

**EVALUATION OF THE EMPLOYEE REWARDS/ INCENTIVE SCHEMES, JOB
SATISFACTION AND RETENTION AS PERFORMANCE ENHANCEMENT"**



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DECLARATION

I Elizabeth Reginah Mmamme Moremi hereby declare that the research study was carried out and completed by myself. I also declare that that all the ethical considerations with regard to research were observed throughout the research study. The implications originating from the process and the declaration are understood by me.

Signed: _____

ABSTRACT

The main objective is to discuss whether the rewards/incentives schemes provided to the employees to improve and enhance performance within the Department. The discussions will be done on employee satisfaction on the rewards/incentives schemes offered in the Department. The study will cover both the theoretical and practical approach to the topic of Incentives/ rewards that can improve performance of employee and service delivery to communities. Qualitative and quantitative methods were used to collect data for this study. The samples were selected from employees of the Department of Health and Social Development, North West Province. A questionnaire consisting of three parts has been used in the survey.

Key words: Various rewards/incentive schemes, job satisfaction, employee retention, staff turnover, personnel over expenditure, Departmental budget, performance enhancement, shortage of health professionals, decentralization, motivation.

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CHAPTER 1

Overview of the study

1.1 Introduction

The Department of Health is one of the twelve Government Departments within the North West Province which provide Health Care Services to the communities. The Department is operating under a decentralised model where various Institutions/Districts have been delegated authority to function and deal with various operations at local level. The study will be undertaken for the benefit of the employees and the organisation.

The study will investigate the personnel over expenditure (unauthorised expenditure) amounting to R336 million as disclosed in the Departmental Annual Report of 2008/09. Also to evaluate whether the various rewards/incentives schemes enhance performance. Investigation will also cover areas such as employee job satisfaction, retention, and staff turnover as it relates to incentives.

Many incentive schemes or programs are now relating rewards to the attainment of business/ Departmental goals. These goals can be measured with metrics based on productivity, turnover /absenteeism, and job dissatisfaction. Incentives focus on individual achievement especially around good performance and growth.

Incentives/rewards that are available within the Department are as follows:

- Normal monthly salaries,
- Salaries related cost: Overtime, Improvement in conditions of service, and social contributions (employer share)
- Rural and scarce skills
- Occupation System Dispensation
- Performance management development system/performance bonus
- 13th cheque

Incentives can make the difference for the Department or employers who choose to utilize incentives in conjunction with job performance. Incentives can positively affect productivity, help lower absenteeism, and reduce costs related to personnel. The expected advantages of employee incentives on the perspective of the employer could be the following: positive effect on productivity, reduced staff turnover, therefore functional retention policy within the Department, improved employee job satisfaction and morale, reduced labour cases and litigations. The chapter will cover the background to the problem statement, the problem statement, the objectives of the study and the research design.

1.2 Background to the problem statement

The Department of Health, North West is expected to serve the communities and clients diligently and effectively on Health Care Services. However for this to be achieved there are Health workers who should be provided with incentives including good working conditions. The total structure of the department is currently at seventeen 17 thousand employees, indicating that the large proportion more than 60% of the total budget amounting to R5,5 billion is allocated to personnel for incentive purpose. There are eight programs within the Departmental Budget Structure, program two and four is where allocation is high due to location of the core business of the Department. However in terms of expenditure the highest cost driver is on personnel hence the study around incentives/rewards related to personnel.

Rewards/incentives can be powerful and useful tools managers if supervisors use it to improve and enhance employee performance. This is particularly true in today's empowered workplace, where incentives/rewards can ensure that workers apply their initiative towards the institution or Departmental goals. On a monthly basis there is an average staff turnover of 200 employees most of the employees leaving the Department falls under program 1, 2 and 4. Investigation will be done to find the reason why employees are resigning. Incentives that emphasise a culture of health, well being, self help, and shared responsibility that could have a significant effect on cost saving could be through employee participation. Incentives could assist in getting employees to take

charge of their responsibilities. Incentives/rewards are growing to be important tools of management for several reasons:

- Production of goods and services in many Institutions has become unbelievably sophisticated and complex, which has required managers to draw on the creativity, skills, knowledge and human capital of workers who often have information about their work.
- Departments or Companies have to a growing extent, relied on "outsourcing", which could indicate that the Department could be relying on inviting tenders for supply of certain goods and services.

Employees could be generally motivated by rewards/incentives in order to perform optimally. Whether it is money, gifts or status, rewards/incentives gives an employee a reason to do something with intrinsic motivation, however the rewards are different. People are intrinsically motivated by the enjoyment and success of actually accomplishing something. It is important to identify people who make other people more successful and effective. Reward high performers and stars, not seniority, coach and mentor average and low performers to make sure they perform. Employee rewards/incentives could play an important role in any organisation. Employees are the most important resources to the Company's existence therefore making efforts to improve employee morale by keeping them enthusiastic, motivated and inspired is a great way of maintaining the health and continuance of the Department internally.

Promotions appear to be the most important form of pay for performance in most organisations, especially hierarchical structures. They are the primary means by which workers can increase their long run compensation. Therefore, promotions should generate substantial motivation in many settings.

- Promotions can also be used as an incentive/rewards (Incentive can be a source of promotion)
- Promotions may be important motivators in that it can be a self enforcing incentive scheme.

- In order for the system to provide incentive, it is important to promote good performers rather than poor performers. Incentive scheme/rewards should be self enforcing; therefore it could be advisable that the structure should be hierarchical, however there should be flexibility in some of the operations.

Like other Provinces which are managed and controlled by the National Government, there are various changes in terms of Policies. Policies such as Performance Management Development system (PMDS), Rural and Scare Skills allowance, Occupational System Dispensation (OSD) which were introduced as part of incentive schemes. These policies and programs of rewards/incentives are introduced and implemented throughout the nine Provinces. The main intention of the PMDS as Reward or incentive tool was to improve performance so that service delivery is improved at all levels. The other intention was to ensure standardisation and uniformity in order to enhance efficiency and effectiveness across the Public Service.

For positive outcome (rewards and reinforcers) are important to employees behaviour, reward system becomes critical to employee performance and Departmental success. The Department may have the good strategic plans, Performance Management Assessment, advanced Computer Technology and Medical Equipment. However if employees are not rewarded and given incentive for their good performance or punished for poor performance, plans and technology put in place would not achieve the intended purpose or outcome.

Good incentive schemes/rewards are important factor which could bring improved performance and success on service delivery for the Department. An organisational/Departmental reward system incorporates the motivational principles described so far into a formal mechanism for improving or reinforcing quality performance. It can also be used to support the organisation's strategy. A comprehensive incentive/rewards system demands a complete analysis of the Departmental employees and their work situation before choosing and allocating incentives/ rewards in order to avoid creating unnecessary conflict for employees. The Incentives/rewards systems in this study include compensation, as well as non-pay

such as promotion, praise or working environment. Other forms such as pay system will also be analysed to check whether it motivates the employee to perform better.

1.3 Formulation of problem statement

The status in the Department as indicated in the various annual reports of 2008, 2009 and 2010 is that there is a continuous over-expenditure on annual basis on personnel budget, which need to be investigated so that solutions could be provided for future implementation. Incentives/rewards that could contribute to personnel over expenditure are: normal monthly salaries, salary related cost such as overtime, improvement of condition of service, and social contributions (employer share), rural and scarce skills, occupation system dispensation, performance management development system, performance bonus and 13th cheque (bonus).

There is a movement of employees within the Department to other Provinces for better rewards / incentives. This is based on the monthly termination statistics that is compiled within the Department. Health Professionals such as nurses and Doctors in most instances prefer to work or be appointed in urban areas as opposed to rural areas, taking into account that is where the demand for Health professionals are high for the Department. There seems to be turnover of staff; low moral for employee which could lead to job dissatisfaction. There are also perceptions that there is no job retention within the Department which need to be investigated.

Incentives/rewards could be viewed positively by most employees and could lead to performance enhancement within the Department if implemented properly and on time. Rewards/Incentives could also be one of the measures that improve employee performance, therefore can either increase/decrease the morale of the employees depending on how it is implemented. The study has been prompted by the movement/transfers of employees and the over expenditure on personnel as indicated.

Improved performance is critical for any organisation however if the system is available but there is lack of monitoring for example Job descriptions and performance agreement of employees, there will be unnecessary expenditure on personnel for services not rendered. Lack of proper monitoring of the incentives/rewards could also lead to over expenditure on personnel budget. The other problems relating to incentives/rewards not

been implemented accurately and on time could result in absenteeism, non performance of employees and shortage of health workers in hospitals which could have negative impact to communities by not being provided with the services required. Lack of feedback on the various incentives/rewards when introduced could create unnecessary delays therefore dissatisfaction amongst employees. The study is also conducted in order to evaluate the impact of incentive/rewards on improving employee performance therefore maximum productivity of the Department.

1.4 Objectives of the study

The main objective is to discuss whether the rewards/incentives schemes provided to the employees improve and enhance performance within the Department. The discussions will be done on employee satisfaction and perception on the incentives schemes offered. The study will cover both the theoretical and practical approach to the topic of Incentives/ rewards that can improve performance of employee and service delivery to the communities.

Other objectives of the study include:

- To assess the impact of incentives/rewards on employees in the Department of Health North West.
- To assess cost/expenditure on personnel as it relates to incentive schemes on the overall Departmental budget.
- To assess and evaluate incentives/rewards on employee morale and turnover.
- To assess the impact of rewards /incentives on the retention of staff.
- To assess the effectiveness of rewards/ incentives in the Department of Health.
- To explore how non-financial rewards could enhance employee performance and lead to improved service delivery.

1.5 Research design

The research will be conducted through questionnaires in the form of structured questionnaires for Health workers to identify factors that influence rewards/incentives disparities, job satisfaction, staff turnover and retention including the impact on performance enhancement.

Questionnaires will be distributed to the participants at the workplace in the four Districts and Provincial Officer through sampling of 250, because of large numbers of Health workers. Where there is a need, interviews will be conducted for confirming the understanding of the questions. Participants will not be mentioned or named for confidentiality purposes.

CHAPTER 2

Review of Past Literature

2.1 Introduction

In general terms rewards programmes come within the overall concept of compensation strategies which are defined as the deliberate utilisation of the pay system as an essential integrating mechanism through which the efforts of various sub-units or individuals are directed towards the achievement of organisation's strategic objective (Comez-Mejia and Balkin, 1992 as *cited* in Milne, 2007). Mannion and Davies (2005) write that in simple terms an incentive can be defined as a reward or sanction associated with a particular aspect of performance. Damabisya,(2007) shows that the sixteen countries South Africa included face common problems of absolute shortage of health workers, poor working environments, and a misdistribution of health workers between urban and rural facilities, and for many, between private and public sectors. According to the evidence, the causes of these problems vary from country to country.

The trends in personnel over expenditure on the Departmental budget over the previous years as indicated in the annual report 2008/09, need intervention. Incentives schemes or rewards could contribute to personnel over expenditure. Lack of proper monitoring of the incentive scheme/rewards could also lead over expenditure on personnel budget. The other problems relating to incentive/rewards not been implemented accurately and on time could results in absenteeism, non-performance of employees and shortage of health professionals in hospitals. There is also movement of employee within the Department and to other Provinces for better rewards/incentives. There seems to be turnover of staff; low moral for employee which could lead to job dissatisfaction. There are also perceptions that there is no job retention within the Department which needs to be investigated.

To search for relevant literature key words were used: rewards/incentive schemes, job satisfaction, employee retention, staff attrition, personnel over-expenditure, departmental budget, and performance enhancement, shortage of health workers,

decentralisation and motivation of employees. Search engines used included Emerald, Google Scholar, Biomed, Science direct and Business Management.

The themes identified in the matrix (e.g. definition of incentives/rewards) will be used as the basis for analysing the incentive/rewards as it relates to performance and how it contributes to both the employer and the employee.

2.2 Definition of incentives/rewards

Luthans (1995; pp.141) defines incentives as anything that will alleviate a need and reduce a drive. The World Health Organisation (WHO) as *cited* in Damabisya, (2007) defines incentives as all rewards and punishment that providers face as a consequence of the organisation in which they work the institution under which they operate and the specific intervention they provide (WHO, 2000: p 61 as *cited* in Damabisya, 2007). Financial incentives are defined as a category of economic incentive, specifically referring to direct monetary payment from employer to employee (Kingma, 2003). Buchan, Thompson and O'May (2000:2) as *cited* in Damabisya (2007) use the objective(s) of the incentive as the definition: An incentive refers to one particular form of payment that is intended to achieve some specific change in behaviour. Therefore attaining an incentive will tend to restore physiological and psychological balance and it could also reduce the corresponding drives.

2.3 Financial and non-financial incentives/rewards

McKim and Hughart, (2005) write that generally staff incentive schemes refer to a system of financial and / or non-financial awards utilised to reward employee performance. Jensen (2003) as *cited* in Cadsby (2005) observed that the shape of a firm's compensation scheme, that is whether people are paid a fixed salary or on the basis of performance, leads job applicants to self-select into a preferred compensation scheme based on their productivity. The most common understanding of financial incentives is a transfer of monetary values or equivalents, such as wage increase, allowance, performance-related bonuses or housing Mathauer and Imhoff, (2006). Luthans (1998) distinguishes between two types of rewards, namely financial and non financial (social, consumable, visual and auditory, manipulatable and job design)

rewards. Incentives for health workers are broadly seen as either financial or non-financial:

- Financial incentives may be direct or indirect. Direct financial incentives include pay (salary), pension and allowances for accommodation, travel, childcare, clothing and medical needs. Indirect financial benefits include subsidised meals, clothing, transport, childcare facilities and support for further studies.
- Non-financial incentives includes holidays, flexible working hours, access to training opportunities, sabbatical study leave, planned career breaks, occupational health counselling and recreational facilities (Adams, 2000 as *cited* in Damabisya, 2007). Improved working conditions, infrastructure, performance appraisal system, career progression and community service bonding, certificate of need, recreational facilities, better Human Resource planning and management, medical care (GEMS)
- Private sector: allows short postings abroad.

Various rewards/ incentives schemes that are offered within the Department includes: normal monthly salaries, salaries related cost such as overtime, improvement in condition of service, and social contributions (employer share), rural and scarce skills, occupation system dispensation, Performance Management Development System, performance bonus and 13th cheque. Mathauer and Imhoff (2006) indicate that there was a study in SA on the effects of a newly introduced, rural allowance. Like other Provinces there were perceived problems in the implementation of the Rural and scarce skills.

Ferrinho *et al.* (2004) write that financial compensation for work in deprived areas is introduced in a context that provides a clear sense of purpose and the necessary recognition; this may help to reinstate lost civil service values. Lazear and Oyer (2004) as *cited* in Plasman and Rycx, (2005) show that, at least in the long run, wages set at the firm's level have to be in line with market wages. Pensions and share plans received a complete communications face lift, to make sure that people understood the mechanics and the importance of parts of the package (Fyffe, 2007). Alam and Mohammed (2010) show that compensation is one of the most extrinsic indicators of job

satisfaction of employees by knowing how much they are satisfied with the pay or compensation or any other security their job provided to them.

Financial Incentives: Most incentives are financial, with many rewards offered at the same time either financial or non-financial. Furth (2005) note that there is not always a clear link between the financial and nonfinancial incentives. In South Africa, for example, there was no apparent structural relationship between the policy framework on scarce skill and rural allowances and other retention strategies, especially non-financial incentives to retain health professionals in the public service (Reid, 2004; National Human Resource Plan, 2006).

Will-Shattuck *et al.* (2008) write that while motivational factors are undoubtedly country specific, financial incentives, career development and management issues are core factors. However financial incentives alone are not enough to motivate health workers. The factors that can influence an individual's motivational process at work have been categorised into two, namely: intrinsic and extrinsic rewards (Ojokuku, 2007). Samuel and Chipunza, (2009) present the results showed that employee in both public and private sector organisation were, to a very large extent, influenced to stay in their respective organisation by a combination of intrinsic and extrinsic motivational factors. The following motivation variables were found to have significantly influenced employee retention in both the public and private sector organisation: training and development, challenging/interesting work, freedom for innovative thinking and job security. Financial reasons were the most important motivating factor for doctors who relocated to an overseas destination (Bezuidenhout *et al.*, 2009).

Swanepoel *et al.* as *cited* in Munsamy and Venter (2009) write that compensation plays a key role in the attraction, retention and motivation of employees. When focusing on the retention of scarce and highly marketable specialist skills of knowledge workers, the following can be identified as priority needs: opportunities for development in an employees' field of expertise, freedom to plan and execute work independently, growth potential of the industry and progressive leadership that allows initiative and sharing in the profits of the organisation.

State sector health personnel become less available to work for the public sector, but do not resign. They remain state employees, and enjoy the relative advantages of study, fringe benefits and study opportunities (Van Lerbergh *et al.*, 2000) Financial performance is emerging as an acceptable basis for performance-based pay in public hospitals because it is vital to the long-term survival of the organisation and relatively easily measured (Ackerman, Kibler, Steele, Van Horn, and Swarts, as *cited* in Kristin *et al.*, 2009).

Research done by Dockel, Basson and Coetzee (2006) as *cited* in Grigoriadis and Bussin (2007) indicates that compensation has a strong significant relation to organisational commitment – specifically for high – technology employees. Southerland (2004) as *cited* by Grigoriadis and Bussin (2007) has established in her research that incentive/bonuses and or variable pay are the fifth most important item considered by knowledge workers when considering to stay or leave their current organisation. Edwards *et al.* (2008) write that empirical studies of managerial compensation consistently conclude that the elasticity of compensation to firm performance is very low, and that managerial pay is more strongly affected by firm size than firm performance. Organisational rewards are useful for motivating individuals to perform desired behaviours. Organisational rewards can range from monetary incentives such as increased salary and bonuses to non-monetary awards such as promotions and job security (Lin, 2007).

Deville *et al.* (2009) show a model of budgeting in hierarchical organisations and analysed its optimality in terms of the incentives it creates and the coordination it achieves. Chem, (2006) write that a well designed reward system must motivate, direct and educate employees. It must keep people focused on current objectives while preparing them for future challenges. The primary aim of financial incentives is to simply take advantage of a contractor's general objective to maximise their profits by giving them the opportunity to earn a greater profit is if they perform the contract efficiently" (Bower *et al.* 2002, as *cited* in Rose and Manley, 2005). Financial incentive mechanism can be applied to either fixed price or cost reimbursable contract variations, depending on the incentive structure.

Staff incentive schemes vary depending upon whether they reward individual or team productivity, the performance indicators utilised, and the nature of the reward (McKim and Hughart, 2005). Rose and Manley, (2005) show that incentive mechanisms take many forms in construction contracts, including: profit sharing in cost plus incentive contracts, bonus performance provision attached to various lump sum and cost reimbursable contracts, and multiple financial incentive mixes.

The optimisation of financial incentive mechanisms depends greatly on how they are designed in the context of specific project environments. Mannion and Davies, (2005) write that the varying types of incentives include: intrinsic reward (the feeling that a job has been done well), visible approbation and enhancement of peer esteem, career advancement and development opportunities, Personal and/or collective (e.g. team-or organisation-based) financial rewards, enhanced local budget for service development, enlarged scale and scope of service lines, time allowance to pursue alternative activities, including research; and increased autonomy and reduced levels of inspection.

It has been reported that, direct financial rewards play a critical role in attracting talented employee; they have only a short term impact on the motivational level of employees (Ellis and Pennington, 2000, Samodien, 2004). Lee and Sarkar, (2009) write that once workers are and intrinsically motivated to accomplish the program's objectives, programs are more likely to be ultimately successful and effective in their interventions. Some programs have found success with monetary incentives, while others have found success by structurally improving their programs.

However, the new trend of the total reward system has gradually turned to an intrinsic focus on incentive and motivation (Chen, 2006) The relationship between pay and both employee and firm performance has long been a focus of attention in management, economic, organisational studies and sociology as an example (Gomez-Mejia and Balkin *et al.* (1989) as cited in Cadsby *et al.*, 2005) The last two decades have witnessed an increase in the prevalence of different system of pay-for-performance in many organisations (Heneman *et al.* 2005 as cited in Cadsby *et al.* 2005). Previous research indicates that intrinsic rewards may play a more important role in customer-oriented behaviour than their extrinsic counterparts (Huffman and Ingram, 1992 as cited

in Snipes, 2005). Other research has shown that intrinsic work rewards could affect the job satisfaction-performance relationship (Ivancevich, 1979 as *cited* in Snipes, 2005).

Evidence has been produced that indicates that a financial reward such as profit-sharing does not encourage motivation in all employees. Shives and Scott (2003) and BuBrin (1997) however reported that gain sharing improved the productivity of employees. Employees further feel that profit-sharing does not provide for individual performance (Bateman and Snell, 2007 as *cited* in Arnold, 2007) and that they (the employees) have little influence on the overall profitability of the business (Heltriegel, Slocum and Woodman, 2001). Many managers still view money as the main motivator of employees, despite the lack of conclusive evidence about the motivational impact of monetary rewards on the job performance of employees. Van Zyl (2000) and Sherrat (2000) concur that a bonus or 13th cheque is no longer a consideration among employees to increase their job performance or remain with the Firm/Company.

Incentive serves as motivation for the health worker to perform better – and stay in the job – through better job satisfaction (Zurn *et al.*, 2004). Enhanced motivation leads to improved performance, while increased job satisfaction leads to reduced turnover (greater retention). Health workers are internally motivated by: Valence – how they perceive the importance of their work, self efficacy – their perceived chances for success in their task, and personal. Expectancy – their expectation of personal reward. The workplace climate plays a role in job satisfaction correlating high with retention because workers who are satisfied with their jobs remain in their jobs (Laonma, 2006).

Incentives clearly perform an important role in attracting and retaining health professionals within the public sector, on which most of the population depend (Zurn *et al.*, 2004). In The current gaps that have been noticed are the continuous recruitment processes specifically around the Health professionals even if there are incentive schemes that have been introduced as a way of retention. There is also a perceived continuous job hopping within the Department competing for higher levels of Health workers. The United Nation Conference on Trade and Development (Naiker *et al.*, 2005 as *cited* in Damabisya (2007) has estimated that each migrating African Professional represent a loss of R184, 000 to Africa and the financial cost to South Africa is

estimated at R37 million a year. Moreover, Africa spends R4 billion a year on the salaries of foreign experts. The migration of health professionals from developing countries provides a substantial benefit to the economy of developed countries.

Damabisya (2007) writes that evidence suggests the successful application of non-financial incentives is associated with: proper consultative planning, long-term strategic planning within the framework of health sector planning, sustainable financing mechanisms. At local and at district level, difference mechanisms of financial incentives have been introduced mainly in the form of pay-for performance, pay-for-participation and pay – for- compliance program (Fiorentini *et al.*, 2008) .

2.4 Challenges facing the Department including Health Sectors based on the Incentives/rewards offered.

The field of health care management poses unique challenges as managers are expected to integrate modern business management practices with clinical and healthcare knowledge (Pillay, 2008). In many countries worldwide, health workers shortages are one of the main constraints in achieving population health goals (Barninghausen and Bloom, 2009). Finding indicates that health workers commonly leave to obtain better salaries, training opportunities and more desirable working condition, to access education for children, to find political stability, and because of family ties abroad (Henderson and Tulloch, 2008).

Bezuidenhout *et al.* (2009) indicate push factors include: lack of opportunities for postgraduate training, underfunding of health service facilities, lack of established post and career opportunities, poor remuneration and condition of service, including retirement provision, governance and health service management shortcomings and civil unrest and personal security. McKim and Hughart, (2005) indicate that there is a concern among many practitioners about potential negative effects of staff incentive schemes. Doctors and nurses in government employment are labelled unproductive, poorly motivated inefficient, client-unfriendly, absent or even corrupt. These labels are often associated with coping strategies associated with widespread de-motivation, due partly to unfair public salaries (Ferrionho *et al.*, 2004). Most knowledge of barriers to

and incentives for change is not derived from well designed prospective studies, but rather observational studies and theoretical reflection (Grol and Wensing, 2004) .

Will-Shattuck *et al.* (2008) present that low salaries were found to be particularly demotivating as health workers felt that their skill were not valuable. Furthermore, they became overworked when taking a second job to supplement their income. Work satisfaction is an important predictor of where health professionals intended to work. Health managers in rural provinces should therefore focus on key dissatisfactory if they are to improve retention of nurses and other health professionals in their regions (Pillay, 2009) there is a demand for the availability and retention of health workers.

Failure to retain staff results in losses that primarily disadvantage poor, rural and underserved population (Padarath *et al.*, 2003; Ntuli, 2006 as *cited* in Damabisya, 2007). Ben-Baruch *et al.* (1991) write that decreasing productivity and increasing wage demands are singled out as being crucial problems facing the economy of South Africa. Workers/employees experience low salaries, unsafe work environments, a lack of defined career paths, and poor quality education and training.

Hospitals and clinics are experiencing shortage of nurses and doctors. Will-Shattuck *et al.* (2008) indicate that staff shortage increases workload and stress levels, further demotivating remaining staff. To cope with increased workloads are sometimes lowering their standard of care. With respect to existing human resources, the low level of health worker motivation has often been identified as a central problem in health service delivery (Mathauer and Imhoff, 2006). Loss of experienced personnel has a serious impact on health system progression.

Health worker migration is not confined to external movement, In country migration, from rural to urban and from public to private sector, is also creating problems with the rural areas worst affected leaving these both understaffed and the staff who are there are often under qualified. Martinez and Martineau, (2001) present that budget cuts and the efficiency drive affecting national health systems throughout the word have brought about greater interest in performance management. Such interest, however, has seldom led to the establishment of effective performance management as illustrated their case studies. For instance budget cuts have often led to staff cuts that have negatively

affected service delivery, particularly when staff are made across the board without due consideration of the need to maintain adequate complements of staff and skill mixes in key management and service areas.

2.5 Theories of motivation

Daft (2006) as *cited* by Arnolds *et al.* (2007) write that motivation can be defined as those internal and/ or external forces that trigger actions that persist until a certain goal is achieved. Motivation is defined as an individual's degree of willingness to exert and maintain an effort towards attaining organisational goal (Mbindyo *et al.* 2009). Bateman and Snell, George and Jones (2006) as *cited* by Arnold *et al.* (2007) show that in business firms, these riggers of behaviour are various needs that employees are striving to satisfy through various intrinsic and extrinsic rewards they receive at work. Examples of intrinsic rewards are a feelings of achievement and personal growth, while and extrinsic rewards include outcomes such as salary, status, job security and fringe benefits (Hellriegel *et al.*, 2004 as *cited* in Arnold *et al.*, 2007). Lee and Sarkar (2009) indicate that motivation can be achieved in many ways, either extrinsically or intrinsically, therefore it is important that when incentives are introduced they are carefully planned and analysed prior implementation.

Bassett-Jones and Lloyd (2005) as *cited* in Samuel and Chipunza (2009) show that Herzberg (1959) provided a theoretical background for the study. Herzberg argued that employees are motivated by internal values rather than values that are external to the work. In other words, a motivation is internally generated and is propelled by variables that are intrinsic to the work which Herzberg called "motivators". These intrinsic variables include achievement, recognition, the work itself, responsibility, advancement, and growth. Conversely, certain factors cause dissatisfying experiences to employees; these factors largely, results from non-job related variables (extrinsic). These variables are referred to by Herzberg as "hygiene" factors which, although it does not motivate employees; nevertheless must be present in the workplace to make employees happy. Motivation would only occur as a result of the use intrinsic factors.

There are two sources of motivation as originally identified by Herzberg *et al.* (1959) and these are intrinsic and extrinsic motivation (Ojokuku, 2007). Financial motivation

has become the most concern in today's organisation, and tying to Maslow's basic needs, non-financial aspect only comes in when financial motivation has failed (Shadare and Hammed, 2009). Empirical studies as *cited* in Samuel, 2009 (e.g. Kinnear and Sutherland, 2001; Meudell and Rodham, 1998; Maertz and Griffethe, 2004) have, however revealed that extrinsic factors such as competitive salary, good interpersonal relationships, friendly working environment, and job security were *cited* by employees as key motivational variables that influenced their retention in the organisations. The implication of this therefore is that management should not rely only on intrinsic variable to influence employee retention, rather, a combination of both intrinsic and extrinsic variables should be considered as an effective retention strategy. Reward interdependence among individuals motivates them to show concern about performance behaviour (Abul-Ezz and Dickhaut, 1998).

Leading theorists such as Maslow (1943, 1954) and Herzberg and Mausner (1959) have emphasised the important of the fulfilment of various needs of employees, which will determine their behaviour of various needs of employees, which will determine their behaviour in organisations. Maslow (1943) indicates that a hierarchy ranges from lower to higher needs. Lower order needs, such as survival needs, are often referred to as extrinsic needs (e.g. compensation and working conditions), while higher order needs are referred to as intrinsic needs (e.g. recognition and achievement). Herzberg and Mausner, (1959) formulated the two factor theory of job satisfaction and postulated that satisfaction and dissatisfaction were two separate and sometimes unrelated phenomena. Extrinsic factors were named 'hygiene' factors and were claimed to involve primarily the context in which the job was performed. Intrinsic factors were named 'motivators' and were believed to involved mainly aspects of the job itself (Martin and Roodt, 2007).

Performance management and reward systems that focus on individual contributions and foster internal competition among employees for limited resources would also be expected to discourage employees from sharing their knowledge with others. Arthur and Kim (2010) and Bateman and Snell (2007) as *cited* by Arnolds *et al.* (2007) write that motivation is fundamental to employee behaviour, such as loyalty, good citizenship and job performance at high output and high quality levels. The perception of an individual is

determined inter alia by his personal "needs" and "motivation" (Baron, 1986: pp 71-100 as cited in Ben – Baruch *et al.*, 1991).

In terms of Maslow theory, most factor influencing nurses retention operated on the lowest (physiological) level and concerned remuneration. Lee and Sarkar (2009) write that there have been mixed reviews of results from monetary incentives. Analysing monetary incentives in respect of Maslow's physiological needs may provide a more comprehensive perspective of the motivations behind this issue. In many projects, monetary incentives have shown to significantly decrease attrition rates in the short term (KARAB as cited in Lee and Sarkar, 2009).

Despite the need for higher levels of employee motivation, surveys show that there is a huge crisis of motivation in most large corporations (Burton, 2001 and Dixon, 2004). Business firms spend billions of rand each year on courses, incentives and measuring tools to increase employee motivation, but these interventions do not always translate into higher levels of employees' motivation (Burton, 2001 and Dixon, 2004). There is still confusion about which rewards really motivate employee. Meta-analyses of research on motivation have, for example, shown that managers still view money as the main motivator of employees, despite the lack of conclusive evidence on the motivational impact of monetary rewards on the job performance of employees. These analyses also report that people never rate money as their main motivator, that most achievement are reached for reason other than money, that money is a factor that attracts people but does not play a big role in retaining and motivating them and that the large workforce in the world is made of volunteer workers who do not do the work for the money.

Arnolds *et al.* (2007) write that there is still much confusion about which rewards really motivate employees. In particular, the question of finding the right mix of financial (extrinsic) and non-financial (intrinsic) rewards has been troubling human resource managers (Samodien, 2004). Will-Shattuck *et al.*'s (2008) discussion indicated that the articles explored motivational issues faced by health workers and made recommendations to improve health worker motivation. There were several common motivational themes identified; an example could be made of poor career paths and promotion opportunities lead to health worker feeling stuck and therefore more

susceptible to the pull factors of movement either within or outside the Department/Province or country. However Will-Shattuck *et al.* (2008) write that overwhelmingly the studies concluded that policies and packages of incentive are urgently needed to improve motivation and retention of health workers.

Firms seeking to maximise productivity on behalf of their shareholders will seek both to hire the most highly skill employee and also to motivate those employees to manage. Lin (2007) writes that from the perspective of work behaviour research, extrinsic motivation (rewards) has been shown to significantly affect worker participation. Hence, certain forms of extrinsic motivation, for example monetary incentives or praise and public recognition, may stimulate knowledge sharing. Extrinsic motivation focuses on the goal-driven reasons, for example rewards or benefits earned when performing an activity, while intrinsic motivation indicates the pleasure and inherent satisfaction derived from a specific activity. Together, extrinsic and intrinsic motivations influence individual intentions regarding an activity as well as their actual behaviours (Lin, 2007).

2.6 Individual, group motivational rewards/incentives

Abul-Ezz and Dickhaut (1998) indicate that social normative influence is induced by shared expectation concerning behaviours which are perceived to be important by actors involved in a given situation. In a budgeting setting where individuals working in small groups are rewarded, wholly or in part, on some measure of the performance of their groups the individual's performance may be perceived to sufficiently important to warrant regulation via shared expectations. Abul-Ezz and Dickhaut (1998) write that the potential enforcement of group performance expectation depends on their normative power. This is a measure of the degree of concern regarding individual performance behaviour. It indicates the potential influence which a group norm has on that behaviour and is determined by the intensity and consensus of group approval-disapproval.

Most monetary individual schemes (about 75%) pay their incentives monthly while most of the ESOP (Employee Stock Ownership Program), profit sharing, gain sharing, and merit pay schemes are calculated and paid on an annual basis. About half of the team and branch based incentives were paid out monthly and about half were paid out on an annual basis (McKim and Hughart, 2005). The level at which the financial incentive is

administered (i.e. individual or group) influences the level of effort and output performance and should be considered when designing optimal solutions. Goals sought by individual and goals sought by an organisation may not always be closely correlated (Bresnen and Marshall, 2000 as *cited* in Rose and Manley, 2005). Using incentives and disincentives to direct individual's energies and behaviour is common practice in all work setting, of which health care system is no exception (Kingma, 2003).

There is ample evidence though that result-based incentive schemes, especially at individual level, can greatly increase company performance (Gerhart and Rynes, 2003 as *cited* in Grigoriadis and Bussin, 2007). Bloedoen (2002) as *cited* in Grigoriadis and Bussin (2007) also asserts that incentives can expand the team committed to delivering results and that they can cause employees, individually and collectively, to focus their attention on the company's goals and identify with share holder interests. Pool and Pool (2000) write that an individual decides how much effort to exert towards a successful job performance after assessing expectancy, instrumentality, and valance.

Plasman and Rycx (2006) indicate that there is a need to investigate the differences in work attitude between individuals who receive performance rewards and those who are rewarded with other methods of pay, correcting for self-selection of individuals into their preferred compensation scheme and wage endogeneity. The hope is that the understanding that people have of their total package will mean that they feel better equipped to make good choices about their benefits, and crucial, they will have more of an appreciation of the investment that O2 make in them (Fyffe, 2007). High empowered team environment can assist in fostering greater motivation within the project team, department, and organisation. Empowerment provides a key ingredient to building a self-directed team or high- performing team (Perterson, 2007).

2.7 Performance and performance measures

The primary method by which performance is measured is by means of a performance management system. Reliable performance data is thus a "must have: for variable pay programmes to work (Orens and Elliott, 2002 as *cited* in Griogoriadis and Bussin, 2007). Care should be taken during the performance assessment, as not to use subjectivity (Thorper and Homan, 2000 as *cited* by Griogoriadis and Bussin, 2007).

Martinez and Martineau (2001) also present that evidence suggest that while cash rewards can act as incentives for improved performance, they are not a central feature of performance management. Main motivators of health workers were related to responsibility, training and recognition, next to salary. These can be influenced by performance management (job descriptions, supervision, continuous education and performance appraisal (Dileman *et al.*, 2006). Bowen and Ostroff (2004) as cited in Arthur and Kim (2005) argues that Human Resource Management practices impact performance outcome by helping to create a strong Human Resource Management climate. The findings from the current study are consistent with this conceptual view and suggest that Human Resource managers and researchers pay close attention to how employees perceive Human Resource Management practices and how these perceptions shape employees' willingness to engage in discretionary behaviours, such as information sharing, which may be beneficial to firm performance. Currall *et al.* (2005) write that there are studies supporting link between pay satisfaction and various behavioural individual-level outcomes.

Ferrinho *et al.* (2004) write that physicians with 20 years of experience earned the same as new medical graduates, rewards for good performance were impossible and personnel were paid regardless of whether they performed their duties. Financial incentives, non-incentive, and compulsory service are not mutually exclusive and may positively affect each other's performance (Barninghausen and Bloom, 2009). Bonuses were considered to influence behaviour and attitudes but only when the reward criteria were clearly known to the recipients (Kingma, 2003).

The performance evaluation and rewards are the factors that proved to be the bonding agents of the performance evaluation programs. The entire success of an organisation is based on how an organisation keeps its employees motivated and in what way they evaluated the performance of employees for job compensation (Danish and Usman, 2010). The performance of employees has a very crucial impact on overall organisational achievement therefore it is the every organisation to ensure to meet the obligation Chen (2006) writes that performance is productivity and accomplishment. Rewarding for performance helps to hold workers accountable for specific objectives and provides an incentive for exceeding objectives.

Cadsby et al. (2005) write that firms seeking to maximise productivity on behalf of their shareholders will seek the most highly skilled employees and also to motivate those employees to maximise their output. Leaders, managers, supervisors, and employees alike believe that making employees happier and healthier increases their effort, contributions, and productivity (Fisher, 2003 as *cited* by Grant, Christianson, and Price, 2007).

Leadership is a central feature of organisational performance. This is an essential part of management activities of people and directing their efforts towards the goals and objectives of the organisation (Shadare and Hammed, 2009). The optimal performance of a financial incentive mechanism is determined by its ability to increase and direct the contractor's effort to achieve above minimum standard levels, based on the client's project goals. It is argued in that although incentives are commonly employed, they often do not operate effectively due to lack of information about the factors that shape their performance (Bresen and Marshall, 2000 as *cited* in Rose and Manley, 2005) To bridge the gap between scientific evidence and patient care we need an in-depth understanding of the barriers and incentives to achieving change in practice (Grol and Wensing, 2004).

Gorton and Schmid (2004) as *cited* in Edwards et al. (2008) suggest that employee may have different objectives to those of the owners of a firm, so that greater influence of employee representatives on the supervisory board may weaken the pay-performance link, or even lead it to be negative. The management of human resources is one of the most important determinants of the success or failure of health sector reform. Despite management reforms and staff training efforts, many public sector organisations have had little success in improving the performance of their staff (Van Lerberghe et al., 2000) with increasing demands for accountability and value for money from public sector series, it is at least necessary to improve our understanding of what make health personnel perform well and of what stands in the way of good performance (Van Lerberghe et al., 2000).

Greater monitoring of managers by owners might reduce the need for managers to be given incentives to act in owners' interests by having their pay linked to firm

performance (Edwards) .A worker's productivity is affected by his attitude towards the utilisation of time in the work situation. Time is perceived differently by various individuals (Van Rensburg, 1990, p5 as cited in Ben-Baruch *et al.*, 1991).

Martinez and Martineau (2001) indicates that health systems decentralisation is a sine qua non condition for effective management of staff performance. The most effective performance management approach is to look within decentralised health system. However, it is whether decentralisation has successfully achieved leadership, planning, flexible resource allocation practice and well functioning management systems at the local level that determines the feasibility of introducing performance management. Chen (2006) indicates that today's business environment demands rewards strategies that point out employee value and contribution at the right moment. It could be important for business to identify how often the rewards can assist in guiding and changing employee behaviours that will lead to long-term performances.

2.8 Career Development for Health Workers

Will-Shattuck *et al.* (2008) write that Health workers were reluctant to work in rural areas as opportunities for careers development were typically less than in urban areas. Studies indicated that health workers take pride and are motivated when they feel they have the opportunity to progress (Pillay, 2008). Although health managers are the key to overcoming the challenges facing health delivery in South Africa, there has been very little formal evaluation of the capacity of hospital managers, as well as their needs for future training. The career grouping relates to an individual's future position, and is associated with factors such as personal growth, career advancement, opportunity for and access to training, as well as employment security. Additional factors included are the availability of interaction with experts, receiving stretch assignments and the quality of management (Munsamy and Venter, 2009). Training and education was valuable and should be offered by the employer in order to grow (Proper *et al.*, 2009). Skilled health workers are increasingly taking up job opportunities in the global labour market as the demand for their expertise rises in high-income areas (Henderson and Tulloch, 2008).

The general dissatisfaction of public sector nurses with their careers and the career opportunities available to them is a further measure of demoralisation of nurses and offers some substantiation of the disaffection associated with working in the public sector. The decreasing attractiveness of nursing as a career is of great concern, given that nurses play central role in the government's primary health care approach (Pillay, 2009). Milne, (2007) writes that rewards and recognition programme can positively affect motivation, performance and interest with an organisation. While a little more problematic, team-based incentives, if designed appropriately, can also encourage and support a range of positive outcomes Individual professionals need to be informed, motivated and perhaps trained to incorporate the latest evidence into their daily work (Grol and Wensing, 2004).

2.9 Staff Turnover as it relates to Departmental employees

Turn-over refers to voluntary and involuntary permanent withdrawal from the organisation (Robbins, 1997: 400). There appear to be an inverse relationship between satisfaction and turnover (Luthans, 1992: 266). Sometimes one can anticipate that if there is a lot of movement that could be an indication of job dissatisfaction. Based on the monthly Departmental termination statistics reports high turnover of staff contribute to shortage of staff within the Department, to other Department, other Province, which in turn affect the country and aggravated by emigration of nurses and other professional.

The factors that contribute to staff turnover are due to the movement from rural to urban areas. However to the movement the Department is having a programme under the guidance of National Government to sent student doctors to Cuba. The students are recruited from their home so that after completion of the course they should come and serve their own community and in order to curb the movement that is occurring. Research indicates organisation commitment is a viable predictor of many behaviours, including absenteeism, turnover (Jaros,1995) job satisfaction (Mathieu and Zajac, 1990), and work motivation (Meyer *et al.*, 2004 as *cited* in Pool and Pool, 2007).

In his study, Moore (2002) found that lack of job satisfaction is among the factors that contributed to people's intention to quit their jobs, however, it is important both from the

hospital's manager's and the individual's perspective to understand which factors of the job satisfaction are related to intention to quit in health worker profession .

Table 1: PERSAL financial report as of 31st March 2010

	APPOINT MENTS	VALUE IN R'000	TERMINA TIONS	VALUE IN R'000
April	101	10,718	78	8,025
May	79	9,355	98	9,236
June	309	10,914	63	8,570
July	138	14,569	96	11,006
August	128	7,396	70	7,692
September	128	14,098	178	9,124
October	98	8,960	71	6,339
November	115	13,587	83	5,866
December	101	11,361	59	7,083
January	359	67,244	363	50,807
February	262	28,394	121	14,840
March	111	14,959	132	24,246
TOTAL	1934	211,555	1412	162,834

Source: Persal printout by student

A level of labour turnover can have positive benefits for organisations. Replacement of those who leave the organisation brings in "new blood" and "new ideas", providing the opportunity to reflect on how things are done, to develop new initiative and implement new ideas. The most important factors in determining whether levels of labour turnover are unacceptable are, first, the cost associated with replacement of an effective employee who leaves the organisation and second, the availability of suitable potential employee within the labour market. Employment retention relate to the ability to keep employees within an Organisation or Department. Brickly and Van Horn (2000) as *cited* in Kristin (2009) found that both Chief Executive Officer Compensation and Chief Executive Officer Turnover were related to financial performance but unrelated to altruistic activities.

Existing literature (Abassi and Hollman, 2000;, Hewitts Associates, 2006; Sherman *et al.*,2006 as *cited* by Samuel and Chipunza, 2009) highlight reasons for employee turnover in the organisations: hiring practices; managerial style; lack of recognition; lack of competitive compensation system; toxic workplace environments. Others include lack of interesting work; lack of job security; lack of promotion and inadequate training and

development opportunities, amongst others. Job dissatisfaction has frequently been cited as the primary reason for a high turnover of nurses as well as increased rates of absenteeism, both of which impede efficiency and effectiveness, which in turn pose a threat to a health care organisation's capacity to provide good care as well as meet the needs of patients (Pillay, 2009). Public-sector nurses were most dissatisfied with their pay, the workload and the resources available to them.

Pillay (2009) indicate that health managers should address those factors that affect job satisfaction and therefore retention, of nurses in South Africa. Improving the work environment so that it provides a context congruent with the aspirations and values system of nurse is more likely to increase the satisfaction of nurses and consequently have a positive effect on individual, organisational and health outcomes. Based on the survey conducted geographic variations indicate that high labour turnover rates are more likely to occur in regions where unemployment rates are lower and it is easier for employees to find alternative work (Pilbeam and Corbridge, 2004). The most important factors in determining whether levels of labour turnover are unacceptable are, the cost associated with replacement of an effective employee who leaves the organisation and the availability of suitable potential employee with the labour market.

Gillingham, (2008) as *cited* by Samuel and Chimpunza,(2007) write that recent studies have shown that retention of highly skilled employees has become a difficult task for managers as this category of employees are being attracted by more than one organisation at a time with various kinds of incentives. Employee turnover occurs when employees leave their jobs and must be replaced. The main purpose of retention is to prevent the loss of competent employees from the organisation as this could have adverse effect on productivity and service delivery.

The shortage of nurses has always been the major symptom of high turnover in the health care industry (Global Health Workforce Alliance, 2008 as *cited* in Masroor and Fakir, 2010). Turnover is not only destructive to organisation, it is also costly; it could also be detrimental to the organisation's productivity or service delivery. Turnover behaviour is a multistage process that includes attitudinal, decisional and behavioural components. Martin and Roodt (1987:190 as *cited* in Cadsby, 2005) emphasised that

compensation systems are capable of attracting (or repelling) the right kinds of people because they communicate about an organisation's philosophy, values, and practice.

2.10 Resource availability and infrastructure of the Department

Hospital infrastructure and resource availability should be a principal consideration and patient cannot be effective without the correct resources. Shattuck *et al.* (2008) write that in their concluding remarks that strengthening health system, especially at district level is critical to meeting the Millennium Development Goals and human resources are essential on achieving this. Martinez and Martineau (2001) present that case studies from Guatemala recorded that while worker in the private health care organisation had the essential means to do their work the same could not be said for the public sector health services where staff are constantly faced with budget cuts and resource shortage of every kind. To compensate for unrealistically low salaries, health workers rely on individual coping strategies (Ferrinho *et al.* 2007). Mathauer and Imhoff (2006) show that without improvements to the human resources situation, the health-related Millennium Development goals cannot be achieve.

"Lack of financial resources" and "lack of technical knowledge" of Staff Incentive Scheme are primary reasons *cited* by respondents for not adopting a Staff Incentive Scheme (Mckim and Hughart, 2005). It is interesting to note that the most frequently reported reason for not adopting a staff incentive schemes is "a lack of financial resources" (McKim and Hughart, 2005). The public sector, which is under resourced and overused, is often characterised as being inefficient and ineffective in terms of meeting its mandate of accessible, affordable and appropriate health care (Pillay, 2009). Van Lerberghe *et al.* (2000) write that the predicament of the public sector health worker can be mapped as a vicious circle.

Damabisya, (2007) write that ESA countries finance their incentives for health workers from the national budget, using government funds, as part of health sector funding, and donor funding. Similar as some of the other countries, SA funds their incentives from National budgets, and have adopted the medium-term expenditure framework (MTEF), where budgets are drawn up using three year plans. An example is made of a detailed

Departmental summary of payments and estimates budget versus expense according to economic classification as shown below:

Table 2: Department of Health Annual Report including MTEF Projections

Classification	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
CURRENT PAYMENT						
Compensation of employees:	1,764,998	1,913,612	1,983,390	2,516,113	2,767,277	2,933,313
-Salaries	1,376,663	1,554,578	1,630,341	1,870,042	2,139,266	2,287,745
- Overtime	53,458	51,274	77,730	64,146	45,292	59,271
-Improvement of conditions of service	61,615	50,231	70,533	176,221	176,757	179,275
-social Contributions (employer Share)	268,262	257,529	275,319	405,704	405,962	407,022
Transfer payment	107,816	170,660	121,388	116,284	112,676	118,257
Goods and Services	903,288	1,075,727	1,270,609	1,388,000	1,520,288	1,839,235
CAPITAL	192,058	319,308	471,917	511,005	519,067	687,967
TOTAL	2,968,160	3,479,307	3,917,837	4,531,402	4,919,308	4,578,772

Source: Department of Health Annual Report (2010)

The presence of a strategic planning and management capacity appears to be critical, given the complexity of the task and environment. In planning to introduce incentives, sustainability should be born in mind since health worker may consider the withdrawal or termination of incentives as variation in condition of service (Caffery and Frelick, 2006). Deville *et al.* (2009) indicate that higher level, or centralised, decision may also note the allocation of resources among lower level, or centralised, decision may also involve the allocation of resources among lower level units, and hence, higher level units can be assessed using a measure of allocation efficiency.

2.11 Management recognition and appreciation for Health Workers

The recognition is a process of giving an employee a certain status within an organisation. Recognition describes how the work of an employee is evaluated and how much the appreciation he receives in return from the organisation. It also specifies the way an organisation gives its employee the reward and status for his work and activities (Danish and Usman, 2010). Shattuck *et al.* (2008) indicate that recognition and/or appreciation, either from managers, colleagues, or the community was a theme found in

70% studies. In some articles, recognition by the employer and community was cited as being one of the most important motivating factors for health workers. Workers also reported that they were encouraged by getting results from their work, being useful to society and taking care of people. It was also reported that to be trusted by the community was a crucial component for motivation.

Career opportunities might one of the contributing factors for Health worker dissatisfaction which might lead to employee turnover; however this will be investigated on the research questions. The reward and recognition programs serve as the most contingent factor in keeping employees' self esteem high and passionate (Danish and Usman, 2010). Flynn (1998) as cited in Danish and Usman (2010) argued that rewards and recognition programs keep high spirits among employees, boosts up their morale and creates a linkage between performance and motivation of the employees. The basic purpose of recognition and reward program is to define a system to pay and communicate it to the employees so that they can link their reward to their performance which ultimately leads to employee's job satisfaction.

Danish *et al.* (2010) write that recognition today is highest need according to most of the experts whereas a reward which includes all the monetary and compensative benefits cannot be the sole motivator for employees' motivation program. Employees are motivated fully when their needs are met. Deeprose (1994, p.3) as cited in Danish *et al.* (2010) is of the view that "Good managers recognise people by doing things that acknowledge their accomplishments and they reward people by giving them something tangible." Fair chances of promotion according to employee's ability and skills make employees more loyal to their work and become a source of pertinent workability for the employee.

Organisations and managers consistently acknowledge reward and recognition as an important element in motivating individual employees. It helps to motivate employees to achieve the vision and goals and reinforce the key roles and behaviours that are needed for a successful organisation. An integrated reward system results in the attraction and retention of critical talent (Chen, 2006). Accordingly, leaders and managers devote considerable organisational resources to enhancing employee well-

being in various ways, from professional development and employee recognition practices to healthcare benefits and free employee programs (Hartwel *et al.* 1996 as cited in Grant *et al.*, 2007).

Lachance (2000) as cited by Milne (2007) has noted that rewards that bind an employee to an organisation have more to do with the way an employee is treated than any particular pay scheme. She suggests that while people may come to work for the pay, but they come for many reasons. Managers need to acknowledge and manage those other rewarding conditions as part of an overall strategic approach to rewards. "Paying attention" does not simply mean handing out money and a simple "thank you" goes a long a way. A personal letter from the Chief Executive Officer congratulating the participant on being selected to participate, and a one-page setting out the main headlines about the plan (Fyffe, 2007). Dieleman *et al.* (2006) indicate that a few managers congratulated and thanked personnel in public. Rewards and appreciation were highly valued from other for the work they did and considered it as an important factor in continuing (Proper *et al.*, 2009).

In practice, informal incentives is the form of recognition by management and visibility within the organisation can often be more powerful incentives than a formal incentive programme. Great care must be taken to ensure that issues of favouritism do not impact on the reward process (Milne, 2007). Currently, many organisations are implementing or planning to implement, reward and/ or recognition programmes believing that these will help bring about the desired cultural change. In some organisations, large amounts of money are being invested in these types of activities and some managers are required specifically to set aside a certain amount from their budgets for this purpose. This rationale is based on the assumption that these types of incentives will encourage employee loyalty, foster teamwork and ultimately facilitate the development of the desired culture that encourages and supports knowledge sharing (Milne, 2007).

2.12 Departmental Employee satisfaction

Employee satisfaction in one form or another has been related to such variables as turnover, absenteeism, productivity, group cohesiveness, general hygienic factors, job rewards, personal rights, labour unrest and performance appraisal (Barber *et al.*, 1992

as *cited* in Visser and Van Breda, 1997). Employee satisfaction refers to the general attitude towards one's job, the difference between the amount of rewards workers receive and the amount they believe they should receive (Robbins, 1997: 541). Luthans (1995, 126) explains or define job satisfaction as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience". Satisfaction with variety is another dimension of job satisfaction, whereby employees perceive the level of satisfaction by having variety of tasks such as challenging but not routine (Alam and Mohammed, 2009).

Geber, Nel and Van Dyk (1995) as *cited* in Louw *et al.* (2000) describe job satisfaction as the quality of life at work as experienced by the employee, but also as a condition that could be promoted by social responsibility programmes executed by the employer. Employee motivation is one of the strategies of managers to enhance effective job performance among workers in organisation; motivation is a basis psychological process (Shadare and Hammed, 2009). In South Africa, nurses were also found to be generally dissatisfied with remuneration being a key contributor to dissatisfaction. Poor working conditions and organisational climate were also strong predictors of dissatisfaction (Pillay, 2009).

Health workers were most dissatisfied with their pay and workload, followed by the resources available to them, career development opportunities and safety of the work environment (Pillay, 2009). This could indicate that job satisfaction relates to several related attitudes; the work itself, the pay/incentives received, the promotion opportunities etc. If there is job dissatisfaction this could lead to employee turnover and therefore lack of employee retention especially in the area of Health sector.

Furnham (1992) as *cited* by Louw *et al.* (2007) divides the factors that can have an influence on job-satisfaction into three groups: organisational policies and procedures that have to do with the nature of the remuneration package, supervision and decision-making practices, and the perception of the quality of supervision, Specific aspects of the total workload, the variety of skills applied, autonomy, feedback and the physical nature of the working environment and personal aspects such as self-image, ability to deal with stress and general satisfaction with life.

Robbins (1998) as *cited* by Louw *et al.* (2000) indicate that the studies where cause and effect were controlled often indicated that productivity led to satisfaction, rather than the other way round. He also recommends that satisfaction–performance studies should preferably be executed with data gathered for the organisation as a whole than with data at the individual level, as the latter does not consider all the complexities in the work process. Job satisfaction reflects the extent an individual enjoys their job. Therefore, it is an emotional response towards various facets. Job satisfaction is not a unitary concept; rather, a person can be relatively satisfied with one aspect of his or her job and dissatisfied with other aspects (Pool and Pool, 2007).

Visser and Van Breda, (1997) show that the following are negative factors decreasing the level of employee-satisfaction:

- The most negative factor contribution to the present level of employee-satisfaction is the management style (Krepeta, 1982; Vroom, 1964 as *cited* in Visser and Van Breda, 2007). The level of employee-satisfaction seems to be the perceived unfair reward system. The perceived unfairness of the reward system stems from the following:
 - ✓ Dissatisfaction with salary and the calculation thereof
 - ✓ Discriminatory practices – race and sex
 - ✓ New appointments benefit financially
 - ✓ Dissatisfaction with the existing grading system
- The perceived lack of commitment to employee care also lowers the level of employee-satisfaction
- Poor working facilities were also seen as an indication of management 's lack of caring
- The reward and grading system were seen by twelve percent of the respondents as proof of an uncaring attitude towards employees.

Promotional practices were regarded by some employees as negative. Evidence suggest participation increases employee motivation, job satisfaction and organisational

commitment (Witt *et al.*, 2000; Latham *et al.*, 1994; Pearson and Duffy, 1999) as cited in Scott-Ladd *et al.*, 2006) It appears that more satisfied employees are overall, the more likely they are to want and seek autonomy. Employee job satisfaction alone is not enough to effectuate the changes necessary for significant service quality improvements within a service organisation (Snipes *et al.*, 2007). Pool and Pool, (2007) write that an individual decides how much effort to exert towards a successful job performance after assessing expectancy, instrumentality, and valance.

2.13 Quality of service provided to the users

Improving the performance and quality of health services has become a prime objective of policy reform worldwide (Mannion and Davies 2005) Reliance on innate professionalism to deliver high quality, safe and efficient services has come to be seen as curiously old fashioned. High quality care cannot be provided unless issues of demotivated staff are comprehensively addressed and more information is clearly needed to strengthen the evidence based for effective human resources strategies and policy decision. Martinez (2001) present that quality assurance is not – strictly speaking – performance management 'tool' but a common and possibly essential complement of performance management that provides a bridge between the focus on staff and the equally important focus on patients and service users.

The quality of human resource management is a critical influence on the performance of the firm. Concern for strategic integration, commitment flexibility and quality, has called for attention for employees motivation and retention (Shadare and Hammed, 2009). A quality performance bonus works on the premise that contractors are offered additional profit if they are able to achieve predetermined performance levels (Bower *et al*, 2002 cited in Rose and Manley, 2005). Work satisfaction is also an essential part of ensuring high-quality care, dissatisfied providers not only give poor quality, less efficient care, there is also evidence of a positive correlation between professional satisfaction and patient satisfaction and outcome (Pillay, 2008).

Arnolds *et al.* (2007) indicate that motivation is fundamental to employee behaviour, such as loyalty, good citizenship and job performance at high output and high quality level. One of the biggest questions has been whether executive compensation reflects

the value that Chief Executive Officers create (Kristin *et al.*, 2009). Snipes *et al.* show that previous research has shown that employee job satisfaction is a relevant factor in service quality improvement. Employees who feel satisfied with their jobs provide higher levels of customer satisfaction.

Cable and Judge (1994:320) *cited* by Cadsby, (2005) argued that it is generally accepted that high pay level will attract greater quantities of higher quality applicants. Higher pay levels may also lead a given employee to produce more. A high-quality applicant is one who has the ability and disposition to produce more than a low-quality applicant. Policy makers agree that a more extensive use of financial incentives may promote a higher quality of care, especially for a wide range of pay-for-performance programs, where payment is made contingent on meeting indicators of provider effort (Fiorentini *et al.*, 2008).

In order to promote a higher quality of care, a wide range of pay-for-performance programs has been introduced, where payment is made contingent on meeting indicators of provide effort to deliver high-quality care. In addition to it, other strategies have been adopted, each with its distinctive strengths and weaknesses, which physicians rewarded for participation in improvement activities and/or for compliance with guidelines of care (Fiorentini *et al.*, 2008).

Work satisfaction was found to be an important predictor of where health professionals intended to work (Pillay, 2009). Currall *et al.* (2005) write that in the study they conducted they examined organisation outcomes of school districts such as student educational outcomes (e.g. test scores and dropouts). It is likely that teachers' collective attitudes concerning pay can influence student performance in the classroom. For example, when teachers within a school district believe that they are satisfied with their pay, they are more likely to engage in positive teaching practice that impact on students. These teaching practices, therefore, will have a positive impact on student educational outcomes within the school district. The converse is likely to be true as well; when teachers believe that they are poorly paid, their classroom performance will likely suffer thereby diminishing student educational outcomes.

2.14 Research questions

Martinez and Martineau (2001) present that there is a need for staff to have the right incentives to do the work is undeniable and the more performance oriented organisation in our study were also the ones where the right combination of incentives had been achieved. Despite the need for higher levels of employee motivation, surveys should that there is a huge crises of motivation in most large corporations (Burton, 2001; Dixon, 2001 as *cited* by Arnolds, 2007). Looking at various literature performance and incentives/rewards has to be evaluated however the following three questions still remain:

1. Do incentives/rewards enhance employee performance within the Department?
2. Do rewards/incentives contribute towards employee job satisfaction?
3. Do incentives/rewards act as core factor?

2.15 Conclusion

Financial incentives, career development and management issues are core factors affecting motivation of employees. Empirical studies such as Stovel and Bonitas (2002) *cited* in Samuel and Chipunza (2009) have shown that employees, on average switch employers every six years. However within the Department the turn-over statistics is done on monthly basis, what remain to be investigated is to determine how often on average annually. There might be a need to understand the motivation environment when designing and implementing appropriate mechanisms or strategies for incentive/reward schemes. Kristin *et al.* (2009) write that the incentive created by current compensation contracts may not be optimal. It is possible that increasing pay-performance sensitivities may improve the efficiency and performance. Further research is needed to understand longer-term performance related to compensation incentives. Beyond worker motivation, incentives are used to attract and retain health professional to areas of the greatest need, such as rural or remote areas with poor infrastructure and poor populations.

The conclusion can be made that there are incentives/rewards that are being offered to health workers however whether they are enough to enhance performance remains a

question to be answered. Evidence based on self-report survey data suggests that high performers are most likely to leave an organisation if performance does not lead to sufficient financial rewards (Revor, Gehart, and Boudreau, 1977 *cited in* Cadsby, 2005) and that low performers are more likely to stay with an organisation when relationships between pay and performance are weak (Harrison, Virick, and William, 1996 as *cited in* Cadsby, 2005). People who have low job satisfaction always plan to leave. The recruitment and retention survey as people leave the Department is critical to identify the key reasons why staff leave. The combination of right rewards/incentive schemes and the right culture could work if implemented fairly and correctly.

The next chapter will look at the research methodologies that can be used to establish whether incentive/rewards can enhance performance in the Department Health. There are two research methodologies, the qualitative and quantitative method. In determining the appropriate methodology for this research negative and positive impact associated with each impact will be explored, and the decision will be based on the most suitable method to get information needed to answer the question raised.

CHAPTER 3

Research Methodology

3.1 Introduction

In the previous chapter, the problem was stated in terms of three research questions that remain unanswered from the literature reviewed. The chapter defines the research methodology used in this study to give answers to the raised questions.

The research question arrived at 1) Do incentives/rewards enhance employee performance within the Department? 2) Do rewards/incentives contribute towards employee job satisfaction? 3) Do incentives/rewards act as core factor on retention?

The aim of the study is to determine the extent to which incentive/rewards enhance performance, job satisfaction and retention of the employees within the Department of Health and Social Development, the study will be undertaken from the Health Branch (Vote 03). To validate this it is necessary to collect information from targeted population using correct methodology and analyse the responses. Overall, this chapter defines the research methodology used in this study, the data collection method chosen, types of questions that can be asked and the development of the questionnaire, the survey population and sample size determination; data handling and concludes with the discussion of a researcher's compliance with research ethics.

3.2 Research Types

3.2.1 Qualitative and Quantitative Research

According to Walliman (2005) a strong distinction is generally made between quantitative and qualitative research. Not only do the appropriate data have different characteristic, but they also require differed techniques for their analysis. Natural science has traditionally concentrated on 'hard' quantitative (positivist) analysis while qualitative (anti-positivist) analytical methods were evolved, which took account of the more 'soft' personal data. Qualitative research is a method of inquiry appropriated in many different academic disciplines, traditionally in the social science, but also in market research and further contexts. Qualitative methods investigates the why and how of decision making, not just what, where, when. Quantitative research produce

information only on the particular cases studied, and any more general conclusions are only hypotheses (informative guesses). Quantitative methods can be used to verify which of hypotheses are true.

Quantitative method or types are emphasise its quantifiable nature and are concerned with identifying its predictive power (for example the relationship between the organisational culture and performance) categorising organisations into cultural types (for example power, roles and cultures) or otherwise measuring distinct elements or dimensions of culture in as objective as way as possible (Brewerton and Millward, 2006). Qualitative approaches to culture, by contrast, seek to characterise it rich, emergent, constructed and multi-dimensional nature using ethnographic approaches, often requiring 'psychological immersion' in an organisation (for example participant observation, depth interviewing (Brewerton and Millward, 2006).

3.2.2 Research method(s) used in the study

The qualitative approach can serve the following purposes, namely description, interpretation, verification and evaluation. Quantitative research is mainly aiming at observation studies, correlation research, development designs and survey research (Leedy and Ormrod, 2005). This study is approached with a quantitative research methodology as the study aims at examining the correlation between incentive/rewards and performance and to the extent to which it affects service delivery due to lack of retention of staff.

3.2.3 Data required

Primary data refers to original information that is collected by the researcher specifically for the research study at hand, for example data obtained through interview and surveys. Secondary data refers to information that has been previously gathered by someone else for some other purpose which can be reused by the researcher. Secondary sources include some books, journal articles, and reports among others. Leedy and Ormrod (2005) refer to primary data as layer closest to the truth and secondary data as a layer further away, which is not derived from the truth itself but from the primary data instead. For this study we will use both primary and secondary data. To extract meaning from the data, we employ what is commonly called research

methodology (Leedy and Ormrod, 2005). A survey will be used to acquire primary data, and secondary data will be drawn mostly from Departmental annual reports, and available literature in the academic field.

3.3 Data Collection Method

A survey will be conducted to collect information in relation to the Health workers of the four Districts namely: Bojanala, Ngaka Modiri Molema, Dr Kenneth Kaunda and Dr Ruth Segomotsi Mompati including the Provincial Office.

3.3.1 Method for collecting primary data

The questionnaire will be used to collect data in the research study. There are many other ways of gathering information from participants. These include: collecting data information directly from participants such as through interviews, questionnaires and these various methods have their advantage and disadvantages (Bless and Higson-Smith, 1995).

There are several types of research methods that can be used to collect primary data. Interviewing is probably the most common data gathering method in qualitative research (Leedy and Ormrod, 2005). It can be described as the "meeting of two persons to exchange information and ideas through questions and responses, resulting in communication and joint construction of meaning about a particular topic" (Esterberg, 2002). In qualitative studies, interviews are often quite open-ended, however in survey research interview are fairly structured (Leedy and Ormrod, 2005).

(a) Interviews

According to Leedy and Ormrod (2005), quantitative research interviews are more structured than in qualitative research. In a structure interview, the researcher asks a standard set of question and nothing more.

- **Structured interview**

To measure incentives/rewards as it relates to performance a questionnaire consisting of three parts namely:- Part 1, Part 2 and Part 3.

- **Semi structured interview**

With semi-structured interviews, the interviewer still has a clear list of issue to be addressed and questions to be answered. However, with the semi-structured interview the interviewer is prepared to be flexible in terms of the order in which the topics are considered. Also perhaps more significantly, to let the interviewee develop ideas and speak more widely on the issues raised by the researcher. The answers are open-ended, and there is more emphasis on the interviewee elaborating points of interest, (Denscombe, 2003).

- **Unstructured interview**

Unstructured interview go further in the extent to which emphasis is placed on the interviewee's thoughts.

(b) Survey

A survey is characterised by the systematic collection of numeric/quantitative data from a group of entities using direct observation. The aim of a survey may be to:

- Describe (exploratory research)
- Examine correlations and associations
- Explore differences
- Identify a trend
- Test a theoretical model

In this study, the primary data will be collected by means of survey using a structured questionnaire which will be emailed to the Health workers who will be asked to fill in the questionnaire as well disseminate it to other co-workers in their areas. The reason for taking this route is time and cost efficiency given the geographic location and size of the Districts and the Provincial Office.

A survey is a good way, often the only way, of getting a picture of the current state of a group, a community, an organisation, an electorate, a set of corporations, a profession. In many cases, these surveys are snapshots, picture of a particular point or period in

time, although there are longitudinal surveys which take place over longer periods (James, 2001). Leedy and Ormrod (2005) concur with that the survey research capture a fleeting moment in time much as a camera takes a singly-frame photograph of an ongoing activity.

A survey is the collection of information on a wide range of cases, each case being investigated only on the particular aspect under consideration (Bless and Higson-Smith, 1995). A survey will be conducted to test the link between rewards/incentives as it related to employee performance retention and job satisfaction.

3.3.2 Questionnaire

A questionnaire is a structured way of getting information directly from respondents. This method is based on an established questionnaire – a set of questions with fixed wording and sequence of presentation as well as more or less precise indications of how to answer each question (Bless and Higson-Smith, 1995). A structured questionnaire was preferred because it will be thoroughly scrutinised to ensure proper response to the questions raised.

The purpose of the questionnaire is to: draw accurate information from the respondents, to provide structure to interviews, to provide a standard form on which facts, and attitudes can be drawn and to facilitates data processing (Hague and Jackson, 1999).

Table 3: Key points, advantages and disadvantages of questionnaires
(Denscombe, 2003)

Advantages	Disadvantage
▪ Wide coverage ▪ Cannot cheat	▪ Poor response rate ▪ Incomplete or poorly completed answers
▪ Pre-coded data	▪ Limit and shape nature of answers
▪ Eliminate effect of personal interaction with researcher	▪ Cannot check truth of answers

The questionnaire would be used as the data gathering tool. This will allow the collection of quantifiable and qualitative data and allow for the analysis of this data to determine patterns and relationships. The proposed survey questionnaire will be on word document. The management of personnel who will be selected will be asked using emailed to complete the survey. Both Tse (1998) and Schaefer and Dillman (1998) have found significantly the faster response times with email surveys. Emails will include a short disclaimer describing the purpose of the study. In order to improve the response rate, the original email will be followed by a reminder, which will be sent two week after sending out the questionnaire.

Another method to be used distribution of the questionnaire after various meetings or workshops held in the districts. A copy of the questionnaire will also be attached as a convenience to the participant and to prevent the loss of the questionnaire from being cited as a reason for the lack of a response. The targeted response rate is 60%. Questionnaire should be as brief as possible and solicit only that information essential to the research project (Leedy and Ommrod, 2005). In order to help maximise the number of responses to the questionnaire, a number of question will be limited to no more than 22 questions. The questionnaire will consist of 3 sections. The first and second section of the questionnaire will be aimed at gathering biographical data on the respondents including age, gender, qualifications, second section will focus in specific questions with regards to the incentive/rewards as it impacts on employee performance.

3.2.2.1 Advantages and Disadvantages of Mailed questionnaires

The most important advantage is that a large coverage of the population can be realised with little time or costs. It is relative easy to select 2000 or even 5000 people in different areas of a country and sent them questionnaires by mail. Although these advantages seem to be considerable, self-administered questionnaires in general, and mail questionnaire in particular, have great disadvantages when used in developing countries (Bless and Higson-Smith, 1995).

Some questions will require a yes or no answer and others will be open ended questions where the respondent is expected to support their response by providing more details. To ensure that respondents shared a common notion of

incentives/rewards, dentition will be given in the questionnaire. The table below refers to the questionnaire outline

Table 4: Questionnaire Outline

A short disclaimer describing the purpose of the study – Refer to Appendix A	
A letter to the respondents Appendix B	
Questionnaire – Refer to appendix A	
'Thank You' – Refer to Appendix A	
PART 1	Personal Particulars: Names, address telephone number/cell numbers and signature.
PART 2 Questions Questions 1 to 8	General Personal Particulars gathers biographical data on the respondents including age, gender, qualifications and their disability.
PART 3 Questions 9 to 22	Focuses on specific questions with regards to the extent the incentives// rewards impacts on employee performance

3.3.3 Sampling Method

Sampling strategy, that is, design and size depends on the research paradigm. The quantitative method requires random and representative sampling characterised by larger samples (Leedy and Ormrod, 2005). Sampling, according to Fink (1995) means asking any portion of the population as representative of the target population.

3.3.4 Types of variable

Each question in a questionnaire or collected in quantitative research, gives rise to a variable. A variable is thus an empirically observable characteristic of some phenomenon that can take on more than one value or response category (e.g. gender job level, level of agreement with a statement, profit, percentage of budget spent on advertising (Diamantopoulos and Sechlegelmilch, 2004).

The participants will have to meet the following criteria to be included in the sample:

- Participants must be a lower, middle managers, doctor, nurses and other health workers

- The participants must have worked on this role at least three years. Three year is chosen due to the fact that it is considered a fair experience to can perform in the position.

Types of variables

Nominal variables – the response categories can be placed in any order and the number assigned to the response categories has no other property except to serve as labels.

- Nominal variable allows us to categorise responses
- For nominal variables we can determine how many (frequency) or what percentage of responses fall in each category
- The response categories should be mutually exclusive and collectively exhaustive
- Numbers assigned to the categories have no numerical meaning.

Nominal scale: With this type of scale a variable is measured in terms of two or more qualitatively different categories, e.g. 'male' and 'female'. The scale indicates differences of category but these have no arithmetic value (Gill & Johnson, 2005).

Ordinal variable -

As with nominal scales, an ordinal scale contains two or more categories that allow differentiation of variable in terms of those categories. As the name implies, however, some degree of ordering is involved as different points on the scale indicate the quantity being measured (Gill & Johnson, 2005).

The response categories have a certain order and the numbers assigned to the response categories also have an order.

- An ordinal variable allows us to categorise responses
- Can determine how many (or what%) of responses are in each category
- The order of the numbers assigned to ordinal variable do not have meaning

- An ordinal variable allows us to rank or order responses
- The difference between consecutive categories need not be the same

Ratio variable – a numerical variable where there is some standard unit of the property being measured. The distance between consecutive numbers is the same. Hence one can make accurate statements on the differences between cases.

- A ratio variable allows us to categories responses
- We can determine how many (or what %) of responses are in each category
- The numbers assigned to a ratio variable have numerical meaning
- A ratio allows us to rank or order responses
- The distance between two cases can be calculated, that is we can say how much more or less of the measure property cases contain
- The ratio of two responses can be calculated

A combination of variable will be used in the survey. In order to identify participants, nominal and ordinal would be used. Survey questions would vary from ordinal to ratio variable, depending on how the questions are posed. Ratio scales: These have all the characteristics of an interval scale except that they have a true zero and it therefore becomes possible to say that for example, a score of ten represents twice as much of the construct as score of five. So multiplication and division of points on a ratio scale becomes meaningful (Gill & Johnson, 2005).

3.4 Ethical consideration pertaining to the study

According to Walliman (2005) ethics in terms of the personal relationships often involved in research projects. Social research, and other forms of research which study people and their relationships to each other and to the world, need to be particularly sensitive about issues of ethical behaviour. As this kind of research often impinges on the sensibilities and rights of other people, researchers must be aware of necessary ethical standards which should be observed to avoid any harm which might be caused by carrying out or publishing the results of the research project.

According to Reinard (2001), the researcher may delete all names and identifiers from the data and report only on the broad categories of responses to help ensure confidentiality. In this study, participants will remain anonymous and the participation will be entirely voluntary. It will be considered unethical to use any personal details of respondents in the reports, which can identify who the respondent is. Participants will be assured that the information provided would not be used for any purpose other than stated. Participation in the questionnaires will be voluntarily, confidentiality will be considered ensuring the protection of the respondents.

3.5 Limitations

The biggest limitation of a questionnaire is the inability of the researcher to ensure a sufficiently high return rate. The questionnaire may not be representative of the sample originally selected for the specific disciplines, which may impact on the relevance of the research findings.

There are also several limitations due to the use of cross-sectional research methodology:

- Cross-sectional analysis will be limited by the fact that it is carried out at one time point and gives no indication of the sequence of events – As a result of this it is impossible to infer causality.
- Being a snapshot, cross-sectional analysis may provide differing results if conducted another point in time.
- Here is also a limitation inherent in correlation research that is although correlation studies suggest that there is a relationship between two variable, they cannot prove that one variable causes a change in another variable. In other words, correlation does not equal causation.
- Data integrity may also be a limitation. This is about whether the sample is giving a true reflection of the situation, with no intention to provide pleasing responses to the interviewer or trying to make things look worse.

3.6 Conclusion

This chapter defined the research design and methodology used in this study. Further it looked at instrumentation, research type, population, sampling method and data gathering method from a theoretical perspective. Justification for the choices made is also given. Both Tse (1998) and Schafer and Dillman (1998) have found significantly faster response time with email surveys, and the same is hoped for this study as it use email survey approach and where possible direct to visit to the facilities to ensure speedy response.

The next chapter presents the study findings that would be used in rejecting or accepting the raised questions.

Chapter 4

Data Discussion

4.1 Introduction

The study conducted involved the Four Districts and Provincial Office, within the Department and Social Development, North West Provincial Government. The three Programs namely: Program 1 (Administration), Program 2 (District Health Services) and Program 4 (Provincial Hospitals) has been targeted due to high turnover of Health workers. The survey was conducted with Doctors, Nurses, Middle and Lower Managers. The aim was to investigate whether incentives/rewards enhance performance, including the impact on job satisfaction and retention. The other challenged that has been experienced is the over-expenditure on personnel to investigate whether it is caused by the various incentives/rewards that are being offered in the Department. Swanepoel *et al.* as *cited* in Munsamy and Venter (2009) write that compensation plays a key role in the attraction, retention and motivation of employees.

This chapter discusses the research findings and provides analysis and interpretation of data based on the questionnaire distributed in order to check correlation and consistency on the incentives/rewards as it relates to performance. The Pearson correlation method correlates listed variables with each other, using two at a time, and indicates statistical significance of the relationship. The p-value provides information on the extent, which the significant (Diamantopoulos & Schelgelmilch, 2004).

This chapter starts with a descriptive introduction, the return rate, biographical profile of the respondents. The following section deals with the analysis of data and statistics relating to the impact of incentives / rewards on employee performance, motivation, job satisfaction and retention.

4.2 Return rate

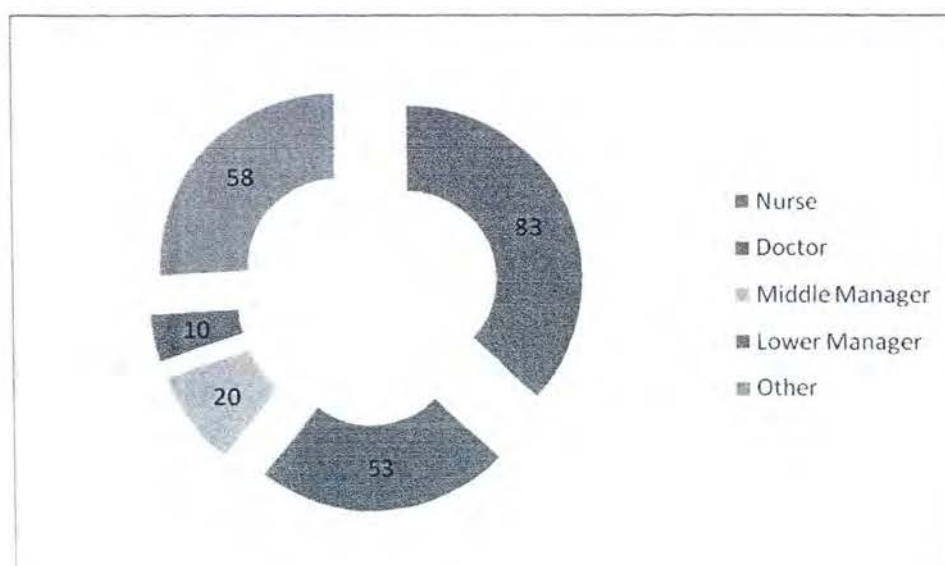
The total number of questionnaires distributed was 250 out of a total sample of 700 employees. The total number of questionnaires completed and returned was 224. The total questionnaires analysed were 224. The questionnaires were distributed randomly

around the four Districts (Ngaka Modiri Molema, Dr Kenneth Kauda, Bojanala and Dr Ruth Segomotsi Mompati) including the Head quarter (known as the Provincial office).

4.3 Demographics of the respondents

The total number of questionnaires distributed was 250 out of a total sample of 700. The total number of questionnaire completed and returned was 224. The total number of 224 respondents represents African population due to the fact they are in majority. Various categories of Health workers such as doctors, nurses, middle managers, lower managers and other categories. The 26 questionnaire not returned, the respondents indicated that they are not comfortable indicating their personal information such as names and telephone/cell phone numbers, especially after the no work no pay strike implementation.

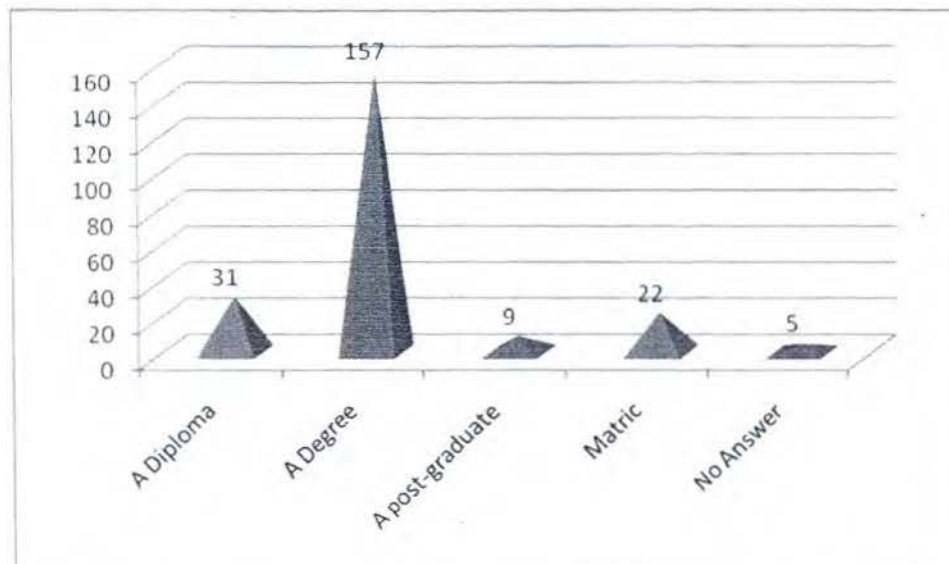
Figure 4.1: Occupation



Out of the total respondents of 224 respondents, 53(24%) are doctors, 83 (37%) are nurses, 20(9%) are middle managers, 10 (4%) lower managers and 58 (26%) falls under other. The majority of the respondents fall under the categories of nurses this is where most of the health workers are placed and where there is high attrition rate due to movement around various Provinces and within the Department, that is, from one

District to the other for better package. With respect to existing human resources, the low level of health worker motivation has often been identified as a central problem in health service delivery (Mathauer and Imhoff, 2006). This could be one of the reasons why the 58 (26%) falls under the other category; this is where all other levels such as administrative clerks, assistant nurses, auxiliary nurses and other workers are placed.

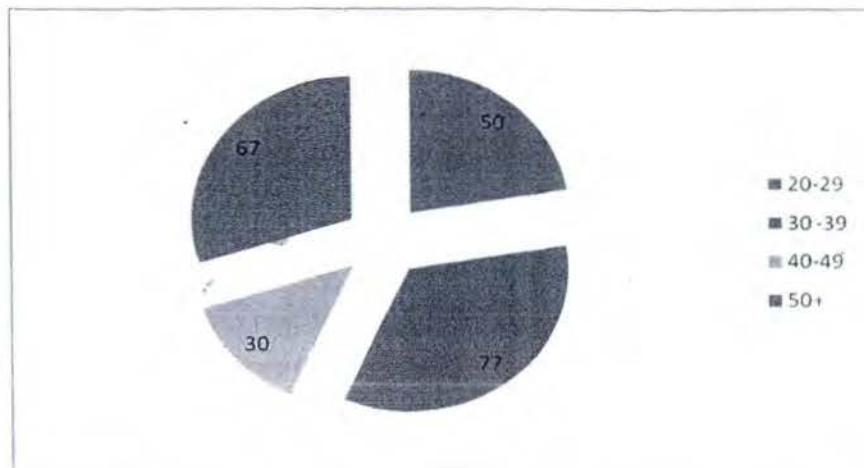
Figure 4.2 Qualifications



Out of the total of 224 respondents, 31 (14 %) have a diploma, 157 (70 %) have degree, 9 (4, %), 22 (10%) and 5 (2%) did not answer the question. The implication here indicates that the majority of Health workers are educated; therefore the level of performance is expected to be good. To compete in a tough arena, organisations now more than ever need the support of an informed, involved and motivated workforce (Chen, 2006). The other factor here is also that because the Health employees are educated that could be the reason they are able to get job within and outside the Province, where there are opportunities even to migrate to other countries.

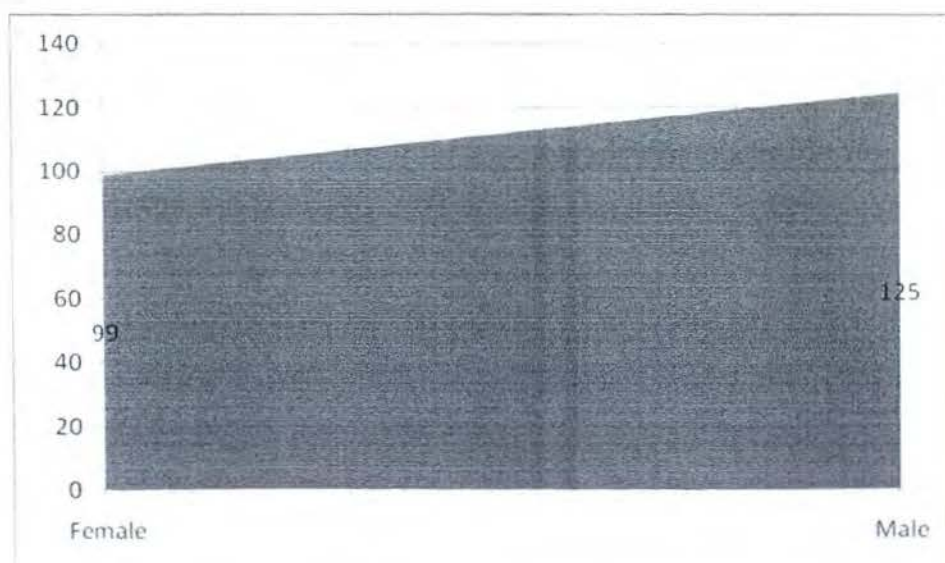
The majority of employees that occupies the chosen categories are highly educated, which will be an advantage to the Department of Health to achieve the set strategies and objectives of the Department. It has been reported that direct financial rewards play a critical role in attracting talented employee, they have only a short term impact on the motivational level of employees (Ellis and Pennington, 2000; Samodien, 2004).

Figure 4.3: Age



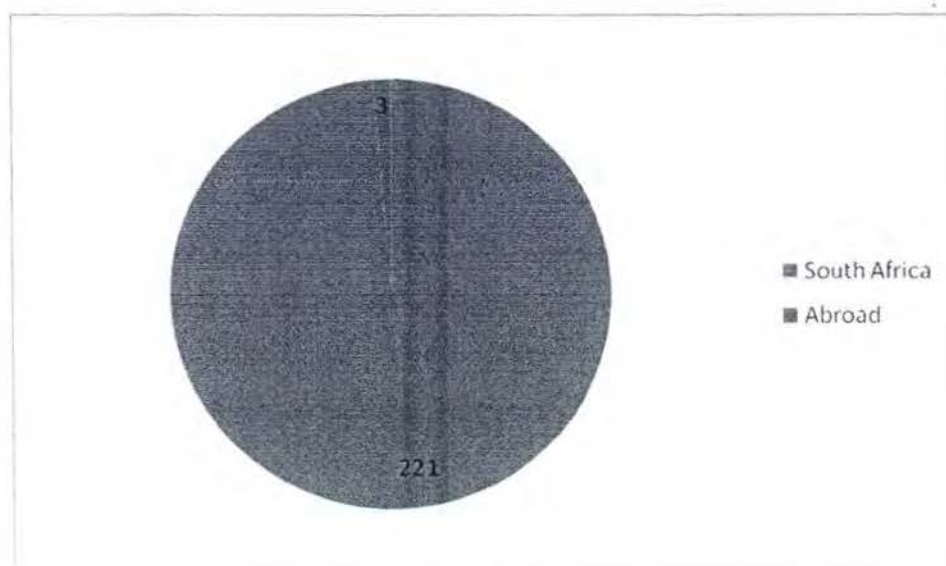
From the 224 respondents, 50 (22%) were aged between 20 - 29, and 77 (34 %) were aged between 30 - 39, and 30 (13%) were between the ages 40 – 49 and over 50 years is 67 (30%). The majority of health workers are aged between 30 – 39 years, which is the working class that is still, have the knowledge and skills to be able to improve the Departmental performance due to the experience they possess. The officers who are highly skilled and experienced however looking at the Department are the ones who are job hopping. The other categories of over 50 are experienced stable no longer apply for positions for better incentives/rewards looking forward for their retirement.

Figure 4.4: Gender



From the total of 224 respondents, 99 (44%) were females, 125 (56%) were males. The questionnaire were distributed without necessarily checking whether respondents are males or females, however this could be attributed to the fact that most of the health workers based on the chosen categories are males. The other factor is that most of the questionnaires were distributed during the Strategic Departmental reviews where the majority of the members were men. However it should be noted that the majority of Health Workers in terms of the Departmental structure are females although occupying lower levels of positions and other categories. However due to employment equity the Department is complying to the Act gradually.

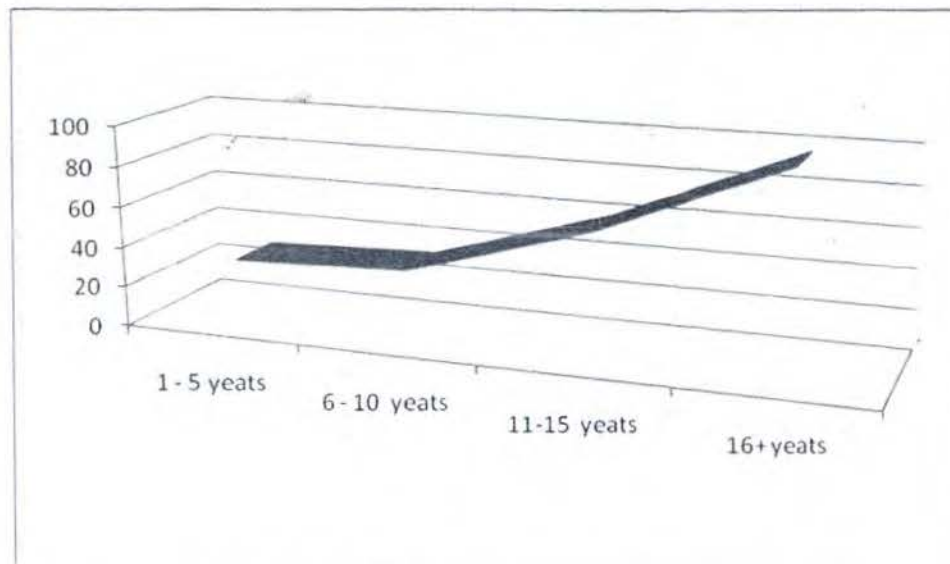
Figure 4.5: Grew up



The results in figure 4.5 indicates that out of 224 respondents 221 which is (99%) of the respondents grew up in South Africa while 3 which is (1%) grew up from abroad. This indicates that majority of the health workers are local while minority (1%) are from abroad recruited for scarce skill especially at rural area such as Dr Ruth Segomotsi Mompati District. Most of the Health workers especially nurses and doctors prefer to work at urban areas as opposed to rural area. That is one of the reason where the Department at National level decided to recruits student to put them in a program at Cuba to study medicine so that when they complete their studies they are able to serve

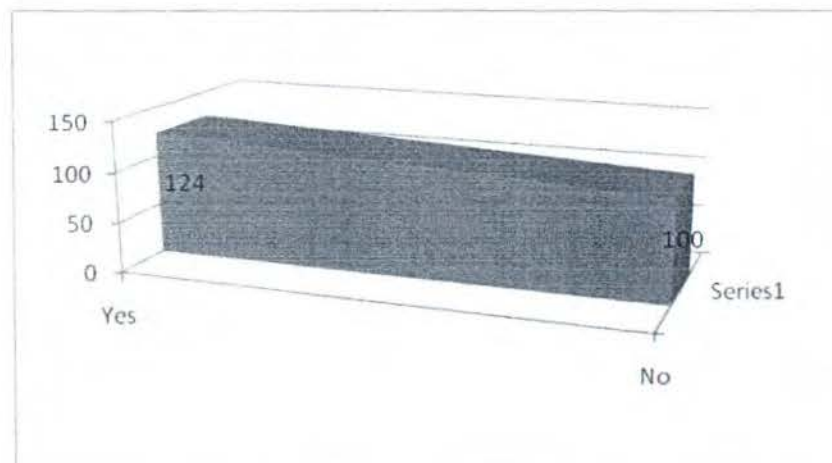
the communities where they comes from to curb recruiting abroad and high attrition rate.

Figure 4.6: Years of service do you have in the Department of Health



The majority of employees in the Department of Health and Social Development have long service. Therefore with the level of experience acquired they benefit the Department due to the fact they can provide quality of health care services to the communities. They Health employees understand the impact and process of rewards /incentives as it relates to performance.

Figure 4.7: Physically challenged



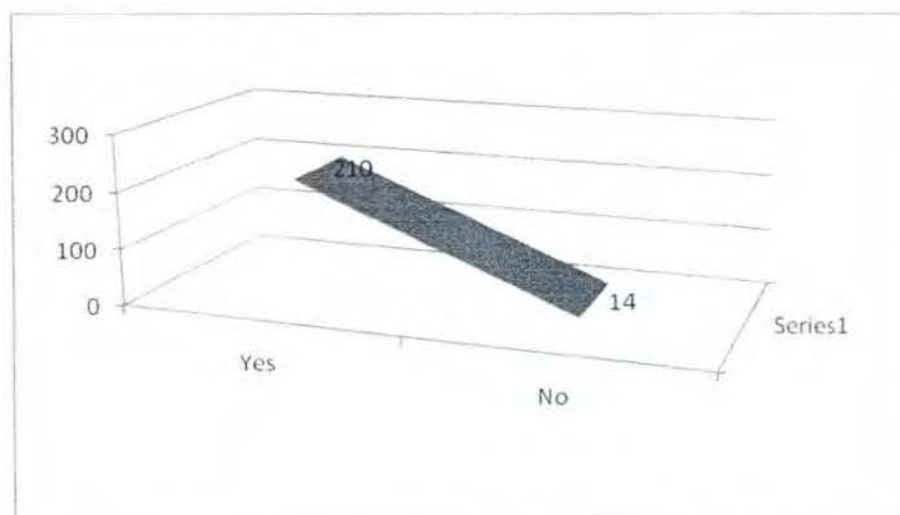
From the total of 224 respondents, 124 (55%) are physically challenged while 100

(45%) are not physically challenged. The majority of the Health workers are physically challenged, this could be as a results of age group and the workload they are experiencing. The other impact could be as results of shortage of staff in certain positions.

4.4 Information about the incentives and the type of work being done

The following will the focus will be on rewards/incentives schemes as performance enhancement towards employee retention and satisfaction. Organisational rewards can range from monetary incentives such as increased salary and bonuses to non-monetary awards such as promotions and job security (Lin, 2007). The service that has been provided within the Department is provision of Health care service, quality of health care that is affordable and accessible to all the communities. What will follow will be more analysis on the incentives/rewards based how the 224 health workers responded.

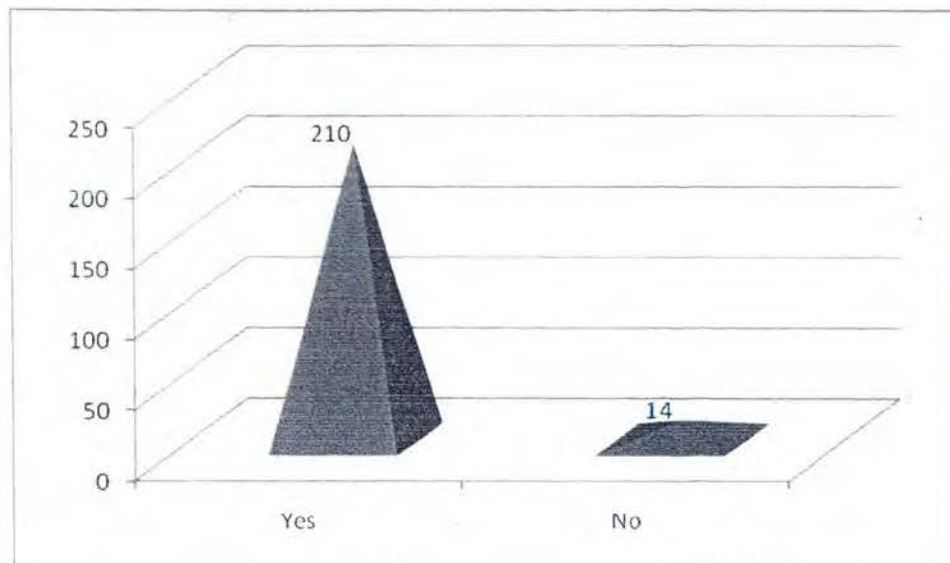
Figure 4.8: Understand why incentives/rewards are being offered to employees



Out of 224, 210 (94%) understand why incentives/rewards are being offered to them while 14 (6%) do not understand why incentives /rewards are not being offered. The 14(6%) of the respondents could be attributed to lack of training and awareness on various incentives offered within the Department. This could also be that there is also

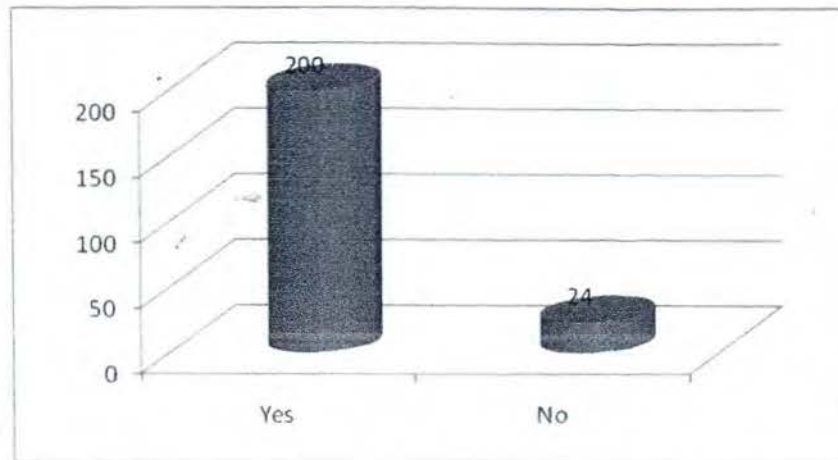
lack of understanding why they are appointed including the link to incentive/rewards. Staff incentive schemes vary depending upon whether they reward individual or team productivity, the performance indicators utilised, and the nature of the reward (McKim and Hughart, 2005). The majority of health worker understand that they suppose to offer their service to the communities because they are being rewarded.

Figure 4.9: Incentives/rewards motivate you to perform



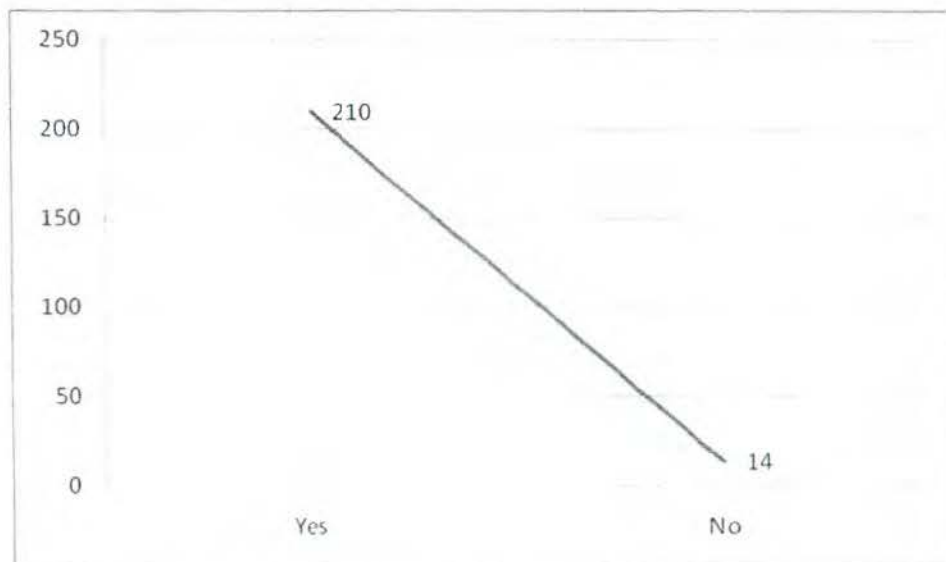
Out of 224 respondents, 210 (94%) are motivated by incentives/reward by incentives/rewards and 14 (6%) are not motivated by rewards/incentives. Arnolds et al. (2007) indicate that motivation is fundamental to employee behaviour, such as loyalty, good citizenship and job performance at high output and high quality level. The implication here is that incentives/rewards do motivate Health Workers to perform their respective key responsibility areas therefore service delivery is achieved. The motivation also assist Health Workers to loyal and performance at high level, this is evidence from the unqualified (clean) report received for the financial year 2009/10. However for the 14 (6%) of the respondent need to be continuously encourage to perform by other means as Lee and Sarkar (2009) indicate that motivation can be achieved in many ways, either extrinsically or intrinsically.

Figure 4.10: Understand various incentive/reward schemes that are available in the Department



Out of 224 respondents 200 (89%) understand various incentives/rewards that are available within the Department while 24 (11%) do not understand. Chen (2006) writes that a well designed reward system must motivate, direct and educate employees. The 11% of the respondents not understanding incentives/reward schemes could be due to lack of training and awareness.

Figure 4.10: There is a link between incentives/rewards and performance

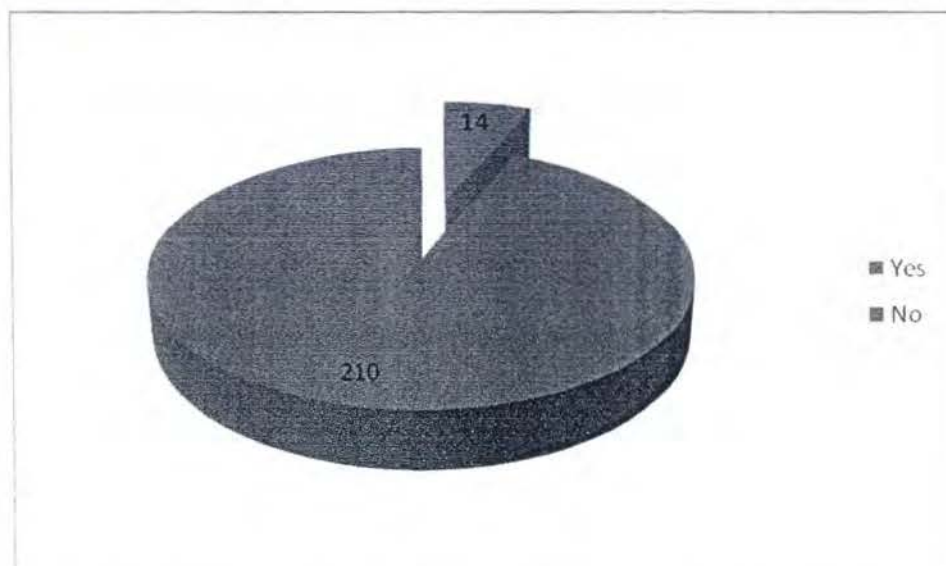


Out of 224 respondents 210 (94%) indicated that there is a link between incentive/rewards and 14 (6%) indicated that there is no link. Buchan, Thompson and

O'May (2000:2) as *cited* in Damabisya, (2007) use the objective(s) of the incentive as the definition: An incentive refers to one particular form of payment that is intended to achieve some specific change in behaviour. Performance and provision of quality service to the communities we serve as a Department is important, therefore incentives clearly perform an important role in attracting and retaining health professionals within the public sector, on which most of the population depend (Zurn *et al.* 2004).

The majority of health workers understand that there is a link between incentives/rewards and performance. The entire success of an organisation is based on how an organisation keeps its employees motivated and in what way they evaluated the performance of employees for job compensation (Danish and Usman, 2010).

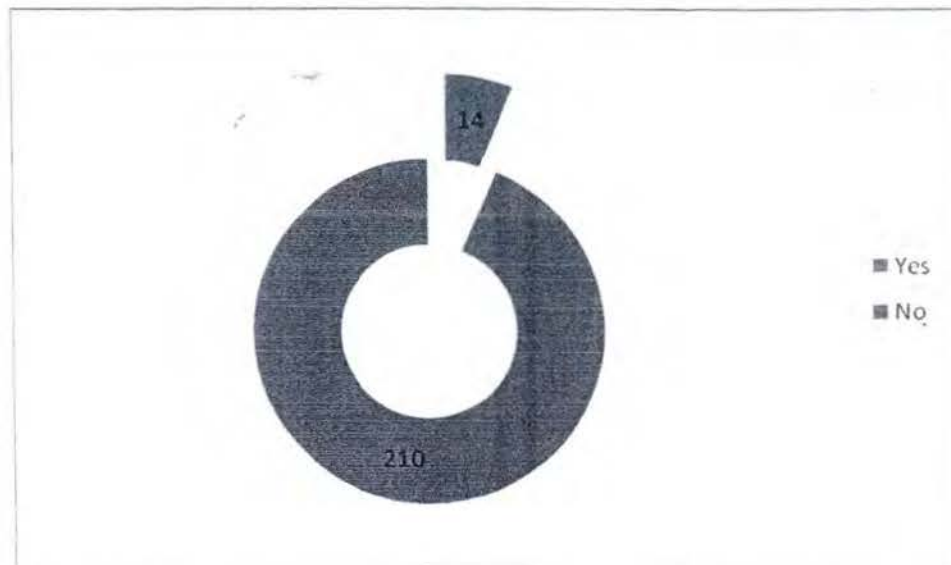
Figure 4.11: Management is effective



From a total of 224 respondents 210 (94%) indicated that management is not effective while 14 (6%) indicated that management is effective. The most negative factor contribution to the present level of employee-satisfaction is the management style (Krepeta, 1982; Vroom, 1964 as *cited* in Visser and Van Breda). It is evident that the health workers are not happy with management style of their superiors. This could be attributed by the fact that there has been some vacant posts at high level, most of the managers are in acting position which could affect strategic decision making on incentives/rewards therefore have a negative factor on the way employees perceive

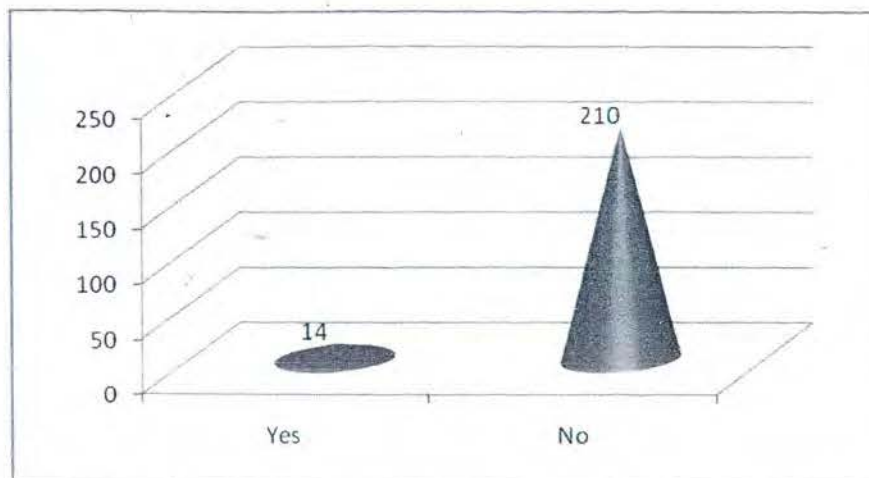
management and performance generally. Will-Shattuck *et al.* (2008) write that while motivational factors are undoubtedly country specific, financial incentives, career development and management issues are core factors

Figure 4.12: Happy with the rewards/incentives you presently earning



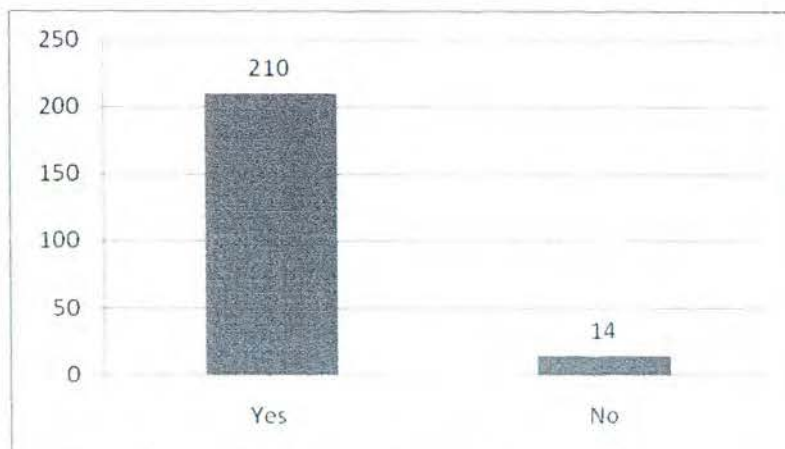
Out of a total of 224 respondents 210 (94%) indicated that they are not happy with the incentive/rewards they are receiving while 14 (6%) indicated that they are satisfied with the incentives/rewards they are receiving. Will-Shattuck *et al.* (2008) present that low salaries were found to be particularly de-motivating as health workers felt that their skill were not values. The implication here is that the majority of health worker are not happy with the incentives/rewards they are presently earning. Jensen (2003) as *cited* in Cadsby (2005) observed that the shape of a firm's compensation scheme, that is whether people are paid a fixed salary or on the basis of performance, leads job applicants to self-select into a preferred compensation scheme based on their productivity.

Figure 4.13: Incentives/rewards allocated subjective



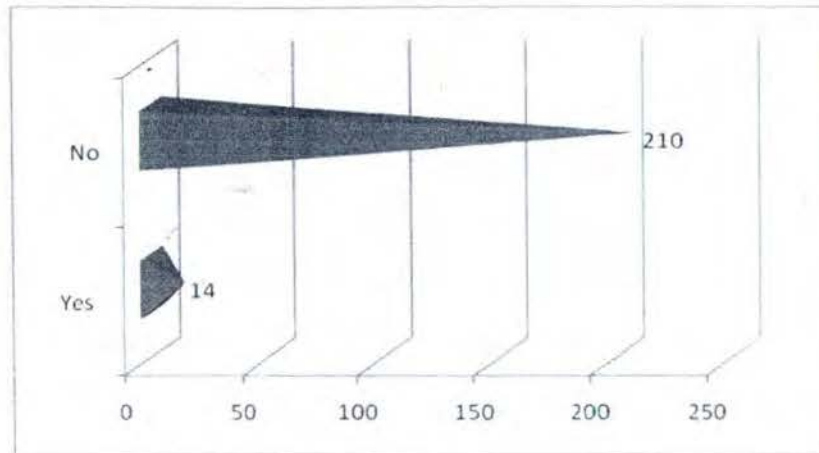
From the 224 respondents 14 (6%) indicated that incentives/rewards are allocated subjectively which 210 (94%) indicated that incentives/rewards are not allocated subjectively. The implication here is that the most of the health workers are aware of the processes involved in allocating the incentive/rewards in the Department.

Figure 4.14: Incentives/rewards allocated objectively



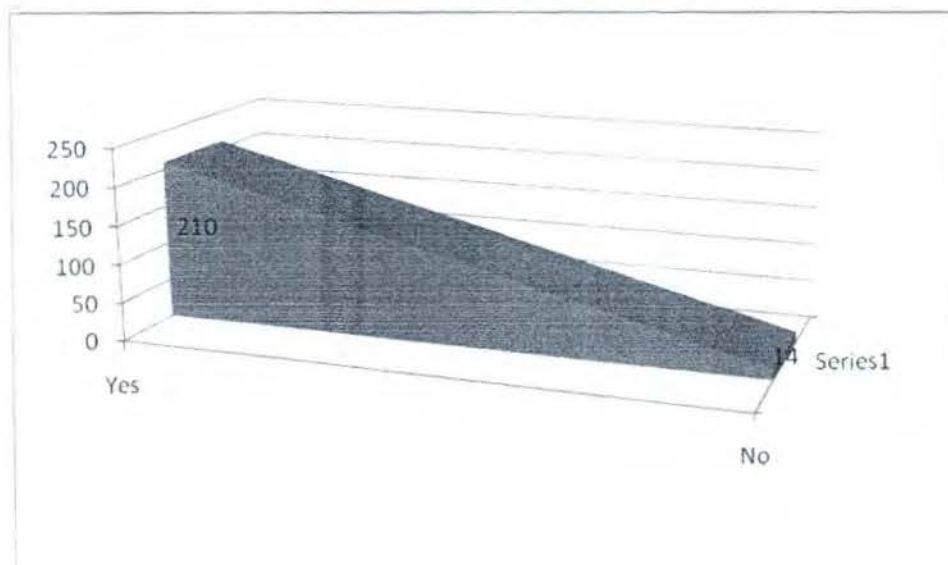
Out of 224 210 (94%) indicated that the incentive are allocated objectively within the Department and 14 (6%) indicated that incentives/rewards are not allocated objectively. This indicates that health workers are happy with how the allocation of incentives/rewards.

Figure 4.15: More people involved deciding rewards/incentives



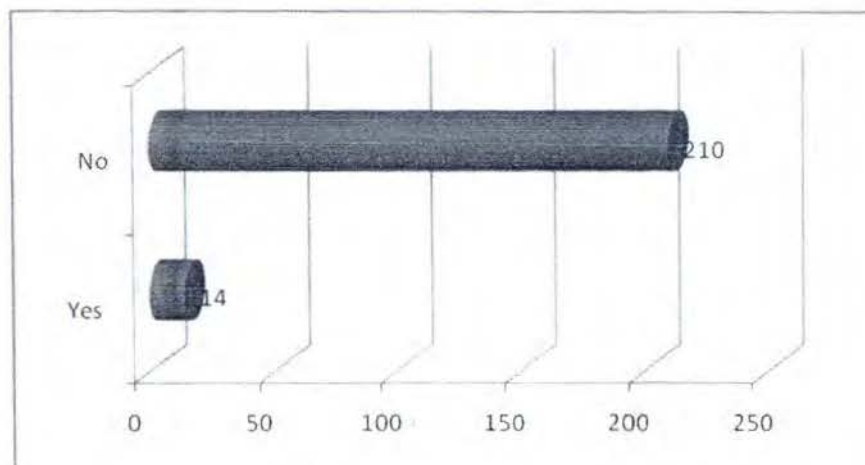
Out of 224 respondents, 210 (96%) indicated that they would not like to see more people involved in decision making when rewards are decided and 14 (6%) indicated that they would like to see more people making decision. Policy makers agree that a more extensive use of financial incentives may promote a higher quality of care, especially for a wide range of pay-for-performance programs, where payment is made contingent on meeting indicators of provider effort (Fiorentini *et al.*, 2008). This indicates that health worker are satisfied the decision maker on the rewards/incentives.

Figure 4.16: Working environment conducive to rewards/incentives



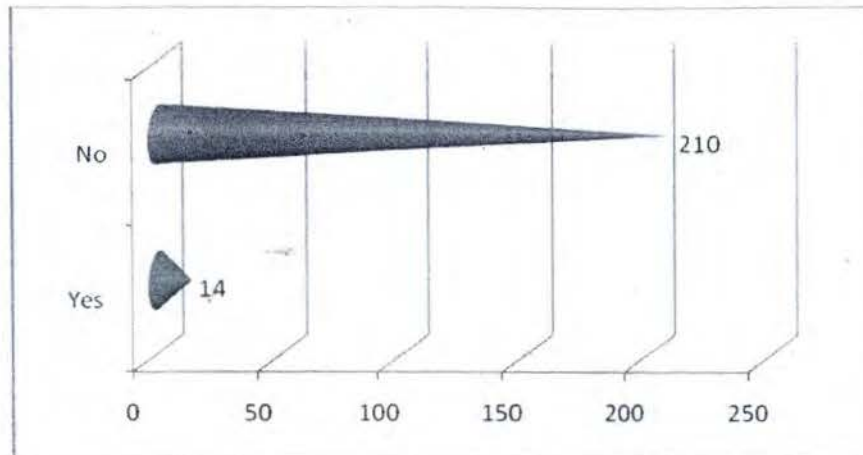
From 224 respondents 210 (94%) indicated that the working environment is conducive and 14 (6%) indicated the working environment is not conducive. The workplace climate plays a role in job satisfaction correlating high with retention because worker who are satisfied with their jobs remain in their jobs (Laonma, 2006). The health employees are satisfied with the environment under which they are working. As part of making the environment conducive the Department offers scarce skills allowance, cheap housing and other allowance.

Figure 4.17: Rewards/incentives contribute to Department over expenditure



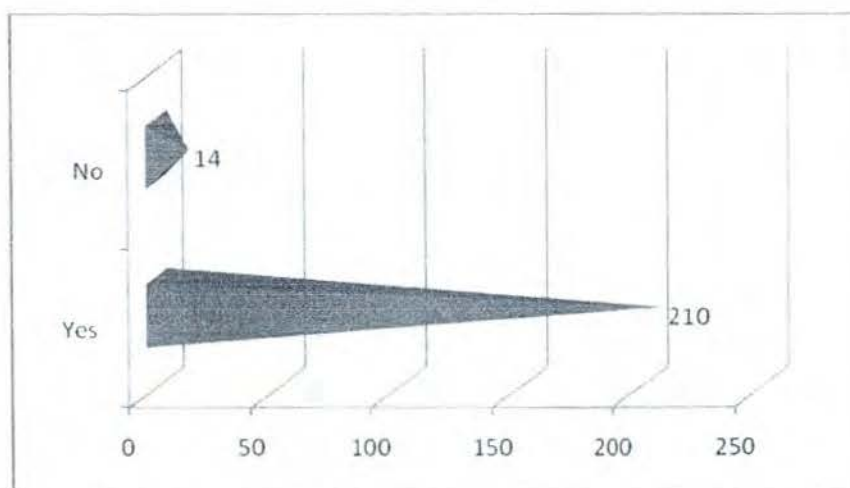
Out of 224 respondents 210 (94%) indicated that rewards do not contribute to Departmental personnel over expenditure and 14 (6%) indicated incentives/rewards do not contribute personnel over expenditure. Damabisya, (2007) write that evidence suggests the successful application of non-financial incentives is associated with: proper consultative planning, long – term strategic planning within the framework of health sector planning, sustainable financing mechanisms. Although the majority of health worker indicated that incentives/rewards have no impact of the Departmental over-expenditure. It is a fact that the public sector, which is under resourced and overused, is often characterised as being inefficient and ineffective in terms of meeting its mandate of accessible, affordable and appropriate health care (Pillay, 2009) .Van Lerberghe *et al.* (2000) write that the predicament of the public sector health worker can be mapped as a vicious circle .

Figure 4.18: Retention policy/strategy in the Department



Out of the 210 (94%) indicated that they are not aware of the retention policy within the Department and 14 (6%) indicated that they are aware of the retention policy. However it is fact that there is not retention policy in the Department of Health and Social Development. Furnham (1992) as *cited* by Louw *et al.* (2007) divides the factors that can have an influence on job-satisfaction into three groups: organisational policies and procedures that have to do with the nature of the remuneration package, supervision and decision-making practices, and the perception of the quality of supervision.

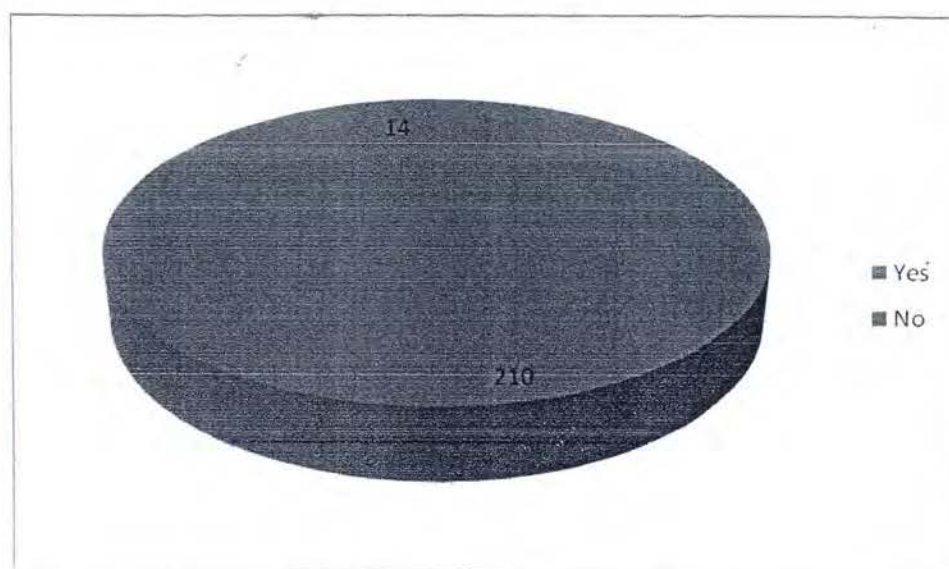
Figure 4.19: Experience workload



Out of 224 respondents 14 (6%) indicated that they do not experience any workload which 210 (96%) indicated that they experience workload. Will-Shattuck *et al.* (2008) indicates that staff shortages increase workload and stress levels, further de-motivating

remaining staff. Hospitals and clinics are experiencing shortage of nurses and doctors hence the majority of health worker indicated that they experience the workload. Therefore to cope with increased workloads are sometimes lowering their standard of care.

Figure 4.20: Would rewards/incentives encourage you to stay



Out of 224 respondents 14 (6%) indicated that they would be encouraged by incentives/reward to stay within the Department while 210 (94%) indicated that they are not encouraged by incentives/rewards to stay within the Department. Danish et al. (2010) write that recognition today is highest need according to most of the experts whereas a reward which includes all the monetary and compensative benefits cannot be the sole motivator for employees' motivation program. Health managers in rural provinces should therefore focus on key dissatisfactory if they are to improve retention of nurses and other health professionals in their regions Pillay, (2009) there is an ever-higher demand for the availability and retention of health workers.

4.5 Statistics

Pearson correlation (hereafter called *correlation*), assumes that the two variable are measure on at least interval scales and it determines the extent to which uses of the two variable are "proportional" to each other. The value of correlation (i.e. correlation coefficient does not depend on the specific measurement units used: for example, the

correlation between height and weight will be identical regardless of whether inches and pounds, or centimetres and kilograms and kilograms are used as measurement units. Proportional means linearly related, that is, the correlation is high if it can be "summarised" by a straight line (sloped upwards or downwards).

Correlation is a measure of the relation between two or more variable. The measurement scales used should be at least interval scales, but other correlation coefficients are available to handle other types of data. Correlation coefficients can range from -1.00 to +1.00. The value of -1.00 represents a perfect negative correlation while a value of +1.00 represents a perfect positive correlation. A value of 0.00 represents a lack of correlation. Correlation often measured as correlation coefficient indicates the strength and direction of a linear relationship between two random variables. Below is an indication of correction ranges:-

Small 0,1 to 0,3
Medium 0,3 to 0,5
Large 0,5 to 1

For the purpose of this study correlation that is above the absolute value of 0, 5 will be considered to show a strong relationship. The p-value is the probability that the current results would have been found in the correlation coefficient would have been zero. The Table 4.1 below present correlation analysed in this study.

Table 4.1 Correlations

	Ethnic	Career	Degree	Age	Gender	Citizenship	Qu1	Qu2	Qu3	Qu4	Qu5
Ethnic Pearson Correlation	.a	.a	.a	.a	.a	.a	.a	.a	.a	.a	.a
Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.
N	224	224	224	224	224	224	224	224	224	224	224

Career	Pearson Correlation	^a	1	.261**	.725**	-.704**	.163*	-.759**	.778**	.317**	.317**	.437**
	Sig. (2-tailed)			.000	.000	.000	.015	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Degree	Pearson Correlation	^a	.261**	1	-.209**	.225**	.033	.030	.175**	.187**	.187**	.147*
	Sig. (2-tailed)		.000		.002	.001	.620	.650	.009	.005	.005	.027
	N	224	224	224	224	224	224	224	224	224	224	224
Age	Pearson Correlation	^a	.725**	-.209**	1	-.949**	.148*	-.865**	.706**	.288**	.288**	.397**
	Sig. (2-tailed)		.000	.002		.000	.027	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Gender	Pearson Correlation	^a	-.704**	.225**	-.949**	1	-.131	.850**	-.626**	-.255**	-.255**	-.352**
	Sig. (2-tailed)		.000	.001	.000		.050	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Citizenship	Pearson Correlation	^a	.163*	.033	.148*	-.131	1	-.310**	.209**	.513**	.513**	.372**
	Sig. (2-tailed)		.015	.620	.027	.050		.000	.002	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu1	Pearson Correlation	^a	-.759**	.030	-.865**	.850**	-.310**	1	-.810**	-.605**	-.605**	-.673**
	Sig. (2-tailed)		.000	.650	.000	.000	.000		.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu2	Pearson Correlation	^a	.778**	.175**	.706**	-.626**	.209**	-.810**	1	.408**	.408**	.562**
	Sig. (2-tailed)		.000	.009	.000	.000	.002	.000		.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224

Qu3	Pearson Correlation	^a	.317**	.187**	.288**	-.255**	.513**	-.605**	.408**	1	1.000**	.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000		.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu4	Pearson Correlation	^a	.317**	.187**	.288**	-.255**	.513**	-.605**	.408**	1.000**	1	.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000		.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu5	Pearson Correlation	^a	.437**	.147*	.397**	-.352**	.372**	-.673**	.562**	.726**	.726**	1
	Sig. (2-tailed)		.000	.027	.000	.000	.000	.000	.000	.000	.000	
	N	224	224	224	224	224	224	224	224	224	224	224
Qu6	Pearson Correlation	^a	-.317**	-.187**	-.288**	.255**	-.513**	.605**	-.408**	-1.000**	-1.000**	-.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu7	Pearson Correlation	^a	.317**	.187**	.288**	-.255**	.513**	-.605**	.408**	1.000**	1.000**	.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu8	Pearson Correlation	^a	-.317**	-.187**	-.288**	.255**	-.513**	.605**	-.408**	-1.000**	-1.000**	-.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu9	Pearson Correlation	^a	-.317**	-.187**	-.288**	.255**	-.513**	.605**	-.408**	-1.000**	-1.000**	-.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224

Qu10	Pearson Correlation	^a	.317**	.187**	.288**	-.255**	.513**	-.605**	.408**	1.000**	1.000**	.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu11	Pearson Correlation	^a	-.317**	-.187**	-.288**	.255**	-.513**	.605**	-.408**	-1.000**	-1.000**	-.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu12	Pearson Correlation	^a	.317**	.187**	.288**	-.255**	.513**	-.605**	.408**	1.000**	1.000**	.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu13	Pearson Correlation	^a	-.317**	-.187**	-.288**	.255**	-.513**	.605**	-.408**	-1.000**	-1.000**	-.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu14	Pearson Correlation	^a	-.317**	-.187**	-.288**	.255**	-.513**	.605**	-.408**	-1.000**	-1.000**	-.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu15	Pearson Correlation	^a	.317**	.187**	.288**	-.255**	.513**	-.605**	.408**	1.000**	1.000**	.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu16	Pearson Correlation	^a	.317**	.187**	.288**	-.255**	.513**	-.605**	.408**	1.000**	1.000**	.726**
	Sig. (2-tailed)		.000	.005	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224

a. Cannot be computed because at least one of the variables is constant.

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Correlations

		Qu6	Qu7	Qu8	Qu9	Qu10	Qu11	Qu12	Qu13	Qu14	Qu15	Qu16
Ethnic	Pearson Correlation	a	a	a	a	a	a	a	a	a	a	a
	Sig. (2-tailed)	.	.	.	.	.	.	.	.	.	.	.
	N	224	224	224	224	224	224	224	224	224	224	224
Career	Pearson Correlation	-.317**	.317**	-.317**	-.317**	.317**	-.317**	.317**	-.317**	-.317**	.317**	.317**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Degree	Pearson Correlation	-.187**	.187**	-.187**	-.187**	.187**	-.187**	.187**	-.187**	-.187**	.187**	.187**
	Sig. (2-tailed)	.005	.005	.005	.005	.005	.005	.005	.005	.005	.005	.005
	N	224	224	224	224	224	224	224	224	224	224	224
Age	Pearson Correlation	-.288**	.288**	-.288**	-.288**	.288**	-.288**	.288**	-.288**	-.288**	.288**	.288**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Gender	Pearson Correlation	.255**	-.255**	.255**	.255**	-.255**	.255**	-.255**	.255**	.255**	-.255**	-.255**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Citizenship	Pearson Correlation	-.513**	.513**	-.513**	-.513**	.513**	-.513**	.513**	-.513**	-.513**	.513**	.513**
	Sig. (2-tailed)											
	N											

	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu1	Pearson Correlation	.605**	-.605**	.605**	.605**	-.605**	.605**	-.605**	.605**	.605**	-.605**	-.605**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu2	Pearson Correlation	-.408**	.408**	-.408**	-.408**	.408**	-.408**	.408**	-.408**	-.408**	.408**	.408**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu3	Pearson Correlation	-1.000**	1.000**	-1.000**	-1.000**	1.000**	-1.000**	1.000**	-1.000**	-1.000**	1.000**	1.000**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu4	Pearson Correlation	-1.000**	1.000**	-1.000**	-1.000**	1.000**	-1.000**	1.000**	-1.000**	-1.000**	1.000**	1.000**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu5	Pearson Correlation	-.726**	.726**	-.726**	-.726**	.726**	-.726**	.726**	-.726**	-.726**	.726**	.726**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu6	Pearson Correlation	1	-1.000**	1.000**	1.000**	-1.000**	1.000**	-1.000**	1.000**	1.000**	-1.000**	-1.000**
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu7	Pearson Correlation	-1.000**	1	-1.000**	-1.000**	1.000**	-1.000**	1.000**	-1.000**	-1.000**	1.000**	1.000**
	Sig. (2-tailed)			.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224

	Sig. (2-tailed)	.000		.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu8	Pearson Correlation	1.000**	-1.000**	1	1.000**	-1.000**	1.000**	-1.000**	1.000**	1.000**	-1.000**	-1.000**
	Sig. (2-tailed)	.000	.000		.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu9	Pearson Correlation	1.000**	-1.000**	1.000**	1	-1.000**	1.000**	-1.000**	1.000**	1.000**	-1.000**	-1.000**
	Sig. (2-tailed)	.000	.000	.000		.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu10	Pearson Correlation	-1.000**	1.000**	-1.000**	-1.000**	1	-1.000**	1.000**	-1.000**	-1.000**	1.000**	1.000**
	Sig. (2-tailed)	.000	.000	.000	.000		.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu11	Pearson Correlation	1.000**	-1.000**	1.000**	1.000**	-1.000**	1	-1.000**	1.000**	1.000**	-1.000**	-1.000**
	Sig. (2-tailed)	.000	.000	.000	.000	.000		.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu12	Pearson Correlation	-1.000**	1.000**	-1.000**	-1.000**	1.000**	-1.000**	1	-1.000**	-1.000**	1.000**	1.000**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000		.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu13	Pearson Correlation	1.000**	-1.000**	1.000**	1.000**	-1.000**	1.000**	-1.000**	1	1.000**	-1.000**	-1.000**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000		.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu14	Pearson Correlation	1.000**	-1.000**	1.000**	1.000**	-1.000**	1.000**	-1.000**	1.000**	1	-1.000**	-1.000**

	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu15	Pearson	-	1.000**	-	-	1.000**	-	1.000**	-	-	1	1.000**
	Correlation	1.000**		1.000**	1.000**		1.000**		1.000**	1.000**		
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000		.000
	N	224	224	224	224	224	224	224	224	224	224	224
Qu16	Pearson	-	1.000**	-	-	1.000**	-	1.000**	-	-	1.000**	1
	Correlation	1.000**		1.000**	1.000**		1.000**		1.000**	1.000**		
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	
	N	224	224	224	224	224	224	224	224	224	224	224

a. Cannot be computed because at least one of the variables is constant.

** . Correlation is significant at the 0.01 level (2-tailed).

Discussion will be based on items that are above .50. If it is negative then if one increases the other one decreases. The opposite is true for both positive – if one increases then the other one increases as well.

4.5.1. Career versus Age

The correlation between career and age is 72.5% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significance since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a negative significant linear correlation between the two variables. This suggests that career and age significantly correlated and has significant impact on age.

4.5.2. Career versus gender

The correlation between career and gender is 70.4% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less

than 0.01 and therefore deduces that there is a negative significant linear correlation between the two variables. This suggests that career and gender has significantly correlated and has significant impact on gender.

4.5.3. Career versus years of service

The correlation between career and years of service is -75,9% negative and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship.

The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a negative significant linear correlation between the two variables. This suggests that career and years of service are significantly correlated and have significant impact on years of service.

4.5.4. Career versus disability

The correlation between career and disability is 77.8% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggests that career and disability are significantly correlated and they both have significant impact on each other. Being disabling can enable an individual to determine his or her career

4.5.5. Age versus gender

The correlation between age and gender is 94.9.8% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggest that age and gender are significantly correlated an they both have significant impact on each other. Being disabling can enable an individual to determine his or her career

4.5.6. Age versus years of service

The correlation between age and years of service is -86,5% negative and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship.

The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggests that age and years of service are significantly correlated and they both have negative impact on each other.

4.5.7. Age versus disability

The correlation between age and disability is 70.6% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggest that age and disability are significantly correlated and they both have positive impact on each other.

4.5.8. Citizenship versus happiness in relation to incentives/reward

The correlation between citizenship and happiness about incentives/reward is - 51.3% negative and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. These suggest that citizenship of respondents plays as significant impact about the satisfaction derived from incentives/reward.

4.5.9. Citizenship versus subjective allocation of incentives/reward

The correlation between citizenship and subjective allocation of incentives/reward is - 51.3% negative and strong correlations about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to

show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggest that citizenship has a significant impact on the subjective allocation of incentives/rewards

4.5.10. Citizenship versus objective allocation of incentives/reward

The correlation between citizenship and objective allocation of incentives/reward is 51.3% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggest that citizenship has a significant impact on the objective allocation of incentives/rewards

4.5.11. Citizenship versus decision making regarding allocation of incentives/rewards

The correlation between citizenship and decision making regarding allocation of incentives/rewards is -51.3% negative and strong correlations about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggests that citizenship has a significant impact on the making regarding allocation of incentives/rewards. This suggest that citizenship has a significant impact on making decisions regarding the allocation of incentive/reward.

4.5.12. Citizenship versus conducive environment

The correlation between citizenship and conducive environment is 51.3% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear

correlation between the two variables. This suggests that citizenship has a significant impact on the objective allocation of incentives/rewards. This suggests that citizenship has a significant impact in relation to an enabling environment.

4.5.13. Citizenship versus expenditure

The correlation between citizenship and expenditure is -51.3% negative and strong correlations about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggests that citizenship has a significant impact on the expenditure. This suggests that citizenship has a negative significant impact in relation to expenditure.

4.5.14. Citizenship versus management effectiveness

The correlation between citizenship and management effectiveness is 51.3% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables.

This suggests that citizenship has a significant impact on the management effectiveness. This suggests that citizenship has a significant impact in relation to management effectiveness.

4.5.15. Citizenship versus experiencing work load

The correlation between citizenship and experiencing workload is 51.3% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggests that citizenship has a significant

impact on experiencing workload. This suggests that citizenship has a significant impact in relation to a workload experience.

4.5.16. Citizenship versus encourage to stay

The correlation between citizenship and encourage to stay is -51.3% negative and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggests that citizenship has a significant impact on the encouragement to stay. This suggests that citizenship has a significant impact in relation to encourage staying.

4.5.17. Years of service versus gender

The correlation between years of service and gender is 85.0% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggests that years of service years and gender has negative correlation and they both have negative impact on each other.

4.5.18. Years of service versus Disability

The correlation between years of service and disability is -81.0% negative and strong correlations about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggests that years of service years and disability has negative correlation and they both have negative impact on each other.

4.5.19. Years of service versus understanding why department offered incentives/rewards

The correlation between years of service and understanding why department offered incentives/rewards is -60.5% negative and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables.

This suggest that years of service and understanding why department offered incentives/rewards has negative correlation and they both have negative impact on each other.

4.5.20. Years of service versus motivate to perform

The correlation between years of service and motivate to perform is -60.5% negative and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggest that years of service and motivate to perform has negative correlation and they both have negative impact on each other.

4.5.21. Years of service versus: various types of incentives/rewards

The correlation between years of service and various types of incentives/rewards is -67.3% negative and strong correlations about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggests that years of service and various types of incentives/rewards have negative correlation and they both have negative impact on each other.

4.5.22. Happiness derived from incentives/reward-versus subjective allocation

The correlation between happiness derived from incentives/reward and subjective allocation is 100% positive and strong correlation. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship.

The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a perfect significant linear correlation between the two variables. This suggests that happiness derived from incentives/reward have a significant impact on subjective allocation of incentives/reward.

4.5.23. Happiness derived from incentives/reward-versus allocation objective

The correlation between happiness derived from incentives/reward and subjective allocation is 100% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a perfect significant linear correlation between the two variables. This suggest that citizenship has a significant impact on the objective allocation of incentives/rewards

4.5.24. Happiness derived from incentives/reward-versus inclusive decision-making regarding allocation of incentives/rewards

The correlation between happiness derived from incentives/reward and inclusive decision-making regarding allocation of incentives is 100% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a perfect significant linear correlation between the two variables. This suggest that happiness derived from incentives/reward has a significant impact on the inclusive decision-making regarding allocation of incentives/rewards.

4.5.25. Happiness derived from incentives/reward-versus conducive environment

The correlation between happiness derived from incentives/reward and conducive environment inclusive is 100% positive and strong correlation about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a perfect significant linear correlation between the two variables. This suggest that happiness derived from incentives/reward has a significant impact on the inclusive decision-making regarding allocation of incentives/rewards.

4.5.26. Understanding why department offered incentives/rewards versus motivate to perform

The correlation between years of service and motivate to perform 100% positive and strong correlations about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggest that understanding why department offered incentives/rewards and motivate to perform has perfect positive correlation and they both have positive impact on each other.

4.5.27. Understanding why department offered incentives/rewards versus various types of incentives/rewards

The correlation between years of service and various types of incentives/rewards is - 72.6% positive and strong correlations about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship.

The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggest that understanding why department offered

incentives/rewards and various types of incentives/rewards has positive correlation and they both have positive impact on each other.

4.5.28. Understanding why department offered incentives/rewards versus link between incentives/rewards and performance

The correlation between years of service and link between incentives/rewards and performance is 100% positive and strong correlations about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables. This suggest that understanding why department offered incentives/rewards and link between incentives/rewards and performance has perfect positive correlation and they both have positive impact on each other.

4.5.30. Understanding why department offered incentives/rewards versus management effectiveness

The correlation between years of service and various types of incentives/rewards is - 100% positive and strong correlations about the two variables. According to the criteria given, those correlations that are above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.00 is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables.

This suggest that understanding why department offered incentives/rewards and link between incentives/rewards and performance has perfect positive correlation and they both have positive impact on each other.

4.5.31. Retention policy /strategy versus Citizenship

The correlation between retention policy/strategy and career is -51.3% with a negative and strong correlation. According to the criteria stated above, those correlations above the absolute value of 0.5 or 50% will be considered to show strong relationship. The correlations are statistically significant since the p-value (significant value) of 0.000

shown at which is less than 0.01 and therefore deduce that there is a significant linear correlation between the two variables. Retention policy/strategy awareness is related to citizenship of the respondents.

4.5.32. Retention policy /strategy versus understanding department offering the incentives

The correlation between the retention policy/strategy and the understanding of the department offering incentives is 100% positive and strong correlation between the two variables. According to the criteria used these correlations above the absolute value of 0.5 or 50% will be considered to show strong relationship. The correlations are statistically significant since the p-value (significant value) of 0.000 shown at which is less than 0.01 and therefore deduce that there is a significant linear correlation between the two variables and value of +1.00 represents a perfect positive correlation. This suggested that the understanding of why the department offered the incentives/reward have a significant impact on the awareness of the retention policy/strategy.

4.5.33. Retention policy/strategy versus encouragement to stay in the department

The correlation between the retention policy/strategy and to stay in the department is 100%, positive and strong correlation. According to the criteria used these correlations above the absolute value of 0.5 will be considered to show strong relationship. The correlation is statistically significant since the p-value (significant value) of 0.000 shown at which is less than 0.01 and therefore deduces that there is a significant linear correlation between the two variables, and values of +1.00 represents a perfect positive correlation. This suggests that availability of the retention policy/strategy had a significant impact on retention or the encouragement on the staff to stay longer in the department.

4.5.34. Retention policy/strategy versus experiencing workload

The correlations between the retention policy/strategy and the workload experience by 100%, positive and strong correlation. According to the criteria used these correlations above the absolute value of 0.5 or 50% will be considered to show strong relationship. The correlations are statistically significant since the p-value (significant value) of 0.000

shown at which is less than 0.01 and therefore deduce that there is a significant linear correlation between the two variables, and value of +1.00 represents a perfect positive correlation. Retention policy strategy has a significant impact on the workload experienced by workers.

4.6 Conclusion

Research findings have been presented and analysed in this chapter. There has been a co-ordination of primary and secondary data. In this chapter, the detailed results of the research using statistical method have been provided. Table, graphs and stats have been used to present the results of the survey. Further, the data analysis has also been presented as part of this chapter. Currall *et al.* (2005) write that there are studies supporting link between pay satisfaction and various behavioural individual-level outcomes.

The findings have established that there is a link between the literature which was reviews in this study with the data which was collected and presented. Business firms spend billions of rand each year on courses, incentives and measuring tools to increase employee motivation, but these interventions do not always translate into higher levels of employees' motivation (Burton, 2001 and Dixon, 2004).

There is still much confusion about which rewards really motivate employee. Meta-analyses of research on motivation have, for example, shown that managers still view money as the main motivator of employees, despite the lack of conclusive evidence on the motivational impact of monetary rewards on the job performance of employees.

The next chapter will deal with all the work that has been done, consisting of the summary of the study, addressing the findings on various research questions, provide incentives/rewards opportunities and highlights future research opportunity. Conclusion of the study will be indicated and the recommendation will also be highlighted.

Chapter 5

Conclusions and recommendations

5.1 Introduction

Incentives/rewards could be viewed positively by most employees and could lead to performance enhancement in the Department if management take appropriate decision and mobilise the resource to cater for scarce resources such as health professionals. Incentives/rewards have shown to be a good motivator of performance for the health worker although it could be for a short term. This has also been indicated by Maslow. The main purpose was to investigate whether incentives/rewards plays a significant on the performance enhancement, employee satisfaction and retention.

This chapter consolidates the research findings through analysing and interpretation of statistical data, which has been discussed in the previous chapter. The research questions relating to whether incentive/rewards enhance performance, increases job satisfaction and retention in the Department Health and Social Development North West Provincial Government.

5.2 Summary of the study

The main objective of the research study was to determine and discuss the rewards/ incentives schemes as provided to the employees to improve and enhance performance within the department of Health Northwest Province in the Republic of South Africa. The other related and supporting secondary objectives were also discussed as follows:

- To assess the impact of incentives/rewards in the Department of Health North West
- To assess cost or expenditure on personnel as it relates to incentives schemes on the overall Departmental budget.
- To assess and evaluate incentives/rewards on employee morale and the turn over
- To assess the effectiveness of incentives/rewards in the Department

- To explore how non financial rewards could enhance the employee performance and lead to improved service delivery

The research study was supported with reference to the past literature review in order to enable the research study to be define and postulated appropriately with relevant to current definitions, theories and other empirical studies. Various research methods such as qualitative and quantitative were used. The research methods looked at instrumentations, research type, population sampling method and data gathering method from a theoretical perspective.

A questionnaire was developed and used to gather primary and secondary data based on demographics, e.g. occupation, qualifications, age, citizenship, years of service and disability. Other related questions were used to further extract information or data from the sample population.

The data that was obtained from the sample population was statistically and graphically tabulated, were correlation and non correlation of different variables were analysed, interpreted and discussed accordingly.

5.3 Responses to Research Questions

The main findings of this research in relation to each of the research questions will now be discussed. Each of the questions is followed by a discussion of the findings relating to the question.

Do incentives/rewards enhance employee performance within the Department?

Deville *et al.* (2009) show that a model of budgeting in hierarchical organisations and analysed its optimality in terms of the incentives it creates and the coordination it achieves. This was also proven in Section 4.5.

Do rewards/incentives contribute towards employee job satisfaction?

Arnolds *et al.* (2007) write that there is still much confusion about which rewards really motivate employees. Milne, (2007) write that rewards and recognition programme can positively affect motivation, performance and interest with an organisation. This was also proven in Section 4.5.

Do incentives/rewards act as core factor on retention?

Swanepoel *et al.* as cited in Munsamy and Venter, (2009) write that compensation plays a key role in the attraction, retention and motivation of employees. There are also perceptions that there is no job retention within the Department which need to be investigated. Health Professionals such as nurses and Doctors in most instances prefer to work or be appointed in urban areas as opposed to rural areas. This was also proven in Section 4.5.

5.4 Limitations

The study has been limited to the three programs (1,2, and 4) within Department of Health and Social Development, although the Department has 8 programs. Incentives/rewards as performance enhancement could be limited by the unavailability of resources within the Department.

5.5 Managerial Guidelines

Bezuidenhout *et al.* (2009) indicate that push factors include: lack of opportunities for postgraduate training, underfunding of health service facilities, lack of established post and career opportunities, poor remuneration and condition of service, including retirement provision, governance and health service management shortcomings and civil unrest and personal security. Also Dieleman *et al.* (2006) indicate that a few managers congratulated and thanked personnel in public. Reward and appreciation were highly valued from other for the work they did and considered it as an important factor in continuing with the good performance. From the results of this study the following guidelines are given to the Department of Health and Social Services for future consideration. These were based on the theory and the empirical results:

- Policy development including guidelines on the retention strategy in order limit the movement of health workers for better offers
- Capacity building around the management and leadership including governance
- Improvement in the resources allocation and strategic planning to curb personnel over-expenditure

- Effective mobilisation of resources / funding in order to ensure incentives/rewards that are appropriate for health worker
- Improvement the lower levels perceives the performance and management of their superior
- The workload experienced by health worker need a serious attention as this might lead fatigue and stress
- Appointment of staff in the vacant positions due to reduce workload
- Job redesign and improvement in the Departmental / organisational structure
- The Department is currently using performance based system (PMDS) accompanied with Performance Management Agreement (PMAs) with clear metrics to hold people accountable
- The impact of all the rewards/ incentives available in the Department such as overtime, PMDS, Scarce skills.

5.6 Future Research

Bezuidenhout *et al.* (2009) indicate push factors include: lack of opportunities for postgraduate training, underfunding of health service facilities, lack of established post and career opportunities, poor remuneration and condition of service, including retirement provision, governance and health service management shortcomings and civil unrest and personal security. This study contributes to various opportunities for further research on:

- The main causes of personnel over-expenditure within the Department of Health and Social Development
- The improvement in the management and leadership of the Department
- The retention and motivation of the health workers
- There are also perceptions that there is no job retention within the Department which need to be investigated.
- Whether incentives/rewards motivate health worker to perform better

5.7 Conclusion

The findings of the study indicate that incentives/rewards are not necessarily strong motivator for health workers to leave the Department. However health workers they indicated that they are not happy with the incentives/reward they are receiving. Empirical studies as *cited in* Samuel, 2009 (Kinnear and Sutherland, 2001, Meudell and Rodham, 1998; Maertz and Griffethe, 2004) have, however revealed that extrinsic factors such as competitive salary, good interpersonal relationships, friendly working environment, and job security were cited by employees as key motivational variables that influenced their retention in the organisations.

The study indicates serious problem about the effectiveness of management within the Department, this needs a serious attention due to the fact that it could in future destroy the moral and the performance of the staff at lower levels. Furnham (1992) as *cited by* Louw *et al.* (2007) divide the factors that can have an influence on job-satisfaction into three groups: organisational policies and procedures that have to do with the nature of the remuneration package, supervision and decision-making practices, and the perception of the quality of supervision, the Department need to ensure that there is improvement and change of management style.

BIBLIOGRAPHY

- Abul-Ezz M.E.& Dickhaut J.W "Incentive Structure and Group Performance Expectation in a Budgeting Setting: A Descriptive Study" Accounting Auditing & Accountability Journal, Vol.6 No.2 1998.pp 17-31 MCR University Press, 0951-3574.
- Arnolds C.A & Venter DJL. 2007. "The strategic importance of motivational rewards for lower-level employees in the manufacturing and retailing industries". SA Journal of industrial psychology, 33(3),pp.15-23
- Arthur JB & Kim DO. 2005. Gainsharing and knowledge sharing: the effects of labour-management co-operation
- Barninghausen T & Bloom DE. 2009. Designing financial-incentive programmes for return of medical service in underserved areas: seven management functions.
- Ben-Baruch E, Myburgch CPH & anderssen EC. 1991. Worker's perception of time, time-use-attitudes and productivity. Journal of Industrial Psychology pp 24-27
- Bezuidenhout MM, Joubert G, Hiemstra LA & Struiwig MC. 2009. Reasons for doctor migration from South Africa.
- Bless C & Higson-Smith C" Fundamentals of Social Research Methods . An African perspective. Second edition. 1995
- Brewerton P and Millward L: Organizational Research Methods. A guide for Students and Researchers. SAGE Publication 2006
- Cadsby CB, Song F and Tapon F. 2005. Sorting and Incentive Effects of Pay-for-Performance: An Experimental Investigation.
- Chen H.M 2006. Key Trends of the Total Reward System in the 21st Century.pp64-70
- Curral SC, Towler AJ, Judge AT, Kohn L. 2005. Pay satisfaction and organizational outcomes. Personnel Psychology pp 613- 640

Deville A, Ferrier G. D & Leleu H. 2009. Performance measures for hierarchical organizations : Frontier analysis as a decision support tool LEM Lille Economic & Management

Danish RQ & Usman A. 2010 Impact of Rewards and Recognition on Job satisfactions and motivation: En empirical Study from Pakistan. Vol. 5, No. 2 , Vol. 5, No. 2 pp 159-167

Damabisya Y.M. 2007. A review of non-financial incentive for health worker retention in east and Southern Africa. Health systems Research Group University of Limpopo, South Africa

Dieleman M, Toonen J, Toure H & Marteneau. 2006. The match between motivation and performance management of health sector workers in Mali. BioMed Central Ltd

Edwards SSJ, Eggert W & Weichenrieder AJ. 2008. Corporate governance and pay for performance: evidence from Germany

Ferrinho P, Van Lerberghe W, Ines Fronteira, Hipolito F & Biscala S (2004). Dual practice in the health sector: review of the evidence. BioMed Central Ltd

Fiorentini G, Lezzie E, Bruni LM, Ugolini C. 2008. Incentives in primary care and their impact on potentially avoidable hospital admissions

Fyffe R .2007. Communicating Total Reward at O2. Human Resource Management International Digest. Volume 15 No.3 pp 18-20 Emeralds Group Publishing Limited

Grant AM, Christianson MK & Price RH. 2007. Happiness, Health, or Relationships? Managerial Practices and Employee Well-Being Tradeoffs. Pp51-63

Grigoriadis C & Bussin M.2007. Current practice with regard to short term incentive schemes for middle managers. SA Journal of Human Resource Management pp 45-53

Grol R. & Wensing M. 2004. What drives change? Barriers to and incentives for achieving evidence-based practice pp 57 – 60

Henderson LN & Tulloch J. 2008. Incentives for retaining and motivating health workers in Pacific and Asian countries BioMed Central Ltd

Kingma M. 2003. Economic incentive in community nursing: attraction, rejection or indifference: Human Resources for Health

Kristin L, Gillermo A, Sandoval, Adalsteinn S. Brown & George HP. 2009. CEO Compensation and Hospital Financial Performance. Medical Care Research and Review.

Lee J & Sarkar A. 2009. Framework of motivations for Community Health Workers' pp 43-56

Leedy, P.D. and Omrod, J.E 2005. Research Methodology: Planning and design. New Jersey. Merill Prentice Hall.

Lin HF. 2007. Effects of extrinsic and intrinsic motivation on employee knowledge sharing intention. Journal of Information Science.

Louw AD, Meyer JC and Van Schalkwyk DJ. 2000. A comparison of the job-satisfied and job-dissatisfied environmental health officer in South Africa. Journal of Industrial 26(2) pp 27-31

Luthans F, 1995 Organisation behaviour, 7th ed. McGraw – Hill

Martin A & Roodt G. Perceptions of organizational commitment, job satisfaction and turnover intentions in a post merger South African Tertiary Institutions Vol, 34 No.1 pp:23-31

Mathauer I & Imhoff I. 2006. Health worker motivation in Africa: the role of non-financial incentives and human resource management tools. BioMed Central Ltd

Masroor AM & Fakrir MJ. 2010. Level of job satisfaction and intent to leave among Malaysian Nurses pp 123-137 Business intelligence Journal Vol.3 No.1

Martinez J & Martineau T. 2001. Introducing Performances on Management in National Health Systems: issues on policy and implementation. An IHSD Issues Note, PP 1-11

McKin A & Hughart M. 2005. Staff Incentive schemes in Practice : Findings from a Global Survey of Microfinance Institutions. MicroFinance Network

Milne Patricia. 2007. Motivation, incentives and organizational culture. Vol. 6 pp 28 – 38.

Mannion R. & Davies H.T.O. 2005. "Incentives in health systems: developing theory, investigating practice" Guest editorial From: Journal of Health Organisation and Management, Volume 22, issue 1, pp 1-4.

Munsamy M & Venter AB. 2006 ,Retention factors of Management staff in the maintenance phase of their careers in Local Government

Ojokuku R.M. 2007. Impact of Rewards on motivation of Workers: A study of the Civil Service of Osun State, Nigeria pp 99- 103

Peterson T.M. 2007. Motivation: How to Increase Project Team Performance. Kohl's Corporation

Pilbeam S & Corbridge M 2006. Contemporary HRM in practice, 3rd ed. Prentice Hall

Plasmann R & Rycx F. 2005. HRM and job performance incentives. International Journal of Manpower pp 613-618

Proper KI, Deeg GJH & Van der Beek AJ. 2009. Challenges at work and financial rewards to stimulate longer workforce participation.

Pillay Rubin. 2009. Work satisfaction of professional nurses in South Africa: a comparative analysis of the public and private sectors. Human resources for Health School of Business and Finance University of Western Cape

Pillay R. 2008. Managerial competencies of hospital managers in South Africa: a survey of manager in the public and private sectors. School of Business and Finance, University of Western Cape.

Pool B & Pool Steven. 2007. A management development model: Measuring organizational commitment and its impact on job satisfaction among executives in a learning organization. *Journal of Management Development*. Vol.26 No.4 pp. 353-369

Rose T & Manley K. 2005. A conceptual framework to investigate the optimization of financial incentive mechanism in constructions projects

Samuel MO and Chipunza C. 2009. Employee retention and turnover: using motivational variable as a panaces. *African journal of Business Management* Vol. 3 , pp 410-415

Shadare Olusyi A, & Hammed, T Ayo. 2009. Influence of work Motivation, Leadership Effectiveness and Time Management of Employees' Performance in Some Selected Industries in Ibadan, Oyo State, Nigeria

Snipes RL, Oswald SL, LaTour M Amenaki AA. 2005. The effect of specific job satisfaction facets on customer perceptions of serve quality: an employee-level analysis Pp 1330-1339

Scott-Ladd B, Travalione A, and Marshall V. 2006. Causal inferences between participation in decision making, task attributes, work effort, rewards job satisfaction and commitment.

Van Lerberghe W, Luck M, De Brouwere V, Kegels G & Ferrionho P. 2000. Performance, working conditions and coping strategies: an introduction.

Visser PJ, Breed M, Van Breda R. 1997. Employee – satisfaction: A Triangulation approach.

Wills-Shattuck M, Bidwell P, Thomas S, Wyness L, Blaauw D, & Ditlopo P. 2008 Motivation and retention of Health workers in developing countries: a systematic review.

APPENDIX A

Matrix

A
R
T.
N
O.

MATRIX	1	2	3	4	5	6	7	8	7	8	9	10
	Definitional	Financial incentives	Challenges	Theories of motivation	Individual group motivational rewards	Performance & Performance measures	Career development	Factors	Resources	Management recognition and appreciation	Employee satisfaction	Quality

THEMES

Incentives in health system: developing theory, investigating practice

1	practice	1	1			1						1
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HRM and job performance incentives

2	incentives		1		1	1						
---	------------	--	---	--	---	---	--	--	--	--	--	--

Incentive Structure and Group performance Expectation in budgeting setting A descriptive study

3	budgeting setting A descriptive study				1	1						
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	The strategic importance of motivational rewards								
4	for lower-level employees in the manufacturing and retailing industries	1	1	1				1	1
	Motivation and retention of health worker in developing countries :								
5	a systematic review	1	1	1		1	1	1	
	Perceptions of organisational commitment, job satisfaction and turnover intention in a post merger South African Tertiary Institutions								
6				1	1		1		1
	Reasons for doctor migration from South Africa								
7		1					1		1
	Dual proactrice in the health sector" review of the evidence								
8		1	1			1		1	
	Employee retention and turnover" Using motivational variable as								
9	a	1	1	1			1		
	as a panacea								
	Developing a tool to measure health worker motivation in district hospitals in Kenya								
10				1		1		1	
	Introducing								
1			1			1		1	1

1 7	Does improving quality save money?	1	1	1	1
1 8	A conceptual framework to investigate the optimisation of financial incentive mechanisms in construction projects	1	1		1
1 9	Workers's perceptions of time, time use attitudes and Productivity		1	1	1
2 0	Staff incentive schemes in practice: findings from a global survey of Microfinance institutions	1	1	1	1
2 1	Level of job satisfaction and intent to leave among Malasian nurses	1		1	1
2 2	Perfomance budgeting models and mechanisims	1	1		1
2 3	Impact of rewards on Motivation of workers: a study of the civil service of Osna State, Nigeria	1	1		

	professional nurses in the gauteng Province					
3	Managerial competencies of hospital managers					
2	in South Africa: a survey of managers in the public and private sectors	1		1		
3	Communicating					
3	Total Reward at O2	1	1		1	
3	Motivation: How to Increase Project					
4	Team Performance		1	1	1	
3	Impact of Reward and Recongnition on Job Satisfaction and					
5	Motivation: An Emprical Study from Pakistan	1	1	1		1
3	Incetives in Primary Care and ther impact on					
6	potentially avoidable Hospital Admission	1		1		1
3	Perfomance measure for hierachical organisations: frontier					
7	analysis as a decision support tool	1		1	1	
3	Corporate					
8	governance and	1		1		

	pay for performance: evidence from Germany							
	Causal inferences							
3	between participation							
9	in decision making, task attributes, work effort, rewards, job satisfaction and commitment			1				1
	Motivation, incentives and organisational							
4	culture	1			1			1
0								
	CEO Compensation and Hospital							
4	Financial							
1	Performance	1			1			1
	Effect of extrinsic and intrinsic motivation on employee knowledge sharing intentions							
4								
3		1		1				
	Sorting and Incentive effects of Pay-for							
4	performance: an							
4	experimental Investigation	1	1		1	1		1
	Contingent reward transactional							
4	leadership, work							
5	attitudes, and organisations citizenship behavior: The role	1	1		1			

	of procedural justice climate perceptions and strength					
4 6	Pay satisfact and organisational outcomes			1	1	1
4 7	Measuring organisational commitment and its impact on job satisfaction among executives in a learning organisation	1	1			1
4 8	Is the performance pay- performance relationship always positive? Evidence from the Netherlands	1	1	1		
4 9	Gainsharing and knowledge sharing: the effects of labour- mangement co-operation		1	1		
5 0	Factors impacting the innovative capacity in large-scale companies	1	1	1		
5 1	The effects of specific job satisfaction facets on customer perception of service quality: an employee-level analysis			1		1 1

5	Enhancing employee								
2	tendencies to share								
	knowledge-case studies								
2	of								
	Companies in								
	Taiwan								
5	What drives								
3	change? Barriers to								
	an incentives for								
	achieving	1			1	1			
	evidence-based								
	practice								
5	Designing financial-								
4	incentive programmes								
	for return of medical								
	service	1			1				
	in underserved								
	areas: seven								
	management								
	functions								
5	Shortage of Health								
5	workers in								
	developing								
	countries	1	1			1		1	
5	Incentives for retaining								
6	and motivating health								
	worker in Pacic and								
	Asian	1	1			1		1	
	countries								
5	Economic incentive								
7	in community								
	nursing: attraction,								
	rejection or	1		1		1			
	indifference								
5	The match between		1			1			1

8 motivation and
performance
management of
health sector
worker in Mali

Health worker
motivation in
Africa: the role of

5 non-financial

9 incentives 1 1 1
and human
resource
management tools

1

Challenges at work
and financial

6 rewards to

0 stimulate longer
workforce
participation

1 1

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APPENDIX B

Completed table

Research Questions	Survey Questions	Variable(s) and or Relationship measured	Statistical Text
Overall, Do incentives/rewards schemes enhance employee performance within the Department	1.1 Do you understand why incentives/rewards are being offered to employees?	Ordinal/Nominal variables Yes/No	Descriptive stats- frequency table, bar charts
	1.2 Do incentive/rewards motivate you to perform?	Yes/No Yes/No	Numerical description location, distribution, cross tabulation
	1.3 Do you understand the various incentives/rewards schemes that are available in the Department?	Yes/No	Descriptive stats frequency table, bar charts
	1.4 Do you think there is link between incentives/rewards and performance?	Yes/No	Convert nominal to ration
	1.5 Do you think Departmental management is effective?		Descriptive stats frequency
Do rewards/incentives contribute towards employee job satisfaction within the Department	2.1 Are you happy with the rewards/incentives you presently earn?	Yes/No	Descriptive stats frequency table, bar charts
	2.2 Were your rewards/rewards/incentives allocated subjectively	Yes/No	Descriptive stats frequency table, bar charts
	2.3 Were your rewards/incentives allocated objectively	Yes/No	Descriptive stats frequency
	2.4 Is your working environment conducive to your rewards/incentives?	Yes/No Yes/No	Descriptive stats frequency
	2.5 Would you like to		

	see more people involved in deciding rewards/incentives		Descriptive stats frequency
Do incentives/rewards serve as core factor on retention	3.1 Is there a retention strategy/policy in the Department?	Yes/No	Descriptive stats frequency table, bar charts
	3.2 Does the Department experience high turnover?	Yes/No	Descriptive stats frequency table, bar charts
	3.3 Do you experience workload?	Yes/No	Descriptive stats frequency
	3.4 Would rewards/incentives encourage you to stay in the Department	Yes/No	Descriptive stats frequency

APPENDIX C

VOLUNTARY QUESTIONNAIRE FOR THE DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT (HEALTH BRANCH) NORTH WEST (FOUR DISTRICTS INCLUDING HEAD QUARTERS) EMPLOYEES

"Evaluation of the employee rewards/incentive schemes, job satisfaction and retention as performance enhancement"

Researcher: Mrs. Elizabeth Reginah Mmamme Moremi

Supervisor: Prof. Sam Lubbe

Notes to the respondent

- The researcher need your help to understand whether or not the incentives/rewards enhance performance
- Although the researcher would like you to help her, you do not have to take part in this survey
- If you do not want to take part, just hand in the blank questionnaire at the end of the survey session
- What you say in this questionnaire will remain private and confidential. No one will be able to trace your opinions back to you as an official or person.
- Tick only one response per question

The questionnaire as three parts

- Part 1 asks permission to use your responses for academic research.
- Part 2 asks general personal particulars like your age, gender and academic qualifications
- Part 3 asks about Incentive / rewards in relation to performance items

How to complete the questionnaire

1. Please answer the questions as truthfully as you can. Also, please be sure to read and follow the directions for each part. If you do not follow the directions, it will make it harder for the Researcher to do the research project
2. Please answer the questions as truthfully as you and your fellow employees should feel comfortable to share. If you don't feel comfortable answering a question, you can indicate that you do not want to answer it. For those questions that you do answer, your responses will be kept confidential.
3. You can mark each response by making a tick or a cross, or encircling each appropriate response with a PEN (**not a pencil**), or filling in the required words or numbers.

Thank you very much for agreeing to complete this questionnaire.

Part 1: Permission to use my responses for academic research

I hereby give permission that my responses may be used for research purposes provided that my identity is not revealed in the published records of the research

Initials and surname _____	Postal _____
Address: _____	
_____ Postal code: _____	Signature _____
Contact numbers: Home: _____ Cell: _____	

PART 2 : GENERAL PERSONAL PARTICULARS Please tell a little about yourself Please mark only ONE option per question			
1	I am: African Coloured Indian white _____ Other : please specify	2	I am: Nurse Doctor Middle Manager Lower Manager Other: (please specify) _____
3	I have: a diploma a degree a post-graduate degree Matric I do not want to answer this question	4	I am _____ years old I do not want to answer this question
5	I am a : Female Male I do not want to answer this question	6	I grew up: in South Africa abroad: I do not want to answer this question
7	How many years of service do you have in the Department of Health 1-5 years 6-10 years 11-15 years More than 16 years	8	Are you physically challenged? Yes No

PART 3: focuses on rewards/incentives schemes as performance enhancement towards employee retention and satisfaction.

9	Do you understand why incentives/rewards are being offered to employees Yes No	10	Do incentive/rewards motivate you to perform Yes No
11	Do you understand various incentive/reward schemes that are available in the Department Yes No	12	Do you think there is a link between incentives/rewards and performance Yes No
13	Do you think management is effective Yes No	14	Are you happy with the rewards/incentives you presently earning Yes No
15	Were your incentives/rewards allocated subjectively Yes No	16	Were your incentives/rewards allocated objectively ☐ Yes ☐ No
17	Would you like to see more people involved deciding rewards/incentives Yes No	18	Is the working environment conducive to rewards/incentive Yes No
19	Do you think rewards/incentives contribute to Departmental over expenditure Yes No	20	Is there a retention policy/strategy in the Department Yes No
21	Do you experience workload Yes No	22	Would rewards/incentive encourage you to stay Yes No