial rewards such as decision-making ability and recognition as a viable alternative for internal motivation in areas where money cannot suffice.

It is simplistic however to assume that money is the only motivator for performance. This means that without it, people would not be motivated to do anything or perform beyond their level of commitment. It has to be recognized that there is a continuum of interdependent factors between financial to non-financial packages that engage employees. From other perspectives, it is postulated that money is rated least as a motivator amongst people, with an emphasis on other factors leading employees to reach their achievements. These other factors are said to be great underscores for high retention and motivation. According to Robert and Shen (1998), dissatisfaction results from hygiene and salary factors, which barely motivate employees beyond the neutral level of psychology. . Direct financial rewards however, was investigated by Ellis and Pennington (2004) as being of essence in appealing to new talents, but with a short-term impact on employees' levels of motivation. Armstrong (2007) quoting Kohn makes mention of dogmas of behavior regarding motivation and money. It is postulated that there has been no controlled scientific study to expunge the long-term results of work enhancements emanating from any reward system. Also quoting Slater, Armstrong (2007) put forward the debate that, the logic that every employee is attracted by money is a propagated by wealth lobbyists who want to make themselves feel better about their appeals- money. It is further argued by Armstrong (2007) that, rewards are self-defeating in the long-term, because employees tend to lose interest in it as a motivational tool over a period. The more used a reward system is, the more it is seen as

eroding intrinsic interest. Thus, various methods can be applied to get employees what they want, but this would not mean that people would want to do anything in exchange nonetheless. Non-monetary rewards are therefore more justified in this sense. Factors like teamwork, challenging job roles and various non-monetary incentives are seen to be viable stimulants that enhance motivation and thus, should not be left out when determining the value of employees.

Armstrong (2007) also quotes Pfeffer (1998) on the subject of employees working for money, however with a higher inclination to gaining some meaning in their lives. Without meaning, there is apathy and a lack of commitment, for which salary cannot substitute in terms of a highly motivated and fun and meaningful work environment. He stresses the point that, money cannot be used in isolation as a motivational factor but should be used vis-à-vis other factors of motivation to appeal to employees. Citing from a much promulgated study by Gupta and colleagues based on thirty nine examinations done conducted over a span of four decades; Armstrong (2007) projects the findings that hard cash motivates employees with both exciting and dull jobs whether in an experiment or real world setting. However, it is also acknowledged that, money isn't the sole motivational appeal that interests employees, taking cognizance of the fact that, when salaries go beyond a certain point, employees will be happier, but does not trigger better performance and enhanced motivation.

The study team however still intimates that employers who provide meritorious salaries below the indicated seven percent stir up engraved dissatisfaction among their employees. In their view, small increments can cause grievances amongst employees who may hold the perception that their hard work only yields marginal results. Mixed feelings therefore exist

amongst scholars on the issue of the influence of money in relation to motivation. This is a question, however that can alone be answered using an empirical study.

2.5 Empirical studies on Compensation and Employee Retention

From an empirical point of view, caution must be given to the interpretation of results due to the varied levels of measures engaged to assess resignation intentions of employees in questionnaires. According to Flinkman et. al. (2010), as well as other relevant studies, various completed surveys using questionnaires still left to question, the issues of post exit choices of health workers, on matters related to whether they intended moving into the same professional space or considering a move out of the profession entirely. It was found that none of the questionnaires touched on issues related to whether nurses intended to re-enter the nursing profession or whether they gave up on that professional path. Flinkman et. al. (2010) further intimated that, the timeframe for their resignations also differed from a point of immediacy to an intention to leave within a stipulated period of five years.

Associated differences with intentions to leave the profession have been evidenced to be driven by various factors. Some of these were apparent in single studies, which lacked statistical relevance. Some other studies were also derived on data on a NEXT-study (Simon, Kuemmerling, Flinkman et al., (2010); Estryn-Béhar, et. al. & the NEXT-Study Group, 2004; Camerino, et. al., ,and NEXT-Study Group, 2007; Camerino, Conway, van der Heijden et. al., (2008). A variety of the variables associated with the propensity of nurses to quit the profession were bolstered in these researches only, e.g., higher intention to leave associated with family conflicts was discovered in the NEXT-studies only. Notwithstanding this, the concept of work-family strife has not been questioned in alternative studies within

the literature. Common demographic characteristics were also found among health workers with a propensity to quit the profession. Other characteristics like youthfulness (Barron & West, 2005), higher qualification (Laine, 2005) or gender, specifically male were correlated with higher intentions to quit the profession amongst numerous studies.

Numerous work-related measures were related to higher leaving intention. Issues related to apathy to occupation (Nogueras, 2006), decreased love for job (Laine, 2005) and low job commitment of focus (Lu, Lin, Wu, Hsieh & Chang, 2002) have been mentioned as being related to higher leaving intentions within the profession. Other factors include decreased morale and low satisfaction from the job (Lu et al. 2002), perceptions of salaries being low (Barron & West 2005) as well as a lack of opportunity to (Flinkman et al., 2008) have also been accepted as empirical foundations. Experience of burnout amongst nurses was also seen to have an influence on their intentions to quit the profession, according to Laine (2005).

Amongst these studies, distinctive measuring tools were applied. In the views of Zeytinoglu et. al. (2006), health professionals who had an attachment to their careers displayed statistically relevant levels of intentions to quit their jobs. According to Collins et. al., (2000), the lack of professional planning or monetary rewards, burnout and decreasing morale have been associated with transformations with the National Health Service of the UK, being the major determinants of respondents' willingness to leave the health profession. On the contrary, Robinson (2005) discovered the absence of variables relating to the propensity of employees to remain in the nursing profession within the next 5 to 10 years.

According to Cowin (2002), the way nurses perceive their image as healthcare professionals can also influence their motive to continue with their career, even though both qualitative

and quantitative results were not the same. From the open-ended answers provided in surveys, skilled and highly trained nurses expressed their willingness to stay, even though answers related to burnout, poor public image and stress were also recorded. Nonetheless, a p-value was absent in the study, leaving the outcome less significant in statistics terms.

According to the study of Adzei & Atinga (2012), which applied a thorough quantitative structure using 285 workers as a sample from 10 selected district hospitals within four regions in Ghana, a stepwise regression model was applied in analyzing the results.

It was found out that, financial packages influenced the motivation of healthcare professionals to remain at the district level hospital.

Out of the factors that comprise non-financial incentives, three-quarter (three out of four) of such factors, namely, supervision and leadership, available infrastructure, tools and resources and the opportunity for continued career development were great predictors of retention and motivation.

Issues related to sex and background especially, amongst British and women from Irish descent was associative with the probability of remaining in the health profession within a five year time span., However within a period of 10 years sex was a less significant factor as intimated in Robinson et al. (2005) study. Notwithstanding this, the authors appraised the fact that, intentions to remain in the health profession were underscored by complex rationales and motives and thus, there was the need to treat findings from this area with some caution.

In a study conducted by Barron and West in 2005, numerous factors related with higher propensity to quit the profession, even though many of the results lacked statistical

significance and a lack of adequate information regarding the authors' sample. The Next-study provides the only basis for which leavers were followed. Using 1924 professional nurses from 10 European nations, who responded to the leavers questionnaire, ninety-nine (93%) were seen to have left the profession. 37 years was assessed to be the mean age of quitters, taking into account retired health workers of 56 years. According to Flinkman et. al. (2010), working standards, low demands, financial incentives, amongst other personal factors contributed to the intention rate of leavers.

In another study by Camerino et al. (2008), where 3329 Italian nurses were surveyed, it was discovered that 255 of them quit their jobs during their period of study. The need to search for better work representing 93% seeking for better and improved standards constituting 88% and professional growth which featured 71%. From the longitudinal study that Laine (2005) with 3626 respondents; just 16 Finnish healthcare workers had quit their profession. Almost all of them were identified as having leave intentions in the first administered questionnaire.

Nurses are seen to be diverse amongst professional groups. The effect of cultural standards and different employment chances has an influence on their leaving intentions. In that case, even if the procedural limitations of the study were decreased, it might still be challenging to generate data that could be generalized and useful across the world. Producing data at a national level thus seems more economical and manageable for the use of administrators and policy makers. Researchers in the nursing field should co-ordinate with decision makers to find new ways of retaining professionals in their careers. Action must be taken where different measures are espoused to discover out how possible actions are in preventing actual leaving.

Health professionals having a stable career will have to undergo studies to find out what has retained them in the profession. The correlation between retention and leaving intentions requires further studies to find out the actual rationale for the ultimate decision of nurses to remain, what they do after their profession the possibility of attracting them back to take up their built-up careers.

In relation to the Adams equity theory of 1965 and Herzberg's two-factor theory, Spector (2008) postulates this as a good theoretical foundation of the research. From the equity argument, it is posited that employees try to find a balance between their work input (time, education, effort and commitment) and what the job gives them in terms of outcome (recognition, motivation, promotion, etc.). This is measured against the inputs and outcomes perceived of other employees. The equity theory is dependent on a system of fairness and looks at employees who perceive themselves and / or others to be under-paid or over-rewarded with a view that they may experience distress. This often leads to a call on management to promote equity within the organization to create fairness. Where there is an absence of fairness, Hellriegel et. al. (2008, p.276) suggest that "workers will act in ways that ravage the organization". This, for example, can lead to some resignations which may affect the productivity and bottom-line profits of the organization. On the other hand, if employees who are dissatisfied stay, they may withhold their capacity to perform in order to affect the quality of outcome, or deliberately sabotage the resources of the organization.

The result of this may be that the organization at a competitive disadvantage. Feelings of hostility may be expressed by under-rewarded employees towards the organization and

sometimes also towards their co-employees which may affect the overall level of productivity citing that employee relations is also important for success.

In a similar vein, the two-factor theory of Herzberg (1965) cited by Mausner and Snyderman (1999) regards the internal motivational factors to be responsible for the satisfaction of employees on the job.

The dichotomy of job satisfaction and dissatisfaction has been considered as a forerunner to employee turnover and retention. The theory tries to explain the concepts of motivation and satisfaction in organizations by postulating that these concepts are both driven by different factors, for example, hygiene and motivation factors respectively. The aspect of the job which makes employees willing to work effectively and renege on making a decision to stay or quit a job are called motivators. These motivators are regarded to possess an intrinsic value in enhancing the schedule of the employees' job which comprise factors like acknowledgement, advancement and growth, duty and work itself.

Alternatively, unfulfilling experiences known as hygiene factors are usually an outcome of the influence of extrinsic, and non-job related elements such as salary, employee relations, supervisory and management styles and company policies. According to Herzberg, an attempt to eliminate the situations of dissatisfaction borne out of the hygiene factors, does not necessarily grant a position of satisfaction, rather, it breeds a normal state. Encouragement and satisfaction are borne out of the application of intrinsic reward elements.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

Research methods, methodology as well as application can influence results of a study. Thus, a careful selection of methodology and the application of these methods can break down and enhance the gathering and analysis of data, (Kumekpor, 2002). Reliable methods are a necessity to employ in a manner that renders results reliable and useful towards the objectives of the study. This chapter discusses; research designs, study population, sampling and sampling procedure, sources of the data, instruments for data collection, ethical issues, pre-test, field work and data analysis methods.

3.1 Research Design

The research structure that will be applied in this study is a descriptive survey. Ekure (1997) posits that descriptive surveys involve data collection in order to accurately and objectively describe existing phenomenon. He describes the design as one whose purpose it is to determine the type of condition it is apparent during the period of investigation.

The motive for the application of the descriptive study structure is to accurately as well as objectively describe the impact of monetary compensation on employee retention in Central Region of Ghana. According to Best and Khan, (1999) this design strives for an in depth knowledge of the existing phenomena and allows for generalization based on accurate description of activities and it is also appropriate for describing conditions and attitudes. However, the design is not without flaws. It is often characterized by difficulty in ensuring that questions to be answered or statements to be responded to are clear and not misleading (Frankel & Wallen, 2000). They further espoused that the design may produce unworthy

results because the researcher may be tempted to probe into private matters on which people may not be truthful. Nonetheless, the design is considered appropriate for description and documentation of the phenomena under investigation. Monetary compensation on employee retention is a modern societal issue of concern for government and NGO's alike and this makes descriptive research approach ideal for the study.

3.2 Population of the Study

The body of elements from which few elements are selected to take part in research in order to find answers to the researcher's questions is the study population (Ranjit, 2005). The target population is the group on which the researcher would like to make generalizations (Saunders, Lewis & Thornhill, 2007). For this study, the population was all categories of health workers working in health facilities in the Central Region.

The categories of health workers included Nurses, Doctors, Pharmacists, Secretaries, Attendants, Midwives, and others and they are sub-divided into senior and junior staff members. According to the 2011 report of the Central Regional Health Directorate, there are three hundred and thirty (330) health facilities in the Central Region. The target population was made up of all workers in the 330 health facilities in the region.

3.3 Sample and sampling procedure

Sampling is the manner the researcher selects his subjects to part take in his research (Ranjit, 2005). Sampling is a technique used when the number of elements belonging to a group is large to the extent of making research unfeasible. Probabilistic sampling technique was used with emphasis on purposive and convenience method. Census sampling was used for the selection of sampled respondents from the health facilities. The sample frame of the study

consisted of all the 2,937 workers in health facilities. In the notion of Krejcie and Morgan (1970), a sample of 340 was as a result of a population of 2,937:

$$S = \frac{\chi^2 NP(1 - P)}{d^2(N - 1) + \chi^2 P(1 - P)}$$

Where, χ^2 = the illustrated value of chi-square for 1 level of departure at the desired confidence level (0.05) = 3.841

N = the size of the population = 2,937

P = the proportion of the population (projected to be 5%)

d = the level of precision conveyed as a proportion (0.05) = 0.0025

$$\text{Sample size} = \frac{3.841 * (2937 * 0.5) * (1 - 2937)}{0.0025 * (2937 - 1) + 3.841 * 0.5(1 - 0.5)} = 339.779 \approx 340$$

3.4 Data Source

Data can be collected both from primary and secondary sources. According to Polit and Hungler (1995), a source of data touches upon the collection of information necessary to solve a research problem. Within this study, data was gathered from a primary source. Primary data is first-hand information about a phenomenon collected by the researcher through questionnaires, interviews and observation and is collected from respondents.

Primary data is useful in evaluating a social problem, assessing employee satisfaction and ascertaining the quality of services provided by workers (Ranjit, 2005)

3.5 Data collection procedure

Questionnaire was applied as the only data collection instrument. A questionnaire is an instrument with predetermined items to be answered by the respondents by writing. A questionnaire is administered to respondents that are literate and can understand the individual items in the instrument. This form of instrument is more flexible than interview guide. It has a high respond rate, easy to administer, create opportunity to observe non-verbal behavior and also has the capacity for correcting misunderstanding by respondents when administered personally (Ary, Jacobs, Razavieh & Sorensen, 2006). However it is more time consuming, inconvenient and less effective than other methods when sensitive issues are needed. This instrument is believed to help the researcher in collecting reliable and reasonable data within a relatively simple and cheap short space of time.

The questionnaire was made up of 25 items with five sections: A, B, C, D and E. The items were made up of closed and open-ended items. Section A of the instrument is comprised of 7 items, each eliciting data on the demographic information of respondents. Items included: gender, job category, marital status, age, highest educational attainment, number of years served and employment status.

Section B of the questionnaire contains 4 items. These items were on 'monetary compensation factors'. They adopted the use of a five-point Likert scale, anchored from a continuum of the least important to the most important. Responses to items were scored from 1 to 5 respectively. Section C of the instrument is made up of 3 items. These items will elicit data on 'some other motivational factors that contributes to health workers retention'. Section D seeks for data on 'main retention factor'. It is made up of 1 close-ended and 1 open-ended item. The final Section seeks for data on 'environment the breeds' turnover'. It is made up of 9 items, out of which 5 are controlled questions and 4 are free-ended questions

The Likert-scale measures the attitude of people's by aggregating their scores relating to various items into a single index. The use of scaling is carried out by controlling how high and low scoring respondents present unique sets of characteristics in their approach to answering each of the items marked for admittance in the index with an assumption of a similar distance between the categories (Likert, 1932). In the views of Tittle and Hill (1967) the Likert scale is a widely accepted technique used in scaling in the contemporary art of social sciences. . This could be due to the fact that it is easier to construct tends to be more reliable than other scales.

In collecting the primary data the researcher administered the questionnaire to all the trained health workers in the hospitals. Prior to the administration of the instrument, an informal familiarization visit was made to the facilities for the Confirmation of the number of health workers in each category of job or profession, and also to seek for other information if the need be. The permission of medical directors of facilities was sought to conduct the study within the health facility. The instruments were self-administered, but with some support from the heads of sections and units of the hospital. The study recorded 98 percent response rate which was considered appropriate.

For the purpose of data collection, respondents in each unit were gathered together during break time with assistance from the heads to explain the direction of the study before the administration of the questionnaire for the health workers. Administration of questionnaires was done from one section or unit to other. The researcher used almost three weeks in collecting the data using the questionnaire.

3.6 Pre-Testing

The questionnaire was piloted using 30 employees at the University of Cape Coast Hospital. The number of respondents in the pilot study proved sufficient in including any major dissimilarity within the population as consented by Ary et al., (2006). In most descriptive studies that use questionnaires, a range of 5 to 10 percent of the sample size is deemed adequate. These health workers were selected because they share similar characteristics as those in the other Hospitals. The selected health workers were also selected due to their closeness and easy accessibility to the researcher.

Pretesting the questionnaire helped remove ambiguities, unnecessary items from the questionnaire, as well as determine content validity and reliability of the questions. Hereafter, an amended questionnaire was ready for use in the field.

3.7 Reliability, Validity and Generalization

Credibility of research findings is determined by the reliability and validity of research and research methods. Reliability is used to duplicate research procedures applied at varied periods to determine whether the outcomes will be the standard after a certain timeframe (deductive approach). During the use of an inductive approach, reliability relates to subjectivity that is, whether a different researcher will discover the matching results at varied timeframes (Saunders et al. 2000, 100).

The disadvantages of reliability include bias, error in subject, error in observation and the bias of the observer. These disadvantages were considered while developing the questionnaire. To reduce bias in the subject, development of the questionnaire was made to protect the anonymity of the respondents and this anonymity was communicated. Error of subject can be decreased by dispatching the questionnaire to respondents during an inactive

time of the week: in this case, the questionnaires were dispatched to the respondents subsequent to holidays during which the employees were observed to be relaxed, while possessing sufficient time to answer to the questionnaire. Observer error can be reduced or eliminated with strong questionnaire structure Bias in observation is not be avoidable; however, importance must be attached to its acknowledgement. (Saunders et al. 2000)

Validity addresses extents to which findings from the sample are truly representative of the target population. A disadvantage of validity in this research was the announcement of temporary lay-offs a day prior to the survey.

External validity is the degree of ability to generalize the results inherent in this study to further populations. The results obtained in thesis lacks the ability to be generalized because the use of a case study approach was chosen to reflect the outcome of only one institution.

3.8 Data Analysis

Field editing was used as the basis of beginning the data handling procedure in order to ensure the relevance of information elicited from respondents. A follow-up to clarify issues on unanswered questions was made possible due to this. The assignment of serial numbers to the individually revised questionnaires was also done for easy identification during coding, as well as to confirm information relating to the questionnaire at the time of entering the data. The loose-ended questions were extracted, then coded. SPSS was used to analyze the data.

3.9 Ethical Considerations

Researchers working with human subjects should be concerned with and equipped to avoid and deal with ethical concerns. Depending on researcher subject, organization or affiliation,

there are standards and expected conduct of scientific inquiry; fundamental to this concern is avoiding harm of participants, protecting confidentiality and anonymity, and avoiding deception.

These concerns were addressed before and during the course of data collection. Respondents were ensured and the appropriate measures were put in place to protect the confidentiality of respondents. Secondly, all respondents were communicated to regarding the purpose and rationale of the research question. The anonymity as well as confidentiality of participation was communicated before and after completing the questionnaire. Confidentiality and anonymity was protected by concealing participants with codenames. Assurances were given to the respondents that the researcher was pursuing a valid and intellectual assignment and provided clearance from the educational institution coupled with the researcher's identification.

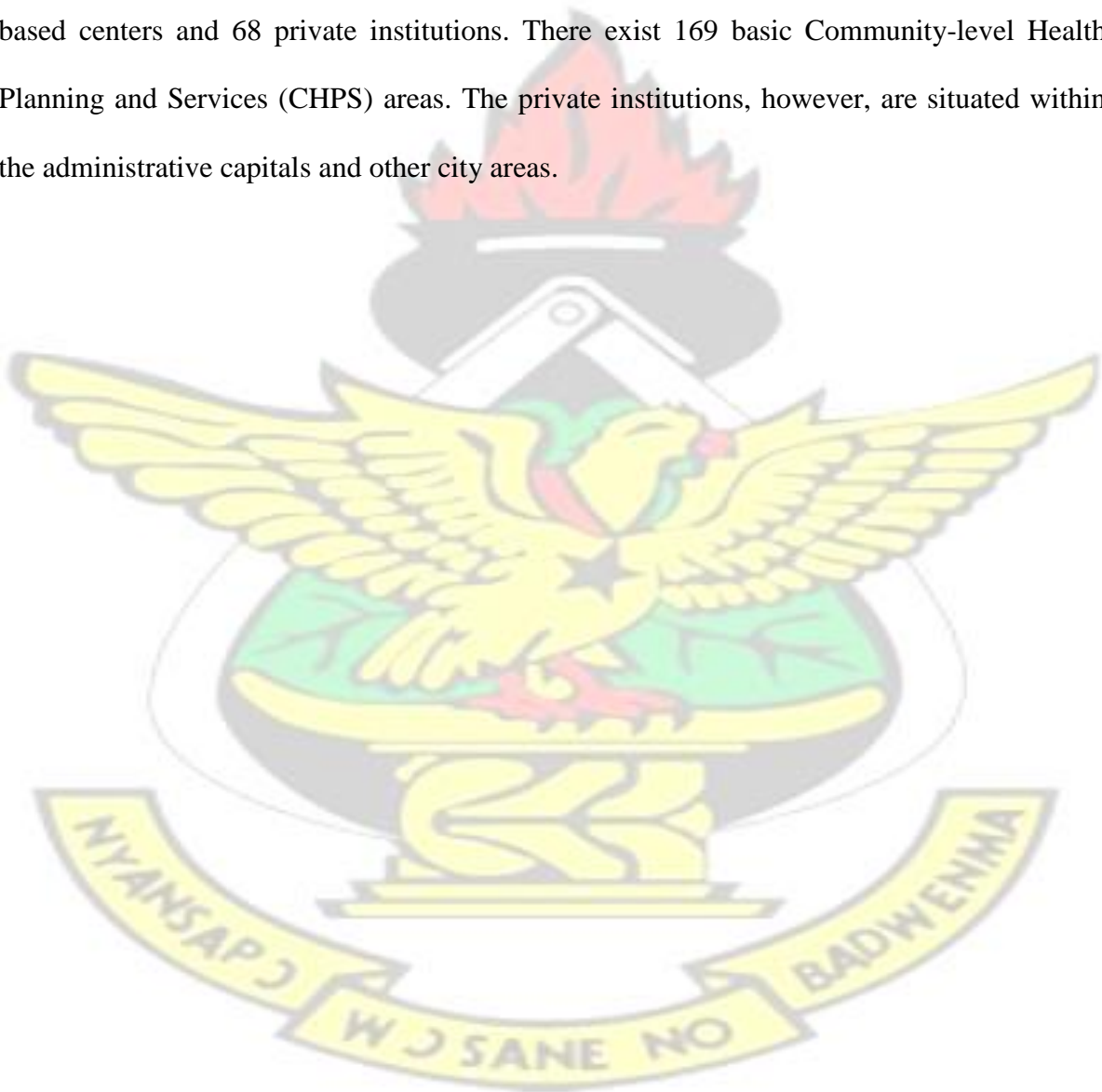
3.10 Organizational Profile

Ghana's Central Region takes up an area of 9,826 square kilometers, accounting for approximately 6.6% total land area. The region is surrounded on the port by the Gulf of Guinea and partitioned on the east by the Greater Accra region. To the north is Ashanti region and whiles it is bordered to the north-east by the Eastern region. The region possesses 17 legislative districts with the classical city of Cape Coast being its capital. Rural communities dominate 63% of the region (DHS, 2008).

In 2012, annual growth of 2,340,494 was estimated with a rate of 3.1% (Ghana Statistical Service, 2010) coupled with a density estimated to be about 238 dwellers per square kilometer. The region has two major rainy periods within a year. The main rainy season

occurs from April to July, peaking in June. The pastured lands are made up of the coastal savannah covering about 15 kilometers midland and a rain forest dominating areas of the hinterland. Kakum National Park, a forest reserve, is situated 25 kilometers from the Capital in the Lower Denkyira district at Twifo Hemang.

The region contains 330 healthcare centers constituted by 210 of government, 17 mission based centers and 68 private institutions. There exist 169 basic Community-level Health Planning and Services (CHPS) areas. The private institutions, however, are situated within the administrative capitals and other city areas.



CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This section of the study presents findings elicited from data collected and is organized into two parts. The first part addresses demographic data of respondents, covers areas such as respondents' gender, highest educational qualification, length of service, job category and employment status. The second section is devoted to analyzing the responses to the questionnaire. At the end of data collection, 171 respondents in the study institution were captured for the study.

4.1 Demographic information of respondents

This section contains the distribution of respondents by gender, highest educational qualification, length of service, job category and employment status.

Table 1: Distribution of gender by respondents

Gender	Frequency	Percentage
Male	87	50.9
Female	84	49.1
Total	171	100.0

Source: Field Data, 2014.

The illustration in Table 1 reveals that 50.9% of health workers who took part in the study were males while 49.1 percent were females. This clearly indicates that the male population of health workers in the facilities of the Central Region is not significantly different from

that of the female health workers. The results indicate that most of the health workers in the facilities were males.

Table 2: Distribution of educational qualification by gender

Highest Educational Qualification	Male		Female		Total	
	Freq.		Freq.		Freq.	
	%		%		%	
Secondary	45	51.7	43	51.2	88	51.5
Diploma/HND	21	24.1	32	38.1	53	31.0
Degree	16	18.4	7	8.3	23	13.4
Above Degree	5	5.8	2	2.4	7	4.1
Total	87	100	84	100	171	100

Source: Field Data, 2014.

The data in Table 2 depicts the distribution of respondents according to their highest educational qualification. The table shows that (51.5%) of the respondents highest educational qualifications were certificates followed by diploma (31.0%). Only 17.5 percent of the respondents had credentials that were higher than diploma. The results further indicate that with regards to certificate and diploma there were more female respondents with such credentials than male respondents. On the other hand, with regards to bachelor's degree and above, there were more male respondents with such credentials than female respondents. Meaning, male health workers were having higher credentials than that of female health workers because of the nature of work in the facilities.

Table 3: Distribution of length of service by gender

Years	Gender				Total	
	Male		Female			
	Freq.	%	Freq.	%	Freq.	%
Less than 1	25	28.7	23	27.3	48	28.1
1 – 4	47	54.0	46	54.8	93	54.4
5 – 8	13	15.0	15	17.9	28	16.4
9 – 12	2	2.3	-	-	2	1.1
Total	87	100	84	100	171	100

Source: Field Data, 2014.

As contained in Table 3, majority (54.4%) of the respondents had served their respective facilities between 1 & 4 years, while 28.1 percent have served for less than 1 year. None of the respondents had served for more than 12 years in the Central Regional Hospitals. This clearly shows that most (82.5%) of the health workers in the Central Regional Facilities have been working with the hospitals for a year or more now as at the time of the study.

Table 4: Distribution of job category by gender

Job Category	Gender				Total	
	Male		Female			
	Freq.	%	Freq.	%	Freq.	%
Nurse	37	42.5	53	63.1	90	52.6
Doctor	5	5.7	-	-	5	2.8
Pharmacist	13	14.9	-	-	13	7.6
Accountant	15	17.3	11	13.1	26	15.1
Administrator	9	10.4	7	8.3	16	9.3
Others	8	9.2	13	15.5	21	12.3
Total	87	100	84	100	171	100

Source: Field Data, 2014.

As contained in Table 4, (52.6%) of the respondents were nurses followed by other auxiliary job categories. Only 2.8 percent of the respondents were Medical Doctors. The results show that majority of the health workers in the Central Regional Hospitals were nurses while the least group of health professionals in the hospitals were Medical Doctors.

Table 5: Distribution of employment status by gender

Status	Gender				Total	
	Male		Female			
	Freq.	%	Freq.	%	Freq.	%
Full-Time Employment	43	49.4	55	65.5	98	57.3
Part-Time	38	43.7	23	27.4	61	35.7
Contract	1	1.1	-	-	1	0.6
Casual	5	5.7	6	7.1	11	6.4
Total	87	100	84	100	171	100

Source: Field Data, 2014.

The data in Table 5 indicates that majority (57.3%) of the respondents were full-time workers. There were more female (65.5%) respondents who were full-time workers than male (49.4%) respondents who were full-time employees. Only one respondent (0.6%) was on a contract while 6.4% of the respondents were casual workers. Results obtained show that in the Central Regional Hospitals, there were more full-time health workers than those other employment status.

The biographic analysis of health workers in the Central Regional Hospitals depicts that the survey touched on most aspects of the health workers of the hospitals. Thus the survey is a good representation of the opinions of health workers of the organization.

4.2 Monetary compensation and employee retention

The first objective of the study focused on monetary compensation and health workers level of retention in the Central Regional Hospitals. Issues examined included increase in pay among jobs in the hospitals and a little reduction in pay available to workers. Indication of the level of retention was required to be indicated by the respondents to a further 25 percent increase in pay. Majority (51.5%) of the respondents indicated that the increase in pay was very important while 6.4 percent said the increase in pay was not all important. There were more females (56.0%) who indicated that the pay increase is very important as compared to the 47.1 percent who gave the same responses. Meaning, female workers perceive monetary compensation as a factor of employee retention. This finding supports the assertion made by Bates (2006). According to Bates, in order for money to induce or appeal to employees, meritorious packages rises must constitute 7% of base pay for the nurses to be attracted. The result is shown in Table 6 below:

Table 6: Distribution of monetary compensation by gender

Level of Retention	Gender				Total	
	Male		Female			
	Freq.	%	Freq.	%	Freq.	%
Not all Important	8	9.3	3	3.5	11	6.4
Not very Important	11	12.5	5	6.0	16	9.4
Neutral	1	1.1	-	-	1	0.6
Somewhat Important	26	30.0	29	34.5	55	32.1
Very Important	41	47.1	47	56.0	88	51.5
Total	87	100	84	100	171	100

Source: Field Data, 2014.

The respondents were asked a follow-up question to know the respondents level of retention to a five percent reduction in their pay. Most (29.2%) of the respondents indicated that the reduction in pay was very important whiles 26.9 percent said the reduction in pay was not all important. There were more males (31.0%) who indicated that the pay reduction is very important as compared to the 27.4 percent who gave the same responses. On the other hand, more (29.7%) females indicated that the pay reduction was not all important as compared to the 24.3 percent male who gave the same response. Meaning, male and female workers alike will remain at post at a reduction in their pay. This outcome is invariable with the attestation made by Locke (1998). According to Locke, the four methods of attracting employees revealed that money was a second-rated item amongst lower-level employees. Such

testimonies demonstrate that money is not the sole motivator. It is also however difficult to disabuse that notion... This is presented in Table 7 below:

Table 7: Distribution of monetary compensation by gender

Level of Retention	Gender				Total	
	Male		Female			
	Freq.	%	Freq.	%	Freq.	%
Not all Important	21	24.3	25	29.7	46	26.9
Not very Important	17	19.5	15	17.9	32	18.7
Neutral	3	3.4	-	-	3	1.8
Somewhat Important	19	21.8	21	25	40	23.4
Very Important	27	31.0	23	27.4	50	29.2
Total	87	100	84	100	171	100

Source: Field Data, 2014.

4.3 Other Factors which motivate staff to stay or leave the hospital

The second substantive objective of the study dealt with the identification of some other factors that motivate health workers to stay or leave a particular hospital. Factors examined include recognition, opportunity for advancement, supervision, working condition, organizational culture of the hospital, promotion opportunities and professional affiliations. When respondents were required to list some other elements which that them, most (34.6%) of the respondents mentioned Job Security as another motivating factor, 20.4 percent of the respondents also mentioned working condition as another factor that motivates them.

Another group (18.1%) of the respondents indicated supervision as another motivating factor, 14.6 percent of the respondents indicated recognition as a factor that motivates them, 8.8 percent of the respondents also mentioned Decision making as a motivating factor, 2.3 percent also mentioned opportunity for advancement as another factor of motivation and the rest (1.2%) indicated organizational culture as another motivating factor. Meaning, all the health workers in the region have non-monetary compensation as a factor of motivation. This outcome is in agreement with the disposition of Locke (1998). According to Locke money is not the sole motivator; however, there is a challenge in arguing against this notion. Ellis and Pennington in 2004 also agree that direct monetary reward plays a significant feature in pooling talented employees, notwithstanding, the fact that it has a temporary impact on the motivations of employees. The result is shown in Table 8 below:

Table 8: Other Factors of Motivation by respondents

Factors	Frequency	Percentage
Recognition	25	14.6
Opportunity for Advancement	4	2.3
Supervision	31	18.1
Working Condition	35	20.4
Organizational Culture	2	1.2
Job Security	59	34.6
Decision Making	15	8.8
Total	171	100

Source: Field Data, 2014.

4.4 The Main Motivational Factor

The third important purpose of the study focused on the major motivational factor of the health workers in the Region. The respondents were asked in a follow-up question to indicate their main factor of motivation. Majority (53.2%) of the respondents were of the opinion that the main motivational factor was Job Security, 26.9 percent also indicated Recognition as their main motivational factor as health workers, 9.9 percent of the respondents mentioned their Working Condition as the main motivational factor, 5.2 percent also indicated that their main motivational factor as health workers was Supervision and the rest (4.8%) of the respondents mentioned Decision-making as the main motivational factor. Meaning, majority of the respondents in the Central Regional Health facilities are mainly motivated by Job Security. This finding is consistent with the assertion that Pfeffer (1998) made as referenced by Armstrong (2007) who argues that employees to gain meaning into their life beside the money. This information is presented in Table 9 below:

Table 9: Main Motivation Factor by respondents

Factors	Frequency	Percentage
Recognition	46	26.9
Supervision	9	5.2
Working Condition	17	9.9
Job Security	91	53.2
Decision Making	8	4.8
Total	171	100

Source: Field Data, 2014.

4.5 Factors that breeds turnover

The final objective of the study was to examine attitude as a factor that might influence health workers intention to leave or remain on the job. Respondents were asked to rate the attitude of management towards health workers in the various facilities in the Region. Table 10 shows that, most (40.4%), of the respondents rated the attitude of management to be poor, 27.5 percent of the respondents indicated that the attitude of management was good, 14.0 percent also rated the attitude of management to be very good, 11.1 percent of the respondents rated the attitude of management as satisfactory and 7.0 percent on the contrary rated the attitude of management to be excellent. The outcome of the study seem to reveal that a greater number of the health workers in the Central Region see the management's attitude to be low which could be informing their decision to leave or remain on the job. This is because, in a follow-up question to know whether or not the attitude of management could influence their decision to leave the facility, majority (73.4%) of the respondents indicated that the poor attitude of management towards health workers is capable of influencing their decision to leave the job whiles the rest (26.6%) of the indicated that the attitude of management is not likely to influence their decision to leave the job. These results support previous findings revealing that employees who are satisfied are more likely to remain in an organization compared dissatisfied ones according to Mobley et al., (1979).

Table 10: Rating Management Attitude by respondents

Factors	Frequency	Percentage
Excellent	12	7.0
Very Good	24	14.0
Good	47	27.5
Satisfactory	19	11.1
Poor	69	40.4
Total	171	100

Source: Field Data, 2014



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

The following chapter highlights a snapshot of the key outcomes and conclusions. The final part provides suggestions for future research.

5.1 Summary

The goal of the research was to review the impact of monetary compensation on retention of health professionals' in the Central Region, Ghana. The study was designed to (1) assess whether monetary compensation retains employees and (2) identify the factors motivating staff retention or employee turnover.

The study was carried out at health facilities in the Central Region of Ghana using a descriptive study design. The census technique was used to capture all the 171 health workers in the hospitals made up of 87 male health workers and 84 female health workers. The census method was used to give chance to all the health workers in the hospital to express their views and to have a comprehensive picture of the extent to which monetary compensation and employee retention result to their dysfunction at the Central Regional Hospitals. A questionnaire for male and female health workers, comprised of open-ended and close-ended items with four sections, was the instrument used to address research objectives. Data analyses, to include cross tabulation, frequencies and percentages using the Statistical Product for Service Solution (SPSS) version 17 were applied.

The first substantive objective addressed health workers level of satisfaction with the conditions of service. The main findings that emerged were:

51.5% of the respondents indicated that the increase in pay was very important. Again, both male (47.1%) and female (51.1%) health workers perceived monetary compensation as very important in the hospitals. But the female (51.1%) health workers in the facilities value monetary compensation as compared to the male (47.1%) health workers.

9.2% of workers in the facilities were dissatisfied with the reduction in pay. Similarly, both male and female were dissatisfied with the pay cut but more male (31.0%) health workers were dissatisfied than female (27.4%) health workers. On the other hand, some group of female (29.7%) and male (24.3%) health workers were satisfied with the pay cut. However, the female (29.7%) health workers were more satisfied than the male (24.3%) health workers in the facilities in the Region.

Some other factors which motivate staff to continue to stay at their respective hospitals were examined as the second substantive objective and the key findings were that:

34.6% of the health workers were of the view that Job Security was another of motivation for them if they will stay on the job. More (20.4%) of the health workers admitted that working condition is another factor of motivation aside monetary compensation. Another group (18.1%) of the health workers in the various hospitals further indicated the style of supervision that management has adopted is another motivating factor, 14.6 percent of the health workers said recognition that comes with the package of the job is another source of motivation for them. Similarly, 8.8 percent of the health workers in the hospitals mentioned method of Decision-making by management as their alternative medium of motivation. Just a few (2.3%) health workers mentioned opportunity for advancement in the service as

another factor of motivation and the rest (1.2%) indicated organizational culture as another motivating factor.

The third substantive objective of the study focused on the main motivation factor that will cause the health workers in the various hospitals in the Central Region to stay on the job. The key findings that emerged were:

53.2% of the health workers mentioned Job Security as their main factor of motivation that will retain them in the hospitals. Again, more than half (26.9%) of the majority of the health workers also indicated Recognition as a main factor of motivation that will cause them to remain on the job. Similarly, (9.9%) of the health workers also made mention of their Working Condition as the main motivational factor, 5.2 percent also indicated that their main motivational factor as health workers was Supervision and the rest (4.8%) of the respondents mentioned Decision-making as the main motivational factor.

The last substantive objective of the study addressed the factor that breeds turnover among the health workers in the Central Region and the following main findings emerged:

40.4% of the health workers perceived the attitude of management as poor. On the other hand, 27.5 percent of the health workers perceived the attitude of management towards employees as good. Similarly, another group (14.0%) of the health workers perceived the attitude of management to be very good. 11.1 percent of the health workers saw the attitude of management as satisfactory. On the contrary, less than 10 percent (7.0%) of the health workers saw the attitude of management to be excellent.

73.4% of the health workers made it clear that the poor attitude of management towards health workers is capable of influencing their decision to leave the job. On the contrary,

more (26.6%) of the health workers also indicated that the attitude of management is not likely to influence their decision to leave the job.

5.2 Conclusions

Health workers perceived monetary compensation through an increase in pay as a very important medium of retaining them in their various hospitals. However, the female health workers in the facilities valued monetary compensation in the form of pay increase than the male health workers. With regards to the 5% reduction in their pay, less than half of the majority of the health workers was dissatisfied with the reduction in pay. However, the female male health workers in the Region were more dissatisfied than the male workers. Therefore, one may conclude that monetary compensation may not have any significant impact on employee retention in various facilities in the Central Region.

Job Security, Working Condition, Supervision, Recognition, Decision-making, Opportunity for Advancement and Organizational Culture were identified as the alternative factors of motivation for employees' retention in the health facilities in the Central Region.

Job Security was the major factor that motivated health workers to stay in the various hospitals. Similarly, the working condition in the respective health facilities in the Region was also mentioned as a major motivation for employee retention in the hospitals.

Majority of the health workers frequently have perceived that attitude of management of the health service as very poor which they perceive as a threat to their retention in the various facilities in the near future. In other words, they often think of the relationship between them and management as very poor.

5.3 Recommendations

Subject to key outcomes of this research, the author recommends to the administrators of Central Regional Health Directorate that:

Hospital's strategic plan will develop and maintain an attractive, effective and appropriate condition of service in order for the workers to be more satisfied with it.

Workers are satisfied with their job and the condition of service in the organization. This will influence their turnover intention. In other words, it will influence the workers not to quit or leave the hospital

The health workers are also advised to ensure that:

There exists tension free in their relationship with the management of the hospital even if they are dissatisfied with the way things are.

Negative perception on the hospital's condition of service would not depress or de-motivate them to leave the hospital but rather ignites them to be loyal and committed workers.

5.4 Suggestions for Further Research

The following related fields further researched to contribute to the knowledge this study has achieved. To begin, a comparative evaluation of the impact of monetary compensation on employee retention of Ghana Health Service in all the districts in the country to have a general view of health workers on the concept as a whole is required. Secondly, research should evaluate health workers gender difference with regards to their job satisfaction with the condition of service in the hospitals. Finally, a study should be conducted to consider the

effects of other factors such as stress, burnout, self-efficacy, trust and commitment of health workers.

KNUST



REFERENCE

- Akapule, S. A. (2011, April 5). *Malaria bites into economic development*. Accra: Ghana News Agency
- Armstrong, M. (2007). *Organization and People Employee Reward*. Broadway Wimbledon: CIPD publishers.
- Ary, D., Jacobs, L. C., Razavieh, A., & Sorensen, C. (2006): *Introduction to research in education* (7thed.). US: Thompson
- Barron, D., & West, E. (2005): Leaving nursing: An event-history analysis of nurses' career. *Journal of Health Services Research and Policy* 10(3).
- Bates S. (2006): Top Pay for Best Performers. Human Resource, Annual Editions.
- Bernadin, H. John and Joyce E.A. Russel. (1993): *Human Resources Strategy*. Singapore: McGraw Hill Incorporated.
- Berry, L. (Ed.). (1994). *welfare, Ghana: A country study*. Accra, Noguchi Memorial Institute for Medical Research.
- Best J. W. and Khan J. V. (1999). *Research in Education*, Allyn and Bacon.
- Borkowski, N., Amann, R., Seok-Ho, S., & Weiss, C. (2007): Intent of nurses to leave the profession: Issues related to gender, ethnicity, and educational level. *HM Review* 32(2)
- Camerino, D., Conway, P. M., van der Heijden, B. I., Estryn-Béhar, M., Costa, G., & Hasselhorn, H. (2008). Age-dependent relationships between work ability, thinking of quitting the job, and actual leaving among Italian nurses: a longitudinal study. *International Journal of Nursing Studies*.
- Canagarajah, S., and Ye, X. (2001, April). *Public Health and education spending in Ghana in 1992-98*. Accra: World Bank Publication. p. 21.

Carmeli, A., and Weisberg, J. (June, 2006). Exploring turnover intentions within three professional groups of employees. *Human Resource Development International*, 9(2).

Carmeli, A., & Schaubroeck, J. (2005). How leveraging human resource capital with its competitive distinctiveness enhances the performance of commercial and public organizations. *Human Resource Management*.

Cascio, W.F. (1991). *Managing HR* (3rd ed.). New York: McGraw-Hill.

Coff, R.W., (1997), —Human Assets and Mgt. Di lemmas: Coping with Hazards on the Road to Resource- Based Theory], *Academy of Management Journal*, and Vol. 22.

Collins, K., Jones, M. L., McDonnell, A., Read, S., Jones, R., & Cameron, A. (2000). Do new roles contribute to job satisfaction and retention of staff in nursing and professions allied to medicine? *Nursing Management Journal* 8(1), 3-12.

Davidow, W.H., Uttal, B. (1989), *Total Customer Service: The Ultimate Weapon*, Harper and Row, New York, NY.

Dessler, G. (1995). *Personnel Management*. Translated by Agus Dharma, 3rd Edition, Jakarta- Erlangga.

Ellis L, Pennington S (2004). Should leaders have Tasks or Fangs? *Man. Tod.*, 20: 9-10.

Eskildsen, J.K., Nussler, M.L. (2000), "The managerial drivers of employee satisfaction and loyalty", *TQM* , Vol. 11 No.4 and 5.

Flinkman, M., Leino-Kilpi, H., and Salanterä, S. (2010). Intention of Nurses to leave the profession: Integrative review. *Journal of Advanced Nursing* 66(7).

Flinkman, M., Leino-Kilpi, H., & Salanterä, S. (2010). Nurses' intention to leave the profession: Integrative review. *Journal of Advanced Nursing* 66(7).

Ghana Health Service (2009). *Annual report*. Accra: Government of Ghana.

GNA (September, 2010). *Doctor patient ratio still bad*, p. 28

Hellriegel D, Jackson SE, Slocum J, Staude G, Amos T, Klopfer HB, Louw L, Oosthuizen T (2008). *Management*. 3rd South African Edition. Cape Town: Oxford University Press Southern Africa (pty) Ltd.

Herzberg F, Mausner B, Snyderman B (1999). *The motivation to work*. New York: Wiley.

Huang, I. (2003): Role of burnout in the relationship between perception of organisational politics and turnover intentions. *Public Personnel Management*, 32,.

Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*.

Kumekpor, T.K.B. (2002) *Research Methods and Techniques of Social Research*. Accra, Ghana, Sonlife Press and Services.

Laine, M. (2005). Determinants of nurses' intentions to leave their profession. *Journal of Organizational Behavior*, 9(4).

Lu, K. Y., Lin, P. L., Wu, C. M., Hsieh, Y. L., & Chang, Y. Y. (2002). The relationship among turnover intentions, professional commitment, and job satisfaction of hospital nurses. *Journal of Professional Nursing* 18(4), 214-219.

Lynn, M., & Redman, R. (2005). Faces of the nursing shortage. *Journal of Nursing Administration*, 35(5), 264-270.

Mathis, Robert L. and Jackson, John H., (2000). *Human Resource Management*. 9th edition. Ohio, USA: South-Western College Publishing.

Michael, Leibunon and Weintin, Harold P. (1993). Money is everything, *Annual Report HR*, vol.3

Mondey R. Wayne and Noe, Robbert M. (1993). *Human Resources Management*. Allyn and Bacon -Boston.

Nogueras, D. J. (2006). Occupational commitment, education, and experience as a predictor of intent to leave the nursing profession. *Nursing Economics* 24(2), 86–93.

Parry, J. (2008). Intention to leave the profession: Antecedents and role in nurse turnover. *Journal of Advanced Nursing*, 64(2), 157-167.

Ranjit Kumar (2005). *Research Methodology: A step by step guide for beginners* (2nded.). Sage Publications - London.

Robinson, S., Murrells, T., & Smith, E. M. (2005).Retaining the mental health nursing workforce: early indicators of retention and attrition. *International Journal of Mental Health Nursing*, 14, 230-242.

Robinson, S., Murrells, T., & Smith, E. M. (2005).Retaining the mental health nursing workforce: early indicators of retention and attrition. *International Journal of Mental Health Nursing*, 14, 230-242.

Salaga Hospital (2010).*Annual report*.

Samuel M.O., Chipunza C. (2009). Employee retention and turnover: using motivational variables as a panacea, *Afr. J. Bus. Manage.* 3(8): 410- 415.

Saunders, M., Lewis, P., &Thornhill, A. (2007).*Research methods for business students*. London: Pearson Professional Limited.

Saunders, M.; Lewis, P. and Thornhill, A. 2000.*Research Methods for Business Students*. (2 Ed.) Essex, UK: Pearson Education Limited.

SEND-GHANA (2010). *Balancing access with quality healthcare: An assessment of the National Health Insurance Scheme in Ghana*.

- Sherman, Arthur W., Jr. Et al., (1996). *Managing Human Resources*. USA; South Western College Publishing, an International Thomson Publishing Company.
- Simoens S., Villeneuve M., & Hurst J. (2005). *Tackling nurse shortages in OECD Countries*. OECD Health Working Papers, NO. 19. Retrieved October 2008.
- Simon, M., Kuemmerling, A., Hasselhorn, H., & the NEXT-Study Group (2004). Work-home conflict in the European nursing profession. *International Journal of Occupational and Environmental Health* 10(4), 384-391.
- Spector P.E. (2008). *Industrial and Organizational Behavior*, (5th Ed.). Wiley: Hoboken, New Jersey.
- William B, Werther J (1996). *Human Resource and Personnel Management*, 5th Edition, McGraw-Hill, New York.
- Wilson, J. P., and Cattell, A. (2005). Knowledge management. In J. P. Willson (Ed.), *Human resource development: Learning and training for individuals and organisations* (2nded.) \ Sterling, VA: Kogan Page.
- World Health Organization (2006). *The World Health Report 2006 – Working Together for Health*. The World Health Report 2006. Retrieved October 2008, <http://www.who.int/whr/2006/en/>.
- Zeytinoglu, I. U., Denton, M., Davies, S., Baumann, A., Blythe, J., & Boos, L. (2006). Retaining nurses in their employing hospitals and in the profession: Effects of job preference, unpaid overtime, importance of earnings and stress. *Health Policy* 79, 57-72.
- Zineldin, M. (2000), *Total Relationship Management*, Student litterateur, Lund.,

APPENDIX

QUESTIONNAIRE

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

SCHOOL OF BUSINESS

**TOPIC: IMPACT OF MONETARY COMPENSATION ON EMPLOYEE
RETENTION IN GHANA HEALTH SERVICE; A CASE STUDY OF
GHANA HEALTH SERVICE IN CENTRAL REGION**

I am a graduate student at KNUST undertaking an. The subject of my thesis is the impact of monetary compensation on employee retention in Ghana health service to include a case study of Ghana's health service in the central region. The findings of this study will be made available to the University in the form of an academic proposal. The outcome will be used for academic purposes and your confidentiality is assured. Your time in completing the questionnaire is greatly appreciated.

SECTION A: SOCIO - DEMOGRAPHIC CHARACTERISTICS

1. Sex

(a) Male ☐ (b) Female ☐

2. Educational Attainment

(a) Secondary ☐ (b) Diploma / HND ☐ (c) Degree ☐ (d) Above Degree ☐

3. How many years have you served in the Ghana Health Service?

(a) 1 – 5 years ☐ (b) 6 – 10 ☐ (c) 10 – 15 ☐ (d) 16 and above ☐

4. Job category?

(a) Nurse ☐ (b) Doctor ☐ (c) Pharmacist ☐ (d) Accountant ☐

(e) Administrator ☐ (f) Others, please specify.....

5. Employment status

(a) Full employment [] (b) Part-time [] (c) Contract [] (d) Casual []

SECTION B: THE MONETARY COMPENSATION FACTORS

This part relates to items that measure whether monetary compensation will retain employees. Kindly answer all questions by using the scale below.

1 is Not at all Important 2 is Not Very Important 3 is Neutral 4 is Somewhat Important 5 is Very Important

No.	Question	Level of Retention				
		1	2	3	4	5
6.	Given your current salary, what will be your level retention on this job?					
7.	If your current salary is increased by 10%, what will your level of retention on this be?					
8.	If there is a further increment by 25%, what will be your level of retention on the job?					
9.	If the current level after the increment by 25% is reduced by 5%, what will be your level of retention on the job?					

SECTION C: THE OTHER MOTIVATIONAL FACTORS

This part relates to items that measure the other elements which motivates health workers to stay on the job.

10. Do you think there are other factors of motivation aside monetary compensation?

(a) Yes [] (b) No []

11. If no, please skip to question 15.

12. If yes, please list any five of the other motivational factors known to you.

(a).....

(b).....

(c).....

(d).....

SECTION D: THE MAIN RETENTION FACTOR

This part relates to items that assess the main factor that influence a worker to stay on the job.

13. Kindly mention the top most motivational factor that will make you still stay on the job

(a)

SECTION E: ENVIRONMENT THAT GENERATES TURNOVER

14. What best rates the attitude of managers towards employees?

(a) Excellent [] (b) Very good [] (c) Good [] (d) Satisfactory [] (e)

Poor []

15. What system or style of management is used in your organization?

(a) Total supervision [] (b) Partial Supervision [] (c) Democratic []

16. Satisfied with the system or style of management adopted by your supervisor?

(a) YES [] (b) NO []

17. If yes, kindly explain your answer

.....
.....
.....

18. If no, kindly explain your answer

.....
.....
.....
19. Does the response of management give you satisfaction?

(a) Yes[] No []

20. If yes, kindly elaborate on your answer

.....
.....

21. If no, please explain your answer

.....
.....

Thank you for your time.

