An Analysis of the Factors Motivating Nurses in Selected Health Facilities in the Khomas Region

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ABSTRACT

The focus of the study is on the factors motivating nurses at the Katutura State Hospital (KSH) and Windhoek Central Hospital (WCH) because of concerns from the clients and the general public that services provided by nurses have deteriorated. The world of work is a place where human resources must flourish to be productive. A motivated work force can make an organization effective and efficient for increased overall work productivity. Human resources, especially in the field of health care, are the most basic component because it is a service-driven profession. Nurses are at the forefront of this and due to the nature of their work, they require constant intervention measures to be motivated to deliver a service to the community.

The study population were nurses and identified stakeholders. Separate questionnaires, used as data collection tools, revealed that the nurses' motivational levels are low due to the increasing workload, staff shortages and other reasons as stated in Chapter Four. The study concludes that nurses are motivated by both intrinsic and extrinsic factors according to the theory of Herzberg, which formed the basis for the discussions in the study. Overall, the nurses at the KSH and WCH valued the factors of work itself, recognition, responsibility and achievement over all other intrinsic factors more. Interventions for improved motivational levels amongst nurses should take priority through policy actions. With regard to the support programmes available to the nurses' aid in boosting their morale, the study indicates that proper and adequate support programmes should be introduced to alleviate the day to day stressors that nurses are experiencing.

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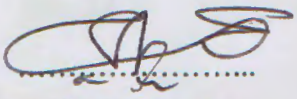
DEDICATION

This dissertation is firstly graciously dedicated to my late mother Elizabeth Engela Malungu who did not have the chance to see me through my tertiary education. I thank you for the everlasting love and the courage you bestowed in me.

Secondly, is to all the nurses in Namibia for their tireless efforts in upholding the provision of nursing services.

DECLARATIONS

This research paper is a true reflection of the candidate's own research, and has not been submitted for a degree in any other institution of higher learning.



Emilie K. Kambaru

LIST OF ABBREVIATIONS

ISS	-Institute of Social Studies
KSH	-Katutura State Hospital
MOHSS	-Ministry of Health and Social Services
SADC	-Southern African Development Community
UNAM	-University of Namibia
WASCOM	-Wages and Salaries Commission
WCH	-Windhoek Central Hospital

CHAPTER ONE – GENERAL INTRODUCTION

1.1. INTRODUCTION

In the 21st century world of work, the system of health care delivery is changing fast. Human resource management and administration takes on a new importance. No longer is the organization the only important part of delivering services but the human resources are included. The world of managing human resources has changed so much that the greatest concern is how to keep the employees motivated and committed to striving towards achieving organizational goals. The greatest asset of any organization is its human resources particularly in the labor-intensive health service (Copcutt 1997:181). Nurses are the backbone of the health service delivery.

Work motivation is a basic psychological process that explains why employees behave as they do in the workplace. Mali (1978), as cited by Ellis & Hartley (2000:100), indicated that "motivation is a motive strength, the intensity of the will to do, to meet or to satisfy a need". For Auster (1996:199) "motivation is defined as the amount of excitement and interest a worker feels towards his/her work". Motivation in this study means the needs that are most appealing to the employees and matching those needs with the duties and responsibilities of the organization. The current trend amongst nurses has been the chronic absence of nurses from duty, increasing sick leave, increasing workload, overtime duties, the move to private sector and abroad of well trained nurses. Because nursing services are the backbone of health services delivery, such incidences have detrimental effects on service delivery.

The study analyzes the factors motivating nurses in a profession that requires direct human contact with the clients. This led the researcher to venture into the analysis of those factors motivating nurses in the Khomas Region. It is believed that once these factors from both the nurses and stakeholders are known, proper management of this cadre can be embarked upon. Also hoping that this would lead to a policy decision on

how to incorporate these factors into the general stream of human resources management and development, especially as nurses are the backbone of health care service delivery.

Factors motivating nurses differ a lot and this study attempts to unravel just that! Nurses have to project a satisfactory attitude for adequate health service delivery and it is the employer's responsibility to be fully involved in the process of motivation. When situations or circumstances do not cultivate a conducive environment for practicing nursing it leads to unfavorable health service outcomes, stemming from unmotivated nurses. To motivate is a role usually taken by those nurses in leadership positions whose duties include motivating others. This academically oriented study critically focuses on the factors motivating nurses within selected health facilities in the Khomas Region.

1.2. THE HISTORY OF NURSING IN NAMIBIA

Nursing is a profession that was pioneered by Florence Nightingale (1820-1910), later known as the matriarch of modern nursing (Marriner-Tomey 1989). It was through her teachings in the nursing profession that worldwide, her reputation as the founder of modern nursing was assured. Most theorists of nursing considered nursing as a difficult profession with many risks and opted for it to be practiced legally after accreditation, which was only approved and formally recognized in 1919 (Mackay 1989). That led nurses to be required to register with recognized authorities to practice their profession. Such difficulties were expressed by Nightingale as requiring a genuine nurse, one who was born to be one rather than obtain it through training (Marriner-Tomey 1989).

In Namibia, nursing is an old profession that can be traced back to the 1800s and mainly brought in through the arrival of missionaries with their wives, who were mostly occupied with teaching and nursing activities (van Dyk 1997:11-12). The actual teaching of nursing in Namibia was founded in the military by 1893 by the invasion of the Germans, where the Catholic nurses in the early 1900s played a major role through the Red Cross organization and the Finish Mission Services (van Dyk 1997). As

missionary activities expanded, so did health services and it was from such developments that some health facilities were first opened in Namibia (e.g., Onandjokwe and Andara).

The nursing profession was extensively developed by the South African regime in Namibia. As van Dyk (1997) indicated, after the takeover of the South African apartheid government, nursing education and training was moulded and expanded to accommodate this growing profession. All the laws and regulations were changed to conform to those of South Africa. For an independent Namibia, such legalities and nursing bodies were changed and localized to meet new challenges and set ups.

1.3. THE DEFINITION AND PURPOSE OF NURSING

Since the study is about nurses, their act (nursing) must be defined. Schultz (1990:182) concluded that one of the most persistent problems faced by the nursing field is that of defining nursing. The latest acceptable definition in the nursing fraternity is that of the American Nurses' Association's social policy statement, which defined "nursing as the diagnosis and treatment of human responses to actual and potential health problems" (Kenney 1996:245). A well known definition of a nurse by Virginia Henderson (1969:4) as cited by Kenney (1996) is as follows:

> *"The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible" (Kenney 1996).*

Nursing in line with its definition shall serve the following purpose:

> *"The goals or purposes of nursing include support for people during the activities and events of life, from birth to death, using skills,*

strengths and knowledge to enable people to maintain their own balance of health and assisting them in illness and disability towards greater understanding and return to autonomy or at the end of life, to a dignified death" (Maggs 1998:25).

On a more theoretical level, nursing is the appraisal and the enhancement of the health status, health assets and health potentials of human beings. It is worth mentioning that due to the complexities in modern health care, there is still a demand for a more sophisticated approach to the definition of nursing.

1.4. DEFINITION OF MOTIVATION

Many authors have attempted to define motivation. According to Lindner (1998) "motivation is operationally defined as the inner force that drives individuals to accomplish personal and organizational needs". Another light into the definition in the field of management is that motivation is encouraging subordinates to perform organizational objectives because they want to perform (Hand 1981). This one confines itself to the subordinates, but yet it goes beyond that.

This study follows this definition, that refers to what is most appealing to the employees' needs and matching those needs with the duties and responsibilities of the organization. Motivation is all about the personal need that should be fulfilled so that positive effects can be felt by the organization, usually in the form of achieving organizational goals.

1.5. INDICATION OF THE PROBLEM

Competent and motivated nurse practitioners of the world are the most valuable asset of any health care system (van Dyk 1997). That is to say that at every point in the health care delivery system, nurses are essential to the running of health services (Marks 1994:1). Nurses in the Khomas Region regard certain factors to be motivational, but this

researcher is of the opinion that wages are topping the list. Such can be traced back to the implementation of the Wages and Salaries Commission's (WASCOM 1996) recommendations for which nurses were generally dissatisfied (Moyo 1997b). In a different article by Moyo "the nursing fraternity claimed that the new government structures discriminated against them and totally disregarded the risks and stress which they have to face in their jobs" (Moyo 1997a). This implied that they were not satisfied with their new wages and would lead them not to perform given the environment they work in.

A mini informal study done by the Division of Nursing Services in the Ministry of Health and Social Services in late 2002 within the SADC Countries indicated that nurses at all the levels in the Public Service of Namibia are highly paid, compared to their counterparts. The question will thus be what can be the driving force for nurses to perform? Is it salaries? As one would assume that the salaries are adequate. The Honorable Deputy Minister of Labour, Mrs R. Nghidinwa, once expressed that "the nursing profession is becoming a career for the unemployed rather than being seen as a vocation".

Further to that she indicated that "Namibian nurses have at least more benefits - such as overtime and other allowances – more than other nurses in Southern Africa" (Dentlinger 2004). Such benefits are abused and the Honorable Deputy Minister, who is herself a nurse by profession, in the same article of Dentlinger further claimed that some nursing staff opted to work on weekends only to score greater overtime allowances. Such can be evident from the records of the Namibian Nursing Association as reflected in the Namibian Newspaper, highlighting some charges against nurses that were "involved in the scam in which the Ministry of Health and Social Services lost millions of dollars through false claims for salaries and overtime" (Maletsky 1996b). The real need to work overtime is not taken into account as there are frequent complaints by patients that they were not treated well by the nursing staff.

It should be acknowledged that nurses in the Khomas Region are overloaded and overworked especially with the rise of chronically ill patients from within the region and those referred from other facilities. Various forms of violence against nurses are also common and Dr Hoases, in an article during the commemoration of Nurses' Day in 2001 pointed out that "violence in the health sector has a negative impact on the effectiveness of the health systems and the services they provide" (Maletsky 2001). The most common abuse is verbal abuse which causes decreasing productivity and nursing shortages due to nurses quitting their jobs. There have been several accounts of negligence against them, especially when patients exercise their rights and responsibilities as outlined in the "Patient Charter" (MOHSSa 1998). This study will aim to outline the perspective of the nurses, their supervisors and the stakeholders on the factors motivating nurses.

The problem statement is as follows:

What are the Factors Motivating Nurses at the Selected Health Facilities in the Khomas Region?

The problem statement is that when assessing the work situation of nurses from an outsider's perspective (this researcher), there can be confirmations made that nurses are still not motivated in general. In support of the problem statement, there have been numerous complaints by politicians, public servants/employees, civil society and the general public that the attitudes and behaviors of nurses particularly towards patients and their work in general is not up to standard. It is the general perception of the consumers and the community that the motivation of nurses is gradually decreasing, hence the need to conduct an investigation on it.

On a final note and to further support that a problem does exist, accounts from other countries shall now be given. An audit done by the Ethical Institute of South Africa for Chris Hani-Barangwanath Hospital in Johannesburg indicated that there are factors contributing to low morale of nurses (Website of the City of Johannesburg Municipality 2001). Such factors were stated to include overworked staff, staff

shortages, medicines, linen and abuse by patients. At Chris Hani-Barangwanath Hospital abuse by patients comes in the form of verbal (69%) and physical attacks (46%). Thus 60% of nurses at the aforementioned found that such working environment is stressful and tense and affects services negatively.

In Canada according to Barbara Sibbald, nurses there did rally to fight staff shortages which lead to deteriorating morale and in turn has a significant impact on patient care (Sibbald 1999:67-8). Whilst in the United States of America, according to a 2001 Survey conducted by the American Nurses Association, working morale of nurses has dramatically decreased over the last five years, due to working conditions and the high expectations, which nurses cannot meet. In Zimbabwe, the morale among nurses and doctors is low, because of the increased workload, staff shortages and poor working conditions in the public hospitals (Deng 1998). Nurses provide a direct service, thus making them assessable to negative feelings of work, including work alienation, work stress, burnout and low motivational levels.

1.6. JUSTIFICATION OF THE STUDY

The principle of motivation of the Charter for the Public Service in Africa states that "the organization and functioning of the public service administration, as well as the management style and quality of management of managers, shall address the aspirations of public service employees for self-fulfillment and develop in them leadership capabilities, responsibility and a sense of initiative (The Charter for The Public Service in Africa 2001). There is a relationship between the public service and public service employees for which motivation plays a very vital role.

Motivational levels amongst staff members do have an effect on performance in health service delivery. The findings of this study are significant to policy makers, specifically in the health fraternity as it has revealed the factors that are motivating the nurses, thus providing baseline data for future planning purposes.

Further, the study is significant in that it has contributed to the body of knowledge that taps and guides academic and/or practice disciplines (Tarling & Crofts 1998). Since no study of this nature has been done in the Khomas Region, the researcher has indeed added value to the field of nursing services especially to the employer of nurses and the stakeholders, to either use it academically for further research or as a source of data and operationally, as reference material towards future planning in the management of the nursing cadre.

1.7. OBJECTIVES OF THE STUDY

The overall Objective:

- To analyze the factors motivating nurses in selected health facilities in the Khomas Region.

The study strives to:

- Determine the factors motivating nurses in the Khomas Region.
- Identify and describe support programmes in place that address issues of motivation.

1.8. RESEARCH QUESTIONS

The purpose of this study is to address the following research questions:

General Question:

- What are the intrinsic and extrinsic factors motivating nurses at selected health facilities in the Khomas Region?

Specific Questions:

- How far are nurses motivated by intrinsic as compared to extrinsic factors?
- What support services (programmes) exist to assist in boosting the motivational levels of nurses?

1.9. CONCLUSION

This chapter is a backbone of the whole study as it outlined a skeleton picture of why, what, when, whom, who and how the study was to proceed and thus serves as the rationale for the study. The detailed rationale of the study can further be obtained from Appendix I.

The following Chapter (Two) will provide the reader with the literature review.

CHAPTER TWO – LITERATURE REVIEW

2.1. INTRODUCTION

It is always the ideal process, that whenever a topic is being researched, prior information on the topic be gathered in a systematic way to give it the needed conceptual framework. According to Bless & Higson-Smith (1995:22) "literature review is an ongoing process that provides background information to the research topic". Reviewing of existing literature thus serves the purpose of enlightening the whole process of research and forming a base on which arguments can be based.

Bless & Higson-Smith (1995) are of the opinion that during the process of collecting information for literature review, a researcher can be influenced by previous results, accept criticism already made and there is the tendency of being subjective by emphasizing on already established framework. When conducting literature review, it is vital that the researcher proceeds beyond what is already written, to come up with the desired pattern of systematically presenting the literature. The objectives of this literature review are to provide a conceptualization on previous work, determine meaning of concepts, to identify variables to be considered in the research and finally, it will outline the relationship that exists between motivation and nurses in health service delivery (Bless & Higson-Smith 1995).

2.2. THE PROFOUNDNESS OF NURSING AS A PROFESSION

Nightingale once said that to be a nurse is to be born one and it is thus not acquired through books at the institutions of higher learning. The continuing influence of Nightingale was always to put emphasis on the character rather than on the skill of nurses (Mackay 1989:153). Nightingale further points out that a good nurse should not be overly concerned with pay, but show sympathy, expertise or skill. Nightingale

underscored the fact that the skills and attributes of a good nurse can be learned, as she believed that nursing is a vocation into which individuals are born.

Despite the many and varied demands made on nurses at work, most continue to derive a great deal of satisfaction from their jobs. Nurses find different satisfactions as they find different dissatisfactions in their workplace, but "the main source of satisfaction for nurses comes from their patients and in helping them" (Mackay 1989:134). Performing nursing is hard work and demanding both physically and mentally. It is further stressful and carries the risks of injury despite the fact that it has been intensified through the increasing usage of different staff levels. It is thus concluded that the levels of stress are felt to be rising amongst nurses at the same time as morale and motivation is falling (Mackay 1989:55).

The question yet remains as to what makes them to stay? Or what makes them motivated to continue with their profession? Mostly, it is the patients who make the job for nurses, but the rewards from patients come from a variety of aspects, not just life saving activities, although they matter, satisfaction also comes from mundane things like making someone comfortable, getting a patient to smile or just seeing someone walk out of the ward. For some nurses the eventual satisfaction of their work was in realizing their own potential. Thus Mackay (1989:134) concluded that the satisfaction always referred to by nurses seem to come from two sources: actually helping people (patients and relatives) and doing a good deed.

2.2.1. Influences of nursing as an occupational choice

Occupational choice plays an important role in keeping staff motivated. One would find that people choose other careers on top of their dream careers just because they were not that motivated for it. The choice of a career may in the long run have good or bad outcomes for the individual and the employing organization at large. In early working days career choices were largely based on ascribed characteristics such as sex and age, which led to a very primary division of labour and more specification

(Auster 1996:45). The modern notion of occupational choice was as a result of industrialization in the early 1800s with the creation of big cities and also due to population growth. Parents and colleagues play major roles in shaping a person's values about what he or she wants to do, to be and achieve in life. Auster (1996:51) recognizes that a person is born with an innate set of needs and talents, but as a result of socialization and life experiences, s/he develops preferred ways for dealing with the world.

Nurturing and supportive roles as expected from society made women to be over presented in occupations congruent with gender role stereo types, as can be evident in professions of nursing and teaching. Further to that, social classes, the realities of limited resources, particularly the money to go to college, narrow the occupational choices and possibilities (Auster 1996:57). The ambition or the desire to become a nurse may have been nurtured by friends and relatives and life expectancies, or may have been sustained in the face of adverse comments and events (Peattie 1990:11). Whether the occupational choice process is best explained as a rational decision making process or as the result of chance and circumstances, individuals are constrained by societal forces that impact on individual factors. It is the conclusion that, occupational choice is constrained by both individual and societal factors (Auster 1996:60).

2.2.2. The dominant need for affiliation and teamwork amongst nurses

The needs for affiliation and team work spring from the depths of our common lives as human beings. People need one another, not only for survival, but to achieve and develop personality both at the work place and in the home environment. This growth occurs in a range of social activity- friendship, marriage, and neighborhood – but inevitably work groups are extremely important, because so many people spend so much of their waking time in them. The nurse individually and most importantly as part of the team contributes as much to the goal of providing the best patient care. The ability to be part of a team, with a larger goal in mind, is the foundation for well-motivated staff (Marrelli 1997).

It is thus a fact for people who mostly have affiliated-oriented needs to focus their energies on friends, families and associates, resulting in their overt productivity to be less (Marrelli 1997:237). This is because they view their contribution to society in a different light and much more than the other needs. Research has shown that women have greater affiliation needs than men. According to Simms et al (1994) there is also a strong need in staff nurses for affiliation, which may be the reason many more women than men enter nursing.

2.3. PERSPECTIVES ON WORK AND MOTIVATION

The world of work is a complicated environment in the modern days of management and administration and work in this case shall refer to a "set of activities associated with performing one's paid occupation in a particular environment" (Auster 1996:1). The complication of the world of work is further evident in the feelings connected to it, which includes work motivation, satisfaction, alienation, stress and burnout (Auster 1996:199).

It is said that two American professors of psychology (Abraham Maslow and Frederich Herzberg), have made major contributions to our understanding of motivation in the work place. Job satisfaction is a common phrase in motivation which largely arose from the work of the latter. The Hawthorne experiment conducted by Elton Mayo between 1924 and 1932 ushered in a new era of management that focused on a concern for production and employees (Grant & Massey 1999) that was later to be formalized into motivation/job satisfaction. The study actually changed the way employees were considered from just an input into the production of goods and services, but as a human resource that needed constant nurturing.

There have been major approaches to the understanding of motivation since the view of human relations approach to management became a primary focus of managers. Human beings' desire to be effective in producing changes in their environment lies at the core of the motivation for seeking and responding to challenges (Adair 1990:179).

According to Grant & Massey (1999) motivating employees to achieve goals is a crucial management skill, because of the important role it plays in the effective achievement of what the organization stands to accomplish.

The reason for motivating employees according to Smith (1994) as cited in Lindner (1998) is about survival. This survival is best for both the individual and the organization. That is to say that a manager will not only have to motivate employees for their own survival, but for the overall survival of the organization. Nurse managers especially in the new public management era must poses the most basic element of the ability to lead staff and then to thank them for their participation in a unit success and this is believed to eventually create a culture of motivated employees.

From the above account it seems that employees are not motivated in one go, but it is rather a process which include motivational factors identified by Lindner (1998) as follows:

> *job security, sympathetic help with personal problems, personal loyalty to employer, interesting work, good work conditions, tactful discipline, good wages, promotions and growth in the organization, feeling of being in on things, and full appreciation of work done.*

It can be deduced here that employees' motivation is influenced by various factors; the individual make up, work environment, organization and external relations of the organization. All these factors can be subdivided according to Herzberg' two-factor theory (extrinsic and intrinsic factors) which, is the basis of this paper.

2.4. THEORIES OF MOTIVATION

There are hordes of motivational theories, but this study uses contextualized theories of motivation. These are Abraham Maslow's hierarchy of needs theory, Frederick Herzberg's dual-factor theory, David McClelland's needs-based motivational

model and the goal setting theory of Locke & Latham. All motivational theories have common trends, which concern what causes human behavior, what directs behavior towards goal accomplishment, and what encourages this behavior over time (Grant & Massey 1999). The principal objective of any theory of motivation is to explain the choices people make among a variety of possible behaviors (Ellis & Hartley 2000:100). Understanding what factors influence the behavior of nurses will provide higher ability to enhance their motivation.

2.4.1. The Goal-setting theory- Locke and Latham

The 21st century world of work is much characterized by goal setting and it is evident in most management studies. This theory of Locke and Latham is no stranger, as it is relevant to employee motivation and it is often discussed as a means to increase worker productivity (Dienemann, 1998). It implies that if nurses set goals to which they are committed, then such goals especially when achieved can motivate behavior in the workplace. Goals whether they are of short, medium or long term in turn serve as motivators and Dienemann (1998) suggests that they must be mutually set, provide challenge, be seen as attainable and include appropriate feedback and rewards for goal attainment. Marrelli (1997:4) concluded that a healthy work environment that will lead to motivation is one where all employees, managers and staff members alike, work towards common goals, receive feedback and communications on an ongoing basis and meet the needs of their customers.

Locke and Latham outlined that both the explicit and implicit goals motivate employees at work and that motivation is most likely in the presence of feedback, specific goals as well as difficult goals. Contemporary research has focused around determining conditions that foster and sustain high levels of performance motivation in achievement contexts. This focus was around goal setting and has followed a number of paths like; expectations, resource allocation, goal orientation, goal commitment and task complexity (Robbins et al 1994).

2.4.2. Dual factor theory-Frederick Herzberg

This theory is also termed the motivation-hygiene theory. Herzberg's research of the 1950s pointed out to perplexing findings, in that people described different things when they felt satisfied at work as well as when they are dissatisfied. Making the theory to rest on the assumption that there are two types of motivations:

- the *motivating or intrinsic factors* which include; achievement, recognition, growth, advancement, responsibility and work itself, which primarily lead to job satisfaction and the second one being,
- the *hygiene or extrinsic factors which* include; salary, security, status, supervision, interpersonal relations, company policy, administration and working conditions, which actually focus on the prevention of dissatisfaction at the work place (Herzberg et al 1964, Veninga 1982, and Ellis & Hartley 2000:101). Although hygiene factors in themselves do not motivate, they are needed to create an environment that encourages the worker to move onto higher-level needs (Marrelli 1997:236).

Herzberg et al (1964) dichotomized the list of needs by suggesting that the factors which make people experience satisfaction in their work situation are not the reverse of those which make them satisfied. Making the later to be caused by deficiencies in the environment or context of the job. In contrast, job satisfaction rest upon the context of the work and the opportunities it presents for achievement, recognition, professional development and personal growth.

This dual factor theory discusses motivation in terms of job satisfaction (Grant & Massey 1999). The first category is mostly environmental in nature and serve to prevent dissatisfaction, but do not motivate, whilst the second category of needs affect people's motivation to increase their performance. Herzberg found that when people felt dissatisfied with their jobs, they focused on the environment in which they were working

and when they felt satisfied with their jobs, they focused with the work itself (Ellis & Hartley 2000:101). Thus making the hygiene factors not to be an intrinsic part of the job, but related to the conditions under which a job is performed. For he also identified that a lack of motivation had certain effects at work, such as on performance, turnover, mental health, interpersonal relations and attitudinal effects (Herzberg et al 1964:84). In essence this theory states that the extrinsic factors when not adequately addressed lead to job dissatisfaction and poor work performance.

2.4.3. Hierarchy of needs theory - Abraham Maslow

This theory was also recognized as one of the most basic motivation theory, which provides a more sophisticated account on people's motives. For Maslow himself referred to this theory as the holistic-dynamic theory, as it integrated or synthesized the work of the likes of Freud, Jung Fromm, Reigh, James & Dewey and the Gestalt psychology (Maslow 1954:35). Motivation of employees was defined by Maslow as the innate impetus to satisfy what he termed "the hierarchy of human needs" (Grant & Massey 1999).

As stated by Maslow (1943) in Lindner (1998) the theory is of the assumption that employees have five levels of needs – physiological, safety, social, ego (esteem) and self – actualizing. To reach the top level of Maslow's hierarchy is to say that there are four types of lower needs that must be satisfied before a person can act unselfishly. That is to say that when basic needs become relatively satisfied, the higher needs come to the fore and become motivating influences. It is the characteristic of the human being throughout his whole life that practically always desires something. For Maslow believed that "man is a wanting animal and rarely reaches a state of complete satisfaction except for a short time" (Adair 1990:34), because as one desire is satisfied, another pops up to take its place and the cycle can go on.

It is agued that Maslow did not invent his theory on practical industrial basis at the work place, but just theorized about it as he was more academically based. Thus the applicability of this theory for this study shall not hold any water.

2.4.4. Motivational needs theory - David McClelland

McClelland and associates (1953,1961) as cited in Ellis & Hartley (2000) and Marquis & Huston (1992) identified three major basic needs that motivate people; affiliation, power and achievement. These needs all entail the following;

- *Achievement motivation-* refers to the need to excel, or achieve in relation to a set of standards, to strive, to succeed, to make a contribution to the organization and advancement in the job,
- *Authority/power motivation-* refers to the need to make others behave in a way they would not have behaved otherwise, to be influential, effective and make an impact, personal status and prestige and
- *Affiliation motivation-* refers to the desire to be friendly and to have close relationships, interaction with others, the need to be liked and held in popular regard (Marquis & Huston 1992:236).

McClelland is of the opinion that human beings at the work place usually exhibit a combination of the above characteristics, which consequently affects their behavior at work and management styles. McClelland focused much of his writings on the need for achievement and the importance it has on motivating many individuals (Ellis & Hartley 2000:102). Characteristics of achievers include setting moderately difficult but potentially attainable goals for themselves to assume responsibility for problem solving and believe that the efforts and abilities can positively influence the outcomes of moderately risky situations. When compared to others, the achievers fall more in Locke & Latham's goal setting theory and Herzberg motivators than in Maslow's self-actualization needs.

A combination of all the three needs is ideal at the work place, but employees differ especially when one need may dominate the others. That is why there is a combination of skills of people at the work place, which is rather essential for task attainment and to maintain equilibrium at the work place.

In the final analysis, the work of all these theorists added greatly to our understanding of what motivates individuals both in and out of the work setting (Marrelli 1997:238). Research has revealed that motivation is an extremely complex concept and that there are tremendous variations in what motivates different individuals. Therefore, managers must understand what can be done at the unit level to create a climate that allows the worker to grow, increases motivation and productivity and eliminates dissatisfiers that drain energy causing frustrations. Due to all the diverse views from theorists on motivation it is vital to choose one that will extensively be applied, especially in the analysis of the study.

2.5. APPLICABLE THEORY FOR THE PURPOSE OF THIS STUDY

The theoretical basis of this study shall be on Herzberg's dual factor theory and the discussion shall be spiced with the contributions of McClelland, specifically with his achievement need and finally, with the goal setting theory of Locke & Latham. This is not only, because other factors mentioned in all the theories like in Maslow do not contribute to motivation, but also some are purely only necessary for the existence of the work itself and the individual. If ever they motivate them, for example, in the case of money, it is usually short lived. Further to that, it is because hospital nursing was one of the occupations that Herzberg included in his studies which led to his 1963 publication of "Work and the nature of man". It is notable to mention here that it is these studies that verified his motivation-hygiene theory.

Management and employers have discovered that salary is important but is not sufficient to motivate individuals to excel in their work or commit themselves to specific tasks (Ferguson 1982:207). Wages are a classical example in this case, which was much

debated on by Vroom (1964). According to Vroom, wages represent an almost universal form of inducement for individuals to perform (Vroom 1964:252). Wages are rewards for outstanding performance, progress and responsibility. It is argued that the strength of a worker's motivation to perform effectively is directly related to the amount of his wages. This relation still stands to be proven today, as little evidence is available in support of this relationship.

Herzberg believed that "money alone will not do the job" (Herzberg et al 1964:118) and that for him money or salary is not to be conceived as a source of happiness or motivational factor, but only to be taken as a dissatisfier. To be motivated the worker must feel that she/he is part of a worthwhile project and the project succeeded because his/her ability was needed in it. On the contrary Herzberg also concluded that, salary although primarily a hygiene factor may become a motivational factor in the form of recognition for achievement (Gebhart 1982:9). One may thus find that organizations have a tendency to use only financial rewards as a form of reinforcement since they can fulfill hygiene or motivational needs even both. Meaning that, they neglect the incorporation of motivational reinforced needs, i.e, increased responsibility, accountability and autonomy and consequently, a chance for promotion. Consequently, the dual factor theory of Herzberg will be useful to draw a line on what really motivates nurses in the Khomas Region. Due to the nature of their work, nurses are prone to be motivated by both intrinsic and extrinsic factors if not only one.

According to Smith (1963) as cited by Marriner (1982:243) job satisfaction of nurses in a hospital setting is dependent on certain criteria being met, the more criteria that are met in a work situation, the more likely it is that a nurse will find job satisfaction. This criterion include the desire to perform nursing activities, preparations for nursing, initial close supervision followed by opportunities for advancement, good physical working conditions, adequate remuneration, and personal factors such as being given adequate notice of days off (Marriner 1982:244). Some of the reasons given for job dissatisfaction among nurses are factors of salary, work load, personnel policies, job securities, supervisory relationships and opportunities for advancement. These reasons

clearly outline the motivational needs as stated by Herzberg and if they are not present they cause dissatisfaction. The reason for salary also concurs with Herzberg's conclusion that salary can indeed be a hygiene factor as well as a motivational factor.

2.6. INTRINSIC VERSUS EXTRINSIC MOTIVATION

The intrinsic and extrinsic factors of motivation both according to Herzberg contribute to eventual motivation and it can be concluded that it is a two-stepped pyramid, because one factor needs to be present for the other to function. The intrinsic and extrinsic factors of motivation are both determined by the individual nurse him/herself through the working conditions and the work place environment. Marquis & Huston (1992:232) concluded that motivation is the behavior individuals take to satisfy unmet needs. It is the willingness to put effort into achieving a goal or reward in order to decrease the tension caused by the need. To understand the discourse surrounding the two factors of motivation as articulated by Herzberg, it is vital to provide the meaning of these terms. Intrinsic motivation can be defined as the motivation that comes from within the individual and drives him or her to be productive, whilst the extrinsic motivation is that which is enhanced by the job environment or by external rewards (Marquis & Huston 1992:246-248).

It is unrealistic for the organization to assume that all workers have adequate levels of intrinsic motivation to meet organizational goals. Thus, the organization must provide a climate that stimulates both intrinsic and extrinsic drives. Marquis & Huston (1992:240) stress on the extrinsic factors of motivation (creating a motivating climate) because the organization has such an impact on extrinsic motivation, it is important to examine organizational climates or attitudes that directly influence worker morale and motivation.

In the case of nurses both these factors will be required in order to measure a certain level of work motivation. The current theoretical (and practical) view is that both intrinsic and extrinsic rewards are necessary for high productivity and worker

satisfaction (Marquis & Huston 1992). To a certain degree, all individuals are from the onset intrinsically motivated. Intrinsic motivation comes from within the individual, driving him/her to be productive, but then to be intrinsically motivated at work, the worker must value job performance and productivity. Surveys of nurses regarding their sources of satisfaction identify a sense of achievement, recognition, challenging work, responsibility, advancement potential, autonomy, authority, pleasant work environment, agreeable working hours and adequate staffing all as satisfiers (Marriner 1982:253).

The most dominating factor of motivation is always determined by the respective profession. It is said that economists and engineers focused on extrinsic fiscal rewards to improve performance and productivity, while human relation scientists stressed intrinsic needs for recognition, self esteem and self actualization (Marquis & Huston 1992:234). Thus, making intrinsic factors to be nurses' core dominant factor for optimal motivation. Blegen (1993) and Pierce, Hazel & Mion (1996) as cited in Dienemann (1998:463) stress that much research, particularly in the nursing profession, supports the fact that it is primarily intrinsic factors that serve as satisfiers or motivators and hygiene factors that serve as dissatisfiers. It is the general conclusion of this study that the nursing profession does intensively offer intrinsic satisfaction, but there are also many constraints within nursing which affect the experience of work. Even with a strong achievement drive, two other beliefs must be internalized before people are intrinsically motivated to behave in a certain way. Individuals must believe that improved performance will lead to outcomes congruent with their value system and that increased effort will lead to improved performance, and thus the required energy expenditure will be worth the cost.

2.7. THE MOTIVATIONAL ROLE OF MANAGERS

The supervisor has a tremendous impact upon motivation in an organization especially extending to a unit level. Longest (1974) as cited by Marquis & Huston (1992:240), reaffirmed that interpersonal relations between employees and their supervisors were amongst the worst critical factors affecting job satisfaction. However,

because motivation comes from within the individual, managers can not directly motivate employees. Most importantly, as studies done by Jenkins and Henderson (1984) cited in Marquis & Huston (1992:241) demonstrated, the supervisor or manager's personal motivation was the most important factor affecting a staff commitment to duties and morale. Managers who frequently project unhappiness to subordinates contribute greatly to low unit morale.

Nursing is the largest and probably the most important single department in the hospital and other health services (Schulz 1990:181). It is because of Maslow's work that managers began to realize that individuals were complex beings, not solely economic animals, and that they had many needs motivating them at any one time. Thus making the role of the manager to extend beyond the satisfaction of patients by keeping the nurses motivated at all times. Employee behavior such as absenteeism, tardiness, sloppy work habits, social loafing, apathy, slowness at work, committing errors in assembling materials, filling and reporting, affect both the quality and quantity of work output and should be the concern of every manager.

Nurses stress the importance of respected hospital administrators, supportive nursing administrators, trustful supervisors, fair evaluations and adequate feedback (Marriner 1982:253). This will eventually also boost their motivational levels. Marriner (1982) indicates that the source of nurses' dissatisfaction are poor planning, poor communication, inadequate explanations of decisions affecting jobs, unclear rules and regulations, unreasonable pressure, too much work, work load negatively affecting work quality, understaffing, uncooperative physicians, non-nursing duties and unqualified supervisors.

Managers must understand why employees behave in these ways and must influence and change dysfunctional employee behavior. Appropriate supervisory support and guidance from the manager are necessary for the employees to be motivated to perform (Adair 1990:47). The capacity of an organization to survive and to respond to competitive challenges from time to time can only be sustained and mobilized when

the organization has highly competent and motivated manpower (Kanungo & Jaenger 1990:2).

Ellis & Hartley (2000:103) and Marquis & Huston (1992:242) provided ideas or concepts that need to be considered by managers in meeting the goal of motivating others. Such are establishing credibility, being a role model, taking interest in others, rewarding positive behaviors, sharing decision making and offering constructive criticism. Such components are very vital for the leader because he/she must identify and strengthen them in creating motivation at the unit level (Marquis & Huston 1992). Leaders should apply techniques, skill and knowledge of motivational theory to help nurses achieve what they want out of work. At the same time, these individual goals should complement the goals of the organization (Marquis & Huston 1992).

Due to the fact that managers cannot directly motivate staff, they must work indirectly by creating an environment that tends to cause individual motivation towards the desired goals (Marrelli 1997:85). Managers should thus focus on creating a motivating climate as a critical element in meeting both employee and organizational goals (Marquis & Huston 1992:231). A motivating environment according to Simms et al (1994:166) is one that provides opportunity for personnel to:

- Express and satisfy their own motives
- Contribute to the achievement of organizational goals

Such efforts from the manager are vital to the organization, because it is the manager who bears primary responsibility for meeting organizational goals such as reaching acceptable levels of productivity and quality.

2.8. CONCLUSION

This literature review is a presentation of knowledge on the subject from the different sources, which will later form a basis for discussions, conclusions and recommendations. The chapter thus gives a layout of the current literature collected from different sources, where it is indicated that motivation is a complex concept that has been theorized by Maslow, Locke and Latham and McClelland. It can be concluded that both the staff member and the organization are important role players in motivating the employees, where the managers were found to be the key role players in keeping them motivated (Marquis and Huston 1992, Adair 1990, Mackay 1989 and Marriner 1982).

The nurses are one of the profound professionals who are working in an emotionally demanding environment, which results in them to constantly and naturally experience dissatisfaction at the work place. It is such that the evidence from nursing research suggests that job satisfaction continues to play a pivotal role in retaining the nursing staff (Nakata & Saylor 1994 in Cowin as obtained from the Google search network down loaded on 2004/09/21). It is due to that, that Herzberg's theory of motivation will extensively be used in the deliberations of this study, because Herzberg found that there are dual continuums within job attitudes – intrinsic and extrinsic factors. This literature review concluded that nurses who are the subjects under study are motivated by both these factors, but the former one plays the dominant role.

The following Chapter (three) will be a presentation and analysis of the collected data.

CHAPTER THREE - DATA PRESENTATION AND ANALYSIS

3.1. INTRODUCTION

This study is mainly a triangulation study, where an explorative approach was adopted by the researcher since there was very limited or no information at all on the study topic in the geographical area of Khomas Region. Thus for the researcher to obtain the required data for the study, a quantitative over qualitative data collection tool was employed in the form of a survey.

It is always difficult to find out the factors motivating nurses, but a survey was the best option as it is also a widely used tool by researchers wanting to find out these factors. Since the study was mainly interested in finding out what motivates nurses, a variety of mixed questions were used in the questionnaire to obtain the desired data. The questions posed to the secondary respondents were open handed, to give them a wider opportunity when responding. That is even why the researcher had to administer the latter questionnaire. The secondary respondents comprised of a member of the Nursing Board of Namibia, a staff member in the Nursing Services Division of the Ministry of Health and Social Services, a nursing matron at the WCH and a member of the Namibian Nursing Association. The other secondary respondents, namely, a staff member of the Faculty of Health and Medical Sciences at UNAM could not be reached due to time constraints. A representative analysis of these data will be done in the form of descriptive analysis using graphs, table, charts and figures and attached are clean copies of the questionnaires as Appendices II and III.

3.2. – QUESTIONNAIRE FOR PRIMARY RESPONDENTS (NURSES)

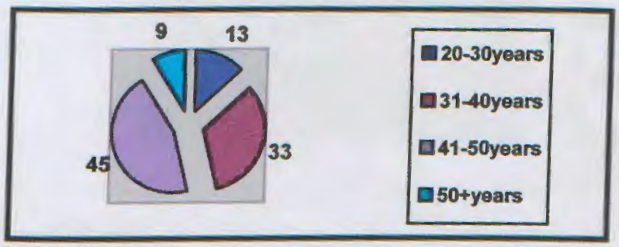
A - DEMOGRAPHIC INFORMATION

Q1. The sex of respondents.

The 98 respondents were made up of 96% females and 4% males. Nursing is a profession very much stereotyped as a female's job, because of its caring nature. That is why it is not strange to find an almost 100% female coverage of respondents. Females are thus more likely to choose nursing as a career over their male counterparts. Psathas

(1968) as cited in Auster (1996) argued that women take family priorities and preferences into account in the choice to work and in the choice of an occupation.

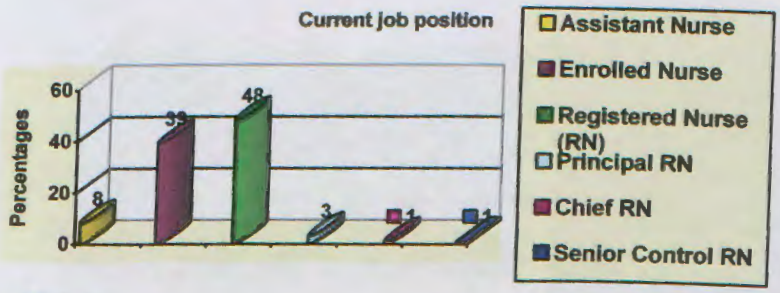
Q2. The age category.



Pie Chart 1.

The majority (45%) of respondents were between the ages of 41-50 years followed by the age group of 31-40 years with 33 percent. This is indicating that the working class of nurses is primarily between the ages of 31-50 years.

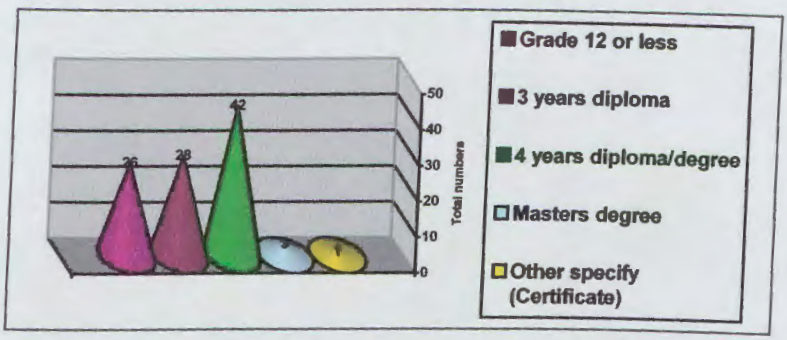
Q3. The current work position.



Bar Chart 1.

The data revealed that there are more (48%) Registered Nurses, followed by the Enrolled Nurses at 39%. The job category of Enrolled Nurse (EN) and Nursing Assistant (NA) is basically the same as the former is only the upgraded level of the later. When reflected together they show a percentage of 47% in total. Because these two categories (RN and EN/AN) are the most basic ones who are mostly engaged in clinical work and when they are combined a percentage of ninety-five (95%) is obtained, compared to other positions which only make up 5%. The Principal, Chief and Senior Control RN are mostly involved in nursing management services.

Q4. Indicate your highest valid qualification.

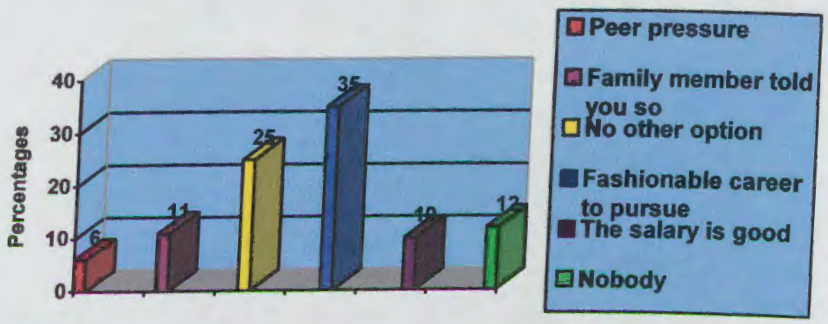


Bar Chart 2.

A four year diploma/degree is the frequent (42%) qualification found amongst the nursing cadre, followed by 28% with 3 year diplomas and 26% with grade 12 or less, while post graduate valid qualification is only represented by 3%.

B - OCCUPATIONAL CHOICE

Q5. What made you pursue a nursing career? (tick only one)

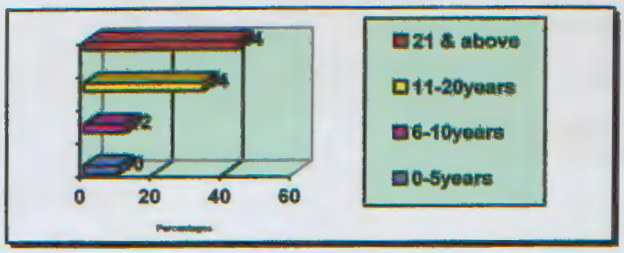


Bar Chart 3.

Career choices are found to be very influential in the actual practicing of a particular profession, leading staff members to either be motivated or not. Nurses in the two hospitals indicted that they chose nursing firstly because it was a fashionable career to pursue (35%) and because they had no other option (25%) at their disposal. It was shown that on a lighter note nurses chose to pursue the nursing profession due to the promise of a good salary (10%), they were encouraged by family members (11%) and lastly with 12% is that no one influenced them. Literature review indicates that occupational choice "may have been nurtured by supporting friends and relatives and life expectancies, or may have been sustained in the face of adverse

comments and events" (Peattie 1990:11). It is believed that the social structure has a great influential factor in occupational choice (Auster 1996:52).

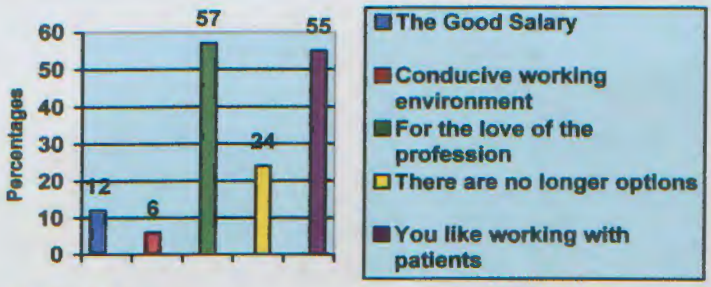
Q6. For how long have you been in the nursing profession?



Bar Chart 4.

The majority (44%) of the respondents stated that they have been in the profession for more than 21 years, followed by 34% who indicated that they have been practicing nursing between 11-20 years. These figures indicate that the nursing personnel have vast experiences in their field as they have been practicing the profession for on average more than ten years.

Q7. In your opinion what makes you to still be in the nursing profession? (tick any two)

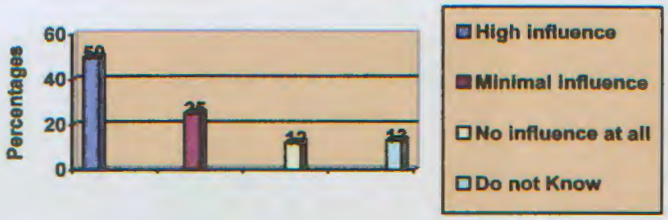


Bar Chart 5.

The majority (57%) of nurses responded that they are still in the profession mainly because they love the profession and because they like working with patients (55%). To practice a nursing profession some believe it to be due to an innate calling, but patients also play an important role in keeping nurses motivated and provide them with the zest to go on. Auster (1996:51) recognizes that a person is born with an innate set of needs and talents, but as a result of socialization and life experiences, s/he develops preferred ways for dealing with the world.

C – PATIENTS OR CLIENTS

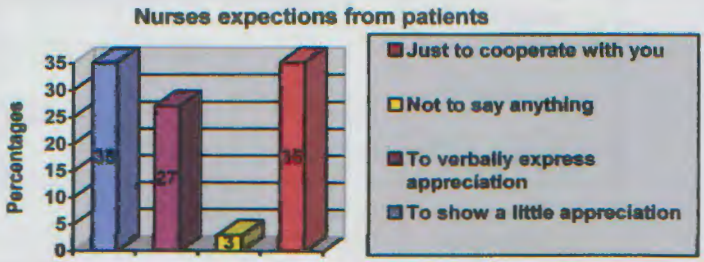
Q8. What influence do patients have on your performance?



Bar Chart 6.

It is believed that because patients are at the center of practicing nursing, they play a vital role in keeping nurses motivated. As shown in the literature review, Mackay (1989:134) concluded that the satisfaction always referred to by nurses seem to come from two sources: actually helping people (patients and relatives) and doing a good deed. Fifty percent of the nurses interviewed in the two hospital settings indicated that patients have a high influence on their performances, while only 12% indicated that patients have no influence at all.

Q9. What do you mostly expect of patients during and after providing them with a service?(tick only one)

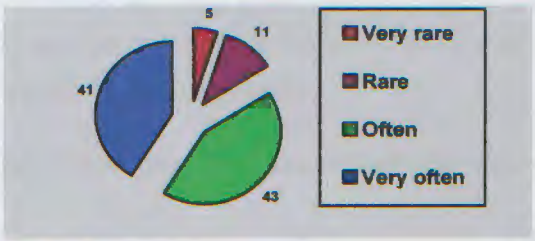


Bar Chart 7.

As has been seen from the literature review in chapter two Mackay (1989:134) clearly concluded that the satisfaction always referred to by nurses seem to come from two sources: actually helping people (patients and relatives) and doing a good deed. Nurses thus expect patients to equally cooperate (35%) with them or to show a little appreciation (35%). The other almost one third responded that the patients should verbally express appreciation (27%). In the majority an active role is expected from patients.

D- TEAMWORK AND GOAL SETTING

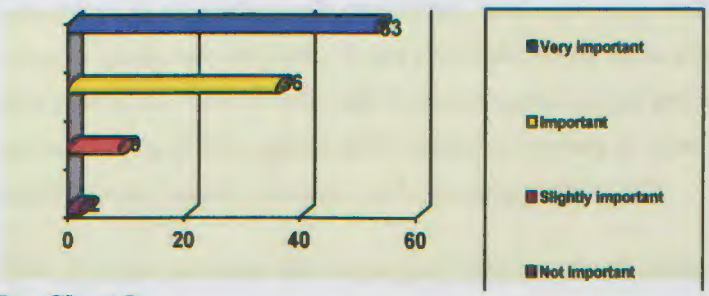
Q10. Nursing is a team effort, how often do you feel as part of your team?



Pie Chart 2.

The ability to be part of a team, with a larger goal in mind, is the foundation for well-motivated staff (Marrelli 1997). Nursing work is embedded in team work, making it to depend greatly on team efforts for work to be accomplished. From the respondents, 43% mentioned that they are often made to feel part of their teams at work and 41% indicated it to be very often indeed. A combined total of 16% (5%+11%) indicated that they are rarely made to feel part of their teams. Efforts for team work should thus be strengthened by all means.

Q11. Employees are often driven by goal setting, how important is it to you?



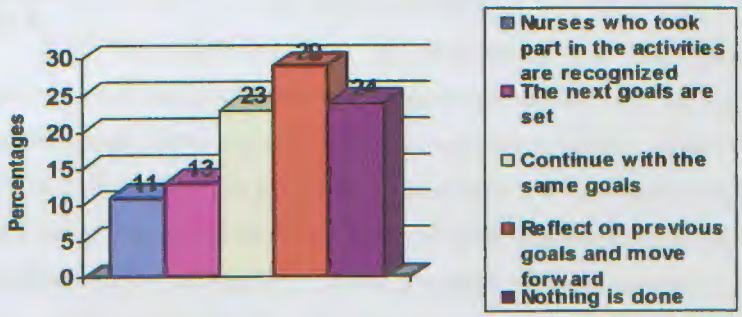
Bar Chart 8.

Goal setting is often discussed as a means to increase worker productivity (Dienemann 1998) and when achieved, goals serve as a direct motivator. Nurses in this study indicated that they regard goals as very important (53%) and 36% said goals are important. This is evidence that nurses are often goal driven, which is good towards achieving them and keeping nurses motivated.

Q12. Do you often set mutual and consultative goals in your division?

A total of 79% of the nurses indicated that they often set mutual and consultative goals in their divisions and only 21% responded to the contrary. Goals whether they are of short, medium or long term in turn serve as motivators and Dienemann (1998) suggests that they must be mutually set, provide challenge, be seen as attainable and include appropriate feedback and rewards for goal attainment.

Q13. When these goals are set and achieved, what happens next?



Bar Chart 9.

Marrelli (1997:4) concluded that a healthy work environment that will lead to motivation is one where all employees, managers and staff members alike, work towards common goals, receive feedback and communications on an ongoing basis and meet the needs of their customers. Nurses indicated that when goals are set and achieved they likely reflect on the previous goals (29%), others (24%) said that nothing is done about it and the remaining 23% stated that they usually continue with the same goals (23%).

Q14. Can you conclude here that goal setting and achieving it can lead to motivation at the work place?

Nurses do recognize that setting goals and achieving them can lead to motivation at work as 96% of them indicated so, with 4% not in affirmative. The goals setting theory of Locke and Latham would imply that if nurses set goals to which they are committed to, then when such goals are achieved work behavior can be positively charged.

E – EXTERNAL AND INTERNAL MOTIVATORS

Q15. It is concluded that nurses are basically intrinsically motivated, which ones apply the most? (Tick any three)

Intrinsic factors	No. of respondents	%
Achievement	57	57%
Recognition	48	48%
Growth	31	31%
Advancement	20	20%
Responsibility	87	87%
Work itself	36	36%

Table 1.

It is the conclusion from the respondents that the intrinsic factors of motivation according to Herzberg that mostly apply to nurses are the need for being responsible (87%), need for achievement (57%) and the need to be recognized (48%). Smith (1963) as cited by Marriner (1982:243) thinks that the job satisfaction of nurses in a hospital setting is dependent on certain criteria being met, the more criteria that are met in a work situation, the more likely it is that a nurse will find job satisfaction. These top three intrinsic factors as indicated by the nurses are core to nurses' motivation in the two hospital settings.

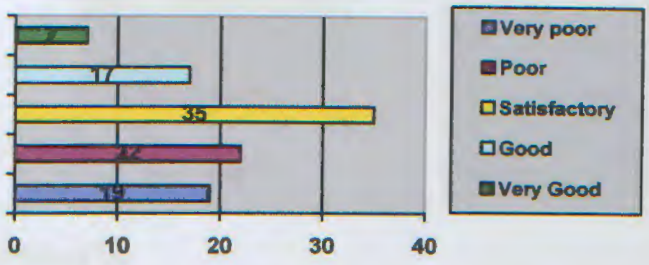
Q16. Amongst the list of external motivators, which ones apply the most in your environment? (tick only three)

External Factors	No. of respondents	%
Salary	31	31%
Security	43	43%
Status	24	24%
Supervision	43	43%
Interpersonal relations	57	57%
Administration	20	20%
Working Conditions	49	49%
Company policy	14	14%

Table 2.

The respondents indicated that the extrinsic factors that apply mostly in their environment are interpersonal relations (57%), working conditions (49%), security (43%) and supervision (43%). The least applicable ones are administration (20%) and company policy (14%). According to the literature review in Chapter Two, this criterion of the intrinsic factors of motivation include the desire to perform nursing activities, preparations for nursing, initial close supervision followed by opportunities for advancement, good physical working conditions, adequate remuneration, and personal factors such as being given adequate notice of days off (Marriner 1982:244).

Q17. How would you describe your present working environment?



Bar Chart 11.

Working condition or environment plays an important role in keeping nurses motivated. A percentage of 35 responded that their present working environment is satisfactory, followed by 22% who indicated that it is of poor nature.

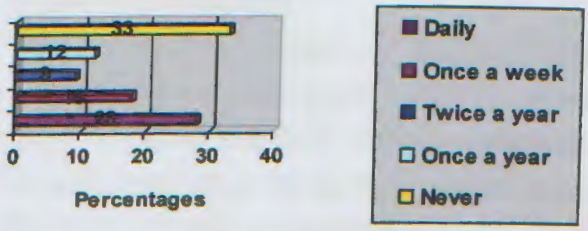
Q18. Who should guarantee a conducive working environment? (tick only one)

Who to guarantee conducive environment	**No. of respondents**	**%**
Employer	28	28%
Supervisor	12	12%
Nursing Manager (Matron)	18	18%
Yourself	8	8%
Employer & Matron	10	10%
Employer & Yourself	9	9%
Yourself & Supervisor	11	11%
Supervisor & Matron	2	2%
Total	**98**	**100%**

Table 2.

It is the conclusion from the data that the employer (28%) is the core provider of a conducive working environment, followed by the nursing manager (matron) with 18% and the supervisor with 12%. The employer through the supervisors should ensure a conducive working environment for nurses, especially during these times of ever increasing work loads due to staff shortages.

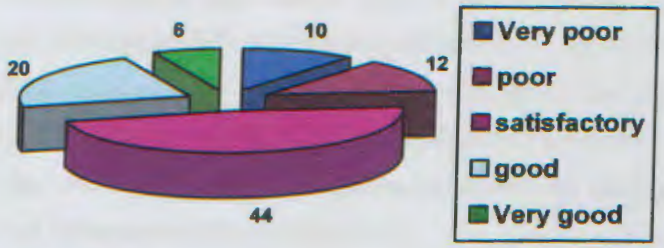
Q19. How often do you receive professional support (supervision) from your supervisor?



Bar Chart 12.

The literature review in Chapter Two shows that Longest (1974) as cited by Marquis & Huston (1992:240), reaffirmed that interpersonal relations between employees and their supervisors were amongst the worst critical factors affecting job satisfaction. From the data collected it shows that only 28% receive supervision at least twice a year, preceded by a total of 33% who stated that they never received professional support from their supervisors.

Q20. If you do receive supervision, how would you rate the supervision provided to you?



Pie Chart 5.

The supervisor has a tremendous impact in motivating his/her subordinates in an organization especially extending to a unit level. Most importantly, studies done by Jenkins and Henderson (1984) cited in Marquis & Huston (1992:241) demonstrated that the supervisor or manager's personal motivation was the most important factor affecting a staff member's commitment to duties and morale. Managers who frequently project unhappiness to subordinates contribute greatly to low unit morale. From those who receive supervision (67 respondents), 44% of them concluded that they would rate it satisfactory and 20% indicated it to be good. A combined total of 22% (10%+12%) indicated that they receive poor supervision.

Q21. Are you of the opinion that supervisors have an important role to play in motivating their subordinates?

Appropriate supervisory support and guidance from the manager are necessary for the employees to be motivated to perform (Adair 1990:47), because the capacity of an organization to survive and to respond to competitive challenges from time to time can only be sustained and mobilized when the organization has highly competent and motivated manpower (Jaenger and Kanungo 1990:2). In total, 85% responded in the affirmative to the fact that supervisors have an important role to play in motivating their subordinates and 15% stated no.

Q22. What other information can you provide the researcher generally about supervision at your work?

The general views of the respondents are as follows and this shows that some of these suggestions are lacking in the current way supervision is being conducted

- Supervisors should work effectively to provide proper supervision, by being supportive, available and develop skills in others to be role models. They should further learn to listen, care and support their subordinates and appreciate the hard work of their subordinates.
- Supervisors must be interested in the activities of their subordinates, should be organized, hard working and helpful when approached with problems.
- They should try to be more democratic at work by treating all subordinates the same and treat information with confidentiality.
- They should be directly involved in the actual work, especially due to staff shortages.
- To ensure that adequate nurses are employed, so that supervisors can be more productive in rendering supervision and for work pressure to be minimized.
- Supervisors are always engaged in meetings making them unable to ensure that proper service is rendered to patients, to see that everything is under control and to ensure staff members work as a team.
- Supervision to be provided once a week and give regular feedback to assess work progress.
- Supervisors should motivate for more salaries and allowances.
- It is generally a challenging and often exhausting task as no one wants to be supervised.
- To provide inclusive supervision (nursing, rounds, drugs, sheets, medication, patient activities, etc).

Q23. How important is growth and advancement for you?

Nurses in the two hospitals regarded both growth and advancement at the workplace as very important by 52%, this is followed by 37% who indicated it to only be important. That is to say that in the majority, nurses do regard growth and advancement as an important intrinsic factor as only ten percent (10%) indicated it to be slightly important with one percent (1%) stating that it is not important at all.

Q24. What opportunities are available to you for growth and advancement in the Ministry?

There should be opportunities made available by the employer to ensure that the employees experience growth and undergo advancement during their working life for possible motivation. A majority of them said that there are very few (44%) opportunities for them and 37% indicated that there are totally no opportunities at all. On the contrary only 19% concluded that there are many opportunities.

Q25. What do you usually do to benefit from opportunities for promotion?

Action to benefit from promotion opportunities	**No. of respondents**	**%**
I wait to be promoted	15	15%
I apply where there are opportunities	37	38%
I take part in any activities organized for personal and professional growth	24	25%
I always wait for my supervisor to nominate me	20	20%
I do not take part even if nominated	2	2%
Total	**98**	**100%**

Table 4.

It does not serve a purpose if opportunities for promotion are available, but are not being used properly to benefit from it. Only 38% of the respondents indicated that they would apply where there are opportunities, 24% indicated that they would take part in any activities organized for personal and professional growth and 20% indicated that they always wait for their supervisors to nominate them. From the foregoing, it can be concluded that the majority of nurses have an active attitude towards benefiting from opportunities made available to them.

Q26. How often are you recognized for work done?

Rate of recognition	No. of respondents	%
Very rare	33	34%
Rare	20	21%
Often	18	18%
Very often	8	8%
Never	19	19%
Total	**98**	**100%**

Table 5.

Most nurses (48%) indicated that they have a need to be recognized, but the data collected indicates that they are only recognized in very rare (34%) cases, while 21% indicated in rare case and a further 19 percent said that they are never recognized. Thus making only 18% to often receive recognition. It shows that despite nurses having the need to be recognized, their employers or supervisors still have much work ahead of them to ensure that nurses are recognized accordingly.

Q27. If ever you receive recognition, in what form is it?

Form of recognition	No. of respondents	%
Getting praises straight away	34	35
Through a monthly or annual recognition event	25	26
You get weekly notices for work well done	17	17
Never	22	22
Total	**98**	**100%**

Table 6.

Getting praises straight away (35%) is the common recognition that nurses receive, while 26% get their recognition through monthly or annual recognition events. There are then those (22%) who do not at all receive any recognition. Some employers take it for granted that nurses should only be recognized monetarily. As shown in the literature review section 2.5, Herzberg et al (1964:118) believed that "money alone will not do the job" and that for him money or salary is not to be conceived as a source of happiness or motivational factor, but only to be taken as a dissatisfier.

Q28. What are the stumbling blocks preventing you to grow and advance?

Nurses stated the following to be stumbling blocks in their pursuit for growth and advancement:

- The nurses responded that it is mainly due to staff shortages, the heavy work loads and the need to resign to pursue further studies.
- No recognition for qualifications and work done, lack of necessary information and not being aware of any training opportunities and if training is available it is only given to certain people.
- Nursing management (matrons), direct supervisors and the general management are not honest during promotion of subordinates.
- Salaries, which are not paid according to experience and number of years in the public service especially for the Enrolled Nurses and Nursing Assistants. Nurses also stated that they do not have the necessary qualifications (e.g, Nursing Assistants who only passed junior/secondary school). Also in the same job category, they revealed that it is due to their age that they can not go for the bridging course.
- There are inadequate finances for fellowships, shortage of workshops and seminars.
- The hospital or government policy on recruitment of staff members is also a stumbling block as it does not allow staff members to progress to any advertised level if they are not in the preceding one and also due to vacant frozen posts brought about by financial constraints.

Q29. Are you satisfied with the overall work that you perform?

Out of all the respondents a total of 73% indicated that they are satisfied with their work performance and 27% said they are not satisfied at all.

Q30. How often are you made to be responsible for your actions even if they are not favorable?

As derived from Q15, the majority (87%) of nurses want to be more responsible at work, but there are obstacles and situations that are hindering them. As can be seen from the literature review in Chapter Two, the hierarchical organization of nursing has all sorts of disadvantages for those low down, who have to bear the brunt of more senior nurses passing the back, refusing to be responsible for their actions and giving the unpleasant jobs to those below them (Salvage 1985:81). Thus 61% mentioned that they are always made to be responsible for their actions, while 28% responded that it is only happening sometimes. Eleven percent (11%) revealed that they are not made responsible at all.

Q31. Have you ever been called to any disciplinary hearing for acting irresponsibly at work?

There are mechanisms in the work place and the Nursing Board of Namibia to make sure that the nurses are held responsible for their actions, e.g, departmental hearings in the cases of misconducts as well as hearings at their board. The majority (97%) of the respondents indicated that they have not been called to any disciplinary hearings for acting irresponsibly at work and only 3% confirmed that they have. That is to say that there are rarely disciplinary hearings held to deal with those performing work irresponsibly or the nurses rarely act irresponsibly in their duty line.

Q32. In your opinion, are there less disciplinary hearings held for those who are irresponsible?

The data indicates that there were 56% of nurses who strongly responded that there are not enough disciplinary hearings held for those who are irresponsible at the work place, with 44% who stated otherwise. Meaning that more should be held responsible especially relating to the previous question which concurs that nurses are seldomly called to order for work done irresponsibly.

F - SALARY AND OVERTIME PAYMENT

Q33. It is said that a salary and overtime payment plays a crucial role in nurses' performance in the Khomas Region, what is your opinion on this?

A salary as an extrinsic factor of motivation according to the theory of Herzberg was rated among the top five factors by the nurses (31%) at the two hospitals. Meaning that they do not regard it as the most important factor, as can be shown here that 52% of the nurses indicated that salary and overtime payments do not play a crucial role in nurses' performance and only 48% responded in affirmative. The difference here is not that great to assume a conclusive stand in this case and the matter could fluctuate either way from time to time.

Q34. Working overtime is regarded as a necessity in the nursing profession, what is your opinion?

To perform overtime duties is regarded by 60% of the nurses as a necessity in the nursing profession. The other 40% indicated that it is not the case. Such overtime duties can

strongly be attributed to staff shortages and the subsequent workload. Further to that is the challenge that the new diseases bring about, especially by straining the health delivery system in terms of additional technology and manpower.

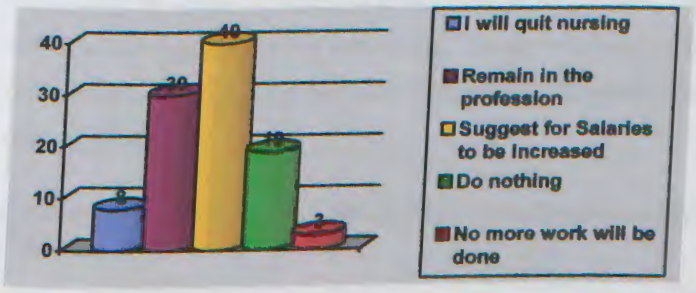
Q35. In your opinion, why are overtime duties performed? (tick only two)

Reasons for overtime work	No. of respondents	%
To earn extra money	30	30%
To provide a service	54	54%
Due to staff shortages	84	84%
It is compulsory	11	11%

Table 7.

Nurses in the majority (84%) noted that overtime duties are performed due to staff shortages, while the others indicated that because a service must be provided (54%) and only 30% mentioned that they are performing it to earn extra money. These responses all justify the crucial need to perform overtime duties by the nurses in the two hospitals. But then such duties are controlled by the supervisors and nursing managers to cut out the possibility of misusing funds, which leads to over expenditure.

Q36. If overtime payment is taken away as from next month, what will your reaction be?



Bar Chart 13.

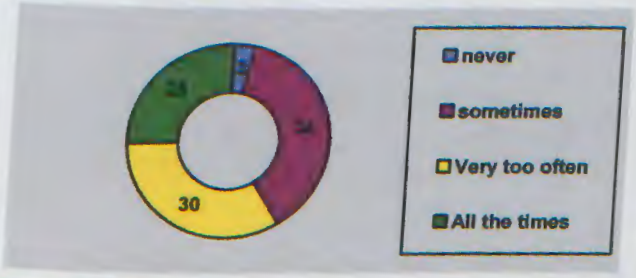
There are some divisions in the nursing cadre where nurses do not perform overtime duties (assuming that all performed such duties at some point), yet all were asked what their immediate reaction would be if these payments were to be stopped while the work has to be done. Suggestions were that salaries should be increased (40%), 30% said they will remain in the profession and 19% indicated that they will do nothing. Only less then 10% indicated that they will quit the nursing profession.

F - FEELINGS OF WORK AND SUPPORT SERVICES

Q37. It is often proven that stress, but especially burn out is common in your profession, are you aware of it?

It is unfortunate that due to the nature of nursing work, at some point nurses find themselves to be emotionally involved in their work and this places a demand on the staff members which often leads to common stress and eventual burnout. Ninety percent of the respondents confirmed that they are aware that stress or burnout is common in their profession, while 10% were not.

Q38. If your answer is yes to question 37, how often do your colleagues experience it?



Doughnut Chart 3.

From the 90% who indicated awareness of stress and burnout in their profession, about 30% stated that their colleagues experience it very often. The majority (34%) stated that their colleagues experience stress sometimes. Stress and burnout is common in the nurses' cadre and it is conclusive here from the data that nurses extensively experience stress and burnout at the two hospitals.

Q39. What are the possible factors that contribute to stress and burnout at the work place? (tick only two)

Factors contributing to stress	No. of respondents	%
The working environment	41	41%
Attitudes of patients	19	19%
Working relations	15	15%
The work load	68	68%
The health risks at work	15	15%
Staff shortages	67	67%
No equipments	2	2%
Attitude of supervisor	1	1%

Table 8.

There are three top factors indicated by the nurses to be the causes of stress and burnout at their work place. These are the work load with 68%, staff shortages with 67% and the third factor is the working environment with 41%. Others range from attitudes of patients (19%), working relations (15%) and the health risks at work (15%). It is strongly concluded here that the key factors in contributing to nurses' stress and burnout are the staff shortages and the work load.

Q40. Once you feel stressed or burnout, what do you do? (tick only three)

Action when stressed	No. of respondents	%
Talk to a friend	64	64%
Consult a counselor	21	21%
Absent your self from duty	11	11%
Talk to a fellow worker	64	64%
Talk to a family member	40	40%
Engage into extra-mural activities	20	20%
Get booked off by a doctor	22	22%
Do nothing hoping it will pass	24	24%

Table 9.

It is vital that staff members have support system to rely on both in the form of social and professional intervention when they are in need. The majority of the nurses said that they would rather talk to a friend (64%), a fellow worker (colleague) (64%), or a family member (40%) when they are stressed. Nurses are thus not keen to opt for the professional options when stressed, which can be attributed to the fact that nurses identify more with the need for affiliation according to McClelland's Theory, making them to value friends, colleagues and families more.

Q41. Are you aware of any support programmes available to you?

Adequate support programmes or systems are regarded as important mechanisms to revert to in times of despair, stress or burnout. Nurses in both hospitals indicated by 81% that they are not aware of any support programmes available to them and only 19% responded in the affirmative.

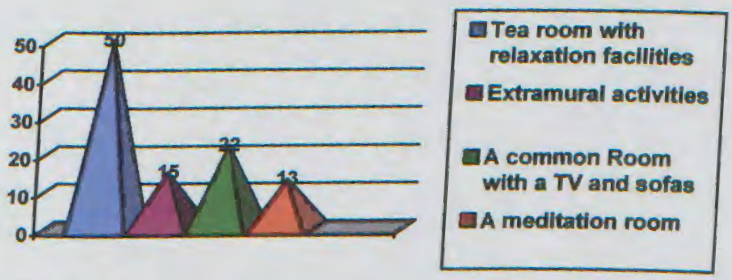
Q42. If the answer is no, what should be introduced?

The nurses suggested introduction of the following:

- Psychological and Social Work counseling services to be made readily available on a twenty four hourly basis. They should conduct workshops to support and motivate nurses.

- Alcohol Anonymous services to be introduced and other necessary support programmes should be introduced for all and to put measures in place for support services to come from the community as well.
- The employer to put emphasis on in-service training programmes, seminars and workshops on nursing career to learn new developments.
- A charter for nurses should be introduced and made available to all at work.
- To install modern medical apparatuses to make work easier and quicker.
- To rectify the situation of staff shortages and supervisors to introduce a better working environment
- To build up to standard tea rooms like the one in ward 2A at Katutura State Hospital.
- Common rooms with television and sofas or a beautiful garden with chairs to relax with colleagues and friends.
- To introduce regular programmes to visit employees when sick and introduce a type of support services for nurses.

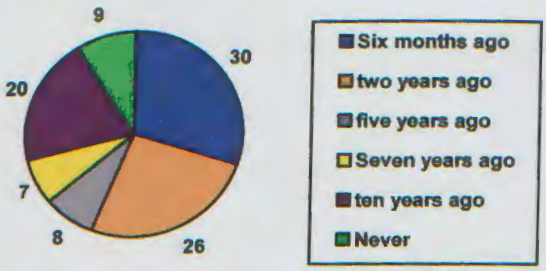
Q43. If the following is introduced at work, which one will you opt for? (tick only one)



Bar Chart 14.

The majority of nurses (50%) chose to opt for a tea room with relaxation facilities, while twenty-two percent will opt for a common room with a TV and sofas.

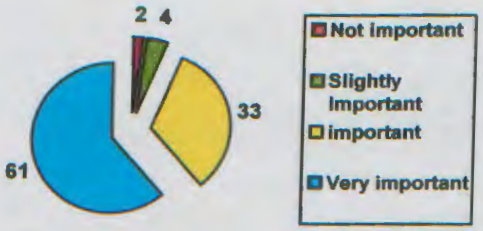
Q44. When in the last ten years did you receive any form of training?



Pie Chart 14.

As is evident throughout this study, nurses have stressed the need for in-service training, workshops and seminars on their work and the Ministry has picked up on this need already from the beginning and is availing own resources and that of the different development partners towards this cause. When the nurses were asked to state when they last received training, thirty percent (30%) indicated that the last training they attended was six months ago, twenty-six percent (26%) indicated two years ago and twenty percent (20%) said ten years ago. Only a percentage of nine (9) indicated to have never received any form of training. It is indeed challenging to capture all the nurses for training in a period of ten years, but with proper planning it can be achieved. It is notable to mention here that it is the trend that staff members feel empowered and motivated when they attend training courses on a continuous basis.

Q45. According to your perspective, how would you rate the work itself?



Pie Chart 15.

Work itself is highly regarded by the nurses making 61% of them to rate it as very important and 33% rated it as important.

Q46. What has been the most challenge to you in practicing contemporary nursing? (tick only two)

Challenge of practicing contemporary nursing	No. of respondents	%
Complexity of diseases	39	39%
Shortages of nurses	73	73%
Complexity of nursing programmes	17	17%
Scourge of HIV/AIDS	43	43%
Constant need to work overtime	15	15%

Table 10.

There is no doubt that nursing has become more advanced over the years. These advances have brought about challenges in the practice which this study has already indicated to as mainly (73%) to be the shortages of nurses, the scourge of HIV/AIDS (43%) and lastly the complexity of nursing programmes (39%).

3.3. QUESTIONNAIRE FOR SECONDARY RESPONDENTS (STAKE HOLDERS)

These questions were administered to the stakeholders to obtain the necessary data in a qualitative form. This exercise was needed, because the study is also in a form of a triangulation.

Q1. State your organization and position.

In total four stakeholders were interviewed to constitute the secondary respondents / stakeholders;

- Chief Control Registered Nurse (CCRN) from the Nursing Services Division of the Ministry of Health and Social Services (head office)
- The President of the Namibian Nurses' Association
- The Treasurer of the Nursing Board of Namibia from 1995 to 2004
- The Matron (CCRN) of the Windhoek Central Hospital

Q2. In your opinion what important role does motivation play in an organization?

- They collectively indicated that motivation increases productivity, promotes team spirit, which eventually leads nurses to perform and serve the community with satisfaction.
- On a general note, they responded that nurses in Namibia are currently not motivated, especially when motivation is regarded as important for work performance. That is also the message from the public on the services provision of nurses which they say to be deteriorating. Opportunities for in-service training to transfer the necessary skills and knowledge should be a priority of the employer. They noted that since nurses are not really interested in salary increment, packages for working in the rural areas could be motivational if the working conditions are not that conducive. This is taking into account the pressure they are working in.

Q3. What are the boldest reasons for the low motivation amongst nurses?

The following were the reasons indicated for low motivation amongst nurses

- Shortages of nursing personnel resulting in them to be over burdened at work
- Long working hours, especially when they do not really want to work overtime
- Increased work load, negative attitudes of community and patients towards service delivery, the lack of necessary support from higher levels and the limited career development or promotion opportunities.
- Very little recognition for their sacrifices
- The change of the disease patterns especially with the increase of chronic illnesses.

Q4. Indicate the most relevant intrinsic and extrinsic motivating factors that apply to nurses in the Khomas region. (Choose only top three).

- The stakeholders indicated that nurses country wide are generally de-motivated.
- The frequent intrinsic factor motivating nurses is achievement, followed by recognition and responsibility, whilst the most extrinsic factor is salary equally followed by all the other needs of security, status, supervision, interpersonal relations, administration, working conditions and company policy.

Q5. State the reason for your answer in Question 4.

Intrinsic factors– It was pointed out that nurses need to be praised for the amount of energy they invest in their work despite the staff shortages and a lack of equipment. Nurses regard responsibility as an important motivational factor, because of the trust they receive from their supervisors. Nurses feel that if given an opportunity to be responsible it can go a long way in building capacity and ensuring growth. Recognition should not only be monetary, but should also come from the attitudes of community members and patients as they tend to abuse nurses. They should thus start to appreciate and, respect nurses.

Extrinsic – It was noted that salary and in general the whole remuneration package is good, because so far it is the main factor keeping Namibian nurses in the public service compared to other SADC countries. The respondents stated that especially after the Wages and Salaries Commission's Recommendations of 1996 there were no more complaints of low salaries. On the contrary, more nurses request to perform overtime duties, which they indicated is not really for the money, but due to staff shortages.

They further responded that security and a market related salary is much more needed due to the economy and inflation. A clear policy from the employer is also important as the employees will know what is expected from them.

Q6. What impact does occupational choice of nurses have on their motivation?

Occupational choice generates positive energy from the onset of the choice. Yet, they stated that in the nursing profession overtime payments have become a commercial money making opportunity to some and people are drawn to nursing due to salaries and the lucrative overtime payments.

An occupational choice further depends on the background and personal circumstances of the choice maker. For many years in Namibia nursing was the most sought after career to pursue especially for women due to societal stereotypes and

because the profession offered job security as the main employer, the Ministry of Health and Social Services guaranteed one a job after training.

Further to that it was concluded that occupational choice does generate an impact on the eventual motivation of staff members at work. They noted that nurses in the past did not have many career choices to pursue and would end up in the field of nursing. In such a case they would most likely not generate positive motivated staff members, because when they eventually practice they find out that it is not what they wanted and quit to pursue another career.

Q7. It is concluded that patients have a very important role in motivating nurses, in what way would you compare this to the situation in the Khomas Region?

The stakeholders responded in affirmative that despite the complaints from patients, most of them (patients) do appreciate the services of nurses. This can be derived from the fact that patients play an important role in motivating nurses as they are the core of the nurses' job (literature review in Chapter two). They stressed that the role that communities play should not be left out as they also play a motivational role especially when they do recognize their services. What is required from them is to communicate to nurses in a better approach for reciprocal friendliness which will result in motivated nurses.

It is only in rare cases that patients do not appreciate the services of nurses and then there are also trouble makers from community who only know how to put demands on nurses without appreciating them and they are mostly from the upper class or those who can afford private services.

Q8. What are the major contributors of stress and burnout amongst nurses?

Contributors of stress and burnout amongst nurses are as follows:

- The HIV pandemic especially when the nurses themselves are affected and infected.

- Staff shortages
- The increased work load where nurses find themselves to work under pressure and find it difficult to cope, because patients are staying longer in the hospital and families leave them in the total care of nurses if they are not coping especially with the HIV/AIDS pandemic.
- The long working hours due to increased workload and staff shortages making them to be away from their family responsibilities resulting in stress.
- The demand placed on nurses by the community and the expansion of services with no complementary staff members.

Q9. Nursing is about team work and goal setting, how would you rate that in percentages?

Three of the respondents rated team work and goal setting to be around 90% although one respondent said that it is impossible to give a percentage due to monthly rotations of staff allocations and the need for teamwork to achieve work.

Q10. What have been the major challenges in nurses practicing contemporary nursing?

The following are the major challenges in practicing nursing;

- The burden of diseases is the major challenge.
- The pressure put on nurses today as they are expected to perform beyond their scope of practice and nurses today should be well qualified to even stand in for a doctor.
- They stated that with the new developments in the nursing field especially within the primary health care services, the nurses can now be managers in their own right.
- It was noted that at the regional level – there are manpower shortages due to the introduction of new programmes, whilst at national level, e.g, in the Expanded Programme of Immunisation, HIV/AIDS or Reproductive Health Divisions there is always a programme manager designated for each programme, but it is not the case at the regional or district level as one nurse must deal with all that which is very challenging.

Q11. What programmes are or should be in place to aid in motivating nurses at the work place.

It was stressed that due to the increased work load, people forget that the nurses are also normal people with daily personal demands; the following can thus be introduced:

- A system of peer counseling
- A programme called "Free to grow" which will look into the complaints of nurses and help them to realize their stressors and to work on solving them.
- Exchange programmes or study tours to other countries or within the country, to see how other nurses are doing and coping with their work.
- To conduct in-service training in the form of workshops and seminars to keep nurses updated with current nursing issues.
- Programmes to address HIV/AIDS at the work place.
- To have regular forums to discuss changes in the profession to be informed and organized.

Q12. What activities are or should be in place to aid in motivating nurses at the work place.

- An end of year function or ball should be reintroduced for nurses to socialize amongst themselves.
- Nurses to organize activities for themselves to get motivated through public lectures or speeches on various topical issues.
- Introduce counseling activities in each health facility for nurses to unload, talk to someone and share views and challenges.
- To have regular meetings at all levels to discuss issues and not only on an ad hoc basis.

Q13. Who should be responsible to keep employees motivated?

Firstly, it should be the employer then nurses themselves. The employer (through the managers and supervisors) as the most important motivator should ensure a working environment that is conducive, facilities to have adequate equipment and to

recognize those that have achieved their goals, e.g, during the National Immunization Day's events. Supervisors are also tasked to culture motivated nurses, e.g, their attitudes shall be of exemplary nature to their subordinates. Also nurses themselves should ensure a conducive environment.

Q14. Would a policy be a solution to motivational problems in an institution?

Two of them indicated that policies are good and serve as a solution to any problem and with a policy in place one can be held accountable for any actions. The other one responded that a policy will not really be a solution as there are already policies in the Public Service Rules and Regulations. Thus a motivation policy would only lead to failure as it will not serve as a multi purpose policy. Further to that, once such a policy is introduced a dissemination workshop should be held on the policy in order to ensure effective implementation of the policy.

Q15. If yes to Q14, what type of a policy would you suggest?

- It was stated that there is currently a recognition policy in the public service rules and regulations that provides for cash bonuses when a staff member obtains a qualification.
- The working environment also plays a role, like when a newly qualified nurse is placed in a clinic to perform and promote primary health care services and the person finds out that it is not his/her interest. In this regard a system of rotating after two years should thus be introduced, especially in the rural areas so that people do not feel stuck in places they do not feel comfortable in.

3.4. CONCLUSION

This chapter has presented the data in a representative form through the usage of graphs, tables and charts, while at the same time it also analyzed the data with reference to the literature review in Chapter Two. The next chapter will critically analyze the data from both the sources in a discussion form, after which conclusive results will be drawn. Such is then rounded off by the conclusions and recommendations.

CHAPTER FOUR – DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

The study made use of data collected from the nurses (primary respondents) and stakeholders (secondary respondents) to come up with the conclusions that will be discussed in this chapter. Since a triangulation data design method was applied, the discussions will reveal that by referring to the conclusions from the nurses and stakeholders, to ascertain that they comprehended the issues perceived as important in motivating nurses at the KSH and WCH. Herzberg who's Dual Factor Theory has served as the theoretical basis of this study concluded that motivation is caused by both inner and outer forces which he termed the intrinsic and extrinsic factors of motivation (Herzberg et al 1964). For both these factors contributed to eventual motivation of nurses, but depended greatly on the former factor as the later one lead to dissatisfaction instead.

On the contrary, the classical theory of motivation of Maslow, concluded that for motivation to occur, it has to go through a set of needs that must be met, which he termed the "hierarchy of needs". This meant that one need can not be achieved on top of the other and thus for a staff member to desire a higher need, the lower one must have been achieved first. Both these theories have some sort of a unique contribution to motivation, which could be married to come up with a conclusive statement for motivation. The discussion of the presented and analyzed data shall now follow.

4.2 THE FACTORS MOTIVATING NURSES AT THE KATUTURA STATE AND WINDHOEK CENTRAL HOSPITALS

The study has adopted the Dual Factor Theory of Motivation by Herzberg as a basis for its discussions. Such a choice is justified because hospital nursing was one of the occupations that Herzberg included in his studies which led to his 1963 publication

of "Work and the nature of man". It is notable to mention here that it is these studies that verified his motivation-hygiene theory or dual factor theory of motivation. Further to that, it has been found that nurses are more intrinsically motivated over extrinsic, other than motivated by hierarchical needs as per the theory of Maslow. Thus making nursing to offer intrinsic satisfactions, but yet there are others that are externally imposed (Mackay 1989:55).

Surveys of nurses regarding their sources of satisfaction identify a sense of achievement, recognition, challenging work, responsibility, advancement potential, autonomy, authority, pleasant work environment, agreeable working hours and adequate staffing all as satisfiers (Marriner 1982:253). This study conducted in selected health facilities of the Khomas Region bears evidence that there are several factors motivating nurses; such are as follows:

4.2.1. INTRINSIC FACTORS

It was strongly agreed by all the stakeholders that motivation is regarded as very important in the nursing field. They collectively mentioned that motivation is vital for staff members as it leads to increased productivity and promotes team work. Blegen (1993) and Pierce, Hazel & Mion (1996) as cited in Dienemann (1998:463) stress that much research, particularly in the nursing field, supports the fact that it is primarily intrinsic factors that serve as satisfiers or motivators and hygiene factors that serve as dissatisfiers.

The most prominent intrinsic factors of motivation that apply to nurses at the KSH and WCH are responsibility (87%), achievement (57%) and recognition (48%). Nurses generally put a strong importance for work itself with 61% indicating that it is very important and 33% indicating that it is important. Secondary respondents strongly alluded to the need for achievement followed by recognition and responsibility. It is evident that these three factors are highly regarded by both the nurses and those associated with them. The latter group continued to explain that especially when nurses

are pressed to provide a good service, despite being understaffed, recognition mechanisms are needed to boost their morale. They further expressed that note should be taken that nurses need to be given more responsibilities of what they are doing, because with that they can build better capacity, ensure professional growth and will make them to gain motivation. It is the request from nurses and the secondary respondents in this study for nurses to be recognized for their achievements and to be given more responsibility. A discussion will now follow on some of the intrinsic factors.

4.2.1.1. Recognition

Recognition is perceived by the nurses as an important factor of motivation where almost half (48%) of them indicated so. This can be through acknowledging the work of nurses, either by rewards of certificates or just to give them feedback on a continuous basis. Yet evidence shows that nurses very rarely (34%) and rarely (21%) receive recognition and nineteen percent (19%) said they never receive any. Nurses rarely get recognized for their tireless efforts during the rising workload. For those that receive some form of recognition it is done through getting praises straight away (34%), through monthly or annual recognition events (25%) and weekly notices for work well done (17%). There is an indication that recognition is vital for professional growth as they tend to feel confident and motivated to work and improve.

4.1.2.2. Responsibility

To be responsible or not to be depends on the amount of work that is given to a nurse and the extent of responsibility expected from them. For Herzberg believed that granting a staff member more responsibility will lead them to be motivated. Nurses believe that responsibility is very important with a percentage of eighty-seven (87%). Evidence from the secondary respondents shows the same importance towards responsibility. The latter felt that currently nurses are not given enough of it, but are expected to carry out a lot of work, especially taking into account their qualifications and when they sometimes have to stand in for a doctor. In line with that, sixty-one percent of the nurses stated that they are often held responsible for unfavorable actions.

They also indicated that there are less disciplinary hearings held for those that are irresponsible. More disciplinary hearings should be held accordingly and the need to hold nurses responsible for their actions should be more transparent so that it can generate more responsible nurses in the long run as they will be more careful.

4.1.2.3. Growth, Advancement and Promotion

Evidence from the study indicates that almost all nurses (99%) regard growth and advancement as important factors of motivation. Nurses themselves indicated that despite the importance placed on these factors, the employer provides very few (44%) opportunities for them, while 37% indicated that there are no opportunities and a percentage of nineteen (19%) said there are many of them. The majority of nurses have a very proactive attitude towards the way they benefit from the opportunities placed forth for promotion, i.e, apply for senior positions. Only about a third of the respondents had a reactive attitude by saying that they will wait to be promoted or will not take part even if nominated.

4.2.2. EXTRINSIC FACTORS

These factors are much regarded as external to the most prominent needs of the nurses at the work place, in the sense that they are only regarded to be dissatifiers when they are not present. Evidence indicates that there are indeed four dominant extrinsic factors amongst the nursing personnel at KSH and WCH, namely; interpersonal relations (57%), working conditions (49%), and on an equal basis is the salaries and (43%) and supervision (43%). A discussion will now follow on some of the extrinsic factors.

4.2.2.1. Supervision

Supervision is one of the factors that is crucial in the nursing profession, especially for professional guidance of the day to day activities. Evidence shows that it was the third most regarded factor and it is sincerely expressed by the nurses in their open discussions when asked open ended questions. Longest (1974) as cited in Marquis

& Huston (1992:240), reaffirmed that interpersonal relations between employees and their supervisors were amongst the worst critical factors affecting job satisfaction.

Nurses put a strong importance on the need for supervision and the role that supervisors have in motivating their subordinates. The supervisor has a tremendous impact in motivating their subordinates in an organization especially extending to a unit level. As shown in the Literature Review in Chapter Two, studies done by Jenkins and Henderson (1984) as cited in Marquis & Huston (1992:241) demonstrated that the supervisor or manager's personal motivation was the most important factor affecting staff members' commitment to duties and morale. This was supported by a total of 85% of the primary respondents. In terms of receiving the professional support from their supervisors, twenty-eight percent (28%) indicated that they receive it at most twice in a year, while a total of 33% said they never received it. The quality of supervision received by 44% of the nurses is of satisfactory nature and 20% indicated it to be good.

On a general note, the nurses strongly expressed that supervisors have a challenging job to perform, but then they should encourage their subordinates to work as a team, learn to listen, care and give the necessary support. They suggested that supervisors be also engaged in the day-to-day work activities of their subordinates, especially now that the workload is high and there is a staff shortage. There is a tendency of supervisors to act very partial towards only a certain group of people and were urged to be democratic in their approach. It was outlined that constant meetings that supervisors are involved in hamper work performance as there is no longer enough time given towards proper nursing care. Finally, they stated that supervisors need to promote more workshops and seminars where everybody is included to aim at increasing their knowledge of service delivery.

4.2.2.2. Working Conditions

Nurses regard working conditions very highly as it is a priority for them. A figure from the study indicates that 35% regard it to be satisfactory. It was strongly indicated that the employer should be the one to guarantee a conducive working environment, whereas 18% and 12% indicated it should be the responsibility of the

supervisors or the nursing managers (matron) respectively. It is only in very rare cases that the nurses themselves felt that they should play an important part in motivating themselves.

4.2.2.3. Salaries and Overtime Payments

This has been a burning issue amongst the nursing fraternity before and after the Wages and Salaries Commission's Recommendations (WASCOM) of 1996. Such was evident in an article by Moyo which stated that "the nursing fraternity claimed that the new government salaries structures (WASCOM) discriminated against them and totally disregarded the risks and stress which they have to face in their jobs" (Moyo 1997a). This implied that they were not satisfied with their new wages and would lead them not to perform given the environment they work in. Then there were cases where the claims for overtime duties were abused and were seen as a way to make more money. As already pointed out in Chapter One, such can be evident from the records of the Namibian Nursing Association as reflected in the Namibian Newspaper, highlighting some charges against nurses that were "involved in the scam in which the Ministry of Health and Social Services lost millions of dollars through false claims for salaries and overtime" (Maletsky 1996b).

As already pointed out in Chapter One, the Honorable Deputy Minister of Labour, Mrs Nghidinwa, who is a professional nurse herself has confidently expressed that "the nursing profession is becoming a career for the unemployed rather than being seen as a vocation" (Dentlinger 2004). She further stressed that "Namibian nurses have at least more benefits, such as overtime and other allowances more than other nurses in Southern Africa" (Dentlinger 2004). Salary should thus not have been an issue, but then, it was the assumption of this study that the perception of low salaries still prevails, which is topped up with claims for overtime duties.

The study shows that in order of preference, nurses rated salaries at number five out of all the extrinsic factors. That meant that it does not play such a substantive role in motivating them. This was substantiated by a question asked whether the salaries and

overtime payments were important for performance, which fifty-two percent stated it to be crucial. The percentages were thus almost at par as forty-eight percent responded that salaries and overtime has indeed a crucial role to play. Management and employers have discovered that salary is important but is not sufficient to motivate individuals to excel in their work or commit themselves to specific tasks (Ferguson et al 1982:207).

With specific regard to overtime duties, the majority (60%) of the nurses in this study regarded these duties to be a necessity. Wages are a classical example in the studies of motivation as extensively debated on by Vroom (1964). According to Vroom, wages represent an almost universal form of inducement for individuals to perform (Vroom 1964:252). It is the nurses' opinion that overtime duties are done due to the following reasons; staff shortages (84%), to provide a service (54%) and to earn extra money (30%). It is conclusive here that most overtime duties are done, because there is a lack of personnel to perform the required duties, making them to work more hours to keep service delivery up to standard. Such is evident when nurses are called in to work during their off days or to perform the normal Sundays and public holiday work as well. When they were given options as to what they will do when overtime payments are stopped, it was strongly stated (40%) that they will suggest for salaries to be increased, others said that they will stay in the profession (30%) and nineteen percent (19%) said they will do nothing about it. It is the conclusion drawn here that overtime is highly regarded as an addition to the salaries and it is the assumption that it is budgeted for every month as a fixed salary.

4.3. SUPPORT PROGRAMMES

The theory of McClelland concludes that there are basically three major needs that motivate people; power, affiliation and achievement. In the context of this study the need for affiliation is dominant. It is thus a fact for people who mostly have affiliated-oriented needs according to the motivational needs theory of McClelland that they focus their energies on friends, families and associates, resulting in their overt productivity to be less (Marrelli 1997:237). Interpersonal relation was highly rated by the nurses as the

most important extrinsic factor with a total of fifty-seven percent (57%). Due to the energy flow that is geared towards associating, the chances that nurses will be motivated for a longer period are slim. This will mean constant attention in motivating nurses is needed, even to curb stress, burnout and depression, especially when stress related issues are common amongst nurses. Evidence shows that one third (30%) of nurses experience stress often and thirty-four percent (34%) experience it sometimes.

Since the overt productivity of nurses as a result of affiliated oriented needs will mostly be less, they can be more prone to experience negative feelings at work. Figures from the study show that the following factors are possible contributors of negative feelings (stress and burnout); the work load (68%), staff shortages (67%), working environment (41%) and attitudes of patients (19%). The secondary respondents have more or less of the same contributors which included the HIV/AIDS pandemic which they stated to be worse for the nurses as they deal with it everyday and when they themselves are affected and infected. Staff shortages, long working hours (when they are away from their families and their responsibilities and causes family problems), the demand from the communities and the expansion of services without complementary staff members are also some of the factors.

In addition to that, nurses also claimed that the most challenges in practicing contemporary nursing are shortages of staff (73%), the scourge of HIV/AIDS (43%) and the complexity of diseases in general (39%). For the secondary respondents such challenges were the burden of diseases, higher expectations from the employers and the new developments in the nursing field. Such also place additional demands on nurses and will thus need adequate support services to boost their motivational levels.

Evidence shows that when the nurses were asked about their awareness of support programmes, a massive eighty-one percent (81%) said that they were not aware of any with only nineteen percent (19%) affirming that they are aware. It is the conclusion of the study that such also places demand on the nurses which extends to negative feelings like low motivation levels. When they have negative feelings the

respondents said that they would see the following; a friend (64%), a fellow worker (colleague) (64%) or a family member (40%). They would rarely opt to consult a doctor (20%), a counselor (21%) or go for extra-mural activities (20%), but such support programmes should be readily available.

Secondary respondents were concerned about the fact that there are more or less no support programmes for nurses. Given a set of choices, nurses chose to above all have a tea room with relaxation facilities (50%) where they could go and unwind. Also a common room with a television and sofas (22%) was chosen. When they were not given a choice they then opted for the following support programmes to be introduced; a charter for nurses, psychological and social work counseling services, alcohol anonymous services, standard tea room like the one in ward 2A at the KSH, common rooms with a television and sofas and a garden, employer to introduce regular programmes to visit employees when they are sick and to install modern medical apparatus. On the other hand, the secondary respondents called for the following; a system of peer counseling, a programme called "free to grow", staff exchange programmes within or outside of the country to learn from experiences, conduct more in-service training, introduce programmes to address HIV/AIDS at the workplace, counseling services, end of year functions for socialization and to organize public lectures on topical issues. It should be around these programmes which both the primary and secondary respondents concurred on that the employer should be considering introducing or strengthening, so that nurses and their supervisors have avenues to turn to.

4.4. CONCLUSIONS

The theory of Herzberg concluded that staff members are motivated by both the intrinsic and extrinsic factors of motivation, whereby the former are motivators and latter are hygiene factors, which does not result into motivated staff members, but rather only causes dissatisfaction when they are not present. An important extrinsic factor mostly used by employers is salaries and financial rewards to motivate their staff

members. Herzberg believed that "money alone will not do the job" (Herzberg et al 1964:118) and that for him money or salary is not to be conceived as a source of happiness or motivational factor, but only to be taken as a dissatisfier. On the contrary Herzberg also concluded that, salary although primarily a hygiene factor may become a motivational factor in the form of recognition for achievement (Gebhart 1982:9). It is advised that it should be used in conjunction with other types of rewards.

The conclusion from this study revealed that nurses in the KSH and WCH are motivated by the dual factors of Herzberg's Theory (i.e, motivators and hygiene factors). According to the literature in Chapter Two and data presented in Chapter Three, the most dominant factor turned out to be the intrinsic factor, where both respondents stated that they value work itself, responsibility, recognition and achievement above all others. Dieleman (2003) concluded that health workers are motivated by recognition and respect from managers and colleagues and by the community. He further states that the appreciation of the community is an important motivational factor for health workers and feedback mechanisms from the community to health workers should be flowing at all times. It is the responsibility of the employer that since both respondents regard especially the intrinsic factors to be more motivational, improvements should be made accordingly. The employer should ensure that an intrinsic environment is created and cultured, where nurses are indeed motivated for proper health service delivery and for goals to be achieved. Such is especially done through the managers/supervisors as it is vital part of their duties to keep employees motivated. When managers expect their subordinates to put more effort in their work as a result of improved working conditions it would not lead to motivation, but simply serve their need to avoid pain, whilst positive results will come from programmes designed to give workers increased responsibility and better recognition and these will serve their need to self actualization (Warr 1971:293).

The secondary respondents especially concluded and were indeed concerned that the nurses not only at the KSH and the WCH, but countrywide are extremely de-motivated. The factors causing this are imbedded in the increasing work load due to

staff shortages, the burden of diseases, long working hours away from their families, increasing nursing programmes without complementary staff members, the scourge of HIV/AIDS, etc. Finally, appropriate supervisory support and guidance are necessary for the employees to be motivated to perform (Misra & Kanungo 1994). In the final analysis, the study calls for the need to introduce support programmes which are important as they are currently not known by the nurses.

4.5. RECOMMENDATIONS

This section offers recommendations that are hoped to receive the attention of policy makers, which shall serve to enhance opportunities for policy formulation to attain motivated nursing personnel in the public sector. Since the study revealed that significant low motivational levels do exist amongst the nurses in KSH and WCH, these recommendations hope to provide necessary measures to the management of the two hospitals to improve its nursing personnel work behaviour. The discussions and conclusions of this study revealed that both intrinsic and extrinsic factors of motivation play a major role in motivating nurses. It is the aim of this study that through recommendations a contribution towards improved working behavior will be achieved.

- According to the findings of the study, motivational levels of nurses at the KSH and WCH are indeed low and several factors as outlined in the discussion section have contributed to this. Since the intrinsic factors play a prominent role in motivating nurses, supervisors should be well trained into finding means and ways within and outside the organization to aid in motivating their subordinates. The process of implementation should be followed up, at least from the senior managers' level, especially for sustainability.
- The study reveals that salaries are not currently a substantive factor in motivating nurses, but then mechanism should be introduced to complement it with proper rewards, especially for those that are not involved in overtime duties, to boost their morale as well. A motivated nurse is vital for positive work output, to improve it –

policy makers and managers should consider recognizing employees with non-financial as well as financial incentives.

- Policy makers and managers should introduce and implement performance management appraisal systems, especially at the individual levels. Such systems or programmes are a necessity at the work place where supervisors are urged to be impartial at all times when assessing their subordinates.
- Supervisors should cultivate good and healthy working relationships amongst themselves and their staff members to improve staff morale and motivation.
- The employer should ensure that advancement and growth opportunities are made available to all to partake to enhance motivation.
- The needs for achievement and recognition stood out from both the nurses and the stakeholders, thus a policy decision should be initiated to ensure that a conducive environment is created that fulfill these needs. Both the needs of the employer and the employees should be incorporated when planning for such activities so that both benefit from it.
- In view of the staff shortages, which is indeed a common phenomenon in the nursing field worldwide, adequate and proper support services/programmes should be introduced to both the supervisors and their subordinates to use when they are in need. Such programmes should take a holistic approach by focusing on all the functioning of a staff member. The employer in conjunction with designated training institutions is urged to look into mechanisms to training more nurses to alleviate the workload brought about by staff shortages.
- In the final analysis, the employer in collaboration with the employees should arrange for public lectures or presentations on topical issues, so that those that are not accommodated in workshops and seminars can enrich themselves with updated knowledge.

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APPENDIX I

1. RESEARCH METHODOLOGY AND DESIGN

1.1. Research Design

Research design is "the planning of any scientific research from the first to the last step" (Bless & Higson-Smith, 1995:63). It is the plan or programme that has guided the researcher in the collecting, analyzing and interpretation of the collected data. The study has employed both the qualitative and quantitative methods of research in the form of the exploration design, as there was little information on the subject. The explorative research design refers to when the researcher needs to become familiar with the basic facts, people and concerns involved (Neuman, 1997:19). This method was in particular chosen by the researcher in an attempt to gain primary insight into the factors motivating nurses as there was no secondary data available in the area of interest amongst the nursing profession in the Khomas Region.

Further to that, a triangulation method has been applied between the two study groups (nurses and collectives). Triangulation is defined as the combination of two or more theories, data sources, methods or investigators in the study of a single phenomenon" (Denzin, 1970 as cited by Kimchi et al, 1999:65 and Tarling & Crofts, 1998:XVI). In this study, the data triangulation method was applied in the context of different persons where the use of multiple data sources with similar foci was used to obtain diverse views about a topic for the purpose of validation (Kimchi et al, 1999 & Murphy as cited in Downs, 1999:68).

1.2. Research population and sampling

It is stated that "a research population refers to the entire group to which the results of the research are to apply" (Presly, 1996:15). In this study, the research population consisted of the registered, enrolled and assistant nurses who are practicing at the Katutura State and Windhoek Central Hospital and the managers of nursing services

in the ministry of Health and Social Services. It further extends to the members of the Nursing Board of Namibia, the Faculty of Medical & Health Sciences and the Namibian Nursing Association, as stakeholders. The general study population was chosen due to the nature and content of the subject, the experience and expertise in the field of nursing.

According to Bless & Higson-Smith (1995:85) the sampling theory "is a technical accounting device to rationalize the collection of information, to choose in an appropriate way the restricted set of objects, persons, events and so forth from which the actual information will be drawn. Sampling is further simplified as a process of selecting a subset of objects from a larger set of objects (Tarling & Crofts, 1998). The ideal sample for such a selected group of respondents, suitable for a quantitative study was 98 in total out of about 986 nurses, which represented ten percent (10%) of the study population(these figures were as of July 2004). The purposive or judgmental sampling method was employed, which is defined as "where the researcher can use his/her research skill and prior knowledge to choose respondents" (Bailey, 1994:96).

The following table indicates how the total numbers of primary respondents (nurses) were selected:

Nursing Cadre **RN = Registered Nurse**	**KSH**	**WCH**	**Total respondents to collect data from**	**10% of the 986 respondents for a representative sample**
Chief Control RN	0	1	1	**0.1%**
Senior Control RN	1	0	1	**0.1%**
Control Registered Nurse	2	2	4	**0.4%**
Chief Registered Nurse	6	10	16	**1.6%**
Principal RN	14	19	33	**3.3%**
Registered Nurse	230	239	469	**46.9%**
Enrolled Nurse	114	267	381	**38.1%**
Nursing Assistant	81	0	81	**8.1%**
TOTAL	**448**	**538**	**986**	**98.6%**

These figures were as of July 2004 when the figures were collected from the nurses who were in services at that time and it totaled to ninety-eight (98) respondents. This was divided into 44.8% respondents from Katutura State Hospital and 53.8% from Windhoek Central Hospital.

1.3. Data collection

The data were obtained from two groups of respondents: nurses and stakeholders. Interviews on a one-on-one basis were conducted with stakeholders through the usage of a check listed questionnaire. A survey questionnaire was used to collect data from the nurses where they administered it to themselves. The questionnaire used for the nurses constituted structured, unstructured and multiple choice questions, where the later was in the form of providing ranked answers. These mixture questions were meant to maximize the information collected. A constraint here was that the nurses were available but, it was some how difficult to have them complete the questionnaire there and then, due to staff shortages and the subsequent workload. It was then left in the care of their supervisors to ensure it. Both these questionnaires are attached as Appendix II and III.

1.4. Processing and analysis of data

The data collected was analyzed manually using very strict adherence disciplines especially where a question was not answered. The actual interpretation was made through the use of qualitative methods in the form of analyzing the findings critically and providing a descriptive presentation of the collected quantitative data. The service of an experienced researcher (someone who is doing research professionally) was used to crosscheck the analysis methods employed.

1.5. Pilot study

According to Fulbrook (1996:285) "a pilot study is necessary prior to commencing of the main study to test the ability of the researcher to obtain accurate

data". To make the data collection techniques more user-friendly it was distributed to both primary (nurses) and secondary respondents (stakeholders). There were some questions that were redirected to be more accommodative by indicating the alternatives to specify other or never and in some cases where two questions were requesting for more or less the same reply, the researcher was also advised to merge them.

It is worthwhile to mention here that the Research Management Committee of the Ministry of Health and Social Services also made their valuable inputs into the questionnaires which were incorporated accordingly. The pilot study was thus effectively used to obtain suggestions, to adjust the questioning style in aid of collecting the desired data for the study, the language usage as well as the content accordingly.

1.6. Ethical considerations

Ethical considerations were taken into account in this case for the protection of respondents' human rights, to include the rights to self determination, privacy, anonymity, confidentiality, fair treatment and protection from harm (Grant & Massey 1999:130). Permission to conduct the research was requested from the Ministry of Health and Social Services through the Research Management Committee (copy attached as Appendix IV) as stipulated in the Research Management Policy (MOHSSb 2003:16), and thereafter, separate permission was also requested and granted from the two Senior Medical Superintendents for the researcher to distribute the self administered questionnaires to the nurses (Appendix V & VI). The same was requested from the Nursing Board of Namibia, Namibia Nurses Association and the Nursing Services within the Ministry of Health and Social Services (a standard permission letter is attached as Appendix VII).

The data collected reflected the respondents' rights by giving them liberty to take part in the study or not, not to provide their identities on the questionnaires and through a thorough introduction whereby the researcher informed them of the purpose of the study and assured them of the utmost confidentiality of the information that they will be providing. It was also vital for the researcher not to have introduced herself as working

in the Office of the Permanent Secretary to avoid false representation as this study is solely for academic purposes.

1.7. Scope and limitations of the study

The geographical area for the study was Windhoek, in the Khomas Region of the Republic of Namibia. This area was chosen because, it offers various challenges, has pressures of city life and central to this is the diverse culture mixture amongst the nurses and their clients, making a variety of demands from nurses as they practice their profession. The geographical area of Windhoek is vast and densely populated, making this study to only be confined to nurses practicing at the following public health facilities of the Ministry of Health and Social Services, which are the Katutura State and Windhoek Central Hospitals. The nature of such limitations is brought about by resource constraints in the form of time, money and human resources, which made the researcher unable to cover the whole area of Khomas Region.

Data were collected from all the nursing cadres who were on duty during the days of data collection, which were from 28 September to 13 October 2004. The task of data collection was indeed challenging, but a learning process. Yet again, it is the conviction of the researcher that despite the confined study area, the results can be generalized to the entire public facilities in Windhoek as differences shall not be that great, because the characteristics of facilities are indeed similar.

APPENDIX II

Questionnaire for the Primary Respondents (Nurses)

An Analysis of the Factors Motivating Nurses in Selected Health Facilities in the Khomas Region

Thank you for taking time to complete this questionnaire. All the information gathered from you will be kept highly confidential and thus do not disclose your identity. Kindly state your honest opinions and read instructions thoroughly before placing an (x) in the appropriate box(es).

A - DEMOGRAPHIC INFORMATION

Q1. What is your sex?

Female	Male

Q2. What is your age category?

20-30	31-40	41-50	50 and above

Q3. What is your current work position?

Assistant nurse	
Enrolled nurse	
Registered nurse	
Principal Registered nurse	
Chief registered nurse	
Other specify.....	

Q4. Indicated your highest valid qualification.

Grade 12 or less	
3 years diploma	
4years diploma/degree	
Masters degree	
Other specify.....	

B - OCCUPATIONAL CHOICE

Q5. What made you pursue a nursing career? (tick only one)

Peer pressure	
A family member told you so	
No other option	
It was the fashionable career to pursue	
The salary is good	
Other specify.....	

Q6. For how long have you been in the nursing profession?

0-5 years	6-10 years	11-20 years	21 and above

Q7. In your opinion what makes you to still be in the nursing profession? (tick any two)

The good salary	
Conducive working environment	
For the love of the profession	
There are no other options	
You like working with patients	

C – PATIENTS CLIENTS

Q8. What influence do patients have on your performance?

High influence	Minimal influence	No influence at all	Do not know

Q9. What do you mostly expect of patients during and after providing them with a service?(tick only one)

To show a little appreciation	
To verbally express appreciation	
Not to say anything	
Just to cooperate with you	

D- TEAM WORK AND GOAL SETTING

Q10. Nursing is a team effort, how often do you feel as part of your team?

Very rare	Rare	Often	Very often

Q11. Employees are often driven by goal setting, how important is it to you?

Not important	Slightly important	important	Very important

Q12. Do you often set mutual and consultative goals in your division?

Yes	No

Q13. When these goals are set and achieved, what happens next?

Those you took part are recognized	
The next goals are set	
Continue with the same goals	
Reflect on previous goals and move forward	
Nothing is done	

Q14. Can you conclude here that goal setting and achieving it can lead to motivation at the work place?

No	Yes

E – EXTERNAL AND INTERNAL MOTIVATORS

Q15. It is concluded that nurses are basically intrinsically motivated, which ones apply the most? (Tick any three)

Achievement	
Recognition	
Growth	
Advancement	
Responsibility	
Work itself	

Q16. Amongst the list of external motivators, which ones apply the most in your environment? (tick only three)

Salary	
Security	
status	
Supervision	
Interpersonal relations	
Administration	
Working conditions	
Company policy	

Q17. How would you describe your present working environment?

Very poor	poor	satisfactory	good	Very good

Q18. Who should guarantee a conducive working environment? (tick only one)

The employer	
The supervisor	
Nursing manager	
Yourself	
A combination of ..... and.....	

Q19. How often do you receive professional support (supervision) from your supervisor?

Daily	Once a week	Twice in a month	Once a year	Never

Q20. What are the innate factors that motivate nurses to execute their duties? (tick any two)

The love of the profession	
Conducive working conditions	
The respect received from patients & family	
The good salary	
Other specify.....	

Q21. Are you of the opinion that supervisors have an important role to play in motivating their subordinates?

Yes	No

Q22. What other information can you provide the researcher generally about supervision at your work?

.....

.....

Q23. How important is growth and advancement for you?

Not important	Slightly important	important	Very important

Q24. What opportunities do you have for growth and advancement in the Ministry?

None	Very few	Many opportunities

Q25. What do you usually do to benefit from opportunities for promotion?

I wait to be promoted	
I apply where there are opportunities	
I take part in any activities organized for personal and professional growth	
I always wait for my supervisor to nominate me	
I do not take part even if nominated	

Q26. How often do you recognized for work done?

Very rare	Rare	Often	Very often

Q27. If ever you receive recognition, in what form is it?

Getting praises straight away	
Through a monthly or annual recognition event	
You get weekly notices for work well done	
Other specify.....	

Q28. What are the stumbling blocks preventing you to grow and advance?

.....

.....

Q29. Are satisfied with the overall work that you perform?

Yes	No

Q30. How often are you made to be responsible for your actions even if they are not favorable?

Always	Sometimes	Never

Q31. Have you ever been called to any disciplinary hearing for acting irresponsibly at work?

Yes	No

Q32. In your opinion, are there less disciplinary hearings held for those you are irresponsible?

Yes	No

F - SALARY AND OVERTIME PAYMENT

Q33. It is said that salary and overtime payments place a crucial role in nurses' performance in the Khomas region, what is your opinion on this?

True	False

Q34. Working overtime is regarded as a necessity in the nursing profession, what is your opinion?

True	False

Q35. In your opinion, why are overtime duties performed? (tick only two)

To earn extra money	
To provide a service	
Due to staff shortages	
Due to the time of the day	
Due to the day of the week	
It is compulsory	

Q36. If overtime is taken away as from next month, what will your reaction be?

I will quit nursing	
Remain in the profession	
Suggest for Salaries to be increased	
Do nothing	
Other.....	

G - FEELINGS OF WORK AND SUPPORT SERVICES

Q37 It is often proven that stress, but especially burn out is common in your profession, are you aware of it?

yes	no

Q38. If your answer is yes in question 37, how often does your colleagues experience it?

never	sometimes	Very too often	All the times

Q39. What are the possible factors that contribute to stress and burnout at the work place? (tick only two)

The working environment	
Attitudes of patients	
Working relations	
The work load	
The health risks at work	
Staff shortages	
Other specify.....	

Q40. Once you feel stressed or burnout, what do you do? (tick only three)

Talk to a friend	
Consult a counselor	
Absent your self from duty	
Talk to a fellow worker	
Talk to a family member	
Engage into extra-mural activities	
Get booked off by a doctor	
Do nothing hoping it will pass	

Q41. Are you aware of any support programmes available to you?

yes	no

Q42. If the answer is no, what should be introduced?

.....

.....

Q43. If the following is introduced at work, which one will you opt for? (tick only one)

Tea room with relaxation facilities	
Extramural activities	
A common Room with a TV and sofas	
A meditation room	
Other.....	

Q44. When last in the last ten years did you receive any form of training?

Six months ago	two years ago	five years ago	Seven years ago	ten years ago

Q45. According to your perspective, how would you rate the work itself?

Not important	Slightly important	important	Very important

Q46. What has been the most challenge to you in practicing contemporary nursing? (tick only two)

The complexity of diseases	
The shortages of nurses	
The complexity of nursing programmes	
The scourge of HIV/AIDS	
The constant need to work overtime	

THE END! THANKING YOU VERY MUCH FOR YOUR PARTICIPATION!!!

Appendix III

Questionnaire for Secondary Respondents (stakeholders)

An Analysis of the Factors Motivating Nurses in Selected Health Facilities in the Khomas Region

Checklist of Administered Questions for Secondary Respondents (Stake Holders)

Q1. State your organization and position.

Q2. In your opinion what important role does motivation play in an organization?

Q3. What are the boldest reasons for the low motivation amongst nurses in the Khomas Region?

Q4. Indicate the most relevant intrinsic and extrinsic motivating factors that apply to nurses in the Khomas region. (choose only top three).

Intrinsic		**Extrinsic**	
Achievement		Salary	
Recognition		Security	
Growth		Status	
Advancement		Supervision	
Responsibility		Interpersonal relations	
Work itself		Working conditions	
		Company policy	

Q5. State the reasons for your answer in Question 4.

Q6. What impact does occupational choice of nurses have on their motivation?

Q7. It is concluded that patients/clients have a very important role in motivating nurses, in what way would you compare this to the situation in the Khomas Region?

Q8. What are the major contributors of stress and burnout amongst nurses?

Q9. Nursing is about team work and goal setting, how would you rate that in percentage?

Q10. What have been the *major challenges* in nurses practicing contemporary nursing?

Q11. What *programmes* are or should be in place to aid in motivating nurses at the work place.

Q12. What *activities* are or should be in place to aid in motivating nurses at the work place.

Q13. Who should be responsible to keep employees motivated?

Q14. Would a policy be a solution to motivational problems in an institution or organisation?

Q15. If your answer is yes in Q14, what type of a policy would you suggest?

APPENDIX IV

Permission letter to conduct research from Ministry of Health and Social Services

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: (061) 2032507
Fax: (061) 227607
E-mail: sowoses@mhss.gov.na

Enquiries: Ms. S. Owoses **Ref.:** 01/9/04/AP **Date:** 15 September 2004

OFFICE OF THE PERMANENT SECRETARY

Ms. E. Kabaru
P. O. Box 862
Windhoek

Dear Ms. Kambaru,

AN ANALYSIS OF THE FACTORS MOTIVATING NURSES IN SELECTED HEALTH FACILITIES IN THE KHOMAS REGION

1. Reference is made to your application to conduct the above-mentioned study.

2. The proposal has been evaluated and found to have merit.

3. Kindly be informed that approval has been granted under the following conditions:

3.6. The data collected is only to be used for your Masters degree;
3.7. A quarterly progress report is to be submitted to the Ministry's Research Unit;
3.8. Preliminary findings are to be submitted to the Ministry before the final report;
3.9. Final report to be submitted upon completion of the study;
3.10. Separate permission to be sought from the Ministry for the publication of the findings.

Wishing you success with your project.

Yours sincerely,

MINISTRY OF HEALTH AND SOCIAL SERVICES REPUBLIC OF NAMIBIA

DR. K. SHANGULA
PERMANENT SECRETARY

Directorate: Policy, Planning and HRD
Subdivision: Management Information and Research

APPENDIX V
Permission letter to interview nurses at the Katutura State Hospital

9 - 0 / 0001

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Enquiries : Dr. H.N. Nkandi-Shiimi
Tel. No. : 203 4001

Senior Medical Superintendent
Katutura State Hospital
Private Bag 13215
WINDHOEK

27 September 2004

Ms. E. Kambaru
PO. Box 862
WINDHOEK

RE : REQUEST TO INTEVIEW NURSES AND OTHER PERSONNEL :

I am writing to respond to your request on the above subject.

My office has no objection to your request to interview nurses. Please be advised that you should make arrangements with the Matron's office in order to work out modalities on how to go about this without interference with the smooth running of daily activities on patient care.

Wishing you well.

Yours sincerely

MINISTRY OF HEALTH AND SOCIAL SERVICES
PRIVATE BAG 13215
2004 -09- 27
WINDHOEK 9000 NAMIBIA
KATUTURA HOSPITAL

DR. H.N. NKANDI-SHIIMI
SENIOR MEDICAL SUPERINTENDENT

cc: Dr. Tobias

APPENDIX VI

Permission letter to interview nurses at the Windhoek Central Hospital

P.O. Box 862
WINDHOEK
NAMIBIA

20 September 2004

The Senior Medical Superintendent
Windhoek Central Hospital
WINDHOEK

22/9/04 Approved.

Dear Dr. Vries

REQUEST FOR TIME TO INTERVIEW NURSES AND OTHER PERSONNEL RELATED TO NURSING SERVICE PROVISION IN WCH

I, E.K. Kambaru, an employee of the MOHSS, am currently enrolled in a postgraduate programme of Masters in Public Policy and Administration at the University of Namibia in collaboration with the Institute of Social Studies in The Hague, Netherlands.

As partial fulfillment of my studies, I am required to conduct a research, which shall be an *"An analysis of the factors that are motivating nurses in selected health facilities in the Khomas Region"*. These selected health facilities are that of Katutura State and Windhoek Central Hospitals. I was already granted permission (as per attached letter) by the Ministry's Research Committee to conduct this research solely for academic purposes. This committee has thus viewed the research proposal and data collection tools accordingly.

It is in light of the above mentioned, that I write to you to grant me time to personally distribute questionnaires to at least 50 nurses in your respective hospital and to personally interview some of the personnel in the Nursing Services through a checklist of set questions. It is with your permission that I shall plan to have this work done between 27 September to 1st October 2004. I shall thus include the research proposal for your convenience.

Thanking you for your consideration and I solemnly await for your earnest response.

Sincerely yours,

EMILIE KAMBARU
RESEARCHER

APPENDIX VII
Standard letter to request permission for research from stakeholders

P.O. Box 862
WINDHOEK
NAMIBIA

24 September 2004

The Secretary
Nursing Board of Namibia
37 Schonlein Street
Windhoek West

Tel/fax: 245586

Dear Ms G.N.N. Mubale

REQUEST FOR PERMISSION TO COLLECT DATA FROM ONE MEMBERS OF THE BOARD

I, E.K. Kambaru, is currently enrolled in a postgraduate programme of Masters in Public Policy and Administration at the University of Namibia in collaboration with the Institute of Social Studies in The Hague, Netherlands.

As partial fulfillment of my studies, I am required to conduct a research, which shall be an *"An analysis of the factors that are motivating nurses in selected health facilities in the Khomas Region"*. The research has already been approved by UNAM Post Graduate Committee and the Research Committee of the Ministry of Health and Social Services after reviewing the research proposal and data collection tools.

It is in light of the above mentioned, that I request permission from you to personally interview a member of the Board. This will be done through a check list of questions to be administered by the researcher, which shall take approximately thirty minutes. It is planned for this activity to take place between 27 September and 1st October 2004. I have included the research proposal for your convenience.

Thanking you for your consideration and I solemnly await for your earnest response.

Sincerely yours,

Emilie Kambaru
RESEARCHER