ABSTRACT

Low motivation among workers across various institutions is one of the main problems affecting performance of public health volunteers. This study was aimed at identifying key factors attributed to motivation among Public Health Volunteers (PHVs) in Bukasakya and Namabasa sub counties in Mbale District in Uganda. The level of motivation was assessed in relation to each attribute used to measure satisfaction. The study considered various attributes to motivation and performance of health volunteers. A descriptive survey design was used, a questionnaire was administered among 139 respondents most of which were the PHVs. A questionnaire with Likert scale was developed and administered to the respondents. The attributes of motivation were then categorized into personal and organizational attributes. For the qualitative component, participants with varied responses in quantitative data were selected and interviewed. This study underscores the significance of different attributes of motivation. The results revealed that 99% of respondents had attended school, 80.58% were very happy to be PHVs, 84% reported improved quality of life, 69% exhibited confidence, although 87% were not sure to volunteer again for the next coming 7-10 when they were asked. Over 70% were satisfied with incentives provided and partly attributed their motivation to these incentives. Generally, the respondents were very happy with the working conditions in the organization, in Health the facilities and in the community. In an arrangement where health facilities involve health volunteers in the activities, there is need to consider their motivation, while framing administrative strategies and policy guidelines.
within their communities. Therefore, in order to ensure the PHVs long term sustained high performance and retention, an assessment on their motivation needed to be conducted. On this note, a study to establish the status of motivation and performance of the volunteers was established.

In Uganda, level for motivation of Public Health Volunteers based in communities is one of the major factors affecting performance at the village and lower health facilities that engage them. In many communities and health facilities, public health volunteers are engaged in various assignments and work-related challenges, which influence their level of motivation. Low motivation was reported as one of the major challenges affecting health workers in Africa [8]. Motivation comes in various forms and provided for differently by different organizations. In Eastern Uganda motivation of public health volunteers has been in form of incentives, appreciation, affirmative action and remuneration provided to them. According to Gilson, Alilio & Heggenhougen, (1994), it was reported that motivational issues at work commonly manifest as lack of courtesy to patients; tardiness and absenteeism; poor process quality such as failure to conduct proper patient examinations; and failure to treat patients in a timely manner. As a result, it affects the integrity of the health facility in the eyes of the public. Kasenga, F., & Hurtig, A. K. [9], observed that in a church-based health facility there were factors that motivated and those that demotivated the workers. Among the motivating factors were the spiritual nourishment of the public health volunteers by the church, job security, education offers, Christian environment, medical assistance and spouse assistance during period of bereavement. However, factors that were reported to demotivate public health volunteers were; poor working conditions, inadequate welfare support, deteriorating Christian values and lack of commitment by the management to address concerns of public health volunteers. In a study by Bent, R., Seaman, C. E., & Ingram, A. [10], in a small food store it was found that importance of the management style of the manager on appreciation of volunteers, communication and training were key to motivating them. In a study where there is lack of appreciation, poor communication and lack of training, low motivation was observed. In a study in Vietnam, it was reported that for good quality health services to be provided, it is important to develop strategies that influence public health volunteers’ motivation for better performance [11]. Salary of workers, professional advancement and opportunity for promotion were identified as most important factors of motivation of workers [12]. The observations reveal that for improvement of performance, public health volunteers have to be motivated in one way or another and each organization that fails to motivate the public health volunteers will definitely experience low performance and bad outcomes.

**Research Questions**

1. What range of incentives contribute to public health volunteers’ motivation in health facilities and in the community PHV is attached to?

2. What engagements are preferred by public health volunteers that contribute to their motivation in the workplace and community?

3. What are the concerns and opportunities that lead to self-drive in the assignments in their workplace?

4. What can be done to improve participation of public health volunteers in achieving self-motivation in the workplace or community attached to?

**Methodology**

**The Study Area**

The survey was conducted in the sub counties of Bukasakya (Tsabanyanya, Marale, Nabitiri, Musoto, Masanda, Bugema A and B, Nabitiri). While in Namabasa Subcounty it was conducted in the following communities (Namabasa, Bwana, Doko, Salem, Kolonyi A and Kolonyi B). In Nakaloke, It was done in Nakaloke Town Council. The survey covered an area constituting 34 villages in Mbale. The area falls under Mbale City in Uganda with a population of 551,200 persons, with a population density of 401.5 people per sq km by [13]. The respondents included public health volunteers from the 34 villages covered under this survey. All the volunteers interviewed were attached to the four health units of; Bukasakya Health Centre III (under Private Public Partnership between SoA-UF and Mbale District Local Government), Namatala Health Centre IV (Public Health Facility) Nakaloke Health Centre (Public Health Facility) Kolonyi Health Centre IV (Partnered with government to provide affordable health care services).

**Data Collection and Analysis**

The study adopted a descriptive study design involving both qualitative and quantitative data, with questionnaires designed to capture information on factors attributed to motivation. A comprehensive structured questionnaire was used to collect data from 139 individuals. The respondents were purposive selected from PHVs regardless of the period taken veneering in their respective communities. The following parameters were considered during the study; level of happiness of a PHV, quality of life exhibited as a PHV, level of confidence in public as a PHV, level of willingness to volunteer as a PHV, satisfaction with the incentives offered, looking at a PHV position as being beneficial to one’s career, level of enjoyment of the work as a PHV, satisfaction with work conditions, how the organization (SoA–UF),values the service offered by a PHV, happy with recognitions made to PHV and how the organization (SoA – UF) recognizes extra effort by PHVs. Data was compiled using Excel spread sheets, analysis was done using STATA statistical computer package, summarized in frequencies and percentages, presented in graphs and tables forms. The information obtained highlighted factors that contribute to public health volunteers’ motivation.
Findings and Discussions

Table 1: Showing category and the number of respondents by sex.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>25-34</td>
<td>25</td>
<td>24</td>
<td>49</td>
</tr>
<tr>
<td>35-44</td>
<td>21</td>
<td>31</td>
<td>52</td>
</tr>
<tr>
<td>45-54</td>
<td>9</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td>55-64</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>65+</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>74</td>
<td>139</td>
</tr>
</tbody>
</table>

The survey revealed that of the total number of respondents interviewed, 53.2% were female and 46.8% male. All were within the age bracket of 18 years and above. The majority falls within the age categories of 25 - 54 years. This implies that the interviewed were within the age category representing the workforce in Uganda, where retirement is at the age of 60 year as per the constitution of the Country. This age categories therefore understand the implications of having a non – motivated public health volunteers in an organization. Results revealed that 52% of the respondents were of age category 35 – 44 years representing the highest category that contributed participated in the interview. This was followed by the age category 25 – 34 years whose participation was recorded at 49%. It was noted that there was no representation of views for the female category of 65 years and above. Male representation was observed to be 2.9% and the same applied to the age category 18-24, 55-64 years. This could be due to low representation in employment of these age categories. It could give an insight on how the youth are lowly represented and need for the focus to have more youth in employment as a way to increase their motivation. It is a good idea to have the elderly in jobs so as for them to mentor the youth and youth are equally important to build experience that will take on critical activities in the health sector.

Table 2: The duration a person has taken as a PHV.

<table>
<thead>
<tr>
<th>Period as CHP</th>
<th>Freq.</th>
<th>Percent</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 years</td>
<td>16</td>
<td>11.51</td>
<td>11.51</td>
</tr>
<tr>
<td>3 years</td>
<td>8</td>
<td>5.76</td>
<td>65.47</td>
</tr>
<tr>
<td>4 years</td>
<td>3</td>
<td>2.16</td>
<td>67.63</td>
</tr>
<tr>
<td>5 years</td>
<td>18</td>
<td>12.95</td>
<td>80.58</td>
</tr>
<tr>
<td>6 years</td>
<td>9</td>
<td>6.47</td>
<td>87.05</td>
</tr>
<tr>
<td>7 years</td>
<td>3</td>
<td>2.16</td>
<td>89.21</td>
</tr>
<tr>
<td>8 years</td>
<td>3</td>
<td>2.16</td>
<td>91.37</td>
</tr>
<tr>
<td>9 years</td>
<td>12</td>
<td>8.63</td>
<td>100.00</td>
</tr>
<tr>
<td>10 years</td>
<td>8</td>
<td>5.76</td>
<td>17.27</td>
</tr>
<tr>
<td>11 years</td>
<td>57</td>
<td>41.01</td>
<td>58.27</td>
</tr>
<tr>
<td>12 years</td>
<td>2</td>
<td>1.44</td>
<td>59.71</td>
</tr>
<tr>
<td>Total</td>
<td>139</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

The above table 2 shows the duration of the respondents have taken as volunteers with SoA-UF, Community and Health facility. During the study, it was observed that 41.01% of the respondents have served for 11 years as public health volunteers. Although this was the highest period served by PHVs, critical aspects about their motivation need to be explored in the coming studies as a way to rule out possible challenges they go through during their service in the community. It could probably be the time the majority was recruited in that position. It could be as well indicating those that are continuing to serve in that position irrespective of those that could have left the position. The results revealed that 12.95 % have been in the position for 5 years and there are few that have served 6 – 10 years.

Attendance of School by Respondents

According to table 3 below, 99.28 % of respondents attended school with only 0.72 % found not to have attending school. It is observed that for those that attended school the highest level differed. It is true that the majority of the respondents were literate and probably understood aspects of motivation for public health volunteers that work.

Figure 1: Percentage of respondent’s attendance to school.

![Figure 1](image1.png)  

Figure 2: Showing respondents by highest level of education.

![Figure 2](image2.png)  

The majority of the respondents had at least achieved secondary education representing 59.71 %, while 25.9 % had achieved secondary education with only 14.39 % of those that had completed primary education.

Assessing Level of Public Health Volunteers’ Motivation in Work

Level of Happiness as public health volunteers

In Figure 3 below level of happiness was assessed as one of the factors that indicate motivated team in an organization. The
results revealed that 80.58% of the PHVs were very happy with what they are doing. Implying that the organization’s motivational approach could be attributed to this status. The 17.99% exhibited happiness with the work. In a study by Dieleman et al., 2003, it was reported that the factors that motivate workers are financial and non-financial, with the main factors being appreciation by managers, colleagues (community), a stable job, income and training. Probably workers engage with various category of people who should appreciate their work. In instances where a job is not stable and there is high turnover or unfriendly policies the public health volunteers tend to become demotivated and turnover rate is high in such organizations. The public health volunteers are keen on their career growth so when the organization provides training opportunities then they tend to become motivated and stay in the work they are engaged in for a longer period. Implying that motivation is important for achieving better performance. This is in agreement with the study by Osakwe, R. N. [14], where it was found that highly motivated non-management public health volunteers performed better than poorly motivated non-management public health volunteers.

In a study by Alhassan et al., 2013 it is generally agreed that there is low public health volunteers’ motivation in among health workers in Ghana [15]. It further reported that public health volunteers in private and urban centres were more motivated than those in public and rural areas. In the same study, it was recommended that performance-based remuneration be implemented in both public and private health facilities. Probably with improvement in the remuneration public health volunteers can become motivated to perform. In another study involving academic public health volunteers it was found that these were highly motivated and this was attributed to level of contentment among public health volunteers. This allowed them to perform other tasks like teaching with high motivation while other tasks were not done well. This implies that the public health volunteers can become self-motivated to do certain tasks and are demotivated to do others depending on the contribution of such task to performance or appreciation by management [16].

In table 6: above it was observed that quality of life of a PHV was better in this organization with 84.17% acknowledging an improvement of the quality of life they live in. This is probably due to the package of the incentives offered and such incentives could go a long way to continue to motivate public health volunteers that is working in other health centres.

### Level of confidence of PHVs trained by SoA-UF as community health promoters in public

In the finding, it was observed that 69.78% of respondents were very confident in public and 67.63% were very confident at household level. The indication of this confidentiality is viewed as a self-motivated PHV hence, confidentiality at household level is similar to the confidentiality in public. Implying that such a PHV can perform better in the work place.

### Willingness to volunteer as Community Health Promoter

<table>
<thead>
<tr>
<th>Willingness to volunteer as Community Health Promoter over the next 7-10 years again</th>
<th>Freq.</th>
<th>Percent</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>13</td>
<td>9.35</td>
<td>12.23</td>
</tr>
<tr>
<td>Not sure</td>
<td>122</td>
<td>87.77</td>
<td>100.00</td>
</tr>
<tr>
<td>Willing to volunteer</td>
<td>28</td>
<td>20.14</td>
<td>23.02</td>
</tr>
<tr>
<td>Total</td>
<td>139</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>
Satisfaction with the incentives
In this study, motivation is related to the level of satisfaction of an employee in an organization. Implying that in an organization where 71.22% of the employees are satisfied it shows that the incentives given could probably be among the key contributors to motivation in that organization. In this particular study, it was noted that the incentives constituted of Certificates and other recognitions, receipt of protective gear, free medical care, perdiem and transport equipment. It was reported by [17] that non-financial incentives are equally important in improving health workers motivation. This is in agreement with findings on Machara, L., & Jain, P. [18], where it was reported that motivation factors such as work environment, wages and recognitions in the work place are key to public health volunteers’ performance in an organization. It is also time bound in nature in that, after 7 years of volunteering the next set of seven years is automatic, the organization engaging these volunteers have to look for newer ways of making the next 7 to 10 years also enjoyable to the volunteers.

![Figure 5: Showing level of satisfaction with incentives given.](image)

Being a PHV is beneficial to my career
On the issue about benefit that being a community health volunteer brings to the career of the respondent it was observed that 39.57% strongly agreed that it contributes to their career. The 30.22% agreed, while 28.78% were indifferent. However, a lowest percentage of 1.44 disagreed on this issue. It therefore implies that the majority of the respondents attribute the PHV position they hold as contributing to their career. This could probably lead to their satisfaction in the positions they hold as PHVs. This could be attributed to the incentives that they receive in the community positioning such as leadership, education, trainings and being consulted in all matter’s life in the community.

Level of enjoyment of the work of a PHV
While assessing the level of enjoyment they experience as a PHV member, it was observed that 41.73% strongly agreed that they enjoy work as PHV. This was followed by the 37.41% who agree that they enjoy the work they do. The lower percentage (2%) disagreed with the rest. The public health volunteers’ enjoyment in work implies that performance and their contribution to the organization is increased. This is in line with the findings of Abdul salam, D., & Mawoli, M. A. [19], where it was revealed that there is a moderate positive correlation between motivation and performance. Implied that motivation and enjoyable work leads to increase in performance and achievement of the organizational goals. While examining the level of enjoyment of work it is important to relate with finding of other researchers on factors contributing to motivated public health volunteers. Among such factors are esteem, self-actualization, security, autonomy, belongingness, achievement orientation, professional challenge, and task identity as reported by Low, G. T., & Marican, M. [20].

Satisfied with work conditions
In an assessment on satisfaction, the results revealed that 28.78% of the public health volunteers strongly agreed that they were satisfied with the work they are doing. They revealed that the working conditions are favorable. The results revealed that 33.03% agreed on the same and with less than 7% that agreed and disagreeing. It is therefore true that the public health volunteers of the Organization’s SoA-Uf in question generally agreed that they are satisfied with what the organization has done to improve on the working conditions. This includes how management handles public health volunteers, the supervision and support that they are given when executing their activities.

![Table 5: Level of satisfaction of public health volunteers.](image)

SoA-Uf values my service
The 40.29% of respondents strongly agree that SoA-Uf values the services they offer in the organization. The 34.53% agree on the notion that the organization values the services they offer. It implies that the organization sees value of what they invest in an employ. This investment could be in form building public health volunteers’ capacity to perform the job. An incentive or appreciation of the employee is therefore important for the employee from the organization in kind receive any performing public health volunteers and gifts or incentives. This enhances performance of all the other public health volunteers.

Happy with my recognition
On assessment on how happy are the respondents with the recognition offered to them, it was found that 45.32% of them strongly agreed and 35.25% agree that they were happy with their recognition. With less that 5% disagreeing on the fact that they were happy with the recognition. The motivation may not necessarily be in form of incentives or money but an appreciation given by management or supervisor of the public health volunteers. The organization that adopts the culture of recognizing the public health volunteers and gifts or incentives. This enhances performance of all the other public health volunteers.
managers and supervisors to recognize the work done by their public health volunteers. The system should evolve into that which rewards performance and appreciates the contribution of each individual public health volunteers in a team. This can be done publicly or gifts given in appreciation of performance.

Figure 6: Showing level of agreement in consideration to different factors used to measure motivation of health workers.

SoA-UF recognizes the extra effort
The results in addition revealed that 50.36% of the workers interviewed strongly agreed that SoA-UF recognizes the extra effort they put in their work. There were less than 20% that disagreed with this notion. According to Odukah, [21], recognition of an employ
is one of the key factors that motivates public health volunteers in an organization. The same was reported by Kihara, A. N. [22], where he found that motivating factors are recognition, training, work environment, administrative style adopted by management, rewards and development. This reveals that recognition motivates the public health volunteers to do better in the organization and the organization should continue to improve on this area.

In a review by Baljoon, R. A., Banjar, H. E., & Banakhar, M. A. [23], it was reported that the factors that motivated nurses were categorized as personal and organizational. The personal factors considered to influence motivation were the nurse’s age, years of experience, autonomy, educational level and administrative positions. On the other hand, the organizational factors considered to influence motivation of nurses were empowerment, work engagement, pay and financial benefits, supervision, promotion, contingent rewards, supportive relationship (co-workers), communication and nature of work. Probably this explains why in this study the public health volunteers was found to be highly motivated and their performance was better. This is attributed to the organization’s effort in providing public health volunteers with various motivating factors. In this particular health facility, it was observed that the public health volunteers were provided with various incentives, they are supported by the organization and provided with training, recognitions, equipment and are therefore satisfied with work. The level of happiness was high and willingness to work in the organization was high among them.

In the study it was revealed that recognition by the organization highly contributes to motivation, followed by public health volunteers enjoyment with the job, being a PHV as a career and lowest by satisfied with the work conditions. This is in line with the findings of [22] where recognition was recognized as a motivation factor. While in a study at the institution of learning by Machado-Taylor, M. D. L., Soares, V. M., Ferreira, J. B., & Gouveia, O. M. R. [24], it was observed that many factors contribute to motivation among them is job satisfaction. This comes in various forms, which include but not limited to remuneration, working conditions and the like.

The difference made in the community

Spotlight on Africa Uganda foundation has made the biggest difference in the community because of motivated work force. It has led to increase in awareness on health, immunization, sanitation, hygiene, and wide coverage, positive attitude towards immunization, MCH, vaccinations and increase in ANC care. The nature of motivation provided by SoA-UF to workers attributed to the increase in health service delivery in the community. Implying that provision of certificates after training, recognitions of worker by SoA-UF, protective gear, free medical care, perdiem and transport equipment were crucial in increasing motivation among public health volunteers. In a study by Lambrou, P., Kontodimopoulos, N., & Niakas, D. [25], achievement was ranked first in contributing to motivation. It reveals that workers are happy to produce outputs in their working environment. The tangible outputs probably lead to additional benefit to the worker. When one achieves, there is always an appreciation that follows within the community or from the organization that that employs. Most organizations have gone ahead to reward performance probably a reason for such motivated work force. Besides achievements by health workers, remuneration, kind of coworkers and job attributes were in addition found to play a key role in motivating public health volunteers to achieve and this creates a difference in the community or in a work place.

Conclusions

Generally, a motivated PHV is an asset to a health facility, the community and the National government. The one who finds one committed group of PHVs in Africa will always progress well in ensuring healthy lives and promote well-being for all at all stages. The PHVs Motivation can simply be done through; Getting new knowledge and skills, Recognitions, financial and non-financial incentives.

In this study, it was observed that both financial and non-financial factors motivated public health volunteers in their work. These factors included, Acquisition of new skills, appreciation by managers, colleagues and the community, a stable 'job', planned regular recognitions, awards, observation of public nation and international days and longer periods of training.

With lessons learnt from UK-aid Direct funding; the PHVs, received more strength and encouragement from regular rotational rewarding of PHVs performance, new knowledge and skills acquired during the training, communication costs, more contact hours with the persons in need, safeguarding concept and days of recognition by local authorities, respect for their dignity, being visited by program sponsor/s, completed feedback cycle and new skills outside health training.

Lessons from COVID19 taught the implementer (SoA-Uf) that Citrus fruit (lemons and tangerines for each community PHV was very important to have. These fruits were used as refresher drinks, vitamin C booster, and leaves inserted to face masks provided refreshing air that encouraged them to wear face masks all the time even during the hot day. SoA-UF has now envisaged that the next phase 2023 PHVs motivation programming will include providing each PHV with two citrus plants to plant in their homesteads. 250 PHVs are targeted.

It is very evident from this study that there are very many way of keeping PHVs highly motivated performing if each organization, health facility, community, government develop their own motivation systems that reduce demotivation aspects at that particular time and community. This motivation system should encourage PHV to understand the policies of the organization, funding agencies, health facility and local government in place and appreciate the level of motivation provided by them.

Acknowledgement

The Author expresses his sense of gratitude to UK AID Direct for the funding that led to the successful gathering of this data, analysis and reporting. Happenden Spotlight on Africa -UK, for
her immense support and guidance during the formulation of the data tool and bi-weekly review meetings that helped to fill in the gaps that were identified during the execution of the activities. Spotlight on Africa Uganda Foundation (SoA-UF) staff for being available during this exercise. The health in-charges of Bukasakya, Namatala, Nakaloke and Salem for being cooperative; and all the community health promoters of Mbale city.

The author would like to thank in a special way Dr. Bethan Rees and Hefin Rees (KC), Sandra and Laura Bailey for making sure that funding and statistics reported to UK-AID Direct tallies with what is on the ground; Callum Mansion for assessing SoA-UF field activities; Wendy Howson for making a commitment to the motivation of Public Health volunteers in Bukasakya through a two citrus trees per person project; Joseph Etiang for providing support in data analysis and paper reviews. This study has been conducted using funding from UK-AID Direct-Small Charities Challenge Fund (FCCF and JO COF memorial strengthening conducted using funding from UK-AID Direct-Small Charities Challenge Fund (FCCF and JO COF memorial strengthening (JCMG) grant. We are very humbled by your generosity.

For God and My Country

References

1. www.hsoa.org.uk/news
7. https://workaid.org

© 2022 Richard O. This article is distributed under the terms of the Creative Commons Attribution 4.0 International License