

**THE INFLUENCE OF QUALITY OF STAFF MEDICAL SCHEME ON STAFF
MOTIVATION: A CASE OF BARCLAYS BANK OF KENYA LTD**

BY

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DECLARATION

This Research project is my original work and has not been presented for a degree or any other award in University of Nairobi or any other institution of higher learning


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DEDICATION

This research project is dedicated to my Husband, Eric, my Mother, Grace Kamau and late Father, Edward Munyua Kamau and my Sisters.

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I take this opportunity to express my gratitude to the people who have contributed to this research project. First I acknowledge my Husband Eric Munyoki for his support and friendship without which this project would not have been completed. I wish to convey many thanks to my Supervisor Senior Lecturer Dr. Christopher M. Gakuo for creating time to guide me patiently and thoroughly throughout the project. His thorough examination of my work, critical positive criticism and experience was of great help to achieve the quality of this project.

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ABBREVIATIONS AND ACRONYMS

| | |
|-------------|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| BBK | Barclays Bank of Kenya Ltd |
| HIV | Human immunodeficiency virus |
| HMO | Health maintenance organization |
| HR | Human Resources Division |
| NHIF | National Insurance Hospital Fund |
| PPO | Preferred provider organizations |
| USB | Universal Serial Bus |

ABSTRACT

The quality of the Staff Medical Scheme is an important component in the Staff Motivation. Many organizations consider employee Motivation to be an important factor that contributes to their ongoing success, a medical benefit scheme can prove to be an important aspect for many employees. It largely determines productivity in the workplace and the reduction of high turnover as well as employee ownership of the company's values. The SMART card technology is being used by more companies worldwide as the medical industry seeks to curb fraud and costly administration. A host of factors influence Staff Motivation. This study therefore sought to examine the factors that influence of the Staff Medical Scheme on Staff Motivation using Barclays Bank of Kenya Ltd (BBK) as a case study.

The study was geared towards determining the impact of the staff medical scheme on the staff of BBK who were selected randomly. The study assessed the staff medical scheme for BBK and whether it impacts staff motivation. The study was conducted using structured questionnaire designed to collect primary data from employees of BBK. Personal interviews were held with some management staff of the organization. The study examined how variables such as administration, guidelines, accessibility and the value of coverage influence staff motivation. The results will benefit the BBK management and staff by exploring how to improve the quality of the staff medical scheme and thus the bank.

The study established that while majority of the respondents indicated that the current medical scheme was better than the previous one. They recommended changes to it that would increase their motivation. The changes included communication, increase the limits and review of the list of providers and alternatives to administration.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

There has been much discussion of the role of private providers in health delivery in developing countries. Historically, for-profit providers have mainly focused on curative care. However, they are playing a larger role in delivering health services with public health outcomes. Plans differ from one company to another, some plans give members unlimited choice and access and doctors while others provide their list of doctors from contracted medical service providers. Along with the payment of bills for members, some health plans provide advice on health related issues, medical check-ups, counseling services and preventive health care (Hewwit Associates 1984).

The healthcare market is poised to move from a paper world to an electronic one. In an era of managed care, specialized medicine, thin financial margins, identity fraud, difficult insurance claims, and government demand for secure, portable, and confidential patient information, the competitiveness of healthcare providers may depend on effective use of information technology (IT). However, increased computerization, reliance on databases, and movement of sensitive patient information require strict controls to safeguard the security and confidentiality of health care records. Healthcare administrators are currently major consumers of paper and ink. Keeping patient records, submitting medical claims, making referrals, writing prescriptions, and booking appointments are typically manual processes (F. Snyman and R. de la Harpe 2004)

The few areas that are automated tend to operate independently of each other. Only a minority of physician practices store patient data electronically. Physicians and other healthcare professionals have a stubborn affinity for using paper-based media to collect and retain patient data. The use of smart cards can reduce healthcare paperwork and protect patient records. The smart card can hold encrypted patient information and use a digital signature or a biometric template to reduce ambiguity about the cardholder's identity. The use of smart cards can also reduce the incidence of fraud in health benefit claims. Smart card technology can also improve the healthcare insurance process. Currently, eligibility verification and claims processing are too often characterized by redundant information collection, multiple reimbursement forms and lengthy delays.

Paper-based manual processes greatly increase the risk of human error which results in significant avoidable costs to insurers, national health agencies, and healthcare providers. Too often, these processes result in significant delays in referral, treatment, and reimbursement for insured patients.

Barclays Bank of Kenya (BBK) is a limited liability company registered in Kenya. It is incorporated under the companies Act Cap 486 to conduct banking business under the banking act. The banks' head office is situated at Barclays plaza within the city center. Other head office departments are located at Bank house Moi Avenue, Bishops Gate House in Upper hill, Office Park in Westlands and Market Branch within the city center. The bank seeks to identify itself as an employer of choice; In this regard several attractive initiatives and incentives aimed at boosting staff motivation and performance have been introduced. One of these initiatives is the Staff Medical Scheme for its' employees. The scheme is divided into 2 categories:

- i) Outpatient staff medical scheme
- ii) In-patient staff medical scheme

In the In-patient medical scheme, the bank takes an annual medical insurance cover for its employees up to certain specified amount through AON Minet Insurance and Brokers (AON). The in patient scheme covers in-patient medical treatment for employees and their dependents while the Outpatient scheme caters for outpatient medical treatment of the Banks' employees and their dependents. Previously, the scheme was administered through the bank and AON on a reimbursement mode where the staff would seek medical attention and pay the bill directly then claim from the insurance company. On 1st March 2010, Barclays bank of Kenya introduced the out patient credit facility & biometric technology allowing members to view their benefits. Members would now have a panel of providers who provide care on credit. This change caused other issues of accessibility, the exclusions of the medical scheme as well as the value of coverage and the mode of delivery. Members would either use the SMART card or settle the hospital bill and seek reimbursement from AON.

While the SMART card solved most of the problems that had previously forced staff to always have cash to receive treatment, there were a few challenges in fully utilizing the medical scheme. Identifying the influence of the quality of the staff medical scheme will go a long way in addressing how it impacts staff motivation.

1.2 Statement of the problem

The new medical scheme has revolutionized the mode of administration of the BBK staff medical scheme. As a result the staff motivation has been influenced by the quality of the medical scheme with regard to how the scheme is administered, the guidelines and value of the cover and the accessibility to health care facilities that use the biometric system.

The central problem of this study is to investigate how the staff motivation is influenced by the quality of the new staff medical scheme. The study examined the pros and cons of the change in the mode of administration putting into consideration all the benefits that were expected and whether or not they were achieved.

1.3 Purpose of the Study

The study examined the influence of the quality of the staff medical scheme on staff motivation in Barclays Bank of Kenya Ltd.

1.4 Objectives of the study

The specific objectives of the study included:

- i. To determine how the mode of administering the staff medical scheme influences staff motivation.
- ii. To determine to what extent the guidelines of the staff medical scheme influence staff motivation.
- iii. To assess how the value of coverage of the medical scheme influences staff motivation.
- iv. To establish how the accessibility of the medical scheme influences staff motivation in Barclays Bank of Kenya Ltd.

1.5 Research Questions

The following research questions guided the investigation on the quality of the medical scheme:

- i. To what extent does the mode of administering the medical scheme influence staff motivation?
- ii. How does the staff medical scheme exclusions influence staff motivation?
- iii. To what extent does the value of coverage of the medical scheme influence staff motivation?
- iv. What is the influence of accessibility of the medical scheme on staff motivation?

1.6 Significance of the study

The study sought to investigate the quality of the staff medical scheme and its influence on staff motivation. Through the identification of the variables such as accessibility, guidelines, value of coverage and the mode of delivery of the staff medical scheme as well as any other variables that may be identified. Since the study was an evaluation research on an ongoing program, it would provide ways of improving the medical scheme. The study will allow the bank to concentrate on its core business while confidently leaving the matter of health care administration in the able hands of a provider whose services are easy to access, understand and use while providing the members with sufficient coverage in limit. This research will help management understand the relationship between health and the workplace. It is going to explore the other options available and recognize and attend to loopholes (if any) in the medical scheme. The opinion survey plays an important role as a key channel for feedback and upward communication. Not only would the study be a tool to share views, it would also be a lever for change.

1.7 Scope of the study

The research was restricted to the staff of Barclays bank of Kenya Ltd and examined the influence of the quality of the staff medical scheme introduced on 1st March 2010 to replace the former one that had used the reimbursement method.

This study was carried out in Nairobi district. The area covered by the study was quite large and thus it forced the researcher to take a sample from the population instead of using the whole size. The study is restricted by time i.e. the research was conducted between May and August 2011.

1.8 Limitations of the study

The researcher might experience difficulty accessing the respondents as most of the respondents are very busy and may need to be constantly reminded of the deadline of returning the questionnaires. The resources for conducting the study are limited as was stationary and transportation needs. Confidentiality and fear of victimization in the banking industry also limited the extent of data collection and analysis.

1.9 Assumptions of the study

The assumptions of the study were that the change in mode of delivery brings about change in the staff motivation and that the changes affect employee performance and productivity in the organization both negatively and positively. This study also assumed that the sample chosen would represent the population; the respondents would be reached and they would be willing to answer the questions truthfully and correctly.

1.10 Research Variables

The research was carried out with both independent and dependent variables to express the influence of the staff medical scheme on staff motivation. The independent variables included the mode of administering the scheme which is how the medical scheme is administered, the exclusions of the medical scheme which is the list of what is not covered by the cover; the accessibility of the scheme which is the various locations available to the staff and their dependants and the value of coverage that is the limit available to each family for both In and out patient.

The dependent variable was the staff motivation which included the employees' increase in performance and enthusiasm to work and the morale levels as well as decrease in staff turnover and the taking of ownership of the company values and an overall team work spirit. A clear understanding of the medical scheme was also an indicator.

| 1.1 Definition of Significant Terms | |
|--|--|
| Staff | Employees working for the organization |
| Union | Association that represents employees in negotiations |
| Coverage | The services offered in a particular health plan |
| Benefits | Refund for covered medical expenses as specified by the plan. |
| Claim | Formal request made by an insured person for the benefits provided by a policy. |
| Broker | A licensed insurance professional that obtains multiple quotes and plans information in the interest of his client. |
| Dependants | Usually the spouse and unmarried children of an employee. |
| Exclusions | Expenses not covered under an insurance plan. |
| Emergency | A situation where a member requires immediate hospitalization and or treatment. |
| Motivation | An individual's internal process that energizes, directs, and sustains behavior, a personal force that causes one to behave in a certain way. The willingness to exert high levels of effort to reach or achieve a predetermined reward or goal'. A force that kindles a burning desire for work or action and the readiness to work towards a goal or satisfy a need. |
| Motivators | These refer to those things which induce an individual to perform e.g. higher pay, prestigious title, name tag, praise, recognition, responsibility etc – It can be tangible or intangible. |
| Satisfaction | Refers to the sense of contentment experienced when a need is fulfilled. |
| Authorization | A determination required under a health benefits plan that based on the information provided satisfies the requirements under the member's health benefits plan for medical necessity |
| Member | An eligible employee who has completed a membership application form or an eligible dependant whose name is included on the membership application form for the policy and commencement of cover has been confirmed in writing by the Insurer. |
| Mode of Administration | how the medical scheme is provided, the process through which members receive treatment |
| Exclusions | of the medical scheme which is the list of what is not covered by the cover |
| Accessibility | The various locations available to the staff and their dependants and the value of coverage that is the limit available to each family for both In and out patient. |
| Value of coverage | The limit available to each family for both In and out patient. |
| AON | Aon Minet insurance brokers Ltd |

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter has reviewed literature that is relevant to the study with a purpose of exploring research works and other secondary data useful to the study. The chapter examines what other researchers and scholars have said regarding the identified variables that influence the staff motivation.

2.2 Overview of the staff medical scheme

Health benefit design traditionally has included features intended to balance premium affordability, choice of providers, comprehensiveness of covered benefits, and the total cost of care. Once an employee or individual consumer enrolls in a health plan, the benefits within that plan influence the member's decision to seek care and can also influence a physician or other provider's recommended treatment. Health plan features can influence when and where a person will seek care, the choice of referral specialists and hospitals, treatment options, and patient compliance with recommended treatment and therapies. Benefit design can also influence clinicians' recommendations for treatment. This may occur when a service is not covered under a particular benefits package; when there are differences in member cost sharing requirements for alternative treatments (as in tiered pharmacy benefit design with lower cost sharing for generic drugs); or if there are differences in provider reimbursement for the treatment options (Healthsolutions, 2010). Providers would rather provide services that are covered by insurance as there is a greater certainty of payment. On 1st March 2010 Barclays bank through AON introduced Out Patient credit facilities that are supported by biometric systems via use of a SMART card. The biometric technology allows for fingerprint identification for authentication purposes. Medical benefits are loaded onto the SMART card on a microchip which is embedded in the card. Upon utilizing the card at the provider, the benefits can be viewed real time. Since the medical benefits are shared per family, each card had the full benefits loaded, and any expenditure is simultaneously updated on the total benefits entitlement for each family member.

A list of providers offering credit was issued to the BBK staff by the HR department. The staffs were also allowed non panel facilities that would be on a reimbursement basis. All employees and their dependants were issued with a SMART card and their fingerprint saved on the same. The members' medical benefit for both In and Out patient including benefit limits would be captured in the SMART card. All members would only be treated by presenting their SMART cards at the appointed medical service provider (AON Membership Guide, Medical Scheme Booklet, 2010).

In the event of the member using the facilities of a non panel medical provider the member had the option to pay and seek reimbursement. There were a few teething problems in the beginning which included; some SMART cards not being received in time due to the lack of complete documentation, the medical providers had not yet been advised of the use of the SMART card by BBK staff and would not allow it forcing the staff to pay directly, a lack of understanding of the inclusions and exclusions of the medical cover and the loss of man hours lost when staff were following up on medical claims as well as the SMART cards. (AON Membership Guide, Medical Scheme Booklet, 2010).

The mission for Barclays bank is to be the market leader and to achieve this, certain standards need to be kept as well as developed. In order for the entire mission to be achieved and followed, BBK has to be the employer of choice by setting the pace in health maintenance of employees. Understanding the relationship between health and the workplace is fundamental to success in business. Often the benefits of a well-administered medical scheme include; Reduced costs, a highly motivated staff, increased staff retention and productivity, and reduced absenteeism. Most companies contract medical providers to combat waste, fraud and abuse of health insurance and health care delivery. Since health insurance covers the medical expenses incurred when the insured or his dependents become ill or injured, many employers choose the most comprehensive plans that would cost favourably. Usually where there is demand and willingness to pay and a supportive regulatory environment, for-profit providers have begun to enter the market and deliver services.

2.3 Staff Motivation

Today most employers provide a medical plan for their employees and these vary from the size of the business to the value placed on employee wellness. The cost of man-hours and resources lost due to illness and chasing refunds that impact staff motivation and productivity. A member of staff taking time off due to illness can affect everyone with the impact being felt everywhere. Everyone has to work harder to carry the load and morale can be damaged, productivity dented all of which impact the company's bottom line.

Understanding the relationship between health and motivation in the workplace is fundamental to success in business. Employee motivation refers to the level of energy, commitment, and creativity that a company's workers apply to their jobs. In the increasingly competitive business environment of recent years, finding ways to motivate employees has become a pressing concern for many managers. Intrinsic motivation is the inner desire to take action. Most of the theories on what motivates people can be reduced to some form of self-interest. There must be some reward or benefit to individuals or they won't be motivated to act. The greater the perceived benefit, the harder employees are likely to work. Understanding what motivated employees and how they were motivated was the focus of many researchers following the publication of the Hawthorne Study results (Terpstra, 1979). Herzberg's work categorized motivation into two factors: motivators and hygiene (Herzberg, Mausner, & Snyderman, 1959). 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.

2.3.1 Importance of Staff Motivation

There is no universal source of employee motivation but employee morale and motivation translates into energy, energy translates into action and action produces employee productivity results. If people are not motivated, their talents and abilities will lie dormant, and the achievements of the organization will suffer. If for example a member is forced to spend money to receive treatment in the event of an emergency due to providers being unavailable, de-motivation shows in reduced productivity, high absenteeism, low employee morale and high staff turnover.

The ideal health plan should be easy to understand and use, provide members with quick access, excellent mode of delivery and sufficient limit for the cover thus satisfying the needs of the staff which leads to motivation.

According to Abraham Maslow (1943) 'Healthier employees' means healthier bottom line.' He is known for the theory of motivation, which has been developed further by theorists. He argues that after the first level of needs is met: physiological needs like food, water; optimum body temperature the next need to be met is the need for security needs like good health. This need comes before all others including social, self-esteem and self-actualization giving its importance very high priority to employers in regard to motivation.

2.3.2 Measurement of Staff Motivation

As earlier discussed retention of staff is one of the crucial factors to consider in order improving productivity. A lot of time is wasted when a company has to keep training new employees and hire temporary personnel to fill in for those who are sick. In Kenya many employers have become proactive in the provision of health care to their staffs. Data for measurement of employee commitment and motivation is not easily quantifiable and tends to be qualitative in nature. However, it is possible to collate and translate qualitative information into quantitative measures. Using employee surveys and questioning techniques during appraisal meetings can be of assistance in establishing how aligned individual objectives are to that of the organisation and how motivated and committed employees say they are.

As with all measurement systems and sub-systems, one focusing upon staff motivation should be designed to manage and measure staff motivation and be aligned with the culture, mission, and strategy of the organisation. Here are a few indicators on how motivation can be measured; however, many other measures relating to employee satisfaction can be used as motivation which is closely linked to satisfaction:

Employee commitment: employees that are committed to the organisation's goals and objectives or the percentage of employees who are considered to be 'highly motivated'. This measure can be an indicator of employee satisfaction levels, as employees are not likely to be motivated or committed unless they are satisfied.

By its nature the measurement of employee commitment and motivation has to be based on qualitative assessment. Their measurement should be based on employee satisfaction questionnaires and through the personal appraisal process.

Employee Ownership: the frequency of consultation of non-managerial employees for planning, or the percentage of employees that are involved in planning process. This measure provides an indication of the importance placed upon the opinions of the workforce. It can also be used as an input in the calculation of employee satisfaction, stakeholder focus, and leadership effectiveness. Involving employees in the planning process helps to effectively sell the ideas to the workforce, improving commitment and awareness, two essential factors in the achievement of an aligned workforce.

Increase in Performance: the percentage of targets met (personal, group/team, project) A measure that can provide an indication of the overall success of motivation strategies. Motivated employees are more productive. To be effective, managers need to understand what motivates employees within the context of the roles they perform.

Of all the functions a manager performs, motivating employees is arguably the most complex. This is due, in part, to the fact that what motivates employees changes constantly (Bowen & Radhakrishna, 1991).

Employees' morale levels: It's not easy to always have a positive outlook - especially when there are a lot of issues in the office. It's not easy to always keep your customer service level at its peak but self-motivated employees, however, can deal with this kind of stress effectively. They acknowledge that things will not always run according to plan, but this does not mean that they too will shatter together with those plans. Self-motivated employees know that if they stress themselves out for something that is beyond their control, then they will be in the losing end - they will be the ones whose emotional and physical state will be affected. As such, self-motivated employees simply let things be.

Employees Enthusiasm: Self-motivated employees genuinely take on new assignments - usually those that are not directly related to their official duties. For instance, self-motivated employees would volunteer to be part of the online newsletter team, or to be part of the Christmas Party committee - without necessarily asking for anything in return.

In a time that's plagued by the economic recession, employees have been holding to their jobs more dearly now. Companies are finding it hard to give them the best compensation and benefits packages. As such, they need self-motivated employees more. Companies need employees who can inspire and drive themselves to success - with less outside factors.

Gary Dessler (2003) defines benefits as indirect and direct financial payments employees receive for continuing their employment with the company. He considers them to be a major expense for most employers especially after almost a decade of little or no growth; he stated that private sectors employers benefit costs jumped 3.5% and that most full time employees in the United States of America receive benefits in one survey of about 33 million roughly 77% received employer provided medical coverage and 87% received life insurance.

In developing benefits plans, employers must address a number of policy issues including: What benefits to offer, who receives coverage, whether to include retirees in the plan, whether to deny employees benefits during initial probationary periods, how to finance benefits, cost containment procedures and how to communicate benefits options to employees. Sick leave provides pay to employees when they are out of work due to illness. Most sick leave policies grant full pay for a specified number of sick days usually up to 12 per year. In BBK the allowance goes up to two months with notification from a medical practitioner and thereafter 50% of the pay for the next 6 months. Gary Dessler (2003) defines a PPO as a preferred provider organization as a group of health care providers that contract with employers, insurance companies or third party payers to provide medical care services at a reduced fee. BBK has such a contract with AON, which is the subject of this study.

According to the BNA Bulletin to management (1991) Hospitalizations and health insurance looms large in many people's choice of employer because insurance is so expensive. In a recent survey, most employers about 80% of medium and large firms and 69% of small firms were found too offer their employees some type of hospitalization, medical and disability insurance along with life insurance. These benefits form the cornerstone of most benefit programs It is for this reason that employers need to acquire a plan that is expedient and accurate in order to retain staff and maintain a healthy workforce at an affordable price.

Most health insurance plans provide at least basic hospitalizations, surgical and medical insurance for employees at group rates. It is available to all employees including new and non-probationary ones regardless of health or physical condition. Most basic plans pay for hospital or physical, surgery charges – medical expenses. Some also provide major medical coverage to meet the high medical expenses resulting from long-term illnesses.

The choice of a health plan makes or breaks an organization as it is in direct relationship with productivity and performance of employees. If staff feel neglected or not considered in their health plan, they may have aggression, rationalization and finally resignation all of which no employer want in the members they depend on to excel in their industry.

2.4 Factors that influence staff motivation

This section will discuss the factors that influence staff motivation; value of coverage, guidelines, accessibility and the mode of administration of the of the staff medical scheme.

2.4.1 Value of Coverage

Hills, Bergman and Scarpillo (1987) conducted a study, which showed that about 62% of employers offer coverage under HMOs while 84% of coverage under PPOs. While many employers offer both; reducing health benefits costs has become the main objective in many organizations and many managers find controlling and reducing health care costs high on their to-do lists (Hewitt Associates 1984).

The BBK staff medical scheme is allocated to staff according to their grades. According to the staff manual, the banks employees are categorized into 7 grades. The grades range B1-B7. B1 and B2 staffs are in the union and are represented by the Bank Union in negotiations for better employment terms. B3 –B7 are categorized as management staff.

The following are the out patient benefits available:

Table 2.0 Staff entitlement limits as at 1st April 2010 (AON Membership Guide, Medical Scheme Booklet, 2010)

| <i>Grade</i> | <i>Outpatient Cover per Family (Ksh)</i> | <i>Dental Cover per Family (Ksh)</i> | <i>Optical Cover per Family (Ksh)</i> |
|--------------|--|--------------------------------------|--|
| B3-B7 | 100,000 | Within Overall outpatient limit | Upto 50% of the overall outpatient limit |
| B1 & B2 | 65,374 | Within Overall outpatient limit | Upto 50% of the overall outpatient limit |

Review of limits

The overall limits in table 2.0 above has been in existence since the year 2000 and has never been reviewed. In the meantime there has been a significant erosion of the purchasing power of the shilling through year on year inflation which has pushed up consultancy fees, cost of drugs, operating costs for hospitals etc. Despite the issue being raised with HR in open forums there has been no change. More and more employees are exhausting their limits and have to pay for the excesses.

2.4.2 Guidelines

In benefit designs that are commonly offered to employer groups, the scope of services covered typically includes hospital, physician, prescription drug and other medical services, excluding long-term care. The policies also usually include coverage of a range of physical, occupational, behavioural, and other therapies. Coverage of certain services may vary among policies: For example, not all insurance policies cover specific types of drugs, or in-vitro fertilization (Massachusetts Hospital Association 2010). Many employers also sponsor insurance plans that cover health-related expenses like eye care and dental services.

Other plans pay for diagnostic visits to the doctors' office, vision care, hearing aids and prescription drugs. The guidelines include all the exclusions and inclusions in the coverage and related hospitals that the health provider employs.

According to the AON Membership Guide, Medical Scheme Booklet, 2010, the following exclusions apply to the Barclays Medical scheme:

- i. Intentional self-injury while sane or insane, suicide or attempted suicide, treatment for chronic alcoholism and drug addiction.
- ii. Expenses recoverable under any other insurance e.g. NHIF
- iii. Cosmetic or plastic surgery unless necessitated by an accidental injury that occurs while the insured is covered under this contract.
- iv. Riding or driving in any kind of race.
- v. Beauty treatment or massage.
- vi. Naval, military and air-force operations
- vii. Transportation other than a licensed ambulance, as provided for under the in-patient coverage of this contract.
- viii. Hearing tests or cost of deaf aids unless resulting from an accidental injury.
- ix. Nutritional food supplements.
- x. Prophylactic treatment i.e. preventive treatment e.g. yellow fever vaccines.
- xi. Family planning and fertility treatment i.e. treatment related to infertility and impotence.
- xii. Sexually transmitted diseases except HIV/AIDS.
- xiii. Injury as a result of participating in riot, strike.
- xiv. General debility
- xv. Alternative treatment e.g. herbal treatment, acupuncture treatment, chiropractors etc.
- xvi. Expenses resulting from the insured participating in a hazardous activity e.g. sports such as mountaineering, hunting, polo, motor cycling or motor racing.
- xvii. Pain management.

Staff knowledge of the medical scheme exclusions

Most staff do not understand what is not included in the cover which would lead to frustration from paying for treatment received only to be denied reimbursement due to exclusions that have not been clearly communicated or the embarrassment of not knowing what is covered or not may force a member to spend cash as a result.

Outpatient Scope Cover

According to the AON Membership Guide, Medical Scheme Booklet, 2010, the following is the scope of the out patient cover which is what the medical scheme covers:

- i. Dental covered within the outpatient limit; includes consultations, X rays, fillings, extractions and teeth scaling.
- ii. Optical covered up to 50% of the outpatient limits and includes eye testing, prescription lenses and frames.
- iii. Maternity; pre-natal, post natal and ultra sounds covered up to and including the fourth birth.
- iv. General health checkups and vaccinations.
- v. Consultation visits
- vi. Treatment by chiropractors is covered where there is a referral from a GP.
- vii. Drugs prescribed by a physician
- viii. X-ray, laboratory and physiotherapy fees
- ix. Treatment for pre-existing and chronic conditions up to overall outpatient limit
- x. Counseling upon referral by a general practitioner.

Staff knowledge of the medical scheme scope cover

Most staff do not understand what their entitlement includes in the outpatient cover which would lead to them not fully utilizing their benefits due to ignorance.

2.4.3 Accessibility

A list of medical providers offering credit was issued to the staff by HR and will serve as a guide to where one can receive treatment on credit using the SMART card. Staff may visit non-panel facilities, however this will be on reimbursement basis and with prior approval from HR unless in the event of emergencies (AON Membership Guide, Medical

Scheme Booklet, 2010). The size and number of medical providers with the biometric system would determine the quality of the medical care received by the members of the scheme. An essential element of health plan benefit design is the provider delivery network and how its members access care in the network (Massachusetts Hospital Association 2010) This means that the wider the network of providers the greater the access by it's members thus delivering quality healthcare.

Geographical Accessibility

The list of providers was not exhaustive and staffs living in the rural parts of the country have limited access to medical care on credit. Some medical providers are located in the towns and are not easily accessible by those in these areas who are not able to easily reach the towns due to poor infrastructure or even lack of sufficient resources.

Technological Accessibility

Medical providers were reluctant to take on the biometric system in their facilities and preferred payment in cash due to delays in payment of fees from insurance companies. The cost implications are high as shown, the requirements for the SMART card system include: One Computer with a processor of 1 Ghz or faster, two available USB ports, one USB SMART card reader with a power supply, One USB biometric fingerprint reader and internet connectivity if the computer will be switching transactions or want to receive automatic application updates. The software application is reliant on a Windows-based operating system (Windows 2000 or higher) the software application is also reliant on Microsoft's .net framework (1.0 or higher) (F. Snyman and R. de la Harpe)

From the above, it is clear that some medical providers will be unable to serve members with the SMART card especially in the rural areas where power usage is not at high as in the urban areas. This means the members in rural areas are forced to spend money and seek reimbursement.

2.4.4 Mode of Administering the Medical Scheme

It is important to know how the mode of administering the medical scheme is and how efficient it is in offering assistance, client services and paying out claims. There are lots of good products in the market, but when it comes to the administration thereof, many schemes fall short. The mode of delivery of the medical care has changed from paying directly for out patient medical care to use of biometric technology in an attempt to curb fraud in medical health care.

All employees and their dependants are issued with a SMART card and their finger prints will be saved in the SMART card. The members' medical benefit for both in and Out patient including benefit limits will be captured in the SMART card. All members will only be treated by presenting their SMART cards at the appointed medical service provider e.g. staff clinic, pharmacy, X-ray etc. this means that is one does not have the SMART card, they cannot receive medical care on credit and only specific medical providers can provide the treatment . Another challenge with the system is that it uses only biometric fingerprints verification to unlock patient data and this causes problems for patients who have damaged fingerprints.

Administration in small hospitals

Most major hospitals have the technological strength to use the biometric system but the smaller hospitals that provide healthcare within the residential areas in urban areas do not have the technological might to procure the system.

Another reason is that the SMART card system is reliant on power, various hardware components and the internet and if any of these components fail the system becomes impaired or unusable.

Administering the medical scheme in Rural Areas

While this system may work within the urban areas in Kenya where medical providers are highly advanced technologically, the members in rural areas where electricity may be not available will experience difficulty in abiding by the new mode of delivery of the medical care and may thus resort to spending money and leaving the SMART card unutilized as few medical providers have access or the skills to use biometric technology.

The SMART card system requires electricity which makes it vulnerable to areas that do not use electricity. Many employers offer membership of HMOs as a hospital medical option. This consists of specialists operating out of a community based health care center. Other organizations offer PPOs that are a cross between HMOs and the traditional doctor-patient arrangement. Unlike the latter, PPOs let employees select providers (like doctors) from a relatively wide list and see them in their offices. The providers agree to provide discounts and submit to certain utilization controls such as on the number of diagnostic tests they can order (Gisonny & Langan 1993). The choice of either of the above named options varies according to the size of the organization and the policies on health care.

2.5 Conceptual Framework

From the title of the study, staff motivation depends on the influence of the staff medical scheme. The impacts of the staff medical scheme include; the mode of administration of the medical scheme, the guidelines of the staff medical scheme, the value of the coverage and the accessibility of the staff medical scheme.

Independent Variables

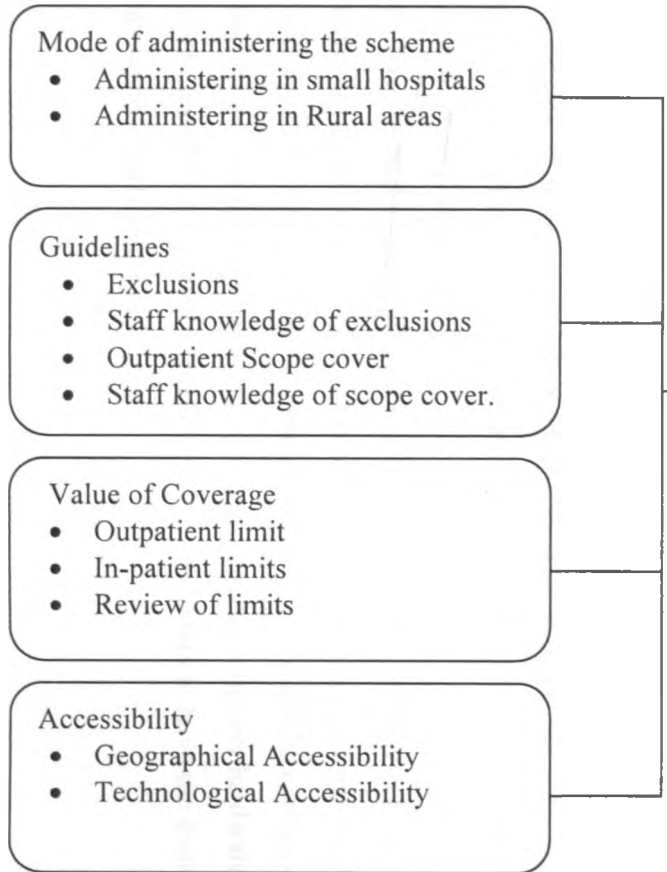
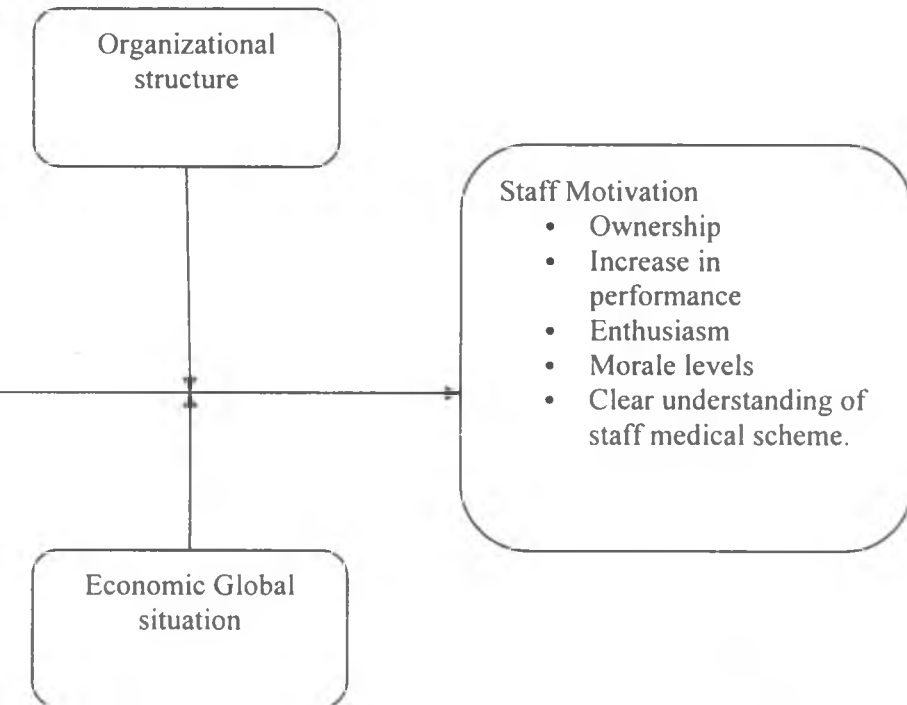


Figure1: Conceptual Framework

Intervening variables

Dependent Variable



2.6 The Relationship between the Variables

Staff Motivation will be conceptualised for the purpose study as the dependent variable while mode of administration, guidelines, accessibility and value of coverage of the staff medical scheme are the independent variables. The bank's organisational structure and the Economic global situation were taken as the intervening variables.

The mode of administration is one of the variables which will be assessed to establish how it influences staff motivation. The mode of delivery of staff medical scheme will be assessed as compared to the previous method. The guidelines will be assessed to establish whether it does influence staff motivation. The exclusions in the staff medical scheme and scope cover will be assessed. The staff knowledge of the exclusions and outpatient scope cover will also be assessed.

Accessibility is another independent variable which will be assessed to establish whether it impacts staff motivation. The availability of medical providers with the biometric card system as well as ease of access will be looked into to establish how it relates with staff motivation. The value of coverage will be assessed to establish whether it does influence the staff motivation. Staff perception of the value of the medical cover and the review of the limits will be assessed.

2.7 Conclusion of Literature Review

The reviewed literature reveals that staff motivation is critical in assessing the satisfaction in the staff medical scheme. It is evident that staffs who are satisfied with the medical scheme provided by their employer will have a higher ownership of the company and will improve in performance.

Studies that have been done recently showed that the SMART card system has reduced administrative costs and fraud while reducing medical expenses. From the literature review it was found that most studies concentrated on reducing administration costs but with no consideration of the reliance of the system on power, computer hardware and the internet which would be difficult for smaller medical providers to have the overhead for such expenses particularly in the rural areas.

From the above, we can see that the use of a list of providers to provide medical care would be punitive to members who are not located within urban areas or who would seek medical attention in the smaller technologically challenged medical providers. The literature review also revealed that the value of the medical cover and the review of the limits as well as the guidelines of the staff medical cover can equally influence staff motivation. It is on this premise that this study aims at filling in the gaps as far as these issues are concerned.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter elaborates on the research methodology that was used when undertaking the study. It describes the target population, sample, and outlines the sampling technique, data collection instrument, data collection method, data analysis and presentation.

3.2 Research Design

A descriptive cross-sectional survey design was used in the study. This enabled the researcher to work with the different grades. The study aimed at investigating the influence of the staff medical scheme on staff motivation. The design is appropriate for the study as the researcher was investigating the factors that influence staff motivation currently with regard to the staff medical scheme. The study used both quantitative and qualitative methods which was ideal as the research seeks to analyze staff motivation and the factors that influence in with regard to the medical scheme. The study was carried out using questionnaires and case studies of other countries where the SMART card has been implemented. Questionnaires and research interview guides were used for data collection. These members were drawn from each of the grades taking into account the gender, number of dependants and years of service of the respondents.

3.3 Target Population

The study was carried out on the staff of Barclays bank of Kenya Ltd. Barclays bank of Kenya has a total workforce of 3321 full time employees who are on the staff medical scheme as at 1st July 2011, 1660 of whom are stationed in head office locations in Bishop's gate, Office Park, Market Branch, Bank House and Barclays Plaza. This was the group that provided the population of the study as the structure is mirrored across the business and was representative of the whole bank. The researcher sampled 10.34% of the population to the sample size i.e. 170 members of head office staff located in the above mentioned locations.

3.4 Sampling size and technique

According to Mugenda (1999) in descriptive studies, ten percent or above of the accessible population is enough for the study Stratified random sampling method was

used to select the sample as the population was readily available and divided into strata i.e. the various offices within the city center which include Bishops Gate, Office Park, Market house, Bank house and Barclays plaza. The probability technique ensured that each staff job grade in each building was given an equal chance of representation. The sample selected did not take gender issues into considerations since from the literature reviewed; gender was not identified as a factor which influences staff motivation as the medical cover includes family members thus cuts across the gender divide. The staff were be grouped according to the 7 job grades.

Looking at table 3.1, it shows that the strata that have greater numbers are B1 to B5 which has a population of 1598 out of 1662. This was 96 % of the sampling frame, a sample of 10% percent was selected from each grade representing this strata. For other grades representing the other strata, a sample of 20% percent was selected. This disproportionate random sampling will give the other strata some relevance in the study. In cases where strata differ not only in size but also in variability and it is considered quite reasonable to include larger samples from the more variable strata and smaller sample from those which are less variable, we can account for both using disproportionate sampling design (Kothari 2005). Population size- Number of staff located in the head office locations of Barclays bank of Kenya Ltd who are on the staff medical scheme.

Table 3.1 Distribution of Staff in the various head office buildings

| Physical Location | B1 | B2 | B3 | B4 | B5 | B6 | B7 | Grand Total |
|--------------------------|------------|------------|------------|------------|------------|-----------|-----------|--------------------|
| Bank House | 274 | 81 | 91 | 32 | 14 | 2 | 2 | 496 |
| Bishops Gate | 293 | 204 | 94 | 38 | 17 | 3 | 2 | 651 |
| Market | 11 | 13 | 49 | 27 | 11 | 4 | 1 | 116 |
| Office Park | 6 | 22 | 25 | 24 | 18 | 6 | 3 | 104 |
| Plaza | 35 | 34 | 66 | 59 | 60 | 33 | 8 | 295 |
| Grand Total | 619 | 354 | 325 | 180 | 120 | 46 | 16 | 1662 |

The researcher used ten percent of the target population in each of the grades with large numbers, they are B1, B2, B3, B4 and B5 and twenty percent of the target population in each of the grades with small numbers; that is, B6 and B7. From each grade the staff were given a number, these numbers were be placed in a container and picked at a random to make the required sample size. In total the sampling procedure provided the researcher with a sample size of 170 respondents as shown in the table 3.2 below

| Table 3.2 Sample Size | | | |
|-----------------------|-------------------|-------------|-------------------|
| Grade | Target Population | Sample Size | Sample Percentage |
| B1 | 619 | 61 | 10 |
| B2 | 354 | 35 | 10 |
| B3 | 325 | 32 | 10 |
| B4 | 180 | 18 | 10 |
| B5 | 120 | 12 | 10 |
| B6 | 46 | 9 | 20 |
| B7 | 16 | 3 | 20 |
| Total | 1660 | 170 | |

3.5 Data Collection Methods

This section highlights the research instruments to be deployed in the study and the corresponding data collection procedures. The researcher traced the history of BBK and the development of the staff medical scheme over the last ten years from secondary sources. The purpose of the questionnaire was to investigate how the value of the medical cover, the limits, the guidelines and the mode of administration of the staff medical scheme influences staff motivation. Self administered questionnaires and interview schedules were used to obtain data.

The questions were structured to elicit information necessary for the study. To ensure high returns of questionnaires, the researcher personally delivered and collected the questionnaires from the respondents directly. Both Primary and secondary data was collected for the study, primary data was collected through questionnaires and interview guides whereas secondary data was collected by way of critical examination and an analysis of records: the BBK Corporate Plan, Barclays magazines, in-house circulars, books and journals on Human Resource Management and employee benefits.

Other secondary sources included contracts and other service level agreements on the current staff medical scheme and the previous schemes. The questionnaires had both open and close ended questions.

The open ended questions were a means of getting in-depth information from the respondents. The questionnaires had adequate instructions and were drafted in a clear language. An interview schedule to gather information on the subject from top management of BBK was used to ascertain the management's view on how BBK has dealt with the procurement of staff medical schemes. The HR department provided the information needed and documents on staff medical schemes. This helped the researcher to establish the previous staff medical schemes and if there was a policy on the procurement of the health plans.

3.6 Validity

According to Joppe (2000) validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure. Validity determines whether the research truly measures that which it is intended to measure or how truthful the results are. It determines whether the research instrument allow the researcher to get the correct information. Researchers generally determine validity by asking a series of questions and will often look for the answers in the research of others. A pilot study was carried out where questionnaires would be administered to a small group of respondents from the branches. This helped to make any adjustments and ensure that the data collection instruments measure what the research study intends.

A test re-test was carried out later to confirm whether the changes made on the instruments achieved the required results. Triangulation also came in handy as the researcher used different data collection methods to gather information.

3.7 Reliability

Reliability is the extent to which results are consistent over time and accurate representation of the total population under study and if the results of another study can be reproduced under a similar methodology.

In order to determine if the research instrument was considered to be reliable the researcher personally administered the instruments to assess clarity.

The Human Resources Director and the Chief Financial Officer were interviewed to ascertain whether there was a policy on the staff medical scheme. The researcher ensured that the questionnaire was designed in such a way that the questions are related to each other and that the questions follow in a manner that awakened interest and motivated the respondents to answer the questions. The questions were systematically repeated in various ways to ensure reliability of the information collected. The instructions were in simple language so as not to be subject to mis-interpretation.

3.8 Data analysis Methods

After the collection of data, the researcher proof-read it to eliminate common mistakes like duplication of information, vague responses and other information that might interfere with the outcome of computer analysis. To ensure consistency in the data and coding processes, the researcher carried out data cleaning which involved removing errant values that affected the results. Qualitative data which was collected was organized into themes, categories, and patterns pertinent to the study. This helped in identification of information which was relevant to the research questions and objectives. The independent variables to be analyzed using quantitative methods were include accessibility, guidelines, value of coverage and the mode of delivery of the staff medical scheme.

Data was categorized into job grades for common characteristics with responses being coded to facilitate statistical analysis. Quantitative data analysis was done by the use of Statistical Package for Social Scientists (SPSS). The technique for quantitative data analysis was the frequency distribution and percentages which determined the proportion of respondents choosing the various responses and each group of items relating to the research questions. The results were presented using frequency tables, percentages charts and graphs.

3.9 Operational Definition of Variables

| Objective | Variables | Indicator | Measure | Scale | Approach of analysis | Type of analysis |
|------------------------|---|---|--|------------------|-----------------------------|------------------|
| Mode of Administration | To determine how the mode of administering the staff medical scheme influences staff motivation | The mode of administration in small hospitals The mode of administration in Rural areas | Medical treatment missed due to the mode administration | Ordinal Ratio | Qualitative Quantitative | Descriptive |
| Guidelines | To determine whether the guidelines of the staff medical scheme influences staff motivation | Exclusions Staff knowledge of exclusions Outpatient Scope cover Staff knowledge of scope cover | Number of missed medical treatment due exclusions and inclusions | Ordinal | Qualitative Quantitative | Descriptive |
| Accessibility | To establish how the accessibility of the medical scheme influences staff motivation | Geographical Accessibility Technological Accessibility | Ease of access to SMART medical providers | Ordinal | Qualitative | Descriptive |
| Value of Coverage | To assess the value of coverage of the medical scheme on staff motivation | Outpatient limit In-patient limits Review of limits | Number of staff who have exceeded their limits | Nominal | Quantitative | Descriptive |

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents the findings of the study. The responses from the respondents were compiled into frequencies and converted into percentages and presented in tabular form. This was to facilitate easy analysis and understanding of the study which sought to investigate into the influence of the staff medical scheme on staff motivation in the banking sector. The analysis was done based on each question asked by the researcher in the questionnaires. Cross tabulation of the indicators was also presented.

4.2 Response Rate

The researcher targeted a sample of 170 respondents out of which 141 responses were obtained. This represented an 82.9% response rate. According to Babbie (2002); any responses of 50% and above is adequate for analysis thus 82.9% is sufficient to make inferences.

4.3 Demographic Information

Table 4.1 shows the age of respondents who took part in the study. To capture this effectively, the questionnaire was designed into different age brackets.

Table 4.1 Ages of the Respondents

| Age in Years | Distribution | |
|--------------|--------------|---------|
| | Frequency | Percent |
| 19-25 | 4 | 2.8 |
| 26-35 | 78 | 55.3 |
| 36-45 | 53 | 37.6 |
| 46-55 | 6 | 4.3 |
| 56-59 | 0 | 0 |
| Total | 141 | |

The study shows that 55.3 % of the respondents were between the ages of 26-35 years while 36.9% were between the ages of 36-45 years. Most respondents fell into these two age bracket meaning that majority of the staff are young professionals. Only 4.3% of the respondents were between 46-55 years.

4.3.1 Gender of Respondents

Table 4.2 below shows the distribution of respondents by age. This was to find out the number of male and female respondents who took part in the study.

Table 4.2 Distribution of Respondents by Gender

| Gender | Distribution | |
|---------|--------------|---------|
| | Frequency | Percent |
| Male | 79 | 56 |
| Female | 61 | 43.3 |
| Missing | 1 | 0.7 |
| Total | 141 | |

The study shows that majority 56% of the respondents were males while 43.3% were female. This means the study was conducted across both genders.

4.3.2 Respondents grades

Table 4.3 shows the distribution of respondents by grade. This was to find out the number of staff across the 7 job grades who took part in the study.

Table 4.3 Distribution of Respondents Grades

| Grade | Distribution | |
|-------|--------------|---------|
| | Frequency | Percent |
| B1 | 12 | 8.5 |
| B2 | 16 | 11.3 |
| B3 | 37 | 26.2 |
| B4 | 33 | 23.4 |
| B5 | 30 | 21.3 |
| B6 | 9 | 6.4 |
| B7 | 4 | 2.8 |
| Total | 141 | |

4.3.3 Respondents Rating of the Quality of the Staff Medical Scheme

The study sought to investigate the general rating of the quality of the staff medical scheme by the respondents. The findings are presented in Table 4.4 below.

Table 4.4 Distribution of respondents rating of the quality of the staff medical scheme

| Rating | Distribution | |
|-------------|--------------|---------|
| | Frequency | Percent |
| Very Good | 8 | 5.7 |
| Good | 79 | 56 |
| Neutral | 41 | 29.1 |
| Bad | 8 | 5.7 |
| Very Bad | 1 | 0.7 |
| No Response | 4 | 2.8 |
| Total | 141 | |

Table 4.4 shows that majority 56% of the respondents rated the staff medical scheme as good while a further 29.1 % revealed that the scheme was neither good nor bad. This shows that majority of the staff believe that the medical scheme is good.

4.4 Value of Coverage

Majority of the respondents, 66% have dependants covered in the medical scheme out of which the study sought to find out if they were a spouse or children. Table 4.4 below shows the distribution of the dependants on the staff medical scheme.

Table 4.4 Distribution of Dependant on the staff medical scheme

| Dependants | Distribution | |
|----------------------------|--------------|---------|
| | Frequency | Percent |
| Spouse | 10 | 7.1 |
| Child | 15 | 10.6 |
| Both Spouse and Child(ren) | 69 | 48.9 |
| Not Applicable | 47 | 33.3 |
| Total | 141 | 100 |

From the above table, it was found that 7.1 % of the respondents have a spouse as a dependant on the medical scheme while 10.6% had children as dependants on the staff medical scheme and 48.9% of the respondents have both a spouse and child/children as dependants on the medical scheme. 33.3% of the respondents did not have dependents on the staff medical scheme.

4.4.1 Number of children as dependants

The study investigated the number of children the respondents had as dependants of the staff medical scheme which revealed that 24.8% of the respondents had one child only.

Table 4.5 Number of children dependants per respondent on the staff medical scheme

| Number of Children | Frequency | Percentage |
|--------------------|------------|------------|
| 1 | 35 | 24.8 |
| 2 | 25 | 17.7 |
| 3 | 18 | 12.8 |
| 4 | 9 | 6.4 |
| Not applicable | 54 | 38.3 |
| Total | 141 | |

4.4.2 Respondents Rating of the Sufficiency of the Staff Medical Scheme

Table 4.6 below shows that an overwhelming 78.7% of the respondents do not think that the value of the medical cover is sufficient while 21.3% think it is sufficient.

Table 4.6 Staff rating of the Sufficiency of the Staff Medical Scheme

| Medical Scheme Sufficient | Frequency | Percentage |
|---------------------------|------------|------------|
| Yes | 30 | 21.3 |
| No | 111 | 78.7 |
| Total | 141 | 100 |

4.4.3 Respondents Use of Alternatives to Supplement the Staff Medical Scheme

The study revealed that 59.6% of the respondents indicated that they use alternatives to supplement the staff medical scheme while 40.4% of the respondents did not use alternatives. A small percentage did not respond to the question or preferred to answer not applicable.

The study went further to investigate what alternatives they would prefer, Table 4.7 shows the distribution of the preferred alternatives.

Table 4.7 Respondents Use of Alternatives to Supplement the Staff Medical Scheme

| Alternatives | Frequency | Percentage |
|--------------------------|-----------|------------|
| A Separate Medical Cover | 7 | 5 |
| Spouse's Medical Cover | 31 | 22 |
| Out of Pocket Expenses | 52 | 36.9 |
| Other Alternatives | 1 | 0.7 |
| Not applicable | 46 | 32.6 |
| No Response | 4 | 2.8 |
| Total | 141 | |

4.4.4 Review of the value of the staff medical scheme

Most of the respondents 94.3% said they would recommend a review of the value of the staff medical scheme while 5% of the respondents would not recommend a review of the limit. A small percentage did not respond to the question or preferred to answer not applicable.

The study went further to find out from those who recommended a review what kind of review they would recommend, Table 4.8 below shows the distribution of respondents choice of review of the medical scheme.

Table 4.8 Review of the Value of the Staff Medical Scheme

| Review | Frequency | Percentage |
|--|-----------|------------|
| Increase in Value | 85 | 60.3 |
| Maintain Limits & Cover excesses | 15 | 10.6 |
| Remove the Limits and cover all Expenses | 29 | 20.6 |
| Other Changes | 4 | 2.1 |
| No Response | 8 | 5.7 |
| Total | 141 | |

4.4.5 Staff Motivation by the Value of the Medical Scheme

It was found that most of the respondents 53.2% are not motivated by the value of the coverage of the staff medical scheme while 44% revealed that they were motivated by the staff medical scheme. A small percentage did not respond to the question or preferred to answer not applicable.

4.5 Staff Medical Scheme Guidelines

The study sought to find out whether any of the respondents had ever been denied medical treatment because of the exclusions of the medical cover. Out of the respondents 21.3% revealed that they had been denied while 76.6% indicated that they had not been denied treatment. A small percentage did not respond to the question or preferred to answer not applicable. The study went further to find out if those who were denied treatment were made to understand why they had been denied treatment. Out of the respondents who had been denied treatment 17% said that they had been advised of the reasons why and 9.9% revealed that they had not been told the exclusions. 72.3% did not answer the question.

4.5.1 Knowledge of the Staff medical scheme Exclusions

The study revealed that 38.3% of the respondents were not aware of the exclusions of the staff medical schemes while 59.6% indicated that they were aware of the exclusions.

The study went further to investigate whether the respondents would recommend changes in how the exclusions are communicated to them. 59.6% of the respondents indicated that they would recommend changes to the communication of the exclusions while 4.3% said they would not recommend any changes. 35.5% of the respondents abstained from answering the question. Table 4.9 below shows the distribution of the preferred changes to the communication of exclusions in the medical scheme.

Table 4.9 Changes to the communication of exclusions in the medical scheme

| Changes to communication of Exclusions | Frequency | Percentage |
|--|-----------|------------|
| Periodic Updates | 80 | 58.4 |
| Easy access to exclusions list | 44 | 32.1 |
| Other Changes | 2 | 0.7 |
| Not Applicable | 15 | 8.7 |
| Total | 141 | 100 |

4.5.2 Staff Motivation by the Changes in Communication of Exclusions

It was found that most of the respondents 40% indicated the changes in communication of the exclusions of the staff medical scheme would not increase their motivation while 56.9% revealed that it would increase their motivation.

4.5.3 Knowledge of the Staff medical scheme Inclusions

A small number, 31.2% of the respondents revealed that they were not aware of the inclusions of the staff medical schemes while 68.1% indicated that they were aware of the inclusions. The study went further to investigate whether the respondents would recommend changes in the how the inclusions are communicated. 46.8% of the respondents indicated that they would recommend changes to the communication of the inclusions while 3.5% said they would not recommend any changes. 45.4% of the respondents abstained from answering the question. Table 4.10 shows the distribution of the preferred changes to the communication of inclusions in the medical scheme.

Table 4.10 Changes to the communication of Inclusions in the medical scheme

| Changes to communication of Inclusions | Frequency | Percentage |
|--|-----------|------------|
| Periodic Updates | 77 | 60.6 |
| Easy access to exclusions list | 38 | 29.9 |
| Other Changes | 1 | 0.8 |
| Not applicable | 10 | 7.9 |
| No Response | 15 | 10.6 |
| Total | 141 | 100 |

4.5.4 Staff Motivation by the Changes in Communication of Inclusions

It was found that most of the respondents 41.8% indicated the changes in communication of the inclusions of the staff medical scheme would not increase their motivation while 41.1% revealed that it would increase their motivation. 17.1% of the respondents did not answer the question.

4.6 Accessibility of the Staff Medical Scheme

Most of the respondents 52.5% indicated that they had never failed to receive treatment due to lack of access to the SMART card system while 46.1% revealed that they had failed to receive treatment. Among the respondents majority 63.1% who had opted to use alternatives due to lack of the SMART card system, 61% indicated that changes should be made to the list of medical providers by AON. Table 4.11 below shows the distribution of preferred changes to the list of medical providers.

Table 4.11 Summary of Changes to the list of medical providers in the medical scheme.

| Recommended Changes | Frequency | Percentage |
|---|-----------|------------|
| Increase the providers on the list | 44 | 29.8 |
| Allow all medical providers on the scheme | 32 | 22.6 |
| Other Changes | 3 | 2.1 |
| Not Applicable | 9 | 6.4 |
| Clear List of Providers | 1 | 0.7 |
| Doctors Upcountry to be included | 1 | 0.7 |
| More Small Hospitals | 1 | 0.7 |
| Specialists to be included | 1 | 0.7 |
| Update list regularly | 5 | 3.5 |
| No Response | 43 | 30.5 |
| Total | 140 | |

4.6.1 Staff Motivation by the Changes in the list of medical providers

Most respondents 61.0% indicated that the recommended changes in the list of medical providers would increase their motivation while 27.7% revealed that it would not increase their motivation. 10.14% of the respondents abstained from answering the question.

4.7 Mode of Administration

The study showed that an overwhelming 60.3% of the respondents did not use alternatives to receive medical treatment because of the new SMART card mode of delivery while 36.9% indicated that they did use alternatives to the medical scheme. A small percentage did not response to the question. 28.4% of the respondents revealed that the previous mode of administration of the staff medical scheme was easier while 31.2% of the respondents did not prefer the old mode of administration. An overwhelming 40.4% abstained from answering the question.

4.7.1 Changes to the SMART card mode of administration

The study sought to find out whether the SMART card system was the best mode of administration of the medicals scheme. From the study, it was found that majority 56 % of the respondents thought the SMART card system was the best mode of administration while 24.8% did not think it was the best mode of administration, some respondents 20% preferred not to answer the question. Most respondents 48.2% recommended changes to the mode of administration while a further 35.5% indicated that they would not recommend changes to the mode of administration while 16.3% abstained from answering the question. Table 4.12 shows the distribution of the recommended changes to the mode of administration of the staff medical scheme.

Table 4.12 Summary of Changes to the mode of administration of the staff medical scheme.

| Recommended Changes | Frequency | Percentage |
|--|-----------|------------|
| Include all Service Providers even Non-SMART users | 17 | 12.06 |
| Have both a cash and SMART system | 13 | 9.22 |
| Not Applicable | 32 | 22.7 |
| No Response | 53 | 37.59 |
| Improve the Approval Process | 1 | 0.7 |
| Constantly Update the List Providers | 2 | 1.4 |
| Make More Efficient | 2 | 1.4 |
| Go back to old administration | 1 | 0.7 |
| Harmonize Procedures | 1 | 0.7 |
| Make Small Hospitals Available | 4 | 11.39 |
| Allow Individual Negotiation | 1 | 0.7 |
| Notify when limit is exhausted | 1 | 0.7 |
| Other Modes of Administration | 1 | 0.7 |
| Shorten Reimbursement Period | 4 | 11.39 |
| Signature to Suffice Where SMART Not | 1 | 0.7 |

| | | |
|------------------------------------|-----|-----|
| Available | | |
| Swipe a credit card for Treatment | 1 | 0.7 |
| Upcountry to be included | 5 | 3.5 |
| Use Staff ID Instead of SMART card | 1 | 0.7 |
| Total | 141 | |

According to 17% of the respondents, all service providers should be included in the mode of administration while 13% recommended the use of the reimbursement and SMART modes of administration. Majority 53% of the respondents did not answer this question. The remaining respondents have various changes as shown in table 4.12 above.

4.7.2 Staff Motivation by Changes in the mode of administration of the medical scheme

Most respondents 44% indicated that the recommended changes in the mode of administration would increase their motivation while 31.9% revealed that it would not increase their motivation.

4.8 Cross Tabulation of Variables

The researcher cross tabulated the various indicators to determine if there was a relationship between the variables and the following findings were made.

4.8.1 Motivation against the Value of the medical cover

The results of respondents on their motivation by the value of the medical cover were cross tabulated in Table 4.13 below with the findings from the question if the cover was sufficient and below are the results that were obtained:

Is Medical Cover Sufficient *Are you motivated by the Value of the Cover Table 4.13

**IS THE MEDICAL COVER SUFFECIENT * ARE YOU MOTIVATED BY
VALUE**

| | | | ARE YOU MOTIVATED BY VALUE | | Total |
|--|-----|--|----------------------------------|--------------|---------------|
| | | | YES | NO | |
| IS THE MEDICAL COVER SUFFECIENT | YES | Count % within ARE YOU MOTIVATED BY VALUE | 19 30.6% | 10 13.3% | 29 21.2% |
| | NO | Count % within ARE YOU MOTIVATED BY VALUE | 43 69.4% | 65 86.7% | 108 78.8% |
| Total | | Count % within ARE YOU MOTIVATED BY VALUE | 62 100.0% | 75 100.0% | 137 100.0% |

From the findings above we can see that majority of those who stated that they were not motivated by the value of the cover are the same who stated that the cover is not sufficient.

4.8.2 Motivation against the use of alternatives due to administration of cover

The findings of the respondents on their motivation on changes to the mode of administration of the cover were cross tabulated with the results of those who said they had used alternatives to the cover due to its administration. Table 4.14 below shows the results.

Table 4.14 Use of alternative due to administration against motivation

| DO YOU USE ALTERNATIVE MEDICAL SOURCES DUE TO ADMINISTRATION * WOULD RECOMMENDED CHANGES INCREASE MOTIVATION ADMIN Crosstabulation | | | | | | |
|--|--|--|--------|--------|----------------|--------|
| | | WOULD RECOMMENDED CHANGES INCREASE MOTIVATION ADMIN | | | | |
| | | | YES | NO | NOT APPLICABLE | Total |
| DO YOU USE ALTERNATIVE MEDICAL SOURCES DUE TO ADMINISTRATION | | Count | 0 | 1 | 0 | 1 |
| | | % within WOULD RECOMMENDED CHANGES INCREASE MOTIVATION ADMIN | .0% | 1.6% | .0% | .8% |
| | YES | Count | 1 | 31 | 14 | 47 |
| | | % within WOULD RECOMMENDED CHANGES INCREASE MOTIVATION ADMIN | 33.3% | 50.0% | 31.1% | 37.0% |
| | NO | Count | 2 | 30 | 31 | 79 |
| | | % within WOULD RECOMMENDED CHANGES INCREASE MOTIVATION ADMIN | 66.7% | 48.4% | 68.9% | 94.1% |
| Total | Count | 3 | 62 | 45 | 17 | 127 |
| | % within WOULD RECOMMENDED CHANGES INCREASE MOTIVATION ADMIN | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

4.8 Conclusion

As shown from the research above, the results indicate that the majority of the members prefer the current medical scheme but with certain amendments to the contract between BBK and AON. This is evidenced by the 94.3% that felt there was a need to review the medical scheme.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter covers the summary of the findings, discussion, conclusions and recommendations. The general objective of this study was to investigate the impact of the quality of the staff medical scheme on staff motivation in the banking sector. The specific objectives were to determine how the mode of administering the staff medical scheme influences staff motivation, to determine whether the exclusions of the staff medical scheme influences staff motivation, to assess the value of coverage of the medical scheme on staff motivation and to establish how the accessibility of the medical scheme influences staff motivation. A conclusion is drawn based on the research questions and recommendations and areas for further research are given.

5.2 Summary of Findings

The study established that most of the respondents of senior grade were between ages 26-35 years while a good number in the lower grades were between 26-35 years. Majority of the respondents fell in these two age brackets meaning that majority of the staff are young professionals. In addition, the studies showed that majority of the respondents were male. The study showed that an overwhelming number of the respondents rated the quality of the staff medical scheme as good. This shows that majority of the staff are not satisfied with the quality of the staff medical scheme.

5.3 Quality of the staff medical scheme

The study sought to find out how the quality of the staff medical scheme influenced staff motivation. The study was guided by four objectives.

Firstly, the study sought to assess how the value of the staff medical scheme influences staff motivation. From the findings, majority of the respondents did not think that the staff medical scheme was sufficient and most indicated that a review of the limit of the medical cover should be done. Most respondents were not motivated by the staff medical scheme and were forced to use alternatives to supplement it. The research findings indicated that majority of the respondents had dependants covered in the scheme which would imply that the respondents with dependants are the ones who exhausted their medical limits thus influencing their motivation. Cross tabulation of the findings revealed that there is a relationship between staff motivation and the value of the medical cover.

Secondly, the study sought to investigate how the guidelines of the staff medical scheme influence staff motivation. 21% of the respondents mentioned that they had been denied treatment due to lack of knowledge of the staff medical scheme exclusions while 76.6% had never been denied treatment for the same reason. Majority of the respondents indicated that they were not aware of the inclusions in the medical scheme and recommended frequent updates of the same. On inclusions, an overwhelming number of respondents revealed that they were not aware of the inclusions in the scheme and recommended an increase in the communication of these inclusions. Most staff indicated that an increase in the communication of the guidelines of the medical scheme would motivate them.

Thirdly, the study went further to establish how the accessibility of the medical scheme influenced staff motivation. From the findings, majority of the respondents indicated that though they had failed to receive medical treatment due to inaccessibility of the SMART card system, they believed that it would increase their motivation if changes to the list of AON medical providers increasing them would be made.

Finally, the study sought to determine how the mode of administering the medical scheme influenced staff motivation. Most of the respondents revealed that they had used alternatives to the medical scheme to receive medical treatment while 56% of the respondents agreed that the SMART card system was the best mode of administration.

An overwhelming majority indicated that changes to the SMART card system would increase their motivation. Cross tabulation of the findings revealed that there is a relationship between the mode of administration of the medical cover and staff motivation.

5.3 Discussion of the Findings

This section discusses the findings of the study which are based on the objectives of the study as shown below;

From the study, majority 56% of the respondents rated the overall quality of the medical scheme as good while a good number were neutral on the matter. Few of the respondents rated the quality as bad yet majority 78.7% did not think that the limit of the medical scheme was sufficient. This was in line with the argument by Hewitt Associates (1984) on employers reducing health benefits costs as a main objective as at least half of the respondents thought the quality of the scheme to be good. On the other hand the majority of respondents did not think that the value of the limits of the medical scheme were sufficient.

From the study, an overwhelming majority of the respondents said they would recommend a review of the value of the cover and a good number, 59.6% confirmed that they use alternatives to the staff medical cover which is in line with the argument by Terpstra 1979 on understanding what motivated employees and how they were motivated stating that the greater the perceived benefit, the harder the employees are likely to work.

Further from the study a strong majority 76.6% indicated that they had never been denied treatment due to the guidelines of the medical cover and most respondents recommended changes to the communication of the guidelines of the medical cover. More than half of the respondents indicated that they would be motivated by changes to increase the communication of the guidelines of the medical cover in line with Bowen and Radhakrishna (1991) who state that what motivates employees, changes constantly.

From the study, more than half of the respondents indicated that they had never been denied treatment due to lack of access to medical providers on the medical cover. Most respondents recommended changes to the list of medical providers with a view to increasing them and offering other options which mainly include increasing the medical

providers on the list particularly those who are upcountry. F. Snyman and R. de la Harpe in their study found that most medical providers were reluctant to take on the biometric system as it had high cost implications.

Finally, the study established that the mode of administration of the medical cover was found to be the best mode by majority of the respondents. A very small number preferred the previous mode of administering the medical cover. A good number of respondents indicated that changes to the mode of administration of the medical scheme would increase their motivation. This is what was suggested by Gisonny & Langan 1993 on using PPOs that let employees select providers (like doctors) from a relatively wide list and see them in their offices. The providers then agree to provide discounts and submit to certain utilization controls thus providing various options to the mode of administration of the medical cover.

5.4 Conclusions

The following conclusions were made from the study:

A medical cover design traditionally has included features intended to balance affordability, choice of providers and comprehensiveness of covered benefits in a package appealing to consumers while simultaneously containing the total cost of care. Once an employer enrolls in a health insurer's plan, the benefits within that plan influence the member's decision to seek care and can also influence a physician or other provider's recommended treatment.

The features of a health plan can influence when and where a person will seek care, the choice of referral specialists and hospitals, treatment options, and patient compliance with recommended treatment and therapies. Every organization needs to have a health plan that is well balanced in value, delivery, accessibility as well as investing in communicating health-benefit changes as they occur.

This study sought to assess the influence of the staff medical scheme on staff motivation and it has been established that the medical scheme for BBK employees is considered to be the best mode of administration with changes to the scheme which include increase in the value of the cover, improvement of the communication of the guidelines of the medical cover and an increase of the medical providers who can provide treatment under the SMART card particularly to those who are upcountry.

The study also established that while the current medical scheme is not very motivating to the staff, the above mentioned improvements to the quality of the medical scheme would increase staff motivation. Overall health care costs vary depending on the targeted condition, the populations included, and the types of interventions used.

While some plans have not proven cost-effective, others have the potential to improve quality and reduce costs. Changes in health plans should be focused on those models that have proven cost-effective. Assuring that cost is not a barrier to care is a critical component of designing health plans. When faced with significant out-of-pocket expenses, patients are likely to forego necessary care due to the high costs of treatment.

Reforming health care costs and delivery and expanding coverage are not only complementary; each is critical to achieving the other. Coverage expansion is critical to fully address the under use of effective care. Overall, this study found strong evidence that delivery changes can improve quality of treatment and health outcomes, often substantially and in effect increase staff motivation.

5.5 Recommendations

The following recommendations were made from the findings and conclusions of the study.

5.5.1 Recommendations for Improvement

- i. The bank should strive to have an explicit program of reviewing the medical scheme having regard to the prevailing market rate of health care in the banking industry.
- ii. The bank should invest in communicating the medical scheme guidelines through various media with the knowledge within easy reach by the BBK. This would clarify to the employees what the medical scheme includes and excludes in order to avoid incidences of missed treatment out of lack of knowledge.
- iii. The bank should continue the communications campaign after rollout of a new medical scheme in the future.
- iv. The bank should offer alternatives for members who are unable to access medical treatment using the SMART card due to medical providers with the

biometric system in place particularly the members who are upcountry. Some of the alternatives recommended include; opening the list of medical providers to all medical practitioners, allowing the use of alternatives where the biometric system is not available, provision of a credit system with hospitals and the inclusion of specialists to the panel of medical providers under AON medical cover.

- v. The bank should use multiple approaches to the delivery system of the staff medical scheme to improve the quality of the medical scheme. Some of the recommendations made included: having both the cash and SMART system, allowing individuals to negotiate for costs, improve the current process by making it efficient, notify members when the limit is almost exhausted and to allow for staff to sign or use staff identification when the SMART card is not available.

5.5.2 Recommendations for Future Research

This study concentrated on the value, accessibility, guidelines and mode of administration as indicators of the quality of the medical scheme for BBK staff. Further studies should be done on;

- i. The employees' perception of other indicators with a view to assess the impact on performance.
- ii. Further studies should be done on the same objectives through a case study. Case studies are particularly useful where some particular problem of situation needs to be understood in depth.

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Appendices

Appendix 1 : Transmittal Letter

Appendix 2 : Questionnaire Cover Letter

Appendix 3: Questionnaire for BBK Staff

Appendix 4: Interview Schedule

Appendices

Appendix 1: Introduction Letter

Annie Hope Wambui Kamau,
P. O. BOX 18184-00100,
Nairobi, Kenya.
Tel.0723709701
Hopekamau@yahoo.com

To Respondent,

Dear Sir/Madam

Re: Academic Research

I am a student at University of Nairobi pursuing a Master of Arts degree in Project Planning and Management. The research is on the factors that influence of the staff medical scheme on staff motivation in Barclays Bank of Kenya Limited.

I am requesting you to fill in the attached questionnaire to assist me obtain the necessary data for the research project. Please be assured that the information collected will be treated confidentially since the results will be analysed and presented to the University in form of a report and will therefore not identify the individual respondents. I have attached the University's authority to conduct the research.

I look forward to your response and thank you in advance.

Yours Faithfully

Annie Hope Wambui Kamau

Appendix 2: Questionnaire for Staff on the Staff Medical Scheme

Instructions: Participation in this exercise is voluntary; kindly answer these questions honestly and accurately. Do not write your name anywhere in this questionnaire.

Please tick where applicable and fill in the blank spaces.

Section A: Background data

1. Gender: Male ☐ Female ☐
2. What is your grade?
3. How old (years) are you?
(a) 18-25 ☐ (b) 26-35 ☐ (c) 36-45 ☐ (d) 46-55 ☐ (e) 56-59 ☐
4. Please rate the quality of the staff medical scheme
(a) Very Good ☐ (b) Good ☐ (c) Neutral ☐ (d) Bad ☐ (e) Very Bad ☐

Section B: Value of Coverage

5. Do you have dependant family member(s) covered in the medical scheme?
Yes ☐ No ☐
- (ii) If yes which family member(s) are covered in medical scheme?
(a) Spouse ☐ (b) Children ☐ (c) Not Applicable ☐
- (iii) If you have Children, please specify how many:
(a) 1 ☐ (b) 2 ☐ (c) 3 ☐ (d) 4 ☐ (e) If more please specify..... (f) Not Applicable.
6. In your opinion, do you think limit of your medical cover is sufficient?
Yes ☐ No ☐
7. Do you use other alternatives to supplement your medical cover?
Yes ☐ No ☐
- (ii) If yes what kind of alternatives do you use?
(a) A Separate Medical Cover ☐ (b) Spouse's Medical Cover ☐
(c) Out of Pocket Expenses ☐ (d) Other alternatives, please
specify.....
8. Would you recommend a review of the value of your medical cover?
Yes ☐ No ☐

(ii) What review changes would you recommend?

(a) Increase in Value ☐ (b) Maintain Limits Cover all excesses ☐

(c) Remove the Limits and cover all Expenses ☐ (d) Other changes, please specify.....

9. Are you motivated by the value of the staff medical scheme?

Yes ☐ No ☐

Section C: Staff Medical Scheme Inclusions and Exclusions

10 Have you or your dependants ever been denied medical treatment because of Exclusions from the cover?

Yes ☐ No ☐

(ii) If yes, were you made to understand why you were denied treatment?

Yes ☐ No ☐

11. Are you aware of the staff medical scheme exclusions?

Yes ☐ No ☐

(ii) Would you recommend a change in the communication of new changes to the staff medical scheme?

Yes ☐ No ☐

(iii) What kind of changes in the communication would you recommend?

(a) Periodic Updates ☐ (b) Easy access to exclusions list ☐

(c) Other alternatives, please specify.....

12. Would the above recommended changes increase your motivation?

Yes ☐ No ☐

13 Have you or your dependants ever missed medical treatment because of lack of knowledge of the Inclusions of the outpatient cover?

Yes ☐ No ☐

(ii) If yes, were you made to understand the Inclusions in the medical cover?

Yes ☐ No ☐ Not Applicable ☐

14. Are you aware of the staff medical scheme Inclusions?

Yes ☐ No ☐

(i) Would you recommend a change in the communication of the Inclusions of the staff medical scheme?

Yes ☐ No ☐

(ii) What kind of changes in the communication would you recommend?

(a) Periodic Updates ☐ (b) Easy access to Inclusions list ☐

(c) Other alternatives, please specify.....

15. Would the above recommended changes increase your motivation?

Yes ☐ No ☐

SECTION D: Accessibility

16. Have you or your dependants ever failed to receive medical care due to lack of access to the SMART card system by a medical provider?

Yes ☐ No ☐

17. Have you ever opted to use alternatives to receive medical care due to the availability of medical providers in the AON list?

Yes ☐ No ☐

(i) Do you think that changes should be made to the list of medical providers on the AON list?

Yes ☐ No ☐

(ii) What kind of changes in the list of medical providers would you recommend? Please specify.....

18. Would the above recommended changes increase your motivation?

Yes ☐ No ☐

SECTION E: Administration

19. Do you or your dependants use other alternatives instead of the staff medical scheme due to the mode of administration?

Yes ☐ No ☐

(ii) Do you think that the previous administration was easier to use?

Yes ☐ No ☐

20. In your opinion, do you think the SMART card is the best mode of administration of the staff medical scheme?

Yes ☐ No ☐

(ii) Do you think that changes should be made to the mode of administration of the staff medical scheme?

Yes ☐

No ☐

(iii) What kind of changes would you recommend?

Please specify.....

21. Would the above recommended changes increase your motivation?

Yes ☐

No ☐

The End

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Appendix 3: Interview Schedule

Fill in the blank spaces and tick the appropriate check boxes

Grade:..... Department: Gender:..... Date:

1. Has BBK been involved in review of the staff medical scheme over the past 10 years (2001-2011)?

.....
.....

2. How long has BBK been involved in the provision of the staff medical scheme?

.....

3. What are the major factors that determine the limits of the staff medical scheme?

.....
.....

4. Does BBK have a staff medical scheme policy? Is the policy documented?

.....
.....

5. Briefly describe the training policy and procedures in BBK.

.....
.....

6. Are the staff aware of the staff medical policy?

.....
.....

7. How did the staff medical scheme policy develop in BBK?

.....
.....

8. According to the policy, how often are the limits reviewed?

.....
.....

9. Has the staff medical policy been implemented in full or in phases?

.....
.....

The End

Appendix 3: Interview Schedule

Fill in the blank spaces and tick the appropriate check boxes

Grade:..... Department: Gender:..... Date:

1. Has BBK been involved in review of the staff medical scheme over the past 10 years (2001-2011)?

.....
.....

2. How long has BBK been involved in the provision of the staff medical scheme?

.....

3. What are the major factors that determine the limits of the staff medical scheme?

.....
.....

4. Does BBK have a staff medical scheme policy? Is the policy documented?

.....
.....

5. Briefly describe the training policy and procedures in BBK.

.....
.....

6. Are the staff aware of the staff medical policy?

.....
.....

7. How did the staff medical scheme policy develop in BBK?

.....
.....

8. According to the policy, how often are the limits reviewed?

.....
.....

9. Has the staff medical policy been implemented in full or in phases?

.....
.....

The End