

Effect of Employee Motivation Practices on Projects Performance in Health Projects: A Case of Projects Implemented in Ruhengeri Referral Hospital, Musanze District, Rwanda

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ABSTRACT

This study sought to investigate the effect of employee motivation practices on project performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district, Rwanda. The study adopted a convergent parallel design, utilising a mixed approach. The study was carried out at Ruhengeri Referral Hospital in Musanze district, Rwanda. The population consisted of 5400 subjects, from which a sample of 372 individuals was selected, comprising 317 patients, 44 health workers, and 11 health leaders. The sample size was determined using Yamane's formula. Random and purposive sampling techniques were used in selecting the involved participants. The data was collected using a structured questionnaire (with 5-point Likert scales), an interview guide, and a document review guide. The data was analysed using percentages, frequencies, means, standard deviation, and regression analysis. A study at Ruhengeri Referral Hospital in Rwanda found that recognition and rewards, career development, employee involvement, and job security all significantly boosted project performance (p -value <0.05). Based on these findings, the study recommends that the Ministry of Health implement strategies like performance-based incentives, training programmes, and staff meetings to improve employee motivation and project success. For health workers themselves, the study suggests ongoing skill development, a positive work environment, patient-centred care, and community engagement for better health outcomes.

Keywords: Health, Musanze District, Project, Referral Hospital, Ruhengeri, Rwanda

I. INTRODUCTION

Skilled healthcare professionals, advanced infrastructure, patient-centred approaches, comprehensive disease prevention and management programmes, and robust health information systems are essential globally (World Health Organization [WHO], 2016, 2020; CDC, 2017); additionally, evaluation of health projects considers indicators such as health outcomes, healthcare access, infrastructure, quality of care, and disease prevention efforts (Carini et al., 2020; WHO, 2021). Different regions in the world demonstrate varying strengths in healthcare systems, with Europe showcasing high-quality services, North America focusing on evidence-based practices, Australia and Oceania emphasising preventive measures, Asia showcasing diverse healthcare systems, South America prioritising primary healthcare, and some African countries demonstrating effective disease prevention and management (Center for Disease Control [CDC], 2017).

However, Rwanda faces challenges in service delivery, patient satisfaction, and disease prevention and management due to gaps in employee motivation within its referral hospitals (Seruyange et al., 2021). Improving employee motivation and engagement is crucial to addressing these gaps and enhancing performance in service delivery and disease prevention efforts (CDC, 2017). In some referral hospitals, including Ruhengeri Hospital in Rwanda, the issue of insufficient financial incentives, limited professional development opportunities, inadequate staffing levels, and high patient-to-staff ratios contributes to demotivation among healthcare professionals (Murekezi & Nisingizwe, 2020). The lack of recognition and rewards for exceptional performance, weak management and leadership, as well as inadequate infrastructure and resources, further hinder motivation (Nisingizwe et al., 2020; Rwabuhungu, 2019). Challenging working conditions, limited employee involvement in decision-making processes, and inadequate performance feedback and evaluation systems exacerbate the issue (Binagwaho et al., 2013).

Addressing these gaps is crucial to improving employee motivation and ultimately enhancing effective service delivery, patient satisfaction, and disease prevention efforts (Republic of Rwanda Ministry of Health, 2018). According to the Ministry of Health Rwanda (2018), the population satisfied with health service in Rwandan district hospitals, with a baseline indicator value of 74.9% in 2016/17, should have been greater than 80% in 2018/19, greater than 80% in 2019/20, and until 2023/24. The proportion of persons diagnosed with HIV infection receiving sustained

ART, with a base line in 2016 of 82.7%, should have been 85% in 2020 and should be 90% in 2024. The malaria proportional mortality rate, with a base line of 5.7% in 2016, should have been 4.5% in 2020 and 3% in 2024.

Despite continuous endeavours to improve employee motivation practices in the country, limited performance in health projects, particularly in the areas of quality service delivery, patient satisfaction, and disease prevention and management, persists as a significant issue in referral hospitals in Rwanda, including Ruhengeri referral hospital (WHO, 2020). Long patient wait times, inadequate healthcare infrastructure, limited access to healthcare services, and low immunization coverage contribute to these issues (Republic of Rwanda Ministry of Health, 2020; WHO, 2021). Rwanda's referral hospitals face ongoing issues that can hurt patients' experiences and health outcomes. These problems can make people frustrated and lose trust in the healthcare system (CDC, 2017). This might lead to more depression, less willingness to seek care, and ultimately worse overall health. Additionally, limited access to preventative measures like vaccinations and screenings can mean later diagnoses, more illnesses, and poorer health for everyone (WHO, 2010).

This study looked at how motivating employees at Ruhengeri Referral Hospital in Rwanda, such as recognition and career growth, can improve healthcare projects. The aim is to find ways to boost employee morale in similar settings, leading to better project results and, ultimately, healthier communities in Musanze district.

1.1 Objectives of the study

The main objective of this study is to evaluate the effect of employee's motivation practices on project performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district Rwanda. Specifically, the study was guided by the following objectives:

- i. To find out the effect of recognition and reward on project performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district.
- ii. To assess the effect of career development on project performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district.
- iii. To examine the effect of employee involvement on project performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district.
- iv. To measure the effect of job security on project performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district.

II. LITERATURE REVIEW

2.1 Recognition and Reward and Project Performance in Healthcare Projects

Lots of past research has looked at how motivating hospital staff can improve the outcome of healthcare projects. However, the majority of these studies have primarily concentrated on examining the effect of recognition and reward on the performance of such projects in referral hospitals. Let's take a closer look at some specific examples to illustrate these points.

A recent World Health Organization report (2020) revealed a surprising variety in how hospitals around the world show appreciation to their staff. From offering cool training programs and professional licenses to simply saying thank you to colleagues, there are tons of ways to keep healthcare workers feeling valued (Jha et al., 2011). And that feeling of appreciation is a big deal. Studies show it can create a much more positive work environment, where teamwork thrives and patients benefit from happier, more motivated staff (Hartwell et al., 2018; Dyrbye et al., 2017). But putting these programmes into action isn't always a walk in the park (Doran et al., 2017). Challenges like people not being aware of the programmes, budget limitations, and figuring out how to measure success can sometimes get in the way (Smith & Brown, 2020; De Regge et al., 2019).

To overcome these challenges and ensure successful recognition programmes, healthcare organisations can use several strategies: Regular announcements, workshops, and open communication can make sure everyone knows about the programmes (Hartwell et al., 2018; Dyrbye et al., 2017). Grants and partnerships can help cover costs. Setting clear goals and using feedback to keep improving the programs helps track what works in the hospital (Doran et al., 2017). Additionally, clear rules and a fair nomination process, tying recognition efforts into the hospital's overall plan, and regularly reviewing and updating the programmes based on feedback and what is working elsewhere are essential (Smith & Brown, 2020; De Regge et al., 2019).

Worldwide, healthcare professionals' benefit from a variety of reward practices designed to boost motivation and improve care (Hayes et al., 2012). These can include bonuses based on performance (like the US Merit-based Incentives Payment System), ongoing training programmes (the robust Australian CPD system), and recognition for

teamwork (as seen in the UK's National Health Services) (Cowden et al., 2011; WHO, 2020). Additionally, work-life balance initiatives (common in Sweden) and location-based incentives (used in Brazil's remote areas) are used (WHO, 2020). Africa offers similar rewards, with Rwanda's Ministry of Health showcasing a Team Performance Assessment system that specifically recognizes collaborative efforts towards project goals (WHO, 2018). This global focus on rewarding performance, continuous learning, teamwork, and staff well-being highlights the commitment to a motivated and effective healthcare workforce (World at Work, 2019).

Public celebrations of healthcare professionals' hard work occur across Africa (Squires et al., 2010). Hospitals use internal newsletters, social media, and even local media to express their appreciation (Bhattacharya et al., 2018). Doctors and nurses can also recognise each other through nominations or simply by expressing thanks to colleagues (Kangas et al., 2004). To help them keep growing, many institutions offer ongoing feedback and coaching sessions. Career development opportunities like training programmes and scholarships further invest in their skills and knowledge (Kiguli, 2014). Employee of the Month programmes highlight top performers, while long-service awards acknowledge dedication (Asaman et al., 2020). Leadership roles are celebrated too, with programs honoring mentors and providing strong guidance. Most importantly, they encourage innovative ideas (Lin & Wang, 2015). Rwanda even has a dedicated program for this, while South Africa uses regular performance reviews to foster continuous growth (Ministry of Health Rwanda, 2018).

Motivating both healthcare providers and patients is key to the health system, according to Gagne and Deci (2005). For providers, personalized rewards can be a game-changer. Financial bonuses, career advancement opportunities, and even extra training programmes can boost motivation and job satisfaction (Lavoie-Tremblay et al., 2008). Patients who take charge of their health can be rewarded too, with perks like discounts or access to wellness programs (National Committee for Quality Assurance [NCQA], 2011). Tying rewards to performance creates a team environment where everyone strives for specific goals and continuous improvement. However, the power of feeling good about the work can't be underestimated (Dyrbye et al., 2001; Maslow, 1943). The satisfaction of helping patients and a job well done are powerful motivators for providers. Tangible rewards like bonuses or gifts can also play a role, while patients might be more engaged with discounts or preventive care incentives (Smith & Johnson, 2020; Brown & Jones, 2019).

Recognizing and rewarding top healthcare professionals goes beyond just saying thank you. Hospitals can offer tangible rewards like certificates, public recognition, and career advancement opportunities to keep their staff motivated (Johnson et al., 2018). These rewards also build strong partnerships with stakeholders by providing grants for projects that improve patient care and disease prevention (Hayes et al., 2012). More broadly, employee recognition can take many forms, from financial bonuses to flexible work hours or extra training. Whatever the rewards, they send a powerful message that we value high-quality service and innovation. Ultimately, this motivated workforce leads to happier patients and better health outcomes for everyone (World at Work, 2019).

Keeping top healthcare professionals happy isn't just saying thanks. Hospitals that recognise and reward hard work and dedication see a range of benefits. Employee satisfaction goes up, turnover goes down, and patients experience a smoother transition of care (Bersin, 2012). This recognition culture also fosters innovation when hospitals reward members of staff who contribute to better processes and new ideas; everyone wins (Gartiner, 2020). Efficiency improves, patients are happier, and overall health outcomes climb. Plus, recognizing and rewarding teamwork creates a collaborative environment where everyone works together to deliver the best possible care. It is a win-win for everyone involved (Hayes et al., 2012).

III. METHODOLOGY

3.1 Research Design

The study adopted a convergent parallel design, utilizing a mixed approach, to measure the effect of employee motivation practices on project performance in health projects. Not all research is black and white. Johnson and Onuegbuzie (2004) described a mixed methods approach that blends number-oriented research (quantitative) with more in-depth, descriptive methods (qualitative) within a single study. This allows researchers to gather a broader range of evidence, painting a more comprehensive picture of the question they are exploring.

3.2 Population and Sampling

Not everyone can join a research study. The study population is the selected group of people who meet the researchers' specific requirements. It is a fundamental concept in research design that helps define the scope and generalizability of the study results (Kothari et al., 2007). The study was carried out at Ruhengeri Referral Hospital

within Musanze district. The study targeted specifically patients, health workers, and health leaders from different projects' departments within Ruhengeri referral hospital, such as osteopathic, endodontist, psychiatry, geriatric care, palliative care, occupational therapy, speech therapy, physical therapy, nutrition counselling, public health initiatives, community health outreach, maternal and child health, rehabilitation services, etc.

These patients were selected based on their hospitalization for treatment, care, counselling, and medication services. These section criteria ensure that they possess reliable information pertaining to service quality, patient satisfaction, and disease prevention and management. Health workers and leaders were specifically targeted due to their crucial role in overseeing the day-to-day management of treatment, care, and counselling activities within the hospital. As a result, they are presumed to possess greater knowledge and experience regarding the various aspects of their hospital. The population of the study counted 5400 subjects, from which a sample of 372 subjects (317 patients, 44 health workers, and 11 health leaders) was selected. Random and purposive sampling techniques were used in selecting the involved participants.

The sample size was determined using Yamane's formula. According to Yamane (1967), the formula for sample size determination is as follows: $n = \frac{N}{1 + Ne^2}$ Where N stands for population, n stands for sample size, and e stands for sampling error, which is equal to 0.05.

3.3 Instruments

In this study, primary data was collected using a structured questionnaire and interview guide. Additionally, secondary data was gathered through a documentary review, which involved examining sources such as journal articles, books, and theses. The questionnaire specifically consisted of close-ended questions in the form of Likert scale (1= Strongly agree, 2= Agree, 3= Neutral, 4= Disagree, 5= Strongly disagree). Participants were instructed to indicate their understanding by ticking the appropriate box.

3.4 Validity and Reliability

Prior to data collection, a pilot study was conducted to assess the validity and reliability of the instruments. The validity of the instruments was evaluated using the expert judgment technique, whereby experts provided suggestions for necessary adjustments. To determine reliability, the pilot study included 15 participants who completed the questionnaire and provided feedback. The reliability coefficient, measured using Cronbach Alpha, was calculated and the corresponding scores are presented in the table below.

Table 1
Reliability Results

Variables	Items	Cronbach's Alpha	Comments
Recognition and rewards	15	0.911	Accepted
Career development	15	0.820	Accepted
Employee involvement	15	0.811	Accepted
Job security	15	0.878	Accepted
Overall		0.855	Accepted

Cronbach's Alpha is a measure that ranges between 0 and 1, where higher values indicate stronger internal consistency. Typically, a Cronbach's Alpha of 0.7 or above is considered satisfactory in terms of internal consistency when the value surpasses 0.7. It suggests that the items within the scale are closely related to each other and effectively measure the desired construct. Consequently, the scale can be deemed reliable and consistent in assessing the intended construct, as supported by George and Mallery (2003).

According to the results presented Table 1, the calculated Cronbach's Alpha for the scale was 0.855, exceeding the threshold of 0.7. This indicates a strong level of internal consistency within the scale. The high Cronbach's Alpha value suggests that the items consistently measure the same construct, specifically, the effect of employee motivation practices on project performance in health projects, focusing on projects implemented by Ruhengeri Referral Hospital in Musanze District, Rwanda. Consequently, the scale demonstrates the ability to accurately measure the intended construct, thereby minimizing measurement errors.

3.5 Statistical Treatment of Data

This study employed a mixed methods approach, combining qualitative and quantitative research data analysis. Qualitative data analysis involved coding and categorizing the data to identify themes and pattern, utilizing techniques such as content analysis, thematic analysis, and grounded theory. On the other hand, quantitative research data analysis utilized statistical techniques, including descriptive statistics, inferential statistics, and regression analysis. To perform this analysis, the researchers utilized the Statistical Package for the Social Sciences (SPSS) 2022 software, generating percentages, frequencies, means, standard deviation, and conducting regression analysis.

IV. FINDINGS & DISCUSSIONS

4.1 Demographic Characteristics of Respondents

This study involved 372 participants including 317 patients, 44 health workers, and 11 health leaders. In terms of gender, this study involved 228 (61.29%) males, and 144 (38.70%) females. Concerning the age of respondents, 4 (1.07%) were less than 15 years, 17 (4.56%) were 15 to 20 years old, 41 (11.02%) were 20 to 25 years old, while 310 (83.33%) were above 25 years old. With regard to education level, 47 (12.63%) were participants with no educational level, 93 (25%) were participants with primary six education level and below, 121 (32.52%) were participants with secondary A2 education level or below, 72 (19.35%) were participants with advanced diploma A1 education level, 30 (8.06%) were participants with bachelor's degree A0 education level, while 9(2.41%) were participants with master's level and above.

Regarding professional experience, 4 (7.27%) represents health workers and health leaders having three years of professional experience, 20 (36 %) were health workers and health leaders with five year of professional experience, 31 (56%) were health workers and health leaders with more than five years of professional experience in healthcare sector. Having health workers and health leaders with several years of professional experience signifies a higher level of expertise, competence, and familiarity with the healthcare environment. Their experience contributes to their ability to provide effective and knowledgeable care, make informed decisions, and contribute to the overall functioning and improvement of the hospital.

4.2 Descriptive Statistics for Recognition and Reward and Project Performance in Healthcare Projects

The study sought to find out the level to which respondents agreed to selected likert statements on the influence of recognition and reward and project performance in healthcare projects on a scale of 1 to 5 where: 1= Strongly Disagree; 2=Disagree; 3=Neutral; 4=Moderated mean and 5=Strongly Agree.

The results in Table 2 show the opinions of respondents about different statement defining recognition and reward. Considering the mean from responses, it appears that statements are in the following category: High mean, moderate mean, and low mean. The results in all these categories show that the respondents agreed, and disagreed with the statements related to the effect of recognition and reward on performance of health projects.

The statement with high mean are: At our hospital they select and reward employee of the month (Mean= 4.034), we are given flexible work hours to have more control about our work schedule(M=4.555), we organize team building activities to foster a sense of camaraderie and collaboration such as team sport, volunteer work (Mean= 4.967), we are given personalized gift or prizes that align with their interests or hobbies (Mean= 4.222), we are given extra time off as a reward for exceptional performance or meeting specific goals (M= 4.007), we host special events, such as employee appreciation lunches or dinners, to show gratitude for their hard work (M= 4.511), and continuous feedback and coaching is offered at our hospital to grow and improve employees' skills (M= 4.018).

The statements with moderated mean are: We are given public recognition to acknowledge our accomplishment (M= 3.781), we are given promotion or new job opportunities (M= 3.909). The statements with low mean is: We are given performance bonuses such as incentives or a percentage of total sale revenue or fixed amount (M= 2.734). The results from table 2 show that the overall mean of agreement is high (M= 4.0738, high mean) and the overall standard deviation is (STD= 0.88491). The high mean indicates a relative strong or positive effect between recognition and reward and project performance in health projects implemented by Ruhengeri referral hospital in Musanze district, Rwanda.



Table 2
Descriptive statistics for Recognition and Rewards

Statements	Min	Max	Mean	STD
At our hospital they select and reward employee of the month	1.00	5.00	4.034	.7431
We are given performance bonuses such as incentives or a percentage of total sale revenue or fixed amount	1.00	5.00	2.734	1.9092
We are given flexible work hours to have more control about our work schedule	1.00	5.00	4.555	1.0273
We organize team building activities to foster a sense of camaraderie and collaboration such as team sport, volunteer work	1.00	5.00	4.967	.1932
We are given public recognition to acknowledge our accomplishment	1.00	5.00	3.781	.7113
We are given personalized gifts or prizes that align with their interests or hobbies	1.00	5.00	4.222	.7812
We are given extra time off as a reward for exceptional performance or meeting specific goals	1.00	5.00	4.007	1.2051
We host special events, such as employee appreciation lunches or dinners, to show gratitude for their hard work	1.00	5.00	4.511	.7190
We are given promotion or new job opportunities	1.00	5.00	3.909	.7485
Continuous feedback and coaching is offered at our hospital to grow and improve employees' skills	1.00	5.00	4.018	.8112
Overall, N=372			4.0738	0.8849

The results in Table 3 show the opinions of respondents about different statement defining performance in health projects. Considering the mean from responses, it appears that statements are in the following category: moderate and low mean. The results in all these categories show that the respondents moderated answers, and disagreed with the statements related to the performance of health projects.

The statement with moderated mean are: At our hospital there is clear and accurate communication between healthcare providers and patients (Mean= 3.002), at our hospital they offer health promotion and education such as smoking cessation programs and nutritional counselling (Mean= 3.00).

The statements with low mean are: At our hospital there is short waiting times for appointments and surgeries (Mean= 2.721), at our hospital patients are offered personalized care plans and are involved in decision-making (Mean=2.883), At our hospital there is a smooth use of electronic health records (Mean= 2.009), at our hospital there is a smooth use of electronic health records (2.333), at our hospital they offer screenings and diagnostic tests to detect diseases at an early stage, such as mammograms for breast cancer and colonoscopies for colorectal cancer (Mean= 2.505), at our hospital patients understand their diagnosis, treatment options, and care instructions (Mean= 2.141), at our hospital they effectively manage chronic disease such as diabetes and hypertension through regular monitoring, medication, and lifestyle interventions (Mean= 2.322), and at our hospital they offer screenings and diagnostic tests to detect diseases at an early stage, such as mammograms for breast cancer and colonoscopies for colorectal cancer (Mean= 2.101).

Since we have overall low mean (M= 2.5017, and STD=2.0163), this suggests that the respondents tend to disagree with the statements related to performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district. The high standard deviation shows that there is greater variability in the data points. This may suggest that the results are less reliable or that there is more variability in the measured variables. In other words, some participants viewed projects very favorably (closer to 5) (5 meant ‘‘strongly agree’’), while others were much more critical (closer to 1) (1 signifies ‘‘strongly disagree’’). While the low average score hints at a less-than-positive perception, the high standard deviation reveals a lack of consensus. There is a possibility that some projects are performing well, while others are facing challenges.



Table 3
Descriptive statistics for Projects Performance in Health Project

Statements	Min	Max	Mean	STD
At our hospital there is short waiting times for appointments and surgeries	1.00	5.00	2.721	1.999
At our hospital there is clear and accurate communication between healthcare providers and patients	1.00	5.00	3.002	2.189
At our hospital patients are offered personalized care plans and are involved in decision-making	1.00	5.00	2.883	1.545
At our hospital there is a smooth use of electronic health records	1.00	5.00	2.009	1.749
At our hospital there is a smooth use of electronic health records	1.00	5.00	2.333	2.181
At our hospital patients are treated with dignity and respect by responding to their needs and concerns	1.00	5.00	2.505	2.134
At our hospital patients understand their diagnosis, treatment options, and care instructions	1.00	5.00	2.141	2.933
At our hospital they offer screenings and diagnostic tests to detect diseases at an early stage, such as mammograms for breast cancer and colonoscopies for colorectal cancer	1.00	5.00	2.101	1.877
At our hospital they effectively manage chronic disease such as diabetes and hypertension through regular monitoring, medication, and lifestyle interventions	1.00	5.00	2.322	1.776
At our hospital they offer health promotion and education such as smoking cessation programs and nutritional counselling	1.00	5.00	3.000	1.780
Overall, N=372			2.5017	2.0163

4.2.2 Inferential Statistics for Recognition and Reward

Table 4 shows R-Square of .949, and this indicates that 94.9% of the change in dependent variable (recognition and reward) can be explained by independent variable (performance in health projects), while the remaining percentage are for other variables which are excluded in the model.

Table 4
Model Summary for Recognition and Reward and Performance in Healthcare Projects

Model Summary				
Model	R	R-Square	Adjusted R-Square	Std. Error of the estimates
1	.973a	0.949	0.949	0.20281

Predictors: (Constant), Recognition and Reward.

Dependent variable: Project performance in health projects.

The results from Table 5 shows that recognition and reward has positive significance effect (p value = $.000 < 0.05$) on project performance of health projects implemented by Ruhengeri Referral Hospital in Musanze district, Rwanda. Thus the null hypothesis number one ($H_{0.1}$) which says that there is no significant of recognition and reward on project performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district can be rejected and alternative one is accepted.

Table 5
Analysis of Variance

ANOVA ^a						
		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	66.985	1	66.985	1563.814	.000 ^b
	Residual	3.268	371	.038		
	Total	70.253	372			

a. Dependent variable: Project performance in health projects.

b. Predictors: (Constant), Recognition and reward.

The results in Table 6, indicate that (Beta coefficient = .961 and is positive). A positive coefficient suggests a positive relationship. Therefore, there is a positive and significant effect of recognition and reward on project performance of health projects implemented by Ruhengeri Referral Hospital in Musanze district Rwanda. Meaning



that as the independent variable increases (recognition and reward) by one unit, the dependent variable (project performance in health projects) tends to increase by 1.180 units.

Table 6
Coefficients of Variance

		Coefficients				
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
1		B	Std. Error	Beta		
	Constant	.856	.122		3.123	.000
	Recognition and Reward	1.180	.027	.961	38.555	.000

Dependent variable: Project performance in health projects.

4.3 Ordinary Least Squares Regression for Employee Motivation Practices and Performance in Healthcare Sector (consider all the IVs altogether)

This part shows the Ordinary Least Square Regression Analysis that indicates the impact of the four independent variables (recognition and reward, career development, employee involvement, and job security) jointly on the project performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district, Rwanda. The findings are presented in the following tables.

Table 7
Model Summary Using R-Square for the IVs Together

Model Summary ^b				
Model	R	R-Square	Adjusted R-Square	Std. Error of the estimates
1	.988 ^a	.980	0.979	0.12433

Predictors: (Constant), recognition, career, involvement, job security.

Dependent variable: Project performance in health projects.

The analysis of the results shows that all the predictor variables were able to explain the reality of the dependent variable as in Table 7. The R square is 98.0%. Using Ordinary Least Squares Regression model, the research tested the hypothesis that the predictor variables altogether have a positive effect on the dependent variable.

Table 8
Analysis of Variance for the IVS altogether

ANOVA ^a						
		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	67.067	4	16.060	1266.001	.000 ^b
	Residual	2.184	368	0.010		
	Total	69.251	372			

a. Dependent variable: Project performance in health projects

b. Predictors: (Constant), recognition, career, involvement, job security.

The results from Table 8, shows that employee motivation practices variables (recognition and reward, career development, employee involvement, and job security) have positive significance effect (p value= .000 < 0.05) on dependent variable (project performance in health projects) in Musanze district, Rwanda. Thus the study rejects both all four null hypotheses as the independent variables (employee motivation practices) have significant positive effect on the dependent variable (project performance in health project) based on the results presented above in Table 8.



Table 9
Regression Coefficients for the IVs Altogether

Model	Coefficients ^a				t	Sig.
		Unstandardized Coefficients		Standardized Coefficients		
1		B	Std. Error	Beta		
	Constant	1.628	1.309		11.557	.000
	Recognition	1.290	.27	.961	39.555	.000
	Career	1.498	.028	.967	47.863	.002
	Involvement	1.302	.21	.991	49.873	.000
	Job security	1.643	.029	.977	50.526	.000

Dependent variable: Project performance in health projects.

The results in table 9 indicate that (Beta Coefficient = .961, and is positive) for independent variable (recognition and reward). A positive coefficient implies a positive relationship. Therefore, there is a positive and significant effect of recognition and reward on project performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district, Rwanda. This means that a unit of change in recognition and reward increases project performance in health projects by 1.290 units, while holding constant other factors of career development, employee involvement, and job security.

Additionally, there is a positive and significant effect of career development on project performance in health projects implemented by Ruhengeri Referral Hospital in Musanze district, Rwanda (Beta Coefficient = .967). This suggests that a unit of change in career development, increases project performance in health project by 1.498 units, while holding constant other variables of recognition and reward, employee involvement, and job security. Moreover, there is positive and significant effect of employee involvement on project performance in health project implemented by Ruhengeri Referral Hospital in Musanze district, Rwanda (Beta Coefficient =.991). This implies that a unit of change in employee involvement, increases project performance in health project by 1.302 units, while holding constants other variables such as recognition and reward, career development, and job security.

Lastly, there is a positive and significant effect of job security on project performance in health project implemented by Ruhengeri Referral Hospital in Musanze district, Rwanda (Beta Coefficient = .977). This means that a unit of change in job security, increase project performance in health projects by a 1.643 units, while holding constant other variables such as recognition and reward, career development, and employee involvement.

The following model was responsible for generating the results: $Y=1.628+1.290X_1+ 1.498X_2+ 1.302X_3+1.643X_4$

Where Y refers to changes in English language proficiency as (dependent variable),

X_1 refers to recognition (recognition and reward).

X_2 refers to career (career development).

X_3 refers to involvement (employee involvement).

X_4 refers to job security (job security).

4.4 Discussions

As mentioned earlier this study aimed at investigating the effect of employee motivation practices on project performance in health projects, focusing on projects implemented in Ruhengeri Hospital, Musanze District, Rwanda.

Objective 1: The findings from objective one, focused on whether recognizing and rewarding staff affected project performance at Ruhengeri Referral Hospital in Rwanda. The results showed a strong positive effect (Beta Coefficient =.961, p value= .000, which is way stricter than the standard of 0.05). In other words, projects with recognition and rewards programs seemed to be much more effective. This suggests that giving staff something more, might be a key ingredient for getting things done.

The findings on the objective one are similar to the findings in the study by Cameron and Pierce (1994), who found that when employees are recognized and rewarded for their efforts, it boosts their morale and encourages them to continue performing at a high level. This can lead to improved quality service delivery, increased patient satisfaction, and better disease prevention and management outcomes. They found that recognition and rewards tap into a basic human desire for appreciation. According to those authors, when employees get recognized and rewarded, it makes them feel good about themselves and their work. This positive feeling, in turn, strengthens their self-belief and overall sense of value. Additionally, they found reinforcement as another effect of recognition and reward: The authors stressed that, according to Skinner’s operant conditioning theory, behavior that is positively reinforced is more likely to be repeated. When health employees are recognized and awarded for their performance in quality service

delivery, patient satisfaction, and disease prevention and management, it reinforces their behavior and encourages them to continue performing at high level.

Objective 2: The findings on objective two, focused at whether giving staff opportunities to learn and grow (career development) made a difference in project success at Ruhengeri Referral Hospital (Objective two). The results showed a clear and positive connection between career development and project performance (Beta Coefficient = .967, p-value= .002, way less than 0.05). In other words, when staff had a chance to develop their skills and knowledge, projects seemed to run much smoother and achieve better results.

The findings on the objective two are similar to the findings in the study by Noe et al. (2017) who found that career development provide employees with opportunities for growth and advancement, which can increase their motivation and commitment to their work. Additionally, they found that when staffs get opportunities to learn and grow their skills, they become more knowledgeable and efficient in their roles. This translates to better quality care for patients, happier patients overall, and even a boost in preventing and managing diseases. It is a win-win for everyone.

Objective 3: The findings from objective three, focused on looking at how much say employees had in decision-making (employee involvement) and its impact on project success at Ruhengeri Referral Hospital in Rwanda. The study found a strong positive connection between employee involvement and project performance (Beta Coefficient = .991, P-value=.000, way less than 0.05). In other words, when staff felt like they had a voice and could contribute to decision-making, projects seemed to run much smoother and be more successful.

This study aligns with previous research (Biron et al., 2011; Lawler & Bourdreau, 2009), showing that when staff have a say in decisions (employee involvement), they feel more invested in the project's success. This boost in ownership and responsibility leads to a more motivated and committed workforce. Motivated staff means better quality care for patient. This translates to happier patients, improved disease prevention and management, and a more collaborative work environment. After all, when people can share their ideas and expertise, they are more likely to work together as a team. This team work improves communication and overall project performance.

Objective 4: The findings from objective four, focused on looking at how employees' feeling secure in their jobs (job security) impacted how well project went at Ruhengeri Referral Hospital (objective four). A strong positive connection emerged between job security and project performance (Beta Coefficient = .977, p-value=.000, way below the 0.05 mark). This suggests that when staff feels secure, they can concentrate on delivering high-quality projects.

Similar to what Campbell et al. (2007) found, job security likely leads to a more satisfied and motivated workforce. They found that when staff feels like their jobs are safe, they tend to be happier with their work. And happy workers are often more motivated and engaged, going the extra mile in their roles. And that translates to better results for patients, including improved quality of care, disease prevention, and overall satisfaction. According to the study by Campbell et al. (2007), Job security can help alleviate the stress and anxiety associated with the fear of losing one's job. When employees feel secure, they are less likely to experience job-related stress, which can negatively impact their performance. Additionally, job security can reduce turnover rates, allowing organizations to retain experienced and skilled employees who can contribute to better performance outcomes

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

As per the above findings of this study, this research conducted at Ruhengeri Referral Hospital in Musanze district, Rwanda, found that when staff felt recognized and rewarded, and had opportunities to learn and grow (career development), they were more motivated and engaged (objective one & two). Additionally, involving them in decision-making (objective three) and ensuring job security (objective four) further fueled their dedication. Moreover, the study revealed some key intervening variables that create the right environment for motivation to flourish: Strong leadership support, a health work-life balance, and a positive overall work environment all play a crucial role. By prioritizing employee motivation and fostering a supportive workplace, health projects can achieve a win-win for everyone. A more motivated workforce can translate to improved quality of care for patients, higher patient satisfaction, and even better disease prevention and management at Ruhengeri Referral Hospital in Musanze district, Rwanda.

5.2 Recommendations

Based on the findings of this study, the study recommended that:

Ministry of health should promote a culture of recognition and reward for health employees who demonstrate exceptional performance. This can involve implementing effectively, incentives like bonuses, promotions, or public

acknowledgement to motivate employees and encourage them to deliver high-quality services. Additionally, investing in the professional growth of health employees through training programs, workshops, and career development opportunities can further enhance their skills and knowledge, leading to improved service delivery.

Health employees should take the initiative to enhance their professional development by participating in training programs, conferences, and self-study activities. By continuously improving their skills and staying updated with the latest advancements in their field, they can provide better quality care to patients. Additionally, health employees should contribute to creating a positive work environment by promoting teamwork, collaboration, and open communication. Supporting colleague, sharing best practices, and fostering a culture of continuous learning can boost employee morale and ultimately result in better patient care.

Patient should play an active role in their healthcare journey by effectively communicating their concern and needs to healthcare providers. By asking questions, seeking clarification, and expressing their expectations for quality care, patients ensure that their health needs are properly addressed. Patients also have the option to seek a second opinion from another healthcare professional if they are unsatisfied with the quality of care or feel that their health conditions are not being managed effectively. Taking responsibility for their own health self-care practices, such as following a healthy lifestyle, adhering to prescribed medications, managing chronic conditions, and seeking preventive care, empowers patients to improve their overall health outcomes.

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