MANAGERIAL ROLE IN ENHANCING EMPLOYEE MOTIVATION IN PUBLIC HEALTH CARE

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Abstract

Engulfed by numerous setbacks pronounced by huge manpower crises, work overload and poor working conditions, public sector employees find it increasingly difficult to ensure a more patient-focused, results-driven and sustainable health care system. Whilst extrinsic rewards are almost non-existent, managers in public health care can play a pivotal role in enhancing employee motivation through intrinsic factors. This study aims to assess managerial characteristics for public health care (management of attention, meaning, self, trust, risk, feelings) and employee motivation (achievement, power, affiliation) and, the relationships between these. A sample of 338 employees (stratified random sampling) and 18 managers (consensus sampling) were drawn. Descriptive and inferential statistics were used to analyse the data. Based on the results, the study provides guidance for enhancing employee motivation and consequently, service delivery in public health care.

Keywords: Managerial Characteristics, Achievement Motivation, Power Motivation, Affiliation Motivation, Public Sector Health Care

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Introduction

A tremendous amount of social and political changes in South Africa during its post-apartheid democracy (1994 to date) has transformed government's view of the health care sector. In keeping with health care being a values-based system (Lamb-White, 2006), the vision of the Department of Health (DoH) is that all South Africans should have access to affordable, good quality health care (Luiz & Wessels, 2004).

Presently, there are two health care systems in South Africa. The first is largely publicly funded and serves most South Africans and the second is a privately funded health care system that serves the small percentage of people who are able to afford it (Kon & Lackan, 2008). The total expenditure on health in South Africa as a percentage of GDP is high by the international standards and the amount that South Africa spends per capital per annum on health is the highest of all medium human development countries (UNDP, 2001: 159). However, only 34% of total health expenditure is public whilst private expenditure makes up the other 66% (Luiz & Wessels, 2004). Furthermore, little has been done to reallocate subsidies from the private to the public health sector (Kon & Lackan, 2008).

The spatial distribution of health care facilities has resulted in inequitable access to health care for persons living in rural communities and developing countries (McCray, 2001). In attempts to overcome this problem and to deliver quality health care, health resources were to be more efficiently and equitably used by making primary health care (PHC) the central function of the state health system to be provided in an accessible, integrated and participatory manner (Foster, 2006).

The public health system has been transformed into an integrated, comprehensive national service and there have been advances in the equalizing of services. However, there has also been a deterioration of the public health care system (Kon & Lackan, 2008) and this may be due to several factors:

- The lack of resources which has resulted in poor quality health care provision,
- Poor access to services,
- Pivotal facets of primary health care are not in place and there is a huge manpower crisis facing the health sector (Coovadia, Jewkes, Barron Sanders and McIntyre, 2009) which has resulted in overworked health professionals, coupled with poor working conditions. Whilst 35% of doctors in South Africa cater for the 35 million people who use the public sector health care facilities, 65% of the doctors are in private practice and cater for the 7 million people who belong to medical aid schemes (Luiz & Wessels, 2004).

- Public sector remuneration being far below that of the private sector.
- Failures in leadership and stewardship and weak management have led to inadequate implementation of what are often good policies (Coovadia *et al.*, 2009).
- There is a lack of political determination and leadership to effectively manage underperformance in the public sector. Loyalty rather than an ability to deliver has been rewarded (Coovadia *et al.*, 2009).

The South African government has decentralized the health budget, granting purchasing powers to the provinces and allowing the provinces autonomy on capital decisions (South Africa: Provincial Health Proj Teams, 2000). However, the limited budget and resources does not provide the public service much room for flexibility. Public hospitals form the forefront of this debacle as the revenue generated by their patients will by no means make up the deficit in their budget. The high unemployment rate reflects that no additional income can be foreseen in the immediate future. Evidently, the struggle to improve the health status of the people as a whole is inseparable from the struggle against community-level disadvantages (Lunn, Heflinger, Wang, Greenbaum, Kutash, Boothroyd & Friedman, 2011), such as, poverty, poor housing and underdevelopment. Furthermore, facilities in provincial hospitals are regularly compared to those that exist in private hospitals. One finds that customers (patients) are highly demanding of employees, coupled with employees who in turn hold high expectations from their jobs as sources of self-development and self-actualization. There is, moreover, particular emphasis on the importance of dealing with patients effectively and quests for better service delivery. In addition, the majority of the staff work a nine-hour a day shift and the results are in most cases not comparable to the industry norms. Management occasionally experiences abnormal behaviour from the staff and to rectify these situations, does occupy a fair amount of their time, which could be utilized more appropriately in other areas.

As evidenced earlier, the gap in health spending between the private and public sectors is enormous and is, inevitably, a reflection of the gulf that exists in terms of income and wealth between the impoverished majority and the privileged minority in South Africa. Only a few countries in the world exceed this inequality and it represents one of the gravest threats to the stability of the South African democracy. Evidently in South Africa, the private hospitals are offering excellent care of the privileged few and the KwaZulu-Natal (KZN) DoH in South Africa is under constant pressure to keep pace with this expansion. Although the KZN DoH is far from

perfect, the drive to reach ideal conditions and standards continues.

Undoubtedly, this research is not intended to criticize government but rather to seize this opportunity to raise the awareness of the concept of 'motivating staff in the public service'. Despite the lack of resources, staffing crisis, poor working conditions, overwork and remuneration, managers over the recent years have tried to enlist commitment from the staff to carry out the strategic plan by motivating people and rewarding them for good performance. While financial incentives are the core component of most company's reward systems, especially in the private sector, this is not easily attainable in the public service. There are many recorded motivational approaches that have been effective in the private sector, for example, the Japanese Automobile Producers that values creativity, determination, hard work and a team spirit, Microsoft by offering higher-quality and lower prices so as to ensure competitiveness (Kellard, 1998), and Cisco Systems that attack new opportunities and make a difference to emerging markets, for example, by improving their health care system (Chambers, 2008). There are, however, no recorded systems or approaches within the public service that has been implemented to date that focuses on motivating staff.

A simple SWOT analysis will reveal that there are many shortcomings that affect service delivery in most health institutions which compromises service delivery. The indication is as follows:

- Strengths
  - ✓ Strategic approach
  - ✓ Strong commitment to service delivery
  - ✓ Excellent reputation
  - ✓ Ongoing staff training
  - ✓ Emphasis on flexibility in dealing with individual requirements.

- Weaknesses
  - ✓ Limited budget
  - ✓ Limited resources
  - ✓ Lack of full commitment by the staff
  - ✓ The equipment and facilities within the hospital.
- Opportunities
  - ✓ Viewing employees as internal customers
  - ✓ Focusing on employee satisfaction
  - ✓ Developing, motivating and retaining qualified employees
  - ✓ Aligning, educating and motivating staff towards institutional objectives
  - ✓ Implementing informational technology to facilitate work.
- Threats
  - ✓ The pandemic of AIDS impacts on the facilities within the hospital
  - ✓ The risk of other related diseases that may emanate from HIV/AIDS

✓ Resistance to change
✓ The failure of communities to utilize the primary health care facilities at the clinics in the rural area will impact on the hospital.

It is evident from the SWOT analysis that there is a need to motivate staff to bridge the gap that exists in the Department's current state of service delivery and vision. The main focus of the study is to build the commitment of the huge cadre of health workers, who face constant challenges often under trying conditions, and whose expertise and compassion is the lifeblood of the health service. Staff is there to assert the dignity of life and the significance of human compassion against a tide of deprivation, toil and pain and hence, their motivation and retention becomes of critical importance.

The key, therefore, to motivating staff in the public service is to ensure that positive senior managers create a healthy work environment so that the perceptions of staff remain positive and their motivational levels are enhanced. The vision thus would be to emphasize the dignity of life and the importance of human compassion, by motivating and directing employees towards the effective implementation of corporate and functional strategies (Rafiq & Ahmed, 2000) and good policies.

Motivation

Most contemporary conceptions of motivation have their origins in the principle of hedonism. This principle can be traced back to the Greek philosophers as well as to the writings of the English utilitarians like Jeremy Benthan and John Stuart Mill. Its central assumption is that behaviour is directed towards pleasure and away from pain. In every situation, people select from alternate possibilities the course of action, which they think, will maximize their pleasure and minimize their pain (Vroom, 1967).

We are all a bundle of needs and wants. According to Keczer (2010), motivation is an outstanding or forceful priority of human resource management because a person is energized to make efforts and perform by the desire to satisfy his/her needs. It is these needs which, when they become sufficiently intense, create a motivation to act in such a way that the tension of the need is reduced. Motivation therefore, influences direction, vigour and persistence of action (Stephanie, 2009). Various theories of motivation were designed: Maslow's hierarchy of needs (1943) which suggested that behaviour is driven by a hierarchy of needs that progress from physiological, safety, social, self-esteem to self-actualization needs; the Marshallian Model which is based on the idea that a person's behaviour is inherently rational and motivated by economic factors; Freud's work which suggests that the psychological factors which influence behaviour are for the most part unconscious (Mills, 2004) and

that as a result we can rarely understand our true motivations; Adams Equity theory (1960s) is about perceived fairness between the rewards (outcomes) we receive for our efforts (inputs) (Huseman & Hatfield, 1990) as well as our effort-rewards as compared to the rewards others receive for their efforts; Veblen's view argues that many purchases are motivated not by need but a desire for prestige and social standing and he stresses the importance of social relationships as an influence upon choice (Wilson & Gilligan, 2001) and McClelland's motivational needs theory which identifies three types of motivational needs, namely, achievement motivation, power (authority) motivation and affiliation motivation.

This study is based on McClelland's trichotomy of needs theory because it aims to assess intrinsic needs. McClelland's theory proposes that work-related behaviour is impacted by three individual intrinsic needs, namely, the need for achievement, the need for power and the need for affiliation. The need-for-achievement person seeks achievement, attainment of realistic but challenging goals and advancement in the job (McClelland, businessballs.com, 2011) or career progression. Such a person has a strong need for feedback with regards to his/her achievement and progress and a need for a sense of accomplishment or involvement in unusual accomplishments. Individuals high in achievement-motivation perform better and report more flow experience (Sokolowski, Schmalt, Langens & Puca, 2000) due to their need to excel. According to Gupta (2011), high achievement individuals fail to make good executive managers since they lack some crucial leadership traits, for example, they are unable to delegate tasks to others, they are uncomfortable with the lack of immediate feedback and are unable to take criticism. The need-for-power person is driven by the need for authority and thrives on being influential, effective and on making an impact. Such a person enjoys leading, having their ideas implemented, and enhancing their personal status and prestige. A person's need for power can be of two types, namely, personal power and institutional power. Those who need personal power want to direct others whilst those who need institutional or social power want to organize the efforts of others in order to achieve the goals of the organization. Managers with a high need for institutional power tend to be more effective than those with a high need for personal power and the former is also perceived as being more desirable than the latter (NetMBA, 2011). In this regard, Magee and Langner (2008) offer clarity by emphasizing that personalized power motivation reflects an egoistic desire to make an impact on others without taking cognizance of their interests and socialized power motivation reflects an urge to make a prosocial impact on others. The need-for-affiliation person thrives on harmonious relationships and is motivated towards the need to feel accepted by others and personal

interaction. They want to be liked, be popular and have a good team spirit. Affiliation motivation comprises of two contrasting components, namely, hope of affiliation and fear of rejection (Merrick & Shafi, 2011).

According to McClelland, a strong affiliation-motivation suppresses a manager's objectivity because the need to be liked affects a manager's decision-making potential. A strong power-motivation results in a determined work ethic and commitment to the organization and hence, is likely to be successful in the leadership role due to being results-driven but may lack flexibility and people-orientation. Achievement-motivated individuals set goals which they can influence with their effort and ability and therefore, their goal is regarded as being achievable and hence, they have a determined results-driven approach. For these individuals, achievement is more salient than material or financial rewards.

It is largely assumed that the key task of managers is to motivate their employees. In the public health care environment where remuneration is limited, it is inevitable that managers need to focus on intrinsic factors (rewards that come directly from performing the task itself) by looking at the type of activities that a person enjoys doing instead of extrinsic factors (rewards that are given for performing a task) (Hudy, 1992).

In this new century, the relationship between managers and the employees is undergoing dramatic change. The new workforce, if it is to be energised at all, will increasingly demand a genuine say in how work is to be done. The prevailing mode of work has shifted to empowerment, collaboration and teams. These changes mean that every manager will serve in a new role. It requires a shift from 'managing' people to 'helping' people manage themselves and the business (Coens & Jenkins, 2000).

Crafting, implementing and executing a strategy are top priority managerial tasks for two main reasons. Firstly, there is a compelling need for managers to practically shape how the organization's business will be conducted. Secondly, there is an equally compelling need to mould the efforts and decisions of different divisions, departments, managers and groups into a coordinated compliable whole (Thompson & Strickland, 2001). Management is sometimes referred to as 'getting the work done through others'.

Before a manager begins to contemplate motivating staff, he or she must have a clear plan indicating the organization's long-term direction. It is imperative that the management maps out a strategic management process, which includes, the five interrelated managerial tasks of strategic management, namely, developing a strategic vision and business mission, setting objectives, crafting a strategy to achieve the objectives, implementing and executing the strategy and evaluating performance, monitoring new development and initiating corrective adjustments (Thompson & Strickland, 2001). Hence, managers have a pivotal role to play in the organization. Effective managers know that they must understand their employees and what motivates them. In order to understand what motivates an employee, a manager must find out what that employee's needs are, and what goals they have set for themselves (Schultz, Bagraim, Potgieter, Viedge & Werner, 2003). Stephanie (2009) concluded that leadership may have potential negative and positive effects on follower motivation and Freeman & Stoner (1992) noted that leading is used to channel motivation into practical use. In particular, health care leaders must fully understand the changes in their environment and should not only be responsive to them but should aim to mould the future and create new visions for effectiveness (Uğurluoğlu, Çelik & Pisapia, 2010). Hence, this study aims to assess six characteristics of effective health care managers, namely, the management of attention, meaning, trust, self, risk and feeling:

- The management of attention relates to being able to pay attention to what others have to say, being able to focus in a situation and on important issues and having a clear set of priorities.
- The management of meaning relates to being able to make the work of others more meaningful and make others feel more competent and part of a group.
- The management of trust relates to being honest and reliable to follow through on commitments, being able to take a firm position and also to let others know where they stand.
- The management of self relates to being able to communicate ideas and feelings clearly, being innovative and creative and being in touch with how others feel.
- The management of risk relates to energy put into avoiding failure, ability to take calculated risks, alertness when involved in projects and ability to learn from mistakes.
- The management of feeling relates to caring about other people, degree of self-respect, being able to focus on the strengths of others and self, and knowing how others fit into a group.

Managers in the public health care sector should, therefore, enable their institutions to align initiatives, operating units, and individuals to work in ways that reinforce each other for performance improvement (Chan, 2007). An essential ingredient to accomplish this is to motivate staff. The problem is that many jobs offer a person a monthly salary and very little more and the non-material rewards and satisfactions are very slender. The problems of job expectation and satisfaction are important to even the most hard-boiled managers because, management pays a heavy price for dissatisfying work-friction on the job, substandard output and quality, high turnover,

absenteeism and tardiness, to give only a partial list. The positive side of the motivation coin is of equal significance. The motivated worker is also the most productive worker; the worker who sometimes equals or excels any standards that bosses set or would contemplate setting (Dowling & Sayers, 1978). Undoubtedly, a motivated public servant can influence the populous to make a difference in improving the quality of life and creating a better economy.

RESEARCH DESIGN

Participants/respondents

A sample of 338 staff members were selected from a population of 2800 employees in a provincial hospital using a proportionate stratified random sampling technique based on departments in order to ensure adequate and suitable representation of employees from the various sections of the hospital (workshop, general assistants, kitchen staff, nursing staff, medical staff, staff in specialized departments and surgical staff). According to Sekaran's (2003: 294) population to sample size table, the corresponding minimum sample size for a population of 2800 is 338, thereby confirming the adequacy of sample size for the study. The adequacy of the sample for the computation of Factor Analysis was further determined using the Kaiser-Meyer-Olkin Measure of Sampling Adequacy and the Bartlett's Test of Spherecity for Sections 2 (employee motivation) and 3 (managerial characteristics) separately, which respectively indicated suitability, adequacy and significance. The results indicate that the normality and homoscedasticity preconditions are satisfied.

In order to assess managerial characteristics data was collected from 18 managers, which constituted the total number of senior managers.

Measuring instrument

Data was collected using a self-developed, closed-ended, precoded questionnaire comprising of three sections. Section 1 incorporated biographical data, using a pre-coded, nominal scale, relating to age, gender, race and educational qualification. Section 2 comprised of 13 items that assessed staff motivation in terms of achievement, power and affiliation. Section 3 contained 24 items relating to managerial characteristics. A manager's qualities, such as, self confidence, vision and ability to articulate the vision and behaviour patterns tend to have an effect on staff. Hence, this study aims to assess managerial characteristics in terms of their management of

attention, meaning, trust, self, risk and feelings. Sections 2 and 3 comprised of statements measured on a 1 to 5 point Likert scale ranging from strongly disagree (1) to strongly agree (5).

The questionnaire was designed based on recurring themes that surfaced when conducting the literature review on employee motivation. This ensured face and content validity. Furthermore, in-house pretesting was adopted to assess the suitability of the instrument. Pilot testing was also carried out using 12 subjects, selected using the same procedures and protocols adopted for the larger sample. The feedback from the pilot testing confirmed that the questionnaire was appropriate in terms of relevance and construction and adhered to the principles of wording and measurement.

Statistical analysis

The validity of each section of the questionnaire was assessed using Factor Analysis. A principal component analysis was used to extract initial factors and an iterated principal factor analysis was performed using SPSS with an Orthogonal Varimax Rotation. When an item had two or more loadings >0.5, only that with the highest loading was considered to be significant. In Section 2, three factors with latent roots greater than unity were extracted and relate to achievement motivation, power motivation and affiliation motivation. In Section 3, six factors with latent roots greater than unity were generated and relate to the management of attention, meaning, trust, self, risk and feelings. The reliability of each section of the questionnaire was determined using Cronbach's Coefficient Alpha. The reliabilities for the items in Section 2 (staff motivation) range from 0.4981 to 0.5340, thereby reflecting an average level of reliability. The overall coefficient alpha for Section 3 is 0.7065 thereby reflecting a suitable level of internal consistency of the items.

Descriptive statistics, using frequency analyses, percentages, mean analyses and standard deviations were utilised to assess employee motivation and managerial characteristics. Inferential statistics (correlation, multiple regression) were used to test the hypotheses of the study. Results were evaluated at the 1% and 5% levels of significance.

RESULTS

Motivation of employees was assessed using the 5 point Likert scale, which were analysed using descriptive statistics (Table 1).

Table 1. Descriptive Statistics: Staff motivation

Dimension of Motivation	Mean	95% Confidence		Standard deviation
		Lower Bound	Upper Bound	
Achievement motivation	4.2681	4.2152	4.3211	0.4788
Power motivation	3.7121	3.6476	3.7766	0.5837
Affiliation motivation	3.6189	3.5583	3.6795	0.5483
Overall motivation	3.8664	3.8210	3.9118	0.4110

The mean score values in Table 1 reflects that employees display the highest degree of achievement motivation, followed by power motivation and lastly, affiliation motivation. In order to gain further insight into these motivations, frequency analyses were conducted. In terms of affiliation motivation, 11.8% of the employees do not enjoy belonging to groups. In terms of power motivation, 37.6% of the staff indicated that they enjoy influencing others in order to get their way. Furthermore, 51.4% of the employees indicated that they often find themselves talking to those around them about non-work related matters. In relation to achievement motivation, the majority of employees have positive feelings about achievement in the institution. Table 1 also reflects that overall motivation is relatively high (Mean = 3.8664) with some room for improvement.

Managerial characteristics were assessed using the 5 point Likert scale, which were analysed using descriptive statistics (Table 2).

Table 2. Descriptive Statistics: Managerial characteristics

Managerial Characteristic	Mean	95% Confidence		Standard deviation
		Lower Bound	Upper Bound	
Attention	4.1875	3.9712	4.4083	0.2588
Meaning	4.0000	3.7502	4.2498	0.2988
Trust	4.1250	3.9315	4.3185	0.2315
Self	4.1250	3.9016	4.3484	0.2673
Risk	3.7188	3.3942	4.0433	0.3882
Feelings	4.0625	3.7946	4.3304	0.3204
Overall characteristics	4.0365	3.8614	4.2116	0.2095

Table 2 reflects that managers are displaying effective skills, which in decreasing levels of accomplishment are the management of attention, trust and self, feelings, meaning and lastly, risk. Whilst the results indicate room for improvement in the management of risk, overall managerial characteristics are fairly high (Mean = 4.0365) thereby reflecting effective managerial performance. In order to assess drawbacks or weaknesses, frequency analyses were conducted and the following results were noted:

- 12.5% of the managers indicated that they are unable to communicate clearly.

- 25.5% of the managers said that they do not put excessive energy into avoiding failure.
- 12.5% of the managers indicated that they are not innovative and creative.

The study assessed whether managerial characteristics have the potential to influence staff motivation. In this regard it was hypothesized that:

Hypothesis 1 There is a significant relationship between managerial characteristics (attention, meaning, trust, self, risk, feelings) and staff motivation (achievement, power, affiliation) respectively (Table 3).

Table 3. Pearson Product Moment Correlation: Managerial characteristics and Staff Motivation

Dimensions of managerial characteristics	r p	Dimensions of staff motivation		
		Achievement	Power	Affiliation
Attention	r p	0.522 **0.185**	0.850 **0.007****	0.306 **0.462**
Meaning	r p	0.293 **0.481**	0.643 **0.086**	-0.076 **0.859**
Trust	r p	0.347 **0.400**	0.864 **0.006****	0.098 **0.818**
Self	r p	-0.390 **0.339**	0.688 **0.059**	-0.211 **0.615**
Risk	r p	0.340 **0.936**	-0.252 **0.546**	-0.771 **0.025***
Feelings	r p	0.340 **0.936**	0.212 **0.614**	-0.317 **0.444**

** $p < 0.01$
* $p < 0.05$

Table 3 indicates that there is a significant relationship between power motivation and attention and trust respectively at the 1% level of significance. This implies that an increase in the management of attention and the management of trust is accompanied by an increase in power motivation. Furthermore, Table 3 indicates that there is a significant, inverse relationship between managerial risk and affiliation motivation at the 5% level of significance. This implies that when levels of managerial risk increases, levels of employee affiliation motivation decreases.

No other significant relationships were noted. Hence, hypothesis 1 may only be partially accepted.

The influence of biographical variables on the employee motivation was also assessed. Hence, it was hypothesized that:

Hypothesis 2 There is a significant relationship between the staff motivation and its dimensions (achievement, power, affiliation) and the biographical profiles of employees (age, gender, race, educational qualifications) respectively (Table 4).

Table 4. Pearson Product Moment Correlation: Staff motivation and Biographical Variables

Staff motivation	r p	Biographical Variable			
		Age	Gender	Race	Educational qualifications
Achievement motivation	r p	-0.060 **0.287**	0.070 **0.212**	-0.001 **0.991**	0.099 **0.076**
Power motivation	r p	0.007 **0.907**	0.077 **0.171**	-0.100 **0.864**	0.055 **0.327**
Affiliation motivation	r p	-0.137 **0.014***	0.040 **0.472**	0.137 **0.014***	0.129 **0.021***
Overall staff motivation	r p	-0.082 **0.147**	0.780 **0.167**	0.058 **0.305**	0.122 **0.030***

* $p < 0.05$

Table 4 indicates that employee affiliation motivation is significantly but inversely related to age at the 5% level of significance. Furthermore, Table 4 indicates that employee affiliation motivation is also significantly related to race and educational qualifications at the 5% level of significance whilst overall staff motivation is only significantly related to educational qualifications at the 5% level of significance. Furthermore, Table 4 indicates that employee achievement and power motivation are not

related to any of the biographical variables. Hence, hypothesis 2 may only be partially accepted.

The influence of biographical variables on managerial characteristics was also assessed. Hence, it was hypothesized that:

Hypothesis 3 There is a significant relationship between the managerial characteristics (management of attention, meaning, trust, self, risk, feelings) and the biographical profiles of managers (age, gender, race, educational qualifications) respectively (Table 5).

Table 5. Pearson Product Moment Correlation: Managerial Characteristics and Biographical Variables

Managerial Characteristics	r p	Biographical Variable			
		Age	Gender	Race	Educational qualifications
Attention	r p	0.092 **0.829**	-0.149 **0.725**	0.510 **0.197**	0.258 **0.537**
Meaning	r p	0.106 **0.802**	0.000 **1.000**	0.482 **0.227**	0.000 **1.000**
Trust	r p	-0.206 **0.625**	-0.333 **0.420**	0.518 **0.188**	0.289 **0.488**
Self	r p	-0.297 **0.475**	0.000 **1.000**	0.629 **0.095**	0.250 **0.550**
Risk	r p	-0.746 **0.034***	0.248 **0.553**	-0.325 **0.433**	-0.775 **0.024***
Feelings	r p	-0.173 **0.682**	0.361 **0.379**	0.487 **0.221**	-0.209 **0.620**

* $p < 0.05$

Table 5 indicates that there is a significant but inverse relationship between the management of risk and age and educational qualifications respectively at the 5% level of significance. No other significant relationships were noted. Hence, hypothesis 3 may only be partially accepted.

DISCUSSION AND IMPLICATIONS

Level of motivation

The results indicate that employees display the highest degree of achievement motivation, followed by power motivation and then affiliation motivation. The implication of the high achievement motivation of the health care employees is that to these employees achievement is more important than material or financial reward and achieving the aim or task gives them greater personal satisfaction than receiving praise or recognition (McClelland, businessballs.com, 2011). To these individuals, financial reward is perceived as a measurement of success and not as an end in itself and neither security nor status is a primary motivator. This is particularly important in a public sector health care environment where remuneration is limited and managers can only rely on intrinsic factors to motivate employees. Individuals high on achievement motivation value reliable, quantifiable and factual feedback, they constantly seek improvements and ways of doing things better and prefer jobs and responsibilities that offer flexibility and opportunities to set and achieve their goals. The implication is that managers in this public sector health care institution can give the high achievers challenging projects with reachable goals and must provide them with frequent feedback.

Managerial characteristics

In terms of managerial skills, the results indicate that managers are most effective (from highest to lowest) in the management of attention, followed by management of trust and self, management of feelings, management of meaning and lastly, in the management of risk. Similar results were obtained by Johnson (2005) when assessing health care managers in a South Georgia community where the order of the managerial elements, from highest to lowest, were management of trust, management of attention, management of self, management of feelings, management of meaning and management of risk. A comparison of these results reflect only a reverse order of the first and second elements of attention and trust in our study as opposed to trust and attention in Johnson's (2005) study.

Frequency analysis of these characteristics also reflected that some managers (12.5%) felt that they are unable to communicate clearly. This may explain the low affiliation motivation score. Furthermore, a significant percentage of the managers (25.5%) indicated that they do not put excessive energy into avoiding failure. This may be in keeping with the high achievement motivation since achievers avoid low-risk situations because the easily attained success is not a genuine achievement (NetMBA, 2011), although it must be noted that achievement motivated people are not big risk takers. Instead, they set goals which they can influence with their effort and ability and hence, the goals are interpreted as being achievable (McClelland, businessballs.com, 2011).

Relationships between the managerial characteristics and the dimensions of staff motivation

The results indicate a significant and direct relationship between power motivation and the

management of attention and the management of trust respectively. This means as power motivation increases, the management of attention and trust increases. The implication is that in order to be influential and satisfy the need for authority, the management of attention and trust is important.

The results of the study also reflect a significant but inverse relationship between affiliation motivation and risk. People who are high on affiliation are people-oriented and not achievement motivated; they are, therefore, not risk-takers. In terms of fear of rejection within affiliation motivation, these individuals are more likely to keep their risk of rejection low.

Relationships between staff motivation and biographical variables

The results indicate that affiliation motivation is significantly and inversely related to age. The implication is that as employees get older, their level of affiliation motivation decreases. Perhaps, as employees grow older and are more involved in decision-making their need for affiliation decreases in response to their need to be focussed on making the right decisions. Furthermore, of the three intrinsic needs, only affiliation motivation is significantly related to race and educational qualifications respectively.

Relationships between managerial characteristics and biographical variables

The results indicate that there is a significant but inverse relationship between the management of risk and age and educational qualifications respectively. The implication is that as employees become older and/or more educated, their management of risk decreases. The implication is that as employees grow older and/or are more educated, their need to avoid failure and take calculated risk decreases.

Conclusion

Management capacity plays a pivotal role in paving the way for effective transformation and reconceptualization of the public sector in South Africa in ensuring a more patient-focused, results-driven and sustainable health care system. Through the strategic and dynamic interplay of the managerial characteristics (management of attention, management of meaning, management of trust, management of self, management of risk and management of feelings) managers can effectively motivate public sector employees by focusing on intrinsic factors (rewards that come directly from performing the task itself) instead of extrinsic factors (rewards that are given for performing a task) as remuneration is limited in this sector.

Furthermore, since people are motivated differently, a thorough understanding of their motivation orientation (achievement, power, affiliation) will guide managers in ensuring that they use the right approaches/tools to motivate their employees.

Limitations and recommendations for future research

This study collected data from only one public sector hospital in KZN, South Africa. Future research should consider incorporating all other public sector hospitals from all provinces of the country. Furthermore, this study assesses overall power motivation. Future studies should differentiate between personal power and institutional power in order to draw more specific conclusions.

Since, there are clear indications from research findings that there is a potential relationship between achievement motivation and decision-making, future studies should consider assessing other managerial characteristics, such as, managerial decision-making in addition to the dimensions assessed in this study, namely, the management of attention, meaning, self, trust, risk and feelings. In addition, it would be interesting to assess the relationship between the dimensions of motivation and job outcomes (for example, doing meaningful work, making important decisions), performance outcomes (for example, sense of accomplishment, sense of competence) and interpersonal outcomes (for example, recognition for good work, feeling of belonging) respectively.

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