The influence of social and economic motivational factors in the performance of health professionals involved in mental health care in Douala, Littoral Region of Cameroon

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ABSTRACT

Aim: In low and middle-income countries, health professionals are essential for the delivery of mental health interventions. However, inadequate mental health professional's performance is a very widespread problem. Motivation is a prerequisite for better organizational performance. Motivation involves the biological, economic, social and cognitive forces that activate behavior. In everyday usage, the term "motivation" is frequently used to describe why a person does something. It is the driving force behind human actions. Thus this study seeks to investigate the extent to which motivational factors influence the performance of health professionals involved in mental health care in Douala, Littoral Region of Cameroon.

Study Design: A descriptive cross-sectional and analytical study design was adopted to investigate the extent to which motivational factors influence the performance of 210 mental health workers

Place and duration of study: It involved five mental health institutions in Douala, from May 2022 to August 2022

Methodology: A snowball sampling technique purely based on referrals and a purposive sampling technique to select the participants was used. Pilot test was done on 6 mental health workers in Minds Clinic Buea using a Crobach's Alpha formula to calculate and the value 0.985 was gotten to prove the validity and reliability of the research tools. Data was collected quantitatively and qualitatively with the use of self-administered, well-structured questionnaire and face to face interview was applied to collect data, and analyzed with SPSS version 23.0

Results: Results revealed that social (rs=0.406), economic (rs=0.248), cognitive (rs=0.471) and biological (rs=0.263) motivational factors influenced the performance of health professionals involved in mental health care and consequently improve the quality of mental health care. Spearman's rank correlation revealed that motivational factors improved work performance. Also, motivational factors have a significant relationship with performance at a two tail test. Moreover, there was general consensus among the management staff that the general motivation packages and strategies are yielding desired results and this has positively affected the moral and performance of staff.

Conclusion: Overall the findings of the study suggest that to improve the performance of health professionals involved in mental health care in Douala Littoral Region of Cameroon there is the need to carefully define motivational factors that are reliable and strategically relevant ensuring that they are free from criterion contamination and deficiency.

Comment [a1]: The first heading of the Abstract needs to be the «Background» followed by «Aims and Objectives»

Keywords: Motivational factors, Performance, Mental health professionals

1. INTRODUCTION

INTRODUCTION

Job performance is an action that involves process and product (final output). The individual process can be influenced by an organizations' overall performance. It is not only actions that determines ones' performance but also social and economic, factors of motivation. For better understanding of the role of motivation, we should know the meaning of motivation. Motivation is a Latin word and it means "To move" [1]. Psychologists believe that motivation is the process that

drives an individual towards achieving a goal. Moreover, motivation gives a person a purpose and the drive that he needs to achieve it. It helps people to push or pull from a bad situation, which are negative features in their lives. Nowadays, employers are interested to know about motivation and how to motivate their employees to improve productivity.

In low and middle-income countries, health professionals are essential for the delivery of mental health interventions. However, inadequate mental health professional's performance is a very widespread problem [2]. Motivation is a prerequisite for better organizational performance. Motivation maybe described as the processes that account for an individual's intensity, direction and persistence of effort towards attaining a goal. In most cases, motivation stems from a need, which must be fulfilled, and this in turn leads to a specific behavior. Lambrou et al.[3]. Motivation involves the biological, economic, social and cognitive forces that activate behavior. In everyday usage, the term "motivation" is frequently used to describe why a person does something. It is the driving force behind human actions [4].

Arguably, the leading motivation theories come from the work of Herzberg, Maslow, Alderfer, and McClelland, who discuss the basic needs model of motivation, referred to as content theory of 2 motivation, highlighting the specific factors that motivate an individual [4]. Some are "primary needs," such as those for food, sleep, and water needs that deal with the physical aspects of behavior and are considered unlearned. On the other hand, needs are often psychological, which means that they are learned primarily through experience. These "secondary needs" consist of internal states, such as the desire for power, achievement, and relationships. Secondary needs are responsible for most of the behavior that a manager deals and is concerned with, and for the rewards that must motivate employees within the organization.

Pink [5] argues that human motivation is largely intrinsic, and that the aspects of this motivation can be divided into autonomy, mastery, and purpose. He argues against old models of motivation driven by rewards and fear of punishment, dominated by extrinsic factors such as money. Pink concludes that these three motivation aspects must be present to create productive and engaging work environments. Pink [5] notes that the "carrot and the stick" has been replaced by satisfaction of the higher-level needs of empowered independence, skill development, and a sense of mission and advancement towards meaningful outcomes. Lindner [6] writes that understanding what motivated employees and how they led to our understanding of motivation are Maslow's need-hierarchy theory, Herzberg's two-factor theory, Vroom's expectancy theory, Adams' equity theory, and Skinner's reinforcement theory. According to Maslow, employees have five levels of needs [7]: physiological, safety, social, ego, and self-actualizing. Maslow proposed that lower level needs had to be satisfied before the next higher-level need would motivate employees.

Herzberg's work categorized motivation into two factors: motivators and 3 Hygiene [8]. Motivator or intrinsic factors, such as achievement and recognition, produce job satisfaction. Hygiene or extrinsic factors, such as pay and job security, produce job dissatisfaction and demotivates if not met to the expectations of workers.

Also, according to WHO, the African continent is currently facing a severe human resource crisis in the health sector which appears to have affected the delivery of quality and efficient healthcare services. Sub- Saharan Africa has the lowest health worker-to-population ratio in the whole world, [9].This trend is getting worse according to country specific case studies because of internal and external migration. According to Dieleman et al., [10], the issue of low motivation in the work place is one major contributor of the brain drain of health workers from Africa to other countries and from rural to urban areas within the same country. For decades, researchers have been studying factors influencing performance in health organizations with emphasis on worker and work environment factors. Nurses constitute the largest human resource element in health care organization Alhassan et al., [11] and therefore appear to have a great impact on the quality of care and patient outcomes.

Job performance has often been examined in light of work attitudes such as job satisfaction and organizational commitment. Health professional's attitude towards their job and their commitment to their employers has interested researchers because of their impact on behavior at work and quality of patient care according to global health magazine [12].

There is a very large and impressive body of work proving that employee enthusiasm translates into stronger business performance. Pfeffer [13] in his comprehensive review of the motivation and staff morale research concludes that companies with enthusiastic employees are 30% - 40% more productive. Certo [14] adds the dimension of management control as a factor of employee morale by stating that worker morale will be low when management exerts excessive control. Certo continues that excessive control causes employees to feel pressured to perform and increases frustration by stifling individual freedom, thus, decreasing motivation. As Pink noted, a sense of autonomy is a driver of performance.

Moreover, motivation and retention are major concerns in human resources for health. Mental health workers are susceptible to push factors such as payment and working conditions and pull factors such as job satisfaction and economic prospects. Ensuring that staffs receive adequate payment for their work is the key to retention. However,

it is not just salary that is important. According to global health magazine [12], in many contexts, the low number of trained health staff in remote areas is due to the lack of supporting infrastructures and opportunities for staff and their families. In fragile contexts, these factors include poor living conditions, the lack of safety and security in the workplace, and the absence of continuous professional development.

Mental health work is acknowledged more stressful than that in other medical fields [15]. Mental health professionals have to cope with difficult patients, including some with multiple mental and substance use disorders who might be more aggressive or violent and present suicidal behaviors, thus requiring vast amounts of time and energy from several resources. Moreover, mental health professionals are often exposed to criticism from relatives of individuals with mental disorders while, at the same time, undergoing organizational and administrative constraints. Mental health work is also less valued and more stigmatizing than work in other health fields. Several studies have found that psychiatrists and other mental health professionals were particularly exposed to burnout, drug/alcohol abuse, and suicide [16] leading to poor performance. Also, mental health nursing is considered more stressful than other specialties, which may explain the shortage of mental health nurses due to their difficult work conditions. As a result of the above challenges mental health professionals are finding it difficult to perform at an optimal level. Mental health workers do not perform well in situations where they lack autonomy, especially after they have gained the skills to work independently.

The salaries of the public servants as stipulated by the Government of Cameroon are very low and this resultantly does not encourage good performance. In relation to management a lot of directives are given to mental health workers to produce tangible results and yet little attention is given to adequately motivate their efforts. This can be observed by the directives of meeting deadlines to produce documents, keeping punctuality, warning letters in cases of indiscipline with few inadequate incentives to encourage good performance.

The sub county management has shown evident weakness, with absenteeism being a common phenomenon, failure to prepare vital working documents and drinking while on duty have been observed as a practice of some of the workers leading to poor performance making people to risk their lives. Absenteeism is observed through the signing of the attendance register, warning letters in relation to drinking during office hours are present in some personnel files and penalties by the Ministry due to the absence of some documents is evident in the assessment results report.
Inaddition, Cameroon is a diverse country both culturally and geographically, and this diversity has led to different working conditions in different regions. Motivational factors such as social, economic, cognitive and biological factors are key to determining the performance of professionals in any domain. There is a knowledge gap concerning the field of mental health care in our country. Without a clear understanding of the various motivational factors on performance, it is likely that communities will continue to face challenges in receiving accessible and high quality primary healthcare because the quality of performance in health facilities to a large extent depends on available human resource mix and their motivation [10].

However, there is limited literature or empirical studies on how these factors influence or impact the performance of health professionals involved in mental health care in Cameroon. We have to bear in mind that the strength of any organization is in its workforce and that an organization that does not have a well performing and dedicated workforce has a poor foundation to exist in a sound operational manner. This implies that human resources need to be treated with great care, since they are a special resource that needs to be given special managerial attention and time [17]. Thus this study seeks to investigate the extent to which motivational factors influence the performance of health professionals involved in mental health care in Douala, Littoral Region of Cameroon.

Improving the performance of workers has gained attention, especially in the private and public sector [18]. Attention therefore, needs to be placed on the effort of motivating mental health professionals. There is the need to make efforts to ensure that the reasons that prevent optimal performance are identified. Studies have focused on motivation [18], but little attention has been given to motivational factors such as social, economic, cognitive and biological factors influencing the performance of health professionals involved in mental health care in Cameroon. This study will enable the researcher gain insight into factors causing low motivation, which are equally affecting performance among health professionals involved in mental health care in Douala Littoral region of Cameroon. It is expected that the needed information provided would guide management on better strategies to improve staff motivation. Also this research will help the managers and health professionals involved in mental health care, to realize their obligations and responsibility towards, the good performance of the organization. This study will add on to the existing literature on the implementation of motivational measures of health professionals in Cameroon.

The general Objective of the study was investigate the association to which motivational factors influence the performance of health professionals involved in mental health care in Douala, Littoral Region of Cameroon. Specific objectives were**:**

i. To investigate the association to which social motivational factors influence the performance of health professionals involved in mental health care in Douala, Littoral Region of Cameroon.
ii. To find out the association to which economic factors of motivation influence the performance of health professionals involved in mental health care in Douala, Littoral Region of Cameroon.

Human resources are the most vital resources of any organization which determine how other resources are used to accomplish goals, so the identification of various factors that will account for the improvement of Human Resources of Health (HRH) shall strengthen management capacities in the health service, thus improving the performance of health professionals involved in mental health care.
To the researcher, this work will widened knowledge and make the researcher fit for the award of a master's degree in mental health nursing.
This study will create self-awareness in the participants and a relationship between personal and professional goals thus creating a psychological balance between personal and professional goals thereby improving the effectiveness and efficiency of the participants.
These findings will help suggests areas of motivation to which special attention can be given so as to increase the effectiveness of the mental health care services through human resources.
This research will help policy makers to design favorable policies to guide the practice of mental health services in Cameroon.

Comment [a2]: As specific objectives are added so the general objectives either needs to be precise and concise or may be excluded

2. MATERIAL AND METHODS

2.1 Research Design

This study was a descriptive cross sectional and analytical study design that involved the application of questionnaires and interview guide (quantitative and qualitative studies) that lasted from May 2022 to August 2022. This study design was suitable because it is less expensive and will help the researcher to obtain information from participants present in the hospital at a specific time.

2.2 Study Area

This study was conducted in five health facilities involved in mental health care in Douala Littoral Region of Cameroon namely; Laquintinie in Akwa, Second Regional Military hospital at Bonajo, Catholic Hospital St. Albert Legrand at Bonaberi, Kam-Siham foundation at Cite` Sic and Centre de Psychologie Clinique et de Psychoeducation de Douala Bassa at PK 10. Douala is the largest city in Cameroon and it is the economic capital. Home to Central Africa's largest port and its major international airport, Douala International Airport is the commercial and economic capital of Cameroon and the entire CEMAC region comprising Gabon, Congo, Chad, Equatorial Guinea, Central African Republic and Cameroon. As of 2021, the city and its surrounding area had an estimated population of 5,768,400. The city sits on the estuary of Wouri River and its climate is tropical [Cameroon; Regions, major cities and towns-population statistics, maps, charts, weather and wed information. www.citypopulation.de.]

2.3 Study Population

The targeted population was all health professionals involved in mental health care in the five selected health facilities in Douala Littoral region of Cameroon.

Comment [a3]: Health professionals are not specifically defined here. Its better if the health professionals are categorized e.g. doctors, nurse, paramedics etc

2.4 Sample Size

2.4.1 Sample Size Calculation

$$n = \left(\frac{Z}{E}\right)^2 pq$$

Where;
n =sample size
Z = (95%) Confidence Interval from t-table = 1.96
Max Error, Emax = 5% = 0.05
p=probability of success
q=probability of failure
P = 83.7% → p = 0.837 (On the study carried by Annie Adazewah [19] on "Influence of motivation on health professionals performance: a case study at korlebu teaching hospital, Accra Ghana"
Substituting the values,

$$n = \left(\frac{1.96}{0.05}\right)^2 0.837(0.163)$$

= 209.64
Therefore, n = 210 participants.

2.5 Sampling Technique

A snowball sampling technique was used purely based on referrals to get the various mental health institutions in Douala and also a purposive sampling technique was used to select only health professionals involved in mental health care to participate.

2.5.1 Inclusion Criteria

Health Professionals involved in Mental Health Care (nurses, medical doctors, psychiatrists, psychologists, mental health nurses, social workers, occupational therapists, and psychotherapist) and head of unit that were present and working at the five selected mental health facilities or units in Douala Littoral region of Cameroon at the time of the research period.

Both male and female health professionals involved in mental health care

Health professionals involved in mental health care within 20 years to 60 years and above.

Health professionals who have worked for >3 months in the five selected mental health units or facilities in Douala Littoral region of Cameroon.

Health professionals involved in mental health care who were willing to participate and sign the consent form.

2.5.2 Exclusion Criteria

This study excluded all questionnaire which were partially filled by health professionals involved in mental health care. Also, mental health workers who were not willing to give their consent to participate in the research.

2.6 Validity and Reliability

A pilot test was carried out in Minds Clinic Buea on 6 health professionals involved in mental health care using the Crobach's Alpha formula to calculate reliability statistics which gave the value 0.985 that proved the data collection tools (questionnaire and interview guide) were valid and reliable.

2.7 Data Collection Tools and Methods

A mixed research (qualitative and quantitative) method was used in which an interview guide and a well-structured self-administered questionnaire was designed with close-ended questions to collect data on motivation and performance of health professionals involved in mental health care. The questionnaire had two sections, Section A; Socio-demograph data. Section B; Motivational factors (social, economic, cognitive and biological factors) and questions on individual work performance of mental health workers. The questionnaire was designed with some questions and responses like; 0-None of the time, 1-A little of the time, 2-Some of the time, 3-Most of the time, 4-All of the time. This was used to measure individual work performance of mental health workers with responses like; 0-Rarely, 1-Sometimes, 2-Regularly, 3-Often, 4-Always.

2.7.1 Variables

Both dependent and independent variables were measured in the study as explained.

Dependent Variable

The dependent variable was the performance of health professionals involved in mental health care in Douala Littoral Region of Cameroon.

Independent Variables

The following constituted the independent variables for the study.

Socio-demographic characteristics: Gender, age, marital status, religion, level of education, area of specialty and duration of working experience.

Extrinsic motivational factors (social and economic factors): Job security, interpersonal relationship, availability of equipment, recognition/promotion and salary increment.

Intrinsic motivational factors (cognitive and biological factors): Achievement, continuous education, incentive packages and supervision.

2.8 Data Management and Analysis

The collected data were entered, coded and cleaned in Microsoft excel. The data set was copied on 2 different flashes in case one gets missing or corrupted by virus. The cleaned data set was then exported to SPSS version 23.0 software for analysis. The results were presented in tables and bar charts using descriptive statistics. Inferential test used was the spearman's rank correlation which is nonparametric. The verification of hypotheses was testing the influence of independent variable on dependent variable.

3. RESULTS AND DISCUSSION

3.1 Descriptive statistics for the demographics

From table 1, majority of the respondents 135(64.3%) were female, most of the respondents 100(47.6%) were between the age 31-41years. Also, most of the respondents 105(50.0%) were married with a majority being a catholic 90(42.9%) and most of the respondents 90(42.9%) had a master's degree.

Table 1: Description of demographics according to Gender, Age, Marital status, Faith, and Level of Education.

Demographics	Frequency	Percent
Gender		
Male	75	35.7
Female	135	64.3
Total	**210**	**100.0**
Age		
20-30years	49	23.3
31-41 years	100	47.6
42-52years	47	22.4
53-63 years	14	6.7
Total	**210**	**100.0**
Marital status		
Single	82	39.0
Married	105	50.0
Divorced	14	6.7
Widowed	9	4.3
Total	**210**	**100.0**
Faith		
Protestant	63	30.0
Catholic	90	42.9
Muslim	13	6.2
Others	44	21.0
Total	**210**	**100.0**
Level of education		
Diploma	22	10.5
Bachelor's degree	66	31.4
Masters	90	42.9
Doctorate	32	15.2
Total	**210**	**100.0**

Figure 1 shows distribution of responses based on areas of specialty. Most of the respondents (27.14%) were nurses, followed by; mental health nurses (17.62%), Psychologist (16.19%), Social workers (12.38%), Psychotherapists (10.95%), Medical Doctors (8.57%), and Occupational therapists (6.67%). Only 1 (0.48%) Psychiatrist responded to the survey.

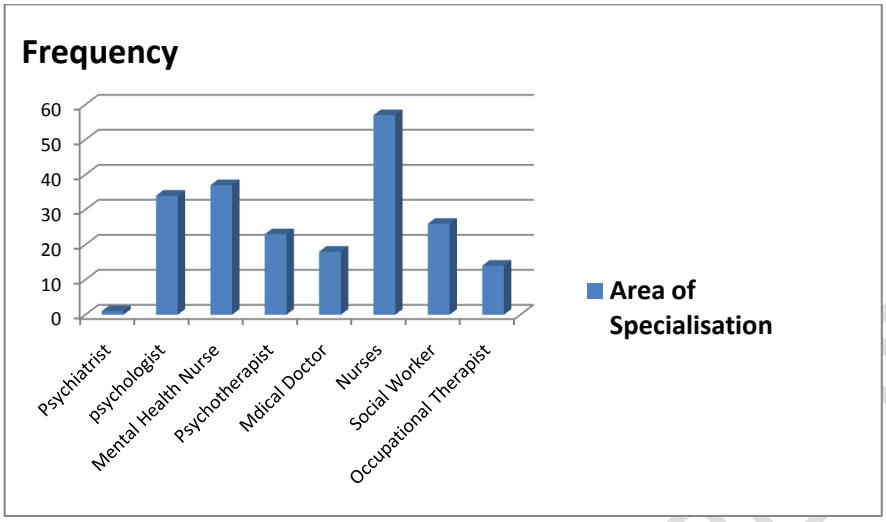

Figure 1: Distribution of responses based on areas of specialty

Figure 2 show distribution of responses based on work experience. Most of the respondents (44.29%) have between 1-5 years of work experience followed by 67(31.90%) respondents who have 6-10 years' work experience. Only 19(9.05%) of the respondents have more than 10years work experience while 31(14.76%) of the respondents have less than one-year work experience.

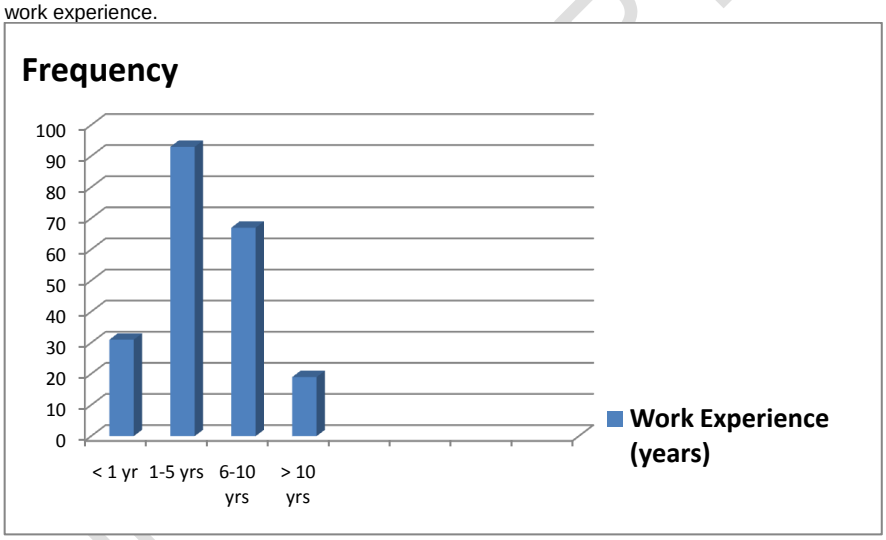

Figure 2: Distribution of responses based on work experience

3.2 Descriptive Statistics for Motivational Factors

According to table 4, is the distribution of responses based on the social motivational factor. 18.8% of the respondents acknowledge they were motivated socially all of the time; 23.2% said they were motivated most of the time. Most of the respondents, 28.6% said they were motivated socially some of the time and about 16.3% said they were motivated socially a little of the time and only 13.2% said they were not socially motivated.

Table 2: Distribution of responses based on social motivational factors

No	Items (Social motivational factors)	0-none of the time; 1-a little of the time; 2-some of the time; 3-most of the time; 4-all of the time					Total
		0	1	2	3	4	

1	There is conflict/argument among staffs	71 (33.8%)	50 (23.8%)	77 (36.7%)	9 (4.3%)	3 (1.4%)	210 (100%)
2	There is unity among the staffs	23 (11.0%)	40 (19.0%)	48 (22.9%)	64 (30.5%)	35 (16.7%)	210(100%)
3	The work environmentis unsafe (feeling of danger or fear)	50 (23.8%)	45 (21.4%)	67 (31.9%)	30 (14.3%)	18 (8.6%)	210 (100%)
4	Activities in the clinic/centre are enjoyable	10 (4.8%)	16 (7.6%)	65 (31.0%)	70 (33.3%)	49 (23.3%)	210 (100%)
5	My employer covers for my health insurance	75 (35.7%)	38 (18.1%)	27 (12.9%)	40 (19.0%)	30 (14.3%)	210 (100%)
6	My employer provides bonus pay	57 (27.1%)	21 (10.0%)	35 (16.7%)	59 (28.1%)	38 (18.1%)	210 (100%)
Totals		370 (29.4%)	246 (19.5%)	300 (23.8%)	225 (19.9%)	119 (6.4%)	1260 (100%)

Table 3 below is the distribution of responses based on the economic motivational factor. Only about 6.4% of the respondents acknowledge it is very true they were motivated economically; 19.9% said it is true they were motivated. About 23.8% said it is somewhat true they were motivated economically. Most of the respondents, 29.4% said it is untrue that they were motivated economically and 19.5% said it is somewhat untrue they were motivated economically.

Comment [a4]: As it is claimed that respondents were economically motivated upto some extent, there shall be one specific numerical that correlates with percentage as expressed 6.4% and 19.9% revealing the number of respondents and the percentage exactly by that numerical as a single indicator

Table 3: Distribution of responses based on economic motivational factors

No.	Items (Economic motivational factors)	0-untrue; 1-somewhat untrue; 2-somewhat true; 3-true; 4- very true 0	1	2	3	4	Totals
1	My salary is good	50(23.8%)	58(27.6%)	63(30.0%)	36(17.1%)	3(1.4%)	210(100%)
2	My allowances are encouraging	23(11.0%)	68(32.4%)	76(36.2%)	40(19.0%)	3(1.4%)	210(100%)
3	I am paid for working overtime	98(46.7%)	28(13.3%)	62(29.5%)	15(7.1%)	7(3.3%)	210(100%)
4	My employer contributes for my social insurance	67(31.9%)	33(15.7%)	37(17.6%)	35(16.7%)	38(18.1%)	210(100%)
5	My employer covers for my health insurance	75(35.7%)	38(18.1%)	27(12.9%)	40(19.0%)	30(14.3%)	210(100%)
6	My employer provides bonus pay	57(27.1%)	21(10.0%)	35(16.7%)	59(28.1%)	38(18.1%)	210(100%)
Totals		370(29.4%)	246(19.5%)	300(23.8%)	225(19.9%)	119(6.4%)	1260(100%)

3.3 Descriptive Statistics for Performance of Mental Health Professionals (IWPQ)

Results from table 4 shows the distribution of responses based on the work performance of health workers involved in mental health care. Most of the participants (30.2%) said they often perform well on the job while 28.3% said they always perform well on the job. About 26.1% said they sometime perform well and about 12.6% of the participants said they rarely perform well on the job. Only about 3.4% say they never perform well on the job.

Table 4: Distribution of responses based on the performance of Mental Health Professionals

No.	Items	0-Never; 1-rarely; 2-sometimes; 3-often; 4-always 0	1	2	3	4	Total
	Individual work task performance						
1	I managed to plan my work so that I finished it on time	4 (1.9%)	45 (21.4%)	63 (30.0%)	68 (32.4%)	30 (14.3%)	210 (100%)
2	I kept in mind the work result I needed to achieve	2 (1.0%)	12 (5.7%)	66 (31.4%)	76 (36.2%)	54 (25.7%)	210 (100%)
3	I was able to set priority	2 (1.0%)	13 (6.2%)	91 (43.3%)	56 (26.7%)	48 (22.9%)	210 (100%)
4	I was able to carry out my work efficiently	1 (0.5%)	28 (13.3%)	69(32.9%)	58 (27.6%)	54 (25.7%)	210 (100%)
5	I manage my time well	1 (0.5%)	35 (16.7%)	46(21.9%)	105 (50%)	23 (11.0%)	210 (100%)
Sub Total		**10 (1.0%)**	**133 (12.7%)**	**335 (34.6%)**	**363(34.6%)**	**209 (19.9%)**	**1050 (100%)**
	Individual work contextual performance						
6	On my own initiative, I started new task when my old tasks were completed	1 (0.5%)	51 (24.3%)	65 (31.0%)	34 (16.2%)	59 (28.1%)	210 (100%)
7	I took on challenging task when they were available	16 (7.6%)	33 (15.7%)	63 (30.0%)	51 (24.3%)	47 (22.4%)	210 (100%)

8	I worked on keeping my job-related knowledge up-to-date	0 (0.0%)	3 7(17.6%)	57 (27.1%)	53 (25.2%)	63 (30.0%)	210 (100%)
9	I work on keeping my work skills up-to-date	2 (1.0%)	29 (13.8%)	51 (24.3%)	67 (31.9%)	61 (29.0%)	210 (100%)
10	I came up with creative solutions for new problems	5(2.4%)	28(13.3%)	55(26.2%)	81(38.6%)	41(19.5%)	210(100%)
11	I took on extra responsibilities	2(1.0%)	36(17.1%)	58(27.6%)	69(32.9%)	45(21.4%)	210(100%)
12	I continually sought new challenges in my work	15(7.1%)	30(14.3%)	60(28.6%)	56(26.7%)	49(23.3%)	210(100%)
13	I actively participate in meetings and/or consultations	19(9.0%)	19(9.0%)	34(16.2%)	53(25.2%)	85(40.5%)	210(100%)
Sub Total		60(3.6%)	263(15.7%)	443(26.4%)	464(27.6%)	450(26.8%)	1680(100%)
	Individual work counterproductive performance						
14	I complain about minor work-related issues at work	40(19.0%)	52(24.8%)	65(31.0%)	28(13.3%)	25(11.9%)	210(100%)
15	I make problems at work bigger than they were	127(60.5 %)	50(23.8%)	26(12.4%)	2(1.0%)	5(2.4%)	210(100%)
16	I focused on the negative aspects of situation at work instead of the positive aspects	123(58.6 %)	54(25.7%)	18(8.6%)	7(3.3%)	8(3.8%)	210(100%)
17	I talked to colleagues about the negative aspects of my work	51(24.3%)	71(33.8%)	51(24.3%)	33(15.7%)	4(1.9%)	210(100%)
18	I talk to people outside the organization about the negative aspects of my work	68(32.4%)	86(41.0%)	29(13.8%)	11(5.2%)	16(7.6%)	210(100%)
Sub Total(NB: This is a reverse scale)		409(39.0%)	313(29.8%)	189(18%)	81(7.7%)	58(5.5%)	1050(100%)
Grand Total		128(3.4%)	477(12.6%)	987(26.1%)	1140(30.2%)	1068(28.3%)	3780(100%)

3.3.1 The **association to which social motivational factors influence the performance of health professionals involved in mental health care in Douala, Littoral Region of Cameroon**

Respondents who were motivated socially some of the time often performs very well on the job (table 5).

The contingency coefficient of 0.461 is considered in determining the extent to which social motivational factors influences the performance of mental health professionals. Social motivational factors moderately influence the performance of mental health professionals in Douala, Littoral Region of Cameroon (table 6).

Table 5: Cross tabulation of social motivational factors and the performance of mental health professionals

Social motivational factor * Individual work performance Cross tabulation

Count

		Individual work performance				Total
		Sometimes	regularly	often	always	
Social motivational factor	little of the time	0	12	5	1	18
	some of the time	2	36	47	6	91
	most of the time	1	11	32	13	57
	all of the time	0	1	22	21	44
Total		3	60	106	41	210

Table 6: Symmetric measures on the relationship between social motivational factor and performance of mental health professionals

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	0.520	0.000
	Cramer's V	0.300	0.000
	Contingency Coefficient	0.461	0.000
N of Valid Cases		210	

3.3.2 The association to which economic factors of motivation influence the performance of health professionals involved in mental health care in Douala, Littoral Region of Cameroon

Respondents who were often motivated economically perform very well on the job (table 7).

The contingency coefficient of 0.410 is considered in determining the extent to which economic motivational factors influences the performance of mental health professionals. Economic motivational factors moderately influence the performance of mental health professionals in Douala, Littoral Region of Cameroon (table 8).

Table 7: Cross tabulation on the relationship between Economic motivational factors and the performance of mental health professionals

Economic motivational factors * Individual work performance Cross tabulation

Count

		Individual work performance				Total
		sometimes	regularly	often	always	
Economic motivational factors	Untrue	2	14	21	4	41
	somewhat untrue	0	8	32	4	44
	somewhat true	0	30	48	19	97
	True	1	8	5	11	25
	very true	0	0	0	3	3
Total		3	60	106	41	210

Table 8: Symmetric measures on the relationship between economic motivational factors and the performance of mental health workers

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	0.449	0.000
	Cramer's V	0.259	0.000
	Contingency Coefficient	0.410	0.000
N of Valid Cases		210	

The more workers are socially motivated, the better they perform on the job. The relationship between social motivational factors and performance of health professionals involved in mental health care in Douala is positive and moderate (rs=0.406). However, the relationship varies with the different components of performance. Individual work task performance and individual work contextual performance are positively and moderately correlated with social motivational factors (rs=0.431 and 0.418 respectively). From the table above it shows that there is a weak positive correlation (rs=0.080) between social motivational factors and individual work counterproductive performance. Therefore, there is no significant correlation between social motivational factors and counterproductive performance at 0.01 level of significant (2-tailed test). See table 9.

Table 9: Spearman's rank correlation table on the relationship between Social motivational factor and the performance of mental health professionals

Correlations

			Social motivational Factors	Individual Work Task Performance	Individual work contextual performance	Individual work Counter Productive performance	Individual Work Performance
Spearman's rho	Social motivational Factors	Correlation Coefficient	1	0.431**	0.418**	0.080	
		Sig. (2-tailed)	0.000	0.000	0.246	0.000	
		N	210	210	210	210	

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The more workers are economically motivated, the better they perform on the job. The relationship between economic motivational factors and performance of health professionals involved in mental health care in Douala is positive and weak relationship (rs=0.248). However, the relationship varies with the different components of performance. Task performance and contextual performance are positively and weak correlated with economic motivational factors (rs=0.201 and 0.281

respectively). It is seen that there is a weak and negative correlation (rs=-0.020) between economic motivational factors and counterproductive performance. There is no significant correlation between economic motivational factors and counterproductive performance at 0.01 level of significant (2-tailed test).See table 10.

Table 10: Spearman's rank correlation table on the relationship between Economic motivational factors and the performance of mental health professionals

Correlations

			Economic Motivational Factors	Individual Work Task Performance	Individual work contextual performance	Individual work Counter Productive performance	Individual Work Performance
Spearman's rho	Economic Motivational Factors	Correlation Coefficient	1	0.201**	0.281**	-0.020	
		Sig. (2-tailed)		0.003	0.000	0.770	0.000
		N	210	210	210	210	

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

3.4 Discussion

Findings revealed that majority 91(43.3%) of the respondents if socially motivated some of the time performed well on their job. It was shown that social motivational factors has a significant relationship with individual work performance (rs=0.406) at a two tail test though this relationship varies with the different components of performance. This could be because, if mental health worker are socially motivated such as Good working relations with colleagues, insurance, Fair treatment from supervisors and managers, Support from the administration when problem occurs and safe working environment, mental health workers will not have the opposite of the desire effect of performance. This is similarly with the study carry out in Accra, Ghana by [19] who revealed that more than half of the respondents reported that materials and equipment availability, job security and good interpersonal relationship with co-workers enhances their work performance.

Also, the present study is in line with a study conducted by [20] on public sanitation workers showed that the perceived social worth of the work performed could reduce perceived emotional exhaustion and also improve their performance. This means that the social worth felt by a worker who performed a particular job can encourage him/her to perform better. Manifestations of prosocial behavior enable the individuals involved to obtain non-material benefits directly for their genuine care, such as gaining social recognition as social worth.

Results revealed that majority 97(46.2%) of the respondents who were often motivated economically perform very well on the job. It was seen that economic motivational factors has a significant correlation between performance (rs=0.248) at 0.01 level of significant (2-tailed test). This could be because, if mental health professionals are economically motivated. Financial and non-financial benefits such as good salary, bonus pay, allowances, study leave and health insurance they will perform well. These results are similar to the findings of [19] who reveal that more than half of the respondents were of the opinion that increasing their salaries were ok to meet their normal expenses and influence their performance.

4.0 CONCLUSIONS

To conclude, results from the finding showed that , the motivational factors that influence the performance of health professionals involved in the five mental health care institutions in Douala Littoral Region of Cameroon were classified in to four(4) categories which were; Social factors (Good working relations with colleagues, insurance, Fair treatment from supervisors and managers, Support from the administration when problem occurs and Good management), Economic factors (salary, health insurance, bonus pay, allowances and Performance Based Financing), Cognitive Factors (Continuous education, seminars and recognition/ appreciation) Biological factors (Air conditioner (AC) at the work place, vacation days, flexible working hours by giving off days, access to feeding, good drinking water, marriage and maternity leave). Also, there was general satisfactory performance of mental health staff in the eyes of the administration as they uses a monthly indices tool for assessing staff performance and follow-up also based on the number of clients they received per week.

5.0 RECOMMENDATIONS

To the Hospitals
Fair treatment from supervisors and managers should be reinforced for better performance of the mental health professionals that is positive reinforcement should be administered for work well done. This will ensure a transparent and fair motivational system.
The hospitals should develop a motivational system that impacts career path and professional development.
To Future Researchers
Further research on factors of motivation should be done in other mental health facilities involving clinical and non-clinical staff as well.
To Mental Health Workers
There is the need for a feedback mechanism to be created to enable mental health professionals to also assess their motivational levels and performance themselves, since work in the mental health field is more stressful and stigmatizing than that in other medical field.

CONSENT

The study participants were informed about the purpose and importance of the study through written and verbal informed consent before the data collection process. Confidentiality of both the participants and their information was observed.

ETHICAL APPROVAL

Ethical clearance was obtained from the Institutional Review Board (IRB) of the Faculty of Health Sciences (FHS), University of Buea. An Administrative clearance was taken from the Regional Delegation of Public Health Littoral. School authorization was obtained from the Director of the department of health sciences, Biaka University Institute of Buea (BUIB).
A support letter or permission was obtained from Laquintinie hospital, Second Regional Military hospital, Catholic Hospital St. Albert Legrand, Kam-Siham foundation and Centre de Psychologie Clinique et de Psychoeducation de Douala.

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Comment [a5]: References are too old and less than the recommended criteria