



Healthcare Management Practices and Their Influence on Staff Motivation in Faith-Based Hospitals in Western Ghana: A Case Study of Holy Child Catholic Hospital and Father Thomas Alan Rooney Memorial Hospital, Asankrangwa

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Abstract

Background: Motivating healthcare workers is essential for ensuring quality service delivery, especially in faith-based institutions operating in resource-limited environments. This study examined how healthcare management practices influence staff motivation in two Catholic hospitals in the Western Region of Ghana: Holy Child Catholic Hospital in Fijai and Father Thomas Alan Rooney Memorial Hospital in Asankrangwa.

Methods: A descriptive cross-sectional survey design was employed, involving 234 health workers selected through convenience sampling. Data were collected using a structured self-administered questionnaire and analyzed using descriptive statistics, including means and standard deviations. Perceptions of healthcare management practices and staff motivation levels were assessed using a 4-point Likert scale, with a mean score above 2.50 considered positive.

Results: The findings revealed that respondents generally perceived healthcare management practices as effective, particularly in areas such as professional development (Mean = 2.82), leadership support (Mean = 2.71), and communication (Mean = 2.70). Staff motivation was also found to be high, driven primarily by opportunities for personal growth (Mean = 2.73), job security (Mean = 2.71), and recognition (Mean = 2.64). However, financial rewards received relatively lower scores, indicating the importance of intrinsic and relational motivators in these settings.

Conclusion: Effective healthcare management practices significantly influence staff motivation in Catholic hospitals. Strengthening leadership engagement, professional development opportunities, and fair appraisal systems can enhance worker morale and commitment. In resource-constrained environments, non-financial motivators offer a practical and sustainable approach to improving staff performance and retention.

Keywords: Staff motivation, healthcare management practices, Catholic hospitals, professional development, Ghana, faith-based health systems

Introduction



Healthcare delivery in Ghana, particularly within faith-based institutions, is significantly influenced by the effectiveness of internal management structures. Catholic hospitals, which play a pivotal role in complementing public healthcare services, especially in underserved regions, face persistent challenges in workforce motivation and retention. In the Western Region of Ghana, institutions such as the Holy Child Catholic Hospital in Fijai and the Father Thomas Alan Rooney Memorial Hospital in Asankrangwa stand as critical providers of essential health services, often under constrained conditions.

Motivation among healthcare workers (HCWs) is a vital component for achieving high-quality care, organizational productivity, and patient satisfaction. According to Bellé and Cantarelli (2018), a motivated workforce demonstrates greater engagement, creativity, and commitment, all of which are essential for effective service delivery. However, research shows that many HCWs in Ghana, particularly those in mission-based facilities, report low motivation due to inadequate recognition, limited professional growth, and weak managerial support (Willis-Shattuck et al., 2018; Tzeng, 2022).

Methodology

Study Design

This study employed a quantitative, cross-sectional descriptive survey design, aimed at objectively measuring how healthcare management practices influence staff motivation. The design allowed the researcher to collect and

Healthcare management practices such as leadership style, communication effectiveness, access to professional development, and performance appraisals play a direct role in influencing motivation levels among staff. These practices, when executed effectively, can stimulate intrinsic and extrinsic motivation, improve morale, and reduce attrition rates (Herzberg, 2020; Maslow, 1943). Despite the acknowledged importance of these practices, there is a scarcity of empirical data examining how they affect staff motivation in Catholic hospitals in Ghana.

This study therefore investigates the effectiveness of healthcare management practices and their influence on staff motivation in two Catholic hospitals in the Western Region. Using a cross-sectional survey design and quantitative analysis, it provides evidence to inform leadership strategies aimed at improving health worker motivation within mission hospitals across similar contexts.

analyze numerical data at a single point in time to assess patterns and relationships between variables.

Study Sites



The research was conducted at two Catholic hospitals in the Western Region of Ghana:

- **Holy Child Catholic Hospital, Fijai** – a mission-based facility with a 35-bed capacity and an average annual outpatient attendance of 56,000. The facility offers services including surgery, maternity care, diagnostics, public health, and mental health.
- **Father Thomas Alan Rooney Memorial Hospital, Asankrangwa** – a 112-bed facility in the Wassa Amenfi West Municipality, offering a wide range of specialized and general services including community outreach, laboratory, pharmacy, eye and dental care, maternal health, and inpatient services.

Population and Sampling

The study population comprised all health workers at the two facilities, totaling 456 staff. Using Yamane's formula and accounting for a 10% non-response rate, a sample size of 234 was determined. Convenience sampling was used to select participants based on availability and willingness to respond.

Inclusion and Exclusion Criteria

- **Included:** Health workers with at least one year of professional practice.
- **Excluded:** Interns, attachments, and staff on leave.

Data Collection Tool

Data was collected using a structured self-administered questionnaire, which included:

- **Section A:** Demographic information
- **Section B:** Healthcare management practices (leadership, communication, development, resources)
- **Section C:** Staff motivation (recognition, personal growth, job security, enthusiasm)

Respondents rated their agreement using a **4-point Likert scale** (1 = Strongly Disagree, 4 = Strongly Agree).

Validity and Reliability

The questionnaire's content and face validity were reviewed by experts from the Department of Public Health. It was pre-tested at the Jubilee Catholic Hospital, Apowa, to ensure clarity and consistency. Modifications were made before final administration.

Ethical Considerations

Ethical clearance was obtained from the Christian Health Association of Ghana (CHAG). Participation was voluntary, and written informed consent was secured from all participants. Anonymity and confidentiality were strictly maintained.

Data Analysis

Data was cleaned and coded before analysis using descriptive statistics. For this article's focus, mean scores and standard deviations were computed to determine staff perceptions of



healthcare management effectiveness and motivation levels. Items with a mean above 2.50 were considered positively affirmed, indicating

agreement with the effectiveness of the management practice or level of motivation.

Results

1. Demographic Characteristics of Respondents

Table 1: Distribution of Respondents by Gender

Gender	Frequency	Percentage (%)
Male	96	41.03
Female	138	58.97
Total	234	100.00

Table 1 shows that the majority of respondents were female (58.97%), while males constituted 41.03% of the healthcare workforce surveyed. This finding reflects the common trend in the health sector, particularly in nursing and midwifery professions in Ghana, where female dominance is prevalent. The gender distribution suggests that any intervention to improve motivation must be sensitive to the needs and expectations of a predominantly female workforce.

Table 2: Distribution of Respondents by Age

Age Group	Frequency	Percentage (%)
Below 31	44	18.80
31–40	137	58.55
41–50	34	14.53
Above 51	19	8.12
Total	234	100.00

Table 2 indicates that the largest age group was 31–40 years (58.55%), followed by those below 31 years (18.80%). Only 8.12% of respondents were above 51 years. This reflects a relatively young and active workforce, which may have high expectations regarding career growth, management engagement, and recognition—factors that directly relate to motivation. The age profile aligns with workforce retention strategies focusing on development opportunities and dynamic leadership.



Table 3: Distribution of Respondents by Marital Status

Marital Status	Frequency	Percentage (%)
Married	131	55.98
Single	57	24.36
Cohabiting	23	9.83
Separated	14	5.98
Divorced	9	3.85
Total	234	100.00

Over half of the respondents (55.98%) were married, suggesting that work–life balance and job stability may be important considerations in motivation. The presence of cohabiting (9.83%), separated, and divorced staff also indicates a diverse mix of social support systems, which could influence how staff respond to managerial practices such as scheduling, emotional support, and organizational recognition.

Table 4: Distribution of Respondents by Educational Status

Educational Status	Frequency	Percentage (%)
Certificate	26	11.11
Diploma	53	22.65
Bachelor’s Degree	97	41.45
Master’s/PhD Degree	58	24.79
Total	234	100.00

The majority of respondents (41.45%) had a Bachelor’s degree, followed by 24.79% with Master’s or PhD qualifications. This shows that the workforce is relatively well-educated, which could raise expectations regarding transparent management, participation in decision-making, and clear professional development pathways—all critical to intrinsic motivation. Motivation strategies must therefore align with educational competencies and aspirations.



Table 5: Distribution of Respondents by Employment Type

Employment Type	Frequency	Percentage (%)
Permanent	125	53.42
Locum/Part-time	78	33.33
Casual	31	13.25
Total	234	100.00

More than half (53.42%) of respondents were permanent staff, while a considerable portion (33.33%) were employed on a locum or part-time basis. This employment diversity could impact staff motivation differently. For instance, casual and locum staff may be less motivated due to limited job security and fewer development opportunities. Therefore, management practices need to be flexible and inclusive of the different contract types.

Table 6: Distribution of Respondents by Number of Working Years

Years of Service	Frequency	Percentage (%)
1–5	61	26.07
6–10	86	36.75
Above 10	87	37.18
Total	234	100.00

Most respondents had over 6 years of experience, with 37.18% having served for more than 10 years. This suggests a seasoned workforce with significant institutional knowledge. While experienced staff may be intrinsically motivated by loyalty and mastery, they also need sustained engagement, leadership support, and recognition to avoid burnout or stagnation. Tailoring management practices to meet the motivational needs of long-serving staff is vital.

2. Effectiveness of Healthcare Management Practices



This section presents findings on the effectiveness of healthcare management practices at the Holy Child Catholic Hospital and Father Thomas Alan Rooney Memorial Hospital, Asankrangwa.

Respondents rated their agreement with various statements using a 4-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree

A mean score > 2.50 indicates agreement (perceived effectiveness), while a mean score < 2.50 indicates disagreement (perceived ineffectiveness).

Table 7: Perceptions of Healthcare Management Practices

Statement	Mean	Standard Deviation (SD)
The leadership style in this hospital supports my professional growth	2.71	0.662
Communication within the hospital is effective and transparent	2.70	0.625
Performance appraisals are fair and constructive	2.67	0.608
There are sufficient opportunities for professional development	2.82	0.614
The work environment is safe and conducive to performing my duties	2.69	0.628
Resources and equipment needed for my job are readily available	2.66	0.617

Source: Field Survey, 2024

Table 7 reveals that all six indicators of healthcare management practices received mean scores above 2.50, indicating that respondents perceived management practices as generally effective.

- The highest-rated item was *“There are sufficient opportunities for professional development”* (Mean = 2.82, SD = 0.614), suggesting that staff appreciated the training and advancement opportunities provided. This aligns with Herzberg’s motivator factor of growth and achievement as a driver of staff satisfaction.
- The item *“The leadership style in this hospital supports my professional growth”* also scored positively (Mean = 2.71), indicating that many staff perceive leadership as facilitative rather than authoritarian. This supports Maslow’s esteem and self-actualization needs, where acknowledgment and growth are essential motivators.



- Communication within the hospitals (Mean = 2.70) and fairness in performance appraisals (Mean = 2.67) were also seen as effective. Transparent communication and fair assessment are critical for building trust and aligning staff with organizational goals.
- Notably, “*Resources and equipment needed for my job are readily available*” received the lowest mean score (2.66), although still above the cutoff. This may reflect intermittent resource constraints, which, although manageable, could limit optimal staff performance if left unaddressed.
- Overall, the standard deviations (ranging from 0.608 to 0.662) suggest moderate agreement among respondents, with relatively consistent perceptions across the workforce.

These findings imply that management practices in the two Catholic hospitals are functioning adequately, with staff recognizing the value of professional growth opportunities, leadership engagement, and a supportive work environment. However, resource availability, though relatively acceptable, may require targeted investment to enhance operational efficiency and boost morale further.

3. Level of Staff Motivation

This section presents the results of how health workers perceive their motivation within the two Catholic hospitals. As before, responses were measured using a 4-point Likert scale (1 = Strongly Disagree to 4 = Strongly Agree). A mean score greater than 2.50 indicates agreement and, therefore, a positive level of motivation.

Table 8: Staff Motivation Levels

Statement	Mean	Standard Deviation (SD)
I feel motivated by the recognition I receive for my work	2.64	0.635
My job provides me with opportunities for personal growth	2.73	0.609
I am satisfied with the level of job security provided by my employer	2.71	0.618
The rewards and incentives provided here are adequate	2.53	0.649
I am enthusiastic about my work	2.62	0.640



I feel committed to my job and the mission of the hospital	2.70	0.618
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Source: Field Survey, 2024

Table 8 demonstrates that respondents generally felt motivated, with all items scoring above the 2.50 threshold.

- The highest mean score was for *“My job provides me with opportunities for personal growth”* (Mean = 2.73), indicating that health workers are largely driven by professional development and career advancement, consistent with intrinsic motivation as described in Herzberg's theory and Maslow's self-actualization level.
- The statement *“I am satisfied with the level of job security provided by my employer”* (Mean = 2.71) shows that employment stability is a key motivator. This aligns with the safety needs in Maslow's hierarchy, highlighting the importance of dependable institutional support.
- Recognition for work (Mean = 2.64) and commitment to the hospital's mission (Mean = 2.70) also recorded favorable ratings. These scores suggest that non-monetary motivators, such as a sense of purpose and acknowledgment, are highly valued in the faith-based hospital setting.
- Interestingly, *“The rewards and incentives provided here are adequate”* received the lowest mean score (2.53), indicating room for improvement in financial or material incentives. Though still within the positive range, it may reflect limited or irregular bonuses, allowances, or promotions, which are common challenges in mission hospitals operating under resource constraints.
- Enthusiasm about work (Mean = 2.62) further confirms that most staff are positively engaged, although this may be closely tied to how consistently recognition and growth opportunities are provided.

These results indicate that staff motivation is driven more by intrinsic factors (growth, commitment, recognition) than extrinsic rewards (salary, bonuses). This has key implications for healthcare administrators: non-financial motivators such as acknowledgment, career planning, and job security can be leveraged more systematically to improve motivation even in the face of limited financial resources.

Moreover, strategic investment in reward systems, even symbolic ones, could enhance overall satisfaction and prevent demotivation over time.



Discussion

This study set out to examine how healthcare management practices influence staff motivation in two Catholic hospitals in the Western Region of Ghana, namely Holy Child Catholic Hospital in Fijai and Father Thomas Alan Rooney Memorial Hospital in Asankrangwa. The findings suggest that healthcare management practices in these mission-based institutions are generally perceived to be effective and have a positive impact on staff motivation.

The analysis of management practices revealed that most respondents agreed that leadership support, communication effectiveness, fairness in performance appraisals, and opportunities for professional development were present and functioning well in their respective hospitals. Among these, professional development opportunities recorded the highest level of agreement. This suggests that staff feel supported in their growth and career progression, which is a key driver of intrinsic motivation. According to Herzberg's Two-Factor Theory, such motivators, including advancement and personal growth, contribute to job satisfaction and organizational commitment (Herzberg, 1966). Similarly, Maslow's Hierarchy of Needs emphasizes self-actualization as an important stage in employee motivation, where individuals seek to fulfill their potential (Maslow, 1943). In a context like Ghana, where many health workers seek not only job stability but also upward mobility, these findings are particularly relevant.

Communication within the hospitals was also perceived as effective. This aligns with findings by Osei et al. (2015), who noted that transparent and respectful communication in healthcare settings improves trust and enhances staff engagement. In the Catholic hospital context, where mission values and ethical considerations play a central role, effective communication may also reinforce shared purpose and belonging. Staff also perceived the leadership style in their hospitals to be supportive of their professional development. This reflects a more participatory or transformational style of leadership, which has been associated with improved morale and reduced staff turnover in similar mission health settings (Frimpong et al., 2017).

The findings further show that healthcare workers generally felt motivated in their roles. Personal growth opportunities, job security, and recognition were key contributors to this motivation. Interestingly, while financial rewards and incentives were acknowledged, they received the lowest mean score among the motivation items. This supports the view that although remuneration remains important, non-financial factors such as professional respect, growth, and a supportive environment can significantly influence motivation, especially in resource-limited settings (Willis-Shattuck et al., 2008). In faith-based institutions, where financial resources may be constrained, the strategic use of non-financial motivators becomes even more critical.



The results have clear policy implications for human resource management in Ghana's healthcare system. First, hospital administrators must recognize the value of consistent investment in professional development programs. Training workshops, continuing education, and mentoring can enhance motivation while also building institutional capacity. Second, leadership development should be prioritized, ensuring that supervisors and managers are trained in people-centered approaches that foster trust, collaboration, and team spirit. Third, efforts should be made to institutionalize regular and fair performance appraisals, not only as a tool for accountability but also as a source of constructive feedback and motivation. Finally, even though staff generally felt motivated, it is important for hospital management to review and improve reward systems where possible. Small but regular incentives, recognition ceremonies, and promotions can significantly enhance morale without overburdening the limited financial resources of mission hospitals.

Despite the valuable insights this study provides, there are some limitations that must be acknowledged. The study relied

Conclusion

This study set out to examine the influence of healthcare management practices on staff motivation in two Catholic hospitals in the Western Region of Ghana—Holy Child Catholic Hospital in Fijai and Father Thomas Alan Rooney Memorial Hospital in Asankrangwa. The findings revealed that staff generally

solely on self-reported data, which may be subject to response bias. Participants may have responded in socially desirable ways, especially considering the sensitive nature of evaluating their employers. Moreover, the use of convenience sampling may limit the generalizability of the findings to all Catholic or mission hospitals in Ghana. Future studies could adopt a mixed-methods approach and involve other regions to offer a broader understanding of management practices and motivation in faith-based health settings.

In conclusion, this study provides evidence that effective healthcare management practices, particularly those that focus on professional development, supportive leadership, and communication, have a positive influence on staff motivation in Catholic hospitals in the Western Region of Ghana. While financial constraints remain a challenge, non-monetary motivational strategies can be effectively harnessed to retain and engage health workers in mission healthcare settings. Health policymakers and hospital administrators must prioritize these strategies to strengthen workforce stability and improve the quality of care delivered to the Ghanaian population.

perceived management practices, particularly professional development opportunities, leadership support, and effective communication, as positively contributing to their motivation.

Staff motivation was largely driven by intrinsic and non-financial factors such as opportunities for personal growth, recognition, and job security. Although



financial incentives were acknowledged as relevant, they played a less significant role compared to relational and developmental motivators. These results support the notion that in resource-constrained settings like mission hospitals, non-monetary strategies can effectively enhance workforce morale and commitment.

The study concludes that healthcare management practices are central to

shaping the motivational climate of health institutions. Strengthening these practices through training, participatory leadership, and targeted human resource interventions can significantly improve staff motivation and, ultimately, healthcare delivery. This has important implications not only for Catholic hospitals but also for similar healthcare facilities seeking to improve staff performance through cost-effective and sustainable management strategies.

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