

Workplace Motivation and Employee Performance: A Case Study of a Nigerian Tertiary Healthcare Sector

Salam Tawakalit Olubukola

olubukolasalam@gmail.com

Department of Family Medicine, University College Hospital, Ibadan/Department of Health Policy & Management, University of Ibadan, Nigeria.

<https://orcid.org/0000-0002-4570-3549>

Ajayi Oluseyi

Department of Marketing and Consumer Studies, Faculty of Economics and Management Sciences, University of Ibadan, Nigeria [https://orcid.org/0009-](https://orcid.org/0009-0009-3112-9900)

[0009-3112-9900](https://orcid.org/0009-0009-3112-9900)

Research Article

Keywords: Job performance, Motivation, Workplace, Health sector, Job satisfaction

Posted Date: May 9th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-9639138/v1>

License: © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License. [Read Full License](#)

Additional Declarations: The authors declare no competing interests.

Abstract

Effective motivation is essential for boosting healthcare worker performance, patient care, and organizational productivity. At University College Hospital (UCH), Ibadan, staff contend with resource shortages, heavy workloads, and limited career pathways. This study examined how six motivational factors relate to employee performance in this resource-constrained public health setting.

A cross-sectional survey of 401 UCH staff used stratified random sampling across six professional categories. A structured questionnaire captured socio-demographic data and measured six motivational drivers: job satisfaction, recognition, compensation, work environment, promotion, and advancement opportunities, alongside self-rated performance. Data were analyzed with descriptive statistics, multiple regression, and thematic review of open-ended responses.

Participants in the study were mainly mid- to late-career individuals (61% aged 37–48), with a slight male majority (55%) and varying educational qualifications (43% BSc; 21% MSc). The largest groups included clinical staff (33%) and administrative staff (29%), with 88% having over five years of service. Performance levels were primarily low (49.4%) and moderate (39.4%), with only 11.2% rated as high. Job satisfaction (mean = 12.04) and recognition (mean = 10.69) were identified as the key motivators, whereas promotion (mean = 6.04) and advancement (mean = 6.03) were the least significant. The analysis revealed a moderate positive correlation between the identified factors and performance ($R = 0.435$), explaining 18% of the variance. Qualitative feedback pointed out issues like unreliable power supply, gaps in salary and recognition, training needs, and career progression barriers.

The study suggests enhancing structured recognition programs, professional development, and critical infrastructure to improve performance, advocating for future research using diverse methodologies to better understand motivational factors in resource-limited healthcare settings.

“JEL” code: J24, J28

INTRODUCTION

The public health sector in Nigeria continues to grapple with persistent systemic challenges, including inadequate funding, poor infrastructure, and a chronic shortage of qualified personnel. These constraints have far-reaching implications for the quality of healthcare delivery and the overall performance of health institutions. Among the many factors influencing health system effectiveness, employee motivation stands out as a critical determinant of job performance, service quality, and organizational sustainability. In healthcare settings where timely, efficient, and compassionate service is essential, the relationship between workplace motivation and employee performance becomes even more significant.

Employee motivation is broadly categorized into intrinsic, extrinsic, positive, and negative forms. Intrinsic motivation arises from internal drives such as personal satisfaction, professional pride, and a sense of competence. Extrinsic motivation, by contrast, is shaped by external rewards or sanctions, including financial incentives, recognition, or disciplinary measures. Positive motivation relies on reward-based reinforcement, whereas negative motivation involves punitive actions aimed at discouraging undesirable behaviour. In the health sector, workers may be motivated by a combination of these factors, ranging from financial benefits and career advancement opportunities to trust, reputation, and supportive interpersonal relationships. Non-monetary motivators such as recognition, autonomy, teamwork, and opportunities for professional development have been shown to significantly enhance job satisfaction and performance (Mokhniuk & Yushchynyna, 2018).

Conversely, negative motivational strategies, including pay cuts, demotion, or punitive transfers, may suppress undesirable behaviour but often contribute to reduced morale and diminished productivity. Poor motivation among health workers has been linked to suboptimal performance, reduced service quality, and weakened health system outcomes. Understanding the drivers of motivation is therefore essential for improving workforce efficiency. These drivers operate at multiple levels: individual factors such as personal goals and expectations; organizational factors including structures, processes, resource availability, and perceptions of fairness; and community-level influences such as patient expectations and feedback (Khim, 2016).

In Nigeria, health workers frequently contend with poor working conditions and limited support systems, which adversely affect their job satisfaction and performance (Akinwale & George, 2023). Although human resources are widely regarded as the most valuable assets within organizations, they are also the most complex to manage due to diverse aspirations, behaviours, and expectations. When effectively harnessed, these human attributes can enhance workplace relationships and improve organizational performance (Emmanuel & Nwuzor, 2021).

Supportive work environments, fair policies, and adequate resources have been shown to positively influence employee efficiency and satisfaction (Bashir et al., 2020).

This study focuses on the University College Hospital (UCH), Ibadan, one of Nigeria's foremost public health institutions. Like many public hospitals, UCH faces numerous challenges, including bureaucratic bottlenecks, inconsistent funding, and an overburdened workforce that contribute to burnout, high turnover, and ongoing brain drain. Despite the central role of motivation in shaping employee performance, there remains limited empirical evidence on how specific motivational factors influence health workers' performance within the Nigerian public health context. Existing studies often adopt a generalized approach, overlooking the unique institutional dynamics of major tertiary hospitals such as UCH.

Furthermore, gaps persist in understanding how intrinsic and extrinsic factors such as recognition, promotion opportunities, working conditions, and compensation interact to influence performance among healthcare workers. Addressing these gaps is essential for designing targeted interventions that enhance job satisfaction, strengthen workforce retention, and improve service delivery.

The broad objective of this study is to examine the influence of workplace motivational factors on employee performance at the University College Hospital, Ibadan. Specifically, the study seeks to: (1) assess the performance levels of employees in the Nigerian public health sector with a focus on UCH; (2) identify the motivational factors influencing health workers at UCH; and (3) examine the relationship between these motivational factors and employee performance.

By generating evidence-based insights, this study contributes to the growing body of knowledge on human resource management in resource-constrained health systems. The findings offer practical recommendations for hospital administrators and policymakers to strengthen employee motivation, enhance job satisfaction, and improve healthcare delivery. Moreover, the study aligns with broader national and global priorities, including the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 8 (Decent Work and Economic Growth). Ultimately, the outcomes of this research have the potential to inform the development of supportive work environments and professional development programs that foster both personal and organizational growth, thereby contributing to a more resilient and effective healthcare system.

THEORETICAL FRAMEWORK

Motivation, derived from the Latin *movere* ("to move"), is widely understood as the internal or external force that drives individuals to act toward specific goals. Scholars describe it as an inner drive and a decision-making process that shapes effort, persistence, and behavioural patterns (Alase & Akinbo, 2021; Ochola, 2018). In organizational settings, motivation is a central determinant of employee satisfaction and performance (Cerasoli et al., 2014; Reizer et al., 2019). Because of its complexity, motivation has been examined through multiple theoretical perspectives, each contributing to contemporary understanding.

Modern evidence-based theories emphasize the social, cognitive, and psychological dimensions of workplace behaviour. Social Exchange Theory argues that employees reciprocate managerial support and recognition with increased commitment (Eisenberger et al., 2016; Gouldner, 1960). Social Identity Theory highlights how group membership strengthens self-esteem and aligns behaviour with collective goals (Tajfel, 2010). Self-Determination Theory (SDT) remains one of the most influential frameworks, proposing that autonomy, competence, and relatedness foster intrinsic motivation (Ryan & Deci, 2000). Complementary models such as Cognitive Evaluation Theory and Self-Regulation Theory explain how feedback, self-monitoring, and self-efficacy shape motivated behaviour (Baumeister & Vohs, 2007; Carver & Scheier, 2012).

Earlier theories, such as Reinforcement Theory (Skinner, 1919), Drive Theory, and Cognitive Dissonance Theory (Festinger, 1957) provided foundational insights, but have since been integrated into broader cognitive and social frameworks due to conceptual limitations (Chapanis & Chapanis, 2017; Vaidis, 2014). Similarly, Job Characteristics Theory (Hackman & Oldham, 1976) and Expectancy Theory (Vroom, 1964) remain influential but face constraints related to scope and measurement (Heneman & Schwab, 1972; Humphrey et al., 2007; Mitchell & Nebeker, 1973; Van Eerde & Thierry, 1996).

Some historically popular theories, including Maslow's Hierarchy of Needs (Maslow, 1943) and Herzberg's Motivation-Hygiene Theory (Herzberg, 1959), have been largely discredited due to weak empirical support (Geller, 2016; House & Wigdor, 1967; Wahba & Bridwell, 1976). Nonetheless, they continue to influence managerial practice.

Across sectors and especially in healthcare research, it consistently identifies remuneration, job security, recognition, organizational support, and professional development as key motivational factors. Motivated healthcare workers demonstrate higher job satisfaction and improved performance, which directly affects patient outcomes. Broader organizational research also highlights the role of leadership style, teamwork, and training in shaping productivity (Singh et al., 2022). Studies show that employee training enhances performance, retention, and organizational survival (Adejare et al., 2020), while managerial attitudes, job content, and financial rewards significantly influence employee performance (Yas et al., 2020).

Overall, the literature demonstrates that motivation is multifaceted, shaped by psychological needs, social relationships, workplace structures, and organizational practices. These insights provide a strong theoretical foundation for understanding how motivation influences performance and satisfaction, particularly within healthcare institutions.

METHODOLOGY

A descriptive cross-sectional study design was employed to investigate the impact of workplace motivation on employees' performance. The study was conducted at the University College Hospital, Ibadan (UCH), which is a tertiary healthcare facility located in Ibadan-North-West Local Government Area, Oyo State, South-west, Nigeria. It has approximately 80 departments, over 30 operational wards, a current bed capacity of 1,440, and an average monthly patient intake of 13,042. It has a total of 5,354 employees (4,000 clinical staff and 1,354 non-clinical staff), distributed into six core strata based on professional roles. The target population were the healthcare workers at the UCH, who are clinical staff (Doctors, Nurses, Medical Laboratory Scientists/technicians, Pharmacists, Physiotherapists, Radiographers, Scientific officers, Medical social Workers, Health Record Officers, Environmental Health Officers, Health Assistants, and Biomedical Engineers), and the non-clinical staff (Administrative Officer, Technicians, Other Non-Clinical staff) and have been employed for at least two years as of the time of the survey, and a total sample size (N) of 401 participants were recruited during the period of the study between March and April 2025.

With the nominal roll (sample frame) of the permanent staff employed for at least two years, a stratified random sampling technique was used until the total sample size of 401 was achieved, to ensure proportional representation across major categories of the healthcare workers; administrative staff- 28.8%, clinical staff- 32.9%, health support staff- 23.4%, laboratory staff- 5.9%, technical and skilled workers- 8.2%, others- 0.7%

A semi-structured questionnaire was administered to healthcare workers across selected departments at the UCH. The questionnaires were distributed physically and electronically, depending on departmental logistics and accessibility. Approval was sought from the hospital management, informed consent

was obtained from all participants, and responses were anonymized and handled in compliance with ethical guidelines approved by the UI/UCH Ethics Committee (UI/EC//25/0252).

The data was analyzed using SPSS version 23 statistical software. Confirmatory Factor Analysis was conducted to ensure the reliability and validity of all the constructs and their respective items, followed by model fit indices. Quantitative data was represented as a measure of central tendency (mean/median, mode) and a measure of dispersion (standard deviation). Chi-square was used to assess the relationship between the categorical variables, and a multivariable logistic/linear regression model was used to explore the causal relationships between the motivational factors and employee performance. P values of < 0.05 were considered significant, with 2- tailed tests.

RESULTS

3.1 SOCIODEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

The workforce is predominantly within the 37–42 years age bracket, which accounts for 35.7% of respondents. This is closely followed by those aged 43–48 years (25.2%), indicating that a significant portion of the workforce is in their mid-to-late career stage. Workers between 31–36 years make up 18%, while the younger group, aged 25–30 years, represents only 7.7%, suggesting relatively fewer early-career professionals. On the other end of the spectrum, only 2.2% are 55 years or older, which might indicate retirement trends or a younger recruitment policy.

The gender breakdown shows a slight male dominance, with 55.1% male and 44.9% female. The most common educational qualification among respondents is a Bachelor of Science degree (43.4%), followed by Master’s degrees (21.1%) and Higher National Diplomas (15.4%). A smaller fraction of respondents have medical degrees (5.2%), National Diplomas (6.7%), or secondary education (5.4%), while only 2.2% hold Fellowships or PhDs, and 0.7% indicated other qualifications.

More than half of the respondents (59.4%) have been employed for 6–10 years, suggesting a stable and moderately experienced workforce. Also, 28.7% have been with the organization for more than 10 years, indicating long-term retention and institutional memory. On the other hand, 12% have only 1–5 years of experience, showing some level of new staff integration.

Table 1
Sociodemographic Characteristics of the Participants

Variables	Categories	Frequency (n = 401)	Percentage (%)
Age	25–30	31	7.7
	31–36	72	18.0
	37–42	143	35.7
	43–48	101	25.2
	49–54	45	11.2
	55 and above	9	2.2
Gender	Male	221	55.1
	Female	180	44.9
Highest Level of Education	Bachelor of Medicine and Surgery (MBBS)	21	5.2
	Bachelor of Science (BSc)	174	43.3
	Fellowship/PhD/MD	9	2.2
	Higher National Diploma (HND)	62	15.4
	Masters (MSc/MPH/MBA)	85	21.1
	National Diploma (ND)	27	6.7
	Secondary	22	5.4
	Others	3	0.7
Number of years being employed	1–5 years	48	11.9
	6–10 years	238	59.4
	More than 10 years	115	28.7

3.2 JOB CATEGORY OF THE EMPLOYEES

The workforce is diverse in roles. Figure 1 shows that the largest group is clinical staff, 116 (32.9%), which is expected in a health-related institution. Administrative staff follows with 132 (28.9%), highlighting the importance of non-clinical operations. Health support staff 94 (23.4%) and technical/skilled workers 33 (8.2%) play significant roles, while laboratory staff 24 (6%) and others 2 (0.7%) make up the rest.

3.3 LEVEL OF JOB PERFORMANCE OF THE PARTICIPANTS

Figure 2 reveals that the majority of the individuals (198 out of 401), accounting for 49.4%, exhibit a low level of performance. This suggests that nearly half of the population under review is underperforming, which may indicate a need for intervention, such as increased motivation, better training, or improved working conditions.

Meanwhile, 158 individuals (39.4%) fall within the moderate performance level. This group represents a significant portion of the population who are performing at an average level.

On the other hand, only 45 individuals (11.2%) are classified as having a high level of performance. This small percentage highlights a performance gap, where only a few individuals are excelling.

3.4 MOTIVATIONAL FACTORS OF THE PARTICIPANTS

As shown in Table 2, job satisfaction, recognition, compensation, work environment, promotion, and opportunity for advancement have been identified as the motivational factors for performance among the participants.

Job Satisfaction recorded the highest mean score of 12.04, with a standard deviation of 4.88, indicating that employees generally rated job satisfaction as a major motivational factor. The relatively high standard deviation shows there is some variation in how employees perceive their satisfaction at work, but overall, it is a strong source of motivation.

Recognition also scored high with a mean of 10.69 and a standard deviation of 3.92. This suggests that being acknowledged or appreciated for their work is a key motivational factor for employees. The slightly lower standard deviation compared to job satisfaction indicates more consistency in how employees value recognition.

Compensation had a moderate mean of 6.67 with a standard deviation of 3.19. This reflects that salary or financial rewards are important to employees, but not as strongly motivating as job satisfaction or recognition. The variability suggests differing opinions, possibly influenced by personal financial expectations or job roles.

Work Environment had a mean of 6.34, but with a relatively high standard deviation of 5.91, the largest among all factors. This widespread indicates a significant variation in how employees perceive their work environment, while some may find it motivating, others may not, pointing to inconsistent workplace conditions.

Promotion and Opportunity for Advancement scored the lowest, with means of 6.04 and 6.03, respectively. Their standard deviations, 2.97 for promotion and 2.87 for advancement, are relatively low, suggesting that while these factors are less motivating overall, employee views on them are more consistent. This could imply limited growth opportunities within the organization or a general lack of emphasis on career progression.

Table 2

The motivational factors of the health workers

Motivational Factors	Mean	Standard Deviation
Recognition	10.69	3.92
Job satisfaction	12.04	4.88
Promotion	6.04	2.97
Compensation	6.67	3.19
Work environment	6.34	5.91
Opportunity for advancement	6.03	2.87

3.4.1Qualitative analysis (from open-ended questions)

Motivational Factors of the Employees:

Salary, financial packages, and other compensation benefits stood out as the most frequently mentioned motivational factors, with 111 respondents, accounting for 27.7% of the total. This suggests that financial rewards remain a top priority for most employees, as many view good pay and benefits as essential to their satisfaction and motivation.

Recognition and appreciation came next, selected by 76 respondents (19.0%). This highlights the importance employees place on being acknowledged and valued for their work. It indicates that even if financial rewards are important, feeling respected and appreciated by supervisors and peers is also a strong motivator.

Promotion was cited by 61 respondents (15.2%), showing that opportunities for upward movement in one's career play a significant role in keeping employees motivated. Many employees are likely driven by the desire to grow professionally and take on more responsibilities.

Career advancement, closely related to promotion, was chosen by 56 respondents (14.0%). While slightly lower than promotion, this still shows a considerable interest in long-term growth opportunities and skill development within the organization.

Job security was another important factor, mentioned by 53 respondents (13.2%). This implies that many employees are motivated by the assurance that their job is stable and that they can rely on it for the foreseeable future. In uncertain economic times, job security becomes even more valued.

The work environment was selected by 41 respondents (10.2%), the lowest among the main categories. This suggests that while the physical or social conditions of the workplace matter, they are not considered the top priority for most employees when compared to pay, recognition, or advancement opportunities.

3.4.2 Descriptive Analysis of Open-Ended Questions

From Table 3, when asked what they find most motivating at work, a significant number of respondents (27.7%) pointed to salary and financial benefits as the most influential factor. This was followed by recognition and appreciation (19.0%) and promotion opportunities (15.2%). Only 10.2% mentioned the work environment, while even fewer were motivated by career advancement (14.0%) or job security (13.2%). A negligible number (0.7%) selected other reasons. This suggests that monetary rewards and recognition are key drivers of motivation for most employees.

On whether they feel valued by management, less than half (43.1%) said “Yes,” while a concerning 48.4% were not sure. Only 8.5% outrightly felt undervalued. This uncertainty points to a possible communication gap between employees and leadership at UCH.

Regarding factors affecting performance, poor management or leadership (29.9%) and lack of resources like tools and equipment (28.9%) were the most cited issues, followed by insufficient financial incentives (21.2%). This highlights that both managerial practices and logistical support are major areas of concern for staff.

When asked how often they face performance-hindering challenges, 40.4% said “sometimes,” and 21.7% said “frequently.” About 12.7% experience such issues “always,” while only a small fraction (8.2%) never face challenges. This shows that the majority regularly face obstacles that could be limiting their output.

A strong majority (60.3%) believe their performance would improve with more motivation, while 36.4% were not sure, and only 3.2% disagreed. This indicates a broad recognition of the importance of motivation to workplace performance.

When asked to identify the most influential motivational factor, salary and financial incentives again came out on top (32.4%), followed by work environment (28.9%), and career advancement opportunities (22.7%). Recognition was chosen by 16.0% of respondents, reaffirming earlier results.

A large proportion (64.1%) of employees believe that improved motivation would lead to greater job satisfaction, while a third (33.2%) were uncertain. Very few (2.7%) disagreed, reinforcing the idea that staff morale is closely tied to both motivation and job satisfaction.

Regarding areas where staff feel their performance is not optimal, 42.1% indicated “none,” suggesting many are confident in their current roles. However, 31.4% selected “others,” indicating issues not listed, while smaller percentages cited concerns such as management/leadership issues, teamwork, training needs, and communication problems.

For improving workplace motivation and performance, respondents suggested several measures. The top recommendation was training and career development (21.2%), followed by an improved work environment (18.7%), financial incentives (16.5%), and increased staffing (15.0%). These responses indicate a desire for both professional growth and a more supportive work setting.

In the open-ended section on additional thoughts, 38.4% had no further comments, but among those who responded, key concerns included power supply (16.0%), salary and recognition (7.0%), training and development (4.7%), and career advancement (4.5%). Again, issues like management, equipment, and conducive working conditions emerged as recurring themes.

Table 3
Descriptive Analysis of Open-Ended Questions

Questions	Category	Frequency N = 401	Percentage (%)
The most motivating factor at work	Career advancement	56	14.0
	Security	53	13.2
	Promotion	61	15.2
	Recognition and appreciation	76	19.0
	Salary/ financial benefits	111	27.7
	Work environment	41	10.2
	Others	3	0.7
Perceived that the management of the hospital values individuals' contributions	No	34	8.5
	Yes	173	43.1
	Not sure	194	48.4
Factors that affect staff performance at the hospital	Insufficient financial incentives	85	21.2
	Lack of career advancement opportunities	28	7.0
	Lack of resources (tools, equipment)	116	28.9
	Poor management or leadership	120	29.9
	Workload	46	11.5
	Others	6	1.5
Challenges experienced hinder staff performance	Always	51	12.7
	Frequently	87	21.7
	Never	33	8.2
	Rarely	68	17.0
	Sometimes	162	40.4
Thought performance would improve if more motivated	No	13	3.2
	Yes	242	60.3
	Not Sure	146	36.4
The motivational factor that most influences performance	Career advancement opportunities	91	22.7
	Recognition and appreciation	64	16.0
	Salary and financial incentives	130	32.4
	Work environment	116	28.9
Believed that improved motivation would lead to greater job satisfaction	No	11	2.7
	Yes	257	64.1
	Not sure	133	33.2
Areas of your job where perceived performance is not optimal	None	169	42.1
	Management/leadership issues	19	4.7
	Training and development	11	2.7
	Teamwork and collaboration	13	3.2
	Workload/shift issues	13	3.2
	Feedback/ communication/ recognition	10	2.5
	Resources/tools/electricity	10	2.5
	Patient care/ engagement	15	3.7
	Work environment	6	1.5

Questions	Category	Frequency N = 401	Percentage (%)
	Administrative tasks	9	2.2
	others	126	31.4
Recommendations to improve workplace motivation and performance	Training and career development	85	21.2
	Increased staffing	60	15.0
	Effective communication and feedback	30	7.5
	Improved work environment	75	18.7
	Leadership and management quality	45	11.2
	Financial incentives and salary increase	66	16.5
	Recognition, appreciation and motivation	40	10.0
Additional thoughts on workplace motivation and employee performance	Power supply	64	16.0
	Incentives, salary & recognition	28	7.0
	Training & development	19	4.7
	Conducive work environment	19	4.7
	Career advancement	18	4.5
	Salary increment	13	3.2
	Staff recruitment	13	3.2
	Recognition /appreciation	13	3.2
	Functional Equipment	10	2.5
	Leadership and management	9	2.2
	Supervision	6	1.5
	None	154	38.4
	Others	35	8.7

3.5 RELATIONSHIP BETWEEN MOTIVATIONAL FACTORS AND THE PERFORMANCE OF THE HEALTH WORKERS

As depicted in Table 4, the strongest positive relationship is between performance score and recognition, with a correlation coefficient of 0.428 and a significance level of $p < 0.001$. This suggests that employees who feel recognized for their contributions tend to perform better, making recognition a key factor in driving performance.

There is also a positive but weaker correlation between performance score and job satisfaction, with a coefficient of 0.136 and a significance of $p = 0.006$. This implies that higher job satisfaction is modestly associated with better performance. Similarly, performance score correlates weakly but significantly with promotion ($r = 0.114$, $p = 0.023$), indicating that individuals with promotion prospects are slightly more likely to perform better.

The relationship between performance and compensation is very weak and not statistically significant ($r = 0.025$, $p = 0.615$), suggesting that compensation may not be a determining factor in employee performance within this context. The same holds true for the work environment, which shows a weak, non-significant correlation of 0.062 ($p = 0.215$), indicating little to no direct impact on performance.

Opportunity for advancement has a weak but significant positive correlation with performance ($r = 0.107$, $p = 0.032$), suggesting that employees who perceive growth opportunities are slightly more likely to demonstrate higher performance.

Therefore, recognition stands out as the most influential factor in relation to employee performance, while job satisfaction, promotion, and advancement opportunities show moderate importance. Compensation and work environment appear to have minimal direct influence.

Table 4
Correlation Analysis of the relationship between motivational factors and performance of health workers.

		Performance score	Recognition	Job satisfaction	Promotion	Compensation	Work Environment	Opportunity for advancement
Performance score	Pearson Correlation	1	.428**	.136**	.114*	.025	.062	.107*
	Sig. (2-tailed)		.000	.006	.023	.615	.215	.032
	N	401	401	401	401	401	401	401
Recognition	Pearson Correlation	.428**	1	.325**	.237**	.184**	.203**	.171**
	Sig. (2-tailed)	.000		.000	.000	.000	.000	.001
	N	401	401	401	401	401	401	401
Job satisfaction	Pearson Correlation	.136**	.325**	1	.275**	.326**	.294**	.244**
	Sig. (2-tailed)	.006	.000		.000	.000	.000	.000
	N	401	401	401	401	401	401	401
Promotion	Pearson Correlation	.114*	.237**	.275**	1	.105*	.143**	.214**
	Sig. (2-tailed)	.023	.000	.000		.035	.004	.000
	N	401	401	401	401	401	401	401
Promotion	Pearson Correlation	.025	.184**	.326**	.105*	1	.419**	.326**
	Sig. (2-tailed)	.615	.000	.000	.035		.000	.000
	N	401	401	401	401	401	401	401
Work Environment	Pearson Correlation	.062	.203**	.294**	.143**	.419**	1	.251**
	Sig. (2-tailed)	.215	.000	.000	.004	.000		.000
	N	401	401	401	401	401	401	401
Opportunity for advancement	Pearson Correlation	.107*	.171**	.244**	.214**	.326**	.251**	1
	Sig. (2-tailed)	.032	.001	.000	.000	.000	.000	
	N	401	401	401	401	401	401	401
**. Correlation is significant at the 0.01 level (2-tailed).								
*. Correlation is significant at the 0.05 level (2-tailed).								

Table 5a-c

Multiple Regression

The multiple regression model produced an R value of 0.435, indicating a moderate positive correlation between the combined predictors and the performance score. This suggests that the set of motivational and workplace factors is moderately associated with employee performance.

The R Square value is 0.190, meaning that approximately 19% of the variance in performance scores can be explained by the six predictors included in the model. While this is not very high, it still shows that these factors play a meaningful role in influencing performance, though other unexplored factors may account for the remaining 81%.

The Adjusted R Square is slightly lower at 0.177, which accounts for the number of predictors in the model and provides a more accurate estimate of the model's explanatory power. This adjusted value confirms that, after controlling for the number of predictors, about 17.7% of the variability in performance can still be explained by the variables considered.

Model Summary (Table 5a)				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.435 ^a	.190	.177	32.08524
a. Predictors: (Constant), Opportunity for advancement, Recognition, Promotion, Work Environment, Job satisfaction, Compensation				

ANOVA ^a (Table 5b)						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	94872.683	6	15812.114	15.360	.000 ^b
	Residual	405608.304	394	1029.463		
	Total	500480.988	400			
a. Dependent Variable: Performance score						
b. Predictors: (Constant), Opportunity for advancement, Recognition, Promotion, Work Environment, Job satisfaction, Compensation						

Coefficients ^a (Table 5c)						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	62.193	6.195		10.040	.000
	Recognition	3.885	.443	.430	8.778	.000
	Job satisfaction	.058	.375	.008	.154	.878
	Promotion	.081	.576	.007	.141	.888
	Promotion	– .776	.584	– .070	-1.329	.185
	Work Environment	– .080	.308	– .013	– .260	.795
	Opportunity for advancement	.694	.610	.056	1.138	.256
a. Dependent Variable: Performance score						

DISCUSSION

The demographic and performance patterns observed among staff at the University College Hospital (UCH), Ibadan, reflect both strengths and systemic challenges that align with, yet also diverge from, contemporary evidence in the health-workforce literature. The predominance of mid- to late-career employees (ages 37–48) suggests a mature and experienced workforce, which is often associated with higher professional competence and organizational stability. Studies in Nigeria and other LMICs similarly report that longer tenure and older age groups tend to exhibit stronger organizational commitment and intrinsic motivation (Okafor et al., 2022). However, contrary evidence indicates that aging workforces may also experience reduced adaptability, lower digital readiness, and increased resistance to organizational change factors that can negatively influence performance in rapidly evolving healthcare environments (Cantarelli et al., 2023).

The gender distribution at UCH, with males slightly outnumbering females, is consistent with national patterns in tertiary hospitals. Yet, global literature increasingly emphasizes that gender-balanced teams enhance collaboration, communication, and patient outcomes. The slight male dominance may therefore reflect broader structural inequities in career progression and recruitment, which have been documented across African health systems (Shaahu et al., 2025).

Educational qualifications at UCH are also noteworthy. While the majority hold Bachelor's degrees, the relatively low proportion of staff with postgraduate qualifications may limit the hospital's capacity for research, innovation, and advanced clinical practice. This aligns with findings from Makurdi, where career progression and self-development were among the strongest motivators for healthcare workers (Shaahu et al., 2025). The low motivation scores for promotion and advancement in this study reinforce this concern, suggesting that UCH may not be providing adequate pathways for professional growth.

The occupational distribution reinforces this diversity: clinical staff constitute the largest group (32.9%), followed by administrative and health support staff. This balance is expected in a tertiary hospital setting, yet the relatively small proportion of laboratory and technical/skilled workers may have implications for service delivery. The tenure profile, with nearly 60% of employees having served 6–10 years and almost 30% exceeding 10 years, indicates a stable workforce with low turnover. While stability is beneficial for continuity of care and institutional memory, it may also reflect limited mobility or advancement opportunities an interpretation supported by the low mean scores for promotion and career advancement.

Literature from Italy shows that team coordination, adequate staffing, and well-structured units significantly improve job satisfaction and performance (Cantarelli et al., 2023). A more concerning finding is the performance distribution: nearly half of employees (49.4%) fall into the low-performance category.

This contrasts sharply with studies such as Shaahu et al. (2025), where 94.7% of healthcare workers reported high motivation and correspondingly strong performance indicators. However, our findings align more closely with Okafor et al. (2022), who reported that only 24.5% of health service providers in Western Nigeria felt motivated to deliver quality care, citing poor promotion processes, inadequate resources, and weak management structures as major demotivators. This suggests that UCH may be experiencing similar systemic constraints.

The motivational factor analysis in this study provides further insight. Job satisfaction and recognition emerged as the strongest motivators, consistent with global evidence that intrinsic motivators such as meaningful work, appreciation, and professional identity are powerful drivers of performance (Shaahu et al., 2025). However, compensation, work environment, promotion, and advancement scored low. This aligns with findings from multiple studies showing that inadequate pay, poor infrastructure, and limited career progression are major demotivators in African healthcare settings (Okafor et al., 2022; Shaahu et al., 2025).

Interestingly, the regression model explained only 19% of the variance in performance, suggesting that motivation alone does not fully account for performance outcomes. This is consistent with broader literature indicating that performance in healthcare is influenced by a complex interplay of factors including leadership quality, teamwork, resource availability, and organizational culture (Anah & Ozoh, 2024). For example, teamwork, shared values, and mutual trust have been shown to significantly enhance performance in Nigerian public hospitals, independent of individual motivation (Anah & Ozoh, 2024). Thus, the relatively low explanatory power of motivational factors in your model may reflect the influence of these broader organizational determinants.

The open-ended feedback from respondents reinforces this interpretation. Power-supply issues, inadequate equipment, poor recognition, and limited training opportunities were frequently cited factors that have been widely documented as barriers to performance in resource-constrained health systems (Okafor et al., 2022). These structural constraints may explain why even motivated employees struggle to achieve high performance.

However, some literature challenges the assumption that structural issues alone drive poor performance. For example, studies in Asia and Europe suggest that well-designed performance appraisal systems can significantly enhance motivation and job satisfaction, even in resource-limited settings (Gao Fangqi et al., 2024). This implies that UCH may benefit from strengthening its performance management systems, independent of infrastructural improvements.

Overall, our findings align strongly with contemporary evidence showing that motivation, while important, is insufficient on its own to drive high performance in healthcare settings. Structural, managerial, and organizational factors play equally critical roles. The divergence between your findings and studies reporting high motivation and performance (e.g., Shaahu et al., 2025) may reflect contextual differences in leadership, resource availability, and institutional culture.

CONCLUSION

This study provides a comprehensive assessment of workforce characteristics, motivational dynamics, and performance outcomes at the University College Hospital (UCH), Ibadan. The findings reveal a predominantly mid- to late-career workforce with long tenure and substantial institutional experience, yet performance levels remain suboptimal, with nearly half of employees classified as low performers. Although intrinsic motivators such as job satisfaction and recognition emerged as the strongest drivers of engagement, extrinsic factors including compensation, work environment, promotion, and career advancement were consistently weak. These patterns suggest that while employees value their roles and derive meaning from their work, systemic and structural constraints continue to undermine their ability to perform optimally.

The moderate predictive power of motivational factors on performance indicates that motivation alone cannot fully explain the observed performance gaps. Instead, broader organizational issues such as inadequate infrastructure, inconsistent power supply, limited training opportunities, and perceived inequities in recognition and advancement play a significant role. The open-ended feedback reinforces this interpretation, highlighting persistent operational and managerial challenges that impede productivity and morale.

Taken together, the results underscore the need for a multifaceted approach to workforce improvement at UCH. Strengthening recognition systems, enhancing compensation structures, expanding professional development opportunities, and addressing infrastructural deficiencies are essential steps toward revitalizing the workforce. Given the institution's experienced and stable staff base, targeted interventions have the potential to yield meaningful improvements in performance, service delivery, and overall organizational effectiveness. Ultimately, addressing both motivational and systemic barriers will be critical for sustaining a high-performing workforce capable of meeting the demands of a leading tertiary healthcare institution.

RECOMMENDATIONS

To boost performance, UCH should implement structured recognition programs, enhance professional development and career-progression frameworks, and resolve systemic challenges (notably unstable power and equipment shortages).

LIMITATIONS OF THE STUDY

This study's reliance on a one-time, self-reported survey means causal links between motivation and performance remain untested, and complex attitudes may have been oversimplified by Likert-scale items or skewed by social-desirability and recall biases. The regression model's modest explanatory power (Adjusted $R^2 = 0.177$) highlights that key influences on leadership behaviours, organizational culture, peer networks, and external economic pressures were not captured.

Moreover, focusing on a single tertiary hospital limits generalizability to other settings with different resources or management structures. Although stratified sampling sought proportional representation, minor rounding in workforce estimates and uneven response rates, especially in open-ended comments, may

have distorted stakeholder voices. Future research should track employees over time, include multiple healthcare sites, and employ mixed-methods designs with broader environmental and interpersonal predictors to deepen insights into workforce motivation under resource constraints.

SUGGESTIONS FOR FURTHER STUDIES

Future research should broaden the set of motivational and contextual variables and test the effectiveness of targeted interventions in resource-constrained healthcare settings.

Declarations

Funding:

This study is self-funded

Conflict of interest/Competing interests: The authors have no conflicts of interest to declare that are relevant to the content of this article.

Ethics approval and consent to participate in the study were obtained.

Data availability: The dataset is submitted and available as required.

ACKNOWLEDGEMENT

The staff and management of the University College Hospital are appreciated for their participation and approval, respectively, to carry out the study.

References

1. Adejare, B. O., Olaore, G. O., Udofia, E. E., & Emola, T. B. (2020). Inefficiency among Non-Academic Staffs in Nigerian Tertiary Institutions: The Role of Training and Development. *Journal on Efficiency and Responsibility in Education and Science*, 13(2), 56–66.
2. Akinwale, O. E., & George, O. J. (2023). Personnel brain-drain syndrome and quality healthcare delivery among public healthcare workforce in Nigeria. *Arab Gulf Journal of Scientific Research*, 41(1), 18–39.
3. Alase, G., & Akinbo, T. (2021). Employee motivation and job performance: Empirical evidence from Nigeria. *Applied Journal of Economics, Management and Social Sciences*, 2(2), 16–23.
4. Anah, S., & Ozoh, M. A. (2024). Teamwork Development And Organization Performance In Public Hospital In Anambra State, Nigeria.
5. Bashir, A., Amir, A., Jawaad, M., & Hasan, T. (2020). Work conditions and job performance: An indirect conditional effect of motivation. *Cogent Business & Management*, 7(1), 1801961.
6. Baumeister, R. F., & Vohs, K. D. (2007). Self-Regulation, ego depletion, and motivation. *Social and personality psychology compass*, 1(1), 115–128.
7. Cantarelli, P., Vainieri, M., & Seghieri, C. (2023). The management of healthcare employees' job satisfaction: optimization analyses from a series of large-scale surveys. *BMC Health Services Research*, 23(1), 428. <https://doi.org/10.1186/s12913-023-09426-3>
8. Carver, C. S., & Scheier, M. F. (2012). Attention and self-regulation: A control-theory approach to human behavior. Springer Science & Business Media.
9. Cerasoli, C. P., Nicklin, J. M., & Ford, M. T. (2014). Intrinsic motivation and extrinsic incentives jointly predict performance: a 40-year meta-analysis. *Psychological bulletin*, 140(4), 980.
10. Chapanis, N. P., & Chapanis, A. (2017). Cognitive dissonance: Five years later. In *Attitude change* (pp. 116–153). Routledge.
11. Eisenberger, R., Malone, G. P., & Presson, W. D. (2016). Optimizing perceived organizational support to enhance employee engagement. *Society for Human Resource Management and Society for Industrial and Organizational Psychology*, 2(2016), 3–22.
12. Emmanuel, N., & Nwuzor, J. (2021). Employee and Organisational Performance: Employees Perception of Intrinsic and Extrinsic Rewards System. *Applied Journal of Economics, Management and Social Sciences*, 2(1), 26–32.
13. Festinger, L. (1972). A theory of cognitive dissonance. *Social psychology: Experimentation, theory, research*, 254–257.
14. Gao Fangqi, Orlina Ursula, & Regua, D. (2024). Evaluating the Impact of Performance Appraisal Systems on Employee Motivation and Job Satisfaction in Hospitals. *International Journal of Social Science and Humanities Research*, 12(3), 59–63. <https://doi.org/doi.org/10.5281/zenodo.12742237>
15. Geller, E. S. (2016). *The psychology of safety handbook*. CRC press.
16. Gouldner, A. W. (1960). The norm of reciprocity: A preliminary statement. *American sociological review*, 161–178.
17. Heneman, H. G., & Schwab, D. P. (1972). Evaluation of research on expectancy theory predictions of employee performance. *Psychological bulletin*, 78(1), 1.
18. Herzberg, F. (2015). Motivation-hygiene theory. *Organizational behavior* 1, 61–74.
19. House, R. J., & Wigdor, L. A. (1967). Herzberg's dual-factor theory of job satisfaction and motivation: A review of the evidence and a criticism. *Personnel psychology*, 20(4).
20. Humphrey, S. E., Nahrgang, J. D., & Morgeson, F. P. (2007). Integrating motivational, social, and contextual work design features: a meta-analytic summary and theoretical extension of the work design literature. *Journal of applied psychology*, 92(5), 1332.

21. Khim, K. (2016). Are health workers motivated by income? Job motivation of Cambodian primary health workers implementing performance-based financing. *Global health action*, 9(1), 31068.
22. Maslow, A. H. (1943). A theory of human motivation. *Psychological review*, 50(4), 370.
23. Mitchell, T. R., & Nebeker, D. M. (1973). Expectancy theory predictions of academic effort and performance. *Journal of applied psychology*, 57(1), 61.
24. Mokhniuk, A., & Yushchyshyna, L. (2018). The impact of monetary and non-monetary factors of motivation on employee productivity. *Economic journal of Lesya Ukrainka Volyn National University*, 1(13), 94–101.
25. Ochola, G. O. (2018). Employee motivation, An organizational performance improvement strategy (A review on influence of employee motivation on organizational performance). *JOJ sciences*, 1(5), 120–125.
26. Okafor, I. P., Dada, A. A., Olubodun, T., & Olufunlayo, T. F. (2022). Health worker motivation to deliver quality care in western Nigeria. *IJQHC Communications*, 2(2). <https://doi.org/10.1093/ijcoms/lyac012>
27. Reizer, A., Brender-Ilan, Y., & Sheaffer, Z. (2019). Employee motivation, emotions, and performance: a longitudinal diary study. *Journal of Managerial Psychology*, 34(6), 415–428.
28. Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American psychologist*, 55(1), 68.
29. Shaahu, V. N., Akpa, P., Pine, A., Bitto, T., De-kaa, N., Apaa, T., Ben-Ameh, T., & Ben-Ameh, M. (2025). Workplace Motivation among Healthcare Workers at the Federal Medical Centre, Makurdi, Nigeria. *Journal of Clinical and Applied Neurosciences*, 5(1), 39–49.
30. Singh, S., Solkhe, A., & Gautam, P. (2022). What do we know about employee productivity?: Insights from bibliometric analysis. *Journal of Scientometric Research*, 11(2), 183–198.
31. Skinner, B. F. (2019). *The behavior of organisms: An experimental analysis*. BF Skinner Foundation.
32. Tajfel, H. (2010). *Social identity and intergroup relations (Vol. 7)*. Cambridge university press. [https://doi.org/https://books.google.com.ng/books?hl=en&lr=&id=q0wFY3Dcu1MC&oi=fnd&pg=PR11&dq=Tajfel,+H.+
\(1982\).+Social+identity+and+intergroup+relations.+Cambridge+University+Press.&ots=qxupxb4qMr&sig=Jco2qGrcf9dh3MdWC_TeNKc4VE0&redir_esc=](https://doi.org/https://books.google.com.ng/books?hl=en&lr=&id=q0wFY3Dcu1MC&oi=fnd&pg=PR11&dq=Tajfel,+H.+
(1982).+Social+identity+and+intergroup+relations.+Cambridge+University+Press.&ots=qxupxb4qMr&sig=Jco2qGrcf9dh3MdWC_TeNKc4VE0&redir_esc=)
33. Vaidis, D. C., & Bran, Alexandre (2014). Cognitive Dissonance Theory. In: *obo in Psychology*.
34. Van Eerde, W., & Thierry, H. (1996). Vroom's expectancy models and work-related criteria: A meta-analysis. *Journal of applied psychology*, 81(5), 575.
35. Vroom, V. H. (1964). *Work and motivation*. <https://doi.org/https://www.scribd.com/document/408299722/WORK-AND-MOTIVATION-Victor-Vroom-pdf>
36. Wahba, M. A., & Bridwell, L. G. (1976). Maslow reconsidered: A review of research on the need hierarchy theory. *Organizational behavior and human performance*, 15(2), 212–240.
37. Yas, H., Mardani, A., & Alfarttoosi, A. (2020). The major issues facing staff in islamic banking industry and its impact on productivity. *Contemporary Economics*, 14(3), 392.

Figures

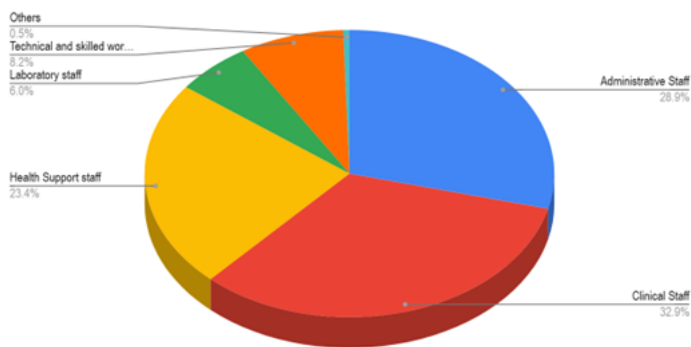


Figure 1

Job Category of the Employees

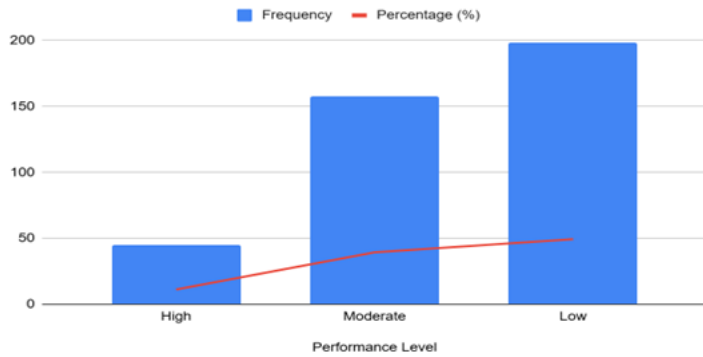


Figure 2
Level of Job Performance of the Participants

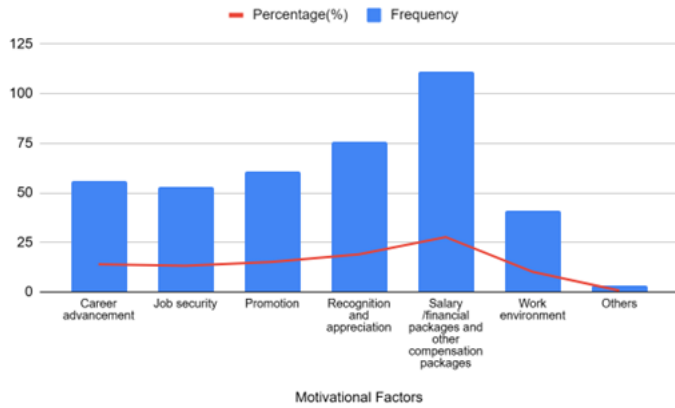


Figure 3
Qualitative analysis of Motivational Factors of the Employees (from open-ended questions)