

**FACTORS INFLUENCING PERFORMANCE OF NURSES AND MIDWIVES IN
MBALE REGIONAL REFERRAL HOSPITAL-MBALE UGANDA**

BY

ODELLA FILDER MONICA

(2009-MBA-PT-006)

**A RESEARCH DISSERTATION SUBMITTED TO THE INSTITUTE OF
HEALTH POLICY AND MANAGEMENT IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE AWARD OF MASTERS OF SCIENCE
IN BUSINESS ADMINISTRATION-HEALTH MANAGEMENT OF
INTERNATIONAL HEALTH SCIENCE UNIVERSITY**

UGANDA



JANUARY 2012

DECLARATION

I, ODELLA FILDER MONICA, declare that this research dissertation on factors influencing the performance of nurses and midwives in Mbale Regional Referral Hospital- Eastern Uganda has been composed and written by me. Full acknowledgement is given where assistance has been sought most especially from my supervisor or where views of others are quoted. It is a requirement by the school of health management in partial fulfillment of the academic requirement for award of Master of Business Administration Degree, of International Health Sciences University.

ODELLA FILDER MONICA

Signature

Approved for submission by
SUPERVISOR:

.....

MRS OKECHO FLORENCE

Date.....

DEDICATION

I dedicate this piece of work to my God who gave me the wisdom and courage to do this course.

To my dear husband, I thank you for the support you gave me for example tirelessly encouraging me when things were so hard.

To my dear sons, Joshua and Benon who really supported me in all aspects.

To my daughters Grace, Deborah and Peace, your love and support will always be remembered.

To Fred, thank you for the support you gave me.

ACKNOWLEDGEMENT

Above all, I want to thank my heavenly Father who gave me the strength, courage, wisdom and good health throughout the period I was in School. I give you glory and honour.

My sincere gratitude goes to the followings:

My Supervisors Mrs okecho Florence and Mr.**Moses Wankiiri** for their guidance and patience up to when I have developed this research report. A special thanks to you Mr. Wankiri for the attention you gave me

Mr. Okiria Charles for the time he took to take us through Research Methodology.

All the Lecturers of International Health Science University- Uganda who were so faithful to give us timely lectures.

All Colleagues, who went with me over the hurdles

My sincere thanks go to Mbale Regional Referral Hospital Director, Principal Hospital Administrator and Accountant who made sure that all the monies I needed for tuition and research were availed in a timely manner.

My sincere thanks also go to the entire Nursing Staff who gave me all the support when I was collecting data. Sr. Mutonyi and other Area Managers, thank you so much.

I cannot miss to thank my family members, my husband Eldad, sons Joshua and Benon, my daughters Grace, Deborah and Peace. Peace became my Personal Secretary, thank you so much. You all supported me so dearly.

OdellaFilder Monica

JANUARY, 2012.

TABLE OF CONTENT

DECLARATION.....	2
DEDICATION.....	3
ACKNOWLEDGEMENT.....	4
TABLE OF CONTENT.....	4
LIST OF TABLES.....	5
ACRONYMS.....	6
OPERATIONAL DEFINITION OF KEY TERMS.....	7
ABSTRACT.....	7
CHAPTER ONE.....	9
1.1 INTRODUCTION.....	9
1.2 Background to the study.....	9
1.3 Statement of the problem.....	9
1.4 Broad Objective.....	9
1.5 Specific Objectives;.....	9
1.6 Research Questions.....	10
1.7 Significance of the study.....	10
1.8 Conceptual Framework of factors influencing performance of nurses and midwives.....	10
CHAPTER TWO.....	11
2.0 LITERATURE REVIEW.....	11
2.1 Introduction.....	11
2.2 Personal factors influencing performance of nurses and midwives.....	11
2.3 Institutional factors that influence performance of nurses and midwives.....	12
2.4 Clients factors that influence performance of nurses and midwives.....	12
CHAPTER THREE.....	13
3.0 METHODOLOGY.....	13
3.1 Study Area.....	13
3.2 Study population.....	13
3.3 Research Design.....	13
3.4 Sample size	13
3.5 Study Participants	14
3.6 Study Variables.....	14

LIST OF TABLES

ACRONYMS

AHP	Allied Health Professionals
EM	Enrolled Midwife
EN	Enrolled Nurse
EPN	Enrolled Psychiatry Nurse
RM	Registered Midwife
RN	Registered Nurse
RPN	Registered Psychiatry Nurse
PNO	Professional Nursing Officer
SNO	Senior Nursing Officer
NO	Nursing Officer
BP	Blood Pressure
TPR	Temperature Pulse Respiration
FP	Family Planning
APGAR	Appearance Pulse Grimace Activity Respiration
VE	Virginal Examination
PMTCT	Prevention of Mother to Child Transmission
PEP	Post exposure prophylaxis
ANOVA	Analysis of Variance
MANOVA	Multivariate Analysis of Variance

OPERATIONAL DEFINITION OF KEY TERMS

- Performance:** carry out an activity, carrying out something specific according to the set/agreed standards. An action or process to do a task or function
Production with expected outcomes after doing activities to meet the set objectives and able to satisfy recipients
- Factors:** that which contributes to an accomplishment, results or process
- Nurses:** a professional person trained and registered by the regulatory authority of the country. Can be deployed to practice anywhere in the country. They can be enrolled, registered or BNS- having a degree
- Midwives:** a professional person trained and registered with the regulatory body of the country and can be deployed to work anywhere in the country attending to mothers, during pregnancies, labor and peuperium and follow up to six weeks
- System:** an organized purposeful structure regarded as a whole and consisting of interrelated members that continually influence one another and solve problems.
- Personal:** issues arising from an individual personality that affects individuals
Issues influencing individual behaviors
- Support:** service that enable someone to fulfill a function and remain in operation or service
- Administration:** Execution of public affairs as distinguish from policy making
- Standards:** statements of the minimum level of acceptable performance .Usually based on scientific knowledge and professional consensus
- Work environment:** characteristics of the environment in which a person is expected to work, includes physical, social and employment conditions

ABSTRACT

A study on factors influencing the performance of nurses and midwives in Mbale Regional Referral Hospital was carried out in Mbale District.

The objective of the study was to establish the factors influencing the performance of nurses and midwives of Mbale Regional Referral Hospital.

The study employed a descriptive cross sectional study design and the study population was the nurses and midwives in Mbale Regional Referral Hospital. The study results established majority of workers as nurses and midwives and are not accommodated. Results also revealed that lack of protective gear, inadequate communication system, overwhelming number of patients, led to inadequate performance of nurses and midwives that was made worse by inadequate supervision. These were negative factors however nurses and midwives are encouraged to perform as they had available post exposure prophylaxis, guidance forms for duty and leave roster and the welfare especially when they lose relatives. The working environment coupled with short supply of equipment, sundries, medicine and space compromise performance of the nurses and midwives. Irregular supervision and motivation, appraisal feedback and timing of activities had negative influence on the nurses and midwives performance .Working relationship and lack of appropriate job description were found to have negative influence on performance. Improve on nurses conditions of service that affect their attitude to perform adequately like their confirmation and promotion which administration can influence

The research recommends that there is need to motivation of nurses and midwives, by providing enough resources to let them perform the duties.

Internal support supervision is very crucial to monitor performance of nurses and midwives

There is need to provide protective gear to ensure that nurses and midwives are not at risk of being infections. There is also need to do ward rounds appropriately and on time to give the nurses and midwives ample time to do the rest of the nursing care.

The study limitations were time not being enough to cover a larger population and funding was inadequate for the study.

CHAPTER ONE

1.1 INTRODUCTION

African countries have continued to face challenges in improving the productivity and performance of health workers to ensure that health interventions are efficiently delivered. The nurses, midwives and other clinical staff are the important asserts of health system.

The performance of health organization depends on the skills, knowledge and motivation of the individuals. It is very important for health ministry as employers to address the working conditions to ensure that performances of employees meet the desired standard

This is to ensure that the population receives timely quality of health care. There are other challenges of shortage of health workers, increased burden of diseases. It also important that employers ensure the performance of health providers is of high standard so measures should be put in place to detect and rectify the situation. The country relies heavily on nurses and midwives and they are the closest to the patients, therefore their performance is critical for the successful delivery of health care

1.2 Background to the study

The nurses and midwives form the majority of health care providers. They are at the front line and implementers of basic health care both in the hospitals and in the community.

Fort and Voltero (2004) revealed that there are several factors that affect performance outcomes of nurses and midwives. They realized that training in equipment/tools use, receiving recognition from employers or clients are factors strongly associated with performance. Also

receiving performance feedback has a role in observed performance. Edilma (2001) did a similar study in three countries, Belize, Columbia and Mexico (Pan American), and the result indicated that inadequate physical environment, insufficient resources and inadequate equipment are some of the factors that affect performance of nurses and midwives. In African Region, some studies too have been done on factors affecting nurses and midwives' performance in Namibia. Awase (2006) identified factors affecting nurses and midwives performance as inequities in available skills, management skills at all levels which has led to public outcry about the poor performance resulting into poor health services and negative attitude. In Tanzania and South Africa, Manzi (2003) found several factors to be affecting the performance of nurses and midwives such as, workplace trust, working conditions, lack of transparency in human resource management, limited supervision and monitoring among others.

Locally in Uganda the situation is not different from other findings, working environment, work overload, inadequate remuneration and poor infrastructure are some of the factors affecting the performance of nurses and midwives (Clarke and Leslie 2001)

The nurse-patient ratios have remained unacceptably high. In Mbale Hospital during day duty it is 1:20; evening 1:50; and night 1:50; The recommended nurse/ patient ratios elsewhere for example in Australia and USA are, in medico surgical is 1:5, labor and delivery 1:2, pediatrics 1:4, operating room 1:1, psychiatry 1:6 and intensive care unit 1:1, high dependency unit 1:2 and stable patients 1:3, (Clarke and Leslie 2001)

This study sought to assess job performance of Mbale hospital nurses and midwives focusing on personal, institutional and patients as factors that impact on performance.

1.3 Statement of the problem

The performance of employees like nurses and midwives is central to the success of the health service. Performance of nurses and midwives should be of quality according to the set standards of the institution meeting the care and service deliveries to all patients. But in spite of all these, the performance of nurses has been regarded as inadequate because it cannot meet the required quality expected by patients. This has manifested in late reporting to work, absenteeism, poor time management and ward organization. Factors affecting the performance of Nurses and Midwives are not clear.

In response to the inadequate performance, there has been public complaint about the poor performance of nurses as expressed in newspapers and local radio broadcast about their dissatisfaction. Also, the performance of nurses has been noted to have declined with time since Uganda started having insurgency in the 1980's. As a consequence, patients have increasingly left the health facilities where they had been admitted to do to private health facilities where there is adequate health care performance.

Possible influencing factors are institutional factors, client factors and nurse/midwives factors. Also of late we have had issues related with death of a mother in Mbale Hospital due to poor performance by nurses, midwives and other medical workers

The investigator's operation meaning of performance is-production, producing something as an outcome of doing some activities which should meet the set standard, and able to satisfy the recipients

According to my study, the evidence that nurses and midwives have inadequate performance is because clients have been heard complaining of the inadequate services in Mbale Hospital. There have been instances of confrontation of clients against the Nurses and Midwives and other health

workers. There have been escapee tendencies of patients from the wards arising from the said dissatisfaction to services offered to them

Poor performance leads to inappropriate health care contributing to reduced health outcomes as a result of people not using the services.(Diemen, Barnard and Gert Jan Van der 2009).

1.4 Broad Objective

To establish the factors influencing performance of nurses and midwives in Mbale Regional Referral Hospital

1.5 Specific Objectives;

The specific objectives of the study were to;

- To determine the institutional factors that influence performance of nurses and midwives in Mbale hospital
- To explore the client factors that influence performance of nurses and midwives in Mbale hospital
- To determine nurses and midwives factors that influence performance of nurses and midwives in Mbale hospital

1.6 Research Questions

- What are the institutional factors that influence performance of nurses and midwives in Mbale hospital?
- What are the client factors that influence performance of nurses and midwives in Mbale hospital?

- What are nurses and midwives factors that influence performance of nurses and midwives in Mbale Hospital

1.7 Significance of the study

The study will guide policy formulation by government, through the Ministry of Health Mbale Regional Referral Hospitals to identify the factors influencing performance of nurses and midwives in the hospital.

In addition, the study will help unearth unknown aspects regarding the factors influencing performance of nurses and midwives in the hospital and thereby act as a basis for further research.

1.8 Conceptual Framework of factors influencing performance of nurses and midwives

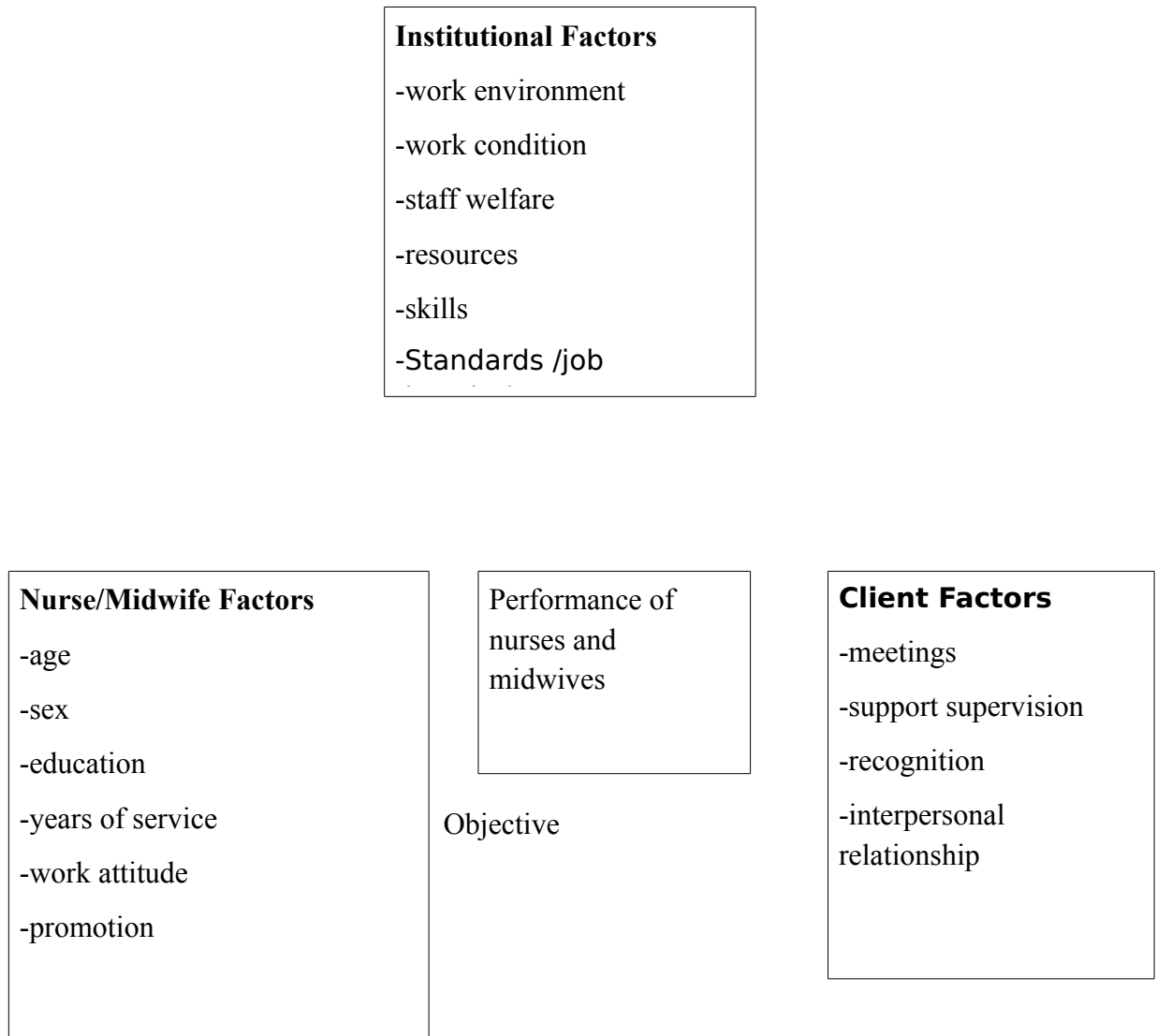


Figure 1.1: Conceptual Framework

The conceptual framework is based on three factors that influence the performance of nurses and midwives. The first factors (objective one) are Nurses and Midwives factors divided into bio data, age, sex, education and other personal factors for example years in service, work attitude and

promotion. The second factors (objective two) are institutional factors looking at the work environment, work condition and staff welfare. The third factors (objective three) are client factors including meetings, support supervision, recognition, and interpersonal relationships. All these factors form the conceptual basis of the study and its analysis.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

Many studies have been done and documented on factors affecting performance of nurses and midwives worldwide. Nurses and Midwives are the front line workforce in health and their contributions in health service are enormous. This industry becomes more complicated by the demand of quality and change of attitude by the consumers, Awase (2006). However, the intensive labor has often resulted in variations in the practice because of the various factors affecting performance of the nurses and midwives. Therefore because of these demands, the factors affecting performance of nurses and midwives should be looked into both at national and international level. These factors are based on personal, systems at the work place or institutional then clients factors that influence on their performance. Literature was reviewed under the different objectives, personal nurses and midwives factors, institutional and client factors.

2.2 Personal factors influencing performance of nurses and midwives

MacNeese-Smith identified factors affecting performance of Nurses and Midwives as personal problems presenting as lack of physical and mental readiness, a feeling of being overloaded, reaction to difficult patients and lack of teamwork(Mac Neese-Smith, 2001).

In Armenia, five factors were believed to be influencing performance outcomes, job expectations, performance feedbacks, environment and tools, motivation and incentives and then knowledge and skills. The results of the study revealed that, the priority factors were, training in equipment/tool use, receiving recognition from employer or client as factors strongly associated with performance followed by receiving performance feedback which had a role in observed performance(Fort and Voltero,2004). Awase (2006) did a study in Namibia on factors affecting professional nurses and her findings identified the factors as inequality in available skills, poor management skills at all levels which has led to public outcry about the poor performance resulting into poor health services and negative attitude. A Dr Salver Sujatha (2011) noted that health providers are the root service providers and they must be strong and skilled. He continued to say that nurses and midwives must be strong, available and accountable to the patients for if the roots are weak, then health system will collapse

Another very important factors influencing performance according to Majid Ibrahim (2008) are nurses and midwives career commitment and performance. Nurses and midwives job performance, gender and marital status were best predictors of their career commitment. They noticed time commitment, marital status and years of experience in the profession were best predictors to their performance. In relationship to that, time management is a personal commitment. Ensuring nurses and midwives are organized to deliver timely intervention to the patients, time management should start with planning daily activities and allocating time to each

task to be performed. Rama et al (2006) observed that time management makes nurses and midwives more effective and they do a lot better. They also produce maximum output as they get more organized.

Awases (2006), observed that some nurses and midwives have variations on inequality in skills, and the intensive labor it result in variations in their practice. Job satisfaction of nurses and midwives will motivate them to perform. Amy et al (2009) had a study in Uganda on health workforce job satisfaction. The results of the study revealed that Ugandan health workforce is dissatisfied with their job and many of them at least one out of four would like to leave the country for a better place.

2.3 Institutional factors that influence performance of nurses and midwives

According to Edilma(2001), inadequate physical environment, insufficient resources and inadequate equipment are factors that affect standard of nursing performance, according to the study done in Columbia, Belize and Mexico. While Mischa (2008) cited poor working environment, work overload, inadequate remuneration and poor infrastructure to be factors affecting performance of nurses and other workforce which seem to be the common factors as reported in other studies. Flanagan and Henry (1994) also identified factors affecting nurses and midwives' performance as working environment and should be the responsibility of an organization to improve by creating conducive condition which will lead to high performance stressing that performance depends on how the individual perceive themselves and their willingness to perform.

Training and professional development have been realized to be a motivating factor for health workers to perform their tasks since they acquire knowledge and skills.

Nurses and midwives need a lot of supervision from top management Henderson and Tulloch (2008), recommended that good supervision and management, adequate technical support and feedback by recognizing the achievement of nurses and midwives influence the nurses and midwives to perform. It should also be remembered that communication should be clear so that the nurses and midwives realize the commitment of leadership to interact with them. Henderson and Tulloch (2008) also noted the positive association between performance of health workers and the clarity of job description. Job description together with standards of operation and procedures give greater confidence about the roles and responsibilities of nurses and midwives

Performance communication establishes a good working relationship, provides a clear understanding of job responsibilities and priorities to provide specific plans of action for improving performance. Andrew E Schwartz and Brayton Bowen.(2000), emphasized the need for positive feedback and recognition as rewarding employees and as well gives the manager the reward most successful at motivating employees and a way of recognition for the work well done. Susan Heath (2011) field concurs and to her recognition is not just a nice thing to do for people. It is a tool that reinforces and rewards the most important outcome people

Working condition of nurses and midwives should be pleasant to make them enjoy their work and be influenced to perform. Nurses and midwives are not happy about their working conditions and environment. There is a lot of work and yet they are few. There is no transparent mechanism in promotion and confirmation and they are not even rewarded for their good performance. They

are not even adequately supervised (.Nursing times, July 2005), emphasized the need to support staff when working more so on patient's care.

Nurses and midwives are exposed to infection because they do not have adequate protective wear. Occupational Safety and Health Administration requires the use of personal protective wear or equipment to reduce employee's exposure to hazards and protect them at all times.

Infection control has become very essential practice in every health facility. Every facility should have an officer- in- charge, hand hygiene sterilization guidelines and monitoring the environmental and infection control practices. Derry Nolan (2003) emphasized ongoing training, display of posters and hand washing.

Most of the staff has no accommodation and they live in very insecure estates. Henderson and Tulloch (2008) emphasized on the need of accommodating nurses and midwives. Poorly accommodated staff manifest into absenteeism and frequent sick leave. A number of nurses have felt insecure as they come especially for night shift or going off from evening shift.

Nursing as a noble profession, should be respected and provision of a healthy living to nurses and midwives while at work. Because of the intensive work, Schluter et al (2011) emphasized, while providing care with long irregular hours that can even turn into job stress, the nurses and midwives too should be attended to. Nurses and midwives need to be motivated to compete with the other Nurses and Midwives world over so that they can give high quality health care, commented Karikpo Deezia Hannah (2005). The nurses and midwives need to be transported during official hospital activities.

2.4 Clients factors that influence performance of nurses and midwives

According to Manzi (2003), workplace trust has a lot of influence on staff performance. A study carried out in Tanzania and South Africa revealed the main factors as the workplace, staff shortage, low pay, poor working conditions, favoritism and lack of transparency in human resource management practices, limited supervision and monitoring, weak disciplinary procedure, slow opportunities for promotion, salary levels, rigid employment policies, slow decision making across the public service and conflicting lines of accountability all affect performance of nurses and midwives a great deal. In a related study done in Saudi Arabia by Hanan Al-Ahmadi, (2008), the findings revealed that both job satisfaction and organizational commitment are strong predictors of nurses' performance.

According to Awases (2006) the deterioration of performance of nurses and midwives and the general health workforce is due to several factors including inequalities in available skills to perform, inadequate management skills, poor working environment, work overload, inadequate remuneration and poor infrastructure among others.

There is also demand on the workforce burden of disease, changes in service delivery like the use of technologies and other treatment modalities expected. Workforce expectations and specialization to respond to the various factors in health is also needed to meet the challenges (Taskforce workforce, 2009)

There is the need to ensure diligence by developing duty roster imperative to ensure due diligence. It is required by statute or law to provide employees safe system of work or roster that do not adversely affect the health and safety of workers. Continuous effective rosters have something for all stakeholders to address issues such as efficiency and flexibility and provide for health safety and social amenity of shift workers.

Ward rounds are crucial elements in any hospital environment and is routinely done. Because of the patient load, the ward rounds usually take longer time. Nurse's times are consumed for giving care. Only a big team of nurses can divide up to manage the tasks, prioritized care is decided and given according to the conditions of the patients. The nurses and midwives feel long ward round can be a burden to them handing over the ward to the next shift should be from bed to bed or bedside handover to facilitate patient centered care. McMahon (1990) and Timor Leste (2003) observed there have been systemic weaknesses in area of nurses and midwives workforce. With the burden of disease, continuing high maternal mortality and infant mortality, nurses and midwives need to be deployed in appropriate units to avoid misdistribution for quality health services. Baba G M Munirka (2005) noticed lack of adequate facilities; irregular monitoring and absence of support supervision are major factors contributing or influencing performance.

Although task shifting may be useful in certain situations and improve the level of patients care, it carries significant risks,(UMA New Delhi) and Also Eric et al (2011) concurred with the risks of decreased quality in patients care, fragmented and inefficient services and follow up.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study Area

The study was carried out in Mbale hospital which is a Regional Referral Hospital in the Eastern part of Uganda. Mbale Hospital is situated just in the centre of the town and between two major access roads, Palisa road on the South and Kumi road in the North. It is easily accessible to both pedestrians and motorists.

Mbale region covers the foothill of Mount Elgon and covers 2466.7 square kilometers. It has an estimated population of 2 million according to 2010 State of Uganda Population report and it is estimated that, 92% of its population lives in the rural areas. Mbale hospital serves a catchment area of the great Elgon region extending to Tororo, Busia, Butalejja, Palisa, Kapchorwa and Bukwo.

3.2 Study population

Nurses and midwives make almost half the total workforce. There are 120 nurses and midwives out of 400 employees of Mbale hospital. The nurses and midwives are deployed in the various units in the four departments, Internal Medicine, Surgery, Pediatrics and Obstetrics and Gynecology. There are various staff mix, Enrolled nurses and registered nurses and midwives and public health nurses. Few of the nurses and midwives have done specializations in areas such as pediatric nursing, diabetic nursing, ophthalmology, ultra sound, palliative care and endoscopy. Because of their specializations, they are deployed in those specific areas.

Rationale: The investigator selected this area because of the work burden put on nurses and midwives in the study area. Mbale regional referral hospital has a catchment area covering fifteen (15) districts. Mbale in normal circumstances should receive clients and patients who are referred for specialized care and casualties, but because of the poor implementation referral system, patients walk in at will and this has led to influx in patients resulting into overload. This as a result appears to have affected the performance of nurses. The public appears not satisfied and there has been outcry about the poor performance of the nurses and midwives working in Mbale regional referral hospital.

3.3 Research Design

The study employed a descriptive cross sectional study designs that collected information about biography, nurses and midwives personal factors, system's factors and support/administrative factors.

The rationale of cross section design is that, respondents are assessed at a single time; it met all the study objectives and determined the relationship between independent and dependent variables in the population. It was also cheap and a large sample size was be studied at once

3.4 Sample size

The study population was the nurses and midwives working in Mbale Regional Referral Hospital. The total number of nurses and midwives who participated in the study were 120 out of the 185 staff available in the Hospital. The rest either did not consent or were not at their stations at the time of the study

3.5 Study Participants

Participants were all the nurses and midwives from the hospital who volunteered to participate in the study. The sick and those on leave were excluded from the study

3.6 Study Variables

There were both independent and dependent variables. Performance as dependent variable, individual, institutional and client factors as independent variables

3.7 Pre test.

To ensure reliability, the researcher first took a pre-study on a small sample of the population at Soroti Regional Referral Hospital on 25/06/2011 using the methods and instruments selected for data collection before carrying out actual research study. After two weeks the questionnaires were again administered to determine their reliability. This enabled the researcher to find out

whether the methods selected were suitable for the study and whether the instruments would collect the required information to reduce on the potential errors.

3.8 Data Collection

Data was collected using the developed self-administered structured questionnaire comprising close ended questions with a likert scale (See, Appendix 1). The researcher gave out questionnaires to the respondents and waited as they filled them out, then collected back the filled copies for analysis.

3.9 Data Analysis

Data collected from the field was sorted, for quality control check edited and summarized. Analysis was done using SPSS computer program to analyze the results. Descriptive statistics that include frequencies and percentages were used. The performance of each respondent was measured as the percentage number of responses which had answer on the likert scale which indicated the presence of equipment and also the presence of conducive working environment, support and administration. Pearson correlation coefficient was used to establish the statistical significance of the relationship between the variables of the study

3.10 Ethical Consideration

An introductory letter was obtained from the International Health Sciences University, Department of Health Policy and Management. It's this letter that introduced the researcher to the relevant authorities in Mbale Regional Referral Hospital. More so, approval from the ethical committee was sought. In addition, the researcher explained the relevance of the study to the

respondents to participate in the study. Respondents were assured of confidentiality and they consented to participate and their names were not required.

The autonomy of the participants were highly respected when signing the informed consent and during the study. Participants were free to opt out of the study if they felt uncomfortable finishing answering the questionnaire.

The participants were informed that their participation was voluntary, they would ask questions concerning the research any time and withdraw from the study if they so wished Confidentiality regarding the participants were maintained by use of identification numbers instead of names. Confidentiality was observed and in all information collected, the informers were kept anonymous.

The final write up was sent for review permission for data collection which was obtained from the International Health Science University research committee and from Mbale Regional Referral Hospital Research and Ethics Committee.

3.11 Dissemination of findings

- These findings were disseminated to Mbale Regional Referral Hospital Administration, the Ethical Committee and subsequently the Ministry of Health (MOH) and Public Service to influence policies on nurses and midwives working conditions
- These finding were disseminated to the University Administration to guide other students on research methods and writings

CHAPTER FOUR

4.0 PRESENTATION, ANALYSIS, AND INTERPRETATION OF THE FINDINGS

4.1 Introduction

This chapter consists of the analysis of responses from the participants that were interviewed during this study of factors influencing performance of nurses and midwives in Mbale Regional Referral Hospital- Eastern Uganda

4.2 TABLES OF THE FINDINGS.

Table : Showing The Age And Sex Of The Respondents

AGE GROUPS IN YEARS	SEX FREQUENCY		TOTAL FREQUENCY (%)
	MALE (%)	FEMALE (%)	
21-30	05 (4.00)	04(3.00)	09(7.00)

31-40	04 (3.00)	60 (50.00)	64 (53.00)
41-50	02(2.00)	32 (27.00)	34 (29.00)
>50	07(6.00)	06 (5.00)	13 (11.00)
TOTAL	18(15.00)	102(85.00)	120 (100)

Majority of the respondents were female 102,(85 %) of which age group 31-40, 60 (50%)were the highest

Table : Showing The Designation Of The Respondents

DESIGNATION	SEX FREQUENCY		TOTAL FREQUENCY (%)
	MALE (%)	FEMALE (%)	
NURSES	18(15.00)	48(40.00)	66(55.00)
MIDWIVES	0(00)	54(45.00)	54(45.00)
TOTAL	18(15.00)	102(85.00)	120 (100)

Most of the respondents were nurses 66,(55%) in this occupation, minority were male making 18,(15%) of the total population.

Table : Showing the Marital Status Of The Respondents

MARI TAL STATUS	SEX FREQUENCY		TOTAL FREQUENCY (%)
	MALE (%)	FEMALE (%)	
MARRIED	05(4.00)	60(50.00)	65 (54.00)
NOT YET MARRIED	13(11.00)	30(25.00)	43 (36.00)

DIVORCED	00(00)	05(4.00)	05 (4.00)
WIDOWED	00 (00)	08(6.00)	08 (6.00)
TOTAL	18(15.00)	102(85.00)	120 (100)

The bigger number of the respondents were married 65,(54%) followed by the unmarried 43, (35%).

Table :Showing The Place Residency Of The Respondents

PLACE RESIDENCE	SEX FREQUENCY		TOTAL FREQUENCY (%)
	MALE (%)	FEMALE (%)	
NAKALOKE	04 (3.00)	08(7.00)	12(10.00)
NAMAKWEKWE	01(1.00)	05(4.00)	06(5.00)
NAMATALA	05 (4.00)	30(25.00)	35(29.00)
NKONKONJERO	04(3.00)	20 (17.00)	24(20.00)
MONI	00 (00)	03(2.00)	03(2.00)
SENIOR QUARTERS	02(2.00)	07(6.00)	09(8.00)
BUGEMBE	01(1.00)	04(3.00)	05 (4.00)
STAFF QUARTERS	01(1.00)	25(21.00)	26(22.00)
TOTAL	18(15.00)	102(85.00)	120 (100)

Most of the respondents were from Namatala 35, (29%) followed by staff housed in the quarters 26 (21%)

Table : Showing The Religion Of The Respondents

RELIGION	SEX FREQUENCY		TOTAL FREQUENCY (%)
	MALE (%)	FEMALE (%)	
CATHOLIC	04(3.00)	30(25.00)	34 (28.00)
PROTESTANT	05(4.00)	55(46.00)	60(50.00)
MUSLEM	01(1.00)	04(3.00)	05(4.00)
BORN AGAIN	08(7.00)	12(10.00)	20(17.00)

OTHERS	00(00)	01(1.00)	01(1.00)
TOTAL	18(15.00)	102(85.00)	120 (100)

Most of the respondents were Protestant 60, (50%) followed by the Catholic 34, (28%)

Table : Showing the Level of Education of the Respondents

LEVEL OF EDUCATION	SEX FREQUENCY		TOTAL FREQUENCY (%)
	MALE (%)	FEMALE (%)	
CERTIFICATE	07(6.00)	50(43.00)	57(49.00)
DIPLOMA	10(8.00)	45 (37.00)	55(45.00)
BACHELOR'S	01 (1.00)	05 (4.00)	06(5.00)
POST GRADUATE	00 (00)	02 (1.00)	02(1.00)
TOTAL	18(15.00)	102(85.00)	120 (100)

Most of the respondents had certificate 57, (47%) followed by those with diploma 55, (46%)

Table : Results

NO	Statement	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
1.	We are well guided by the duty/leave roster on the notice board	20 (16.66)	28 (23.30)	2 (1.66)	30 (25.00)	40 (33.33)
2	The ward rounds are done in an appropriate and convenient way for me to do my work.	30 (25.00)	45 (37.5)	20 (16.66)	15 (12.5)	10 (8.33)

3	The emergency Trolley is always having all that I require to attend to the emergencies.	25 (20.83)	30 (25.00)	30 (25.00)	20 (16.66)	15 (12.5)
4.	We have helpful and efficient supervisors as Nurses and midwives.	41 (34.16)	12 (10)	10 (8.33)	41 (34.16)	16 (13.33)
5.	We are sure that our working environment is safe for us to do our duties well.	50 (41.66)	30 (25.00)	0	35 (29.16)	5 (4.16)
6.	Post Exposure prophylaxis is available for everybody who gets accidental prick.	22 (18.33)	10 (8.33)	17 (14.16)	41 (34.16)	30 (25.00)
7.	. We have enough Personal Protecting wear: Gloves, Gum boots, Masks, Goggles	43 (35.83)	33 (27.5)	8 (6.66)	23 (19.16)	13 (10.83)
8.	We have adequate communication System that is in the hospital like working phones	37 (30.83)	21 (17.5)	24 (20)	27 (22.5)	11 (9.16)
9.	We have all the required documents like BP recorded, Temperature, Pulse& Respiration available for us to record all our procedures	42 (35)	27 (22.5)	9 (7.5)	15 (13)	27 (22.5)
10.	. We have adequate time to perform nursing activities to the patients on a daily basis	60 (50)	51 (42.5)	0	6 (5)	3 (2.5)

Table : Results

NO	Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
11	We are satisfied with the	37	46	7	26	4

	organization of the ward with the monthly meetings to communicate good practices	(30.83)	(38.33)	(5.83)	(21.66)	(3.33)
12	. We have time to supervise all students adequately whenever they are for their clinical placement	60 (50)	23 (19.16)	6 (5)	22 (18.33)	7 (5.83)
13	We are having enough time and resources to be able to perform all nursing activities everyday	40 (33.33)	35 (29.16)	7 (5.83)	32 (26.66)	6 (5)
14	We document all our procedures and keeping records of drugs, sundries, equipment.	37 (30.83)	20 (16.66)	3 (2.5)	35 (29.16)	25 (20.83)
15	The institution has put in place a good support system for CME/CPD to keep us abreast with new knowledge and skills	31 (25.83)	19 (15.83)	17 (14.16)	28 (23.33)	25 (20.83)
16	We do detailed hand over of each patient bed by bed in every shift	60 (50)	40 (33.33)	5 (4.16)	9 (7.5)	6 (5)
17	There is good working relationship across the institution as seen in every department	37 (30.83)	25 (20.83)	1 (0.83)	34 (28.33)	29 (24.16)

18	The institution usually ensures performance appraisal is done annually by all staff and we get work and behavior related feedback satisfactorily	22 (18.33)	33 (27.5)	13 (10.83)	27 (22.5)	25 (20.83)
19	The institution ensures there is adequate number of staffs in every unit who are able to cover the units adequately	35 (29.16)	29 (24.16)	4 (3.33)	34 (28.33)	18 (15)
20	We are guided by job description and standards to execute our day to day activities in the various units	45 (37.5)	30 (25)	10 (8.33)	25 (20.83)	10 (8.33)
21	We often get opportunities to attend job related workshops to acquire knowledge and skills to improve on our performance	32 (26.66)	21 (17.5)	11 (9.16)	33 (27.5)	23 (19.16)
22	We are usually consulted to recommend our colleagues who are to go for training every year	35 (29.16)	21 (17.5)	9 (7.5)	30 (25)	25 (20.63)
23	.We carry out all the activities to all mothers who come for ANC services like PMTCT and we have adequate number of testing	20 (16.66)	36 (30)	4 (3.33)	35 (29.16)	25 (20.83)

	kits to test all mothers					
24	We have enough time to conduct daily health education to all patients as they come to hospital everyday	45 (37.5)	28 (23.33)	3 (2.5)	24 (20)	20 (16.66)
25	We are able to satisfactorily examine mothers who come to ANC according to recommended standards and to communicate findings to the mothers	29 (24.16)	30 (25)	5 (4.16)	34 (28.33)	22 (18.33)
26	We are guided by the set standards to give appropriate care during labor.	27 (22.5)	24 (20)	8 (6.66)	30 (25)	31 (25.83)
27	We communicate all the information of the outcome of labor and the condition of the baby after delivery.	25 (20.83)	34 (28.33)	12 (10)	33 (27.5)	16 (13.33)
28	We receive both mothers and babies to the post natal care and take on care from the labor ward.	45 (37.5)	29 (24.16)	2 (1.66)	24 (20)	20 (16.66)
29	. We have guidelines on infection control which we strictly follow	18	27	4	40	31

	and we have all the recommended resources, buckets, protective wears, and soap, antiseptic and working autoclaves/boilers in place	(15)	(22.5)	(3.33)	(33.33)	(25.83)
30	. The hospital has enough resources, drugs, sundries, equipment and beddings to take care of patients all the time	31 (25.83)	34 (28.33)	11 (9.16)	27 (22.5)	17 (14.16)
31	We are satisfied and comfortable with our deployment in the hospital departments where we work.	15 (12.5)	24 (20)	9 (7.5)	40 (33.33)	32 (26.66)
32	. The hospital has initiated us to a good working relation and a healthy collaboration with the hospital leadership	20 (16.66)	31 (25.83)	3 (2.5)	37 (22.5)	29 (24.16)
33	. We have been prepared and facilitated to manage the patient load and we feel adequate since their number matches with the number of nurses and midwives in the hospital	50 (41.66)	30 (25)	5 (4.16)	23 (19.16)	12 (10)
34	We feel contented and motivated because the institution has good plans for staff welfare, during	28	19	12	31	30

	sickness and in cases of death of a staff or family members	(23.33)	(15.83)	(10)	(25.83)	(25)
35	The institution has adequate accommodation which is able to accommodate all staff	60 (50)	25 (20.83)	6 (5)	20 (16.66)	9 (7.5)
36	We feel motivated and happy as the institution provides meals	33 (27.5)	26 (21.6)	9 (7.5)	31 (25.83)	21 (17.5)
37	The institution has set time for lunch break for all staff that is on duty.	36 (30)	24 (20)	4 (3.33)	27 (22.5)	29 (24.16)
38	. We are provided with transport whenever any staff needs it.	34 (28.33)	26 (21.6)	10 (8.33)	30 (25)	20 (16.66)
39	. The institution has made the vision and mission available to every unit which is well understood and it guides the daily activities performed	21 (17.5)	29 (24.16)	21 (17.5)	26 (21.6)	23 (19.16)
40	. The institution top management often carries out internal support supervision to all the units giving support and motivating staff	45 (37.5)	32 (26.66)	3 (2.5)	22 (18.33)	18 (15)
41	We are well guided by the meaningful meetings held so often by the institution and the different departments to communicate the undertakings of the hospital	29 (24.16)	30 (25)	3 (2.5)	37 (30.83)	21 (17.5)
42	We are guided and exposed with the frequent change over to	13	27	10	40	30

	different units	(10.83)	(22.5)	(8.33)	(33.33)	(25)
43	. We feel inspired by administration because we are allowed to express ourselves and also recognized for good performance	20 (16.66)	36 (30)	11 (9.16)	28 (23.33)	25 (20.83)
44	. We feel secured and protected because we are insured	120 (100)	0	0	0	0
45	We are free and satisfied with task shifting as it improves on our performance in managing the patient load	49 (40.83)	34 (28.33)	4 (3.33)	23 (19.16)	10 (8.33)
46	. The institution is transparent about promotion and we are motivated	50 (41.66)	31 (25.83)	1 (0.83)	20 (16.66)	18 (15)
47	We feel the institution is doing a lot to ensure that we are confirmed in service	40 (33.33)	32 (26.66)	5 (4.06)	31 (25.83)	12 (10)
48	We are content and motivated to perform because the remuneration is meeting our needs and we are satisfied	55 (45.83)	43 (35.83)	2 (1.66)	15 (12.5)	5 (4.06)

Table : Correlation table showing the relationship between institutional factors and performance of nurses and midwives

		Institutional factors	Work performance
Institutional factors	Pearson Correlation	1	.210*
	Sig. (2-tailed)		.000

Work performance	N	120	120
	Pearson Correlation	.210*	1
	Sig. (2-tailed)	.000	
	N	120	120

* Correlation is significant at the 0.05

Institutional factors were co-related with work performance of nurses and midwives using Pearson's linear co-relation coefficient as indicated in table 9 Pearson's linear co-relation coefficient was chosen because institutional factors and performance of nurses and midwives were in numerical forms. This yielded a value of 0.210. Pearson's table (Appendix 2) was then used to establish the significant level, critical or rejection level. The significance level (α) of 0.05 was chosen because it is the most popular one for social scientists. This is because if the test has a significance level of 0.05 (5%) it means that if the research hypothesis is true, there's a probability of 0.05 (5%) that you will get results at this extreme by chance alone. In other words, such a test has a 1 in 20 chance of rejecting the research hypothesis erroneously. This means that the hypothesis is prone to be accepted to the level of 95%

The degrees of freedom was reached at by subtracting two from the sample size, which is given by $(120 - 2 = 118)$. From Pearson's table, the number nearest to 118 is 100, and at α of 0.05, the critical value is 0.1946. Since 0.211 is greater than 0.1946, we accept the alternative hypothesis that institutional factors significantly enhance the work performance of nurses and midwives in Mbale Hospital.

Table : Correlation table showing the relationship between Client factors and performance of nurses and midwives

		Client factors	Work performance
Client factors	Pearson Correlation	1	.211*

	Sig. (2-tailed)		.000
	N	120	120
Work Performance	Pearson Correlation	.211*	1
	Sig. (2-tailed)	.000	
	N	120	120

* Correlation is significant at the 0.05

Client factors were co-related with work performance of nurses and midwives using Pearson's linear co-relation coefficient as indicated in Table 10 Pearson's linear co-relation coefficient was chosen because client factors and work performance of nurses and midwives were in numerical forms. This yielded a value of 0.211. Pearson's table (Appendix 4) was then used to establish the significant level, critical or rejection level. The significance level (α) of 0.05 was chosen because it is the most popular one for social scientists. This is because if the test has a significance level of 0.05 (5%) it means that if the research hypothesis is true, there's a probability of 0.05 (5%) that you will get results at this extreme by chance alone. In other words, such a test has a 1 in 20 chance of rejecting the research hypothesis erroneously. This means that the hypothesis is prone to be accepted to the level of 95%

- 2 = 118). From Pearson's table, the number nearest to 198 is 100, and at α of 0.05, the critical value is The degrees of freedom was reached at by subtracting two from the sample size, which is given by (120 0.1946. Since 0.211 is greater than 0.1946, we accept the alternative hypothesis that client factors significantly enhance the work performance of nurses and midwives in Mbale Hospital.

Table :Correlation table showing the relationship between Nurses and midwives and their work performance

		Nurses and Midwives' factors	Work Performance
Nurses and Midwives' factors	Pearson Correlation	1	.301*
	Sig. (2-tailed)		.000
	N	120	120
Work performance	Pearson Correlation	.301*	1
	Sig. (2-tailed)	.000	
	N	120	120

* Correlation is significant at the 0.05

Nurses and Midwives' factors were co-related with their work performance using Pearson's linear co-relation coefficient as indicated in Table 11 Pearson's linear co-relation coefficient was chosen because nurses and midwives' factors and their work performance were in numerical forms. This yielded a value of 0.301. Pearson's table (Appendix 4.) was then used to establish the significant level, critical or rejection level. The significance level (α) of 0.05 was chosen because it is the most popular one for social scientists. This is because if the test has a significance level of 0.05 (5%) it means that if the research hypothesis is true, there's a probability of 0.05 (5%) that you will get results at this extreme by chance alone. In other words, such a test has a 1 in 20 chance of rejecting the research hypothesis erroneously. This means that the hypothesis is prone to be accepted to the level of 95%.

The researcher also conducted a multivariate analysis of variance (MANOVA) to establish the relative significance of the independent variables on the dependent variable. Predictors included institutional factors, nurses and midwives factors and work performance was the dependent variable. The following results were obtained;

Table : Regression results for predictors of work performance

Model	R	R Square	Adjusted R square	Std. Error of the Estimate
	.475 ^a	.226	.167	3.1173

Predictors: (constant) institutional factors, client factors, nurses and midwives factors,

Dependent variable: Work performance

The results in table 12 indicate that R^2 of 0.226. This means that 22.6% of the variations in the dependent variable (work performance) are statistically explained by institutional support client factors, nurses and midwives factors. This is with a standard Error of the estimate of 3.1173 which is above 1.

Table : ANOVA of predictors of Work performance

Model	Sum squares	df	Mean square	F	Sig.
Regression	260.570	7	37.224	3.831	.001 ^a
Residual	893.990	92	9.717		
Total	1154.560	99			

Predictors: institutional factors, client factors, nurses and midwives factors,

Dependent variable: Work performance

The conclusion drawn from table 13 above is that model was significant and the level of significance was 0.000^a meaning that, there was a significant relationship between predictors of work performance among nurses and midwives of Mbale Hospital.

Table :Coefficients^a of predictors of work performance

Model	Unstandardised coefficients		Standardized coefficients	t	Sig.
	B	Std.Error	Beta		
(constant)	4.26	1.452		2.968	.003
Institutional	3.16	.231	3.78	4.113	.000
Client	2.11	.321	2.101	2.225	.000
Nurses/Midwives	.854	.222	2.311	3.847	.000

Dependent variable: Work performance

Table 14 indicates that the calculated *t* values of 4.113, 2.225 and 3.847 for institutional factors, client factors and nurses and midwives factors respectively are greater than the degree of freedom at 2.000 in the probability tables that shows that institutional factors, client factors and nurses and midwives factors predict job performance in a positive direction (Gupta 2002). The more institutional factors are streamlined, client factors moderated and nurses and midwives factors catered for, the better the levels of work performance and vice versa. The hypotheses that, there is significant relationship between institutional factors, client factors, nurses and midwives factors and job performance among nurses and midwives of Mbale Hospital is substantiated and accepted.

CHAPTER FIVE

5.0 DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 DISCUSSIONS

This chapter discusses the results of the findings from the participants in the study of factors influencing performance of nurses and midwives in Mbale Regional Referral hospital-Eastern Uganda

The results of the study revealed that the majority of the respondents were female, 60 (50%) of age group 31-40. The number in this age group is high probably because of the recent recruitment by Ministry of Health which brought in young people to the service (see table 1).

The nurses were the dominating number of respondents, 66 (55%) of which the males were only 18 (15%). It was noted that there is no male midwives among the respondents, (see table 2) the males have remained the minority in the profession of nursing and midwifery while the females are the ones dominating the profession probably because of the caring attitude

The majority, 65 (54%) were married and notably the 5, (5%) of the males were not married and 30,(25%) of the females too were not married(see table 3).

According to Majid and Ibrahim (2008) marital status is one of the best predictors of nurses and midwives career commitment and job performance.

Accommodation is one of the factors the investigator was interested because it has impact on performance of nurses and midwives. The nurses and midwives, 35 (29%) reside in Namatala a renown Mbale suburb with moderately cheap and affordable rental houses about one and half

kilometers away from Mbale hospital. There are many suburbs around Mbale hospital therefore the nurses and midwives who reside outside the staff quarters are faced with insecurity by these idlers who way lay them as either they go to or return from work. Next was the nurses and midwives housed by the Mbale hospital who were 26, (22%) of the respondents. That implies that the majority of nurses and midwives are not housed by Mbale hospital (see table 4)

Henderson and Tulloch (2008) in their study of accommodation and performance of nurses and midwives revealed that poorly accommodated nurses and midwives usually result into frequent sick leave and absenteeism. It should be ensured that standards of living facility is important to avoid hazards and insecurity thus protecting health workers from insecurity and ill health.

The majority of the respondents were protestant comprising 60 (50%) and the least represented were the Muslim only 1 (0.83%). Healing and spiritual care go hand in hand to giving comfort to those who are suffering (see table 5) nurses and midwives are expected to offer holistic care but because of workload they fail to fulfill their role

However the study revealed that the majority of Mbale hospital nurses and midwives are certificate holders, 57 (47%).It was also realized that 55 (46%) had diploma (see table 6) . The number of respondents reduced as the qualifications went higher. This could be because of the employment policy.

The majority of nurses and midwives 40(33%) strongly agreed with the fact that they are well guided by the duty and leave roster on the notice board (table 7 annex 1). The majority of respondents 45(38%) disagreed with the fact that ward rounds were done in an appropriate and convenient way to allow them to perform their activities. Meaning thus the nurses and midwives were inconvenienced by inappropriate ward rounds that delay them from attending timely to

their patients since they too are expected to be in the team doing ward round(table 7 annex 2) As nurses and midwives join ward rounds much of their time to give direct care to patients are consumed. They have to devote extra time later in patients care when in most cases they are tired. This situation would be better managed if there were a big team of nurses; they can divide up the tasks and prioritize patients by their condition and urgency of care. In Mbale Regional Referral Hospital this is not possible because of the inadequate staffing. Every unit in a hospital must have a complete emergency trolley. The majority 30 (25%) of the nurses and midwives disagreed that they had complete emergency trolley (See table 7 annex 3). Mackenzie (2009) observed that, emergency trolley help nurses and midwives provide care in emergency situations and cautions, and emphasized that facilities must follow certain procedures and requirements to ensure their use with compliance.

Some nurses and midwives 41, (34%) agreed to the fact that there was helpful and efficient supervision of their performance while the other, 41(34%) strongly disagreed (See table 7 annex 4). This finding could be because of different perception of nurses and midwives towards their supervisors. In a similar concept, Henderson and Tulloch (2008) realized that supervision and management including technical support and feedback, recognition and achievements, good communication and clear roles and responsibilities are critical to performance of health system and quality of care.

Working environment contributes greatly to performance of nurses and midwives. The majority of nurses and midwives, 50 (41%) strongly disagreed that they have safe working environment to do their duties. Edilma (2001), & Mischa (2008) and Flanagan and Henry (1994) cited poor and inadequate working environment to be factors influencing performance of nurses and midwives negatively. (See table 7 annex 5)

The majority of the respondents 41(34%)agreed that there was availability of post exposure prophylaxis for everyone who needed it (see table 7 annex 6) Henderson and Tulloch advises health workers who take care of patients also to take precaution to prevent exposure to infection and injury and lack of it would compromise their performance.

Majority43 (36%) of the respondents strongly disagreed that they have personal protective wear like gloves, gumboots, masks, and goggles. Occupational Safety and Health Administration requires the use of personal protective equipment to reduce employee's exposure to hazards. Nurses and midwives are often exposed and they are to protect themselves at all times (see table 7 annex 7)

The majority, 37 (31%) strongly disagreedthatthey had adequate communication system in the hospital like working phones. (See table 7 annex 8) Schwartz(2007) commends that communication systemestablishes a good working relationship, provides clear understanding of job responsibilities and priorities. It provides specific plans of action for improving performance and deals with performance problems effectively

The nurses and midwives strongly 42 (35%) disagreed that recording and documenting procedures like blood pressure, pulse, temperature, respiration and record of all procedures was adequately done(see table 7 annex 9). Proper nursing documentation will most importantly ensure that your patients receive the highest quality and correct care (Katie 2008).Proper documentation also helps a nurse to defend self in a malpractice law suit.

The majority of respondents, 60(50%) strongly disagreed they had adequate time to perform nursing activities to the patients on daily basis. (See table 7 annex 10).

Rama& Edgar, at el (2006) revealed that management starts with planning, organizing then coordinating the different activities assigned for the day. It therefore important to know how nurses and midwives allocate their time in performing their assigned responsibilities and how they perform on their job to produce maximum outputs for the day. It makes them more effective and achieve much more.

Nurses and midwives 46, (38%) disagreed, that they were satisfied with organization of the ward and monthly meetings. (See table 8 annex 11). Ward meetings are usually to review or discuss patients care and staff progress (Adams and Hale at el 1998), &Career's Victoria,(2006).

The majority of nurses and midwives, 60,(50%) strongly disagreed that they have time to supervise all students whenever they are for their clinical placement. Supervision of students is to develop future professionals. Web forum, (2007) emphasized the need to further clinical skills by teaching others

The majority of respondents 40,(33%) strongly disagreed that they have a enough time and resources to perform daily ward activities. Fort and Voltero (2004) identified lack of resources or tools to be influencing the performance of nurses and midwives negatively

Documentation and record keeping is crucial in the nursing profession. The majority of nurses and midwives 37,(30%) strongly disagreed that they document their procedures, keeping records of all drugs, sundries and equipment. Documentation and record keeping according to Katie, (2008) helps the nurses and midwives to defend themselves

Nurses and midwives need a lot of support in their duties. In order to attain technical skills; they need training and continuous professional development. The assessment revealed that nurses and midwives, 31(26%) strongly disagreeing that the institution has put in place good support system

for CME/CPD to keep them abreast with new knowledge and skills. Humphrey, Jones, Mara and Jones (2002) and Henderson and Tulloch commended professional support and adequate time for CME as an important motivating factors to health workers to perform.

Nurses and midwives duties are so unique that before reporting off, they are required to hand over the ward including patients to the incoming team. The study findings revealed 60, (50%) respondents strongly disagreeing that they do detailed handover of patients from bed to bed in every shift. Jane Currie, (2000) stated, handing over patients from bed to bed or bedside hand over is to facilitate patient centered care and patients feel more involved in their care because it offers closer contact.

An organization like health system requires supportive relationship to the health workers to motivate them to perform and builds trusting collaboration. According to Manzi, (2003) work place trust has a lot of influence on staff performance. The study finding revealed that 37 (31%) of nurses and midwives strongly disagreeing that there is good working relationship across the institution as seen across the different departments (see table 8 annex 17). It is the duty of the organizations says Al-Ahmadi, (2008) to get committed and forge the good and trusting relationship across Mbale hospital departments

Performance appraisal is becoming very vital in assessing employees and planning for their development. The majority of nurses and midwives 33, (28%) disagreed that the institution usually ensures performance appraisal is done annually and they get performance feedback. Henderson and Tulloch (2008) observed performance appraisal is highly recognized worldwide with increasing interest from health systems such as career development, training opportunities which will influence health workers performance

The nurses and midwives were assessed to find out whether the institution has enough staff to cover all the units adequately. The majority of respondents, 35 (29%) strongly disagreed that they were enough to cover all units adequately and Manzi (2003) comments that staff shortage affect performance of nurses and midwives because they cannot carry on their duties effectively to meet the needs of patients (see table 8 annex 19)

Job description gives confidence to nurses and midwives to perform their specified duties. Then most nurses and midwives, 45 (38%) strongly disagreed that they have job description and standards to guide them. It was observed by Henderson and Tulloch (2008) that there is close association between the performance of health workers and the clarity of job description. Job description together with standards of operation and procedures give greater confidence about the roles and responsibilities of nurses and midwives

Nurses and midwives feel motivated when are selected to attend workshop. Often the specific people are trained by some projects and they keep going for workshop. When the nurses and midwives were asked whether they had opportunities to attend job related workshop, 33, (28%) of the respondents agreed that they do, (see table 8 annex 21). This is a positive factor influencing performance of nurses and midwives

Also training is regarded very important to gain knowledge and skills but often the nurses and midwives who want to proceed for training are identified or recommended by their immediate supervisors. Nurses and midwives revealed that they don't participate in identification and selection of staff who want training; some 35, (29%) strongly disagreed that they are consulted and this can lead to de motivation since these nurses and midwives think that they are under looked

Patient over load and staff shortage have been the negative factors influencing nurses and midwives performance as cited by Manzi, (2003), Mischa,(2008) . Nurses and midwives were unable to perform all activities in Ante natal clinic (see table 8 annex 23), they did not have enough time for health education,(see table 8 Annex 24) and examining these mothers adequately(see table 8annex 25). It was found that 30%, of the respondents, disagreed, 38% strongly disagreed and 30% disagreed respectively that they do their activities adequately because of staff shortage and overload. The same applied to labor suit. They also reported not having enough time to monitor mothers in labor,(see table 8 annex 26), communicate effectively to mothers about outcome of labor (see table 8 annex 27) and receive mothers from labor suit to post natal ward and take on care,(annex 28). Again the majority of respondents, 26%, 28% and 38% strongly disagreed respectively that they cannot perform adequately because of the patient load and staff shortage which have earlier been discussed, (table 8 annex 13)

The current situation on infectious diseases like HIV/AIDS with high prevalence rate has woken up health facilities to have guidelines on infection control and all the equipment required like the color coded buckets with bin liners, protective wears, effective sterilization and antiseptic for decontamination of used equipment. Most of the nurses and midwives, 40, (33%) agreed that they have the infection guidelines and the recommended equipment in place. Derry Nalon, (2003) suggested there should be infection control policies and practices in place having an in charge to head the unit. She also recommended continuous training. It is important to hang all posters on infection control to all units. These increase safety levels and therefore performance.

On availability of resources, beddings, sundries, drugs and equipment, most respondents, 34, (28%) disagreed that they have enough of those resources. It is so frustrating to work in a health

facility with no resources because it affects the performance of nurses and midwives and quality delivery of health care services.

Most of the nurses and midwives 40, (33%) agreed that their employment was comfortable.(see table 8 annex 31) Usually this is an area of complaint if the nurses are placed in areas they feel may not make them perform. Nurses and midwives being the largest health workforce need to be well managed to have competent and well motivated work force, WHO, (2003)with the burden of diseases and, continued high maternal and infant mortality rates, nurses and midwives need to be posted to their specialized areas with good skills mix avoiding misdistribution for quality health services

A good working relationship with management builds confidence and allows freedom of expression. Most of the respondents 37 (30%) agreed that they have good working relationship with hospital leadership. Yousef (2000) recognizes the good relationship between employees and their supervisors as consultative leadership that allows more commitment to the organization and thus influences performance.

Work load and adequate care to patients have caused complaints across the health ministry. Human resource for health is so small (see table 8 annex 32) that they are challenged in providing quality care to the patient. The majority of nurses and midwives, 50,(42%) strongly disagreed to the statement that they have been initiated and prepared to manage the workload and they have adequate number of nurses and midwives to handle the work load (see table 8 annex33), Manzi (2003) also McNeese Smith (2001) commented that mental readiness by nurses and midwives to handle workload which the health workers feel is causing overload, is entirely

the responsibility of the institution to prepare the workforce with all the resources to make the work less frustrating.

Welfare of nurses and midwives usually is challenging. They work so hard so they need better treatment. Fortunately the some respondents 31, (26%) agreed that they feel contented and motivated because the hospital has good plan on their welfare, (table 8 annex 34). McNeese (2001) stated that motivation and an incentive influences the performance of nurses and midwives in Hospital positively. Accommodation is crucial and because of the nature of work the nurses and midwives do, they need to be accommodated (Table 4).The study indicated that the residences of the majority of nurses and midwives are outside the staff quarters. Only 26(22%) of the respondents were accommodated in the institution houses. The nurses and midwives need to be protected from violence and insecurity, (Henderson &Tulloch 2008) and unnecessary absenteeism and sick leave.

Nursing and midwifery is a noble profession, it is very important that the nurses and midwives are provided a healthy living while at work. Because of their intensive work and long irregular hours of work to provide care, the nurses and midwives need to be fed to keep them strong. Schuster et al (2011) suggested a balanced life because the demands on the nurses and midwives can come at a personal cost, job stress which is a major contribution of poor health. Most of the respondents in the study, 33(28%) strongly disagreed that the hospital provides meals-tea (see table 8 annex 36), and another 36, (30%) also strongly disagreed that the institution has set time for lunch break,(see table 8 annex37).

Transport is very vital especially as the majority of staff reside away from the hospital. Most of the respondents, 34 (28%) strongly disagreed that they are provided with transport whenever

they need it.(table 8 annex 38)Karikpo, (2005) suggests that motivating nurses and midwives to compete with other nurses and midwives all over the world to provide high level health care is important; they should then be provided or transported during official activities of the hospital. Performance management aims to optimize the quality of work and efficiency of health care system. It reflects the overall vision aims and objectives of the organization lines of accountability. The individuals or team also have clear understanding on how best they can contribute. Nikols (2003) agrees with the importance of being aware of the vision of the organization so that the employees are led to the right direction, When nurses and midwives were asked whether the hospital has made the vision and mission of the hospital available to every unit and are well understood, the majority, 29,(24%) disagreed.(see table 8 annex 39).

Good supervision and management including technical support, feedback and recognition motivate employees to perform. The study results showed most nurses and midwives 45,(38%) strongly disagreed that top management often carries out internal support supervision to all the units, (see table 8 annex 40).

Meetings in an organization are as considered highly important. Adams, Bond and Hale (1998) recognizes ward meeting to review or discuss patient's care and staff progress. They stressed that important information are also discussed. In this study, 66,(55%) of the nurses and midwives confirmed that they were well guided by the meetings taking place in the hospital, (see table 8 annex 41) Concerning staff change over,40,(33%) expressed that they are impressed with the frequent change over to different units.

The nurses and midwives were also asked if they feel inspired by administration, they are allowed to express themselves and recognized for good performance, 36(30%) most disagreed.

Bray ton (2000) stresses the need of employees' recognition and positive feedback. Rewarding employees gives managers the rewards most successful at motivating employees.

The nurses and midwives work under the cover of their employees. It is required that nurses and midwives get practicing license before recruitment. But an individual nurse /midwife can insure themselves. It is the duty of the employers to sensitize the staff otherwise, all the nurses and midwives 120, (100%) strongly disagreed that they are secure and protected (see table 8 annex 44)

About task shifting 49 (41%) nurses and midwives strongly disagreed that they are satisfied with task shifting as it improves performance,(see table 8 annex 45) Findings from Eric et al(2011) showed that there is task uncertainty in task shifting leading to higher hand over duration on each patient

On promotion and confirmation, the respondents strongly disagreed that the institution is not transparent nor doing a lot to ensure the nurses and midwives are confirmed. Most of the nurses and midwives, 50 (42%) strongly disagreed about promotion and 40 (33%) about confirmation implying that the nurses and midwives performance is affected since they feel not helped

Regarding remuneration most of the respondents, 55(46%) strongly disagreed that they are content and motivated to perform and the remuneration meets their needs. A study findings by Amy et al (2009) revealed Ugandan health workers were dissatisfied with their job, especially their compensation and working conditions. About one out of four wanted to leave the country to improve their outlook.

Hypotheses on relationship between the factors influencing performance of nurses and midwives were confirmed to be significant at 0.05

5.2 CONCLUSIONS

- The females are the majority of the worker of nurses and midwives and are married.

There were no male midwives

- The majority of nurses and midwives are not accommodated in the staff quarters
- The working environment coupled with short supply of equipment, sundries, medicine and space compromise performance of the nurses and midwives.
- There was irregular supervision, motivation, appraisal feedback and timing of activities

Lack of protective gear, inadequate communication system in the hospital and overwhelming number of patients interfere with performance of the nurses and midwives. The nurses and midwives consider the payment (salary) being low.

- However nurses and midwives are encouraged to perform well because of the followings- presence of (PEP) post exposure prophylaxis, guidance form of duty roster and leave roster. Welfare especially when they lose their dear ones

5.3 RECOMMENDATIONS

- Improve on nurses conditions of service that affect their attitude to perform adequately like their confirmation and promotion which administration can influence
- Motivation of nurses and midwives , give them enough resources to allow them enjoy their work and improve on their commitment and performance
- Internal regular support supervision and performance appraisal are very crucial to monitor performance of nurses and midwives

- Provide protective wears to the nurses and midwives s
- Improve on resources both sundries, drugs, equipment and nurses and midwives to match the workload

5.4 LIMITATIONS

- Time: The researcher had limited time since she was advised to re do the study and time left to the dead line was inadequate to carry out the research on a bigger population
- Funding: The researcher did not have adequate funding to do the study as she had several expenses in the early stages of the study
- The results of this study may not be generalized to other nurses and midwives in different parts of the country because the sample selected for the study was from the available population at Mbale Hospital
- Because the research was carried out by one of the highly placed administrators , it could have influenced the outcome of the study.

REFERENCES

- Adam, S.A., Bond., & Hale. C , A (1998) Nursing Organization Practice and its Relationship with other features of Ward Organization and Job Satisfaction. *J, Adv, Nurs.* 27;1212-1222 doi:10 1046/j. 1365-2646:1998 00657
- Amy Hangopian, Anneke Zuyderduin, Naomi Kyomuhangi N D Fatu Yumkella(2009) Job Satisfaction and the Morale in the Uganda Health Workforce . *Health Affairs*(2009) Vol. 28, issue; 5: pages w863-w875 Pub. Med: 19661112
- Andrew E. Schwartz 2011 Performance Communication, How can it help. *Articles.com/expert=Andrew E Sc. Documentation of Nursing Care.* Boston:
- Awases M, H. (2006) Factors Affecting Performance of Professional Nurse in. Namibia:
- Baba Gangnath Marg. Munirka (2005) *Nursing and Midwives HRH. Nursing Services in Bihar,* New Delhi:
- Brayton Bowen, (2000) *Reconizing and Rewarding Employees.* Amazon. ISBN:
- Clark and Leslie(2011) *The Critical Care Nurse in Australia:*
- Derry Nolan (2003) *Infection Control, Quality Assessment and Performance Improvement and Patient's Rights:*
- Edilma, B. G (2001) *Contribution of Nurses and Midwives to Health System Performance an Goals.* American Health Organization, Belize, Columbia and Mexico:
- Eric Mayor, Adrian Bangerter and Myriam Aribot (2011) *Journal of Advanced Nursing.* Task shifting 24 November 2011 doi; 10. 1111/J 1365-2648.2011.05880X:
- Flanagan D,H. and Henry P, (1994) *Healthy Work and Performance Management.* Health Manpower Development:
- Fort A. and Voltero V(2004) *Human Resources For Health.* Journal Vol. 2 issue 8
- Hanan Al- Ahmadi (2008) *Factors Affecting the Performance Hospital nurses in Riyadh Region,* Saudi Arabia:

- Henderson and Tulloch, (2008) Human Resource For Health. 2008: 6: 18 2008 September 15 doi 10. 1186/1478-14491-6-18
- Humprey S, M Jones, J Jones, and P Mara(2000) Building a successful Organizations Work force 2002, 176(!0) 472-476
- Jane Currie (2000) Audit of Nursing Hand Over. Vol. 96, issue: 42 page No 44. 19 October, 2000
- Karikpo Deezia Hannah(2005)Motivation of Nurses and Midwives, Riverstate,Port Harcourt:
- Katie Morales, (2008) Nursing Documentation. Time and Performance of Nursing Activities:
- Kothari C.R (2010) Research Methodology. Methods and Technuques (2nd Edition) New Age International Publishers. New Delhi- 110002 India:
- Mackenzie Kimball (2009) Nursing Times for Health Leaders Media. Emergency Trolley. October, 26, 2009:
- Manzi (2004) Exploring Influence of the work Place trust over Health Workers Performance. Journal HEFP, Working Paper Tanzania
- Majid Ibrahim (2008) Career Commitment and Job Performance of Jordanian Nurses Hashemite University, Zarga, Jordan.DOI: 1111/J 1744-6198 2008:
- MCneese-Smith (2001) Health Mnagement Review, Vol. 26: 27-9. North Carolina
- Mischa Willis Shuttuck (2008) Factors Affecting Performance of Nurses and Midwives in South Africa
- Nikols F. (2003) Factors Affecting The Performance of Health Workers. <http://home.att.nikolsarticles.htm>
- Ozo W. Y and Onen D. (2005) Writing Research Proposal and Report(2nd Edition) Makerere University Press, Kampala Uganda
- Rama B Radhakrishna, Edgar. Y Yoder, Connie Bagget C by Extension Journal, inc. ISSN 10077-5315
- Schluter.P, Turner. C, Guntington. R, Bain. C and McClure R (2011) Work life Balance and Health. The Nurses and Midwives e-cohort Study.International Nursing Review Journal Vol. 58: 28-36. 2011/doi:10.1111/j 1466-7657 2010.005494 9 January:
- Sharpley D (2002) Perception, Motivation, and Performance DSA business Psychology
- Wendy Hearn(2006) Time Management Strategies For Improving Work Performance:

FACTORS INFLUENCING PERFORMANCE OF NURSES AND MIDWIVES IN MBALE REGIONAL REFERRAL HOSPITAL- EASTERN UGANDA

Appendix A: Consent form

You are invited to participate in a research study investigating factors influencing performance of nurses and midwives in Mbale Regional Referral Hospital- Eastern Uganda

The purpose of the study is to determine the factors influencing performance of nurses and midwives in Mbale Regional Referral Hospital- Eastern Uganda

This study is being conducted by **Mrs. Odella Monica** a student of International Health Sciences University. You have been selected because you are a health worker in Mbale Regional Referral Hospital

Procedure:

You are requested to answer the question attached to this consent form by ticking the box corresponding to the appropriate answer. This will take approximately 20 minutes to complete.

Risks and Benefits of the study

There are no known risks involved in participating in this study.

Confidentiality

Any information in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. In any written report or publication, no one will be identified or identifiable and only aggregate data will be presented.

Voluntary nature of study

Your decision whether or not to participate will not affect the service or employment in this hospital. If you decide to participate, you are free to withdraw at any time before your data is de-identified.

Contact and questions:

The researcher in this study is **Mrs. Odella Monica** You may ask questions you have at this time. If you have questions later, you may contact **Monica** on +256-774613187 or monicaodella@yahoo.com

I.....give my consent to for then researcher to use the data collected for presentation of the research. (Please write yes or no and initials)

You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time before the information is de-identified without prejudice after signing this form should you choose to discontinue participation in this study.

SignatureDate.....

Signature of investigator.....Date.....

Appendix B: Questionnaire

FACTORS INFLUENCING PERFORMANCE OF NURSES AND MIDWIVES IN MBALE REGIONAL REFERRAL HOSPITAL- EASTERN UGANDA

Respondent's code number.....

Instructions

Kindly read the questions carefully and put your response in the correct space provided

Section A

1. Age in years.....

2. Gender; Female Male

3. Tribe.....

4. Education background: Primary Secondary Degree Masters

5. Marital status.....Married Divorced Single Widowed

6. Religious affiliation...Catholic Anglican Pentecostal Moslem Others

7. Years of service

Section A (b): Nurses and midwives' personal factors

8. Months/Years in present unit.....

9. Your designation.....

10. Professional qualifications.....RN RM RPN RPM
EN,
EM, EPN

11. We are well guided by the duty/leave roster on the notice board

- a) Strongly disagree
- b) disagree
- c) Neutral
- d) agree
- e) Strongly agree

12. The ward rounds are done in an appropriate and convenient way for me to do my work.

- a) Strongly disagree
- b) disagree
- c) Neutral
- d) agree
- e) Strongly agree

13. The emergency Trolley is always having all that I require to attend to the emergencies.

- a) Strongly disagree
- b) disagree
- c) Neutral
- d) agree
- e) Strongly agree

14. We have helpful and efficient supervisors as Nurses and midwives.

- | | | | |
|----------------------|--------------------------|-------------|--------------------------|
| a) Strongly disagree | <input type="checkbox"/> | b) disagree | <input type="checkbox"/> |
| c) Neutral | <input type="checkbox"/> | d) agree | <input type="checkbox"/> |
| e) Strongly agree | <input type="checkbox"/> | | |

15. We are sure that our working environment is safe for us to do our duties well.

- | | | | |
|----------------------|--------------------------|-------------|--------------------------|
| a) Strongly disagree | <input type="checkbox"/> | b) disagree | <input type="checkbox"/> |
| c) Neutral | <input type="checkbox"/> | d) agree | <input type="checkbox"/> |
| e) Strongly agree | <input type="checkbox"/> | | |

15. Post Exposure prophylaxis is available for everybody who gets accidental prick.

- | | | | |
|----------------------|--------------------------|-------------|--------------------------|
| a) Strongly disagree | <input type="checkbox"/> | b) disagree | <input type="checkbox"/> |
| c) Neutral | <input type="checkbox"/> | d) agree | <input type="checkbox"/> |
| e) Strongly agree | <input type="checkbox"/> | | |

16. We have enough Personal Protecting wear: Gloves, Gum boots, Masks, Goggles

- | | | | |
|----------------------|--------------------------|-------------|--------------------------|
| a) Strongly disagree | <input type="checkbox"/> | b) disagree | <input type="checkbox"/> |
| c) Neutral | <input type="checkbox"/> | d) agree | <input type="checkbox"/> |
| e) Strongly agree | <input type="checkbox"/> | | |

17. We have adequate communication System that is in the hospital like working phones.

- | | | | |
|----------------------|--------------------------|-------------|--------------------------|
| a) Strongly disagree | <input type="checkbox"/> | b) disagree | <input type="checkbox"/> |
| c) Neutral | <input type="checkbox"/> | d) agree | <input type="checkbox"/> |
| e) Strongly agree | <input type="checkbox"/> | | |

18. We have all the required documents like BP recorded, Temperature, and Pulse& Respiration available for us to record all our procedures

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

19. We have adequate time to perform nursing activities to the patients on a daily basis

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

20. We are satisfied with the organization of the ward with the monthly meetings to communicate good practices

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

21. We are able to supervise all students adequately whenever they are for their clinical placement

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

22. We have enough time to give daily health education to all patients as they come to hospital everyday

- a) Strongly disagree b) disagree

c) Neutral d) agree

e) Strongly agree

23. We are able to perform all nursing activities everyday and document and keeping records of drugs, sundries, equipment and detailed hand over including patients in every shift

a) Strongly disagree b) disagree

c) Neutral d) agree

24. e) Strongly agree

24. There is good working relationship across the institution as seen in every department

a) Strongly disagree b) disagree

c) Neutral d) agree

e) Strongly agree

25. The institution usually ensures performance appraisal is done annually by all staff and we get work and behavior related feedback satisfactorily

a) Strongly disagree b) disagree

c) Neutral d) agree

e) Strongly agree

26. The institution ensures there is adequate number of staff in every unit who is able to cover the units adequately

a) Strongly disagree b) disagree

c) Neutral d) agree

e) Strongly agree

27. We are guided by job description and standards to execute our day to day activities in the various units

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

28. We often get opportunities to attend job related workshops to acquire knowledge and skills to improve on our performance

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

29. We are usually consulted to recommend our colleagues who are to go for training every year

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

30. We carry out all the activities to all mothers who come for ANC services like PMTCT and we have adequate number of testing kits to test all mothers

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

31. We usually attend to all mothers who turn up for ANC, welcome them, take history and we have adequate number of equipment for investigation every clinic day

- a) Strongly disagree b) disagree

- c) Neutral d) agree
- e) Strongly agree

32. We are able to satisfactorily examine mothers who come to ANC according to recommended standards and to communicate findings to the mothers

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

33. We receive all mothers who come to deliver in labor suit, welcome them and their labor partners and give appropriate information to them

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

34. We explain all the processes in labor admit and consent them all on arrival

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

35. We are guided by the set standards to give appropriate care, taking history of labor, observations with enough equipment and document findings in the mothers labor progress charts which are available at all times, four hourly

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

36. We communicate all the information and the outcome of labor, the condition of the baby (APGAR) score after delivery and document all the processes

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

37. We receive both mothers and babies to the post natal care. We are handed over all the information concerning them on transfer from labor suit

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

38. We carry out all the services, observations and examination according to the recommended standards, communicate findings to mothers and document

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

39. We have guidelines on infection control which we strictly follow and we have all the recommended resources, buckets, protective wears, and soap, antiseptic and working autoclaves/boilers in place

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

40. The hospital has enough resources, drugs, sundries, equipment and beddings to take care of patients all the time

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

41. We have been helped by the good leadership to acquire adequate knowledge and skills to improve on our performance

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

42. The institution as put a lot of effort to help the middle nurse managers attain adequate leadership skills to enable them manage their subordinates effectively

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

43. We feel the institution has nurtured us in the profession so that we are comfortable with our deployment levels

- a) Strongly disagree b) disagree
c) Neutral d) agree
e) Strongly agree

44. We feel the institution is utilizing us appropriately to manage the patient load in the hospital

- a) Strongly disagree b) disagree

- c) Neutral d) agree
- e) Strongly agree

45. The hospital has initiated us to a good working relation and a healthy collaboration with the hospital leadership

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

46. We have been prepared and facilitated to manage the patient load and we feel adequate since their number matches with the number of nurses and midwives in the hospital

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

47. We feel comfortable and motivated because the institution has good plans for staff welfare, in sickness and incase of death of a staff or family members

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

48. The institution has adequate accommodation which meets the standard and able to accommodate all staff

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

54. We are well guided by the meaningful meetings held so often by the institution and the different departments to communicate the agenda of the hospital

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

55. We are guided and exposed with the frequent change over to different units

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

56. The institution administration is welcoming and encourages staff to share developmental ideas wherever there are opportunities

- a) Strongly disagree b) disagree
- c) Neutral d) agree
- e) Strongly agree

57. We feel inspired by administration because we are allowed to express ourselves and also recognized for good performance

- a) Strongly disagree b) disagree
- c) Neutral d) agree

e) Strongly agree

58. We feel secured and protected because we are insured

a) Strongly disagree b) disagree

c) Neutral d) agree

e) Strongly agree

59. We are free and satisfied with task shifting as it improves on our performance in managing the patient load

a) Strongly disagree b) disagree

c) Neutral d) agree

e) Strongly agree

60. The institution is transparent about promotion and we are motivated

a) Strongly disagree b) disagree

c) Neutral d) agree

e) Strongly agree

61. We feel the institution is doing a lot to ensure that we are confirmed in service

a) Strongly disagree b) disagree

c) Neutral d) agree

e) Strongly agree

62. We are content and motivated to perform because the remuneration is meeting our needs and we are satisfied

a) Strongly disagree b) disagree

c) Neutral d) agree

e) Strongly agree

63. The institution has put in place a good support system for CME/CPD to keep us abreast with new knowledge and skills

a) Strongly disagree b) disagree

c) Neutral d) agree

e) Strongly agree

Appendix C: Pearson's Correlation Table

Pearson r Table^a

(df=N-2)	α Levels for two-tailed test				
	.10	.05	.02	.01	.001
	\downarrow α Levels for one-tailed test				
	.05	.025	.01	.005	.0005
1	.98769	.99692	.999507	.999877	.9999988
2	.90000	.95000	.98000	.990000	.99900
3	.8054	.8783	.93433	.95873	.99116
4	.7293	.8114	.8822	.91720	.97406
5	.6694	.7545	.8329	.8745	.95074
6	.6215	.7067	.7887	.8343	.92493
7	.5822	.6664	.7498	.7977	.8982
8	.5494	.6319	.7155	.7646	.8721
9	.5214	.6021	.6851	.7348	.8371
10	.4973	.5760	.6581	.7079	.8233
11	.4762	.5529	.6339	.6835	.8010
12	.4575	.5324	.6120	.6614	.7800
13	.4409	.5139	.5923	.6411	.7603
14	.4259	.4973	.5742	.6226	.7420
15	.4124	.4821	.5577	.6055	.7246
16	.4000	.4683	.5425	.5897	.7084
17	.3887	.4555	.5285	.5751	.6932
18	.3783	.4438	.5155	.5614	.6787
19	.3687	.4329	.5034	.5487	.6652
20	.3598	.4227	.4921	.5368	.6524
25	.3233	.3809	.4451	.4869	.5974
30	.2960	.3494	.4093	.4487	.5541
35	.2746	.3246	.3810	.4182	.5189
40	.2573	.3044	.3578	.3932	.4896
45	.2428	.2875	.3384	.3721	.4648
50	.2306	.2732	.3218	.3541	.4433
60	.2108	.2500	.2948	.3248	.4078
70	.1954	.2319	.2737	.3017	.3799
80	.1829	.2172	.2565	.2830	.3568
90	.1726	.2050	.2422	.2673	.3375
100	.1638	.1946	.2301	.2540	.3211

^aTo be significant the r obtained from the data must be equal to or larger than the value shown in the table.

Source: Table VII of Fisher and Yates': *Statistical Tables for biological, Agricultural and Medical Research* published by Longman (previously by Oliver and Boyd Ltd, Edingburg).