

**AN INVESTIGATION INTO THE IMPACT OF THE SINGLE SPINE SALARY  
STRUCTURE ON ATTRITION AND PERFORMANCE OF NURSES IN GHANA  
HEALTH SERVICE, KUMASI METROPOLIS**

BY

Ameyaw Kwaku Boateng,

HND Dispensing Technology, BBA (Human Resource Management Option)

Department of Human Resource and Organizational Development

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**DECLARATION**

‘I hereby declare that this submission is my own work towards Masters of Business Administration (Human Resource Management) and that, to the best of my knowledge, it contains no materials previously published by another person nor materials which has been accepted for the award of any other degree of the university, except where due acknowledgement has been made in the text. ‘

KNUST

**Ameyaw Kwaku Boateng** .....

PG7595112

Signature

.....  
Date

Certified By:

**Mr J.K.Turkson** .....

(Supervisor)

Signature

.....  
Date

Certified By:

**Mr J.K.Turkson** .....

(Head of Department)

Signature

.....  
Date

## ABSTRACT

This study examines the impact of the single spine pay policy on attrition and performance of nurses working in Ghana Health Service facilities in the Ashanti region. It looks into how the SSPP could address the migration of nurses and how productivity could be linked to pay. The study also enumerates factors that could push or pull employees to their current work. The analytical type of research with quantitative and qualitative approaches was adopted. With a population of 2784 nurses, a sample size of 200 was used by employing stratified and simple random techniques. Results show that factors that could help retain nurses and improve their performance included increase in salaries, incentives, opportunity for career development, and favorable working environment. Again, by assessment, performance of nurses had improved but results indicated otherwise. It was realized that the service was not exceptionally attractive to nurses with increased attrition of nurses in the Kumasi Metropolis of GHS even after the implementation of the SSPP. It is recommended that there should be the establishment of incentives with favorable career development policies and good working environment. Successive governments are requested to maintain the SSPP and implement all components of it to help address the issue of migration and improvement of the performance of nurses in the GHS, Kumasi Metropolis.

## ACKNOWLEDGEMENT

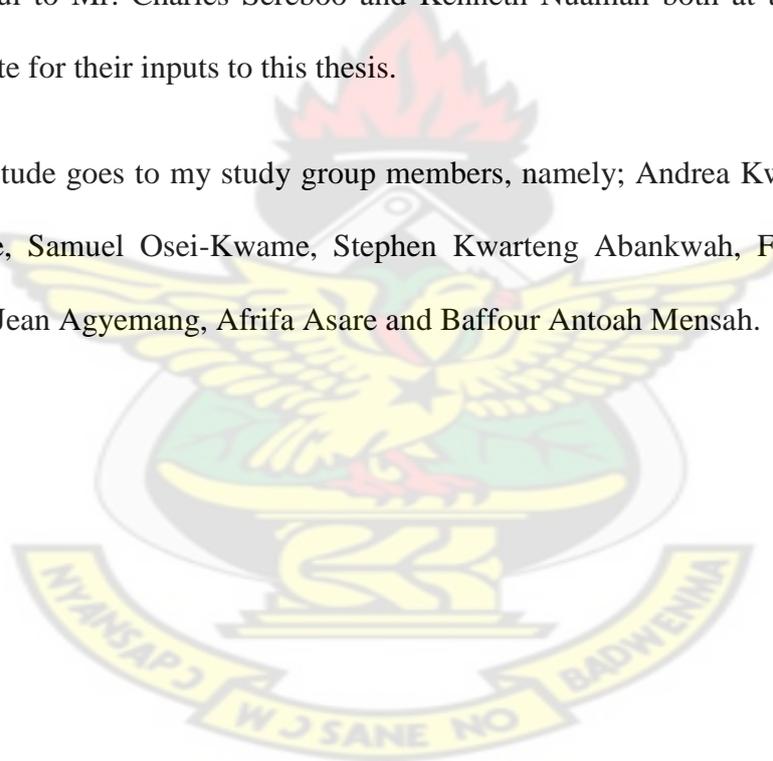
I would like to give thanks and praise to the Almighty God for His guidance and protection throughout my life and education.

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## DEDICATION

This study is dedicated to my Late Dad and former Superintendent Minister of the Prestea Circuit of the Methodist Church, Very Rev. Kwabena Ameyaw Boateng, my wife, Mrs Evelyn Ameyaw Boateng and my two daughters, Gyamfua and Birago for their support and encouragement to the successful completion of my course.

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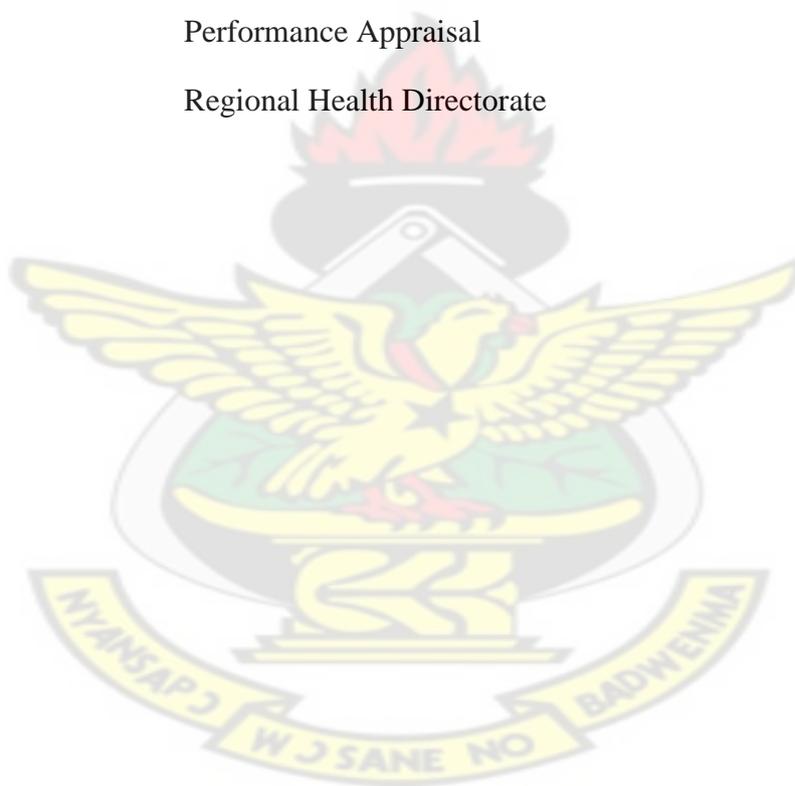


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## LIST OF ABBREVIATIONS

SSSS	Single Spine Salary Structure
SSPP	Single Spine Pay Policy
GHS	Ghana Health Service
WHO	World Health Organization
ADHA	Additional Duty Hours Allowance
HR	Human Resource
GUSS	Ghana Universal Salary Structure
HSS	Health Service Structure
PA	Performance Appraisal
RHD	Regional Health Directorate



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## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background of the study

The issue of poor or low pay has been acknowledged to contributing to nurses' attrition from the health service and has led to nurses leaving their respective countries to seek greener pasture elsewhere particularly in the developed countries. The impact of attrition on health care delivery is very enormous, for example, in South Africa, the migration of two specialised anaesthetists nearly led to the closure of a specialist spinal injury hospitals which served the southern Africa region whilst the departure of nurses in Malawi to United kingdom nearly brought maternal health services in that country to a halt (Mokoka et al. 2010). It further impacts negatively on health care delivery such as affecting the quality of care, attendant increased workload which tends to lead to burnt out and stress.

Attrition of nurses mostly affected developing countries and most especially countries in the sub Saharan Africa, of which Ghana is not excluded. It was estimated that 20,000 health professionals including nurses leave the health service in the sub-Sahara Africa to seek green pastures overseas each year (Raufau, 2002).

A study by Ndlovu (2004) examined the attrition levels of nurses in KwaZulu-Natal Province in South Africa revealed high attrition rates as much as 1,159 nurses resigned from the Provincial health service as they intended to work elsewhere. The contributory factors for this high attrition were: poor salaries, poor working conditions and poor relations in workplace or within marriages. Recommendations made in that study to arrest the attrition included improvement in nurses

salaries, improvement in conditions of service, establish contract with the source and destination countries and lastly, setting up employee assistance programme.

The extent of the seriousness of the problem of attrition in Ghana is revealed by such data that, as much as five hundred nurses and midwives left in 2000 to seek greener pastures in the developed countries, significantly this number really accounted for about the double number of new graduates of nurses and midwives who passed out from training in that year (Zachary, 2001). In 2006, an estimated 17,322 nurses and midwives worked in the country out of which 2,267 of them left for overseas for greener pastures, this figure represented 13% of the then total nurses and midwives workforce (WHO, 2006 cited in Crommett, 2008). This placed Ghana in the fourth position in the sub-Saharan African countries for nurses and midwives migration.

The magnitude of the problem is seen in a memo presented by the Director General of the Ghana Health Service in 2002, the main public health care provider, to the Chairman of the Ghana Health Council which indicates a projected number of 2,972 nurses left the country in 2001 and also stated the estimated vacancy rate of 57% for nurses.

**Table 1.1 Estimates of vacancy levels in Ghana Health Service, 2002**

Staff Type	Current Status	Workable No.	Shortfall & %	Ideal No	Shortfall & %
Doctors	633	1,200	567 (47.3%)	1,804	1,171 (65%)
Professional Nurses	4,319	10,000	5,681 (57.0%)	13,340	9,021 (68%)
Pharmacists	161	280	119 (42.5%)	371	210 (56.6%)

Source: Annual report of Ghana Health Service, 2002

Respondents in two studies conducted in districts within the Greater Accra Region of Ghana in 2002 and 2003 respectively to determine workplace obstacle expressed low salary as the most

major workplace obstacle. In the January 2002 survey, as much as 94% of the respondents mentioned low salaries whilst 95% of study participants in the August 2003 survey also indicated low salary as major problem at the workplace. In the January 2003 survey, 98% of permanent staff and 93% of temporary staff respectively expressed their dissatisfaction with their take home salaries. Conversely, only 2% of permanent staff and 3% of temporary staff responded that they were satisfied with their pay. When asked how much they would like to be paid as salaries, both group of respondents mentioned amounts three times than their current salaries taking cognisance of the needs (Agyapong et al, 2004). These findings are serious indictment as they serve as a recipe for attrition of staff particularly for nurses and midwives who also go to seek greener pastures outside the country. Nurses left in droves to outside the country particularly United Kingdom which faced acute shortage of nurses.

In Ghana various measures were introduced as a means to improving upon salaries and the working conditions of health workers nurses inclusive to stem the attrition of health workers particularly nurses and doctors. The first attempt was the introduction of additional duty hours allowances (ADHA) in 1998. The purpose for this allowance was to provide compensation for the long hours that doctors performed due to the shortage of staff. In 1999, ADHA was extended to cover nurses and subsequently extended to cover all health workers. However inasmuch as ADHA supplemented the salaries of health workers, nurses were not content as a result of the wide disparity between them, doctors and other health workers in payment of ADHA. The payment of ADHA from its inception in 1988 kept increasing on yearly basis from 3.7 billion cedis to 7 billion cedis in 1999 to over 800 billion cedis in 2005. It rose to such point that it became a burden on the budget and government as government found it difficult to pay this allowance. Hence Government announced its intention in September 2005 to disband the payment of ADHA, the last payment was made in December 2005.

Subsequently, the Government of Ghana in June 2006 introduced the health sector salary. It is of significance for policy makers and administrators to have an understanding of the part it plays in attrition and then used the finding as basis to craft policy to address attrition. It is held that the resultant increases in the salaries of nurses and indeed health workers, would go a long way to stem the tide of attrition and also increase performance indicators like in reduction in maternal mortality, immunisation coverages.

A significant attempt to address the low salaries in the country led to the introduction of the single spine salary structure in January 2010, which saw sustainable increases in the salaries of health workers particularly nurses and doctors. It was supposed to stem the migration of nurses for greener pastures. Antwi and David (2010) on wages and migration in Ghana called for the need to close examine how the single spine salary structure would affect migration of health staff.

On the issue of performance, there has been divergent view on the level of productivity of nurses. The salary was too low and was anticipated to be one of the reasons for the perceived poor work attitude and reluctance to attend to patients and serve them well. This could be linked to the equity theory. Inasmuch as these nurses are rewarded for performance, they would want those rewards to be fair relative to the work they do and even relative to what other nurses receive in the developed or developing countries. The equity theory view motivation from the perspective of the social comparisons workers make between themselves and others. The nurses are therefore motivated by their belief about reward structure as being fair or unfair, relative to their inputs.

Accordingly, when nurses feel they are not equally rewarded, they could either reduce the quantity or quality of work. This could go to a large extent to affect the productivity of these unsatisfied nurses. The staff today only think of being treated fairly and making comparisons between two variables, inputs and out comes. The inputs being what the nurses bring to the employment relationship such as effort, skill, training, risk and scarcity of the profession.

Outcomes are those factors that the nurse would expect to receive in return such as pay, recognition, fringe benefits, status symbols and promotion.

The low productivity and poor performance of nurses in health facilities could threaten lives. The Ghanaian who is innocent and deserves quality healthcare delivery would suffer at the hands of a non performing nurse. It is terrible to notice the sick being treated any how by some nurses. It is moreover, alarming that certain indicators expected to be achieved by nurses are not realised. More of such indicators are public health related and could negate the public health issues of the country. The maternal mortality rate for example is on the ascendancy and could partly or wholly be linked to the attention of nurses on pregnant women.

As lots of questions are being asked about the attitude of nurses towards their job, the nurses also raise foul about their conditions of work. The union has been in constant talk in pursuance of grievance for better condition of service. It is not established whether those unsatisfactory conditions the nurses claimed have any bearing on the performance on their job.

Many people are moving into the nursing profession because of perceived good salaries. The service does not attract people who are born nurses or those willing to nurse people but people who think of instant employment and better pay. It is against this background that this study was conducted to explore the impact of the single spine salary on attrition of nurses and the performance of these nurses.

## **1.1 Problem statement**

The migration of nurses from the health sector to seek greener pastures has been a very major issue within the Ghana Health Service and has contributed to severe problem of the acute shortage of nurses in Ghana Health Service. The general picture to the public is that the nurse-to-patient ratio is too low. The number of nurses with the right cadre of skill and knowledge is in

short supply. As efforts are made to increase the number of nurses in the training schools, some are also believed to be leaving. The inability to retain these staff is worrying. Successive governments claim to make efforts to address it.

Productivity of nurses at work is questioned more often. Some suggest and complain that, the performances of nurses are nothing to write home about. One such cause could obviously be due to the attitude of the individual, but the lackadaisical attitude and behaviour could be as a result of how much they earn. Again, there are trends of indicators that explain performances of nurses.

The efforts to solve the attrition and retain of nurses in the country was the new pay policy, the Single Spine Salary Structure (SSSS) which nurses were highly in reference to salaries to other public sector workers.

It is in the light of this that the research is intended to investigate into the impact of the SSSS on retention of nurses and how it has positively affected performances of the health sector.

## **1.2 Objectives of the study**

The objectives of the study are grouped into two. These are general objectives and specific objectives.

### **1.2.1 General Objective**

The general objective of the study is to assess the impact of the single spine salary structure on the attrition and performance of nurses in the Ghana Health Service, Kumasi Metropolis.

### **1.2.2 Specific Objectives**

The following are the specific objective

- a. To ascertain the factors contributing to the attrition and performance of nurses at Ghana Health Service, Kumasi Metropolis.
- b. To establish the willingness of the nurses to stay on their job after the implementation of the Single Spine salary Structure.
- c. To determine the level of appreciation and influence of the increased salary on performance of nurses at Ghana Health Service, Kumasi Metropolis.
- d. To establish whether the objectives of the Single Spine Salary Structure is being realised.

### **1.3 Research questions**

The following research questions were formulated to guide the study:

- a. What are the factors that contribute to attrition and performance of nurses in Ghana Health Service, Kumasi Metropolis?
- b. How willing are nurses in the Ghana Health Service, Kumasi Metropolis, ready to stay in their job upon the implementation of the single spine salary structure?
- c. What is the level of appreciation and influence of the single spine salary structure upon the increased salaries of nurses in Ghana Health Service, Kumasi Metropolis?
- d. How has the objective for the implementation of the single spine salary structure been realized?

#### **1.4 Significance of the Study**

The findings of this study would principally contribute to the body of knowledge by highlighting the impact of salaries on nurses' performance and also answer the question as to whether salary could arrest the attrition of nurse from the Ghana Health service. As such, the study would fill the research and knowledge gap. Secondly, the findings would inform and assist the Ministry of Health and Ghana Health Service in formulating the necessary retention policies and other initiatives to improve nurses' performance. Similarly, it would also inform the Nurses and Midwifery Council Ghana to develop schemes to regulate the migration of nurses from Ghana.

The findings would also serve as a basis for further research on the issue and also as a reference material.

#### **1.5 Brief Methodology**

Information and data required for this research was obtained from secondary and primary sources. Secondary sources were used for reviewing of literature on the subject. Primary sources in the form of questionnaires and interviews were used to gather data. The questionnaire had both closed and open-ended questions. Key informant interviews were held with such personnel as the Metropolitan Director of Health Service, the Regional and Metropolitan nurse managers and the Regional human resource manager. They were purposively selected by virtue of the fact they are occupying certain key positions and therefore could provide the requisite information. Simple Random Sampling Technique was used in selecting respondents to the questionnaires. This technique was chosen because it afforded each employee equal opportunity of being selected and it was also more convenient as compared to the other methods. Data collected from respondents were summarized and tabulated and presented in the form of tables and graphs.

## **1.6 The Scope of the study**

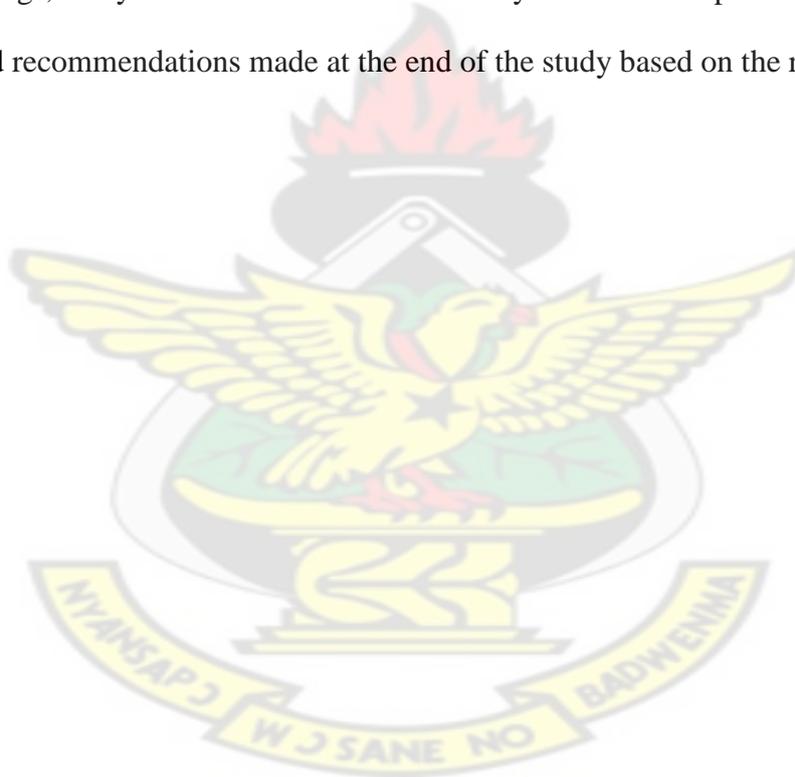
The study covered the subject matter in the Kumasi Metropolis. It specifically dealt with the Ghana Health Service facilities in the Metropolis. The Metropolitan Health Directorate was engaged extensively for the exercises. All the health facilities especially the hospitals within the Kumasi Metropolis that are under Ghana Health Service were involved in the research. The hospitals were Kumasi South Hospital, at Atonsu-Agogo, Suntreso government hospital, Manhyia government hospital, the Maternal and Child Health hospital at Adum, Kumasi and Tafo government hospital. The nurses in these facilities were sampled and asked to complete a questionnaire. The period of research was an analysis of trend from year 2009 to 2013. The Metropolitan Director of Health Services, the Regional and the Metropolitan nurse managers and the Regional human resource manager were contacted on the research.

## **1.7 Limitations of the Study**

The research was constrained by a number of limitations. The first had to do with the time frame to complete the project. The greatest challenge was the retrieval of the questionnaires. Some respondents could not even trace their and had to be given another one to complete. It was also challenge getting the respondents to collect the questionnaire they had completed. It was entirely due to the fact that these nurses run shift and that all of them may not be available at the same time. Another constraint was the unwillingness of study participants to respond correctly to the questionnaire out of fear of likely victimisation despite assurances of confidentiality and work been done as an academic exercise. Finance was the other limitation faced in the course of the research. Then again, half way through the research, the researcher was relocated, making it difficult for him to meet his supervisor frequently for guidance.

## 1.8 Organisation of the Study

The study has five chapters. These are chapter one which covers the introduction. It provides an overview of the study by an introduction to the study, indicating the problem statement and stating research objectives and questions. A brief methodology of the study is highlighted in this chapter whilst outlining the scope and significance of this study. Chapter two deals with the literature review. Chapter three is on methodology used in the study, highlighting study design, population, sampling techniques and the sample size for the study. It presented the data collection techniques and tools used in the study and also explained data handling and analysis. The chapter four is the findings, analysis and discussion of the study. The fifth chapter outlined the summary, conclusions and recommendations made at the end of the study based on the results.



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

Remuneration and reward are important activities of the HR function and can link directly to the organisation's strategic goals. Many organisations view compensation as one of the strategies that could drive their business. The remuneration and reward package offered can not only help to attract and retain employees, it can also be used as an instrument of motivation, which in turn can give competitive advantage and increase profitability. Reward can either be monetary or non-monetary, and is given or received in exchange for services. In the case of employees, this means being rewarded for work performed. Remuneration refers to the monetary aspect of rewarding an employee for their performance. Monetary rewards are clearly important, as people generally cannot afford to work for no pay. However, it is also important that any remuneration is fair and equitable. Money does not necessarily make people work harder anyway. Therefore, it is not necessarily a motivator. More often than not, it is the non-monetary awards that employees value more, such as career and social awards. Opportunities for job security, career growth, praise and recognition may be far more important to an employee than a high income in a boring, repetitive or undervalued job. Therefore, it is important for employers to be aware of the total reward system that can be offered to an employee (Bloisi 2007).

#### 2.1 Government White Paper on the Single Spine Pay Policy

The Single Spine Pay Policy (SSPP) was put forward to restore equity and transparency in public service pay administration. The new pay policy was implemented effective 1<sup>st</sup> January 2010. Government was grateful to its social partners, especially organized labour, for its co-operation in working to bring about equity and transparency in national pay administration.

According to the Government white paper (2009), nine (9) Service Classifications were created including the health service. There had been past attempts at Public Service Pay Reform. Over the years, pay reforms and reviews have been undertaken by past Governments with the goal of improving Public Service salaries and managing the recurring canker of disparities and inequities in the Pay Administration System. Attempts to redress these problems included reviews by Commissions and Committees such as the Mills-Odoi (1967); Issifu Ali (1973); Justice Azu-Crabbe (1979-1983) and Gyampoh (1992 - 1993) Commissions or Committees. Despite these attempts, distortions, inequities and low incomes continue to persist within the Public Services. Government acknowledges that the attraction and retention of the right mix of skills to deliver public goods and services is central to its overall human resource strategy. Government recognises that, Market Premiums should be used to attract and retain critical skills which are in short supply.

The Ghana Universal Salary Structure (GUSS) was a comprehensive 22-Level introduced in 1999. It was intended for implementation in all institutions in the Public Services, to deal with salary inequities and distortions. However, the objective of universality underpinning the GUSS could not be realized, particularly since sections of the Public Services were allowed to opt out without any sanctions being applied. Its failure could also be attributed to the fact that the Central Management Board and the Appellate Body that were to manage its implementation were not backed by any legal instrument and were also not adequately resourced (Seniwoliba 2014). The rationale for the Single Spine Pay Policy (SSPP) has been proposed against the backdrop of a debate that has been ongoing for several years around four important issues in public sector pay in Ghana, namely:

- (a) pay disparities that have emerged within the public services;
- (b) rising cost of the public sector wage bill;
- (c) large number of public sector pay negotiations; and

(d) linkage of pay to productivity.

The white paper indicates that job evaluation was conducted to determine the value of all Public Service jobs; established internal relativities across and within Services Classifications with the object of enabling Government to reward its employees in accordance with the principle of "equal pay for work of equal value" consistent with Article 24 (1) of the 1992 Constitution of Ghana and Section 10 (b) of the Labour Act, 2003, (Act 651). The ultimate objective of the SSPP is to ensure equity, fairness and transparency in the Public Service, as well as enhance performance and productivity. Some of the specific objectives of the Pay Policy are to:

- (a) ensure that jobs within the same job-value range are paid within the same pay range (i.e. "equal pay for work of equal worth")
- (b) ensure compliance and ease of monitoring the pay structures of self-accounting institutions;
- (c) minimize industrial-relation tensions related to low pay and distortions
- (d) link pay to productivity.

The Government white paper laments that Government did not find any linkage in performance management and productivity in the SSPP. Government recognises that improved compensation must be driven by improved performance or productivity. In effect, there would be the need to establish a link between the new salary policy and performance management. This aspect of the policy is what Government will actively engage its social partners to accomplish and thereby properly orient SSPP as a fair and equitable way of remunerating public servants. Government endorsed the introduction of a robust public service wide performance management, monitoring and evaluation system. Once the system is in place, annual salary increments for public servants will no longer be automatic, but based on annual performance assessment. Government

recognises the four (4) categories of allowances that have been proposed. Government notes that, to ensure equity, Category 1 Allowances, which have been incorporated into the base pay as an outcome of the Job Analysis and Evaluation exercise, should not be re-introduced. Government accepts the recommendation that Categories 2 and 3 Allowances should be standardised to ensure equity and effective management of the wage bill. Government notes the recommendation that Category Allowances and Benefits be discontinued to make the Personnel Emoluments component of the National Budget more transparent and manageable. Government takes note of the proposal for conversion of in kind benefits to cash. This will be carefully studied and subjected to intense cost-benefits analysis after which an appropriate decision will be made. Government accepts that regular Labour Market Surveys should be undertaken to inform the determination of Market Premiums and Inducements.

Mensah (2011) opines that the problem of the Structure and remuneration in the public service have been a challenge since 1951. A cursory look at the salary structures in the public services bore the following characteristics. They are:

- (a) Lopsided in favour of white collar jobs;
- (b) Delinked from labour productivity;
- (c) Influenced more by academic qualifications;
- (d) A low premium is placed on skills;
- (e) A wide gap between the lowest job holder and the highest job holder in the same work situation.

The “Lidbury/Gbedemah” Committee on salaries in 1951 recommended a system of salary structures based on these occupational categories:

- (a) Professional/Administrative
- (b) Technical/Executive

(c) Sub-technical/Clerical

There have been subsequent implementations which included the Ghana Universal Salary Structure - 1999 and the Health Sector Salary (HSS). In spite of the varied recommendations by these commissions, there are still inequities and unfairness in the structure of remuneration in the Public Services. A closer and critical examination and analysis of the objectives of single spine pay policy will reveal to any discerning analyst that the policy was not intended to bring about pay increases per se. Therefore, if some employees noticed increases in their salaries, the possible reason was that those employees were previously under remunerated, thus they were hitherto being unfairly treated. One cannot justifiably expect that a policy which is intended to tackle the rising cost of public sector wage bill will at the same time increase salaries of the public employees. Under the new pay policy, public service employees have been grouped into nine service organisations based on the similarities of jobs, in terms of the following requirements: Education, Skill, Training and other institutional roles.

According to Mensah (2011), a 25-level single spine salary structure was designed and developed whilst the Fair Wages and Salaries Commission has been put in place to manage the public service pay administration. In addition to salaries, four (4) main categories of allowances have been identified, with one of them already incorporated into the salary structure. At this point, one is bound to ask whether the SSPP will suffer the fate of similar attempts in the past to sanitise the structure and remuneration in the public services in Ghana. Nobody should have any problem if workers are paid what they deserve. But there is a strong belief that unless the economy is made to grow through proper management and workers as individuals desist from practices, conduct and attitudes which retard economic growth and development, a living wage will continue to elude Public Sector workers since “mama” will not fall from heaven, for us. This is the time for workers

to build ‘organic solidarity’, first, among themselves, and economic classes and play more active roles in the economic policies of the country, instead of splintering their ranks.

## 2.2 Pay gap between Nurses and Accountant / Hospital Administrators / HR Managers (Graduate Class)

The table below spells out the salary differences between Nurses (Graduates) and other equally graduates per the salary structure (Health Sector Salary Structure) which was in use just before the SSSS was implemented. The market premium for the nurses is 58% whilst the non-clinical is 30% for degree holders and 15% for diploma job holders. The level, the market premium and benefits as assigned, translate to the amount in the tables below.

**Table 2.1 Health Service Salary Structure: Nurses vrs Accountants/Health Service Administrators / HR Managers (Non-Clinical) just before the implementation of the SSSS as at December, 2013**

Grade	Nursing Officers GHC	Level	Non-Clinical GHC	Level	Diff.	% Diff
Chief	2,074	HSS 2.9	2,074	HSS 2.9	0	0%
Deputy Chief	1,823	HSS 2.8	1,728	HSS 2.8	95	5.21%
Principal	1,402	HSS 2.7	1,402	HSS 2.7	0	0%
Senior	1,079	HSS 2.6	1,079	HSS 2.6	0	0%
Entry	817	HSS 2.5	817	HSS 2.5	0	0%

**Source:** Soft copy of Payroll data for health workers, December, 2013

**Table 2.2 Single Spine Salary Structure: Nurses vrs Accountants / Health Service Administrators / HR Managers (Non-Clinical) on the implementation of the SSSS at December, 2013**

Grade	Nursing Officers GHC	Level	Non-Clinical GHC	Level	Diff. GHC	% Diff
Chief	2,805.75	22H	1,708.82	21H	1,097	64.19%
Deputy Chief	2,451.78	21H	1,493.23	20H	959	64.19%
Principal	2,142.47	20H	1,261.59	19H	881	69.82%
Senior	1,620.30	19L	1,084	18L	536	49.47%
Entry	1,489.32	18L	963.35	16H	526	54.60%

**Source:** Soft copy of Payroll data for health workers, December, 2013

**Table 2.3 Single Spine Salary Structure: Nurses vrs Accountants / Health Service Administrators/ HR Managers (Non-Clinical) as at December, 2013**

Grade	Nursing Officers GHC	Level	Non-Clinical GHC	Level	Diff. GHC	% Diff
Chief	3862.58	22H	2507.36	21H	1355.22	35.09%
Deputy Chief	3375.30	21H	2191.03	20H	1184.27	35.09%
Principal	2780.93	20H	1851.14	19H	929.79	33.43%
Senior	2103.14	19L	1590.56	18L	512.58	24.37%
Entry	1933.15	18L	1413.53	16H	519.62	26.88%

**Source:** Soft copy of Payroll data for health workers, December, 2013

### 2.3 Compensation

Price (2011) defines compensation to encompass everything received by an employed individual in return for work. From the definition above, pay is a form of exchange. The compensation people receive in exchange of their contribution to an organization includes both monetary and non-monetary components. A compensation system should be able to attract, retain and motivate people to render them effective in order to produce required results of any organization. Without this, any firm would not survive in the ever growing and changing market needs of today.

Compensation management is defined as that which cut across both strategy and the practice of pay systems.

Bohlander Snell (2004) highlights on value added compensation programme, also called value-chain compensation. This programme dwells on the compensation package (benefit, base pay, incentives, among others). With this programme, there is value creation for both the employee and the organisation. Managers therefore ask questions like how does this compensation practice benefit the organisation? And does the benefit offset the administrative cost? As much, payments that fail to advance either the employee or the organisation are removed from the compensation program. As defined by Armstrong (2009) reward management is concerned with the formulation and implementation of strategies and policies in order to reward people fairly, equitably and consistently in accordance with their value to the organization. With this definition, in designing a pay system, these objectives should be aligned with performance for it to serve its purpose. This will enable any organization to accomplish the reason of its existence.

According to Snell (2004) the more common goals of a strategic compensation policy include the following:

- (a) Rewarding employees' on past performance
- (b) To give competitive urge in the labour market
- (c) To ensure equitable salary among employees
- (d) To align employees' future performance with organisational goals
- (e) As a means of controlling the compensation budget
- (f) To attract new employees

- (g) To strategically reduce unnecessary turnover

To achieve these goals, it is expected that policies would be established to facilitate and guide management in making decisions. These include:

- (a) The rate of pay within the organisation and whether it is to be above, below, or at the prevailing community rate.
- (b) The ability of the pay programme to gain employee acceptance while motivating employees to perform to the best of their abilities.
- (c) The pay level at which employees may be recruited and the pay differential between new and more senior employees.
- (d) The intervals at which pay rises are to be granted the extent of which merit and/or seniority will influence the increase.
- (e) The pay levels needed to facilitate the achievement of a sound financial position in relation to the products or services offered.

#### **2.4 Objectives of Compensation**

Organizations in designing the total compensation system must consider greatly the objectives for the design. As a specialised area within Human Resource (HR), the HR Specialist in designing would have to keep in mind the goals of the system and what the organisation needs to accomplish to attain these goals. The primary goals of any organisation in designing a compensation system should be to attract and retain good employees. The system again needs to be motivational and must comply with all legal requirements.

### **2.4.1 Attraction of Good Applicants**

This is obtained by wage survey to determine the 'going rate' in the labour market. Although most job applicants are not aware of the exact wages offered by different organisations for similar jobs within the local labour market, they do compare job offers and pay scales. Job applicants who receive more than one offer will naturally compare monetary offer. Job applicants will often put more weight on the salaries being offered than other types of compensations, such as benefits and intrinsic rewards. Given the limited knowledge job seekers have about various employers, their general perceptions on the type of work they perform and the exact salary being offered are the best factors they have to consider (Dyer et al. 1978).

Most employers will try to remain competitive within the local labour market by offering salaries that are similar to those offered by competing employers. Usually this means determining what the going rate is for jobs within the local labour market. This entails using a wage survey which estimates average salaries for entry level positions. Job titles are no longer an acceptable means of proving comparability of positions. By comparing brief job descriptions, the specialist must determine if the job is similar to other organisations positions at the particular wage level (Grobler et al. 2007). The wages being paid for each job type included in the survey must be precisely defined. If possible, survey information should include salary ranges, incentives, normal wage changes such as cost of living increases and specific wage policies and practices within each organisation in the survey. Also any additional pay such as a uniform allowance or bonus plan should be reported. A wage survey should include questions concerning unusual working conditions such as high level of risk, scarcity of the profession and high level of noise or fumes (Belcher 1962).

#### **2.4.2 Retention of good employees**

This is obtained by evaluation system that employees perceive as equitable. After the organization has attracted and hired new employees, the compensation system should not hinder effort to retain productive employees. While many factors may cause employees to leave an organisation, inadequate compensation is often the cause of turnover. To retain good employees, the HR manager must make sure that there is compensation equity within the organization. The perception of inequity can cause an unpleasant emotional state that may cause employees to reduce their future efforts, change their perceptions regarding rewards for their work efforts or as often is the case, leave the organization (Dyer et al. 1978).

Carrel (1978) highlights that research has found that employee perception of equitable treatment were affected when an organization altered its pay system to increase the pay of about 50% of its employees. Job satisfaction is often considered a strong determinant of turnover. However, employees' perception of inequitable treatment has been found to be even stronger predictors of absence and job turnover than job satisfaction. If employees perceive that they will be more equitably treated by another organization, the probability of them leaving increases (Milkovich et al. 1999). To provide for equity among jobs, administrators usually create a systematic relationship among the pay scales for various jobs within an organization. This process is usually called job evaluation. Primarily, jobs are compared on the traditional basis of skills required to complete the job, effort required to perform the job, responsibility of the job holder and working conditions on the job. The primary purpose of job evaluation is to develop a system of compensation that employees will perceive to be equitable. It focuses attention on the importance of designing a pay structure that supports the workflow, is fair to employees and directs their behaviours toward organisation objectives (Milkovich et al. 1999).

No compensation programme will keep all employees satisfied all the time. If management is able to minimise turnover and lost production due to perceptions of inequitable compensation, then its goal of retaining good employees has been achieved. Not only must an organisation have a very equitable system but this system must be explained to its employees. Managers will have to involve employees in job classification and compensation matters. The most equitable compensation system is useless unless employees perceive it to be equitable (Grobler et al. 2007).

### **2.4.3 Motivation**

Motivation of employees is obtained by rewarding good performance and offer of incentives. Employees expect that their performances will correlate with the rewards received from the organisation. Pay constitutes a quantitative measure of an employee's relative worth. Since pay represents a reward received in exchange for an employee's contributions, it is essential, according to the equity theory, that the pay be equitable in terms of those contributions. It is essential also that an employee's pay be equitable in terms of what other employees are receiving for their contributions (Snell 2004). People strive to achieve objectives they have set for themselves. The most frequently identified objectives of employees are job security, financially and intellectually rewarding work, recognition, status, responsibility, and achievement. If a training program helps employees achieve some of these objectives, the learning process is greatly facilitated (Byars and Rue 2011).

Giving people incentives that cause them to act in desired ways is known as motivation. Among other things, supervisors must motivate their employees to do good work, to complete assignments on time, and to have good attendance. When employees are motivated and also have the ability-the necessary skills, equipment, supplies, and time, they are able to perform well. Thus, the objective of motivating employees is to lead them to perform in ways that meet the goals of the department and the organisation (Certo 2000). If employees see that hard work and

superior performance are recognised and rewarded by the organisation, they will expect such relationships to continue in the future. Therefore, they will set higher levels of performance, expecting higher levels of Compensation. Of course, if employees see little relationship between performance and rewards, then they may set minimum goals in order to retain their jobs but will not see the need to excel (Grobler et al. 2007).

The expectancy theory of motivation focuses a person's beliefs about the relationships among effort, performance and rewards for doing a job. Vroom (1998) states that people will be motivated to achieve a desired goal as long as they expect their actions will achieve that goal. Expectancy theory was originally expressed as a probability relationship among three variables labelled expectancy, instrumentality and valence.

- (a) Expectancy is the probability from 0 to 1 that an individual believes his or her work effort directly affects the performance outcome of a task.
- (b) Instrumentality is the probability from 0 to 1 that an individual anticipates that an attained level of task performance will have personal consequences.
- (c) Valence is the value from positive to negative that a person assigns to the personal consequences that follow work performance.

Using expectancy theory, an employee will decide whether the expected reward is available and worth it (Bloisi 2007).

## **2.5 Compliance with the law**

This is obtained by documentation of HR records and Government Legislation. Government has affected compensation by legislating pay levels, hours of work, pay for overtime and holidays and

non-discriminatory pay practices. The enactments of some Acts like the Labour Act and the Fair wages Act have a direct impact on the compensation strategy of a company (Risher 1999).

## **2.6 Linking compensation to organisational objectives**

Compensation has been revolutionized by heightened domestic competition, globalization, increased employee skill requirements, and new technology. Therefore, an outcome of today's dynamic business environment is that managers needed to change their pay philosophies from paying for a specific position or job title to rewarding employees on the basis of their individual competencies or group contributions to organisational success. Snell (2004) cites of a study that showed that 81 percent of responding organisations listed improving employee's focus on achieving business goals as a significant objective driving pay and reward changes.

## **2.7 Compensation plans in practice**

In practice, discussions of compensation's strategic role may now reflect more smoke than fire. Risher (1999) opines in a survey that, only 40% of the participants reported that they attempted to assess the effectiveness of their new compensation systems. Based on the survey, "There is little evidence that pay is seen as a management tool or that measuring and monitoring program effectiveness is an important priority. Payroll may be the single largest item in the budget, but that apparently has not prompted many companies to determine if they are getting enough bangs for their buck". Dessler (2003) also cites of a survey that established that only 34% of organisations had an articulated compensation strategy, and only 27% of employees within these organisations understood the reward program. Only 20% of the employees said the reward program encouraged the desired behaviours.

## **2.8 Staff attrition**

Employee retention becomes an important item on the HRM agenda when organisations are faced with skills shortages. When labour is in reasonably good supply leavers can easily be replaced by new starters. The length of time that employees remain in their jobs, or at least with the same employers, varies considerably from country to country. The country with the most short-term employees is the USA, where 24.5 percent have less than a year's service, while only 26.2 percent have been with their employers for more than ten years. At the other end of the scale is Greece, where only 9.8 percent have less than a year's service and as many as 52 percent have over ten years' service. High rates of job stability are also common in Italy, Belgium and Portugal. By contrast, relatively low stability rates are found in the UK, Denmark and Ireland. (Torrington et al. 2008)

## **2.9 Factors leading to migration**

In many cases people leave their jobs for a mixture of reasons, certain factors weighing more highly in their minds than others. Torrington et al (2008) outlines outside, functional turnover, push and pull as factors that compel people to leave their jobs.

### **2.9.1 Outside Factors**

Outside factors relate to situations in which someone leaves for reasons that are largely unrelated to their work. The most common instances involve people moving away when a spouse or partner is relocated. Others include the wish to fulfil a long-term ambition to travel, pressures associated with juggling the needs of work and family and illness.

### **2.9.2 Functional turnover**

Torrington et al (2008) continues to explain the functional turnover category to include all resignations which are welcomed by both employer and employee alike. The major examples are

those which stem from an individual's poor work performance or failure to fit in comfortably with an organisational or departmental culture. The main solution to the reduction of functional turnover lies in improving recruitment and selection procedures so that fewer people in the category are appointed in the first place.

### **2.9.3 Push factors**

Torrington et al (2008) is of the opinion that, the push factors are associated with dissatisfaction with work or the organisation, leading to unwanted turnover. A wide range of issues can be cited to explain such resignations. Insufficient development opportunities, boredom, ineffective supervision, poor levels of employee involvement and straightforward personality clashes are the most common precipitating factors. If there is no opportunity to voice concerns, employees who are unhappy will inevitably start looking elsewhere.

### **2.9.4 Pull factors**

In his explanation to the pull factors, Torrington et al (2008), notes that as factors that attract people from rival employers. Salary levels are often a factor here, employees leaving in order to improve their living standards. In addition there are broader notions of career development, the wish to move into new areas of work or which there are better opportunities elsewhere, the chance to work with particular people, and more practical questions such as commuting time. For the employer losing people as a result of such factors there are two main line of attack. First, there is a need to be aware of what other employers are offering and to ensure that as far as possible this is matched – or at least that a broadly comparable package of pay and opportunities is offered. The second requirement involves trying to ensure that employees appreciate what they are currently being given.

### **2.9.5 Most common reasons for high attrition**

Taylor et al. (2002) interviewed 200 people who had recently changed employers about why they left their last jobs. They found a mix of factors at work in most cases but concluded that push factors were a great deal more prevalent than pull factors as causes of voluntary resignations. Very few people appear to leave jobs in which they are broadly happy in search of something even better. Instead the picture is overwhelmingly one in which dissatisfied employees seek alternative because they no longer enjoy working for their current employer. Interestingly, this study found relatively few examples of people leaving for financial reasons. Indeed, more of the interviewees took pay cuts in order to move from one job to another than said that a pay rise was their principal reason for switching employers.

Other factors played a much bigger role:

- (a) Dissatisfaction with the condition of work, especially hours;
- (b) Perception that they were not being given sufficient career development opportunities;
- (c) Bad relationship with their immediate supervisor.

This third factor was by far the most commonly mentioned in the interviews, lending support to the often stated point that people leave their managers and not their organisations. Branham (2005) drawing on research undertaken by the Saratoga Institute, reached similar conclusions.

His seven 'hidden reasons employees leave' are as follows:

- (a) the job or workplace not living up to expectations;
- (b) mismatch between the person and the job;
- (c) too little coaching and feedback;

- (d) too few growth and advancement opportunities;
- (e) feeling devalued and unrecognised;
- (f) stress from overwork and work-life imbalance;
- (g) loss of trust and confidence in senior leaders.

## **2.10 Staff Retention Strategies**

Terms and conditions play significant role to retain staff and their job, but other factors are often more important. For example, there is a need to provide jobs which are satisfying, along with career development opportunities as much as autonomy as is practicable and, above all competent line managers. Organisations which make use of them are most likely to experience lower attrition than competitors who do not. Six measures that can be employed to ensure employee retention are pay, managing expectations, induction, Family-friendly HR practices, training and development and improving the quality of line management (Torrington et al. 2008).

### **2.10.1 Pay as a Retention Strategy**

There is some debate in the retention literature about the extent to which raising pay levels reduces staff turnover. Employers who offer the most attractive reward packages have lower attrition rates than those who pay poorly (Gomez-Mejia and Balkin 1992). The consensus among researchers specialising in retention issues is that pay has a role to play as a satisfier, but that will not usually have an effect when other factors are pushing an individual towards quitting. Raising pay levels may thus result in greater job satisfaction where people are already happy with their work, but it will not deter unhappy employees from leaving

Herzberg (1966) indicates that pay is a 'hygiene factor' rather than a motivator. This means that it can be a cause of dissatisfaction at work, but not of positive job satisfaction. People may be

motivated to leave an employer who is perceived as paying badly, but once they are satisfied with their pay additional increases have little effect. The other problem with the use of pay increases to retain staff is that it is an approach that is very easily matched by competitors. This is particularly true of 'golden handcuff' arrangements which seek to tie senior staff to an organisation for a number of years by paying substantial bonuses at a defined future date.

It is important that employees do not perceive their employers to be treating them inequitably. Provided pay levels are not considerably lower than those paid by an organisation's labour market competitors, other factors will usually be more important contributors towards high turnover levels. Where the salaries that are paid are already broadly competitive, little purpose is served by increasing them further. The organisation may well make itself more attractive in recruitment terms, but the effect on staff retention will be limited. Moreover, of course, wage costs will increase.

## **2.11 Pay system**

The method by which individuals are paid for performing their job constitutes the pay system of the organisation. Generally, people are compensated for the time they contribute to the job or the amount of work they produce on the job. Time-based systems, the more common type, are used for jobs in which employees are paid by the hours worked (hourly) or by the fraction of annual rate of pay (salaried), such as a week or month. The second method is paying people for the skills they learn and use. Jobs that pay employees according to their performance are often referred to as performance-based systems or incentives pay systems. They include piece-rate, sales commission and organisation-wide plans. Hard workers can be penalised because greater productivity may not show up in their pay cheques (Grobler et al. 2007).

## **2.12 Determining a wage and salary structure**

After Human Resource Managers have developed their compensation strategy, they are prepared to establish a wage and salary structure for their organisation. The starting point in this effort has traditionally been job evaluation (Denisi and Griffin 2005). In a job evaluation, every job in an organisation is examined and ultimately priced according to the following features: Relative importance of the job, Knowledge, skills and abilities (KSAs) needed to perform the job, Difficulty of the job (Mathis and Jackson 2004). Job evaluation is used by many employees as a value-for-money tool to ensure their total pay bill is divided appropriately in relation to the worth of jobs in the organisation. Job evaluation is particularly important as a means of achieving equal pay for work of equal value (Armstrong and Murlis 2004). Those carrying out the evaluations may be heavily influenced in their judgements by the prevailing pay rates (Poole and Warner 2001). The final step is to evaluate all other jobs in the organisation by comparing them with the benchmark jobs (Mathis and Jackson, 2004). It has been used successfully to evaluate clerical jobs and a wide range of Civil Service posts. (Poole and Warner 2001).

## **2.13 Performance Management**

Armstrong and Baron (2005) argue that performance is a matter not only of what people achieve, but how they achieve it. Bates and Holton (1995) suggest that performance is a multi dimensional construct, the measurement of which depends on a variety of factors. Brumbach (1988) offers the most precise definition. "Performance means both behaviors and results. Behaviors are also outcomes in their own right and can be judged apart from results". From the definition, and interpretations above, it can be argued that performance is not just about outputs, it is also concerned with actions and behaviors demonstrated to achieve given targets.

Williams (2002) also indicates that performance management is difficult to define. This suggests a lack of understanding of performance measure issues from those who are subject to the

processes. Most adopted and common strand along the lines of the definition provided by Armstrong (2000) who writes “*performance management is a strategic and integrated process that delivers sustained success to organizations by improving the performance of people who work in them, and by developing the capabilities of individuals and teams*”. Further research by Armstrong (2000) suggests that when it is used well, it will contribute to organization success, and as such, is a vital management function

### **2.13.1 Performance appraisal**

Performance Appraisal (PA) is increasingly considered one of the most important human resource practices (Boswell and Boudreau, 2002). Performance appraisal is a yearly rite of passage that triggers dread and apprehension in the most experienced, battle hardened managers.

### **2.13.2 The purpose of performance appraisal**

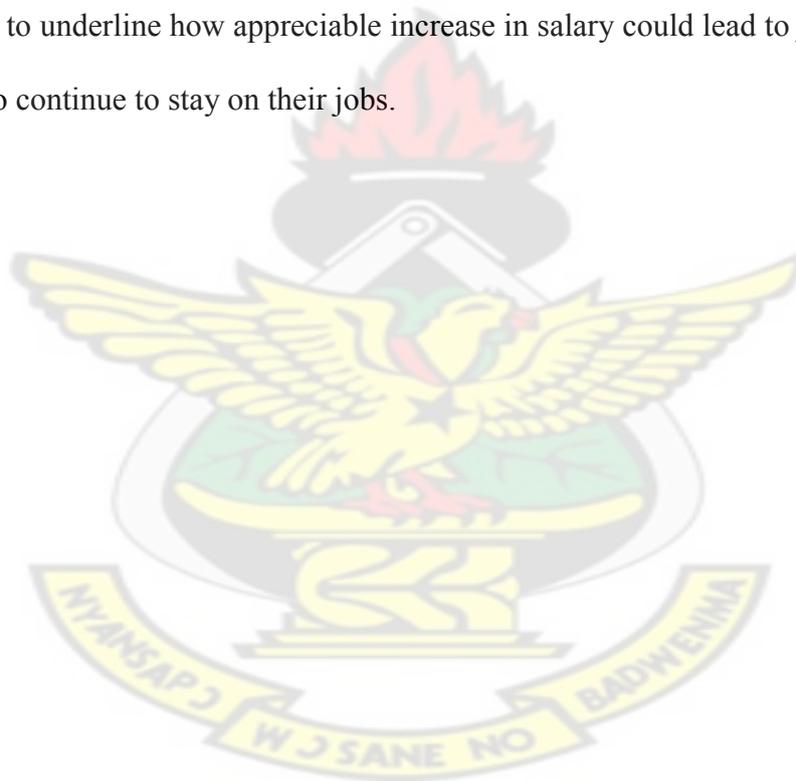
Fletcher (2006) takes a more balanced view of the purpose of performance appraisal. From the organization perspective, successful performance management is key to achievement of corporate goals. It is argued above that performance appraisal is the central component of performance management, and so it must be that for an organization, the purpose of performance appraisal is attainment of corporate goals.

## **2.14 Conceptual framework**

Motivation has become an important tool that every organization ought to pay attention to, to get the best from workers to be successful. The two types of motivation, extrinsic and intrinsic are all crucial to be engaged in organizations. The intrinsic brings joy from the work that one does whereas the extrinsic relies on materials and other external factors. This external type cannot be over emphasised especially in our world where there are economic hardships. Such things as

increase in salaries, incentives, career development and good working environment can potentially enhance the performance of employees.

There are lots of reasons why people pursue certain programs and most importantly why they may opt to work with a particular organization. It could be for availability of job, monetary reasons, self esteem, family issues, and social needs, career development among others. These people as employed by organizations are affected by the extent to which their personal interest is being fulfilled. While some would be amazed by the task itself, some would only consider the outcome of their inputs to decide whether to put in more or even look elsewhere for other opportunities. This study tries to underline how appreciable increase in salary could lead to job performance and propel people to continue to stay on their jobs.



## CHAPTER THREE

### METHODOLOGY AND ORGANIZATIONAL PROFILE

#### 3.0 Introduction

This chapter deals with the procedures, methods and techniques the researcher adopted in the research work. It is largely concerned with what, why, where and how data were collected and analysed. The methodology embraced techniques for research design, data collection, the population, sample technique and size, sources of data, data collection instruments and data analysis techniques. The profile of Ghana Health Service was also addressed.

#### 3.1 Research Design

The analytical type of research, also known as the explanatory research was employed. This type expatiates the descriptive approach to suggest and explain how and why we could have a particular pattern, why and how something is happening and following a particular trend or direction. Thus, the phenomena of discovering and measuring causal relations among them are well understood. The decision to adopt the analytical type of research was informed by the critical analysis of how the implementation of the Single Spine Salary Structure (SSSS) has impacted on the attrition and performance of Nurses in Ghana Health Service, Kumasi Metropolis.

The quantitative and qualitative approaches in analysing data were adopted. The quantitative research emphasises on the collection and analyses of numerical data. This concentrates on measuring the scale, range and frequency of phenomena. The quantitative approach is usually detailed and structured and results can be easily collated and presented statistically. As human behaviour cannot be measured as phenomena in the natural sciences, it was ideal to also employ the qualitative approach in addition to the quantitative.

## **3.2 Sources or mode of data collection**

Two main sources of data were used. These were primary and secondary data.

### **3.2.1 Primary sources of data**

This is the data collected for the first time and thus happened to be original in character.

### **3.2.2 Secondary sources of data**

This research considered greatly the secondary data. The internet and libraries were major sources of the secondary data. There were other materials that were referred to. These included: the database of GHS at the Regional Health Directorate. The Annual Performance Review reports of GHS, Ashanti. The Government White Paper on the Single Spine Salary Structure, Articles and journals were also consulted. Secondary data are relatively easier to come by, however, has its own short comings because it is liable to alterations.

## **3.3 Population**

The target population for the research was all the Nurses in the five (5) hospitals in the Kumasi Metropolis, under the Ghana Health Service. The need for nurses in such a research is to ensure the continuous attention given to the provision of essential services in the light of the new salary structure, the SSSS.

## **3.4 Sample size and sampling technique**

The researcher adopted both stratified and simple random sampling techniques. The sample size was large enough and represented the various categories of the nursing profession in the Kumasi Metropolis of Ghana Health Service. Each of the five hospitals the researcher considered was involved. Each homogeneous nursing group represented in the sample, the elements were selected through simple random sampling. The researcher was enthused about getting the true

views of the nurses and as such a sample of 200 out of a population of 2784 nurses was used. This is in line with Bartlett et al. (2001), as cited by Turkson (2013:15), *that if the population is within the region of 1,679, a sample of 118 is ideal.*

### **3.5 Data collection instrument**

The main tools of data collection were questionnaire and interview.

#### **3.5.1 Questionnaire**

The researcher administered 200 questionnaires to the sampled employees. The respondents answered a questionnaire with the rationale of getting data on the topic under study. The questionnaire was delivered by the researcher in person. The questionnaire method of data collection was to generally help reduce cost and to save time.

The questions in the questionnaire were both open- ended questions and close- ended questions. The close- ended questions presented alternative answers which the respondents were expected to choose the option that closely represented their view. The open- ended questions were open for the respondents' answers to be recorded in their own words.

#### **3.5.2 Interview**

Key informant interviews were held with such personnel as the Metropolitan Director of Health Service, the Regional and Metropolitan Nurse Managers, Nurse Managers of the various health facilities under consideration and the Regional Human Resource Manager. They were purposively selected by virtue of the fact that they were occupying certain key positions and therefore could provide the requisite information. The interview questions were structured but the managers had opportunity to give their remarks after each question. The decision to employ the interview was because there was the need to get follow- up questions of their choices.

### **3.6 Tools of data presentation and analysis**

The analysis employed both qualitative and quantitative tools. The main tool for data analysis and presentation were through the Predictive Analytical Software (PASW) formally SPSS and Excel. They were presented in the form of tables and figures.

### **3.7 Pilot testing of questionnaire**

There was pilot testing of the questionnaire. This was to provide the researcher the opportunity to develop questionnaire which could be relied upon. The pilot testing was to aid in identifying gaps that needed to be addressed as far as the questions and its administrations were concerned. This was all necessary to ensure that the objective of the work was realised.

### **3.8 Organizational Profile**

The following constitutes a brief profile of the Ghana Health Service.

#### **3.8.1 Brief history of the organization**

The Ghana Health Service was selected for the study and visited with a designed questionnaire which served as a guide to solicit the responses. The Ghana Health Service (GHS) is a Public Service body established under Act 525 of 1996 as required by the 1992 Constitution. It is an autonomous executive agency responsible for implementation of national policies under the control of the Minister for Health through its governing Council - the Ghana Health Service Council. The independence of the GHS is designed primarily to ensure that staff have a greater degree of managerial flexibility to carry out their responsibilities, than would be possible if they remained wholly within the civil service. Ghana Health Service does not include Teaching Hospitals, Private and Mission Hospitals.

## **Mandate**

To provide and prudently manage comprehensive and accessible health service with special emphasis on primary health care at regional, district and sub-district levels in accordance with approved national policies.

## **Objectives**

The objects of the Service are to:

- (a) Implement approved national policies for health delivery in the country.
- (b) Increase access to good quality health services, and
- (c) Manage prudently resources available for the provision of the health services.

## **Core Values**

The core values of the Ghana Health Service are:

- (a) People Centeredness
- (b) Professionalism
- (c) Team work
- (d) Discipline
- (e) Innovation and Excellence
- (f) Integrity

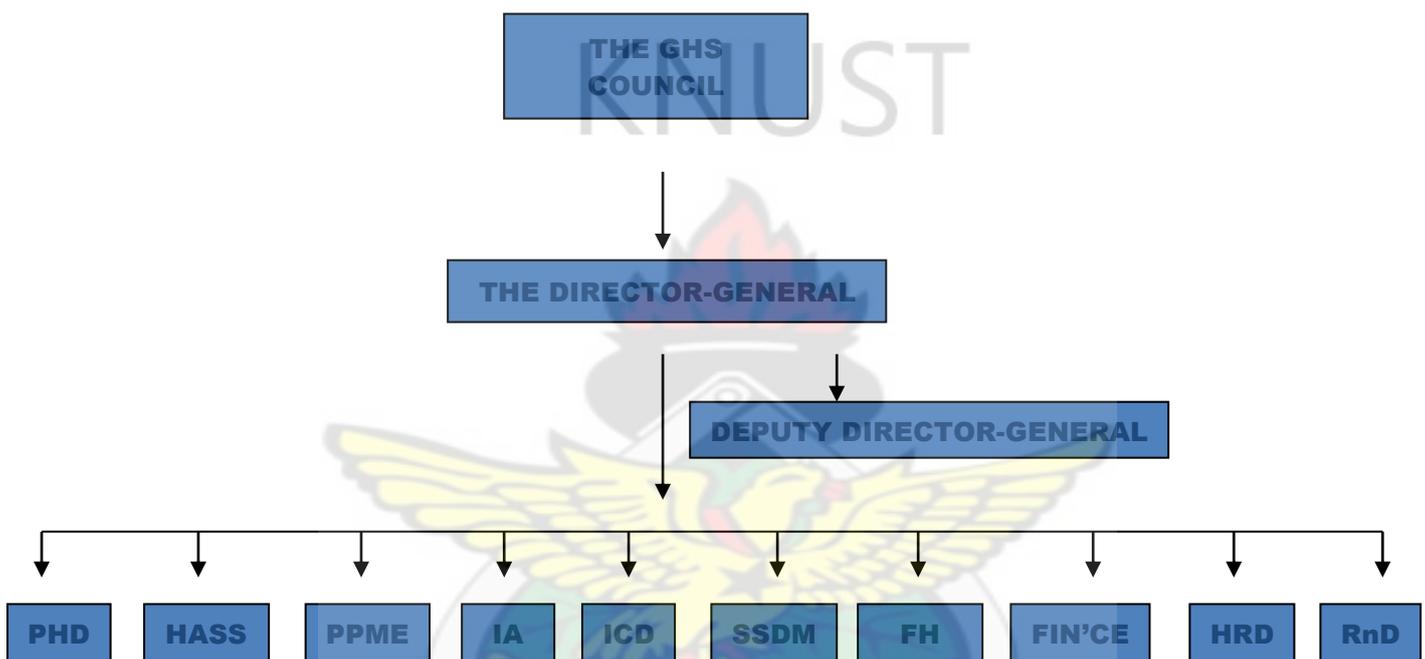
## **Mission**

To work in collaboration with all partners in the health sector to ensure that every individual, household and community is adequately informed about health; and has equitable access to high quality health and related interventions

## Vision

The Vision of GHS is to have a society in which preventable diseases and avoidable deaths are kept to the barest minimum and every citizen has access to a quality-driven, result-oriented, close-to-client focused and affordable health service by a well-motivated workforce.

### 3.8.2 Organizational Structure



**Figure 3.1 Organizational structure of the Ghana Health Service**

Source: Field Work, 2014

#### Key

**PHD** – Public Health Directorate

**HASS** – Health Administration and Support Service

**PPME** – Policy Planning Monitoring and Evaluation

**ICD** – Institutional Care Division

**SSDM** – Suppliers Stores Drug Management

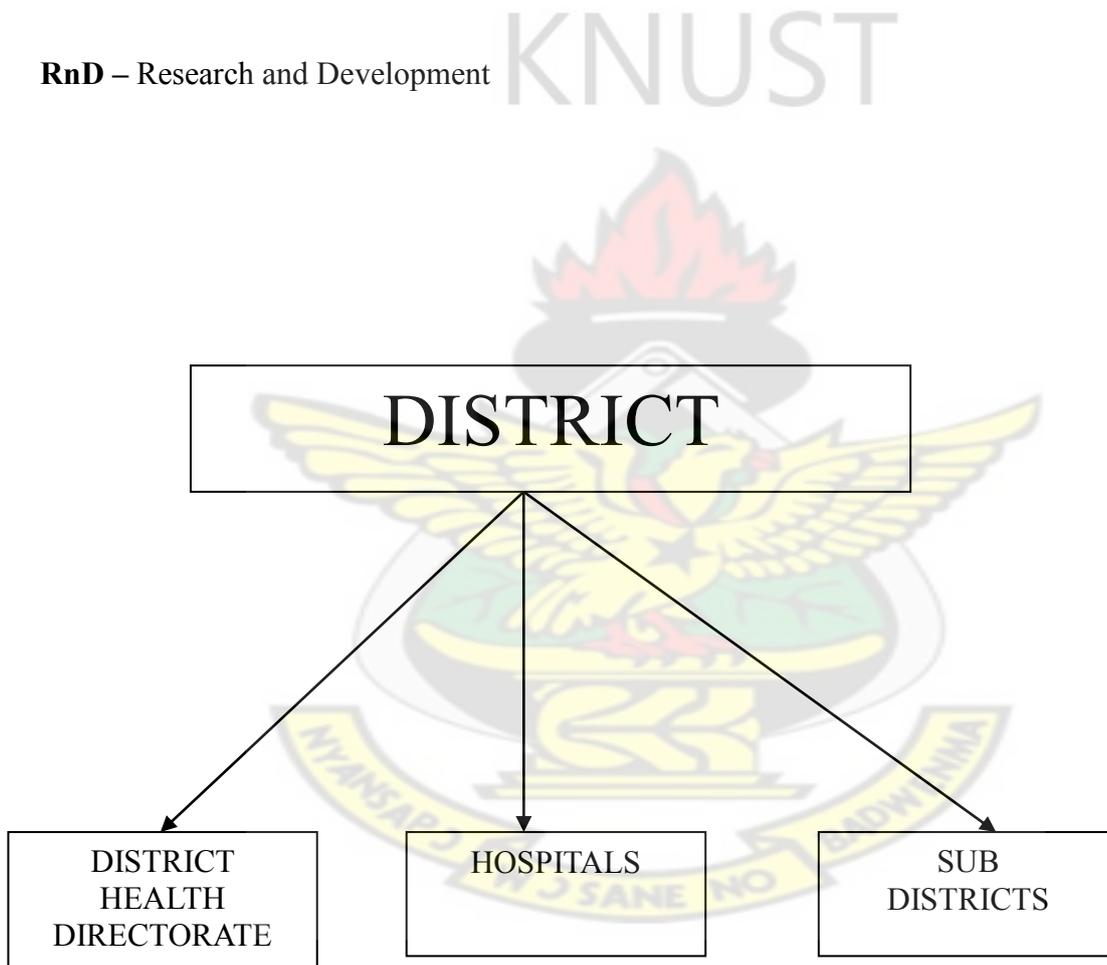
**FIN'CE** - Finance

**HRD** – Human Resource Development Division

**IA** – Internal Audit

**FH** – Family Health

**RnD** – Research and Development



**Figure 3.2 structure at the District Level**

**Source: Field Work (2014)**

**Table 3.1 Staff strength of Nurses at the Kumasi Metropolis of GHS per facility**

Facility	Count of Profession (Category)	YEARS					Grand Total
		2009	2010	2011	2012	2013	
Kumasi South Hospital	Community Health Nurse	14	14	23	29	30	<b>110</b>
	Enrolled Nurse	10	10	14	19	20	<b>73</b>
	Midwife	14	14	20	25	31	<b>104</b>
	Professional Nurse	51	51	64	67	58	<b>291</b>
<b>Total</b>		<b>89</b>	<b>89</b>	<b>121</b>	<b>140</b>	<b>139</b>	<b>578</b>
M.C.H Hospital	Community Health Nurse	11	11	19	20	22	<b>83</b>
	Enrolled Nurse	1	1	4	9	10	<b>25</b>
	Midwife	16	16	23	23	21	<b>99</b>
	Professional Nurse	28	28	26	31	32	<b>145</b>
<b>Total</b>		<b>56</b>	<b>56</b>	<b>72</b>	<b>83</b>	<b>85</b>	<b>352</b>
Manhyia Hospital	Community Health Nurse	16	16	22	26	25	<b>105</b>
	Enrolled Nurse	7	7	9	12	9	<b>44</b>
	Midwife	29	29	30	26	29	<b>143</b>
	Professional Nurse	30	30	32	34	33	<b>159</b>
<b>Total</b>		<b>82</b>	<b>82</b>	<b>93</b>	<b>98</b>	<b>96</b>	<b>451</b>
Metro Health Directorate	Community Health Nurse	5	5	17	33	33	<b>93</b>
	Enrolled Nurse	1	1	9	15	24	<b>50</b>
	Midwife	7	7	7	8	13	<b>42</b>
	Professional Nurse	4	4	8	14	31	<b>61</b>
<b>Total</b>		<b>17</b>	<b>17</b>	<b>41</b>	<b>70</b>	<b>101</b>	<b>246</b>
Suntreso Hospital	Community Health Nurse	18	18	27	37	42	<b>142</b>
	Enrolled Nurse	11	11	15	17	16	<b>70</b>
	Midwife	18	18	30	30	26	<b>122</b>
	Professional Nurse	51	51	60	61	52	<b>275</b>
<b>Total</b>		<b>98</b>	<b>98</b>	<b>132</b>	<b>145</b>	<b>136</b>	<b>609</b>
Tafo Hospital	Community Health Nurse	19	19	28	34	27	<b>127</b>
	Enrolled Nurse	11	11	18	22	26	<b>88</b>
	Midwife	30	30	30	30	26	<b>146</b>
	Professional Nurse	32	32	44	42	37	<b>187</b>
<b>Total</b>		<b>92</b>	<b>92</b>	<b>120</b>	<b>128</b>	<b>116</b>	<b>548</b>
<b>Grand Total</b>		<b>434</b>	<b>434</b>	<b>579</b>	<b>664</b>	<b>673</b>	<b>2784</b>

Source: Human Resource Database, RHD.

### **3.8.3 Main activities carried out by the organization**

For the purposes of achieving its objectives the GHS will perform the following functions amongst others:

Provide comprehensive health services at all levels directly and by contracting out to other agencies. As part of this function, the GHS will:

- (a) Develop appropriate strategies and set technical guidelines to achieve national policy goals/objectives.
- (b) Undertake management and administration of the overall health resources within the service.
- (c) Promote healthy mode of living and good health habits by people.
- (d) Establish effective mechanism for disease surveillance, prevention and control.
- (e) Determine charges for health services with the approval of the Minister of Health.
- (f) Provide in-service training and continuing education.
- (g) Perform any other functions relevant to the promotion, protection and restoration of health.

### **3.8.4 Brief discussion on the subject matter of the thesis as applied in the organization**

The issue of poor or low pay has been acknowledged to contributing to nurses' attrition from the health service and has led to nurses leaving their respective countries to seek greener pasture elsewhere particularly in the developed countries. A significant attempt to address the low salaries in the country led to the introduction of the single spine salary structure in January 2010, which saw sustainable increases in the salaries of health workers particularly nurses and doctors.

There has been divergent view on the level of productivity of nurses. The salary was too low and was anticipated to be one of the reasons for the perceived poor work attitude and reluctance to attend to patients and serve them well. Since GHS is the largest service delivery of health care delivery, the rationale to conduct a research into the correlation was conceived.

### Map of Kumasi Metropolitan

King Osei Tutu I founded Kumasi in the 1680's to serve as the capital of the Asante State. In terms of population, it is the largest of the 30 districts in the Ashanti Region. It has an estimated population of 2,204,395 with a growth rate of 2.7%.

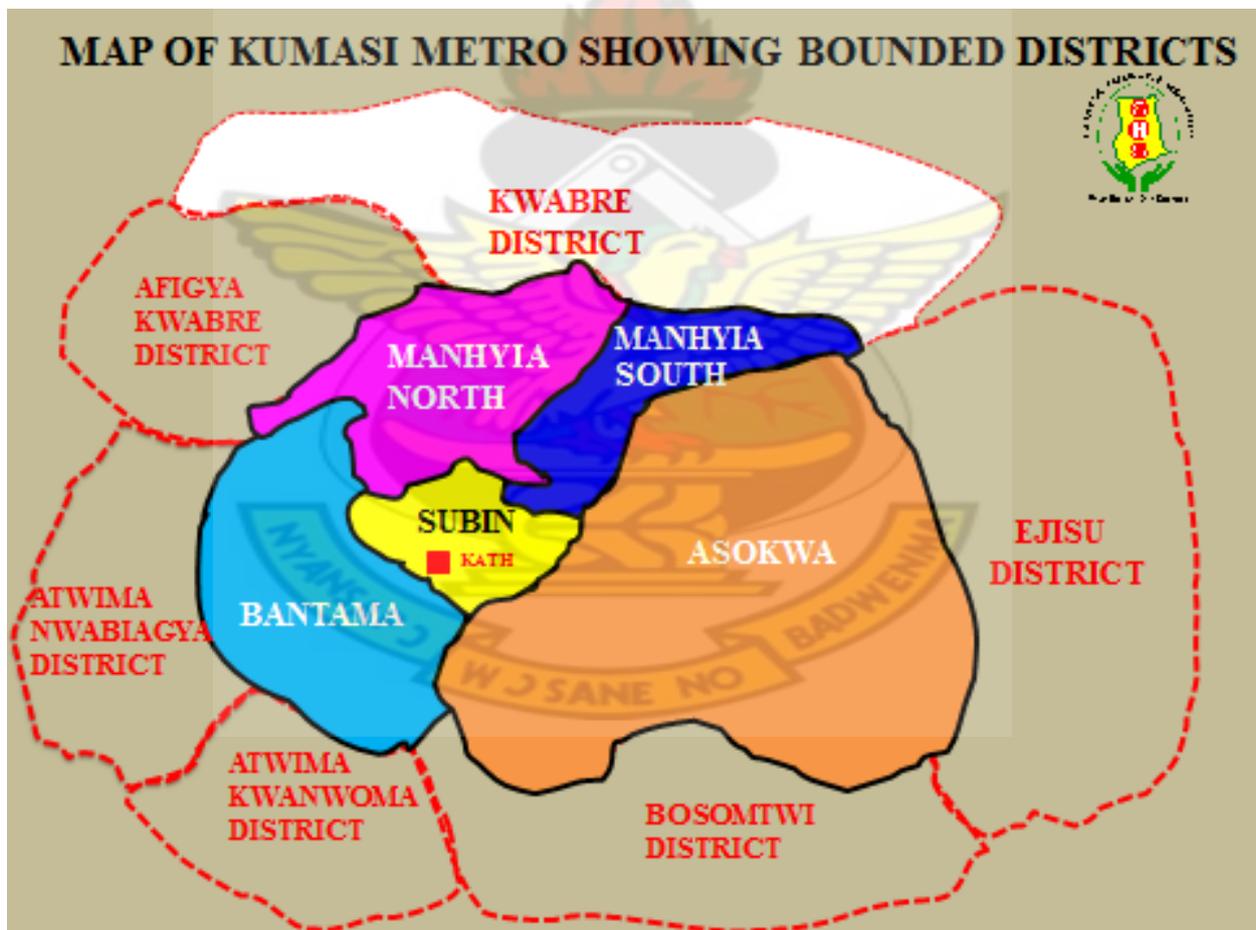


Figure 3.3 Map of Kumasi Metropolitan

Source: Annual Performance review report of GHS, Ashanti region, 2013

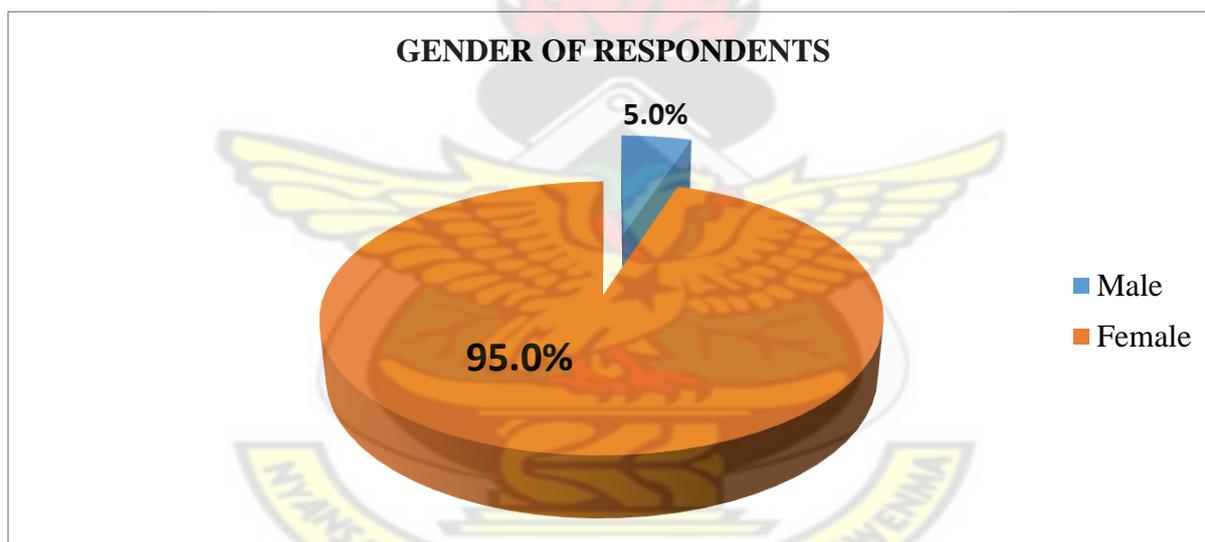
## CHAPTER FOUR

### DATA PRESENTATION ANALYSIS AND DISCUSSIONS OF FINDINGS

#### 4.0 Introduction

The analysis employed both qualitative and quantitative tools. Tables and figures were used in analysing the responses which were linked to the objectives and the research questions of the project. The Statistical Package for Social Scientist (SPSS) Software was also used for the data analysis.

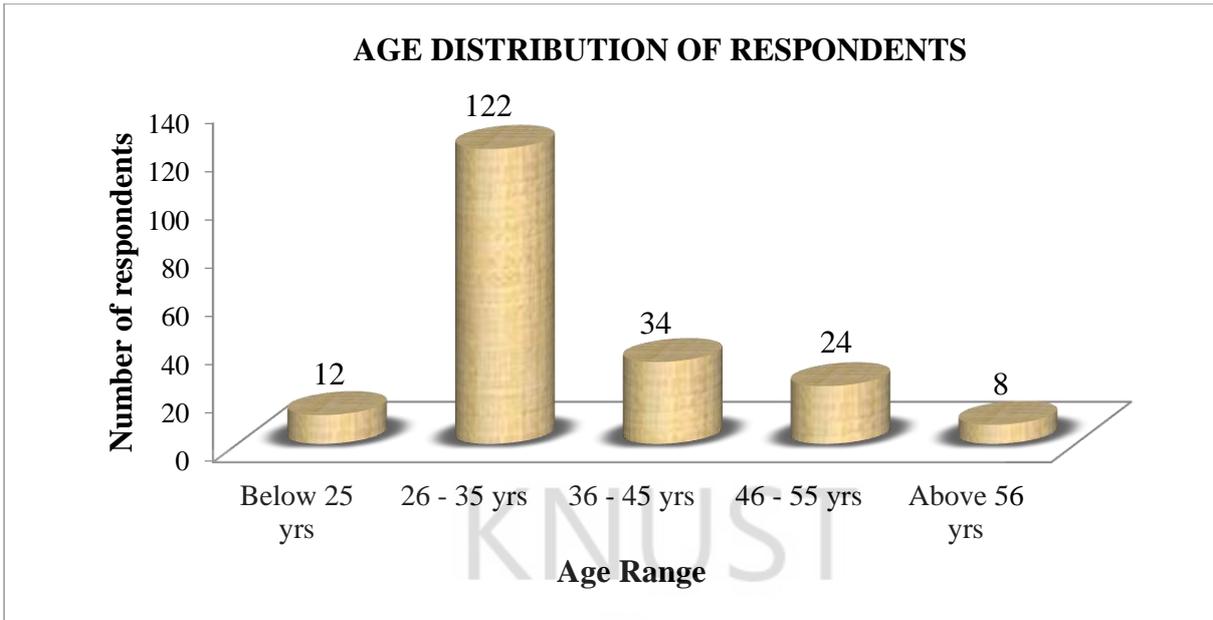
#### 4.1 Demography of respondents



**Figure 4.1.0: Gender of Respondents**

**Source: Field Work, 2014**

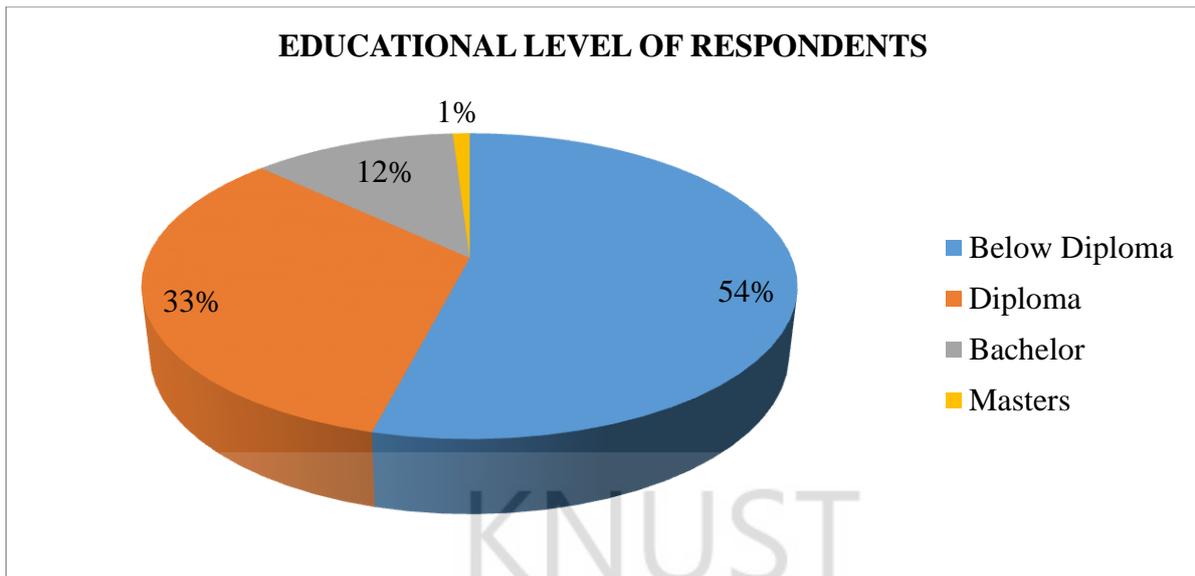
The total number of respondents were 200, out of which 95% were females and 5% represented the males. This is largely due to the fact that the nursing profession is dominated by females and one would expect that in an exercise like this, there would be massive response from females than the males.



**Figure 4.2.1: Age Distribution of Respondents**

**Source: Field Work, 2014**

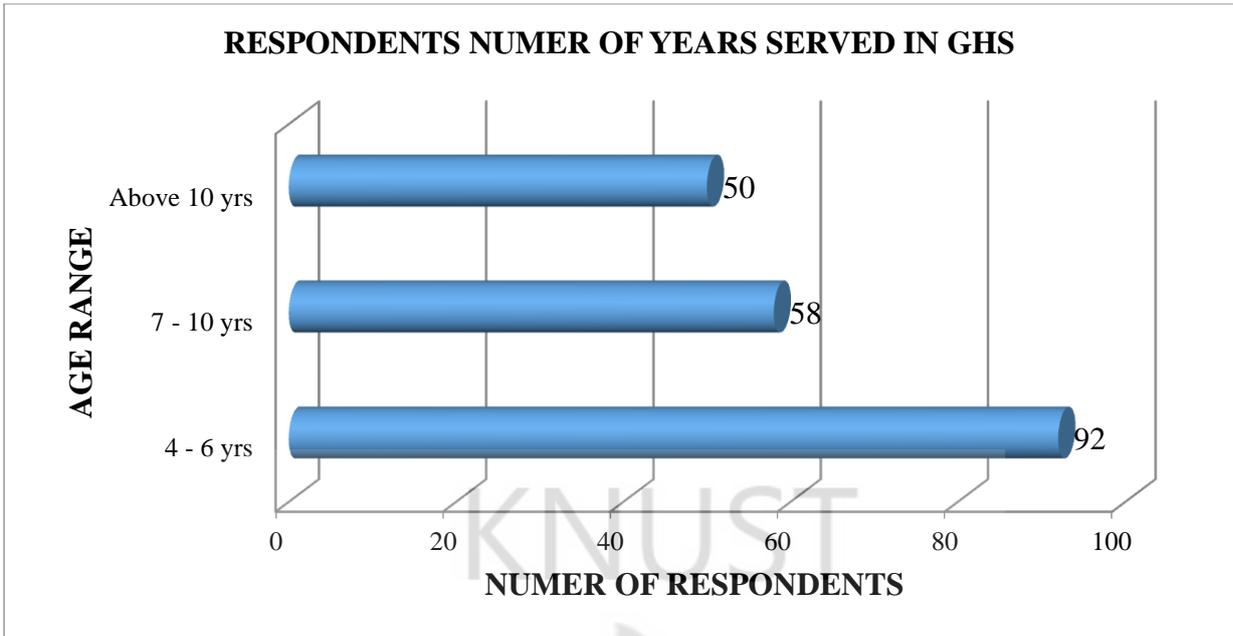
As depicted in figure 4.2.1 above, the dominant age distribution was 26 – 35 years. Those of 46 years and above were 32 in number with only 12 below 25 years. The indication is that as the years go by the ageing group will be diminishing from the GHS and that could be due to resignation, vacation of post and death. It also indicates that most of the nurses are in their youthful age which is good for the Service.



**Figure 4.3.3: Educational level of Respondents**

**Source: Field Work, 2014**

Figure 4.3.3 brings to fore the representation of the educational level of the nurses who were the respondents. Only 2 (1%) of the respondents were holders of post graduate certificates. The number of respondents who had below diploma were 108 (54%). The highest level of education one could attain to practice as a nurse was below diploma. The nursing training institutions have now been upgraded to tertiary level to award Diploma. Some universities in the country have also started offering degree programmes in nursing. That explains why most of the respondents do not have very high qualifications.

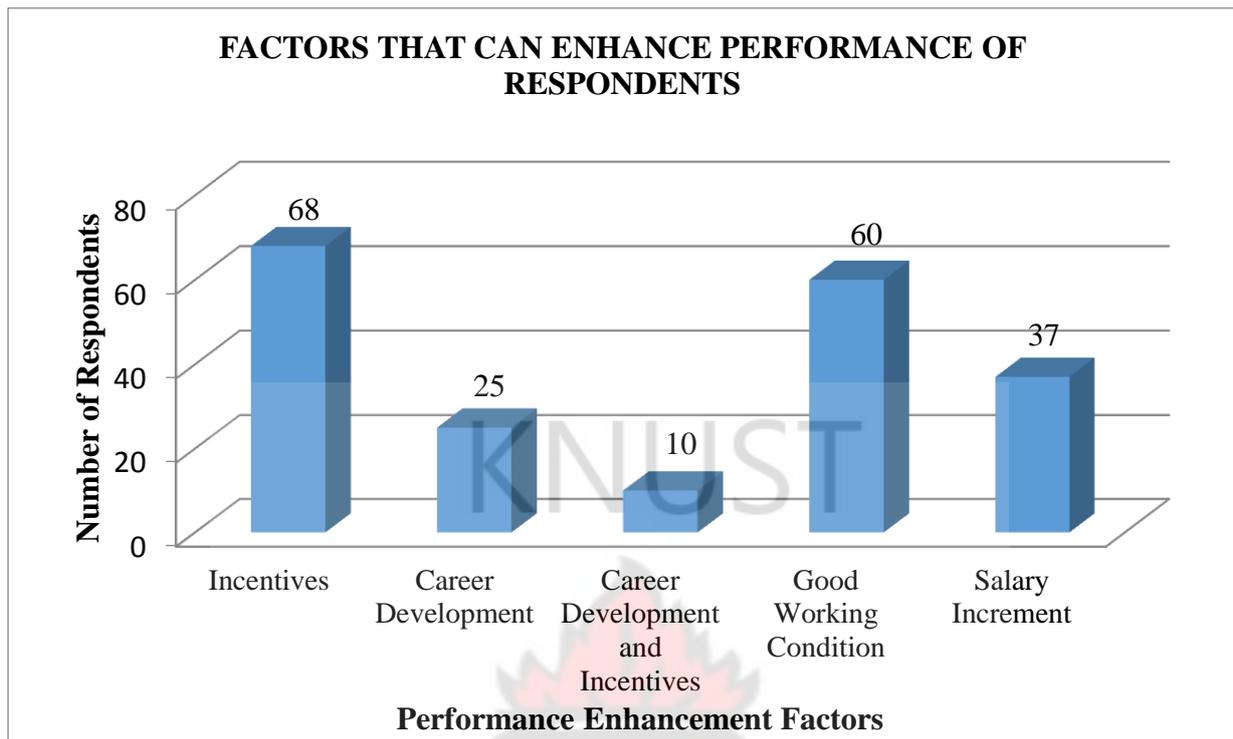


**Figure 4.5.4: Number of year's respondents has served in GHS**

**Source: Field Work, 2014**

Explaining figure 4.5.4 above, the number of respondents who had served in the Ghana Health Service for 4 – 6 years were 92 (46%). Those who had served for 10 years and above were 50 (25%) of the total respondents whilst 58 (29%) of the respondents had served for between 7- 10 years. This is an indication that officers leave the Service as the years go by.

## 4.2 Inferential Statistics



**Figure 4.10b.5: Factors that can enhance performance of respondents**

**Source: Field Work, 2014**

The illustration in Figure 4.10b.5 above indicates that respondents were of the opinion that certain factors could precipitate their performance more, apart from salaries. The number of people who insisted that salary increment was what they needed were 37 (18.5%) of respondents. Those who chose incentives were 68 (34%) which is the highest among the factors. It is followed closely by good working conditions selected by 60 (30%) out of the 200 respondents. The other factor was career development and that attracted 35 (17.5%) responses. Looking at the work and the need for nurses in the country, it will be good to consider these factors as Belcher (1962), aligns a wage survey to unusual working conditions and availability of a particular profession for engagement. The picture presented here is not far from Snell's (2004) position, which indicates that the most

frequently identified objectives of employees are job security, financially and intellectually rewarding work, recognition and achievement.

**Table 4.10b.1: Factors that can enhance performance of the various cadre of nurse**

Performance enhancement factors	Cadre of Nurse				Total
	General Nurse	Midwife	Community Health Nurse	Enrolled Nurse	
Incentive	24	12	20	12	68
Career Development	4	6	5	10	25
Career Development and Incentive	3	3	3	1	10
Good Working Environment	9	17	13	21	60
Salary Increment	10	12	9	6	37
Total	50	50	50	50	200

**Source: Field Work, 2014**

Table 4.10b.1 suggests that through their responses the researcher identified four main factors that could enhance performance of the respondents. The table spells out the factors and their distribution among the various cadres of nurses. There were 68 (34%) respondents of the total responses that selected incentives. The general nurses are the cadre that are likely to choose incentive as 24 (35.3%) of them, out of the 68 that went for incentive were general nurses. The second highest factor was good working environment with 60 (30%) of the total responses. Of this 60 selected, 21 (35%) were enrolled nurses, the highest of the cadre of nurses that chose good working environment. Salary increment also secured 37 (18.5%) of the respondents and it was the midwives who were dominant with this choice. Of the total number of 37, 12 (32.4%) were midwives. Career development was selected by 25 (12.5%) respondents. The number of enrolled nurses that selected the career development were 10 (40%), it is the highest among the various

cadre of nurses. There were 10 (5%) respondents who incidentally indicated both career development and incentive.

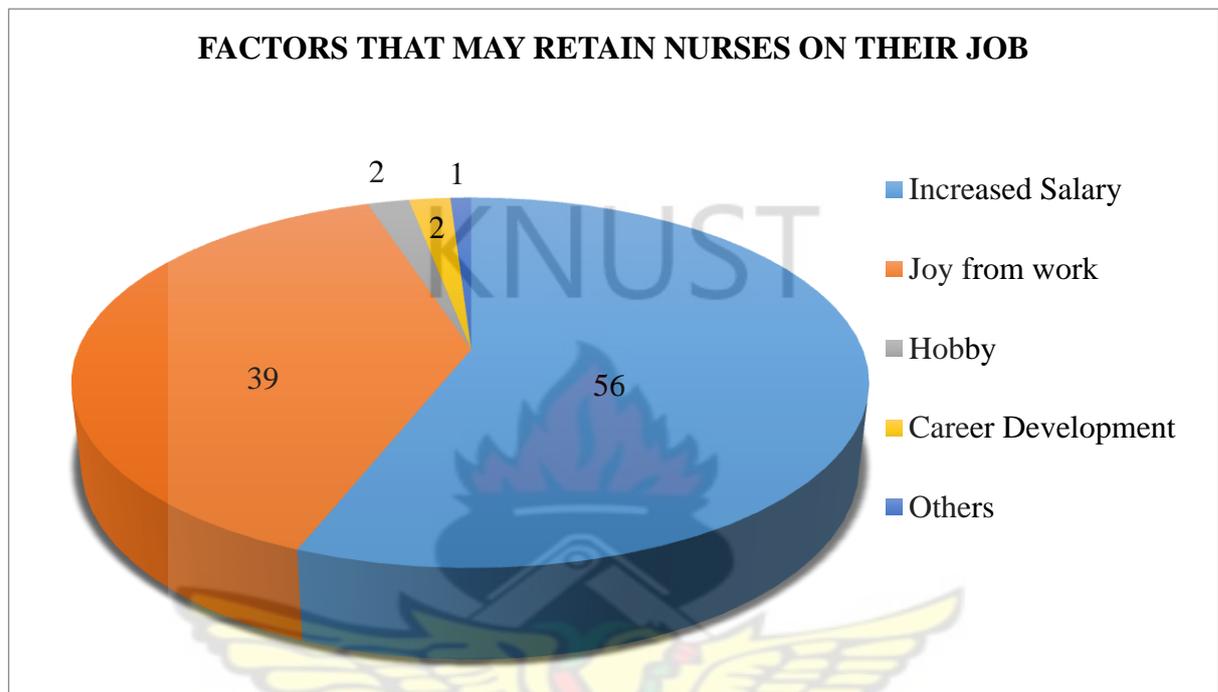
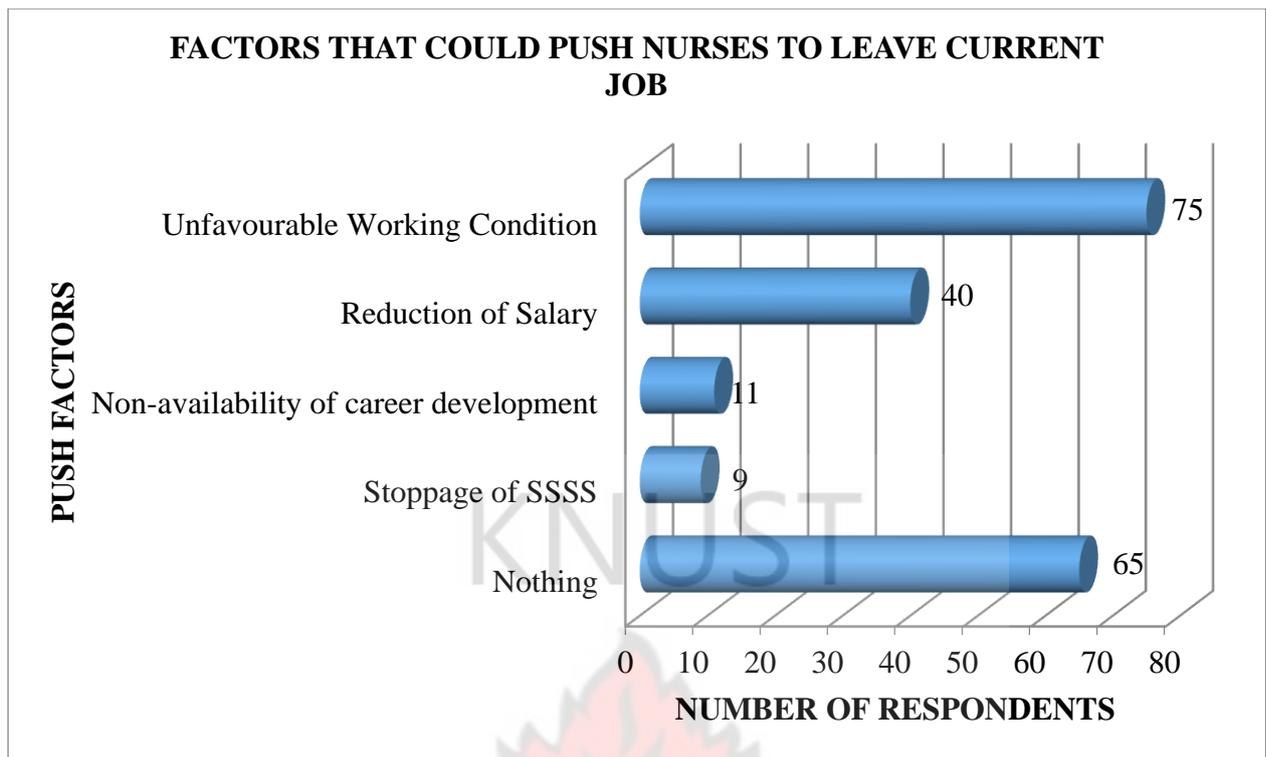


Figure 4.14.6: Factors that may retain nurses on their current job

Source: Field Work, 2014

Figure 4.14.6 illustrates which factors and the degree to which the factor can influence the retention of nurses on their current job. The factor with the greater share of distribution among all was increased salary of 112 (56%) respondents. Gomex - Meija and Balkin (1992), attest to this fact. They note that employers who offer most attractive reward packages have lower attrition rate than those who pay poorly. The staff who chose joy from the work was 78 (39%). That was remarkable, and suggests that the joy people have on the work they do can compel them to stay.

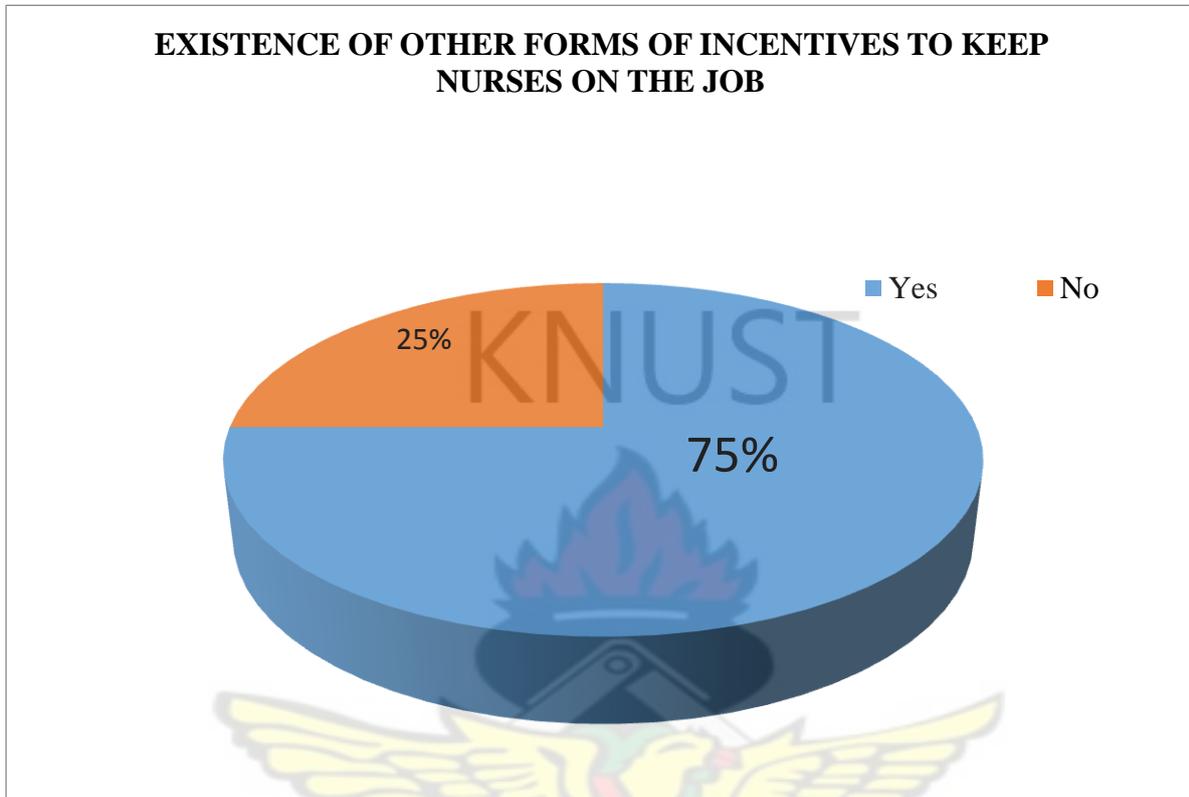


**Figure 4.15.7: Factors that can push nurses to leave GHS**

**Source: Field Work, 2014**

Figure 4.15.7 identifies certain factors that the respondents indicated could push them to leave the service. Remarkably, 65 (32.5%) respondents think that nothing would push them to leave. The factor highly indicated by the respondents was unfavourable working conditions which 75 (37.5%) respondents were of the view could be a push factor. The unfavourable working conditions identified from the respondents included lack of equipment and logistics to work with, lack of respect or recognition of staff by management and poor working relationship. Reduction of salary could also prompt some of the respondents to leave for elsewhere. Some 40 (20%) respondents thought that if their salaries were reduced, they would be pushed to leave their current job whilst 11 (5.5%) respondents stressed lack of opportunity for career development could compel them to desert the work. Their responses align to Torrington et al. (2008) that some

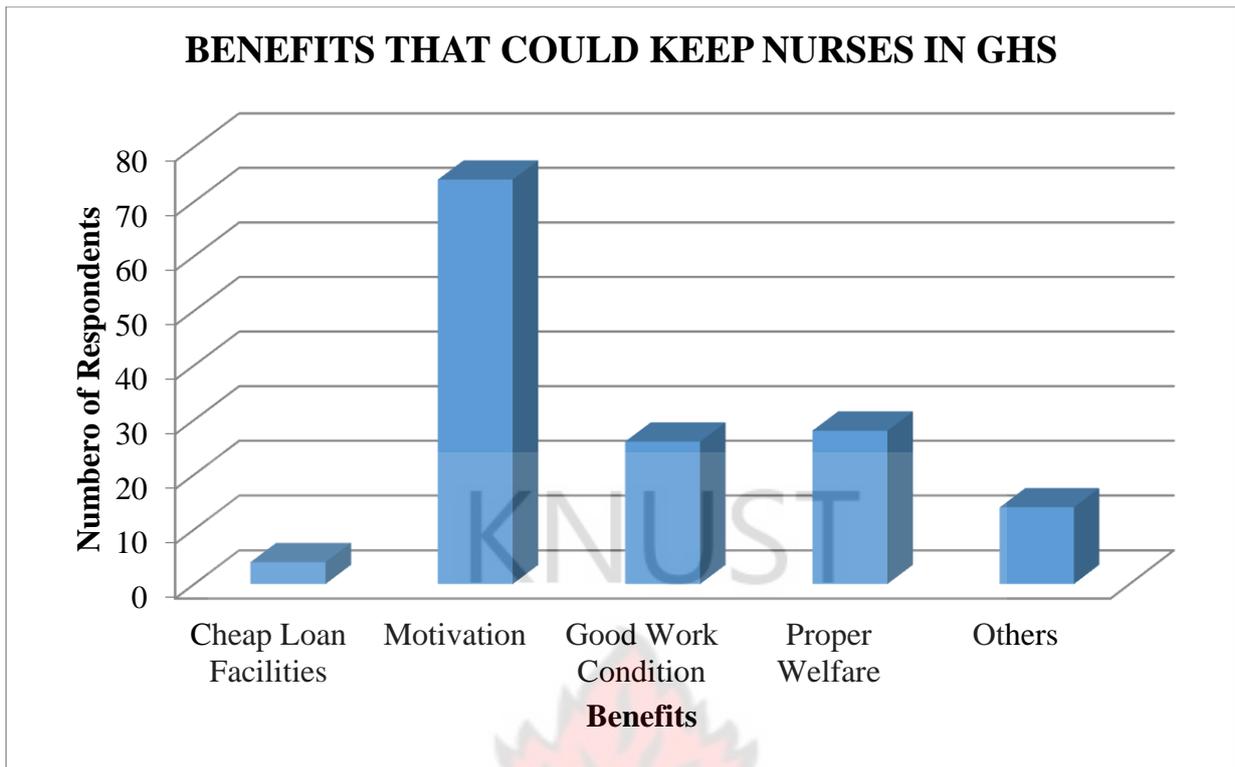
push factors that compel people to leave their jobs. He cited insufficient development opportunities, boredom, supervision and poor level of employee involvement.



**Figure 4.16.8: A wish for existence of other forms of incentive**

**Source: Field Work, 2014**

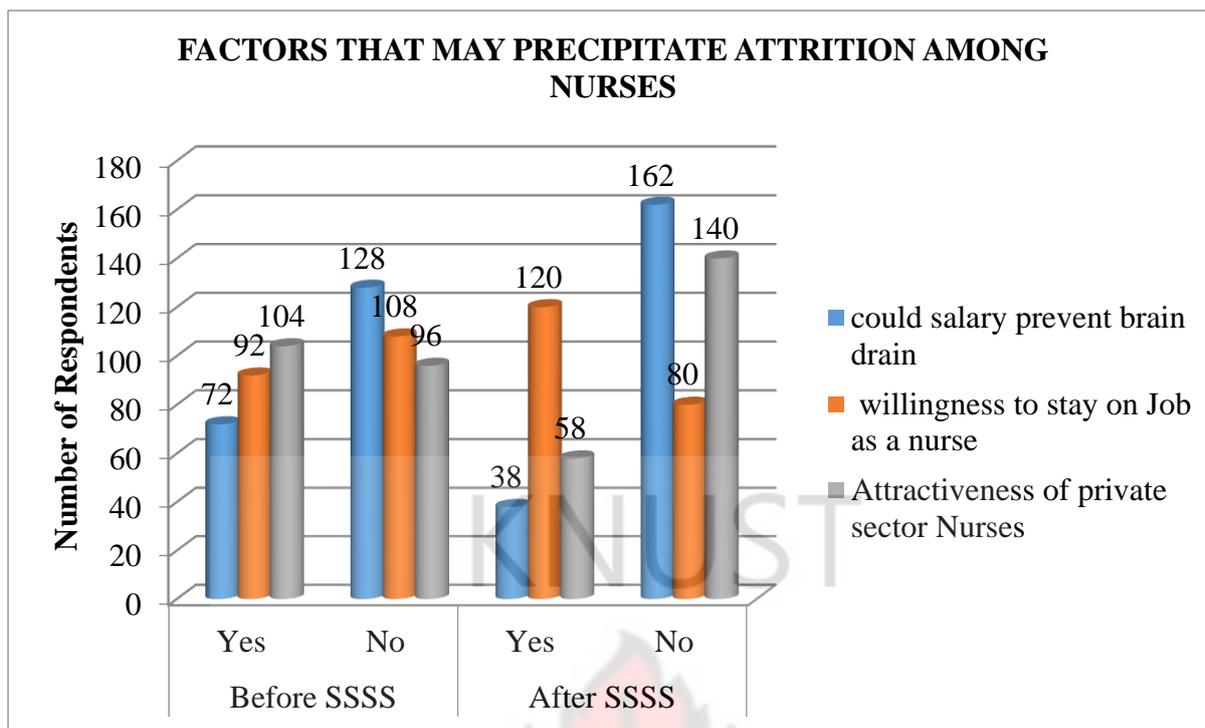
The respondents indicated whether the existence of other incentives apart from salary could keep them on the job. As many as 150 (75%) respondents indicated such incentives could propel them to stay. The Remaining 50 (25%) did not believe they needed any incentive to stay on the current job.



**Figure 4.17.9: Benefits that could keep nurses in GHS**

**Source: Field Work, 2014**

The respondents indicated some factors that could always pull them to stay. The push factors listed by the respondents were loan facilities, incentives, favourable working conditions, welfare and others. Standing very tall among them was incentive which would certainly translate into the amount of money that would come into their pocket. The next factor was welfare issues which include pension scheme, funeral benefits, accommodations and security. The third factor that comes very close to the welfare was good working conditions. They stated soft loan facilities among others that could also be looked at as pull factors.



**Figure 4.12-13.10: Factors that may precipitate attrition among nurses**

**Source: Field Work, 2014**

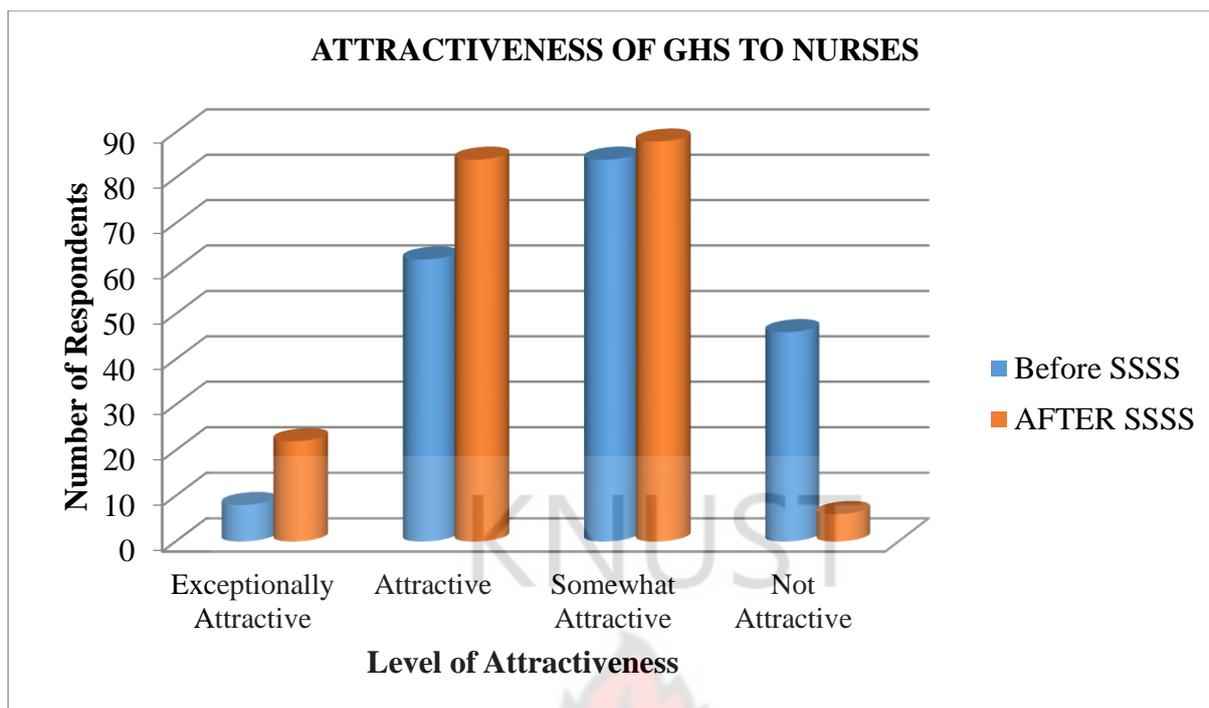
Figure 4.12-13.10 illustrates a 'Yes' and 'No' answer to some questions that sought to establish how the respondents could easily leave the Service. On the question of the impact of attrition before the SSSS was implemented, 72 (36%) respondents stated the salary could prevent them from seeking green pastures. Those who stated that the salary could not in any way have prevented them from moving out of the country were 128 (64%). In relation to this same question but this time after the implementation of the SSSS, 38(19%) respondents indicated that 'Yes', the salaries could prevent them from seeking greener pastures. On the other hand, 162 (81%) respondents noted that the current SSSS would prevent them from seeking greener pastures elsewhere.

A cursory look at both scenarios suggests that some respondents were emphatic that they could still leave notwithstanding the appreciable increases in salaries. Meanwhile the percentage varied. Those who indicated that they could be pushed out before the SSSS was implemented were 36%

and 19% after the SSSS came in place. It is worthy to note that in both cases those who were not prepared to leave the service were of higher percentages, that is 81% after the implementation and 64% before the implementation. However, an appreciable difference of 17% between before and after the implementation was recorded.

With the willingness to stay on the job, 92 (46%) respondents were willing to stay on whilst 108 (54%) respondents stated 'No'. This is before the SSSS was implemented. With the aftermath of the implementation of SSSS, the researcher noted that 120 (60%) respondents were willing to stay on. The other 80 (40%) respondents were not willing to stay even after the SSSS. At least the percentage of the officers willing to stay after the SSSS was higher than that before the implementation.

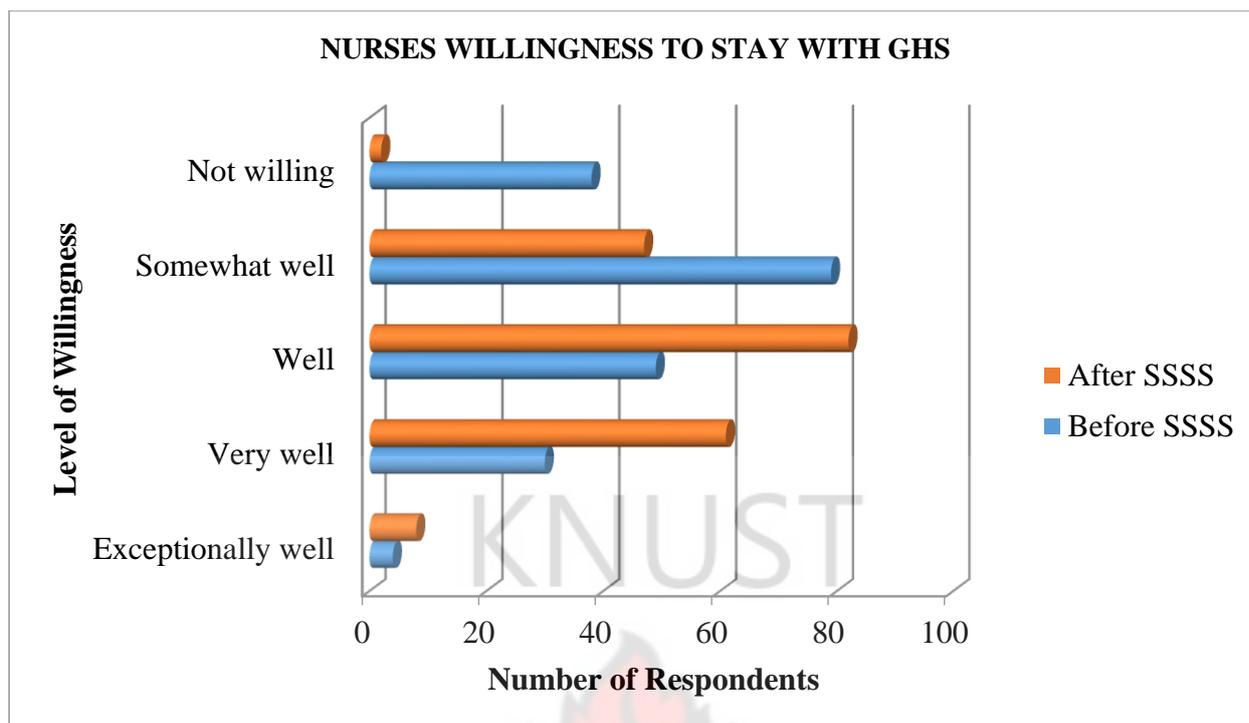
The figure, 4.12-13.10 still depicts the attractiveness of the private sector to nurses. Before the SSSS, 104 (52%) respondents thought that the private sector could be attractive to them. The remaining 96 (48%) respondents were not enthused about the SSSS. However, after the implementation of the SSSS, only 58 (29%) of the respondents, indicated that the private sector was attractive. Those who were not attracted by the private sector were 140 (70%). Dyer et al. (1978), opines that job seekers consider the type of work and the exact salary being offered to make decisions. One would believe that those who opted for the private sector might have considered these factors.



**Figure 4.18-19.11: Attractiveness of GHS to nurses**

**Source: Field Work, 2014**

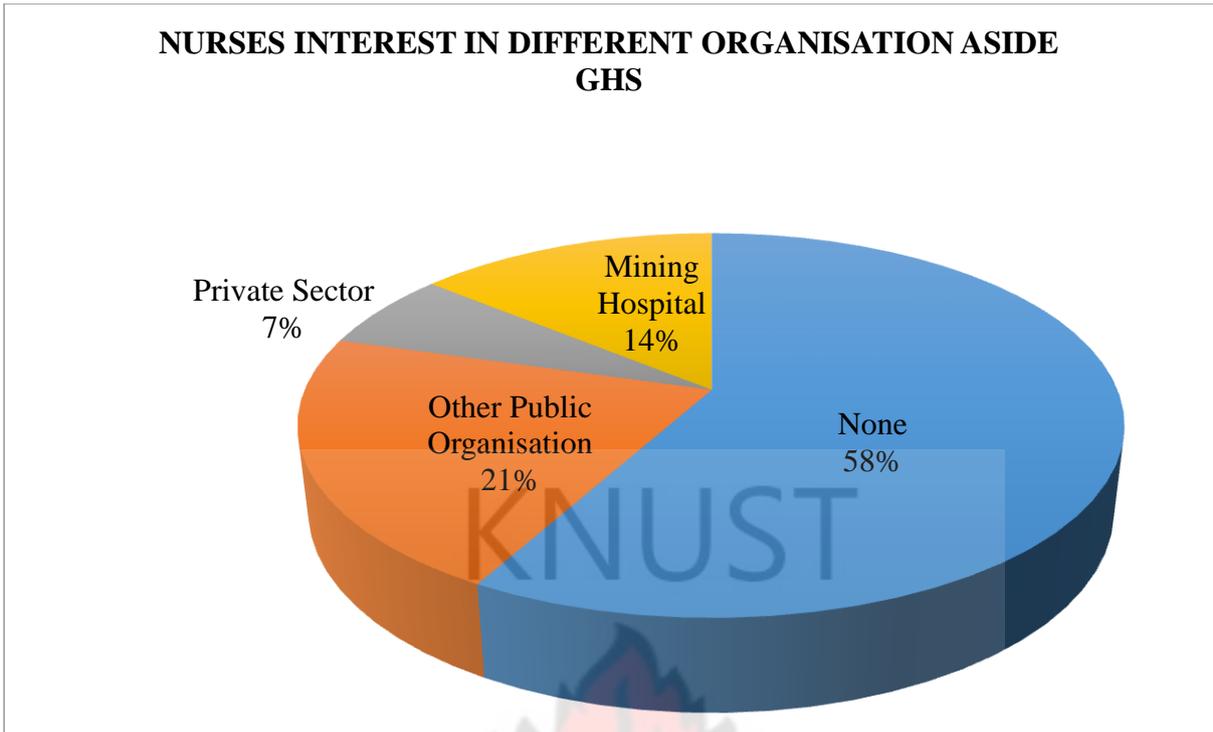
On the question of how Ghana health Service was attractive to the nurses, figure 4.18-19.11 gives a picture of the officers' views. Very few officers were exceptionally attracted to the service even after the implementation of the SSSS. Just about 20 (10%) were exceptionally attracted after the SSSS was implemented. Less than 10 out of the total respondents of 200 were exceptionally attracted to the service before the SSSS was implemented. The people that were attracted to the Service before the SSSS was implemented were 60 (30%). Those after were 80 (40%) respondents. There was a significant appreciation between before and after as the number of the people that were not attracted to the service reduced from 140 to 120 respondents. Most of the respondents chose somewhat attractiveness for before the SSSS was implemented. It is a clear indication that they were not attracted to the service but there may be no better option like Grobler et al. (2007) puts it, job seekers compare brief job descriptions and request specialist to determine if the job is similar to other organizations position at the particular wage level.



**Figure 4.20-21.12: Willing of nurses to stay with GHS**

**Source: Field Work, 2014**

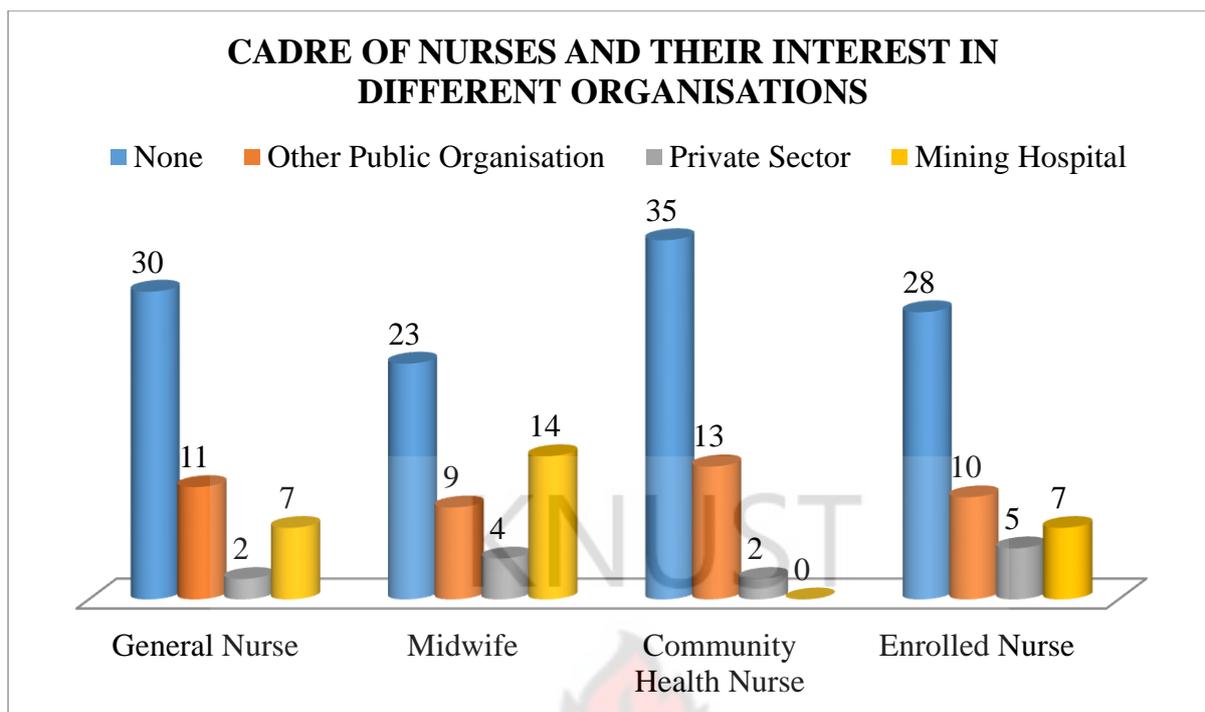
Figure 4.20-21.12 examines how well nurses were willing to stay with the Ghana Health Services before and after the SSSS was introduced. A total number of 4 (2%) of the respondents were exceptionally willing to stay before the SSSS was introduced. After the introduction, 8 (4%) of the respondents were exceptionally willing to stay. That certainly was not too impressive picture to present. For the very willing nurses, they were 30 (15%) and 61 (30.5%) before and after respectively. The highest of the choices for before the introduction was somewhat well of 79 respondents representing 39.5 % whilst the highest of choices for after the introduction was well (an average choice) of 82 respondents representing 41%. This suggests that at least there was a shift from somewhat well to well after an improved compensation. This agrees with Torrington et al (2008), on push factors, citing that salary levels are often the major push factors, employees leave or stay in order to improve their living standard.



**Figure 4.22.12: Interest in other organizations**

**Source: Field Work, 2014**

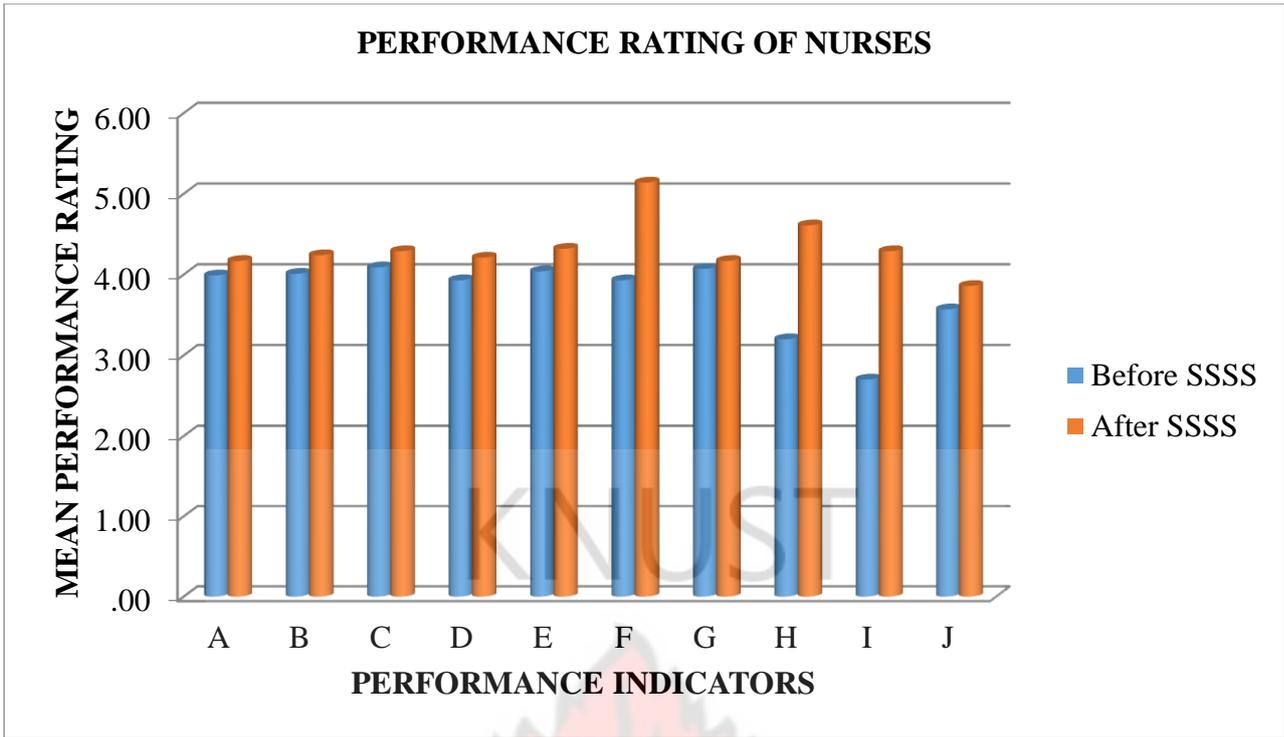
The Figure, 4.22.12 gives respondents presentation of some institutions of interest to work with. A good number of the respondents of 116 (58%) thought that no other institution was an option for them to work with. They insisted that they were not interested in any other institution. An institution cited by some respondents of interest to work with was the mining hospitals, of which 28 (14%) of the respondents stated. The other two choices were the public organizations and the private sector with 42 (21%) respondents and 14 (7%) respondents respectively. The public organizations selected were mainly hospitals of the security services. The length of time that employees remain in their jobs or at least with the same employer varies considerably from country to country. The economic conditions of the Country have influence on movements, looking at how easily one would get a job. Torrington et al. (2008) cites USA as having the shorter term for employees and also relatively low stability rates in UK, Denmark and Ireland.



**Figure 4.22.13: Interest in other organizations by cadre of nurses**

**Source: Field Work, 2014**

Figure 4.22.13 presents other institutions of choice by a particular cadre of nurse. Interestingly, all the different cadre of nurses' highest choice was to stay with the organization and not very much interested in any other organization. But for the community health nurses, all the others were least interested in the private sector. None of the Community Health Nurse chose the mining sector and it is a clear case of a Community Health Nurses not having a place in a mining hospital because they do not do public health activities.



**Figure 4.7-8.14: Performance rating of nurses by self-assessment**

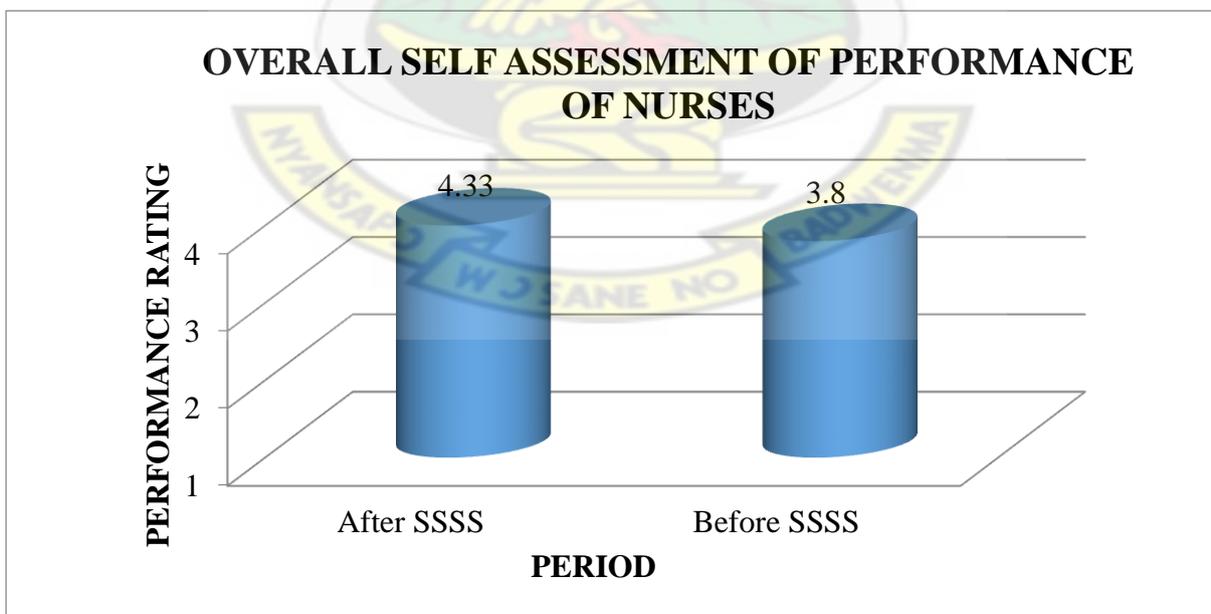
**Source: Field Work, 2014**

**KEY**

- Commitment to work A
- Punctuality B
- Attitude to work C
- Completeness of work D
- Self confidence and Innovative ability E
- Willingness to do extra duties F
- Loyalty and co-operation G

Client perception about attitude of nurses	H
General Satisfaction with salary	I
Attitude of your colleague nurses towards work	J

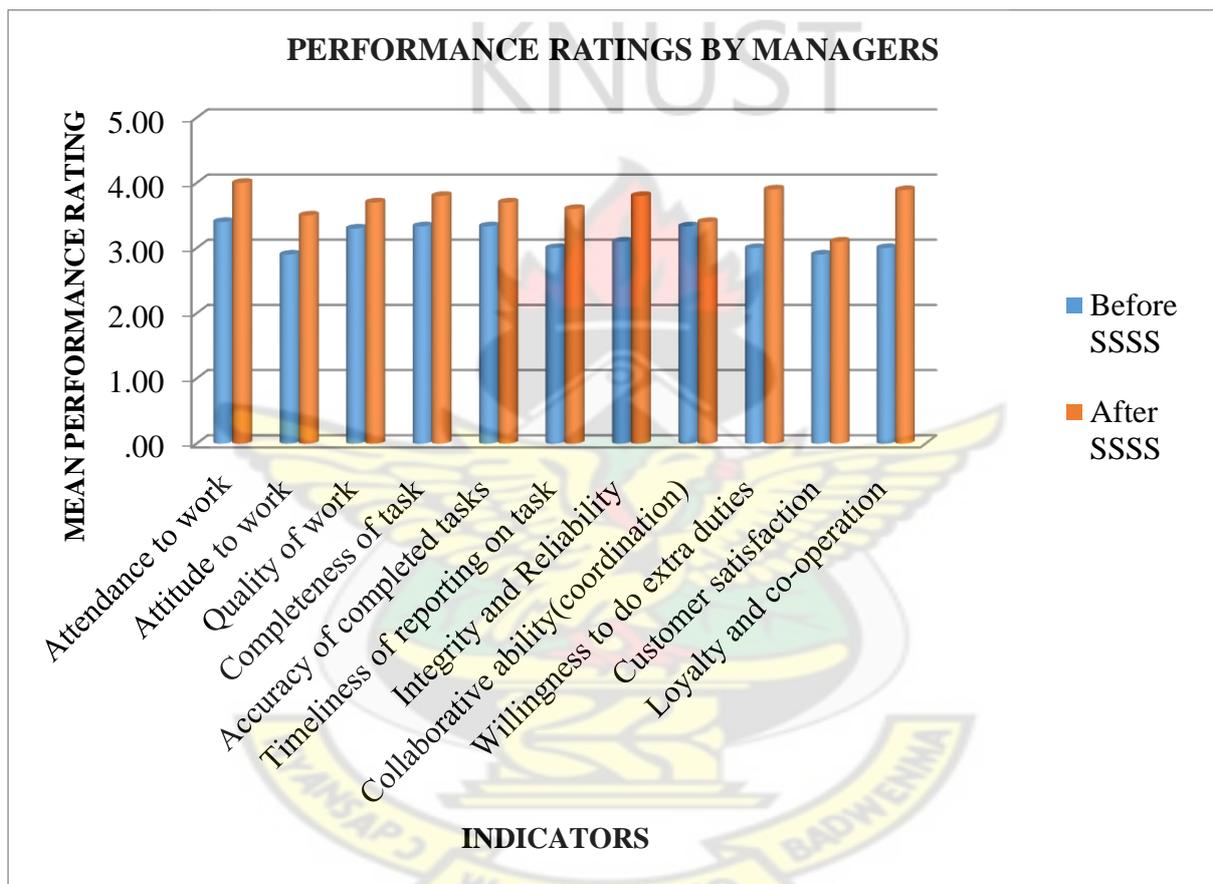
Figure 4.7-8.14 highlights some indicators that are attitudinal and behavioural that could be used to measure performance of an individual. The ratings sought to look at self assessment by the nurses before and after the SSSS was introduced. Examining the figure closely; it was observed that in all instances, ratings were better after the introduction of the SSSS than before. The differences were marginal except for willingness to do extra duties, clients' perception about attitude of nurses and general satisfaction with salary. The SSPP, according the Government white paper- November, 2009, was to deal with among others linkage of pay to productivity. Per the self assessment, there seems to be an improved performance. However, in a survey of an articulated compensation strategy of an organization, only 20% of the employees said the reward program encouraged the desired behaviours (Dessler, 2003).



**Figure 4.7-8.15: Performance rating of nurses by self-assessment**

**Source: Field Work, 2014**

The researcher's scale was of 1-5 where 1 was poor, 2 being fair, 3 was good, 4 for very good and 5 as excellent. From figure 4.7-8.15, the overall self assessment of the performance of the nurses was 4.33 after the SSSS and 3.8 before the SSSS was introduced. This suggests that, after the implementation, performance was above very good and before the SSSS just below very good. This agrees with Certo's (2000), that the objective of motivating employees to lead them to perform in ways that meet the goals of the organization.



**Figure 4.manager.16: Performance rating of nurses by managers**

**Source: Field Work, 2014**

The managers of the service, particularly Nurse Managers, the Regional Human Resource Manager and the Metropolitan Director of Health Services were asked to assess these nurses for confirmation of the ratings from the self assessment. Figure 4. manager.16 displaying the ratings

depicts that the nurses performed better after the SSSS was implemented. The differences from the picture, that were significant were attendance to work, attitude to work, timeliness of reporting on task, integrity and reliability, willingness to do extra duties and loyalty on co-operation.

**Table 4.7-8.2: Performance rating of nurses by self-assessment**

Respondent	Self Assessment before SSSS inception	Self Assessment after SSSS inception
Number of Respondents that assessed themselves	146	154
Number of Respondents that could not assess themselves	54	46
Mean assessment of respondents (%)	65.62	75.84

**Source: Field Work, 2014**

Strangely, with reference to table 4.7-8.2, 27% (54 respondents) and 23% (46 respondents) could not assess themselves before the inception of the SSSS and after the inception. It could probably be due to the fact that it is very difficult to assess one's self. Meanwhile, the percentage mean of the assessment before the SSSS was implemented was 65.62% whereas after the SSSS had been implemented was 75.84%. According to Snell (2004), when programs dwell on compensation packages like benefit, base pay, incentives among others, there is value creation for both the employee and the organization in terms of output. Motivation causes people to act in a desired way (Certo, 2000). This is consistent with the self assessment by the respondents and that by the managers whether perceived or results based.

**Table 4.11.3: Cadre of Nurses by Adequacy of pay for work, cross tabulation**

Cadre of Nurse	Adequacy of Pay for work		Total
	Yes	No	
General Nurse	2	48	50
Midwife	5	45	50
Community Health Nurse	12	38	50
Enrolled Nurse	18	32	50
<b>Total</b>	<b>37</b>	<b>163</b>	<b>200</b>

**Source: Field Work, 2014**

Table 4.11.3 illustrates whether the officers thought they were being paid adequately for the work that they do. Out of the total number of the 200 respondents, those that indicated 'yes' to adequacy were only 37 (18.5%). The respondents that indicated they were not being paid adequately for the work they do were 163 (81.5%). For those that said 'yes', 18 (48.6%) out of the 37 were enrolled nurse. Relatively, they seem quite satisfied with their salaries. They were followed by the Community Health Nurses who were 12 (32.4%) in number. Incidentally, both cadres of nurses were junior staff. The general nurses and the midwives who are senior staff did not see adequacy at all. Out of the 50 respondents each of the general nurses and midwives, 48 (96%) and 45(90%) respectively felt they were not adequately paid.

This defeats government's objective of the SSPP of ensuring that, jobs with the same job – value range are paid within the same pay range (ie equal pay for work of equal worth). From their perspective, the SSPP lacks the intended equity and transparency in the public service pay administration restoration. Carrel (1978) highlights that research has found that employee perception on equitable treatment were affected when an organization altered its pay system to increase the pay of about 50% of its employees. Job satisfaction is often considered a strong

determinant of turnover. However, employees' perception of inequitable treatment has been found to be even stronger predictors of absence and job turnover than job satisfaction.

If employees perceive that they will be more equitably treated by another organization, the probability of them leaving would increase (Milkovich et al. 1999).

**Table 4.sd.4: Performance indicators of nurses**

<b>INDICATORS</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
ANC REG	50796	51632	50640	48254	45103
% coverage of ANC	80.3	79	74.9	56.4	78.2
Supervised delivery	36592	38948	40884	41206	39361
Supervised delivery coverage	58.2	59.9	60.8	48.1	68.2
Maternal deaths	120	121	164	127	136
Maternal mortality per 100,000	339per 100,000LB	317per 100,000LB	401per 100,000LB	365per 100,000 LB	362per 100,000LB

**Source: Annual performance review reports of GHS, Ashanti Region, 2014**

Table 4.sd.4 is highlighting the performance of nurses by way of results. These indicators are used by the Service to determine how nurse, especially, midwives are performing. The interest of the researcher was from 2009 to 2013. The ANC registrants are the absolute figures of people that registered to visit Kumasi Metropolitan facilities for ante-natal care. The percentage of the coverage of ante-natal care was 80.3% in 2009. It drastically reduced to 56.4% in 2012 and 78.2% in 2013. The formula for calculating the percentage ANC coverage is

$$\frac{\text{Total ANC}}{\text{pregnancy expected}} \times 100$$

The expected pregnancy is always 4% of the population of the area. In this case, 4% of the population in Kumasi Metropolis is the expected pregnancy. Supervised delivery coverage reduced from 60.8% in 2011 to 48.1% in 2012. It appreciated in 2013 with 68.2%.

Maternal deaths kept increasing with an overwhelming 164 deaths in 2011. It reduced to 127 and 136 in 2012 and 2013 respectively. The vision of the service seeks to prevent avoidable deaths or avoidable deaths kept at barest minimum. This does not reflect with the record of material deaths for the Metropolis when maternal deaths should be kept at zero percent.

**Table 4.sd.5: Rate of attrition of nurses in Kumasi Metropolis**

Year	Number of Nurses in Ashanti Region	Number of Nurses in Kumasi	Attrition/ Wastage (Kumasi)	% of attrition
2009	2021	391	3	0.8
2010	2122	398	10	2.5
2011	2324	408	20	4.9
2012	4128	570	29	5.1
2013	5279	534	20	3.7

**Source: Human Resource Database, RHD, Ashanti – January, 2014**

The table above, 4.sd.5 illustrates the trend of attrition from 2009 to 2013. The SSPP was introduced effective 1<sup>st</sup> January, 2010. The researcher sought to look at the trend of attrition of nurses before and after this introduction. The trend of attrition of nurses had not improved after the SSPP was introduced. Infact the data above indicates that the situation is getting worse even after the SSSS. The absolute figures for nurses in the Metropolis increased along the years with the highest figure of 570 nurses in 2012. Looking at the percentage of attrition, from table 4.sd.5, it was on record that 0.8% of the nurses left the GHS in 2009. It was also 2.5% and 4.9% in 2010 and 2011 respectively. The year with the highest percentage of attrition was 2012 with 5.1% and 3.7% in the year 2013. If 163 out of 200 indicated that they were not being paid adequately, then it is not surprising that the trend of attrition is continually high. Bloisi (2007), is of the view that remuneration and reward package offered attraction and retention of employees. This trend of attrition defeats the assertion by Bloisi. The trend on the other hand is in line with this same Bloisi (2007) that opprotunities for job security, career growth,praise and recognition may be far more important to an employee than a high income.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

#### 5.0 Introduction

The researcher after going through this exercise arrived at some findings and recommendations. The findings among others included, noting some factors that could enhance performance and aid retention of staff in the Service. The researcher also came out with certain conditions that may trigger attrition. The research revealed that the GHS is not very attractive to the nurses as they feel they are not being paid adequately but most of them were also not prepared to leave the GHS. It was realised that self assessment and that of managers indicated an improved performance of nurses but results showed otherwise. Attrition kept increasing even after the SSPP had been introduced. Some recommendations were made to mitigate some of the findings. The recommendations made by the researcher included, favourable policies on staff development and health and safety, sustenance of the SSPP, improved performance management system to reward staff on merit and to make rewards flexible for the nurses to have a choice.

#### 5.1 Summary of findings

##### 5.1.1 Factors that could enhance performance of nurses

The researcher realized that apart from salary increment, certain factors could also enhance the performance of nurses. These factors were incentives, career development and good working environment. For the favourable working environment, the respondents largely focused on respect, recognition and cordial relationship between subordinates and managers and the availability of logistics to work with.

### **5.1.2 Factors that could keep nurses in Ghana Health Nurse**

The researcher noticed that among his options of factors that could keep nurses in the service, increased salary was highly favoured by the nurses. It was followed by the joy they would derive from the work. The nurses also listed in order of priority to keep them in the service, incentives, welfare packages, favourable working environment and soft loan facilities.

### **5.1.3 Factors that could push nurses away from the service**

The study also revealed certain factors that could push nurses away. The factors range from unfavourable working environment, reduction in salaries, and non – availability of opportunity for career development. The research noted that the salaries of nurses could promote or prevent brain drain with an appreciable difference of 17% between the two periods.

### **5.1.4 Non attractiveness of Ghana Health Nurses to Nurses**

The research revealed that the Ghana Health Service was not exceptionally attractive to nurses even after the implementation of the SSSS. The researchers' indication was that most of the nurses were only attached to the service because there were no alternatives. However, the private sector is also not attractive enough to them especially after the implementation of the SSSS. Moreover, the other organizations that could attract the nurses were hospitals of the mining sector and the security services.

### **5.1.5 Improved performance of nurses by assessments**

The researcher observed that ratings for the various indicators by self assessment were better after the SSSS was implemented. The overall self assessment was automatically an improved one of just below very good to slightly above very good. The assessment by the managers confirmed the rating by self assessment as the indicators again exhibited an improved performance.

### **5.1.6 Inadequacy of pay for work done by nurses**

It was realized that, the general impression by nurses was that, they were still not paid adequately for the work they do even with the SSSS. The Enrolled Nurses were quiet satisfied with their salaries and at least some sort of satisfaction by the Community Health Nurses. The general nurses and the midwives were not at all enthused with their current salary.

### **5.1.7 Lack of improvement in the performance of nurses by results**

The researcher observed from the secondary data that performance of nurses had not improved after the SSSS when data on certain indicators were analyzed. These data were related to the maternity wing of the hospitals in the Kumasi Metropolis.

### **5.1.8 More than half of the respondents were not ready to leave the GHS**

The respondents had indicated that they are not paid adequately and also require certain conditions to keep them on the job. That notwithstanding, more than half the respondents were not ready and prepared to leave the GHS.

### **5.1.9 Increased attrition of nurses in the Kumasi Metropolis even after the implementation of the SSPP**

The research revealed that nurses were still leaving the Service even after the introduction of the SSPP. There was no improvement or whatsoever to suggest that nurses were now staying because of the new pay policy.

## 5.2 Conclusion

The researcher, in reference to his findings and results would like to draw some conclusions.

In the first place, nurses in the service have certain factors in mind that could propel them to work apart from increased salaries. The factors were career development and favourable working environment with good interpersonal relationship and logistics to work with. Again, there were certain factors that when put in place would enable the service retain its staff. They were increased salary, incentives, welfare packages, favourable working environment and soft loan facilities. However, there were also certain things that could equally push them out. It included unfavourable working environment, with poor master-servant relationship, redraw of the SSPP and non-availability of opportunity for career development.

Furthermore, the service is still not very attractive to nurses even upon the implementation of SSPP. They do not have much options of availability of vacancies for employment otherwise they would have left. Moreover, it was perceived from the self assessment and assessment by managers of the nurses has improved upon the implementation of the SSPP. However, indicators available do not support that. Governments have lots to do before the objectives of the SSPP could be fully realized with regard to attraction and retention of nurses and getting the best out of them.

Conclusively nurses were of the view that they were not being paid adequately. This view was particular shared by general nurses and midwives. Finally, the attrition of nurses over the years has not improved. Percentage of attrition has been increasing.

There would be the need for further research on this thesis to ascertain why 58% of the respondents insisted they were staying with the service and that they do not have any interest in other organizations. Another area of research would also be to find out why self assessment and assessment by managers indicated that performance had improved but the results showed

otherwise. There could also be the need to establish why the Enrolled Nurses and the Community Health Nurses seem satisfied with their salaries but the general nurses and the midwives think otherwise. There should also be a research to determine why the level of attrition of nurses is still increasing despite attempt to pay them well.

### **5.3 Recommendations**

The researcher from the exercise identified some findings. In order to remedy some situation from the findings, some recommendations are put across to ameliorate these problems.

#### **5.3.1 Establishment of incentives**

The respondents indicated various packages that could help them to give out their best. It varied from one person to the other. Therefore, there would be the need for policy makers to establish incentives to boost the moral of nurses in the Ghana Health Services. The incentive should be managed effectively with improved performance management policies to reward deserving staff and not promote wholesale rewards. The expectancy theory of motivation focuses person beliefs about the relationship among effort, performance and reward for doing a job. A nurse does put up more efforts if he/she knows that at the end the efforts will be awarded accordingly.

#### **5.3.2 Institution of favourable career development policies.**

The researcher realised that opportunity for career development was one area of interest to the nurses. The policies of the service should be friendly as far as opportunity for career development is concerned, in a way that could benefit both the service and the nurse. As the service helps develops the individual, it serves as a motivation for him/her to stay in the work and also perform better. If individuals are developed, it is likely to reflect on their performance and all individual effort put together will result in an improved total output.

### **5.3.3 Good working environment**

The research indicated that interpersonal relationship between managers and subordinates and the working environment were key in getting people to stay on the job. The service should ensure that their working environments are very conducive for work. In this sense, managers should have good working relationships with their subordinates. They are also expected to provide the required and the needed logistics to work with. Infrastructure should be looked at, all in an effort to curtail movements of experienced nurses who could be relied upon. This will increase the joy that one would expect to get for doing a particular work which will translate into retention and improved performance

### **5.3.4 Sustainability of the SSPP by successive governments.**

The study enlightens that the nurses were very much concerned with the salary they receive as it has bearing on performance and turnover. As a result, there should not be any attempt from successive Governments to abolish this pay policy which has put nurses at an appreciable salary level. The appreciable salary level may help retain nurses in the work and most importantly increase productivity.

### **5.3.5 Improvement on the single spine pay policy**

It was observed from the research that the GHS was still not attractive to the nurses. Effort should be made to increase the condition as pertain in the SSPP. All other allowances expected to be consolidated to salaries should be instituted. Governments should not relent on its effort to pay nurses well. As it stands now, if there is a slightest opportunity for them to join other organizations or seek greener pastures elsewhere, they would. Generally, the nurses opine that they are not equally paid for the work they do. This thought has repercussion on work. Efforts to improve on the salaries and fully implement all the components of the SSSS could mitigate this.

### **5.3.6 Enforcement of an improved performance management system**

It was difficult getting to know how much each nurse has contributed to the work because of poor performance management system. Assessments indicated an improved performance but the result depicted otherwise. People should be assessed periodically and the result used to punish or reward. Policy on performance management could be a wakeup call for people to sit up.

### **5.3.7 Flexibility in reward system**

The researcher observed that every respondent had its own choice of factor that propelled him to work harder or compel him to stay on the job. Since there were different factors for individuals, the nurses should have a choice regarding the type of factor to be considered as the reward package. Certain factors may fail to motivate because that factor may not be of importance to the staff.

### **5.3.8 Explanation of the import of the introduction of the SSPP to Nurses**

There would be the need to explain what the SSPP intends to achieve than for people to think of it as absolute higher increases in the salaries. It will help alleviate the hopes attached to increased salary. Like (Grobler et al. 2007), puts it, the most equitable compensation is useless, unless employees perceive it to be equitable.

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**APPENDIX**  
**QUESTIONNAIRE**

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF ART AND SOCIAL SCIENCES**

**KNUST SCHOOL OF BUSINESS**

Dear Respondent,

I wish to introduce myself to you as a Master of Business Administration (MBA) student of the School of Business, Kwame Nkrumah University of Science and Technology. As part of the programme, I am required to write a thesis entitled **“The impact of the Single Spine Salary Structure on attrition and performance of nurses in Ghana Health Service, Kumasi Metropolis”**.

Consequently, sampled employees, of which you are a member, are required to fill in the following questionnaire. I would be most grateful if you could please spare some few minutes of your precious time to answer all the questions that follow. You are assured that all the information you provide would be treated with utmost confidentiality. I thank you in advance for your co-operation. Please answer the questions by ticking in the box provided or alternatively, please write in the space provided.

Thank you.

## QUESTIONNAIRE FOR NURSES

### PART A: Respondent's Background

1. Gender: Male [  ] Female [  ]
2. Age of Respondent. Below 25 [  ] 26-35 [  ] 36-45 [  ] 46-55 [  ] 56+ [  ]
3. What is your highest level of education: Certificate [  ] Diploma [  ] Bachelor [  ]  
Masters [  ] Other (Specify) \_\_\_\_\_
4. What position do you currently hold in the organisation  
\_\_\_\_\_
5. How long have you served in your organisation?  
4-6 year [  ] 7-10 year [  ] 10+ years [  ]
6. What cadre of nurse are you? General Nurse [  ] Midwife [  ] CHN [  ] Enrolled Nurse [  ]

### Effect on performance

On the scale of 1 to 5, where 1 – Poor, 2 – Fair 3 – Good, 4 – Very Good and 5 – Excellent; indicate the level of performance before and after the implementation of single spine salary structure. Please tick (√) the appropriate box.

7. Rate your performance in the following areas **before inception of single spine salary structure**

NO.	ITEM	1	2	3	4	5
a	Commitment to work					
b	Punctuality					
c	Attitude to work (e.g. Respect, Responds to the needs of Patients and relations)					
d	Completeness of task					
e	Self confidence and Innovative ability					
f	Willingness to do extra duties					
g	Loyalty and Co-operation					
h	Clients perception about attitude of nurses in your hospital					
i	General satisfaction with your salary					
j	Attitude of your colleague nurses towards work					

8. Out of 100 %, given the opportunity to rate yourself before the inception of SSSS, what will you give? .....

9. Rate your performance in the following areas **after inception of single spine salary structure.**

o	ITEM	1	2	3	4	5
a	Commitment to work					
b	Punctuality					
c	Attitude to work (e.g. Respect, Responds to the needs of Patients and relations)					
d	Completeness of task					
e	Self confidence and Innovative ability					
f	Willingness to do extra duties					
g	Loyalty and Co-operation					
h	Clients perception about attitude of nurses in your hospital					
i	General satisfaction with salary now					
j	Attitude of your colleague nurses towards work					

10. Given the opportunity to rate your performance now (i.e after the implementation of the SSSS) out of 100%, what will you give? .....

10b. What factor(s) can enhance your performance more?

.....

.....

11. Do you think you are being paid adequately for the work that you do?

Yes [ ] No [ ]

**Effects on Attrition**



Please tick (√) the appropriate box in response to the following statement

12. BEFORE THE INCEPTION OF THE SSSS

NO	ITEM	YES	NO
a	Could the salary then prevent you from seeking greener pasture?		
b	Were you willing to stay on as a nurse in the service as long as possible looking at your salary then?		
c	Was the private sector attractive to you to work with before the SSSS was implemented considering your salary then?		

13. AFTER THE INCEPTION OF THE SSSS

NO	ITEM	YES	NO
a	Can the current salary prevent you from seeking greener pasture?		
b	Are you willing to stay on as a nurse in the service as long as possible looking at your current salary?		
c	Is the private sector attractive to you to work with considering your current salary?		

14. What is likely to keep you on this job Increased salary [ ] joy from work [ ]

as a hobby [ ] any other.....

15. Apart from travelling outside what could push you to leave your current job?

.....

16. Is there any other form of benefit or incentive that could keep you on the job?

Yes [ ] No [ ]

17. If yes, please indicate what that could be;

.....

18. How attractive was the GHS to Nurses before the Introduction of the SSSS

Exceptionally Attractive [ ] Attractive [ ]

Somewhat attractive [ ] Not attractive [ ]

Remarks.....

19. How attractive is the Service to Nurses upon the Introduction of the SSSS.

Exceptionally Attractive [ ] Attractive [ ]

Somewhat attractive [ ] Not attractive [ ]

Remarks.....

20. How well nurses were willing to stay with the service before the SSSS was implemented

Exceptionally well [ ] Very well [ ] Well [ ]

Somewhat well [ ] Not willing [ ]

Remarks.....

21. How well nurses are willing to stay with the service after the SSSS was implemented

Exceptionally well [ ] Very well [ ] Well [ ]

Somewhat well [ ] Not willing [ ]

Remarks.....

22. Which other organization (if any) is attractive enough for you to join considering the current salary of Nurse in Ghana Health Service?

.....



**KWAME NKURUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF ART AND SOCIAL SCIENCES**

**KNUST SCHOOL OF BUSINESS**

Dear Respondent,

I wish to introduce myself to you as a Master of Business Administration (MBA) student of the School of Business, Kwame Nkrumah University of Science and Technology. As part of the programme, I am required to write a thesis entitled **“The impact of the Single Spine Salary Structure on attrition and performance of nurses in Ghana Health Service, Kumasi Metropolis”**.

Consequently, sampled managers, of which you are a member, are required to fill in the following questionnaire. I would be most grateful if you could please spare some few minutes of your precious time to answer all the questions that follow. You are assured that all the information you provide would be treated with utmost confidentiality. I thank you in advance for your co-operation. Please answer the questions by ticking in the box provided or alternatively, please write in the space provided.

Thank you.

## QUESTIONNAIRE FOR MANAGERS

### PART A: Respondent's Background

1. What position do you currently hold in the organisation

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2. Gender: Male [ ] Female [ ]

3. How long have you served in your organisation?

4-6 year [ ] 7-10 year [ ] 10+ years [ ]

On the scale of 1 to 5, where 1 – Poor, 2 – Fair 3 – Good, 4 – Very Good and 5 – Excellent; indicate the level of performance before and after the implementation of single spine salary structure. Please tick (√) the appropriate box.

#### Before the inception of single spine salary structure

4. How would you rate the performance of your Nurses in the following areas before the SSSS was implemented?

NO	ITEM	1	2	3	4	5	Remarks
a	Attendance to work						
b	Attitude and responsiveness to work						
c	Quality of Work						
d	Completeness of task						
e	Accuracy of completed tasks						
f	Timeliness for reporting on task						
g	Integrity and Reliability						
h	Collaborative ability (Coordination)						
i	Willingness to do extra duties						
j	Customer satisfaction						
k	Loyalty and Co-operation						

**After the inception of single spine salary structure**

5. How would you rate the performance of your Nurses in the following areas after the implementation of SSSS?

NO	ITEM	1	2	3	4	5	Remarks
a	Attendance to work						
b	Attitude and responsiveness to work						
c	Quality of Work						
d	Completeness of task						
e	Accuracy of completed tasks						
f	Timeliness for reporting on task						
g	Integrity and Reliability						
h	Collaborative ability (Coordination)						
i	Willingness to do extra duties						
j	Customer satisfaction						
k	Loyalty and Co-operation						

**OTHER REMARKS (IF ANY):**

Use the space below to provide other information related to attrition and the general performance of Nurses in your facility. This may include their overall concern for the client's interest (if applicable).

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