

**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**MASTER OF PUBLIC ADMINISTRATION PROGRAM**

**AN ANALYSIS OF FACTORS AFFECTING PERFORMANCE  
OF NURSES IN PUBLIC HOSPITALS AND HEALTH CENTRES  
IN ADDIS ABABA**

**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES, ADDIS ABABA  
UNIVERSITY, IN FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE  
MASTER OF ART IN PUBLIC ADMINISTRATION**

**Prepared By: Nebiat Negussie**

**Advisor: BT. Costantinos (PhD)**

**December 2010**

**Addis Ababa**

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**BY: NEBIAT NEGUSSIE**

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## **Abstract**

It is widely accepted that health systems are not producing the desired output of health interventions due to factors such as insufficient skilled and experienced health personnel, health personnel that lack motivation, lack of management skills, poor working conditions and environment, and inadequate remuneration.

This study explores the factors that positively as well as negatively affect performance of nurses who are working in hospitals and Health centers administrated by Addis Ababa Health Bureau with the endeavor of providing a recommendation for improving the performance of nurses. The study followed a quantitative research approach using an explorative descriptive design. A survey method using questionnaires was applied. The response to the study was positive as a response rate of 85% was obtained.

Baseline results revealed various factors, which affect performance. The study revealed that hospitals and health centers administrated by Addis Ababa health Bureau have major deficiencies in human resource management aspects such as to remuneration, benefits, reward, recognition, knowledge and skills base, staff development, Management skills, and competencies. These aspects are strongly associated with level of performance of health personnel.

Based on the results, recommendations were proposed: enhancing the nursing profession; strengthening knowledge and expertise, including management skills; improving performance; and generating knowledge through research.

# Chapter One

## Introduction

### 1.1 Background of the study

Improving the productivity and performance of health workers to ensure that health interventions are efficiently delivered continues to be a major challenge for African countries. Developing capable, motivated, and supported health workers is essential for overcoming bottlenecks to achieve national and global health goals. At the heart of every health system, the work force is central to advancing health. The performance of a health organization depends on the knowledge, skills, and motivation of individuals. It is therefore important for employers to provide suitable working conditions to ensure that the performances of employees meet the desired standards. It is widely acknowledged that health workers are not producing the desired output of health interventions.

Many have reflected on this problem. For example WHO ( World Health Organization) has identified a threshold in workforce density below which high coverage of essential interventions, including those necessities to meet the health-related Millennium Development Goals (MDGs), is very unlikely. Based on Samuel et al., (2007:217) there are 57 countries, including Ethiopia, with critical shortages equivalent to a global deficit of 2.4 million doctors, nurses, and midwives. The document released by high-level forum on health Millennium Development Goal in 2004 (WHO,2004:2) stated that progress on the health MDGs is too slow, particularly in poor countries. Midway through the period 1990-2015, no country in sub-Saharan Africa is on track to reduce child mortality by two-thirds and globally, progress to reduce child mortality is getting slower.

The document also stated that currently, interventions are failing the reach the most vulnerable groups, and there is a human resources crisis in health that must be urgently addressed. This showed insufficient health personnel in terms of numbers and level of performance is one of major constraints in achieving the minimum development goals for reducing poverty and diseases. The forum has proposed some recommendations to alleviate this situation: improving

motivation, retention, productivity and performance of the health workers, and mobilizing trained staffed who are unemployed or working in other sectors to return the health sector (WHO, 2004: 2).

Health workers are at the core of health systems everywhere. Where there are health worker shortcomings, health systems will suffer, resulting in preventable death and disease. Where health workforces are in crisis, health systems will be in crisis.

In Africa, a mere 1.3 percent of the world's health workers struggle against all odds to combat fully 25 percent of the global disease burden. An eminent group of more than 100 global health experts estimate Africa's shortage of health workers at 1 million; others estimate the shortage to be even greater than 2 million. While the numbers and types of health workers vary by country, these statistical snapshots leave no doubt as to the scope of the crisis (HealthGAP,2005:1).

Furthermore health care in Africa faces difficult challenge such as shortage of health workers, increases cases loads for health workers due to migration skilled health personnel, and the double burden of disease and HIV/AIDS scourge that affects both the general population and health personnel. A prerequisite for a well functioning health system is a well-motivated staff that carries out their work according to the standards set by the organization (Awases, Gbary and Chatora 2004:53-57). This entails that human input in terms of work by well-motivated and productive human beings will yield the required results.

Ministry Health of Ethiopia including Regional Health Bureaus have same concern as other African countries are to ensure that a well functioning health system is available to promote the health well being of all Ethiopians.

This study is intended to identify and analyze factors that negatively and positively affected performances of nurses in hospitals and health centers, which are administrated by Addis Ababa Health Bureau.

### **1.1.1 Epidemiological Profile**

Communicable diseases account for greatest proportion of diseases burden. About 75 percent of the endemic diseases in Ethiopia are communicable and potentially preventable. Major problems amongst these include hygiene related diseases, malaria, tuberculosis and sexually transmitted diseases such as HIV, syphilis (Tasew, 2003:1). Malaria also major problem, Ethiopia is also one of the most malaria-epidemic prone countries in Africa and malaria contributes up to 20 percent of under-five deaths. Tragically, mortality rates of an extra 40,000 children are not uncommon in epidemic years (UNICEF,2007). Tuberculosis (TB) has also contributes significantly to country's health problems. Based on Ministry of Health, the number of Tuberculosis patients has increased from time to time. For example in 1998/99, 71,331 TB patient were detected but after 9 years in 2007/08 the number of Patients reached to 138,960 (MOH, 2008:37 ).

When we see hygiene related diseases, Cholera is major epidemic of diarrhea disease commonly occur in the region. The last officially reported cholera outbreak occurred in 2004, in which 16 cases were reported. An outbreak of Acute Watery Diarrhea (AWD) started in April 2006 and as of March 2007 had registered > 60,000 cases and > 600 deaths (WHO, 2007:27).

Non-communicable diseases are become a threat for public health. Ministry of health documents expressed that the following major non-communicable diseases are given more attention: injuries and violence, mental and neurological disorders, cardio-vascular diseases, diabetes mellitus, chronic obstructive pulmonary disease, and cancers (MOH, 2005:43).

When we see the epidemiological profile of Addis Ababa city, the city health bureau has identified and ranked top 10 diseases that cause morbidity. See following table: (Addis Ababa Health Bureau, 2008).



**Table 1.1 Top 10 Diseases causing morbidity in Addis Ababa city**

<b>Rank</b>	<b>Number of Patients</b>	<b>Diagnosis</b>
1	56970	Acute upper respiratory infections
2	27835	Bronco- pneumonia
3	17597	Other helminthes
4	12665	Gastritis and duodenitis
5	9240	Infection of skin and subcutaneous tissue
6	9032	Inflammatory diseases of the eye
7	7280	Hypertrophy of tonsils and adenoids
8	6235	Other toxemia
9	6213	Muscular rheumatism and rheumatism unspecified
10	5194	Acute bronchitis

### **1.1.2 Health Care System**

Based on Engelbrecht (2007:30-31), Ethiopia has a four-tier health system:

1. Primary Health Care Units, incorporating the former health centers, health posts, and health stations: These comprise a health centre and an average of five satellite health posts providing comprehensive and integrated primary care services, as well as minor surgery and life-saving emergency operations. When the Health Service Development Program Health Sector Development Program is fully implemented, a health centre will serve 25,000 people. Each health post will have two extension health workers who receive one year training. They are be deployed in villages to provide basic curative and preventive health services. In the context of the increasing demand of health services, mainly maternal/ childcare and reproductive health services, community level service provision is much needed.
2. District Hospitals incorporating the former rural hospitals, providing comprehensive outpatient and in-patient services (with a minimum of 50 beds) with some serving as training centers for front-line health workers.
3. Regional Hospitals or Zonal Hospitals which provide specialist services in the four basic specialties as well as clinical training for nurses, health officers and paramedics; and

4. Specialized Hospitals provide sub-specialist care as well as clinical training for Health Officers, General Practitioners, and Specialist Doctors.

The aspect of health management and support within the health system is operated in accordance with the decentralized administrative structures. Since 2007, the decentralization process has been expanded to district level. Primary responsibility for service delivery and management is now shifted towards district health offices (before regional bureaus). District health offices are responsible for the management and coordination of primary health care delivery in their respective areas. Supportive and educational supervision is undertaken at all levels, from the Federal Ministry of Health to district health offices. In addition, responsibility for logistical support is shared among the Federal Ministry of Health, the regional health bureaus, and district health offices (ibid).

Data from Centre for National Health Development Ethiopia differs slightly in number of health facilities and staff compared to World Health Organization. There are 138 hospitals, 635 health centers, 5,955 health posts, 1,206 health stations owned by the government, while there are 2264 private clinics, 246 pharmacies, 476 drug shops and 1,754 rural drug vendors. The technical work force in service is around 40,000 (2,115 physicians, 715 health officers, 17,845 nurses, 8901 health extension workers, 4,800 health assistants and 5,431 paramedics), with one physician for 35,493 people and one nurse for 4206 people. However both Ethiopia and WHO acknowledged the shortage of skilled staff to deliver health services and unequal distribution of health facilities (ibid).

**Fig 1.1: Hierarchy of health system in Ethiopia**



When we see Addis Ababa health care system, the Addis Ababa Health Bureau is authorized to organize, coordinate, and regulate public health activities in the city. Upon the re-organization and decentralization process of the Addis Ababa City Administration in 2003, a new structure has been put in place for the Bureau. The bureau was established in 1993 pursuant to the proclamation number 311/95 Addis Ababa City proclamation of municipality service No.2/1995. It has four line and five supporting departments at the headquarter level. Each line department has two teams under it, which perform the day-to-day activities of their respective departments. The five hospitals and the clinical Nurses' Training School are also accountable to the Bureau. The 10 Sub-city health departments that manage the city's health centers, clinics and health posts, are directly answerable to their respective sub-city administrations (Addis Ababa City Administration Health Bureau, 2008).

### **1.1.3 Development of human resources for health**

With regard to human resource development, the Federal Ministry of Health has recognized the problem and included the issue in all the three-phase of Health Sector strategy plan.

The main challenge for health service is shortage of human resources to deliver even basic health services. the physician to population ratio in Ethiopia the lowest in the world. Limited intake capacity of country higher institutions, HIV/AIDS and large-scale emigration of health workers to foreign country have played significant role for the problem (Engelbrecht, 2007:30).

The other major problem of human resource in health sector is the uneven distribution of health professionals between regions. If we leave out the main urban 'regions' (Addis Ababa, Dire Dawa and Harari), the emerging regions seem to have a better population/professional ratio. The reverse is true for specialists. Thus, in 2005 (and true for most years) there was no specialist in Gambella and Afar and limited numbers in Benishangul Gumuz (5 public health specialists) and Somali (13 of which four public health specialists). Many factors influence the geographical variation that is observed in health worker density. Areas with teaching hospitals and a population that can afford to pay for health services invariably attract more health workers than regions without such facilities or financial support. As a result, health worker density is generally

highest in urban centers where teaching hospitals and higher incomes are most common (Samuel, 2007:4).

To alleviate human resource development for health, currently Ministry of Health of Ethiopia has implemented three phased health sector strategy plan. In the plan, the following strategies are followed to alleviate the human resources problem (MOH, 2005:77)

- Increase the number and build the capacity of training institutions.
- Use the existing health institutions to train the health workers.
- Implement the Health Human Resource Development Plan.
- To improve the quality of training through provision of adequate number of skilled trainers, regular on-the-job training and fulfilling the necessary facilities for all training institutions;
- Establish a platform for the effective implementation of the Civil service reform program and introduce incentive packages;
- To improve the quality and management of clinical services;
- Consider gender equality on human resource development and management;

Furthermore, the government has taken some majors like expansion of pre-service education and training capacity for doctors and nurses. According to WHO and Global Health Work Force Alliance (2006:2) by 2009, Ethiopia aims to increase its annual medical student intake from 250 to 1,000, and to train an additional 5,000 health officers in order to assist this objective The St. Paul's Millennium Medical School and medical faculties at Bahir Dar and Haromaya Universities were opened in 2007. Motivate the health work force by establishing a rather comprehensive career structure, an improved salary scale, and other incentives are under study or being tried in the regions (Samuel, 2007; 217).

When we see the case of Addis Ababa, In 2008 there are 170 physicians, 88 Health Officers, 173 Pharmacists, 658 nurses, 53 Health Assistants, 196 laboratory technicians are working in health centers and hospitals administrated by city health bureau (Addis Ababa City Administration Health Bureau, 2008).

The Addis Ababa Health Bureau faces shortcomings or constraints. This include inter alia,

- poor management capacity at all levels,
- centralized structure that required the managers to deal with routine activities rather than policy and strategic issues,
- concentrating on curative services rather than preventive and primitive health service,
- lack of transparency and accountability,
- ethical problems among the health professionals,
- poor health information, monitoring and evaluation system,
- input orientation rather than concentrating on output/ outcomes, and
- lack of integration and coordination with development partners and professional associations;

These shortcomings resulted in poor health service delivery and quality care, not meeting the satisfaction level of the end users (Addis Ababa city health Bureau, 2008). Since 2008, The bureau has implemented a civil service reform program, to improve the above-mentioned problems. Even if the reform should consider both customer satisfaction and staff motivation issues, most of civil service reforms documents showed that the reform gave more emphasis on customer satisfaction rather than staff motivation.

It is essential for employers to ensure that the performance of employees is of a high standard. If this is not the case, measures should be put in place to detect and rectify the situation. It is necessary to improve the level of performance of first-line health workers or those who are continuously in contact with the clients, community and patients at all levels of health care.

## **1.2 Statement of the Problem**

Health care delivery is highly labor-intensive. The quality, efficiency, and equity of services are all dependent on the availability of skilled and competent health professionals when and where they are needed. It is essential that health workers be appropriately trained to deliver the required services at a high standard. The existing literature consistently report that African health workers are dissatisfied and lack motivation with the current situation (WHO, 2003:18). Many countries reported a decline in quality of health services, and long queues of clients and patients waiting to be seen (Awases, Gbary and Chatora 2004:58). In Addis Ababa, hospitals and health centers, which are administrated by Addis Ababa Health Bureau, the nurses and health care staff, who are supposed to be the backbone of

health services, are overworked and demoralized. They show signs of burnout and complain of non-recognition of the contribution they are making.

There is a growing anxiety about the poor quality of health services rendered to the population, even though the city endeavors to advocate for improved quality of services to be provided at health facilities in the region. It is clear that nurses have played a significant role in the provision quality health services for many years to come. The issues of performance and factors affecting performance are not adequately addressed in health centers and hospitals, which are administrated by Addis Ababa city Health Bureau. Therefore, it is necessary to generate relevant evidence through a detailed study to guide the city health Bureau and other stakeholders to develop strategies for improving the performance of health workers. The obvious solution is to develop strategies that will monitor the performance of nurses and suggest ways of improving their motivation and subsequently their performance.

### **1.3 Research questions**

In response to these concerns, a study is propose to answer these questions:

- Which factors affect the performance of nurses?
- Are nurse who are in management position equipped to facilitate good performance of their subordinates?
- Which strategies can be suggested to increase the performance of nurses?

### **1.4 Objective of the study**

#### **1.4.1 General Objectives**

The general objective of this study is presenting a human resources management strategies that can be used to monitor and manage changes in nurses' performance to improve the performance of nurses who work in Hospitals and Health Centers administrated by Addis Ababa city Health Bureau.

#### **1.4.2 Specific Objectives**

The Specific objectives of the study are to:

- Determine factors which positively and negatively affect the performance of nurses;

- Establish the skills and competencies for nurse who are in management position in order to facilitate good performance by their subordinates; and
- Propose strategies that could improve performance of nurses;

### **1.5 Significance of the Study**

This study is support Addis Ababa City Health Bureau to identify factors that affect performance both nurse and managerial nurses because *no previous research has been documented* in the Bureau concerning factors affecting the performance of nurses. It also encourages and motivates them to improve the overall performance of nursing personnel to contribute to the achievement of organizational goals.

### **1.6 Scope of the Study**

This study delimited on nurses' who are work in Health Centers and Hospitals administrated by Addis Ababa city Health Bureau. Two categories were included: The first groups are nurses working in different clinical wards under sub process. The second group includes managerial nurses (sub process coordinator and above managerial position).

### **1.7 Limitation of the study**

This study have some limitations like: it needed more fund than estimated in the proposal, the study also using two lengthy questionnaires totaling of 54 for nurses, 57 for nurses who are in management position questions. The lengthy questionnaires (response burden) could have caused nurses answers to vary due to time constraints, or the unwillingness of nurses to read each question before they responded.

Not all issues related to factors affecting performance of nurses may have been contracted with during this study. However, the study results and the instruments developed may serve up as a baseline for further research that may address aspects that may have been overlooked during this study.

## 1.8 Research Methodology

### 1.8.1 The Theoretical Framework

Bennett and Franco (1999:4) proposed a conceptual framework of factors that influence work motivation. This model expressed a complex web of links and interaction between work motivation, performance, and organizational factors within the health sector environment:

- *Workers' individual needs factors* such as goals, self-concepts, expectation, worker capability and worker experience of outcomes are some of the individual's determinants of motivation.
- *The organizational factors and systems* in which the worker is operating with inputs such as drugs, supplies, support and feedback will affect the outcomes of performance
- *The broader social and cultural factors* which is outside the organizational environment which include issues such as the interaction between health worker and the client, the expectations from the community on how health care services should be delivered may affect motivation for performance

The interconnection between social, individual and organizational factors has been recognized as a dimension of performance. According to Bennett and Franco (1999:4), the role of the organization is to communicate its goals, as well as the processes and resources for achieving these goals; additional goals are to put in place a system of feedback and to develop staff knowledge and skills. Bennett, Franco, Kanfer and Stubblebine (2001:1) mentioned that problems of low motivation identified in developing countries, results in lack of courtesy to patients, high level of absenteeism and poor quality of health care such as poor patient examination and failure to provide timely treatment to patients

Sharpley (2002:3) also proposes a model that identifies individual perceptions (self belief, anticipating success and critical thinking), experience of work (personal impact, competency, meaningful work, feedback, and discretion), work outcomes (job satisfaction, work stress, empowerment and motivation) as differences in individuals that affect their experience at work. In addition, organizational factors such as managerial support, colleague support and organizational culture are associated with high performance. According to him, interventions depend on all the



above-mentioned factors as well as the overall attitude and commitments by the organization which will eventually lead to the achievement of organizational goals.

The combination of two (the conceptual framework of Bennett and Franco (1999) and the model of Sharpley (2002)) were guided the study as well as the development of a framework for monitoring and improvement of performance of nurses. According to these two models, the variables and processes affecting performance of nurses would include job expectations or design; goals and objectives organizational culture and support; management style, feedback and communication; and the physical environment. Intrinsic factors such as motivation, self-perception, values and beliefs, incentives, rewards and employee benefits, knowledge and skills are also important.

### **1.8.2 Research Design**

The study followed a quantitative research model using an explorative and descriptive design. *Quantitative* is a process in which numerical data is used to obtain information and consist of descriptive, correlation, experimental and quasi-experimental research. *Descriptive* research is the exploration and description of phenomena in real situations. It allows the researcher to generate new knowledge of the subject by describing characteristics of persons, situations and the frequency with which certain phenomena occur (Burns & Grove 1993:37). The exploratory design allow the use of questionnaires to a large sample of the population and is therefore intent on finding facts, which relate to the field of study (Couchman & Dawson 1995:40). Exploratory research probes more by allowing for an in-depth exploration of dimensions of the phenomenon, including its manifestation and related factors (Enarson et.al, 2001:37). A survey method of data collection through questionnaires was used. According to Krishnaswami and Ranganatham (2007:52), the advantage of this method is that it is less expensive, permits anonymity and may result in more responses that are honest. Another advantage is that the researcher does not have to be present; this eliminates bias due to phrasing questions differently for different respondents.

### **1.8.3 Source of Data**

The study used both primary and secondary source of information. Primary sources of information were limited to questionnaires and unpublished dates, which are obtained from Addis Ababa Health Bureau. Secondary sources of information like research papers, published conference papers, speeches, web documents, books were used.

#### **1.8.4 Population and Sample**

The target population for this study included all nurses who have more than two years work experience and working in the 5 hospitals ( Ghandi Memorial, Zewditu, Yekatite, Ras Desta, and Menelik Hospitals ) and 24 health centers, which are administrated by Addis Ababa Region City Health Bureau. A stratified random sampling method was used in the study whereby the population were divided into two strata, one consisting of nurses who are working in difference medical wards and the other consisting of nurses who are in management positions (like sub process coordinators and above management position). The reason why this study targeted only and 2 years and above work experience that the theoretical framework, which guides this research, indicated that experience is one of factors affect the motivation health worker so the nurses who have less than 2 years experience may not know well the working environment in their organization. For category one, The sample population is included 35 percent (230) of nurses selected randomly. For category, two all the population of nurses who are in management position (managerial nurses) is small so it is preferable using census instead of sampling. Therefore, all 40 managerial nurses were included.

#### **1.8.5 Data Collection Instruments**

The study used a structured self-administered questionnaire were designed for collecting and recording data. The design of the questionnaire were guided by the objectives of the study and the literature research; it included open-ended and closed questions

#### **1.8.6 Data Analysis**

It is important to design a processing and analysis plan which should include issues such as sorting of data, performing a quality control check, data processing and data analysis. Descriptive statistics that include frequencies and percentages were used.

### **1.9 Thesis Organization**

The outlay of the research report included the following chapters:

*Chapter 1:* Introduction and orientation to the study: The issues concerning general information about Ethiopia especially health sector (including performance of nurses personnel) were

discussed. In addition, the objectives, theoretical framework and research design and techniques were explained. Detailed information about the population and sample, instrumentation used methods for data collection and analysis were presented.

*Chapter 2: Literature Review:* A literature review of relevant articles, journals, books, research reports and other information sources were conducted with the aim of establishing and identifying available knowledge and evidence on factors affecting the performance of professional nurses. Information sought included issues related to human resources management, performance management systems, including performance appraisals as well as aspects related to knowledge and skills, management skills and leadership.

*Chapter 3:* Analysis of data with regard to the questionnaires is presented.

*Chapter 4: Conclusions and Recommendations:* Results were discussed and compared; conclusions derived from the results. Recommendations and suggestions for further studies were outlined in order to improving of performance were proposed.

## **Chapter Two**

### **Literature Review**

#### **2.1 Introduction**

Health-care delivery is highly labor-intensive. The quality, efficiency, and fairness of services are reliant on the availability of skilled and competent health professionals when and where they are needed. It is necessary that health workers be appropriately trained to deliver the required services according to set standards. Because of critical shortages of certain key health workers, the challenge to health authorities is to ensure that the available health workers are appropriately skilled and motivated to provide effective health-care services to populations living in a vast geographical area. It is important now, more than ever, to assess the factors that positively and negatively affect the performance of health workers to ensure that they are optimally utilized.

#### **2.2 Theoretical Framework**

Even if the numbers of models that refer to factors related to performance of staff have been identified, for this study two are particular important, namely:

- Bennett and Franco's model on factors that influence work motivation in a health sector context, and
- Sharpley's perception, motivation, and performance model

##### **2.2.1 The Bennett and Franco's model on work motivation**

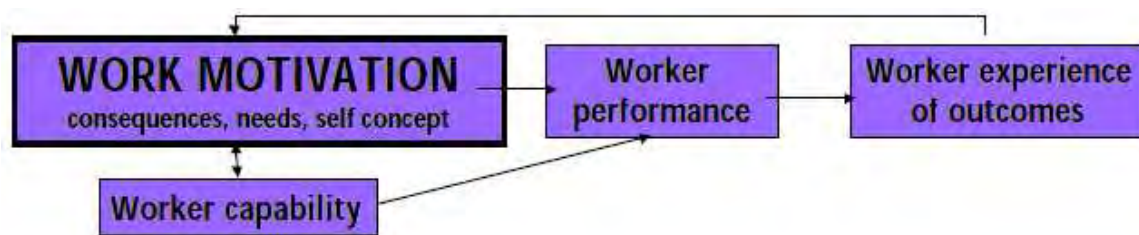
Bennett and Franco (1999:4) proposed a conceptual framework of factors that influence work motivation; the factors are identified as individual, organizational, broader social and cultural factors. This model focuses on motivation as the main factor that influences the level of performance of health workers. Let see each factors.

###### **2.2.1.1 Individual or Internal motivation process**

Workers' individual needs, self-concept, and expectations of outcomes and/or consequences are some of the more important individual-level determinants of work motivation, shown in Figure

2.1. These determinants coupled with the individual worker's technical and intellectual capacity perform and the physical resources at hand to carry out the task, lead to worker performance. Also affecting the level of motivation is a worker's actual experience of outcomes or consequences. These consequences can be observed effects of worker performance, direct feedback from supervisors or community, or rewards or punishments for work behavior (Bennett and Franco, 1999:3).

**Fig 2.1: The Internal Worker Motivation Process**



#### **2.2.1.2 Social and cultural factors**

The Bennett and Franco Framework emphasize the fact, apart from internal factors; there are numbers of other complex factors that significantly influence motivation. These are social and cultural factors and include issues such as community expectations, peer pressure, or social values of health workers and health managers, which may also contribute to an individual's motivation to work. The reason is that individuals are part of a larger community and may reflect the cultural beliefs of that particular community which may be in conflict with those of the organization; individuals' values are assumptions of their community in the workplace. Wider cultural values may translate into specific types of work behavior that clash with certain organizational policies. Individual workers whose values do not correspond to those of the organization may be less willing to commit to the organization personally (ibid: 17).

#### **2.2.1.3 Organizational factors**

Organizational factors that are linked to the day-to-day environment in which health workers carry out their duties and which may affect the level of performance include aspects of internal organizational structure such as clearly articulated goals, the human resources management style, information with regard to norms and standards, and support to the employee. Issues such as

delegation of authority, autonomy in undertaking tasks, supervision, systems of feedback, and availability of resources also affect staff motivation (ibid:8). The interconnection between the social, individual, and organizational factors has been recognized as a dimension of motivation that can eventually affect performance. Based on their framework (ibid:4), the role of the organization is to communicate its goals, the processes and resources for achieving these goals; additional goals are to establish a system of feedback and to develop staff knowledge and skills.

For instance Zurn, Dolea and Stilwell (2004:3), support the notion that motivation at work is *generally* believed to be a key factor in individual performance. They acknowledge that *evidence* supports the *connection* between job dissatisfaction, lack of motivation and intention to quit. They also stressed that since health care delivery is highly labor-intensive, health service quality as well as efficient and equitable distribution therefore will depend on health workers' willingness and ability to commit themselves to their tasks.

They also stated the difference among three factors that are believed to play a key role in performance of health workers and are similar to Bennett and Franco's conceptual framework of factors that influence work motivation. They are (ibid):

- Capability of staff to attend to their jobs (knowledge, skills and experience);
- Motivation of staff to put effort into their work;
- Organizational support (resources and policies) and opportunities, including a physical and social environment conducive to work

### **2.2.2 Sharpley's model on perception, motivation and performance**

Sharpley (2002:2) proposed a model, is centered on three individual factors as the most important affecting the interventions of health workers. These factors are seen as the differences in individuals that affect their experience at work. These differences are:

- Perceptions - self-belief, anticipation of success and critical thinking;
- Experience of work - personal impact, meaningful work, feedback, and discretion;
- Work outcomes - job satisfaction, work stress, empowerment, and motivation.

Organizational factors are equally important and support the interventions of individuals. The Sharpley model also considers organizational factors such as managerial support; colleague and supervisor support as well as organizational culture associated with high performance.

Sharpley sees individual perceptions, individual experience of work and work outcomes or achievements as important for work motivation and positive performance. According to him, differences in individuals affect their perceptions and are significantly linked to work demand. The manner in which individuals react differently to work demand, setbacks or disappointments is important and should be considered in order to get insight into issues that affect motivation and performance (ibid:3).

Based on his model the most important aspect of high performance is the appreciation of one's role, i.e. understanding and knowledge of the different processes of individual or manager roles(ibid:4).

### **2.2.3 The combination of The Bennett and Franco's model on work motivation and Sharpley's model on perception, motivation, and performance**

For the purpose of this study, a combination of the conceptual framework of Bennett and Franco and the model of Sharpley will be used as the theoretical base, and the combination of two models will consider the following dependent factor(Bennett & Franco 1999:2; Sharpley 2002:2):

- *Social factors, which* include expectation from the community, peer pressure, cultural beliefs and social values;
- *Individual factors* that include issues of individual perception (values, beliefs, critical thinking, anticipation of success and work attitude), experience of work (needs, self-concept, personal impact, skills competence, feedback, incentives and rewards) and individual work outcomes (job satisfaction, empowerment, motivation, worker capability and achievement);

- *Organizational factors* that include issues of managers' support and performance management, organizational culture, norms and standards used at work, communication, supervisor and colleague support. All of these factors affect the capability of health workers to perform a certain task positively or negatively.

Nickols (2003:2) and Fort and Voltero (2004:3) identify similar factors that are closely related and affect provider performance in the workplace as indicated by the Performance Model. They include clear goals and job expectations, suitable repertoire, immediate feedback, skills to perform, knowledge of the organizational structure, functional feedback system, sound mental models, sufficient motivation through self-satisfaction and incentives, supportive or conducive environment, and manageable tasks.

These two models distinguish various individual, organizational and social factors that may in various ways affect the performance of health workers. It can be assumed that the critical functions of an organization are identifying the factors that impact on performance and seeking solutions and innovative initiatives that empower staff and boost performance. Nogueira and de Santana (2003:74) emphasize that it is important for organizations to put in place sound human resources management systems, provide necessary policy and regulatory frameworks, and ensure conducive working environments for health workers.

### **2.3. Human Resources Management**

Human resource is the process of identifying human resource needs, procuring the necessary employees, training , utilization and separation of those employees (Benti, Meseret and Yigremew,2006:112), and *Human resources* or *people* are the most valuable assets of an organization. They are the ones that make things happen, and they influence all inputs in an organization, whether they are managerial or operational (Hendry, 1995:5).

In the public sector, human resources management works closely with the government civil or public services to ensure that policies, regulations and conditions of service are implemented and adhered to (WHO, 2005:73). In view of the aforementioned, it can be concluded that the function



of human resources management broadly constitutes all organizational policies and strategies concerning human resources management. These include the following (WHO 2003:4):

- Formulation of human resources policies within the overall health policy;
- Developing of macro-plans and micro-plans for development of human resources for health;
- Education, training, skills and competency development;
- Human resources management;
- Regulation of health professions; and Research;

### **2.3.1 Human Resource Policy in Health**

A human resource policy is vital in ensuring that a country's resources are co-ordinate and utilized to meet the primary objective of the health system, which is to improve health. Effective human resource development requires that there be clear guidelines on planning, training, and retraining of Health Workers', recruitment, remuneration and deployment procedures, and retention. Martinez and Martineau, argue that "Human resource development is concerned with the different functions involved in planning, managing and supporting the professional development of the health workforce within a health system, generally at strategic and policy levels. Human Resource Development aims at getting the right people with the right skills and motivation in the right place at the right time." The functions described in these terms would require clarity in health system goals and the human resource needs in meeting those goals (Hongoro et al., 2004:7).

A coherent human resource policy in health must provide broad guidelines on how the activities of different types of private and public actors are financed and regulated. Human resource policies can only be effective if there is agreement and co-ordination of all stakeholders at central level. We argue that agreement and coordination must be at all levels of the health system for the policy to work effectively. Investments in human resource development must be driven by health system capacity requirements (need and absorptive capacity). The policy challenge is

in ensuring that the activities of private and public institutions complement each other or at least engage in “positive” competition (e.g. based on quality)(ibid).

This is particularly important where labor markets are undeveloped. Problems of over-specialization (and over-supply) in Russia seem, a priori, to be a result of lack of such a policy. The design and content of a human resource policy must reflect the organization and management structure of the health system such that the general human resource needs for the system to function effectively are known (ibid).

### **2.3.2 Production and Education**

A country’s health education system should produce an appropriately skilled workforce to address its health priorities. The education system helps to determine two key elements of that workforce: the number of graduates with a given skill set (e.g. physicians, nurses, pharmacists, laboratory technicians) and the quality of those human resources (e.g. knowledge and skills). In assessing the role of the education system for strategic planning and policy-making, it is important to develop indicators of the quantity and quality of graduates educated in the health professions (Bossert et al., 2007:28-29).

Training is any process by which the aptitudes, skills, and abilities of employees to perform specific jobs are increased. It is the act of increasing the knowledge and skills of an employee for doing a particular job (Benti, Meseret and Yigremew,2006:117).

Training and producing adequate health workers is a challenge in the African region. Production of the health workforce involves systematic training of staff in preparation for work in the health sector. It involves all aspects related to basic and post-basic education and training of the health labor force and includes all training institutions managed by public, private and nongovernmental organization authorities (WHO, 2002:4). When we see the workforce density in Africa it is 0.8 health worker per 1,000 population is notably very low compared to the world median density of five health workers per 1,000 (WHO,2004:2). To alleviate the problem Mercer et al., (2003:469) suggested that institutions should producing staff to be guided by health human resources plans and policies. This underlines the fact that education of the health workforce is

seen as a long-term investment in human capital that is aimed at meeting the demands of health systems.

### **2.3.3 Staff utilization and retention**

Produced and trained/development employees should be maintained and utilized utmost. This requires adequate and equitable remuneration of personnel, the creation of opportunities for progress, and a mechanism of evaluating their contribution. Compensation and performance appraisal are at the heart of the maintenance and utilization function of human resources management (Benti, Meseret and Yigremew, 2006:119).

Various factors have been identified as being linked to motivation and retention of staff in their workplace. These factors are discussed in detail below.

#### **2.3.3.1 Working conditions and work environment**

The work situation also has an impact on job satisfaction. The most important situational influence on job satisfaction is the nature of work itself – normally called “intrinsic job characteristics.” These characteristics include job challenge, autonomy, variety, and scope. These factors have an important influence on employees’ job satisfaction. However, it does not mean that any other factors, such as well-designed compensation programs and effective leadership, are not important. Instead, it means that much could be done to influence job satisfaction by ensuring that performed tasks are as interesting and challenging as possible. For example, in a study examining the importance of job attributes, employees ranked interesting work as the most important job attribute, whereas good wages were ranked the fifth. When it came to managers thinking about what employees want, good wages were ranked first, and an interesting job was ranked fifth. These results imply that managers may not necessarily be fully aware of the primary factors resulting in employee satisfaction (Linlin and Milla, 2005:13).

### **2.3.3.2. Motivation**

Motivation is the act of stimulating someone or oneself to taken a desired course of action; it is the act or process of furnishing with an incentive or inducements to action (Benti, Meseret and Yigremew, 2006:142).

There are as many different methods of motivating employees today as there are companies operating in the global business environment. Lets see some of methods of motivating employees (answers.com ,2010):

#### **A. Empowerment**

Giving employees more responsibility and decision-making authority increases their realm of control over the tasks for which they are held responsible and better equips them to carry out those tasks. As a result, feelings of frustration arising from being held accountable for something one does not have the resources to carry out are diminished. Energy is diverted from self-preservation to improved task accomplishment.

#### **B. Creativity and Innovation**

At many companies, employees with creative ideas do not express them to management for fear that their input will be ignored or ridiculed. Company approval and toeing the company line have become so ingrained in some working environments that both the employee and the organization suffer. When the power to create in the organization is pushed down from the top to line personnel, employees who know a job, product, or service best are given the opportunity to use their ideas to improve it. The power to create motivates employees and benefits the organization in having a more flexible work force, using more wisely the experience of its employees, and increasing the exchange of ideas and information among employees and departments. These improvements also create an openness to change that can give a company the ability to respond quickly to market changes and sustain a first mover advantage in the marketplace.

### **C. Learning**

If employees are given the tools and the opportunities to accomplish more, most will take on the challenge. Companies can motivate employees to achieve more by committing to perpetual enhancement of employee skills. Accreditation and licensing programs for employees are an increasingly popular and effective way to bring about growth in employee knowledge and motivation. Often, these programs improve employees' attitudes toward the client and the company, while bolstering self-confidence. Supporting this assertion, an analysis of factors which influence motivation-to-learn found that it is directly related to the extent to which training participants believe that such participation will affect their job or career utility. In other words, if the body of knowledge gained can be applied to the work to be accomplished, then the acquisition of that knowledge will be a worthwhile event for the employee and employer.

### **D. Quality of Life**

The number of hours worked each week by American workers is on the rise, and many families have two adults working those increased hours. Under these circumstances, many workers are left wondering how to meet the demands of their lives beyond the workplace. Often, this concern occurs while at work and may reduce an employee's productivity and morale. Companies that have instituted flexible employee arrangements have gained motivated employees whose productivity has increased. Programs incorporating flextime, condensed workweeks, or job sharing, for example, have been successful in focusing overwhelmed employees toward the work to be done and away from the demands of their private lives.

### **E. Monetary Incentives**

For all the championing of alternative motivators, money still occupies a major place in the mix of motivators. The sharing of a company's profits gives incentive to employees to produce a quality product, perform a quality service, or improve the quality of a process within the company. What benefits the company directly benefits the employee. Monetary and other rewards are being given to employees for generating cost-savings or process-improving ideas, to boost productivity and reduce absenteeism. Money is effective when it is directly tied to an employee's ideas or accomplishments. Nevertheless, if not coupled with other, nonmonetary

motivators, its motivating effects are short-lived. Further, monetary incentives can prove counterproductive if not made available to all members of the organization.

## **F. Other Incentives**

Study after study has found that the most effective motivators of workers are nonmonetary. Monetary systems are insufficient motivators, in part because expectations often exceed results and because disparity between salaried individuals may divide rather than unite employees. Proven nonmonetary positive motivators foster team spirit and include recognition, responsibility, and advancement. Managers, who recognize the "small wins" of employees, promote participatory environments, and treat employees with fairness and respect will find their employees to be more highly motivated. One company's managers brainstormed to come up with 30 powerful rewards that cost little or nothing to implement. The most effective rewards, such as letters of commendation and time off from work, enhanced personal fulfillment and self-respect. Over the longer term, sincere praise and personal gestures are far more effective and more economical than awards of money alone. In the end, a program that combines monetary reward systems and satisfies intrinsic, self-actualizing needs may be the most potent employee motivator.

## **2.4 Performance Management**

Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress towards pre-established goals. Performance measures may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), and/or the results of those products and services (outcomes) (GAO,1998:1).

The basic purpose of any measurement system is to provide feedback, relative to your goals, that increases your chances of achieving these goals efficiently and effectively. Measurement gains true value when used as the basis for timely decisions (Kotelnikov,2010).

**According to Barr (2010), There are five steps to find the right measures of performance. These are:**

**STEP 1: Begin with the end in mind**

Performance measures are objective comparisons that provide evidence of an important performance outcome. It is of the utmost importance to decide which outcomes are most worth tracking right now. As the first step in deciding how to measure an outcome, write down what the outcome is, what the difference is you are trying to create (and thus want to track using a measure). Focus on one outcome at a time.

**STEP 2: Be sensory specific**

When you have the end in mind, you are ready to get a handle on what specifically about your outcome you will measure. This is where you take care in your choice of words to describe the outcome as concretely as possible. Use "sensory" language - the language that describes what you and others would see, hear, feel, do, taste or smell if your outcome was happening now. Avoid those inert words that we so often see in our goal and objective statements, such as: efficient, effective, reliable, sustainable, and quality.

**STEP 3: Check the bigger picture**

Check the bigger picture for what could happen if you measure your outcome. What level of control do you have over achieving it? What might the unintended consequences of measuring the outcome be (both the positive and the negative)? What behavior would the measures drive? Which other areas of performance might be sabotaged or limited? This is your first chance to change your mind about what's most worth measuring.

**STEP 4: What is the evidence?**

Now, get ultra specific and figure out what the potential measures are that could let you (and everyone else) know that the outcome is being achieved. For each of your sensory rich statements from step 2, what could you count to tell you the extent to which it is occurring? Which of these potential measures would be the optimal balance between objectivity and feasibility?

## **STEP 5: Name the measure**

Naming your performance measures marks the point at which you know exactly what you will be measuring. Be succinct, informative, and deliberate, as you need to be able to continually, and easily identify each measure as it moves through the steps of being brought to life and being used in decision-making.

It is important to understand that performance management is only a means to achieve an end and not a panacea. Performance management is based on an assumption that there is a link between organizational and individual performance (Armstrong, 1994:26).

However, despite the absence of fully integrated performance management systems, most health systems in developing countries attempt a design that focuses mainly on the enhancement of staff performance through staff or performance appraisal reviews (Martinez, 2003:221).

### **2.4.1 Performance appraisal**

A performance appraisal, employee appraisal, performance review, or (career) development discussion is a method by which the job performance of an employee is evaluated (generally in terms of quality, quantity, cost, and time) typically by the corresponding manager or supervisor. A performance appraisal is a part of guiding and managing career development. It is the process of obtaining, analyzing, and recording information about the relative worth of an employee to the organization. Performance appraisal is an analysis of an employee's recent successes and failures, personal strengths and weaknesses, and suitability for promotion or further training. It is also the judgment of an employee's performance in a job based on considerations other than productivity alone (Wikipedia, 2009).

### **2.4.2 Purpose of Performance Appraisal**

One of the main purposes of performance appraisals is to identify weaknesses in employee performance so a plan for improvement can be established. New employees may have their performance evaluated after 30 days to address any potential issues immediately and to acknowledge the employee's successes. Reinforcing good performance and addressing poor



performance should be an ongoing task. However, mandatory annual performance appraisals can provide a structured opportunity for the employee and supervisor to communicate job performance (Raskauskas, 2010:1).

Wikipedia (2009) states the following as the main purpose of performance appraisal

- Give employees feedback on performance;
- Identify employee training needs;
- Document criteria used to allocate organizational rewards;
- Form a basis for personnel decisions: salary increases, promotions, disciplinary actions, bonuses, etc.;
- Provide the opportunity for organizational diagnosis and development;
- Facilitate communication between employee and administration;
- Validate selection techniques and human resource policies to meet federal Equal Employment Opportunity requirements;
- To improve performance through counseling, coaching and development;

#### **2.4.3 Reasons why performance appraisal fails**

Bacal (2000:5) stated the following are main factors for failure of performance appraisal:

- Attempt to make performance management accomplish too many conflicting goals;
- We treat performance management as a mechanical process that consists of filling out forms, doing mechanical ratings or rankings while missing the key point - it is about creating a relationship between manager and employee that promotes growth and improvement;
- We throw technology and faddish processes like 360-degree feedback at the problem under the false assumption that will address the core problems;
- We pretend that the ratings and rankings we use are objective, and they are not;

#### **2.4.4 Performance measurement**

*Performance measurement* is the process whereby an organization establishes the parameters within which programs, investments, and acquisitions are reaching the desired results (Wikipedia, 2010).

Based on balanced scored insatiate, Good Performance Measures (balanced scorecard institute, 2010):

- Provide a way to see if our strategy is working
- Focus employees' attention on what matters most to success
- Allow measurement of accomplishments, not just of the work that is performed
- Provide a common language for communication
- Are explicitly defined in terms of owner, unit of measure, collection frequency, data quality, expected value(targets), and thresholds
- Are valid, to ensure measurement of the right things
- Are verifiable, to ensure data collection accuracy

#### **2.4.5 Performance appraisal feedback**

Performance feedback involve providing effective feedback to employees, where effective means that the feedback will a) be heard and listened to, and b) the feedback will actually help employees improve their performance. Providing feedback on performance is one of the critical aspects of appraisal. Do it right and things improve. Do it wrong, and...well...things get worse. Here is how to do it right (Coan, 2009:1).

Feedback can come from different sources: observation by managers and rating officials, measurement systems, feedback from peers, and input from customers, just to name a few. It will be up to rating officials to determine how best to gather the information, and from which sources, to ensure an effective rating of the employees under their supervision. (US department of interior, 1995:10).

Effective and timely feedback is essential. Feedback works well when it relates to a specific standard or indicator. It should be given as soon as the behavior has taken place and should be provided in a way that will contribute to improvement of performance (WCPS, 2001:62).

#### **2.4.6 Performance Improvement**

Performance improvement is a response to make services of an organization better, affordable, and faster. It seeks to rectify any problems that exist and build upon those performance levels that are already good

Performance appraisals provide an opportunity for the supervisor and employee to tackle performance issues. The appraisal can also be used to boost or redirect performance for other purposes, such as promotion. When reviewing an employee whose performance is not up to par, the supervisor should be prepared to offer the employee guidance on how to improve. That could be in the form of training, mentoring, or job aides. A timeline should be established and performance re-evaluated at three or six months to ensure the recommendation and encouragement are making a positive impact on the employee's performance (Raskauskas, 2010:1).

#### **2.4.7 Monitoring for performance enhancement**

According to Swansburg and Swansburg (1999:694), monitoring is one of the most important tools in managing productivity of nurses. Performance monitoring and appraisal outcomes can be used to manage and enhance performance and productivity through training, counseling, and development. According to the WCPS (2001:61), monitoring performance implies assessing the performance and providing feedback on an employee's performance level with the aim of jointly agreeing on how to address the aspects employees are struggling with as well as to reinforce the areas that are performed well.

Part of the monitoring process includes conducting at least one formal progress review during each appraisal period at approximately mid-way through the rating cycle. The completion of this progress review should be noted on the employee's performance appraisal plan, with signature, and dated both the rating official and the employee. While only one progress review is required, rating officials are encouraged to discuss performance with subordinate employees frequently during the appraisal period.

This is particularly critical in the case of an employee who is not performing at the “fully successful” level. In this case, it may be necessary to provide additional written criteria on performance expectations and/or set up regular feedback sessions with the employee. It is important to contact your servicing human resources office for advice and assistance before taking any action (U.S department of interior, 1995:10).

## **2.5 Management**

Management is a process whereby work is done through people. The manager’s functions include many interrelated tasks such as planning, organizing, directing, and control (Koch 1996:98).

When we see the functions of management, according to the following are the basic function of management:

- *Planning*: Deciding what needs to happen in the future (today, next week, next month, next year, over the next 5 years, etc.) and generating plans for action.
- *Organizing*: (Implementation) making optimum use of the resources required to enable the successful carrying out of plans.
- *Staffing*: Job analyzing, recruitment, and hiring individuals for appropriate jobs;
- *Leading/Directing*: Determining what needs to be done in a situation and getting people to do it.
- *Controlling/Monitoring*: Checking progress against plans, which may need modification based on feedback

Effective management at the national level is one of the most important inputs for a well-functioning health system. The current situation in Africa is that medical doctors and nurses are employed as managers of health services and health facilities without proper preparation for this function. (WHO, 2005b:12).

Nursing is a caring profession, and thus the main impetus of nursing management is the focus on human behavior. Nurse managers should therefore acquire knowledge and skills of human behavior

and be able to manage both professional nurses and other employees effectively. It is therefore important for nurse managers to study nursing theories that are generally approved by the profession as part of management style and philosophy as a basis for practice (Swansburg & Swansburg 1999:34).

When we see management competency there are three main principles guide the definition of competency. *Observable performance* focuses on a learning process or task to be completed to determine whether a person is competent. The rationale here is to improve or change performance. Competency is seen as a *standard* of acceptable performance or *quality outcome* of higher levels of acceptable performance. The rationale is to standardize skills, raise standards, introduce change or raise minimum standards. A third principle includes the *underlying attributes of a person* such as knowledge, skills or attitudes required or available. The rationale is to determine the content of learning that will produce competent performance (ibid).

Management styles are characteristic ways of making decisions and relating to subordinates. Different management styles can be employed dependent on the culture of the business, the nature of the task, the nature of the workforce and the personality and skills of the leaders. The main category of manage styles are (answere.com, 2010):

### **A. Autocratic**

An Autocratic style means that the manager makes decisions unilaterally, and without much regard for subordinates. As a result, decisions will reflect the opinions and personality of the manager; this in turn can project an image of a confident, well-managed business. On the other hand, subordinates may become overly dependent upon the leaders and more supervision may be needed.

There are two types of autocratic leaders:

- the Directive Autocrat makes decisions unilaterally and closely supervises subordinates;
- the Permissive Autocrat makes decisions unilaterally, but gives subordinates latitude in carrying out their work

## **B. Paternalistic**

A more Paternalistic form is also essentially dictatorial; however, decisions take into account the best interests of the employees as well as the business. A good example of this would be David Brent or Michael Scott running the business in the fictional television show *The Office*. The leader explains most decisions to the employees and ensures that their social and leisure needs are always met. This can help balance out the lack of worker motivation caused by an autocratic management style. Communication is again generally downward, but feedback to the management is encouraged to maintain morale. This style can be highly advantageous when it engenders loyalty from the employees, leading to a lower labor turnover, thanks to the emphasis on social needs. It shares disadvantages with an autocratic style, such as employees becoming dependent on the leader.

## **C. Democratic**

In a Democratic style, the manager allows the employees to take part in decision-making; therefore, the majority agrees everything. The communication is extensive in both directions (from subordinates to leaders and vice-versa). This style can be particularly useful when complex decisions need to be made that require a range of specialist skills: for example, when a new Information Communication Technology system needs to be put in place, and the upper management of the business is computer-illiterate. From the overall business's point of view, job satisfaction and quality of work will improve. However, the decision-making process is severely slowed down, and the need of a consensus may avoid taking the 'best' decision for the business. It can go against a better choice of action. As the autocratic leaders, democratic leaders are also two types i.e. permissive and directive.

## **D. Laissez-faire**

In a Laissez-faire leadership style, the leader's role is peripheral and staff manage their own areas of the business; the leader therefore evades the duties of management and uncoordinated delegation occurs. The communication in this style is horizontal, meaning that it is equal in both directions, however very little communication occurs in comparison with other styles. The style brings out the best in highly professional and creative groups of employees, however in many cases it is not deliberate and is simply a result of poor management. This leads to a lack of staff

focus and sense of direction, which in turn leads to much dissatisfaction, and a poor company image.

### **E. MBWA**

*Management by Walking Around (MBWA)* is a classic technique used by good managers who are proactive listeners. Managers using this style gather as much information as possible so that a challenging situation doesn't turn into a bigger problem. Listening carefully to employees' suggestions and concerns will help evade potential crises. MBWA benefits managers by providing unfiltered, real-time information about processes and policies that is often left out of formal communication channels. By walking around, management gets an idea of the level of morale in the organization and can offer help if there is trouble.

A potential concern of MBWA is that the manager will second-guess employees' decisions. The manager must maintain his or her role as coach and counselor, not director. By leaving decision-making responsibilities with the employees, managers can be assured of the fastest possible response time.

## **2. 6 Communication**

Communication is the means by which people are linked together in an organization to achieve a common purpose. It is the process by which ideas are transmitted to others for the purpose of effective a desired result. Communication relates and connects the organization with the external environment. Communication facilitates managerial function such as planning, organization, directing and controlling (Benti, Meseret and Yigremew, 2006:149).

Various channels of flow of communication are used in organizations namely (Front Line Management, 2005:1-4):

*Downward communication* involves the flow of information from higher to lower levels. It is the most used communication channel to the detriment of the other channels.

*Upward communication* involves the flow of information from subordinates to supervisor. Though one of the important communication methods, it is seldom utilized in organizations. If used regularly,

it strengthens management for decision-making and thus strengthens employee-manager relations in the organization. In some cases, employees fear communicating spontaneously with their supervisors.

*Horizontal communication* involves the sharing of information between peers within the same level of authority. It strengthens the common or shared purpose of the group, develops interpersonal support, and maintains common efforts with regard to planning of activities and solving problems.

Generally as mentioned above, management is a process that oversees the implementation of activities by people in an organization to achieve the organizational goals. According to Katz and Green (1997:299), having an effective management system managed by skilled and experience managers will ensure:

- High efficiency, which means low wastage of resources;
- High effectiveness, which means high goal attainment;
- Efficient systems, structures, processes and resources that positively impact on the organization; and
- Managing interpersonal relationships to ensure effective communication processes

The challenge for nurse managers is to acquire the skills from the most effective management theories and adopt a management style that will create an enabling environment for effective utilization of the available nursing skills (Swansburg & Swansburg, 1999:31). This is one of the challenging tasks as the nurse manager is faced with an ever-changing environment and a mixed group of subordinates that may include non-nursing staffs with varying needs, levels of knowledge and skills, and attitudes.

## **2.7 Leadership**

Defining leadership has been challenging and definitions can vary depending on the situation, let see some scholars how they defined research. Ward (2010:1) defined leadership” Leadership is the art of motivating a group of people to act towards achieving a common goal.”



When developing your leadership skills, one must soon confront an important practical question, "What leadership styles work best for me and my organization?" To answer this question, it's best to understand that there are many from which to choose and as part of your leadership development effort, you should consider developing as many leadership styles as possible (Johannsen,2010).

There are three main categories of leadership styles (Tutor2u,2010):

### **A. Autocratic (Authoritarian)**

Managers like to make all the important decisions and closely supervise and control workers. Managers do not trust workers and simply give orders (one-way communication) that they expect to be obeyed. This approach derives from the views of Taylor as to how to motivate workers and relates to McGregor's theory X view of workers. This approach has limitations (as highlighted by other motivational theorists such as Mayo and Herzberg) but it can be effective in certain situations. For example:

- When quick decisions are needed in a company (e.g. in a time of crises)
- When controlling large numbers of low skilled workers.

### **B. Paternalistic**

Managers give more attention to the social needs and views of their workers. Managers are interested in how happy workers feel and in many ways they act as a father figure (pater means father in Latin). They consult employees over issues and listen to their feedback or opinions. The manager will however make the actual decisions (in the best interests of the workers) as they believe the staff still need direction and in this way it is still somewhat of an autocratic approach. The style is closely linked with Mayo's Human Relation view of motivation and also the social needs of Maslow.

### **C. Democratic**

A democratic style of management will put trust in employees and encourage them to make decisions. They will delegate to them the authority to do this (empowerment) and listen to their advice. This requires good two-way communication and often involves democratic discussion groups, which can offer useful suggestions and ideas. Managers must be willing to encourage leadership skills in subordinates.

The ultimate democratic system occurs when decisions are made based on the majority view of all workers. However, this is not feasible for the majority of decisions taken by a business- indeed one of the criticisms of this style is that it can take longer to reach a decision. This style has close links with Herzberg's motivators and Maslow's higher order skills and also applies to McGregor's theory Y view of workers.

Leadership and management must go hand in hand. They are not the same thing. The following are the measure different between leadership and management (Murray, 2010:1):

- The manager administers; the leader innovates.
- The manager is a copy; the leader is an original.
- The manager maintains; the leader develops.
- The manager focuses on systems and structure; the leader focuses on people.
- The manager relies on control; the leader inspires trust.
- The manager has a short-range view; the leader has a long-range perspective.
- The manager asks how and when; the leader asks what and why.
- The manager has his or her eye always on the bottom line; the leader's eye is on the horizon.
- The manager imitates; the leader originates.
- The manager accepts the status quo; the leader challenges it.
- The manager is the classic good soldier; the leader is his or her own person.
- The manager does things right; the leader does the right thing.

## **Chapter Three**

### **Data Presentation and Analysis**

#### **3.1 Introduction**

This chapter presents the views of the respondents regarding factors which positively and negatively affect the performance of nurses and managerial nurses ( sub process coordinators and above ) in hospitals and health centers administrated by Addis Ababa health bureau.

The findings are organized in relation to the two questionnaires that directed the study. Questionnaire 1 was directed to nurses, while questionnaire 2 was directed to nurses who are management positions (coordinators of sub process and above).

#### **3.2 Personal Information**

A brief personal profile of the respondents is provided in this section. This information was obtained from section A of the questionnaires and includes respondents' age, gender, and highest qualifications.

##### **3.2.1 Respondent**

The respondents for questionnaire 1 were nurses who are working in different wards in hospitals and health centers, while questionnaire 2 was directed to managerial nurses ( sub process coordinators and above in hospitals and health centers). Out of the 230 questionnaires distributed, 200 were returned for questionnaire 1 and questionnaire 2, among 40 questionnaire distributed, 30 were returned (among the 63 sub process position, 35 are positions occupied by nurses and in five health centers medical director position (process owner) occupied by nurses). Based on this for questionnaire 1, 87 percent were returned and for questionnaire 2, 75 percent returned. When we see the general response rate of the two questionnaires, a combined response rate is 85 percent.

##### **3.2.2 Age of respondents**

The age of respondents is one of important issue during interpretation of the results. The following two graphs present the age distribution of the respondent.

Fig. 3.1 Age distribution of nurses (n= 200)

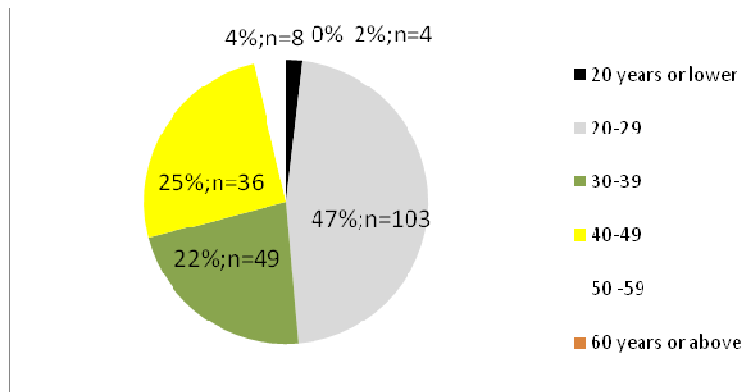
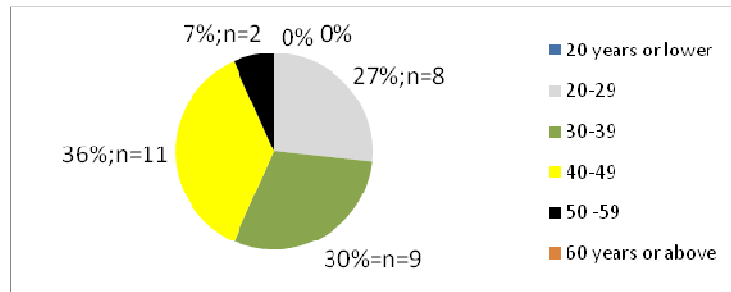


Fig. 3.2 Age distribution of managerial nurses (n= 30)



Based on the above two graphs, the age distribution of both groups of respondents indicated that almost half percent (105:53.5%) of nurses age between 20-29 while (22:73%) respondents of managerial nurses age between 30-60. Based on this, the nurses who are in management positions are older at least a decade than nurses who are working in different clinical wards.

### 3.2.3 Gender of the respondent

Some literatures expressed that the nursing profession in Africa is female-dominated, it is also important to see how many male respondents participated in the study to know if they will provide any significantly different views from the female respondents.

Fig. 3.3 Gender distribution of nurses (n=200)

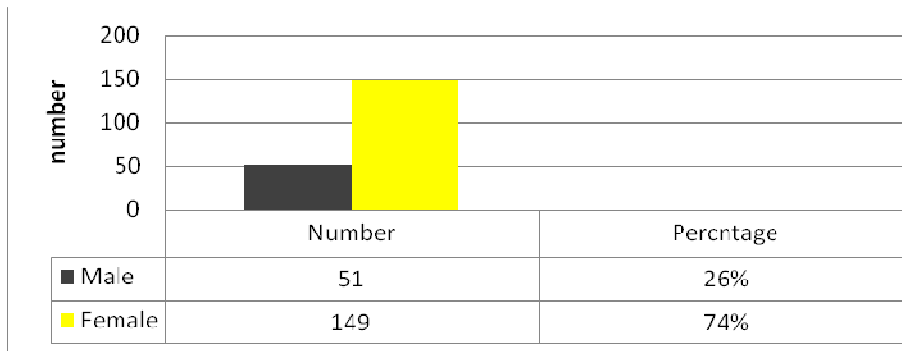


Fig. 3.4 Gender distribution managerial nurses

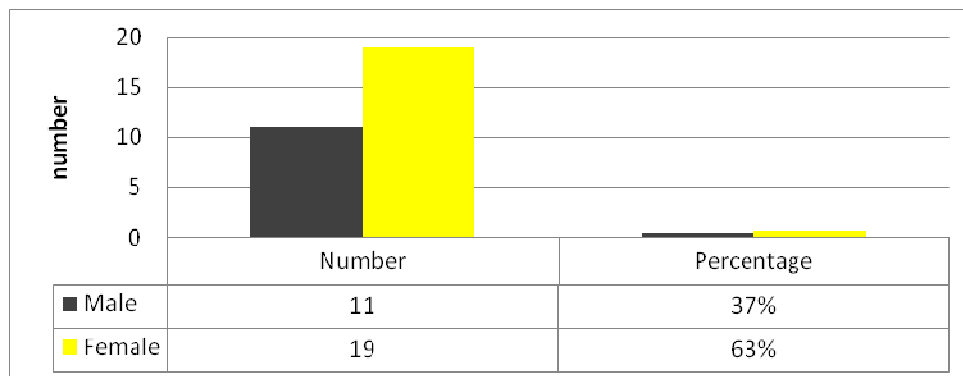


Fig 3.3 and 3.4 revealed that the nurse population is dominantly female as (149:74%) nurse respondents and 19 (63%) nurse who are in management position are females.

### 3.2.4 Highest nursing qualifications

In an endeavor to know respondents' academic qualifications and thus the skill base, respondents were requested to provide their highest nursing qualification obtained. Figures 3.5 and 3.6 clearly show that the results concerning to the highest qualification of respondents.

Fig. 3.5 Highest qualification of nurses (n=200)

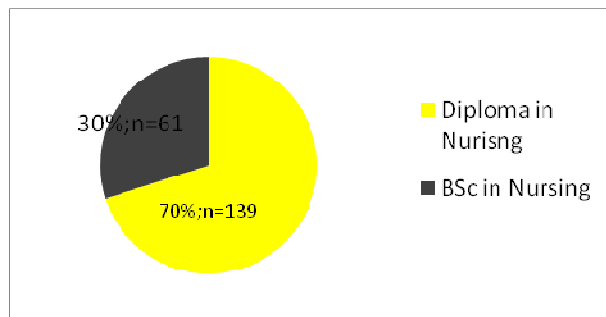
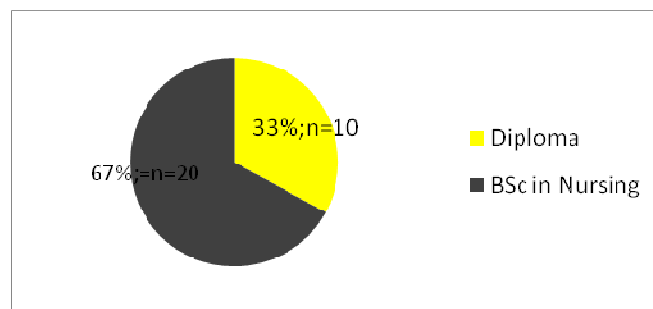


Fig. 3.6 Highest qualification of managerial nurses (n=30)



The majority (139:70%) of nurses highest qualification is Diploma in nursing while (61:30%) of nurses have BSc degree in nursing while the majority (20:67%) of managerial nurses have BSc in nursing degree and the rest (10:33%) have Diploma in Nursing. This revealed that the nurses who are in managerial level lack competencies, which are expected from someone at managerial level. Swansburg and Swansburg (1999:37) stated that the importance of nurses who are in management position in clinical units to be educated at Master's level to be able to understand the concepts and theories for managing nursing services.

### 3.2.5 Years of registered Nurses

Figures 3.7 and 3.8 present the data concerning the responses of nurses and nurse who are in managers about the length of time they have been registered as nurses.

Fig. 3.7 Number of years registered as nurses (n=200)

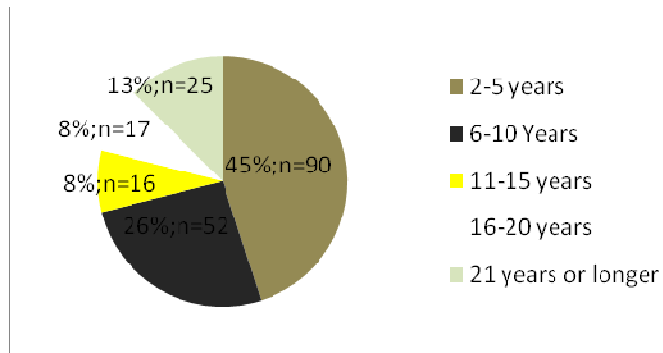
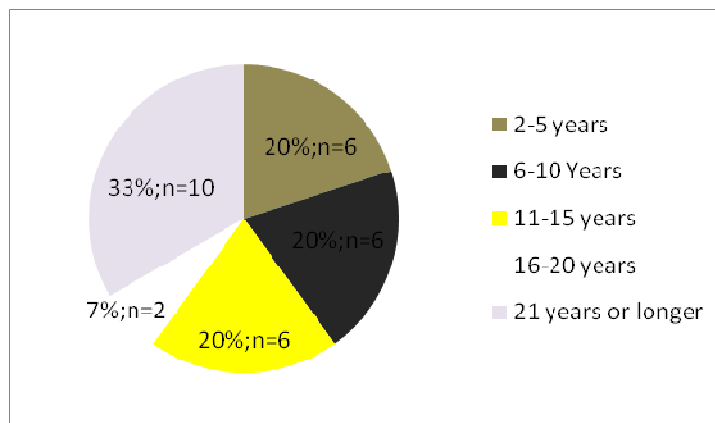


Fig.3.8 Number of years registered as managerial nurses (n=30)



These two data indicated less than half of nurses (90:45%) have 2-5 years experience and (52;26%) of the nurses have 6-10 years experience. When we see in aggregate less than three fourth (142:71%) of nurses have 2-10 years experience this also correlated with their age as indicated Fig 3.1 Almost half of nurses age between 20-29. This indicated that most of the nurses are young and have not extensive experience. when we see managerial nurses, (18:60%) of the nurses have more than 11 years experience. It can be concluded that nurses who are in management position have better background for nursing activities and the management of human resources in different wards of under their sub process.

### 3.2.6 Organizational demographics

In this section will be included organizational demographic data, which were obtained from Section B of the questionnaire and consists of data about the type of health facilities, their discipline, and the duration of time they worked in the discipline and position held by nurses

who are in management position. Figures 3.9 and 3.10 present data on the types of hospitals in which nurse and managerial nurses are working respectively.

Fig. 3.9 Type of health facilities nurses working (n=200)

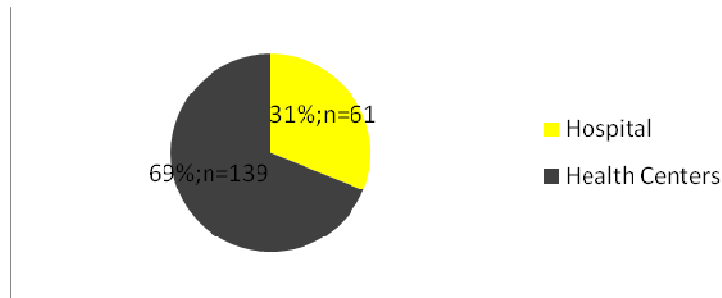


Fig. 3.10 Types of health facilities in managerial nurse working (n=30)

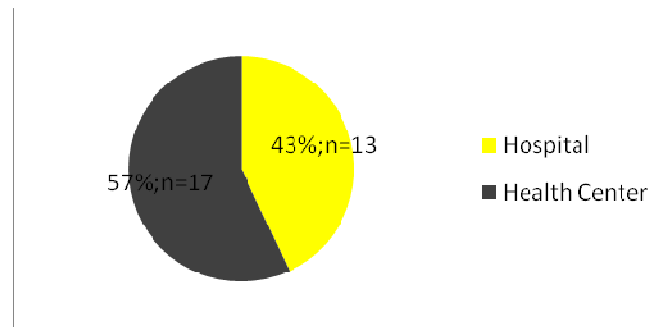


Fig 3.9 and Fig 3.10 also revealed that nurses who are in management position (13:43%) are working in hospitals and (17:57%) are working in health centers.

Table 3.1: Employment status of nurses (n=200)

Employment status	Number	Percentage
Full-time	200	100%
Part-time	0	0%
Total	200	100%



Table 3.2: Employment status of managerial nurses (n=30)

Employment status	Number	Percentage
Full-time	30	100%
Part-time	0	0%
Total	200	100%

The above table revealed that all (200:100%) nurses and (30:100%) managerial are full-time worker.

Fig. 3.11: Type of discipline or clinical ward nurses work (n=200)

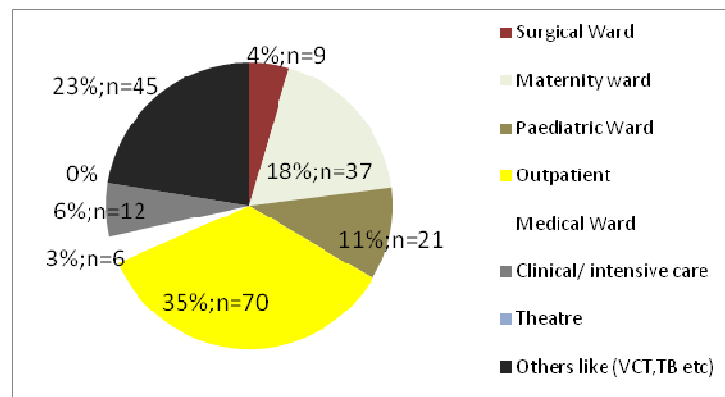


Fig 3.11 consists of data concerning the type of clinical wards or units of the respondents have worked. The data revealed that nurses have worked in different types of wards and units like: Surgical ward (4%:9), Maternity ward (18%:37), Pediatrics ward (11:21%), Outpatient (70:35%), medical ward (6:3%), clinical / intensive care (12:6%), and the rest (45:23%) have worked in other wards like: Voluntary Counseling and Testing (VCT), Antiretroviral Therapy (ART), Tuberculosis (TB). It can be concluded that nurses have worked in different disciplines, environments, and workplaces.

Fig. 3.12 Positions of managerial nurses (n=30)

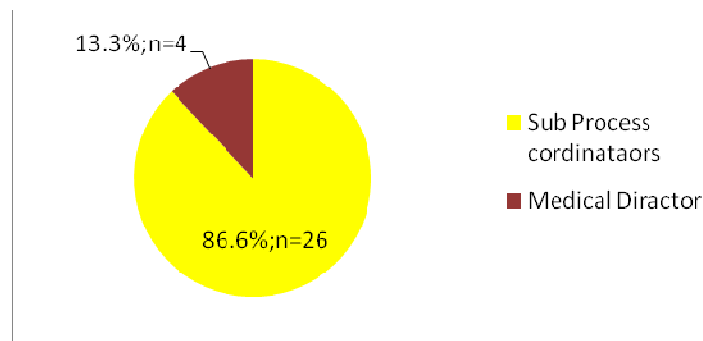


Fig 3.12 revealed that (26:88%) are sub process coordinators and (4:13%) are medical directors in hospital and health centers. Based on the information obtained from Addis Ababa Health Bureau there are 63 sub-process coordinator positions in 5 hospitals and 24 health centers, among these 35 positions are occupied by nurses. Further more, five medical directors' positions in health centers are occupied by nurses. This showed that there is that upward progression or the availability of career development programs especially in health centers.

### 3.3 Results of Questionnaire 1

The purpose of this section is to present the information obtained from questionnaire 1 as guided by the objectives of the study. The statistical information presented was obtained from 200 questionnaires completed by nurses who are working in different hospital and health centers ward.

#### 3.3.1 Aspects related to skills and knowledge of nurses

This section endeavours to ascertain the level of knowledge and skills of nurses for implementation of the goals of the organization. Respondents were asked to assess their knowledge and skills as used in their current job positions according to five alternative ratings as indicated in following table

Table 3.3: Responses on aspects related to knowledge and skills (n=200)

RATING OF KNOWLEDGE AND SKILLS	Very Poor		Poor		Average		Good		Excellent		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Planning of nursing care	13	6.5	13	6.5	25	12.5	87	43.5	62	31	200	100
Implementing nursing care plans.	8	4	19	9.5	28	14	81	40.5	64	32	200	100
Nursing audit	5	2.5	13	6.5	17	8.5	73	36.5	92	46	200	100
Implementing of nursing performance standards	4	2	15	7.5	22	11	96	48	64	32	200	100
Health education	4	2	10	5	19	9.5	65	32.5	102	51	200	100
Clinical competencies	3	1.5	9	4.5	24	12	86	43	78	39	200	100
Interpersonal relations	5	2.5	4	2	15	7.5	68	34	108	54	200	100
Patient counseling skills	4	2	2	1	15	7.5	74	37	105	52.5	200	100
Self assessment with regard to outcome of performance, supervision of nursing care	5	2.5	5	2.5	31	15.5	105	52.5	54	27.5	200	100
Supervising student nurses	8	4	21	10.5	39	19.5	95	47.5	37	18.5	200	100
In-service training	23	11.5	19	9.5	50	25	75	37.5	33	16.5	200	100
Management of time	8	4	3	1.5	29	14.5	86	43	74	37	200	100
Improvement of quality	6	3	11	5.5	26	13	91	45	66	33	200	100
Maintaining facilities, equipment and supplies	13	6.5	14	7	40	20	65	32.5	68	34	200	100

The majority of nurses' rated their knowledge and skills are satisfactory. Patient counseling skill is the highest score (179:89.5%), interpersonal relation (176:88%), health education (167:83.5%), nursing audit (165:82.5%), and clinical competencies (164:82%). Even if most respondents responded their knowledge and skills are satisfactory, some have rated themselves as average especially in area of : in service training (50:25%), maintaining facilities, equipment and supplies (40:20%), supervising student nurses (39:19.5%).

It can be concluded from the table, *not all* nurses have the required knowledge and skill that provide effective nursing care and guide student nurses' practical learning in the clinical environment.

Table 3.4: Most difficult task for nurses

<b>Knowledge and skills</b>	<b>n</b>	<b>%</b>
Maintaining facilities	26	13
Equipment and supplies	11	5.5
Improvement of quality care	25	12.5
In- service training	10	5
Planning of nurse care	10	5
Nurse auditing	2	1
Implementing of nurse performance standard	4	2
Supervision of nursing care	1	0.05
Patient counseling	1	0.05

Table 3.4 revealed that : (26:13%) maintaining facilities , (11:5.5%) equipment and supplies, (25:12.5%) improvement of quality care, (10:5%) in- service training, (10:5%)planning of nurse care, (2:1%) nurse auditing,(4:2%) implementing of nurse performance standard,(1, 0.05%) supervision of nursing care,(1:0.05%) patient counseling. Not all nurses answered this question leading to the conclusion that those who did not answer this question did not find any tasks difficult.

For question, the two other important competencies or skills nurses which to acquire the current position, (18:9%) Antiretroviral Therapy (ART) and Prevention of mother- to- child transmission (PMTCT), (6:3%), (1:0.05%) counseling, these indicate most of the nurses did not answer this question so it is difficult to concluded based on these responses.

### **3.3.2 Aspects related to performance appraisal**

#### **3.3.2.1 Method of performance appraisal**

The responses of nurses on how performance reviews are done in their hospitals and health centers are presented in the following table

Table 3.5: Responses on how performance appraisal is done (n=200)

<b>PERFORMANCE REVIEW</b>	<b>n</b>	<b>%</b>
A formal system of regular appraisals with reviews of past performance and setting of objectives	86	43
Informal, but regular reviews involving discussions about past performance and agreed actions for the future	49	24.5
Informal, ad hoc reviews, undertaken especially when there is a performance problem	32	16
Not reviewed	29	14.5
No response	4	2
<b>Total</b>	<b>200</b>	<b>100</b>

Based on table 3.5, (86:43%) of the nurses mentioned that performance is reviewed regularly and formal basis, (49:23.1%) said that informal, but regular appraisal reviews took, place, while (32:16%) said that informal, ad hoc reviews took place, (29:14.5%) performance is not reviewed and (4:2%) sated they have no response.

It can be concluded performance appraisal system is operational and are taken on regularly basis in hospitals and health centers administrated by Addis Ababa health bureau. This can be count as strong side.

Table 3.6: Performance appraisal results are utilized (n=200)

<b>ASPECT</b>	<b>n</b>	<b>%</b>
Training	93	46.5
Promotion	19	9.5
Demotion	3	1.5
Rotation	33	16.5
Not used	52	26
<b>Total</b>	<b>200</b>	<b>100</b>

Less than half (93:46.5%) of nurses believed that performance appraisal results used for training, (19:9.5%) for promotion, (3:1.5%) for demotion, (33:16.5%) for rotation and the rest (52:26%) answered performance appraisal result are not use. It can be concluded that the result of performance appraisal results are taking into account when nurses to select for training, promotion, rotation opportunity and it is also used for demotion.

Table 3.7: Responses on performance appraisal and utilization of results (n=200)

PERFORMANCE APPRAISAL AND UTILIZATION	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Objectives to be achieved are known by individuals to be assessed	15	7.5	30	15	41	20.5	77	38.5	37	18.5	200	100
Performance standards expected from staff are clear and understood by all	15	7.5	33	16.5	40	20	62	31	50	25	200	100
Constructive feedback on performance appraisal results is provided on a regular basis	25	12.5	39	19.5	40	20	51	25.5	45	22.5	200	100
Feedback on how staff is performing is provided throughout the year	23	11.5	41	20.5	36	18	61	30.5	39	19.5	200	100
Prompt action is taken when performance falls below acceptable standards	26	13	32	16	47	23.5	55	27.5	40	20	200	100
My manager/supervisor inspires me to do my best	35	17.5	35	17.5	30	15	67	33.5	33	16.5	200	100
Staff are given opportunity to make comments on the results of their performance	30	15	37	18.5	22	11	63	31.5	48	24	200	100

Although (112:56%) of the respondents either strongly agreed or agreed that performance standards expected from staff are clear and understood, whereas (45:22.5%) strongly disagreed or disagreed that objectives to be achieved are known by individuals to be assessed. Almost half of nurses (96:48%) responded that either strongly agreed or agreed about constructive feedback on appraisal results is provided regularly. In addition (100:50%) of respondent either strongly agreed or agreed that feedback on how staff was performing is provided on a regular basis

throughout the year and (95:47.5%) nurses also either strongly agreed or agreed about the statement of prompt action is taken when performance fell below accepted standards.

It is noted that (100:50%) of the nurses either agreed or strongly agreed that their supervisors inspire them to do their best and (111:55.5%) either agree or strongly agree on statement staff given opportunity to make comment on the result of their performance.

### 3.3.3 Aspects related to remuneration, benefits, and recognition

**Table 3.8: Responses on remuneration, benefits and recognition (n=200)**

REMUNERATION, BENEFITS AND RECOGNITION	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Your remuneration is competitive compared to other similar organizations	41	20.5	47	23.5	38	19	46	23	28	14	200	100
Remuneration is in accordance with your experience	42	21	45	23.5	38	19	49	24.5	26	13	200	100
Remuneration is in accordance with your job responsibility	43	21.5	45	22.5	34	17	47	23.5	31	15.5	200	100
Fringe benefit are known to you	41	20.5	41	20.5	49	24.5	53	26.5	12	6	200	100
Opportunity exist for carrier advancement	45	22.5	42	21	47	23.5	41	20.5	25	12.5	200	100
Hard working nurses are recognized	49	24.5	50	25	24	12	34	17	43	21.5	200	100

The majority of nurses responded either strongly disagreed or disagreed on the following statements:

- (88:44%) their remuneration is competitive compared to other similar organizations,
- (87:43.5%) remuneration is in accordance with their experience,
- (88:44%) remuneration is in accordance with their job responsibility,
- (82:41%) fringe benefits are known to them,

- (87:43.5%) opportunity exists for career advancement, and
- (99:49.5%) hard working nurses are recognized.

It can be concluded that the majority of nurses are not happy with their remuneration even if some nurses who do not feel the same. There may be a question as to whether these nurses are at all concerned about their remuneration package or they are just not well informed. The issue of low remuneration is substantiated by the responses to open-ended questions.

*”Remuneration does not compare well with other organizations... We are doing much more work than others, but we have got less payment.”*

Furthermore, most respondents (82:41%) either disagree or strongly disagreed that they are satisfied with their fringe benefits. This is substantiated in the responses open-ended questions.

*” There is no other benefits is given to nurse but other health workers like: Health Officer and General Practitioners have got house ( for Health Officers 350 birr and 700 birr for General Practitioners) and transport allowance( for General Practitioners only). But all types of nurse either Diploma or BSc holders haven't got any fringe benefit ”*

With regard to the statement on recognition and career advancement, the almost half (99:49. %) either strongly disagree or disagree that hardworking nurses were recognized, while less than half (87:43.5%) either strongly disagreed or disagreed that opportunities existed for career advancement. This is substantiated by responses from open-ended questions.

*”Hard working nurses are not recognized. Most of time recognition is given to those nurses who have informal relation with medical director”*

### **3.3.4 Aspects related to staffing and work schedule**

The following table presents the responses of nurses on issues pertaining to staffing and work schedule.



**Table 3.9: Aspects of staffing and work schedule (n=200)**

STAFFING AND WORK SCHEDULES	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
You get opportunities to make inputs into staffing policies and procedures	45	22.5	38	19	42	21	52	26	23	11.5	200	100
Opportunities exist for a flexible work schedule	30	15	46	23	30	15	64	32	30	15	200	100
The overall work schedule is fair.	35	17.5	32	16	41	20.5	60	30	32	16	200	100
Overtime work is acceptable	21	10.5	30	15	33	16.5	69	34.5	47	23.5	200	100
There is a good balance between people who supervise the ward with people who do work in the ward	35	17.5	49	24.5	56	28	42	21	18	9	200	100
The allocated staff in my unit is sufficient to cover the current workload	41	20.5	60	30	24	12	56	28	19	9.5	200	100
Care and support of staff in the form of counseling at the workplace is available.	47	23.5	52	26	30	15	43	21.5	28	14	200	100

Scheduling of staff is a task intended to make sure that staff are effectively assigned to nursing activities. Based on Table 3.9 less than half (94:47%) of nurses either strongly agreed or agreed on that overall work schedule is fair while more than one third of nurses (67:33.5%) either strongly disagreed or disagreed on this statement. Even if almost half of nurses (101:50.5%) are either strongly disagreed or disagreed on the statement of the allocated staff in their unit is sufficient to cover the current workload, (75:37.5%) are either strongly agreed or agreed on this statement.

This shows that, even if majority of nurses believe that overall work schedule is fair but the allocated staff in their ward is not sufficient to cover the current workload. Therefore, we can conclude that is a shortage of nurse in the health facilities.

Furthermore, (99, 49.5%) of nurses respondents either strongly disagreed or disagree that care and support of staff exists in the form of counseling at the workplace. It can be concluded that majority of nurses are not beneficiary from the program.

### 3.3.5 Aspects related to staff development

**Table 3.10: Responses on staff development (n=200)**

STAFF DEVELOPMENT AGREEMENT	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Opportunities for advancing in the organization exist	33	16.5	51	25.5	47	23.5	52	26	17	8.5	200	100
Good opportunities for continuous education are available	47	23.5	58	29	30	15	35	17.5	30	15	200	100
The necessary training is given to ensure job effectiveness	27	13.5	47	23.5	32	16	63	31.5	31	15.5	200	100
Job specific refresher courses are available	26	13	63	31.5	34	17	50	25	27	13.5	200	100
In-service training adequately addresses the skills gap	28	14	47	23.5	36	18	68	34	21	10.5	200	100
Incompetent nurses are identified and provided with the necessary support	48	24	66	33	28	14	33	16.5	25	12.5	200	100
Good leadership/management training available	49	24.5	54	27	35	17.5	36	18	26	13	200	100
Nurses participate in identifying their staff development needs	42	21	56	28	39	19.5	34	17	29	14.5	200	100

More than half of nurses (105:52.5%) either strongly disagreed or disagreed on good opportunities for continuous education while about one-third nurses (65:32.5%) either strongly agreed or agreed on the statement. Nearly half number of nurses (94:47%) respondents either strongly agreed or agreed on the statement necessary training given to ensure job effectiveness, but (74:37%)of nurses either strongly disagree or agree on the statement. Even if either less than half of respondents (89:44%) agreed or strongly disagreed in-service training addresses the skills gap, more than a third (75:37.5%) strongly disagreed or disagreed with the statement.

### 3.3.6 Aspects related to workspace and environment

The following table present nurses responses on issues related with workspace and environment such as work tools, equipment, and material as well as physical layout such as space, and clean and safe environment.

**Table 3.11: Responses on workspace and environment (n=200)**

WORKSPACE AND ENVIRONMENT	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
My work environment is safe and free from hazards	41	20.5	44	22	34	17	55	27.5	26	13	200	100
Good workplace layout	32	16	48	24	52	26	46	23	22	11	200	100
Comfortable temperature	27	13.5	50	25	35	17.5	60	30	28	14	200	100
Necessary instruments are available.	30	15	55	27.5	36	18	54	27	25	12.5	200	100
Instruments in working conditions	24	12	45	22.5	47	23.5	64	32	20	10	200	100
Materials and supplies sufficient	28	14	52	26	46	23	53	26.5	21	10.5	200	100
Antiseptic hand solution for protection of staff and patients is available	19	9.5	26	13	32	16	89	44.5	33	16.5	200	100
Infection control strategy guidelines available.	26	13	43	21.5	26	13	67	33.5	38	19	200	100

### 3.3.7 Organizational Processes

In this section contains information about the opinion of nurses on the function and operations of the organization. Questions related to issues like mission and goals, commitment to the organization and personal satisfaction, reward and recognition, interpersonal relationships, management style, and the social and cultural factors that may affect the performance of nurses at the workplace.

### 3.3.7.1 Mission and goals

**Table 3.12: Organizational mission, and goals (n=200)**

MISSION AND GOALS	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		Total	
	n	%	n	%	n	%	N	%	n	%	n	%
Most people here know how their work contributes to this organization's mission	8	4	31	15.5	40	20	76	38	45	22.5	200	100
The organization's mission is understood by everyone who works here	13	6.5	42	21	41	20.5	57	28.5	47	23.5	200	100
I am clear about the objectives I need to achieve	13	6.5	44	22	50	25	73	36.5	20	10	200	100
People in this organization have shared sense of purpose.	8	4	25	12.5	25	12.5	89	44.5	53	26.5	200	100

Less than two third (121:60.5%) of nurses either strongly agreed or agree that the organization's mission is understood by everyone who works in their health organization. However, (40:20%) nurses are uncertain on this statement. Even if this seems good that most of nurses understood the organization mission, *all workers in the organization should know the organization mission*. Less than half of (93:46.5%) nurses, either strongly agreed or agreed that they are clear about the objectives to be achieved. Further more, (121:60.5%) of nurse believed that their work contributes to the organization's mission. It is very necessary thing for staffs have to clear about the objectives of the organization.

### 3.3.7.2 Aspects related to personal reward and recognition

**Table 3.13: Responses on reward and recognition (n=200)**

REWARD/RECOGNITION	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
I receive prompt acknowledgement and recognition for doing a good job	64	32	45	22.5	27	13.5	29	14.5	35	17.5	200	100
I find my work rewarding	28	14	40	20	37	18.5	63	31.5	32	16	200	100
The work I do gives me a feeling of personal achievement	8	4	24	12	25	12.5	71	33.5	72	36	200	100
When I retire I will receive a reasonable pension from this organization	23	11.5	22	11	46	23	76	38	33	16.5	200	100

The majority of respondents either strongly agreed or agreed that the work they are doing gives them a feeling of personal achievement (143:71.5%) ,and (95:47.5%) respondents either strongly agreed or agreed that they found their work rewarding. This is substantiated by professional nurse responses to open-ended questions expressing their opinions about what they like about working for the organization:

*“ Even if my salary is too low but I get moral satisfaction when I see my patient cure from his/ her disease”*

*“ Most of my patient are very poor, so I feel happy and satisfaction when I help them and cure from their disease”*

*“ Teamwork - even though nurses are overworked and working under stressful situation, they are working as a team, they assist each other”*

Contrary to the above, more than half (109:54.5%) either strongly disagreed or disagreed that they received prompt acknowledgement and recognition for doing a good job. On other hand, more than half (109:54%) either agreed or strongly agreed that when they retire they will receive a reasonable pension from the organization.

### 3.3.7.3 Aspects related to commitment and satisfaction

**Table 3.14: Responses on commitment and satisfaction (n=200)**

COMMITMENT AND SATISFACTION	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
I am proud to tell people that I work for this organization	19	9.5	44	22	38	19	71	35.5	28	14	200	100
I do not like the way this organization operates	22	11	45	22.5	48	24	60	30	25	12.5	200	100
This organization provides me with skills and knowledge that will benefit my future career	25	12.5	56	28	38	19	48	24	33	16.5	200	100
Doing this job makes me feel good about myself	11	5.5	29	14.5	35	17.5	76	38	49	24.5	200	100
I am subject to personal criticism or abuse at work	45	22.5	51	22.5	40	20	46	23	18	9	200	100
I am constantly seeking out new challenges at work	13	6.5	44	22	54	27	67	33.5	22	11	200	100

There seems to be a sense of professional pride and a sense of vocation as indicated by the following responses. Approximately two third (125:62.5%) of nurses either strongly agreed or agreed that doing this job makes them feel good about themselves and almost half of nurses(99:49.5%) responded that they are proud to tell people that they work for this organization. Furthermore, (81:40.5%) respondents either strongly agreed or agreed that their organization provides them skills and knowledge that will benefit for their future career, but the same number (81:40.5%) respondents either strongly disagreed or disagreed on the statement and (38:19%) of nurses were uncertain.

It can be concluded that nurses are committed and satisfied but it is difficult to conclude on why they feel that there are future advantages in working as nurses for the organization.

### 3.3.7.4 Aspects related to management style

**Table 3.15: Responses on management style (n=200)**

MANAGEMENT AGREEMENT	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
My manager/supervisor inspires me to do my best	24	12	55	27.5	38	19	50	25	33	16.5	200	100
When changes are made in the way things are done, management always first informs the people who will be affected	16	8	53	26.5	49	24.5	59	29.5	23	11.5	200	100
If I have an idea for improving the way we do our work, my Supervisor/manager will usually listen to me	20	10	40	20	42	21	65	32.5	33	16.5	200	100
I am afraid to openly express my ideas and opinions	23	11.5	58	29	34	17	54	27	23	11.5	200	100
Senior managers in this organization are open to new ideas and suggestions	28	14	46	23	44	22	53	26.5	29	14.5	200	100
I trust and respect my immediate supervisor	6	3	27	15.5	28	14	88	44	51	25.5	200	100

Almost two third of nurses( 139:69.5%) either strongly agree or agree with the statements that they trust and respect their immediate supervisor and (83:41.5%) are either strongly agree or

agree on statement their manager/supervisor inspires me to do best but rest (79:39.5%) are not agreed on this statement . Even if (82:41%) either agreed or strongly agreed that the management always informs the people who will be affected when changes are made in the way things are done but less than a third (49:24.5%) were uncertain . Even if (82:41%) strongly agreed or agreed that senior managers in their organization are open to new ideas and suggestions, but (74:37%) of respondents either strongly disagree or disagree with the statement.

It can be assumed that nurses have the high regards and respects for their supervisors and that they feel motivated to perform, however it is difficult to conclude they are participated in decision-making. It can be concluded that both the autocratic and democratic management style is practiced.

### 3.3.7.5 Aspects related to performance

**Table 3.16: Performance judgment (n=200)**

PERFORMANCE AGREEMENT	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
My performance is judged more by how much work I do than by how well I do it	16	8	44	22	28	14	84	42	28	14	200	100
My manager emphasizes my positive contributions when reviewing my performance	18	9	42	21	54	27	60	30	26	13	200	100
I am given enough authority to allow me to do my job effectively	12	6	27	13.5	32	16	90	45	39	19.5	200	100
People in this organization put more energy into identifying mistakes than into figuring out how to do things right	12	6	50	25	42	21	56	28	40	20	200	100
Judgment about my performance is fair	68	34	45	22.5	35	17.5	35	12.5	27	13.5	200	100
The way things are organized around here makes it hard for people to do their best work	17	8.5	40	20	49	24.5	61	30.5	33	16.5	200	100
I feel my work contributes to the organization's performance	7	3.5	15	7.5	29	14.5	85	42.5	64	32	200	100

Almost three fourth (125:85.1%) of respondents either strongly agreed or agreed that their work contributes to the organization's performance, and almost two third (129:64.5%) of the nurses

either agreed or strongly agreed that they are given enough authority to allow them to do their job effectively. On the other hand, more than half of nurses (113:56.5%) either strongly disagree or *disagree* that judgments about their performance are fair.

Less than half (94:47%) of respondents either strongly agreed or agreed that the way things are organized makes it hard for people to do their best, but (49:24.5%) of respondents were uncertain.

### 3.3.7.6 Aspects related to interpersonal relations

**Table 3.17: Responses on interpersonal relations (n=200)**

INTERPERSONAL RELATIONS AGREEMENT	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
In this organization, people in different departments or programs try to help each other.	11	5.5	28	14	30	15	79	39.5	52	26	200	100
I work with skilled competent people who are good at their jobs	5	2.5	24	12	42	21	92	46	37	18.5	200	100
The people I work with are comfortable in suggesting changes and improvements to each other	10	5	36	18	44	22	72	36	38	19	200	100
There is a great deal of cooperation between people in this organization	11	5.5	25	12.5	47	23.5	85	42.5	32	16	200	100
My colleagues value my contribution	10	5	21	10.5	44	22	89	44.5	36	18	200	100
I am not included in hospital/ward activities or made to feel part of the team	36	18	49	24.5	53	26.5	47	23.5	15	7.5	200	100

More than half but less than two third of the nurses were in support of the following statements by responding that they either agreed or strongly agreed:

- Their colleagues value their contributions (125:62.5%),
- Working with skilled competent people who are good at their jobs (129:64.5%),
- People from different departments or programs try to help each other (131:65.5%),



- People they work with are comfortable with suggestions to change the organization (110:55%),
- There is a great deal of cooperation between people in the organization (117:58.5%).

It can be deduced from this that working relations and climate contribute to teamwork, this itself leads to motivated for high productivity and job satisfaction, and improved performance.

This is supported by responses from nurses when asked what they like about working for their organization:

*“Our Teamwork gives pleasure for furthermore it helps me to get more knowledge of the community.”*

*“My colleagues including my supervisor are listing my personal problems”*

### 3.3.7.7 Aspects related to social and cultural aspects

Table 3 .18: Responses related to social and cultural factors (n=200)

SOCIAL AND CULTURAL BELIEFS AND FACTORS	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Some cultural beliefs in the community I am living are in conflict with some my organization policies	65	32.5	37	18.5	21	10.5	32	16	45	22.5	200	100
The community I live in has the highest regards for my organization	13	6.5	44	22	54	27	67	33.5	22	11	200	100

Less than half of the respondents (89:44.5%) either strongly agreed or agreed that the community they lived in has the highest regard for their organization while (57:28.3%) either strongly disagreed or disagreed on this statement.

More than half of (102:51%) of nurses either strongly disagree or disagree that some cultural beliefs of the community they are living in are in conflict with some of the organizations policies, but (77:38.5%) either agreed or strongly agreed with the statement. It can be concluded

cultural believes and values of society may affect positively or negatively on performance of worker in workplace.

### 3.3.8 Aspect of what nurses like most about in their organization

In order to capture spontaneous responses, open-ended questions asked nurses about aspects related to what they like most working for their organization what they like least working for the organization and what they would like to see changed or improved. Nurses give more than one response per question but, not all respondents' response to all open-ended questions. Responses were grouped according to issues, which were frequently mentioned by respondents.

**Table 3.19 Responses on what like most in their organization (n=200)**

ISSUE	n	%
Team work	15	21
Helping patient	37	51
Exchanging experience with senior nurses	12	16
Good working environment	4	5
My supervisor is democrat	5	7

Most of the nurses who responded the open-ended question answered that helping patients gives them moral satisfaction. However, when it compare with the total sample n=200, only (73; 36.5%) of the nurses gave their opinion. Therefore, it is difficult to reach positive or negative conclusion based these result.

## 3.4 Results of Questionnaire 2

The statistical information presented in this section is from 30 questionnaires received managerial nurse. Much of the information requested from nurses in questionnaire 1 also required from managerial nurses. This was done to compare some important views and responses with those expressed by nurses.

Questionnaire 2 included questions that focused on management skills and leadership. These questions were not included in questionnaire 1. Therefore, it will be included and will be discussed in more detail in questionnaire 2. This section presents results derived from questionnaire 2 completed by managerial nurses.

### 3.4.1 Aspects related to management skills

**Table 3.20: Experiences in dealing with management functions (n=30)**

MANAGEMENT FUNCTION	Yes		No		Total	
	n	%	n	%	n	%
Providing training to employees	18	60	12	40	30	100
One-to-one performance interview related to performance outcome	17	56.6	13	43.3	30	100
Placement of staff according to skills	15	50	15	50	30	100
Orientation of new staff	23	30	7	23.3	30	100
Managing conflict	17	56.6	13	43.3	30	100
Operational research	4	13.3	26	86.6	30	100
Counseling of employees	19	63.3	11	36.6	30	100

The majority of managerial nurses have been involved tasks like: orientation of new staff (23:76, 6%), managing conflict (17:56.6%), providing training to employees (18:60%) and counseling (19:63.3%). Although the majority responded that, they are involved in executing these management functions but some are not involved in these essential management functions. Furthermore, only (4;13.4%) of managerial nurses are involved in Operation research, and half of (15,50%) of are not involved in placement of staff according to skills. This may be due to insufficient involvement, they are not experienced doing nursing research on they own.

**Table 3.21: Tasks that found the most difficult (n=30)**

TASKS	n	%
Managing conflict	16	53.3
Placement of staff according to skills	10	33.3

Most managerial nurses were mentioned that managing conflict (16:53.3%) and Placement of staff according to skill (10:33.3%) are found the most difficult task. It can be assumed that some nurses are having difficulty in executing these management functions.

### 3.4.2 Management and related training

**Table 3.22: Management and related training (n=30)**

MANAGEMENT AND RELATED TRAINING RECEIVED	n	%
Training received	9	30
No training received	21	70
Total	30	100

It is alarming to see that (21:70%) managerial nurse have not received any management training. Therefore, most of the nurses in management position have no training in management concepts, theories, and skills that should empower them to perform management functions.

### 3.4.3 Aspects related to adequacy of training

**Table 3.23: Adequacy of management training received (n=9) (Note: table 3.22 show that among 30 respondents only 9 took management training)**

<b>ADEQUACY OF TRAINING</b>	<b>n</b>	<b>%</b>
Not at all	3	33.3
To some degree	3	33.3
To a large degree	1	11.1
To a very large degree	2	22.2
<b>Total</b>	<b>9</b>	<b>100</b>

Almost two third of nurses (6:66.6%) answered that either the training is not adequate at all or adequacy to some extent while (3:33.3%) answered either the training is adequate to large degree or to a very large degree. It can be concluded that there is not availability of different management courses.

### 3.4.4 Aspects related knowledge and skills in managing clinical wards

**Table 3.24: Knowledge and skills in managing clinical wards (n=30)**

Rating of knowledge and skills	Very Poor		Poor		Average		Good		Excellent		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Nursing service policy Implementation	3	10	3	10	7	23.5	10	33.5	7	23.5	30	100
Planning nursing service delivery	3	10	4	13.3	6	20	8	26.6	9	30	30	100
Nurse audit	2	6.6	6	20	4	13.3	14	46.6	4	13.3	30	100
Development nurse performance standard	6	20	5	16.6	6	20	12	40	1	3.3	30	100
Development of competencies	5	16.6	6	20	4	13.3	11	36.6	3	10	30	100
Skills development	3	10	4	13.3	7	23.5	11	36.6	5	16.6	30	100
Interpersonal relation	2	6.6	5	16.6	4	13.3	11	36.6	8	26.6	30	100
Counseling skills	1	3.3	1	3.3	9	30	7	23.3	12	40	30	100
Performance appraisal subordinates	1	3.3	4	13.3	6	20	9	30	10	33.3	30	100
Supportive supervision	2	6.6	6	20	6	20	12	40	4	13.3	30	100
Problem solving	4	13.3	5	16.6	6	20	11	36.6	4	13.3	30	100
Motivation staff	2	6.6	7	23.3	4	13.3	10	33.3	7	23.3	30	100
Organizing facilities, equipment and supplies	3	10	4	13.3	7	23.3	11	36.6	5	16.6	30	100

The respondents rated themselves satisfactory on: (17:56.6%) in implementation of nursing service policy, (17:56%) in planning for nursing service delivery, (18:60%) in nursing audit, and (19:63.3%) performance appraisal of subordinates. On the other hand, more than a third (13:43.3%) were rated their skills as average for developing nursing performance standards, and (11:36.6%) rated their skills were unsatisfactory. It can be concluded that although rated most of their skills as satisfactory, there are some who lack critical management skills.

### 3.4.5 Aspects related to performance

#### 3.4.5.1 Methods of performance appraisal

**Table 3.25: Methods of conducting performance appraisal (n=30)**

<b>PERFORMANCE REVIEW</b>	<b>n</b>	<b>%</b>
A formal system of regular appraisals with reviews of past performance and setting of objectives	16	53.5
Informal, but regular reviews involving discussions about past performance and agreed actions for the future	4	13.3
Informal, ad hoc reviews, undertaken especially when there is a performance problem	2	6.6
Not reviewed	6	20
No answer	1	3.3
<b>TOTAL</b>	<b>30</b>	<b>100</b>

More than half of the nurse who are in management position (16:53.5%) responded that a formal system of regular performance appraisals method is operational, while (6:20%) nurses who are in management position responded that performance is not reviewed. These responses meet with responses provided by nurses as indicated in Table 3.5 (86:43%) nurses said that formal system of regular appraisal and (29:14.5%) answered not reviewed.

### 3.4.5.2 Performance appraisal and utilization

**Table 3.26: Responses on performance appraisal utilization (n=30)**

PERFORMANCE APPRAISAL AND UTILIZATION	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Objectives to be achieved are known by individuals to be assessed.	4	13.3	6	20	6	20	8	26.3	6	20	30	100
One-to-one performance interview on the outcome of performance appraisal is conducted	2	6.6	8	26.6	5	16.6	9	30	6	20	30	100
Performance standards expected from staff are clear and understood by all	2	6.6	7	23.3	3	10	7	23.3	11	36.6	30	100
Peer review of performance is done	4	13.3	4	13.3	6	20	9	30	7	23.3	30	100
Constructive feedbacks on performance appraisal results are provided on a regular basis	4	13.3	7	23.3	4	13.3	11	36.6	4	13.4	30	100
Feedback of how staff is performing is provided throughout the year.	5	16.6	4	13.3	4	13.3	11	36.6	6	20	30	100
Prompt action is taken when performance falls below acceptable standards	4	13.3	7	23.3	3	10	10	33.3	6	20	30	100
My manager/supervisor inspires me to do my best	4	13.3	6	20	3	10	11	36.6	6	20	30	100
Staffs are given opportunity to make comments on the results of their performance	3	10	4	13.3	3	10	14	46.6	6	20	30	100
Self-assessment by employees to review their own performance is done	2	6.6	7	23.3	4	13.3	12	40	5	16.6	30	100

Less than half of (14:46.6%) the managerial nurses either strongly agreed or agreed that the objectives to be achieved are known by the individuals to be assessed and (17:56.6% either strongly agreed or agreed that performance standards expected from staff are clear and understood.

Furthermore, managerial nurses either strongly agreed or agreed statements on :

- (15; 50%) one-to-one performance interviews on the outcome of performance appraisal is conducted
- (16; 53.3%) feedback of how staff is performing is provided throughout the year
- (14; 46.6%) constructive feedback on performance appraisal results is provided on a regular basis
- (18; 60%) self assessment by employees to review their own performance is done
- (20; 66.6%) staffs are given an opportunity to make comments on the results of their performance

These results revealed that the responses of managerial nurses meet with the responses given in Table 3.7

### 3.4.6 Aspects related to remuneration, benefits, and recognition

**Table 3.27: Responses on remuneration, benefits and recognition (n=30)**

REMUNERATION, BENEFITS AND RECOGNITION	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Your remuneration is competitive compared to other similar organizations	9	30	6	20	6	20	5	16.6	3	10	30	100
Remuneration is in accordance with your experience	10	33.3	2	6.6	5	16.6	6	20	6	6.6	30	100
Remuneration is in accordance with your job responsibility	11	36.6	2	6.6	5	16.6	6	20	6	6.6	30	100
Fringe benefit are known to you	11	36.6	8	26.6	4	13.3	6	20	1	3.3	30	100
Opportunity exist for carrier advancement	10	33.3	6	20	6	20	5	16.6	3	10	30	100
Hard working nurses are recognized	12	40	5	16.6	4	13.3	3	10	6	6.6	30	100



More than half of the managerial nurses either strongly disagreed or disagreed that remuneration is competitive compared to other similar organizations (15:50%) and less than two third(18:60%) either strongly disagree or disagree on fringe benefits. Furthermore, they either strongly disagreed or disagreed that opportunities exist for career advancement (16:53.3%) and hardworking nurses are recognized (17:56.6%). This is substantiated by the responses from open-ended questions:

*“I feel nurses are discriminated in allowance compare with other health worker because I have BSc degree in nursing but I haven’t got any allowance while with the same educational qualification health officers have got house allowance”.*

*“Subordinates health worker other than nurse for example Health Officers are better paid than nurses who are in management position, especially when it comes to Sundays, public holidays, and overtime.”*

### 3.4.7 Aspects related to staffing and work schedules

**Table 3.28: Responses on aspects of staffing and work schedules (n = 30)**

STAFFING AND WORK SCHEDULES	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
You get opportunities to make inputs into staffing policies and procedures	4	13.3	9	30	6	20	6	20	5	16.6	30	100
Opportunities exist for a flexible work schedule	3	10	8	26.6	1	3.3	13	43.3	5	16.6	30	100
The overall work schedule is fair	3	10	6	20	5	16.6	12	40	4	13.3	30	100
Overtime work is acceptable	3	10	3	10	3	10	12	40	9	30	30	100
There is a good balance between people who supervise work and people who do the work	4	13.3	5	16.6	8	26.6	9	30	4	13.3	30	100
The allocated staff in my unit are sufficient to cover the current workload	5	16.6	11	36.6	3	10	10	33.3	1	3.3	30	100
Care and support of staff in the form of counseling at the workplace is available	4	13.3	12	40	2	6.6	8	26.6	4	13.3	30	100

The following statements are either strongly agreed or agreed by managerial nurses: overall work schedule is fair (16:53.3%), opportunity exists for flexible work schedule (18:60%), and that overtime is acceptable (21:70%). However, the following statements either strongly disagreed or disagreed by the respondents: the staff assigned to their units are sufficient to cover the current workload (16:53.3%), they have opportunities to make input in staffing policies and procedures (13:43.3%), and that care and support of staff in the form of counseling at work is available (16:53.3%).

### 3.4.8 Aspects related to staff development

**Table 3.29: Responses on staff development (n =30)**

STAFF DEVELOPMENT AGREEMENT	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Opportunities for advancing in the organization exist	4	13.3	6	20	9	30	7	23.3	4	13.3	30	100
Good opportunities for continuous education are available.	8	26.6	9	30	5	16.6	3	10	5	16.6	30	100
The necessary training is given to ensure job effectiveness	5	16.6	7	23.3	2	6.6	10	33.3	6	20	30	100
Job-specific refresher courses are available	6	20	8	26.6	6	20	6	20	4	13.3	30	100
In-service training adequately addresses the skills gap	5	16.6	8	26.6	5	16.6	8	26.6	4	13.3	30	100
Incompetent nurses are identified and provided with necessary support	5	16.6	11	36.6	5	16.6	5	16.6	4	13.3	30	100
Good leadership/ management training is available.	7	23.3	10	33.3	4	13.3	4	13.3	5	16.6	30	100
Nurses participate in identifying their staff development needs	4	13.3	10	33.3	5	16.6	6	20	4	13.3	30	100

More than half of(17:56.6%) the managerial nurses are either strongly disagreed or disagreed that opportunities for continuous education exist and the same number of (17:56.6%) respondent show that good leadership and management training are available. More than a third of (11:36.6%) the respondents either strongly agreed or agreed on opportunities exist for advancing

in the organization while almost the same number (10:33.3%) respondent either strongly disagree or disagree on the statement. More than a third of (12:40%) respondents either strongly agreed or agreed that in-service training adequately addresses the skills gap while (13:43.3%) of respondents either strongly disagreed or disagreed on the statement. Less than half number (14:46.6%) of respondent either strongly disagree or disagree that job-specific refresher courses are available and more than half of (16:53%) respondents either strongly disagreed or disagreed on statement of incompetent nurses are identified and provided with necessary support.

It can be concluded that most are not aware about staff development program in their organization or their organization are not utilized the program effectively.

### 3.4.9 Aspects related to workspace and environment

**Table 3.30: Responses on workspace and environment (n=30)**

STAFF DEVELOPMENT AGREEMENT	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
My work environment is safe and free from hazards	7	23.3	6	20	6	20	11	36.6	0	0	30	100
Good workplace layout	4	13.3	10	33.3	5	16.6	8	26.6	3	10	30	100
Comfortable temperature	6	20	6	20	5	16.6	9	30	4	13.3	30	100
Necessary instruments are available	4	13.3	9	30	8	26.6	7	23.3	2	6.6	30	100
Equipment in working conditions	5	16.6	7	23.3	7	23.3	9	30	2	6.6	30	100
Materials and supplies sufficient	2	6.6	8	26.6	6	20	11	36.6	3	10	30	100
Antiseptic hand solution for Protection of staff and patients is available	2	6.6	5	16.6	2	6.6	16	53.3	5	16.6	30	100
Infection control strategy guideline are available	3	10	5	16.6	4	13.3	13	43.3	5	16.6	30	100

Less than half of respondents (13:43.3%) are either strongly disagree or disagree on statement of that the work environment is safe and free of hazards while (11:36.6%) either strongly agreed or agreed on the statement. More than a third (12:40%) are either strongly disagree or disagree on available equipment in working condition available, but (11:36.6%) are either strongly agreed or agreed on the statement. More than a third (13:43.3%) either strongly disagreed or disagreed on necessary instruments are available. Less than half of (14:46.6%) respondents are either

strongly agreed or agree on statement on materials and supplies sufficient. Furthermore, less than two third (18:60%) either strongly agreed or agreed on statement that infection control strategy guidelines are available and less than three fourth (21:70%) either strongly agreed or agreed on statement antiseptic hand solution for protection of staff and patients is available.

### 3.4.10 Aspects related to leadership and management

**Table 3.31: Management and leadership aspects (n=30)**

STAFF DEVELOPMENT AGREEMENT	Don't know		Do not agree		Tend to agree		Fully agree		Total	
	n	%	n	%	n	%	n	%	n	%
Leadership style is the way in which the management philosophy manifests itself in practice	5	16.6	9	30	12	40	4	13.3	30	100
The leadership style of nurses in our country over the last 20 years has been one of democratic leadership	7	23.3	5	16.6	12	40	6	20	30	100
Problem solving is more successful when managed immediately by the supervisor, rather than involving the specific subordinates	2	6.6	7	23.3	16	53.3	5	16.6	30	100
Nurses who are in management position should possess adequate communication skill	1	3.3	3	10	15	50	11	36.6	30	100
Due to the heavy workload of managers, it is not expected that they should have a training function	6	20	13	43.3	9	30	2	6.6	30	100
Patient care is the primary function of the manager, therefore personnel can be managed by the personnel department	6	20	12	40	6	20	6	20	30	100
Extrinsic motivation of employees involves stimulation of goal achievement.	2	6.6	5	16.6	15	50	8	26.6	30	100
Management's leadership style has an effect on the level of performance inclination.	3	10	4	13.3	15	50	8	26.6	30	100
A position of authority is required in management positions to ensure successful influencing of subordinate	3	10	8	26.6	12	40	7	23.3	30	100
Traditionally, nurses who are in management position Ethiopia have had an autocratic style of management	6	20	9	30	10	33.3	5	16.6	30	100
Participative management involves shared-decision making	1	3.3	6	20	14	46.6	9	30	30	100
Employees who receive frequent feedback concerning their performance are usually more highly motivated than those who do not	1	3.3	6	20	14	46.6	9	30	30	100

Leadership and management are important aspects when it comes to performance of nurses within the clinical wards. In support of this statement, more than three fourth of the respondents (23:76.6%) tended to agree or fully agreed that management and leadership style has an effect on

the willingness of subordinates to perform well. Over half of the responses (16:53.3%) fully *agreed or tended to agree that the leadership style exhibited by managers is the way in which their management values and beliefs are expressed.*

In determining the type of leadership in the nursing profession, less than two third of the respondents (18:60%) tended to agree or fully agreed with the statement that the leadership style of nurses over the last 20 years has been democratic, (5:16%) did not agree, while (7:23.3%) did not know. With regard to the statement that the leadership style of nurses in Ethiopia been traditionally autocratic, half (15:50%) of respondents tended to agree or fully agreed. The majority of managerial nurse (21:70%) agreed that a position of authority is required in management positions to ensure successful control of subordinates. Therefore, it can be concluded different style of leader ship have been applying in their organization, this can be mentioned as strong side.

### 3.4.11 Organizational processes

This section contains information about the opinions on the functions and operations of the organization.

#### 3.4.11.1 Mission and goals

**Table 3.32: Responses on organizational mission and goals (n=30)**

MISSION AND GOALS	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Most people here know how their work contributes to this organization’s mission.	1	3.3	8	26.6	5	16.6	10	33.3	6	20	30	100
The organization’s mission is understood by everyone who works here	2	6.6	7	23.3	5	16.6	10	33.3	6	20	30	100
I am clear about the objectives I need to achieve	2	6.6	4	13.3	6	20	12	40	6	20	30	100
People in this organization have a shared sense of purpose	1	3.3	7	23.3	7	23.3	14	46.6	2	6.6	30	100

most of the managerial nurses either agreed or strongly agreed that the organization’s mission is understood *by everyone who work there (16:53.3%), that most people know that their work*

contributes to the organization’s mission (16: 53.3%), and that they are clear about the objectives they need to achieve (18:60%).

### 3.4.11.2 Aspects related to commitment and satisfaction

**Table 3.33: Responses on commitment and satisfaction (n=30)**

COMMITMENT AND SATISFACTION	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
I am proud to tell people that I work for this organization.	1	3.3	5	16.6	9	30	9	30	6	20	30	100
I do not like the way this organization operates	2	6.6	7	23.3	9	30	10	33.3	2	6.6	30	100
This organization provides me with skills and knowledge that will benefit my future career	3	10	12	40	5	16.6	6	20	4	13.3	30	100
Doing this job makes me feel good about myself	0	0	5	16.6	4	13.3	14	46.6	7	23.3	30	100
I am subject to personal criticism or abuse at work	6	20	6	20	3	10	12	40	3	10	30	100
I am constantly seeking out new challenges at work	1	3.3	11	36.6	4	13.3	11	36.6	4	13.3	30	100

Less than three-quarters of respondents (21:70%) agreed or strongly agreed that doing this job (nursing) makes them feel good about themselves, and (15,50%) respondents felt proud to tell people that they work for this organization. half of respondents (15, 50%) mentioned that they are constantly seeking new challenges. (12:40%) stated that the organization provides them with skills and knowledge that will benefit their future careers. Therefore, most of the nurses who are in management positions show their commitment to the organization and satisfaction in working for the organization.

### 3.4.11.3 Aspects related to performance

**Table 3.34: Responses on performance (n=30)**

PERFORMANCE AGREEMENT	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
My performance is judged more by how much work I do than by how well I do it	1	3.3	5	16.6	4	13.3	13	43.3	7	23.3	30	100
My manager emphasizes my positive contributions when reviewing my performance	3	10	5	16.6	6	20	10	33.3	6	20	30	100
I am given enough authority to allow me to do my job effectively	1	3.3	7	23.3	5	16.6	12	40	5	16.6	30	100
People in this organization put more energy into identifying mistakes than into figuring out how to do things right	4	13.3	9	30	4	13.3	10	33.3	3	10	30	100
Judgment about my performance is fair	4	13.3	7	23.3	3	10	11	36.6	5	16.6	30	100
The way things are organized around here makes it hard for people to do their best work	1	3.3	7	23.3	7	23.3	11	36.6	4	13.3	30	100
I feel my work contributes to the organization's performance	0	0	5	16.6	5	16.6	13	43.3	7	23.3	30	100

Two third (20:66.6%) of respondents either strongly agree or agree, they feel their work contributes to the organization's performance, that judgment about their performance is fair (16:53.3%), and that they are given enough authority to allow them to do their work (17:56.6%).

Even if less than half (13:43.3%)of respondents either strongly agreed or agreed that People in this organization put more energy into identifying mistakes than into figuring out how to do things right, the same number of respondent either strongly disagreed or disagreed on this statement. Furthermore, half (15:50%) of nurses who are in management position either strongly agreed or agreed on the statement of the way things are organized around here make it hard for people to do their best work. This very alarming, getting this response managerial nurses.

### 3.4.11.4 Aspects related to reward and recognition

**Table 3.35: Responses on reward and recognition (n=30)**

REWARD/RECOGNITION	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
I receive prompt acknowledgement and recognition for doing a good job	5	16.6	9	30	5	16.6	9	30	2	6.6	30	100
I find my work rewarding	1	3.3	7	23.3	5	16.6	8	26.6	9	30	30	100
The work I do gives me a feeling of Personal achievement	4	13.3	6	20	1	3.3	13	43.3	6	20	30	100
When I retire I will receive a reasonable pension from this organization	2	6.6	8	26.6	7	23.3	10	33.3	3	10	30	100

Less than two third of (19:63.3%) nurses who are in management position either strongly agreed or agreed that the work they do gives them a feeling of personal achievement, and more than half (17:56.6%) revealed that they found their work rewarding. On other hand, less than half (14:46.6%) either strongly disagreed or disagreed that they received prompt acknowledgement and recognition for doing a good job.



### 3.4.11.5 Aspects related to management style

**Table 3.36: Responses on aspects related to management style (n=30)**

MANAGEMENT STYLE	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
My manager/supervisor inspires me to do my best	3	10	5	16.6	3	10	7	23.3	12	40	30	100
When changes are made in the way things are done, management always first informs the people who will be affected.	0	0	8	26.6	3	10	13	43.3	6	20	30	100
If I have an idea for improving the way we do our work, my supervisor/manager will usually listen to me.	0	0	7	23.3	6	20	12	40	5	16.6	30	100
My manager/supervisor gives me regular, timely feedback that helps me improve my performance	4	13.3	9	30	6	20	9	30	2	6.6	30	100
I am afraid to openly express my ideas and opinions	6	20	10	33.3	5	16.6	6	20	3	10	30	100
Senior managers in this organization are open to new ideas and suggestions	2	6.6	6	20	5	16.6	12	40	5	16.6	30	100
I trust and respect my immediate supervisor	1	3.3	3	10	6	20	15	50	5	16.6	30	100

Two third of (20:66.6%) the nurses who are in management position that they trust and respect their immediate supervisor, and less than two third (19:63.3%) that their supervisor inspires them to do their best. Further more, more than half (17:56.6%) either strongly agreed or agreed that if they have an idea for improving the way they work, the supervisor will listen to them, and more than half (17:56.6 %) also either agreed or strongly agreed that senior managers in the organization are open to new ideas. Even if just over one-third (11:36.6%) either strongly agreed or agreed that their manager gives them regular, timely feedback that helps them to improve performance, more than a third (13:43.3%) either strongly disagreed or disagreed on this statement.

### 3. 4.11.6 Aspects related to interpersonal relations

**Table 3.37: Responses on interpersonal relations (n=30)**

INTERPERSONAL RELATIONSHIPS	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
In this organization, people in different departments or programs try to help each other	1	3.3	6	20	4	13.3	12	40	7	23.3	30	100
I work with skilled competent people who are good at their jobs	1	3.3	3	10	6	20	11	36.6	9	30	30	100
The people I work with are comfortable in suggesting changes and improvements to each other	1	3.3	6	20	7	23.3	11	36.6	5	16.6	30	100
There is a great deal of cooperation between people in this organization	2	6.6	6	20	4	13.3	15	50	3	10	30	100
My colleagues value my contribution	1	3.3	4	13.3	10	33.3	12	40	2	6.6	30	100
I am not included in hospital/ward activities or made to feel part of the team	4	13.3	10	33.3	3	10	11	36.6	2	6.6	30	100

There seems to be positive interpersonal relations between managers and the nurses they are supervising as indicated by the responses of nurses who are in management positions. They either strongly agreed or agreed to statements on:

- People in different departments or programs try to help each other (19:63.3%),
- Their colleagues value each other's contributions (14:46.6%),
- There is a great deal of cooperation in the organization (18:60%).
- They have worked with competent people who are good at their jobs (20:66.6%),
- People they work with are comfortable in suggesting changes and improvement each other (16:53.3%).

These responses are consistent with the nurses' responses in table 3.17.

### 3.4.11.7 Aspects related to social and cultural factors

**Table 3.38: Responses on social and cultural factors (n =30)**

SOCIAL AND CULTURAL BELIEFS AND FACTORS	Strongly disagree		Disagree		Uncertain		Agree		Strongly agree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Some cultural beliefs in the community I am living are in conflict with some my organization policies	4	13.3	9	30	7	23.3	9	30	1	3.3	30	100
The community I live in has the highest regards for my organization	1	3.3	13	43.3	5	16.6	5	16.6	6	20	30	100

More than a third (13:43.3%) of respondents either strongly disagree or disagree on some cultural beliefs in the community conflicting with some of their organization policies. Furthermore, less than half (14:46.6%) of the respondents either strongly disagreed or disagreed on the statement that community they lived in has the highest regard for their organization.

### 3.4.12 Open- ended questions

Managerial nurses were asked open-ended questions to indicate what they like most about working for their organization, what they like least and what they would like to see changed or improved.

They provided more than one response to these questions; however, *not all* responded to all open-ended questions.

#### 3.4.12.1 Aspects what like most or like least about working in their organization

**Table 3.39: Responses about what they like most about working for their organization (n=30)**

ISSUE	n	%
Caring for sick and helpless patients	14	46.6
Cooperation and team work	9	30

As shown in the table 3.39, less than half (14:46%) responded that they like caring the sick and helpless patients in their organization. This shows they are satisfying to see that nursing still remains a caring profession.

Table 3.40: Responses about what they like least about working for their organization (n=30)

ISSUE	n	%
Low remuneration	16	53.3
No recognition for work rendered	5	16.6
Poor communication	1	3.3
Shortage of equipment and supplies	2	6.6

For the question about what they like the least about the organization, the respondents mentioned the following: low remuneration (16:53%), no recognition for the work they have rendered (5:16.6%), lack of equipment and supplies (7: 16.6%), shortage of equipment and supplies (2:6.6%). Some individual responses from include:

*“Our remuneration is too low and never matches with our work load”*

*“ I feel government discriminated nurses on payment of allowance I have BSc degree but I get 95 birr per night shift when I work in night but Health Officer who has BSc degree get 126 birr if he /she works at night. In addition, Health Officers get 350 birr house allowance but nurses do not get any allowance.”*

#### 3.4.12.2 Aspects that would like improve or change

Improvement of performance of managerial nurses should be an ongoing activity. They gave important information on what needs to be changed and improved. Table 3.41 contains only the common responses from them on what they would like to see changed or improved.

Table 3.41: Responses about what they would like improve or change (n=30)

ISSUES	n	%
Recognition of additional training	15	50
Salaries and remuneration package to be improved	15	50
Improve opportunities for in-service training/skills development and opportunities to attend workshops	17	56.6
Shortage of necessary equipments should be improved	6	20
Recognition and valuing of hardworking nurses	14	46.6

The common responses on what they would like change or improve are:

- More than half of (17:56.6%) of respondent suggested that Improve opportunities for in-service training/skills development and opportunities to attend workshops;
- Half of (15:50%) of respondents said that the current salary and remuneration package should be improved;
- Less than half (14:46.6%) suggested that hard work should be recognized;
- Half of (15:50%) respondents suggested that additional training should be recognized;
- More than half (17:56.6) responded that opportunities for in-service training, skills development, and attend to workshops should be improved; and
- (6:20%) suggested that shortage of equipment should be improved.

## Chapter 4

### Conclusions and Recommendations

#### 4.1 Conclusions

##### 4.1.1. General factors affecting the performance of nurses

The first objective of the study was to identify factors that positively and negatively affect the performance of nurses. The aspects that have emerged from the study include a broad range of negative and positive factors, which lay within the individual or the organizational structures and processes. These are discussed in detail below.

##### 4.1.1.1 Aspects related to knowledge and skills base

Less than half 46 percents of the nurses responded that they have very poor to average in conducting in service training, and also a few nurses have very poor to average skills on 10% counseling and 20.5 percents for self assessment skills( Table 3.3). *These are important skills needed by every nurse.* They also critically need skills for supervising students and providing in-service training. In most health centers and all hospitals surveyed, student nurses are allocated for practical experience and mentoring to become nurses. Furthermore, nurses provide counseling and care to patients who are affected or infected by a virus. It is therefore necessary to develop strategies that will address the skills gap in the wards they are assigned.

##### 4.1.1.2 Aspects related to performance appraisal and utilization

Majority of nurses as well as managerial nurses that performance appraisal system is operational and taken regularly basis. It can be concluded that reports with information of the level of performance of individual nurses and nurses who are in management position are existed and formal appraisal is in place in most of the wards to identify skill gaps or good performance.

In Tables (3.7 and 3.26) indicated that they are given feedback on outcomes of performance appraisal throughout the year. Furthermore, employees are given opportunities for self-assessment or to comment on their performance outcome report. It can be concluded, therefore, there is formal monitoring of performance in clinical wards.

#### **4.2.1.3 Aspects related to remuneration, benefits, reward, and recognition**

Almost half of both groups of respondents were not satisfied with their remuneration and held the opinion that it was not competitive with other similar organizations.

On issue of career advancement, the majority of the respondents were of the opinion that career advancement was poor, that nurses are not recognized for the work done and for additional qualifications acquired.

It is encouraging to note that most of the managerial nurses and nurses are of the opinion that the work they are doing gives them a feeling of achievement (Tables 3.12 and 3.34) and that they find their work rewarding. On the other hand, 54.5 percents nurses and 46.6 percents managerial nurses opinion that they do not get acknowledgement and recognition for doing a good job. It can be concluded that respondents feel that acknowledgement on their performance serve as positive encouragement and reassure them that their contributions are important and appreciated.

#### **4.2.1.4 Staffing and work schedule**

It is very encouraging that both group of respondents revealed that the overall work schedule is fair and work hours are flexible even if nearly one-third of both side of the respondents were not agreed in these statements (Tables 3.9 and 3.28). It can be concluded that though nearly half of the respondents seems to be satisfied, this is one factor that can be revisited and successfully resolved between the health facilities (both hospitals and health centers) management and all nurses concerned to ensure that everyone agrees with the work schedule provided.

The majority of nurse revel that the allocated staff in their ward is not sufficient to cover the current workload. Thus, it can be concluded that there are insufficient nurses allocated to wards to provide nursing care.

It is disappointing to note that the more than half of nurses and managerial nurses indicated that, despite the heavy workload, care, and support of staff in the form of counseling is not available.

#### **4.2.1.5 Staff development**

More than half of the nurses 52.5 percents and 56.6 percents of managerial nurses thought opportunities are of the opinion that continuous education opportunities were not available (Tables 3.10 and 3.29). Furthermore, only 39.9 percents of nurses and 44.5 percents of managerial nurses are of the opinion that the in-service training provided addresses the skills gap. It can therefore be concluded that staff development programs are inappropriate used by their organizations. It is critical that this factor be addressed.

It is alarming to note that both groups 57 percents nurses, 53.2 percents managerial nurses did not support the statement that incompetent nurses are identified and provided with necessary support but it is alarming, even if formal performance review systems are operational (Tables 3.5 and 3.25).

#### **4.2.1.6 Workspace and environment**

Even if most managerial nurses revealed that materials and supplies are sufficient but majority of nurses are not agree in this statement and furthermore, the majority of both are revealed that necessary instruments are not available in their ward (Tables 3.11 and 3.30).

The assumption can be made that the physical conditions are not conducive to work and that they constrain employees in providing quality care.

It is, however, encouraging to see that both groups felt that infection control aspects are being addressed: they felt that infection control strategy guidelines are available.

#### **4.2.1.7 Mission and goals**

It is encouraging to note that the majority of both groups of respondents indicated that they are clear know about the objectives to be achieved and that their work contributes to the objectives of the organization (Tables 3.12 and 3.32).

It can be concluded that the goals and objectives are known and that they are aware their day-to-day activities, duties, and tasks are linked to the overall performance of the organization.



#### **4.2.1.8 Commitment and satisfaction**

Both groups indicated that they are committed to the organization and that being a nurse makes them feel proud about themselves (Tables 3.14 and 3.33).

#### **4.2.1.9 Leadership and management**

It is therefore encouraging to note that the majority of both groups of respondents indicated that they trust and respect their immediate managers and supervisors who inspire them to do their best (Tables 3.14 and 3.30). It can be concluded that leadership and management styles of senior nurses in the organization have a significant effect on the performance outcomes of their subordinates.

### **4.2.2 Management factors affecting the performance of nurses**

Nurses who are in management position need certain important skills in order to effectively manage the ward and their subordinates. The issues related to management skills of nurses are discussed below.

#### **4.2.2.1 Management skills and competencies**

The majority of nurses who are in management position are of the opinion that they have experienced and executed activities related to orientation of staff, training, one to one performance interview related to performance outcome, and counseling (Table 3.20).

However, significant number of managerial nurses indicated that they have not experienced or been involved in executing some very important activities such as:

- One-to-one performance interviews with subordinates (43.5%),
- Providing training to employees (40%),
- Orientation of new staff (23%),
- Managing conflict (43.3%),
- Counseling of employees (36.6%);

Furthermore, 86.6 percents of nurses who are in management position are not involved in Operation Research activities. It can be concluded that *not all* nurses who are in management positions have enough exposure and involvement in all management functions.

#### **4.2.2.2 Management related training**

On issues connecting with management training, related additional training, and qualifications, most nurse who are in management position 70 percents indicated that they have not received any training (Table 3.22). It is regrettable to see that such a percentage of nurses have not any additional preparation for a higher level of nursing functions.

#### **4.2.2.3 Knowledge base and skills of managerial nurses**

With regard to nurses who are in management position' knowledge and skills, there are balanced views between good and average skill. On average less than two-third of them rating themselves as having sufficient knowledge and skills in: implementing nursing service policy, planning nursing services, skills development, supportive supervision, motivation of staff and problem solving, development of nursing standards, performance appraisal of subordinates planning nursing services delivery, nursing audit and motivation (Table 3.24).

### **4.3 Recommendations**

The results revealed that there are factors affecting the performance of nurses. These factors need to be addressed to sustainable progress in improving the performance of nurses within a changing health environment. In this section, some recommendations are proposed for developing and improving performance of nurses but the recommendations recommend broad areas to be addressed with possible strategies that could be implemented according to health facilities.

#### **1. Development of the nursing profession**

There is important to make the nursing profession perceptible. It should reveal a positive image of the caring roles of nurses to communities, clients, patients, and authorities. This can be done through developing promotion materials with positive messages and images of nursing. Nursing associations are strategically placed to lead this activity. Furthermore, nursing leadership should

be strengthened to be able to effectively communicate with decision makers and lobbying with interested parties to affect necessary changes in nursing services and needs.

## **2. Building knowledge and expertise**

### **2.1 Providing continuous professional development of nurses and in service training program**

A continuous education program is necessary to ensure that nurses are capable with regard to their knowledge and skills as well as are responsive to changing needs in the health sector. Addis Ababa city Health Bureau as well as the Ministry of Health are responsible for overseeing the nursing services in the city. Both should develop a program and encourage nurses to develop themselves and thus enhance the nursing profession.

### **2.2 Preparing skill development program and development of courses to address the skill gap**

To ensure that both nurses and managerial nurses are kept up-to-date with the needs of the organization it is very important preparing skill development program and development of short-term-courses. In-service training is most likely to change nurses' behavior when it is interactive, based on real-life problems, and combined with continuing, intermittent support. The program may consist of short-term courses, workshops and long-term courses. The Addis Ababa city health bureau should be realized that skill development program and development of courses to address the skill gap and should contact with health training providing centers to develop some of the courses needed.

## **3. Development of mechanisms for improving the performance of health workers**

### **3.1. Development of motivation strategy (include aspects such as recognition, incentives, career path development, working condition)**

In Ethiopia of raising of salaries depends on the recommendations of the civil Services Commission. It is therefore recommended that health authorities, regulatory bodies, nursing association and encourage some changes whenever reviews of remuneration are done. For example, the level of remuneration of nursing personnel should be reasonable, proportionate with the work done and

responsibilities taken and comparable to equivalent jobs in others health institution within the country. Furthermore, the consideration could be given to scarce-skills allowances, and nurses should be compensated for taking on heavy workloads.

Recognition is seen as a key factor for job satisfaction as it improves the performance of nurses. It is recommended that strategies for acknowledging, recognizing, and rewarding nurses, including other front-line workers, should be developed. Authorities should recognize and acknowledge nurses who are doing a good job under difficult conditions and not only mention the bad attitudes of nurses. This could be done by involving the nurses themselves in developing reward strategies. Some strategies could be borrowed from the private sector like granting leave for those working in stressful clinical areas for rest and recovery, or giving a yearly prize to the best nurse or using one criterion for selecting training opportunity.

A safe physical environment contributes to job satisfaction and motivation. The City Health Bureau should ensure the availability of basic supplies and materials, maintenance of equipment and appropriate protective wears.

Even if most of respondent believed that there is a flexible working hour, some did not agree on this statement. Therefore, health centers and hospitals are expected to do more to satisfy all nurses by established flexible.

### **3.2 Advocate for increasing the number of nurses**

The increasing demand of health care in the city means that the city health bureau and its partner should develop initiatives to meet the demand for more nurses and alleviate the workload from the existing nurses. It is necessary that the city health bureau and its partners encourage giving more support on capacity building to the private health ,and governments health colleges and higher institution in order to join more students in nursing profession . This will help to lessen the workload of nurses.

### **3.3 Development of supervisory and feedback skills**

If executed correctly, supervision could be a mechanism for encouraging professional development and improving worker job satisfaction and motivation. It is necessary to encourage and advocate for institutional supportive supervision by introducing clear guidance on how to conduct supportive supervision. Tasks such as nursing audits should be done regularly, and the audit report should be used to identify gaps in nursing care. It is suggested that supervisors should be empowered by

strengthening supervisory skills and developing tools and plans for supervision. Feedback skills are also very important. Short courses or in-service training programs for nurses especially who are in managers should be organized.

#### **4. Development of leadership and management capacity**

##### **4.1 Developing a plan for leadership, management capacity, management competence, and skills development courses**

An important aspect of improving performance is the effective leadership skills of managers. Although there is some improvement in the management style, the autocratic approach is still practiced in nursing today. In the current changing environment where the individual's rights are recognized, it is important for the formation of an environment that enables participation in management and decision-making. It is also important for the leader to have some emotional commitment to staff, and promote them to do their best. To do this leadership courses which discussed the different styles of leadership and their implications should be organized by the Sub-division nursing services.

There is an increasing recognition that managerial skills are important in making health systems work. Concerted efforts should therefore be made to develop and update the skills of nurses who are in management position at all levels of health care. In order to ensure effective strengthening of nursing services and care, it is important to employ a participatory approach in the organization to ensure that nurses are involved and consulted on issues regarding their work. Effective participation involves shared interest, improved coordination and communication. Given the crucial role nursing practitioners play within the health care delivery systems, their expertise should be called upon when decisions are made about enhancing the efficiency of health services.

Program that will help to develop nurses as effective leaders should be implemented. It is also recommended that leadership's course be developed and that every nurse in a supervisory or management position should attend such a course to prepare them for this important role.

#### **4.2 Improvement of communication processes**

Interpersonal relations and communication skills, including counseling skills, are very vital and important aspects of nursing. It is recommended that nurses and nurse who are in management should undergo at least one course on counseling and interpersonal skills to enhance communication skills. These skills are now seen as highly important for all health workers. To ensure that a critical mass of nurses and nurse who are in management position is equipped with skills, a course for training of trainers in counseling and interpersonal skills should be institutionalized by Addis Ababa city health bureau collaborate with training centers.

#### **5 Development of a comprehensive research agenda strengthening of research capacity and skills building courses**

It is essential encouraging more research to expand and strengthen evidence on nursing practice. Huge efforts should be made to investigate nursing services in different regions health facilities as well as health facilities administrated by region of health bureau and federal ministry of health in the context of health care delivery systems. research in nurses could health to formulate effective models that contribute to providing quality of nursing care but a major obstacle for research is insufficient financial resources for nursing services research, insufficient technical skills for conducting research by nurses themselves and lack of nursing research institutions in the Country .

A wide-ranging research agenda for development the availability of scientific knowledge for nursing services development should be developed nationally. This agenda must include issues such as:

- Improving the research knowledge and skills
- Detection of critical areas for research
- Development of a plan for mobilizing financial resources

#### **4.4 Recommendations for further research**

This research paper only covers the factors that affect performance of nurse who are working in health centers and hospitals administrated by Addis Ababa health bureau. Further research is needed to validate these results in health facilities administrated by other regions health bureau as well as health facilities administrated by Ministry Health of Ethiopia.

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## Appendices

### Questionnaire for Nurses

Addis Ababa University

School of Graduate Study

#### Master of Public Administration Program

I am a graduate Master of Public Administration at Addis Ababa University. As part of the requirements for graduation, I am collecting data for a thesis project. The purpose of this study is to identify and analyzing factor that negative and positive affect performance of nurses working in health facilities administrated by Addis Ababa Health Bureau and explore factors that are strongly associated with improved performance in order to suggest strategies for monitoring and improving the performance.

I would like to inform you that your responses are entirely confidential. No one in the organization will see the answer you give, so please answer the questions as honestly possible. Finally, I would like to thanks in advance for taking time for participating in this survey

### Questionnaire for nurses

#### Section A: Personal Information

Please give your answer for each of the following questions. Read all **answer s** first and choose the appropriate answer box by circling only one number of each question:

##### 1. Age

20 years or lower	1
20-29 years	2
30-39 years	3
40-49 years	4
50-59 years	5
60 or over	6

##### 2. Gender

Male	1
Female	2

3. What is your higher qualification in nursing? <sup>xi</sup>

Diploma in nursing	1
BSc in nursing	2
Master Degree	3
PhD degree	4

4. How many years have you been a registered nurse?

2-5 years	1
6-10 years	2
11-15 years	3
16-20 years	4
21 years or longer	5

### **Section B: Organizational Demography**

5. Which type of health facilities currently employed?

Hospital	1
Health Centers	2
Clinics	3
others	4

6. What is your current employment status in this organization?

Full time	1
Part -time	2
other	3

7. In what type of discipline or clinical ward are you currently allocated?

Surgical Ward	1	xii	
Maternity Ward	2		
Pediatric Ward	3		
Outpatient	4		
Medical Ward	5		
Clinical / intensive care	6		
Theatre	7		
Other	8		

8. Indicate How long you have been working in your current ward

0-12 years	1
1-2 years	2
2-3 years	3
3-4 years	4
5 years and longer	5

### **Section C: skills development, performance assessment, work space and incentives**

9. Indicate how you are regarding your knowledge and skills in your current job position by placing an **x** mark in appropriate box

Please indicate your answer as follows:

Very poor	1
Poor	2
Average	3
Good	4
Excellent	5

<b>Knowledge and Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
9.1	Planning of nurse care					
9.2	Implement nursing care plans					
9.3	Assessment of Patient					
9.4	Implementing of nursing performance standard					
9.5	Health Education					
9.6	Clinical Competency <span style="float: right;">xii</span>					
9.7	Interpersonal relation					
9.8	Patient Counseling skills					
9.9	Self assessment with regard to outcome performance					
9.10	Supervision of nursing care					
9.11	In –service training					
9.12	Management of time					
9.13	Improvement of quality care					
9.14	Maintaining facilities , equipment and supplies					

10. Which of these tasks did you find the most difficult and why?

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11. Please indicate up to two other important competence or skills you wish to acquire in your current position

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12. How is performance review in your organization for employee

A formal system of regular appraisal with review of past performance , setting of objectives	1
Informal, but regular review involving discussion about past performance and agree action for future	2
Informal, ad hoc reviews, undertaken especially when there is performance problem	3
Not reviewed	4

13. If you have performance appraisal system in place, how are the result of performance appraisal utilized? xiv

Training	1
Promotion	2
Demotion	3
Rotation	4
Not Used	5

14. Indicate your response to the following statement regarding performance appraisal and utilization

Please indicate your answer as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
14.1	Objectives to be achieved by are known by in individuals to be assessed					
14.2	Performance standards expected from staff are clear and understand by all					
14.3	Constructive feedback on performance appraisal results is provided on regular basis					
14.4	Feedback how staff is performing is provided through the year					
14.5	Prompt action is taken when performance fall below accepted standards					
14.6	My manager supervision inspire me to do my best					
14.7	Staff are given opportunity to make comment on the result of their performance					



15. Indicate your response to the following statement regarding your remuneration, benefit and recognition

xv

Please indicate your answer by **Mark**  appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
15.1	Your remuneration is competitive compare to other similar organization					
15.2	Remuneration is according to your experience					
15.3	Remuneration is according to your job responsibility					
15.4	Fringe benefit are known to you					
15.5	Opportunity exist for carrier advancement					
15.6	Hard working nurses are recognized					

16. What do you like comment on any your responses in question No.15?

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17. Indicate your response to the following statement regarding staffing and work schedules

Please indicate your answer by **marking X** in appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
17.1	You get opportunity to make inputs i <sup>xvi</sup> nforming policies and procedure					
17.2	Opportunity exist for a flexible work schedule					
17.3	the overall work schedule is fair					
17.4	Over time work is acceptable					
17.5	There is good balance between people who supervise work and people who do their work					
17.6	The allocated staff in my unit is sufficient to cover the current work load					
17.7	Care and support of staff in the form of counseling at the work place are available					

18. Indicate your response to the following statement regarding staff development.

Please indicate your answer by **marking x** in appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
18.1	Opportunity for advancing in the organization exist					
18.2	Good opportunity for continuing education are available					
18.3	The necessary training is given to ensure job effectiveness					
18.4	Job specific refresher courses are available					

18.5	In- service training adequately address the skill gap					
18.6	Incompetent nurses are identified and provided with necessary support					
18.7	Good leadership/management training available					
18.8	Nurses participate in identify their staff development needs					

19. Indicate your response to the following statement regarding work space and environment

Please indicate your answer by **marking** <sup>xvii</sup> appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
19.1	My work environment is safe and free from environment hazards					
19.2	Good working play layout					
19.3	Comfortable temperature					
19.4	Necessary instrument are available					
19.5	Instrument in working condition					
19.6	Material and supplements are available					
19.7	Hand solution for protection of staff and patient are available like glove, antiseptic etc...					
19.8	Infection control strategy guideline available					

## Section D

### Your view about your organization: opinion survey

#### Section D (A)

Each question is presented as statement. Please read the statement carefully before you reply. When answering question, remember that there are no right answer. It is your honest opinion that counts, not what you think you should say or what other people would say.

Please indicate your answer by **marking X** in appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
20	I worked with competent people who are good at their job					
21	My performance is judged more by how much work I do than by how well I do it					
22	I find my work rewarding					
23	I am afraid to openly express my idea and opinion					
24	People in this organization have a shard sense of purpose					
25	Doing this job makes me feel good about my self					
26	I am subjected to personal criticism and abuse					
27	People in this organization put more energy into identifying mistake than into figuring out how to do things right					
28	I don't like the way organization operate					
29	The way things are organized around here make it hard for people to do their best work					

30	I am proud to tell people that work for this organization					
31	Some cultural believe in the community am living in conflict with some of my organization policy					
32	I Am not included hospital /ward in activates or made feel part of the team					
33	I am constantly seeking out new challenge at work					
34	The community I live in the highest regard for my organization					

### Section D (B)

Each question is presented as a statement. Please read the statement carefully before replying. You are asked to select one response that matches most closely with your perception of statement.

Please indicate your answer by **marking X** in appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
35	In this organization, people in different department or program try to help each other					
36	Most people here know how their work contributes to this organization mission					
37	I receive prompt acknowledgment and recognition for doing good job					
38	My manager/ supervisor inspires me to do my best					
39	Judgment about my performance is fair					
40	The organization mission is understood by everyone who works here					

41	The people I work with are comfortable in suggesting change and improvement to each other					
42	Senior managers in this organization are open to new idea and suggestion					
43	I am clear about the objectives I need to achieve					
44	I trust and respect my immediate super visor					
45	My manager emphasis my positive contribution when reviewing my performance					
46	When changes are made in the way things are done, management always first informs the people who will be affected					
47	This is a great deal of cooperation between people in this organization					
48	When I retire I will receive a reasonable pension from this organization					
49	I am giving enough authority to allow me to do job effectively					
50	If I have an idea for improving the way we do our work , my supervisor or manager will usually listen to me					
51	I feel my work contributes to the organization performance					
52	The work I do gives me a feeling of personal achievement					
53	My pay competitive to other similar organization					
54	My colleague value my contribution					
55	My manager/super visor give me regular, timely feedback that helps me improve my performance					
56	This organization provides me with skills and knowledge that will benefits my future carriers					

57. What are the things you most like about working for this organization?

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## Questionnaire for Managerial Nurses

Addis Ababa University

School of Graduate Study

Master of Public Administration Program

I am a graduate Master of Public Administration at Addis Ababa University. As part of the requirements for graduation, I am collecting data for a thesis project. The purpose of this study is to identify and analyzing factor that negative and positive affect performance of nurses working in health facilities administrated by Addis Ababa Health Bureau and explore factors that are strongly associated with improved performance in order to suggest strategies for monitoring and improving the performance.

I would like to inform you that your responses are entirely confidential. No one in the organization will see the answer you give, so please answer the questions as honestly possible.

Finally, I would like to thanks in advance for taking time for participating in this survey

### Section A: Personal Information

Please give your answer for each of the following questions. Read all **answer** first and choose the appropriate answer box by circling only one number of each question:

1. Age

20 years or lower	1
20-29 years	2
30-39 years	3
40-49 years	4
50-59 years	5
60 or over	6

2. Gender

Male	1
Female	2

3. What is your higher qualification in nursing?

Diploma in nursing	1
BSc in nursing	2
Masters Degree	3
PhD degree	4

4. How many years have you been a registered nurse?

2-5 years	1
6-10 years	2
11-15 years	3
16-20 years	4
21 years or longer	5

**Section B: Organizational Demography**

5. Which type of health facilities currently employed?

Hospital	1
Health Centers	2
Clinics	3
others	4

6. Please indicate the current position within hospital or health centers

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## Section C

### Management Skills development, performance assessment, work space and incentive

7. Has you as management position holder been involved with any of the following

Answer either **Yes** or **No** by placing an **x mark** in appropriate box

	Task	NO	Yes
7.1	Providing training to employee		
7.2	One –to-one performance interview related to performance out come		
7.3	Placement outcome according to skill		
7.4	Orientation of new staff		
7.5	Managing conflict		
7.6	Operational research		
7.7	Counseling of employee		

8. Which tasks is the most difficult and why?

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9. Have you received any management training or training in specific aspects related to management

Yes       No

10. If you have answered yes for question 9, please give the following particular regarding management training or training in aspects related to management, which you received, but if your answer is 'No' for question 9 go to question 11.

10.1 Please specify the course received and duration of course in days

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10.2 To what extent do you consider training to be sufficient

Not at all	1
To some degree	2
To large degree	3
To a very large degree	4

11. Indicate how you regard your management skills for overseeing the effective functioning of the ward ( s) under your supervision

Please indicate your answer as follows by placing an **x mark** in appropriate box:

Very poor	1
Poor	2
Average	3
Good	4
Excellent	5

		1	2	3	4	5
Knowledge and skills						
11.1	Nursing service policy and implementation					
11.2	Planning nurse service delivery					
11.3	Nurse audit					
11.4	Developing nurse development standard					
11.5	Development of competency					
11.6	Skill Development					
11.7	Interpersonal relation					
11.8	Counseling skill					
11.9	Performance appraisal subordinates					
11.10	Supportive supervision					
11.11	Problem solving					
11.12	Motivation staff					
11.13	Organizing , facilities, equipment and supply					

12. How, if at all is performance reviewed by your organization for various categories of employees?

A formal system of regular appraisal with review of past performance , setting of objectives	1
Informal, but regular review involving discussion about past performance and agree action for future	2
Informal, ad hoc reviews, undertaken especially when there is performance problem	3
Not reviewed	4

13. Indicate your response to the following statement regarding performance appraisal and utilization

Please indicate your answer as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
13.1	Objectives to be achieved by are known by in individuals to be assessed					
13.2	One- to –one performance interview on outcome of performance appraisal is conducted					
13.3	Performance standard is clear and understood by all					
13.4	Feedback how staff is performing is provided through the year					
13.5	Peer review performance is done					
13.6	Feed back of how staff performing is provided throughout the year					
13.7	Prompt action is taken when performance fall below accepted standards					
13.8	manager supervision inspire me to do their best					
13.9	Staff are given opportunity to make comment on the result of their performance					
13.10	Self assessment by employees to review their own performance is done					

14. Indicate your response to the following statement regarding your remuneration, benefit and recognition.

Please indicate your answer by **marking x** in appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
14.1	Your remuneration is competitive compare to other similar organization					
14.2	Remuneration is according to your experience					
14.3	Remuneration is according to your job responsibility					
14.4	Fringe benefit are known to you					
14.5	Opportunity exist for carrier advancement					
14.6	Hard working nurses are recognized					

15. What do you like comment on any your responses in question No.14?

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16. Indicate your response to the following statement regarding staffing and work schedules

Please indicate your answer by **marking x** in appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
16.1	You get opportunity to make inputs into staffing policies and procedure					
16.2	Opportunity exist for a flexible work schedule					
16.3	the overall work schedule is fair					
16.4	Over time work is acceptable					
16.5	There is good balance between people who supervise work and people who do their work					
16.6	The allocated staff in my unit is sufficient to cover the current work load					
16.7	Care and support of staff in the form of counseling at the work place are available					

17. Indicate your response to the following statement regarding staff development.

Please indicate your answer by **marking x** in appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
17.1	Opportunity for advancing in the organization exist					
17.2	Good opportunity for continuing education are available					
17.3	The necessary training is given to ensure job effectiveness					
17.4	Job specific refresher courses are available					
17.5	In- service training adequately address the skill gap					
17.6	Incompetent nurses are identified and provided with necessary support					
17.7	Good leadership/management training available					
17.8	Nurses participate in identify their staff development needs					

18. Indicate your response to the following statement regarding work space and environment .

Please indicate your answer by **marking x** in appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
18.1	My work environment is safe and free from environment hazards					
18.2	Good working place layout					
18.3	Comfortable temperature					
18.4	Necessary instrument are available					
18.5	Instrument in working condition					
18.6	Material and supplements are available					
18.7	Hand solution for protection of staff and patient are available like glove, antiseptic etc...					
18.8	Infection control strategy guideline available					

19. Indicate your response to the following statement regarding management and leadership

Please indicate your answer by **marking x** in appropriate answer box as follows:

Don't know	1
Do not agree	2
Tend to agree	3
Fully Agree	4

	Statement	1	2	3	4
19.1	Leadership style is the way in which the management philosophy manifests itself in practice				
19.2	The leadership style of nurse in our country over the last 20 years has been one of the domestic leadership				
19.3	Problem solving is more successful when managed immediately by the supervisor, rather than involving specific subordinate				
19.4	Nurses who are in management position should possess adequate communication skills				
19.5	Due to heavy work load of manager, it is not expected that they should have training function				
19.6	Patient care is primary function of manager; so personnel management can be managed by personnel department				
19.7	Extrinsic motivation of employee involves stimulation goal of achievement				
19.8	Managements' leadership style has effect on level performance of inclination				
19.9	A position of authority is required in management positions to ensure success influencing subordinate				
19.10	Traditionally, nurses managers in Ethiopia have had autocratic style of management				
19.11	Participative management involves in decision making				
19.12	Employee who receive frequent feedback concerning their performance, are usually more highly motivated than those who do not				

## Section D

### Your view about your organization: opinion survey

#### Section D (A)

Each question is presented as statement. Please read the statement carefully before you reply. When answering question, remember that it is your honest opinion that counts, not what you think you should say or what other people would say.

Please indicate your answer by **marking x** in appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	Statement	1	2	3	4	5
20	I worked with competent people who are good at their job					
21	My performance is judged more by how much work I do than by how well I do it					
22	I find my work rewarding					
23	I am afraid to openly express my idea and opinion					
24	People in this organization have a shared sense of purpose					
25	Doing this job makes me feel good about my self					
26	I am subjected to personal criticism and abuse					
27	People in this organization put more energy into identifying mistake than into figuring out how to do things right					
28	I don't like the way organization operate					
29	The way things are organized around here make it hard for people to do their best work					
30	I am proud to tell people that work for this organization					
31	Some cultural believe in the community am living in conflict with some of my organization policy					

32	I Am not included hospital /ward in activates or made feel part of the team					
33	I am constantly seeking out new challenge at work					
34	The community I live in the highest regard for my organization					

**Section D (B)**

Each question is presented as a statement. Please read the statement carefully before replying. You are asked to select one response that matches most closely with your perception of statement.

Please indicate your answer by **marking x** in appropriate answer box as follows:

Strongly Disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly Agree	5

	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
35	In this organization, people in different department or program try to help each other					
36	Most people here know how their work contributes to this organization mission					
37	I receive prompt acknowledgment and recognition for doing good job					
38	My manager/ supervisor inspires me to do my best					
39	Judgment about my performance is fair					
40	The organization mission is understood by everyone who works here					
41	The people I work with are comfortable in suggesting change and improvement to each other					
42	Senior managers in this organization are open to new idea and suggestion					
43	I am clear about the objectives I need to achieve					
44	I trust and respect my immediate super visor					
45	My manager emphasis my positive contribution when reviewing my performance					



46	When changes are made in the way things are done, management always first informs the people who will be affected					
47	This is a great deal of cooperation between people in this organization					
48	When I retire I will receive a reasonable pension from this organization					
49	I am giving enough authority to allow me to do job effectively					
50	If I have an idea for improving the way we do our work, my supervisor or manager will usually listen to me					
51	I feel my work contributes to the organization performance					
52	The work I do gives me a feeling of personal achievement					
53	My pay competitive to other similar organization					
54	My colleague value my contribution					
55	My manager/supervisor give me regular, timely feedback that helps me improve my performance					
56	This organization provides me with skills and knowledge that will benefits my future carriers					

57. What are the things you most like about working for this organization?

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58. What are things you like least?

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59. What would you most like to see changed/improved (and any relevant comment?)

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**ETHICAL REVIEW COMMITTEE**

ETHICAL REVIEW FORM

Tel: +251 115 513911

P.O. Box 30738

Fax No. +251 115 515689

Research Project: -Factors affecting performance of Nurses working in health centers Administrated by Addis Ababa Health Bureau.

Principal Investigator: - **Nebiat Negussie**

CRITERIA/ITEM	RATING
46. consent form	<input checked="" type="checkbox"/> Yes
47. Does the consent contain all the necessary information that the subject should be aware of?	<input type="checkbox"/> Requires revision <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not attached
48. Are the objectives of the study clearly stated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49. Are provisions to overcome risks well described and accepted? • Justice • Beneficence • Respect for a person	<input type="checkbox"/> Yes <input type="checkbox"/> Not well described <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable
50. Are the safety procedures in the use of vaccines, drugs and other biological products acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable
51. Are the procedures to keep confidentiality well described?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
52. Are the proposed researchers competent to carry out the study in a scientifically sound way?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Unable to assess
53. Does it have material transfer agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable
54. Recommendation	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved on condition- <input type="checkbox"/> Not approved
Remarks	Approved with comments.

**Ethical Clearance Committee Members:**

Name

Signature

Name

Signature

1. S/r Seblework Tadesse



3. Dr. Addis Akalu

2. Ato Alemu Haile mariam

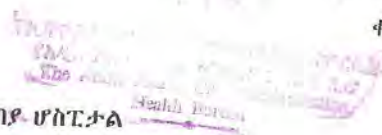
4. Ato Ezra Muluneh






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ቀን 3/9/22



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ለዘውዲቱ ሆስፒታል

ለ የካቲት 12 ሆስፒታል

ለ ራስ ደስታ ሆስፒታል

ለ ምኒልክ ሆስፒታል

አዲስ አበባ

ጉዳይ የጥናት ትብብር ስለመጠየቅ

በአዲስ አበባ የንግድ ስራ (Master of Public Administration Program) ተማሪ የሆኑት ነብያት ንጉሴ  
በ Factors Affecting performance of nurses working in Health facilities administrated by Addis Ababa  
Health Bureau, በሚል ርዕስ ያቀረቡት የጥናት ሰነድ በአዲስ አበባ ጤና ቢሮ ኤፌካል ኮሚቴ ቀርቦ  
የታየና የጸደቀ መሆኑን እያሳወቅን አመልካቹ ለጥናታቸው የሚያስፈልገውን መረጃ ማግኘት እንዲችሉ  
ትብብር እንዲደረግላቸው እንጠይቃለን።



ከሠላምታ ጋር

*Sete*

ሰ/ር ሰብስቦርት ታደሰ  
የኤፌካል ኮሚቴ ሰነድ

ግልባጭ :-

- (Signature)* ለ ነብያት ንጉሴ
- አዲስ አበባ
- ለኤፌካል ኮሚቴ
- ጤና ቢሮ

ቁጥር 2/2/ጠ/4637/202  
ቀን 2/9/2002

- ለአራዳ ክፍለ ከተማ
- ለአዲስ ከተማ ክፍለ ከተማ
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- ለ ቦሌ ክፍለ ከተማ
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- ለ ቁርቆስ ክፍለ ከተማ
- ለ ኮልሬ ክፍለ ከተማ
- ለ ልደታ ክፍለ ከተማ
- ለ ንፋስሰልክ ክፍለ ከተማ
- ለ የካ ክፍለ ከተማ

አዲስ አበባ

ጉዳዩ የጥናት ትብብር ስለመጠየቅ

በአዲስ አበባ ዩንቨርሲቲ (Master of Public Administration Program) ተማሪ የሆኑት ነብያት ንጉሴ በ Factors Affecting performance of nurses in Health facilities administrated by Addis Ababa Health Bureau, በሚል ርዕስ ያቀረቡት የጥናት ሰነድ ለአዲስ አበባ ጤና ቢሮ ኤቲካል ኮሚቴ ቀርቦ የታየና የጸደቀ መሆኑን አያሳወቅን አመልካቹ ለጥናታቸው የሚያስፈልገውን መረጃ ማግኘት እንዲችሉ ትብብር እንዲደረግላቸው እንጠይቃለን።



ከሠላምታ ጋር

ሊ/ር ሰበሰቦርቅ ታደሰ  
የኤቲካል ኮሚቴ ሰብላቤ

ግልባጭ :-

- ✓ ለ-ነብያት ንጉሴ
- አዲስ አበባ
- ለኤቲካል ኮሚቴ
- ጤና ቢሮ

## DECLARATION

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in any other University, and that all the sources of materials used for the thesis have been duly acknowledged.

### Declared by:

Name: Nebiat Negussie

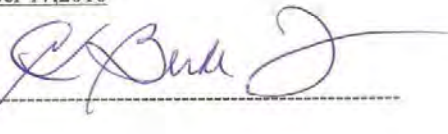
Date: December 17, 2010

Signature: -----

### Confirmed by Advisor:

Name: BT. Costantinos (PhD)

Date: December 17, 2010

Signature: -----

Place and Date of Submission: Addis Aababa University, December 17, 2010