

**FACTORS INFLUENCING PERFORMANCE OF NURSES IN
THE MAKHUDUTHAMAGA SUB-DISTRICT, SEKHUKHUNE
DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA**

MASTER OF PUBLIC HEALTH

C M MAKUNYANE

2012

**FACTORS INFLUENCING PERFORMANCE OF NURSES IN THE
MAKHUDUTHAMAGA SUB-DISTRICT, SEKHUKHUNE DISTRICT, LIMPOPO
PROVINCE, SOUTH AFRICA**

By

COSHIWE MATILDAH MAKUNYANE

(Mini-) Dissertation in (partial) fulfilment of the requirements for the degree of

MASTER OF PUBLIC HEALTH

in the

FACULTY OF HEALTH SCIENCES
SCHOOL OF HEALTH SCIENCES (PUBLIC HEALTH)

at the

UNIVERSITY OF LIMPOPO, TURFLOOP CAMPUS

SUPERVISOR : DR MDJ MATSHABAPHALA (WITS UNIVERSITY)
CO-SUPERVISOR : DR MBL MPOLOKENG (LIMPOPO UNIVERSITY)

2012

DECLARATION

I declare that **Factors Influencing Performance of Nurses in the Makhuduthamaga Sub-district, Sekhukhune District, Limpopo Province, South Africa** (mini dissertation) hereby submitted to the University of Limpopo, for the degree of **Master of Public Health** (degree & field of research) has not previously been submitted by me for a degree at this or any other university, that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

.....

(Signature)

COSHIWE MATILDAH MAKUNYANE (MRS)

[REDACTED]

.....

DATE

ABSTRACT

The purpose of the research was to explore the factors that affect the performance of nurses in the Makhuduthamaga Sub-district. The Research Design was quantitative descriptive. The population consisted of all categories of nurses working in the eighteen clinics of the Makhuduthamaga Sub-district that render a 24-hour service, seven days a week. The Stratified Random sampling technique was used to obtain the sample. Data were collected by means of designed performance instrument questionnaires. The study revealed that nurses were dissatisfied with their work, something that had a tremendous influence on their performance.

ACKNOWLEDGEMENTS

Primary acknowledgement goes to God the Almighty who has been there for me all the way, giving me courage and still giving me strength. I give Him praise and honour.

Special thanks to my three sons, Thabang, Tebogo and Thato, and in memory and honour of my late loving husband, Makhudu.

Special thanks to my nephew, Semang Nkadimeng, who gave me all the technological support I needed, and my babysitters, Mrs J Thubana, Mrs Nchabeleng and Mrs Chukudu, who have given me support throughout my studies.

I also give thanks to my friend, Mrs Mphelane ML, for her guidance and provision of material support.

My sincere gratitude goes to the following people:

- Professor Pieterse of the University of Limpopo, who supported and guided me in the formulation of the research topic.
- Dr MDJ Matshabaphala, my supervisor, based at the University of Witwatersrand, for his wisdom, patience, continuous support and guidance.
- Dr MBL Mpolokeng, my co-supervisor, at the University of Limpopo, for his guidance and support.
- Mrs Rieta Olwagen at the University of Limpopo, for her guidance and assistance with statistical analysis of the data.
- Dr L Mkuti and Mr MM Mohlake at the University of Limpopo, for editing of the manuscript.

I would also like to thank the staff in the Department of Health, Limpopo Province, for granting me permission to conduct the study, and also the Jane Furse Nursing School Management for granting me special leave to conduct and complete the study.

TABLE OF CONTENTS

	PAGE
CHAPTER 1: INTRODUCTION	1
1.1. Introduction	1
1.2. Statement of the Research Problem	2
1.3. Aim of the Study	2
1.4. Motivation of the Study	2
1.5. Significance of the Study	2
1.6. Research Objectives	3
1.7. Research Questions	3
1.8. Limitations of the Study	3
1.9. Definition of Concepts	3
1.10. Conclusion	4
CHAPTER 2: LITERATURE REVIEW	5
2.1. Introduction	5
2.2. Empirical Literature Review	5
2.2.1. Factors affecting performance of nurses in various countries	5
2.2.2. Factors affecting performance of nurses in South Africa	8
2.2.2.1. Performance of nurses in South Africa	9
2.2.2.2. Performance of nurses in Limpopo Province	10
2.2.2.3. Performance of nurses in Sekhukhune District	11
2.2.2.4. Performance of nurses in Makhuduthamaga Municipality	11
2.3. Theoretical Literature Review	13
2.3.1. Abram Maslow's Motivation theory	13
2.3.2. Vroom's Motivation theory: Path goal model	14
2.3.3. McClelland's Learned-needs theory	14
2.3.4. Herzberg's Two- factor theory of motivation	14
2.3.5. Conclusion	16
CHAPTER 3: RESEARCH METHODOLOGY	17
3.1. Introduction	17
3.2. Methodology	17
3.3. Research Design	17
3.4. Population	18
3.5. Sampling and Sampling Techniques	18
3.5.1. Sampling	18
3.5.2. Sampling technique	19
3.6. Method of Data Collection	20

(ii)

3.7. Measures to Ensure Validity and Reliability	21
3.8. Method of Data Analysis	22
3.9. Ethical Consideration	22
3.9.1. Informed consent and voluntary participation	22
3.9.2. Protection from harm	22
3.9.3. Privacy, confidentiality and anonymity	23
3.10. Conclusion	23

CHAPTER4:PRESENTATION AND ANALYSIS OF THE FINDINGS **24**

4.1. Introduction	24
4.2. Presentation of the findings	26
4.2.1. Personal Data	26
4.2.1.1. Age and gender distribution	26
4.2.1.2. Age of the respondents	26
4.2.1.3. Gender of the respondents	27
4.2.1.4. Educational level of respondents	27
4.2.1.5. Professional nurses and age	28
4.2.1.6. Enrolled nurses and age	28
4.2.1.7. Auxiliary nurses and age	29
4.2.1.8. Education and age distribution	29
4.3.2. Responses of the Questionnaires	29
4.3.1. Motivating factors	30
4.3.1.1. Recognition of performance and staff	30
4.3.1.2. Responsibility	30
4.3.1.3. Achievement	31
4.3.1.4. Advancement and growth	31
4.3.1.4.1. Indication of motivating factors results	32
4.3.2. Hygiene factors	32
4.3.2.1. Organizational policies	32
4.3.2.2. Supervision	32
4.3.2.3. Working conditions	33
4.3.2.4. Security	33
4.3.2.5. Relationship between subordinates and supervisors	34
4.4. Questionnaire results	34
4.4.1. Custom table for questions	35
4.5. Facility staff audit	35
4.5.1. Facility staff audit for professional nurses	36
4.5.2. Facility staff audit for enrolled nurses	36
4.5.3. Facility staff audit for auxiliary nurses	37
4.6. Staff skills audit	37
4.6.1. Prevention of mother to child transmission of HIV (PMTCT)	37
4.6.1.1. PMTCT audit	37

(iii)

4.6.2. Voluntary counselling and testing	38
4.6.2.1. VCT audit	38
4.6.3. Cervical cancer screening	39
4.6.3.1. Pap smear audit	39
4.6.4. Tuberculosis (TB)	39
4.6.4.1. TB skills audit	39
4.6.5. Integrated management of childhood illnesses (IMCI)	40
4.6.5.1. IMCI skills audit	40
4.6.6. Primary health care (PHC)	41
4.6.6.1. PHC staff skills audit	41
4.7. Respondents self evaluation of performance	41
4.7.1. Achievements of nurses	41
4.8. Validated performance of nurses	42
4.8.1. Validated performance	42
4.8.1.1. PMTCT	42
4.8.1.2. VCT	43
4.8.1.3. Cervical cancer screening	43
4.8.1.4. TB	43
4.8.1.5. Immunization	43
4.9. Comments	44
4.10. Analysis of the findings	45
4.10.1. Personal data	45
4.10.1.1. Gender	45
4.10.1.2. Age	46
4.10.2. Educational level	46
4.10.3. Results of the questionnaire	47
4.10. Conclusion	48
CHAPTER 5: CONCLUSION AND RECOMMENDATIONS	49
5.1. Introduction	49
5.2. Conclusion	49
5.3. Recommendations of the study	50
REFERENCES	52
ANNEXURES	54

LIST OF ANNEXURES

- ANNEXURE 1: ETHICS COMMITTEE CERTIFICATE (UNIVERSITY OF LIMPOPO)
- ANNEXURE 2: REQUEST FOR PERMISSION TO CONDUCT RESEARCH
- ANNEXURE 3: PERMISSION LETTER TO CONDUCT RESEARCH
- ANNEXURE 4: A LETTER OF PARTICIPATION IN RESEARCH BY PARTICIPANTS
- ANNEXURE 5: CONSENT FORM OF PARTICIPANTS
- ANNEXURE 6: RESEARCH QUESTIONNAIRE FORM

CHAPTER 1

GENERAL ORIENTATION OF THE STUDY

1.1. INTRODUCTION

In any organisation, performance is crucial to the organisation's development and growth. This study intends to look at the performance of nurses based in a rural context; to find out why in some clinics nurses are performing as expected while in others the performance is deplorable. The study also goes on to explore activities that nurses are engaged in and the kind of challenges they face in their day-to-day work.

This research project was conducted in 24 clinics of the Makhuduthamaga Municipality. Four mobile clinics were excluded from the study because of their inconsistency in providing service due to transport problems and unpredictable weather conditions. One clinic that is not functioning seven days a week and the other one where the present researcher used to work were excluded as they might have posed some limitations to the research. Thus the research project focused on 18 of the said clinics.

The performance of nurses is measured according to achievements of various priority indicators rendered in different health facilities, and the workload that is measured according to nurse patient ratio, i.e., 1:38 patients (District Health Plan, 2008/2009). The present research project focused on the following priority indicators, which are mostly rendered in primary health care facilities: Voluntary Counselling and Testing (VCT), Prevention of Mother to Child Transmission of HIV (PMTCT), Tuberculosis (TB), Immunization, and Cervical Cancer Screening Tests. The research project thus focuses on the performance of nurses in clinics that provide these programmes.

1.2. STATEMENT OF THE RESEARCH PROBLEM

There has been an outcry of poor performance among nurses, especially in the Limpopo Province. Poor performance in some of the clinics of the Makhuduthamaga Sub-district is evident. The research project explores the reasons for the difference in performance between the high and low performing clinic nurses. The researcher decided to conduct the study on this topic in order to identify the causes of high or poor performance, and to establish ways in which performance can be improved on the part of nurses who are underperforming.

The researcher made the classification of low or high performance based on the monthly data and annual report obtained from the sub-district and the Department of Health, Sekhukhune District Health Plan, which stipulates the target for each indicator in each clinic in a year. The researcher makes use of the Herzberg's Two-Factor theory of motivation to ascertain if this theory applies or does not apply in the Makhuduthamaga Sub-district (Beufort & Longest, 2000:255). This theory was chosen because it has factors that contribute to low performance and high performance.

1.3. AIM OF THE STUDY

The purpose or aim of the study is to explore the factors that affect the performance of nurses, i.e., to explore the reasons for low and high performance on the part of nurses in the Makhuduthamaga Sub-district in order to ensure that the performance of all the nurses in the clinics meet the required standard as determined by the Department of Health.

1.4. MOTIVATION OF THE STUDY

The researcher has been a nurse for close to two decades, and, as such, has observed and also heard and came across reports about how the nurses in the clinics in Sekhukhune work, and the operational and administrative difficulties they face. It has been voiced from many quarters that nurses in the Sekhukhune clinics do not perform their duties competently. As one of the nurses in the area, the present researcher wanted to find out, through rigorous research, if what people are saying has any relevance. In a broader context, the present researcher wanted to find out what exactly transpires so that she can be part of the efforts to change the situation for the better.

1.5. SIGNIFICANCE OF THE STUDY

The study investigates the factors that contribute to low and high performance of clinic nurses and the reasons for the difference between low performers and high performers. Problems and challenges are also looked at, as well as ways of solving such problems to achieve excellence in performance. The study is envisaged to benefit the low performing clinic nurses by encouraging them to achieve maximally.

1.6. RESEARCH OBJECTIVES

- To investigate factors leading to the problem of poor performance of nurses in Makhuduthamaga Sub-district.
- To present and analyze the findings on factors influencing performance of nurses in Makhuduthamaga Sub-district.
- To recommend strategies for consideration, to bring for the enhancement of performance.

1.7. RESEARCH QUESTIONS

- How is the performance of nurses in the Makhuduthamaga clinics?
- What are the factors influencing the performance of nurses in the Makhuduthamaga clinics?
- Is there a difference in the performance of nurses in all the clinics?
- What causes the difference in performance?

1.8. LIMITATIONS OF THE STUDY

The researcher is aware that any study has limitations, and the present study is no exception. This study was conducted in the Makhuduthamaga Sub-district, Sekhukhune District, and that in itself is a limitation. The study, therefore, cannot be generalized; however, it will show the dynamics and challenges that nurses face in their day-to-day activities. As nurses work in shifts, the researcher was unable to contact those who were not scheduled to work on the days that the researcher visited the clinics. This means that those who were away would have perhaps provided the study with different or additional views from those of the nurses interviewed, thus enriching the study.

1.9. DEFINITION OF CONCEPTS

Certain key words have been used in a specific way to conform to the shade of meaning intended by the study. Here are a few words that need to be explained so that they are understood in the context used:

Performance: For the purposes of this study, the term *performance* means the execution or fulfilment of work or duty according to the specified and set standards (*Concise Oxford Dictionary*, 2004).

Low performance: In the study, *low performance* refers to the spirit of work execution among clinic nurses who do not reach the target of the selected priority indicators according to the set standards.

High performance: In this study, *high performance* refers to the spirit of work execution among clinic nurses who reach the target of the selected priority indicators according to the set standards.

Indicators: Methods used at regional, national and international levels to plan and evaluate health care programmes (Swanepoel, King & Dennill, 2005:18).

High performing organisations: Organisations that continue to produce outstanding results over time with the highest level of human satisfaction and commitment to success (Blanchard, 2007:12).

1.10. Conclusion

The present study is about exploring the performance of nurses. This chapter laid out the work that had to be done and how would be conducted. It provided the background to the study on both the area where the research was conducted and the participants, as well as the research methodology followed.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

This chapter covers the theoretical and empirical literature review. The theoretical literature review focuses on different motivation theories while the empirical literature review focuses on different research studies conducted on the subject. The literature review will provide the study with the relevant facts and opinions on the area under study.

2.2. Empirical Literature Review

The performance of nurses is always under scrutiny. This is because nurses perform delicate work that is related to the well-being of human beings. Nurses are care givers and giving care, be it at home or anywhere, is a job that has to be done thoroughly and properly because, if not, it may cost someone's life. Therefore, the performance of nurses is an important aspect of making sure that people receive quality service and receive it promptly when this service is required. The performance of nurses differs from one area to another depending on the kind of resources and professional advancement facilities available. As this performance differs from area to area, it also differs from country to country, and equally from developed countries to developing countries. The United States, for example, is one of the advanced countries economically and technologically, and it would be interesting to see how nurses perform their duties. In some cases, the performance of nurses does not depend on whether the country is economically rich or not. There are many other factors involved.

2.2.1. Factors affecting performance of nurses in various countries

Although the US is a well-developed country, the quality and access of health care services was at some point affected by the performance of nurses. A study was conducted to investigate the factors affecting the performance of nurses in the past nine years, and a performance improvement model for use in low-resource setting was developed. Five key factors believed to be influencing performance outcomes were outlined in this model as: job expectations, performance feedback, environment and knowledge and skills, which were to be offered by the employer (Voltero & Fort, 2004:4491).

According to Voltero & Fort (2004:4491), a study conducted in Armenia, revealed that factors such as: training in the use of clinic tools and receiving recognition from the employer or the client/community are factors strongly associated with performance, followed by receiving performance feedback. Hong, Alison, While and Barriball (2005:6) indicate that job satisfaction has been found to be related to performance within the work setting. They also agree with Herzberg's Two-factor theory, which explains that job satisfaction is indeed crucial to performance. According to Mrayyan (2007:128), nurses' job satisfaction is an important indicator of nurses' job intent to stay, provide quality of nursing care and professional performance, which therefore needs a greater focus of administrators or managers.

According to the research that was conducted by Hong, Alison, While and Barriball in 2006 in mainland China, it was found that nurses' educational level is an influencing factor on nurses' views and experiences of their working lives, with the findings suggesting the need to develop a clinical career ladder for nursing staff in the country. In other words, the level of education nurses have will affect how they perform their duties. A nurse whose level of education is high has more alternatives, for example, in performing her duties. There are times when important decisions have to be made by the nurse without her consulting anyone for various reasons. A nurse with grounded education will be able to face any difficult situation intelligently.

A study conducted by Ayse & Gurses (2008) among intensive-care nurses in the US highlighted factors such as physical environment and family relations to be obstacles of performance, although they also indicated that every element of the work system can have performance obstacles. When nurses live in areas that are uninviting or crime infested, this will certainly affect their work as they will be working under pressure, their minds divided between what they are doing and thinking about what might happen to them or their family members at home. Nurses, and this is true for everyone, need a quiet home atmosphere for them to perform maximally at work. A nurse who is abused every day may not be able to perform her duties satisfactorily or competently.

A study conducted by Chin (2008:18) indicates that the poor performance of nurses occurs because some nurses are overwhelmed by the sheer volume, scope of their work, frustrated by a lack of opportunities for education or career progression, or feel underappreciated or insecure in their work, all of which hinder performance and affect behaviour at work. In Taiwan, it was found that job

performance by employees is affected by attitudes, job satisfaction, organizational commitment that has an influence on organizational outcomes. It is, therefore, the responsibility of managers to ensure that nurses have a work environment that is linked to job satisfaction and good outcomes for the organisation (Hueng-Ming Tzeng, 2002:1).

In Malawi, chronic shortage of human and materials resources has the biggest impact on the working environment. Staff shortages in that country have led to exaggerated working hours, heavy workloads, lack of “off duties” and more frequent night shifts. Lack of material resources adds to workloads by causing time-consuming struggles to improvise and affect patient outcomes or increase length of stay. The study further shows that the staff is working under difficult conditions but committed to serving the population, identifying the main factors contributing to performance as follows: limited opportunities for career development and further education, inadequate or non-existent human resources management systems (Bradley & McAuliffe, 2009:1&6).

Iran is another country in which a study on professional competence was conducted and nurses had to describe factors influencing their development. Factors influencing competence of nurses in Iran were identified as: experience (where repeated practice was viewed as a means of gaining expertise in both technical and non-technical tasks), opportunities (learning opportunities were described as challenging abilities and giving chance to examine own performance, being aware of limitations and strengths and increasing performance), environment (important in forming technical competence), personal characteristics, motivation and theoretical knowledge as important for competence development (Khomeiran, Yekta, Kiger & Ahmadi, 2006:69). Another study that was conducted by Ashtari, Farhardy and Khodae (2009:71) in Iran concluded that there is a significant correlation between job burnout and inability for job performance.

As seen from the discussion above, there are various reasons in different countries that make nurses perform their duties either competently or with less effectiveness. All these factors impact on the nurses’ job satisfaction.

2.2.2. Factors affecting performance of nurses in South Africa

The South African government has recently increased salaries of nurses aiming at addressing the problem of under payment among nurses. Payment is one of the factors that is believed to contribute to the performance of nurses. Factors such as workload, autonomy and pay variously contribute to job satisfaction or dissatisfaction. Job satisfaction is a crucial variable which influences employees' motivation and level of performance (Horwitz & Pundit, 2008:23).

Although the Department of Health is aiming at improving performance of nurses, one is not sure if nurses are satisfied or if the performance has improved, especially because it is not the only factor contributing to performance. According to Horwitz and Pundit (2008:23), factors like organizational factors, social factors, personal factors, cultural factors and environmental factors contribute to job satisfaction, which is related to the level of performance.

Ijumba, who conducted a study in South Africa from the Primary Health Care Facility Health workers, found out that all professionals interviewed expressed concern at the lack of proper in-service training programmes whereby many felt that they were disadvantaged in terms of their preparedness to provide quality care. A few of them were frustrated because they were unable to utilize their skills and some were frustrated by lack of sufficient resources to handle the increased number of users. She concluded that the study cannot be generalized to the whole country but managers can investigate the factors that promote or hinder effective health care delivery at a Primary Health Care facility as not enough literature has been gathered so far.

A perception performance model was proposed that identifies individuals' perception (self believe, anticipating success and critical thinking), experience of work (personal impact, competency, meaningful work feedback and discretion) and work outcomes (job satisfaction, work stress, empowerment and motivation) as differences in individuals that affect their experience at work. It indicates that organizational factors such as managerial support, colleague support and organizational culture are associated with high performance. Broader social and cultural factors that are outside the organizational environment include issues such as the interaction between health worker and the client. Expectations from the community on how health care services should be delivered may affect motivation for good or poor performance (Awases, 2006:17).

According to the *Global Nursing Review Initiative issue 4*, the World Health Organisation conducted a study on nurses' retention and recruitment in 2005 and factors such as, motivation of staff to do the work, the organizational support or the opportunity to do the job well (availability of resources, the presence of policies and practices conducive to performance, physical and social environment) and the ability of staff to do their job (their knowledge, skills and experience to perform the job, the capacity) have been found to be affecting motivation and performance of nurses. Salaries are said to be the other factor affecting performance (WHO, 2005).

Although motivation is said to be one of the factors affecting performance in some of the organizations, Hope and Muhlemann (1997:307) also identified factors like, reward system in the form of positive reinforcement. Fisher, Donohue, Hayes and Hoboken (2003:148) explain performance as dependent on the type of work being done, the need for speed and accuracy etc although some studies relied on single-performance parameters (time taken to complete a task, number of errors etc), while job performance is about determining what constitutes poor, adequate and good performance levels in each of those tasks and in the job as a whole.

2.2.2.1. The performance of nurses in South Africa

Health service is a national competency of the Department of Health to all the citizens of South Africa. It is necessary for the research project to focus also on organizational policies and Acts regulating the performance and scope of practice of nurses in this regard. According to the regulation R2598 of 30/11/1984 as amended by NO: R1469 of 10/07/1987, R2676 of 16/11/1990 and NO: R260 of 15/02/1991 which relates to the scope of practice of persons/nurses, they are registered or enrolled under the Nursing Act: 50 of 1978 as follows:

- The registered nurse shall perform the nursing acts or procedures based on physical, chemical, physiological, social, educational and technological means applicable to the health care practice;
- The registered midwife shall perform the midwifery acts or procedures based on the practice of midwifery and which relate to the mother and child in the course of pregnancy, labour and postnatal;
- The enrolled midwife shall perform the midwifery acts or procedures which apply to the practice of midwifery;

- The enrolled nurse shall perform nursing acts or procedures planned and initiated by a registered nurse or registered midwife and carried out under his/her direct or indirect supervision; and
- The enrolled nursing assistant shall perform nursing acts or procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife and carried out under his/her direct or indirect supervision.

Although the roles of nurses are well stipulated in their scope of practice that is recommended in terms of the Nursing Act 50 of 1978, the performance of nurses rendered to the public continues to vary in the world according to countries, provinces and districts. A major workload is carried by registered nurses and midwives who perform their roles and also directly and indirectly supervise enrolled nurses and assistant nurses. The difference in performance of nurses leads to the inequality of health services, although high morbidity and mortality rate in health services are not related to performance of nurses. De Haan, Dennill and Vasuthevan (2007:5) point out the reason as follows:

- Poor standards of environmental hygiene in the rural areas, lack of available services resulting in poor sanitation and poor access to safe water leading to gastro-intestinal and parasitic infections;
- Poverty in rural areas due to fewer educational and employment opportunities resulting in all sorts of diseases related to poverty, e.g., malnutrition;
- Large numbers of insect vectors and consequently leading to higher rates of diseases such as malaria, etc.; and
- Fewer medical care services available and often inaccessible because transport is inadequate.

2.2.2.2. The performance of nurses in Limpopo Province

Limpopo Province is the northernmost and poorest province of all the nine provinces in South Africa. It consists of five districts, most of which fall into the lowest socioeconomic quintiles in South Africa. Most people in this province rely on the public sector for their health care as they do not have medical aids (Cullinan, K. 2008. www.health.e.org.za). Although the province is poor, it is expected to cater for all the components of Primary Health Care (PHC) core package in all the available health facilities or clinics in the province, as indicated in the National Strategic Plan (2008/2009) and Limpopo Provincial Annual Performance Plan (2008/2009).

According to the South African context, a community health nurse is involved in the provision of comprehensive health care services as indicated in the scope of practice associated with the Nursing Amendment Act of 71 of 1981, Section 38A of the Nursing Act as amended, as well as the Amendment Act of 1982. Within the comprehensive health care system, the community health nurse fulfils the roles and functions related to the prevention of disease, the promotion of health and the care. These roles of the community nurse relate to services such as, school health, occupational health, mother and child care, community mental health, health education and care for the aged in urban and rural areas (Dreyer, Hattingh & Lock, 2005:36).

2.2.2.3. The performance of nurses in Sekhukhune District

The Sekhukhune District is one of the poorest in the five districts of Limpopo Province located in the North West of Mpumalanga and the Southern part of Limpopo. It is a cross boundary municipality comprising of five local municipalities, which are, namely: Fetakgomo, Greater Tubatse, Greater Marble Hall, Greater Groblersdal and Makhuduthamaga.

Although the district is said to be poor, the performance of nurses in the clinics is still regarded as vital to meet the needs of the society following the principles and functions of the Primary Health Care services. This is because the South African National Health Care Plan is based on the belief that every individual has the right to achieve optimal health whereby the registered nurse has to assist in the marketing of primary health care services (Rall & Meyer, 2006:15).

The Sekhukhune District Health Plan (2008/2009) version 3 of the Department of Health, indicates that the Sekhukhune District is still facing challenges with low immunization coverage of 60%, TB smear positive of 49.2%, cervical cancer screening coverage of 4.1% against the national target of 20.2%.

2.2.2.4. The performance of nurses in Makhuduthamaga Municipality

The Makhuduthamaga Municipality falls within the Sekhukhune District, which also aims at achieving the objectives of the South African National Health Care System, as set out by Swanepoel, King and Dennill (2005:171), namely, to :

- Unify fragmented health services at all levels into a comprehensive and integrated National Health Service;

- Promote equity, accessibility and utilization of health services;
- Extend the availability and ensure the appropriateness of health services;
- Develop health promotion activities;
- Develop the human resources available to the health sector;
- Foster community participation across the health sector; and
- Improve health sector planning and monitoring of the health status and services.

It is, therefore, the responsibility of all nurses in this municipality to fulfil their roles by ensuring that all the above objectives are implemented as indicated in the Sekhukhune District Health Plan where expected targets of performance per programme are set. Although Blanchard (2007:12) defines high performing organizations as enterprises that over time continue to produce outstanding results with the highest level of human satisfaction and commitment to success, the performance of nurses in the 24 clinics of the Makhuduthamaga Municipality fluctuates according to some months in a year.

The researcher made classification of nurses' performance in a year (2007/2008), according to achievements of priority programmes, where low performance means performance of nurses below the set target in that priority programme. High performance of nurses means achievements of priority programmes above the set target in that priority programme in a year in this case 2007/2008. This classification was made based on the monthly facility indicators (2007/2008) of the municipality and the Department of Health, District Health Plan (2008/2009), which stipulates the target of each priority program/indicator in each municipality.

The Department of Health and Social Development's District Health Plan for 2008/2009 in the Sekhukhune District expect, all the priority indicators to reach the target in all the clinics. However, some nurses in certain facilities/clinics in Makhuduthamaga perform less than the target. During the study survey, focus was on the five priority indicators rendered in the clinics and their achievements to reflect the performance of nurses in different facilities. The present research project therefore investigated the causes of low performance of these nurses and also explored if the Herzberg's Two-factor theory of motivation does or does not or apply in the the Makhuduthamaga Municipality. The performance of nurses in the Makhuduthamaga Municipality is classified on a table according to indicators as follows:

GOOD PERFORMING NURSES PER SELECTED INDICATORS

	VCT	PMTCT	TB	IMMUNIZATION	CERV.CANCER.SCREEN
FACILITIES	14	10	0	9	0
NO.OF NURSES	84	60	0	54	0

POOR PERFORMING NURSES PER SELECTED INDICATORS

	VCT	PMTCT	TB	IMMUNIZATION	CERV.CANCER.SCREEN
FACILITIES	04	08	18	09	18
NO OF NURSES	24	48	108	54	108

2.3. Theoretical literature review

Different theories have been used to describe some factors that affect performance in most of the organizations where motivation is said to be another factor that influences performance.

2.3.1. Abram Maslow's Motivation Theory

Motivation, in the form of addressing the needs of staff, plays an important role in performance. It is also explained by using the ideas of Abram Maslow's hierarchy of human needs, whereby these needs have to be fulfilled on a level acceptable for the person. In practice, it is often the case that the ability to satisfy a higher need totally only gets space to arise when the lower need has been substantially satisfied (Doede, 1998:381).

This theory identified factors which are believed to have an influence on an individual's motivation. The factors are as follows:

Physiological – the lower order needs are satisfied externally by things like salary etc.

Safety – it is believed that an individual feels motivated to do good things when one is free, safe and protected from harm.

Esteem – internal factors such as achievement, autonomy etc and external factors like recognition also form part of an individual's motivation.

Social and self actualisation- involves recognition and self-fulfilment of an individual by other people.

The study did not use this theory because more information was needed to explore factors contributing to under performance of nurses in Makhuduthamaga Sub-district.

2.3.2. Vroom's Motivation Theory: Path goal mode

According to this theory, people are motivated to high performance when they are aware of a number of positive outcomes linked to high performance and know that higher and lower performance will not be rewarded in the same way (Doede, 1998:383). According to Doede, this theory measures the strength of someone's work motivation by the preference to attain a particular result, the expectation of attaining that goal at own pace or the expectation of receiving a reward. This theory also indicates that a leader is responsible for providing followers with information, support, direction, other resources and involvement in decision making to achieve their expected goals. Doede indicates that this was found to be beneficial to employees where job satisfaction contributed to high employee performance. This theory could not apply in the study because only few factors which may influence performance were covered.

2.3.3. McClelland's Learned Needs Theory

According to Beufort and Longest (2000:256), this theory explains three distinct sets of needs, namely:

- The need for achievement including the need to excel, achieve in relation to standards, accomplish complex tasks and resolve problems;
- The need for power including the need to control or influence how others behave and to exercise authority over others; and
- The need for affiliation, including the need to associate with others to form and sustain friendly and close interpersonal relationships and to avoid conflicts that are very important in the contribution to high performance in the organization if people with their particular dominant needs are matched together.

According to this theory, people perform best only when they receive feedback and see a probability of success, especially in management. The results will clarify if this is the case in Makhuduthamaga Sub-district. This theory also could not apply in the study because some of the factors contributing to employee performance were excluded.

2.3.4. Herzberg's Two-Factor Theory of Motivation

According to this theory, performance is dependent on the satisfaction or dissatisfaction of employees. Beufort and Longest (1996:254) explain that there is one set of factors called *satisfiers* or motivators which, results in satisfaction to employees when they are adequate. According to them the other factors

are called the *dissatisfiers* or hygiene factors, and cause dissatisfaction to employees when they are deficient or inadequate. Beufort and Longest state further that the absence of both the satisfiers and hygiene factors lead to dissatisfaction to employees, which may affect performance. Beufort and Longest (1996:255) classify factors that contribute to performance brought about by satisfaction as motivators and are regarded as intrinsic factors or rewards (i.e., they are rewards that drive from performing work itself). The other factors that are regarded as extrinsic factors or rewards are factors under the control of managers in the workplace.

Herzberg’s Motivation–hygiene theory classification

Motivators

Hygiene factors

Achievement	Organizational policy
Recognition	Supervision
Work itself	Relationship with supervisor
Responsibility	Working conditions
Advancement	Salary
Growth	Relationship with subordinates
	Status
	Security

Factors contributing to job satisfaction

Factors contributing to job dissatisfaction

**extreme satisfaction if high

**extreme dissatisfaction if low

According to this theory, hygiene factors affect job dissatisfaction and motivators affect job satisfaction, as such, managers must improve or control hygiene factors to minimize dissatisfaction (Beufort & Longest, 2000:255). Herzberg’s Motivation-hygiene theory also states that job enrichment plays a role in performance when motivators are incorporated within the following dimensions:

1. Skill variety - by adding to the skill base needed to perform a job, the work itself becomes more interesting and challenging;
2. Task identity - by permitting people to complete the whole, identifiable pieces of work, the work itself becomes more important and satisfying to people;
3. Task significance - by making clear to them that their work has relevance to organizational objectives;

4. Autonomy – by increasing people’s participation in decision making and permitting the exercise of independent judgment they are given a greater sense of responsibility in their work; and
5. Feedback - by increasing the amount of information they receive about their job performance, especially when it recognizes good performance, people gain a sense of achievement, recognition and growth when good performance is tied to advancement in the job (Beufort & Longest, 1996:255).

The researcher has therefore decided to use Herzberg’s Two–factor theory of motivation in the study because it consists of several factors affecting performance, which can be used in the study to identify the real contributing factors towards poor performance in the Makhuduthamaga Sub–district

2.3.5. Conclusion

This chapter covered the empirical and theoretical literature review on factors influencing performance of nurses. The empirical literature review covered information based on studies that were conducted in different countries about factors influencing performance of nurses. Theoretical literature review covered theories used to describe factors that affect performance in most of the organisations. The next chapter covers the methodology used in conducting the present research.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

This chapter aims at presenting the research methods used in this study. It describes the approach the present researcher used in collecting data for analysis.

3.2. Methodology

The researcher used the quantitative approach to research for this study in order to investigate factors leading to poor performance of nurses. This is evidenced by the questions, verbal responses and observation of the nurses involved in performance. Quantitative research is a broad umbrella term for research that uses methods to collect evidence that can be transformed into numerical data and are based upon a positivist position. Often the numerical data produced in quantitative research can be statistically manipulated in order to confirm (or sometimes fail to confirm) the original hypothesis or research question. The findings can then be used to make predictions or indicate trends. Formal, objective and systematic processes are used to explain causal relationships between events or things/variables (Gerrish & Lacey, 2006:163). The researcher has therefore decided to use this method to explore the causal relationship of performance of nurses in the Makhuduthamaga Sub-district as a variable, as its outcome is dependent on factors that influence it (Neuman, 1997:107). This method is, therefore, appropriate in identifying the factors influencing performance of nurses.

3.3. Research Design

The design used in this study is cross-sectional. Cross-sectional designs involve the collection of data at one point in time or multiple times in a short time period. Cross-sectional designs are especially appropriate for describing the status of a phenomenon or relationships among phenomena at a fixed point (Polit & Beck, 2006:192). The researcher has therefore chose this method because data were collected in all eighteen (18) clinics where nurses performed either poorly or well. Questions regarding factors influencing performance were also included in the questionnaires. This design was also chosen for the fact that it is economical and easy to manage as Polit and Beck (2006:192) suggest.

The researcher designed questionnaires that were distributed and handed out to the clinic nurses to fill out. The questionnaires included items that addressed the following research questions:

- How is the performance of nurses in the Makhuduthamaga clinics?
- What are the factors influencing the performance of nurses in the Makhuduthamaga clinics?
- Is there any notable difference in the performance of nurses in all the clinics?
- What causes the difference in performance?

The questions have been formulated according to the Herzberg's Motivation–Hygiene theory. The motivators and hygiene factors have been considered in questions 1 to 17 of the questionnaires.

3.4. Population

The population included 85 nurses working in 18 clinics of the Makhuduthamaga Sub-district. This number excludes nurses who were off duty, on annual leave, sick leave, study leave, family responsibility leave and those who were attending workshops, even though they form part of the low and high performance classification. A total number of 144 nurses was expected for the research study but could not be reached due to the said limitations. These limitations affected the study negatively as some information which could have been more beneficial for the study could not be obtained. These limitations were beyond the researchers' control but affected the study positively in the sense that the number of despondence was small, manageable and only 3 questionnaires were returned.

3.5. Sampling and Sampling techniques

3.5.1. Sampling

Sampling was made from the 24 clinics of the Makhuduthamaga Municipality in which the annual report for the year 2007/2008 was obtained. Four mobile clinics and two other clinics were excluded. One clinic was excluded because it is not open seven days a week, and the other clinic was left out because the present researcher used to work there. Five priority indicators that are used to measure the performance of nurses were selected.

Using the stratified technique of sampling, the researcher focused on one variable (performance), i.e., low performing nurses and high performing nurses based on the performance standards of the priority indicators as set out in the Limpopo Province, District Health Plan 2008/2009. From the 18 clinics' annual reports, it was found that most clinic nurses have incidences of low performance in some of the priority indicators, i.e., Tuberculosis (TB), Cervical Cancer Screening, Prevention of Mother to Child

Transmission of HIV(PMTCT), Voluntary Counselling and Testing (VCT) and Immunization. The researcher has therefore classified two groups, i.e., low and high performance of nurses from the 18 clinics and categorized low performance in these five priority indicators in the year 2007/2008.

3.5.2. Sampling technique

For this study, the researcher used the Stratified random sampling technique. The performance indicators were used for sampling. In each of the performance indicators, performance of nurses was stratified according to the performance data of their clinic which is either above 50% (high performance) or less than 50% (poor performance). The performance of the nurses therefore differed according to the performance indicators used in each clinic. This is because the division into groups is based on a single variable which is performance so that there are two strata, i.e., low performance and high performance (Welman, Kruger & Mitchel, 2007:61). The advantage of this technique is that it guarantees that a predetermined number of cases from each identified population subgroup or stratum appears in the sample (Stommel & Wills, 2004:304).

Stratified random sample has the following advantages:

- It requires a smaller sample which involves less time and money to obtain valid results;
- The probability of having one type of stratum is zero, hence the low and high performance categories; and
- With Stratified random sample, there is surety of a sample's representativeness, irrespective of sample size, because it has been built into the sampling strategy right from the beginning (Welman et al., 2007:62).

The researcher has therefore decided to use the Stratified sampling technique because of its advantages as listed above. Therefore, with Stratified random sampling, the researcher is sure of a sample's representativeness irrespective of sample size. The study was conducted in the 18 clinics where there are low and high performing clinic nurses as measured according to the selected five priority indicators, which are representative to the municipality of Makhuduthamaga. Even if there are three clinic nurses with low performance in certain clinics, it is still necessary to investigate the cause of poor performance from those nurses, thus representing the category of poor performance (Welman et al., 2007:62).

From the 18 clinics, the researcher investigated the factors related to low and high performance. The researcher framed the questionnaires in such a manner that the participants identified if their performance was low or high, and determined the causes and also strategies of improving their performance. This information was contained in the questionnaires where the priority indicators were written, and the participants had to indicate if, per priority indicator, the performance was less than 50%, less than 70% or more. They also had to comment. The researcher did not indicate to participants if their performance was low or high, as they would not have participated positively; a factor that could have delayed or misled the study.

3.6. Method of data collection

The researcher conducted a survey in the form of designed performance instrument questionnaires. Questions were formulated according to the Herzberg's Two-factor theory of the motivators and hygiene factors as contributing to performance. The first portion of the questionnaires represented personal information of the participant. There are 21 questions. Questions 1-17 are all closed ended, where answers were rated by either agree, strongly agree or disagree, and strongly disagree. Questions 18-20 represented human resource and skills development of the facility, that is clinic to determine if they contribute to performance. Question 21 represented the performance of the nurses in percentages and raw data in a year according to priority indicators selected and the population seen in a month. The participants were required to comment at the end for points that might have been left out, but important for the study. The information on the questionnaires was validated by the statistician who was responsible for the analysis of the data before the conduction of the study, the conditions under which the nurses are working were observed by the researcher during distribution of the questionnaires whereby also their verbal responses matched the written responses in the questionnaires and the observational findings of the researcher.

The researcher visited the 18 clinics where questionnaires were given out to the professional nurses, enrolled nurses and enrolled nursing assistants working these clinics. The managers for the clinics informed each clinic staff to expect the researcher at the clinics before the researcher visited. The clinics were visited on a Tuesday for distribution of the questionnaires when all nurses were on duty except those on leave. The researcher expected the respondents to fill the questionnaires the same day but that was not possible because the nurses were short staffed and a high number of clients expecting to be

assessed, diagnosed, treated and given health education by the same nurses were found at the clinics. This limitation was avoided by the researcher when she had no option but to leave the questionnaires and explained to the respondents that no discussion about the questionnaire is required and that each questionnaire to be filled independently. The 88 questionnaires were left individually to each nurse found in the clinic for filling in their spare time as the clinics were busy and there is a shortage of staff in most of the clinics. This was an advantage in that the participants were free and had enough time to reflect their views on the questionnaires. The questionnaires were collected by the researcher on Wednesday the following day and out of 88 questionnaires distributed, only 85 were received from the respondents.

The researcher chose this method in order to categorize and manipulate the data obtained in the questionnaire (Marshall & Rossman, 2006:133), and it was easy for the researcher to draw conclusions based on the results. Questionnaires are easy, efficient to administer and manage, easily quantifiable and amendable to statistical analysis as Marshall and Rossman (2006:133) indicate further. However, one of the disadvantages of questionnaires is that participants may not return the forms for various reasons. Although nurses were notified about the present research, for example some were off duty. Others received the forms, but were off duty when the researcher went back to collect them. On the whole, a good number of 85 questionnaires were received.

3.7. Measures to Ensure Validity and Reliability

The researcher used specific programmes available in the clinics and personally obtained raw data from the monthly data forms in the clinics. A copy of the previous year (2008/2009) data was obtained from the district office. This was used to validate the information written and obtained on the questionnaires. The researcher explained the importance of the study, and requested them to be open and honest in filling out the questionnaires. The availability of research reports and clinic data, have been a way to overcome the threat to validity (Robson, 2006:551).

The researcher requested permission from the Department of Health to ensure a reliable and valid study. Permission was granted in writing, showing a certain degree of formality that would help in getting the nursing staff to cooperate and be open with the researcher. The questionnaires were made anonymous,

but only identified by numbers. Declaration statements were made before giving out the forms to the participants for confidentiality, which is another way to emphasize reliability.

3.8. Method of Data Analysis

Mouton (2008:198) states that data analysis begins while the interviews are still underway. He further notes that the preliminary analysis tells how to redesign the question to focus on the themes while interviewing. Questionnaires of each clinic were separated in an envelope and were sorted out according to similarity of answers and comments given for interpretation and report writing (Mouton, 2005:198).

3.9. Ethical Consideration

The researcher has considered some ethical issues in conducting the study. The first step was to negotiate access to clinics verbally with the sub-district manager, who agreed as she also wanted to benefit the study. She allowed the information officer to provide statistical data of the clinics. For ethical considerations, the sub-district manager requested that the research proposal be submitted first, with the application letter, before permission could be granted. Approval letters from the Ethics Committee of the University of Limpopo and the Provincial Department of Health and Social Development were requested. Permission to conduct the study in the clinics of the Makhuduthamaga Sub-district was granted after all the necessary procedures were followed.

3.9.1. Informed consent and voluntary participation

Informed consent and voluntary participation from the clinic staff was sought and obtained. The nurses read the consent forms so that they could be aware of what was involved in the research. In other words, the nurses had to understand the general principles and their rights as participants. Such understanding is necessary if the study is to be conducted properly and efficiently.

3.9.2. Protection from harm

The general principles usually invoked in codes of research ethics are, firstly, that no harm should befall the research subjects. Secondly, that subjects should take part freely based on informed consent (Welman et al., 2007:181). Participants were reassured of safety and confidentiality. Voluntary

participation and withdrawal from the study was explained to participants if they so wished were also addressed.

3.9.3. Privacy, confidentiality and anonymity

Anonymity means the identity of those taking part in the study not being known outside the research team, while confidentiality means avoiding the attribution of comments in reports or presentations to identified participants, i.e., both direct and indirect attribution (Ritchie & Lewis, 2003:67). Information and reports given during the study will be presented anonymously and confidentially as only numbers for the clinics were used and these were only known by the researcher. The numbers that identify the clinics will be discarded after the compilation of the report. The report will be generalized and will not use specific names of clinics or participants.

3.10. Conclusion

This chapter dealt with the methodology to be used in the conduct of the research. Methods of data collection were also identified as well as methods of data analysis. Issues related to ethics and informed consent were also dealt with. The next chapter looks at the presentation of raw data and analysis of the same.

CHAPTER 4

PRESENTATION AND ANALYSIS OF THE FINDINGS

4.1. INTRODUCTION

This chapter deals with the presentation and analysis of the findings according to the opinions of the clinic nurses in the 18 clinics of the Makhuduthamaga Sub-district concerning the factors that influenced their performance either positively or negatively.

Generally, nurses in clinics play a crucial role in providing essential care aspect of primary health care which consists of eight basic components. These are listed in section VII of the Declaration of Alma-Ata. They state that any primary health care programme should include the following eight basic elements of primary health care:

1. Education about prevailing health problems and methods of preventing and controlling them;
2. The promotion of food supply and proper nutrition;
3. An adequate supply of safe water and basic sanitation;
4. Maternal and child health care, including family planning and care of high- risk groups;
5. Immunization against the major infectious diseases;
6. Prevention and control of locally endemic diseases;
7. Appropriate treatment of common diseases and injuries; and
8. The provision of essential drugs.

(Swanepoel, King, & Dennill 2005:3)

Primary health care forms an integral part of the country's health system. It is the central function and main focus and of the overall social and economic development of the community. It is the first contact of individuals, families and the community with the national health system, bringing health care as close as possible to where people live and work. It also and constitutes the first element of a continuing health care service as sited by WHO 1988 (Swanepoel et al., 2005:2).

The first portion of the questionnaire consisted of personal data of the respondents. Questions one to seventeen (1-17) were formulated according to Herzberg's Motivation-hygiene theory of classification,

and all of the questions were based on the motivators and hygiene factors which, according to Herzberg, are said to play a major role in performance. This is mostly observed when the motivators are incorporated within dimensions such as: skill variety, task identity, task significance, autonomy and feedback.

The questionnaire consisted also of skills-development audit of the nursing personnel, especially on the selected indicators below:

- Prevention of mother to child transmission of HIV (PMTCT);
- Voluntary counseling and testing of HIV (VCT);
- Tuberculosis (TB);
- Cervical cancer screening (Pap smear); and
- Immunization.

The respondents were expected to rate their performance, to identify if their performance was satisfactory or unsatisfactory. This was a rather difficult task to some of the nurses, and they ended up underrating themselves while others overrated themselves. The form also included a column for raw data that the researcher used to confirm the nurses' performance in order to validate the results by using the same formula used for calculating the rate of clinic nurses' performance in accordance with the District Health Plan 2008/2009 of Limpopo Province.

The researcher intended to wait for the questionnaire copies as they were filled out, but this was not possible because all the nurses in all the clinics were busy. The researcher had to leave the copies for the nurses to fill them out during their spare time, and this provided for flexibility. The researcher collected the copies the following day. Raw data were obtained from the monthly data of each facility, and the proportional figures and formula used for calculating were obtained from the sub district and district office to validate the results, i.e., to see if the results are true or correct (Newman, 1997:141).

The total number of questionnaires that were physically delivered was 88 and the number of questionnaires returned was 85, making a response rate of 96.6% which is very good. Only 3.4% of the forms were not returned. From the 85 questionnaires that were returned, not all the questions were

answered. Some nurses did not answer the questions as expected, especially the auxiliary and enrolled nurses as their literacy level is not very up to scratch (Welman, Kruger & Mitchell, 2007).

4.2. Presentation of the findings

4.2.1. Personal data

This was the first section on the questionnaire and it consisted of the age, sex and educational level of the respondents. The response rate of the forms is 96.6%, not all the respondents indicated their personal data.

Table 4.2.1.1: Age and gender distribution

Categories of age	Females	%	Males	%	Total
26-39	23	92	2	8	25
40-49	28	96.6	1	3.4	29
50+yrs	22	88	3	12	25

4.2.1.2. Age of the respondents

The categorization of the respondents in terms of age is necessary to identify the performance of the nurses in relation to their age. Table 4.2.1 above indicates the percentile group of ages and gender of the respondents.

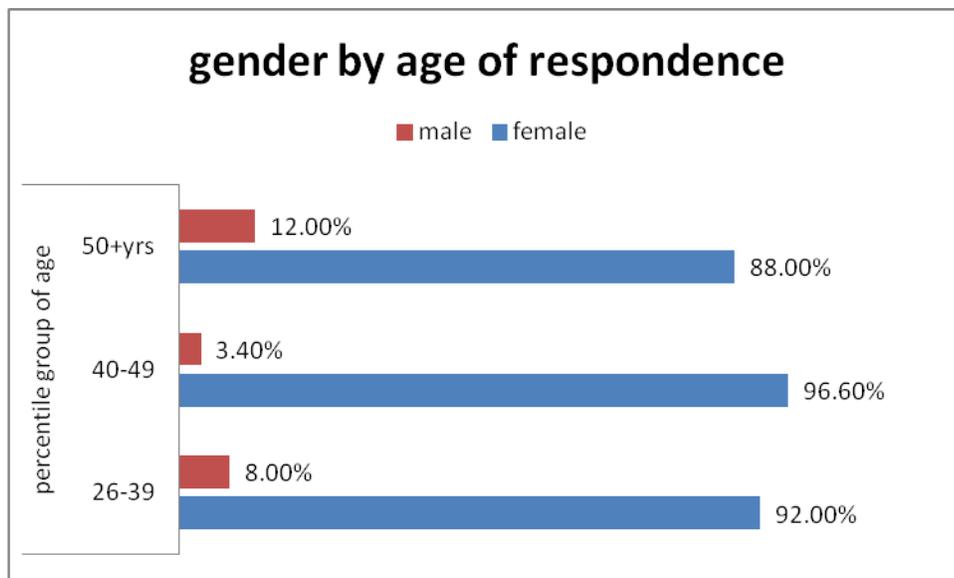
The study consisted of 25 respondents between the ages of 26 and 29 where 92.0% (23) was females and 8.0% (2) was males. Respondents among the ages 40-49 were 29 and 96.6% (28) was females and 3.4% (1) males. Respondents among the ages 50+years were 25 and 88.0% (22) was females and 12.0% (3) males. Out of the 85 respondents who answered the questionnaires 7.6% (6) did not indicate their ages and gender.

4.2.1.3. Gender of the respondents

The gender of the respondents was also necessary in this study so as to establish the proportion of males versus females among nurses in the Makhuduthamaga clinics. Table 4.2.1 above indicates the category of respondents with regard to gender and age.

According to the results, it is clearly revealed that the nursing profession in the Makhuduthamaga clinics is dominated by females: 92.4% (73) females and 7% (6) males. Among the 73 females nurses who responded, 31.5% (23) of the females was around the ages 26-39, and out of the 6 males who responded, 33.3% (2) was of the age range between 26 and 39. Out of the 73 females who responded, 38.4% (28) was around the ages of 40-49 and 50+ females were 30.1% (22). Out of 6 males who responded, 50.0% (3) was of the ages 50+ and 16.7% (1) males was of the ages 40-49, whereas 33.3% (2) was males between the ages of 26 and 39.

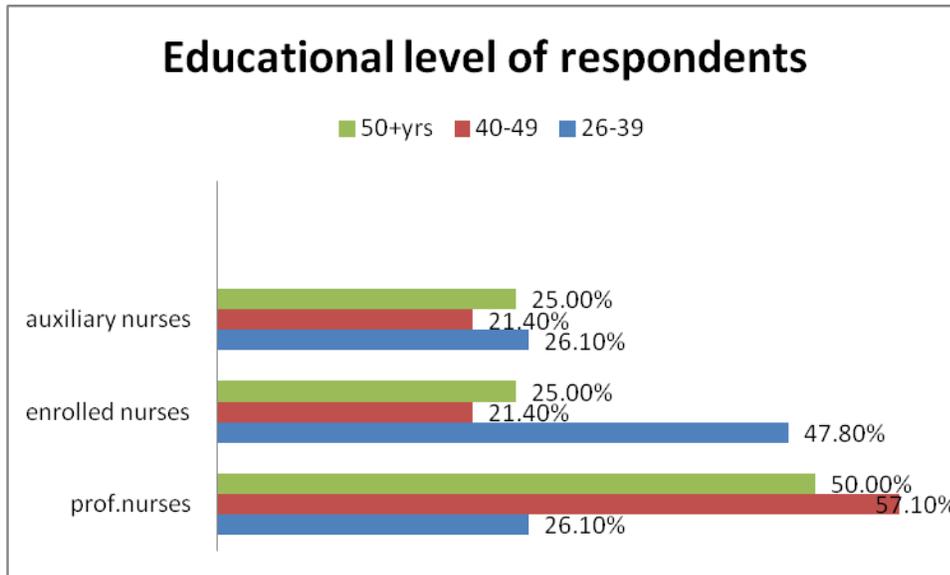
Figure1: Gender by age of respondents



4.2.1.4. Educational level of the respondents

The educational level of the respondents was also considered in the study for proportionality to their performance. The following table indicates the category of nurses who participated in the study.

Figure 2: Educational level of respondents



4.2.1.5. Professional nurses and age

Although all categories of nurses were included in the study, most of the respondents were professional nurses. One can therefore conclude that the staffing of the clinics of Makhuduthamaga is mostly by professional nurses who are doubly qualified, i.e., have general nursing and midwifery qualification and some with a degree and primary health care courses. The results were as follows: 17.6% (6) was professional nurses of ages between 26-39 out of 34 professional nurses who participated, 47.1% (16) comprised professional nurses between ages of 40-49 and 50.0% (12) was professional nurses of ages 50+yrs. Among the ages of 26-39 of the 23 nurses who participated, 26.1% (6) was professional nurses. Among the 40-49 years of nurses who participated, 57.1% (16) was professional nurses and among the nurses of the ages 50+yrs who participated, 50.0% (12) was professional nurses.

4.2.1.6. Enrolled nurses and age

Enrolled nurses form part of the working force of the nurses although at a lower percentage. According to the analysis, a total of 23 nurses was formed by enrolled nurses. Of the 23 enrolled nurses, 47.8% (11) was between the ages of 26 and 39, 26.1% (6) was of the ages 40-49 and 26.1% (6) was of the ages 50+yrs. Out of the 23 nurses who participated among the ages of 26-39, 47.8% (11) was enrolled nurses while out of 28 nurses between the ages of 40-49 who participated in the study 21,4% (6) was enrolled nurses and 25.0% (6), out of the 24 nurses who participated, was of the age 50+yrs.

4.2.1.7. Auxiliary nurses and age

In the 18 clinics of Makhuduthamaga visited, auxiliary nurses form lowest percentage compared to all the categories of nurses. Out of the 18 auxiliary who participated in the study, 33.3% (6) was of the ages 26-39, 40-49 and 50+yrs. Out of 23 nurses of all the categories of nurses between the ages of 26-39, 26.1% (6) was auxiliary nurses; out of 28 nurses, including all categories who participated between the ages 40-49, 21.4% (6) was auxiliary nurses; and 25.0% (6) out of all the 24 nurses who participated, was of the age 50+yrs.

Table 4.2.3. Education and age distribution

	Percentile & Group of age						Total
	50+yrs	%	26-39	%	40-49	%	
Prof. nurse	6	17.6	16	47.1	12	35.3	34
Enrolled nurse	11	47.8	6	26.1	6	26.1	23
Auxiliary nurse	6	33.3	6	33.3	6	33.3	18

4.3. Responses of the Questionnaire

The questionnaire was formulated according to the Herzberg's Motivation-hygiene theory that indicates that if the motivators are very high to an individual, there will be an extreme/very high job satisfaction to an individual which has a good influence to the performance of a person and visa versa. The theory further indicates that hygiene factors are proportional to the performance of an individual, i.e., if the hygiene factors are low, job dissatisfaction will be extremely high but if they are kept high, there will be

extremely high job satisfaction, which will contribute to good performance of work (Beufort & Longest, 1996:255).

4.3.1. Motivating Factors

4.3.1.1 Recognition of performance and staff

The first question was formulated based on recognition by the employer to the work done by nurses concerning the challenges they are faced with, which may either positively or negatively influence their performance. Respondents were to indicate if the employer discuss problems affecting service delivery in monthly meetings. The responses were as follows: 85.2% (69) agree while 14.8% (12) disagreed and 4.7% (4) did not respond.

The question on whether the clinic committee is involved on issues affecting the clinic was formulated based on inputs that influence service delivery. This question was formulated because the community is expected to be involved in all issues affecting the clinic and help in solving problems. The responses were as follows: agree 62.7% (52), disagree 37.3% (31) and 2.3% (2) did not respond. Questions on whether staff receives non-monetary incentives from the community or employer were asked. These questions were asked because these aspects also play part in job satisfaction and therefore motivate personnel on their performance. Non-monetary incentives from the employer's responses were as follows: strongly agree 2.3% (2), agree 16.4% (14), neutral 12.9% (11), disagree 16.4% (14), strongly disagree 35.2(30) and 16.4% (14) did not respond to this question. Non-monetary incentives from the community's responses were as follows: strongly agree 10.5% (9), agree 10.5% (9), neutral 10.5% (9) disagree 18.8% (16), strongly disagree 45.8% (39) and 3.5% (3) did not respond to the question.

4.3.1.2. Responsibility

Responsibility and accountability are related to knowledge, job, position and occupation of what one is employed for. This simply means that all employees are expected to have their job descriptions for the work that they have; and skills and knowledge employed for, for them to be able to execute their work according to the expectations of their employer (Kleynhans et.al., 2006:45). Although nurses have been trained from respectable institutions, it is still necessary for them to be in-serviced in other new developments needed for execution of their work. A question on whether have their job description was

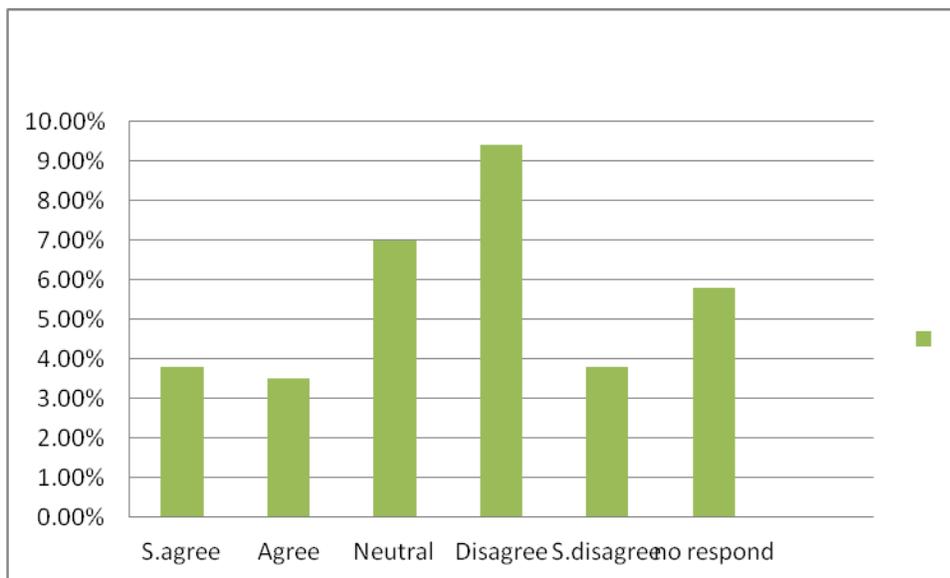
asked. Responses: strongly agree 42.3% (36), agree 38.8% (33), neutral 3.5% (3), disagree 10.5% (9) and strongly disagree 4.7% (4).

4.3.1.3. Achievement

It is important for staff to know if their performance is satisfactory or not, and to deal with factors influencing their performance. Questions concerning performance reviews were asked for the nurses to assess their performance or achievements. Performance reviews are done quarterly. Responses were as follows: strongly agree 38.8% (33), agree 35.2% (30), neutral 7% (6), disagree 9.4% (8), strongly disagree 3.8% (3) and 5.8% (5) did not respond.

A follow up question was further asked as to how often performance reviews were done to allow for those who disagreed on quarterly performance reviews to state how often these should be conducted. Responses were as follows: 5.8% (5) quarterly, 1.1% (1) yearly while 92.9% (79) did not respond.

Figure 3: Indicating performance review/achievement responds

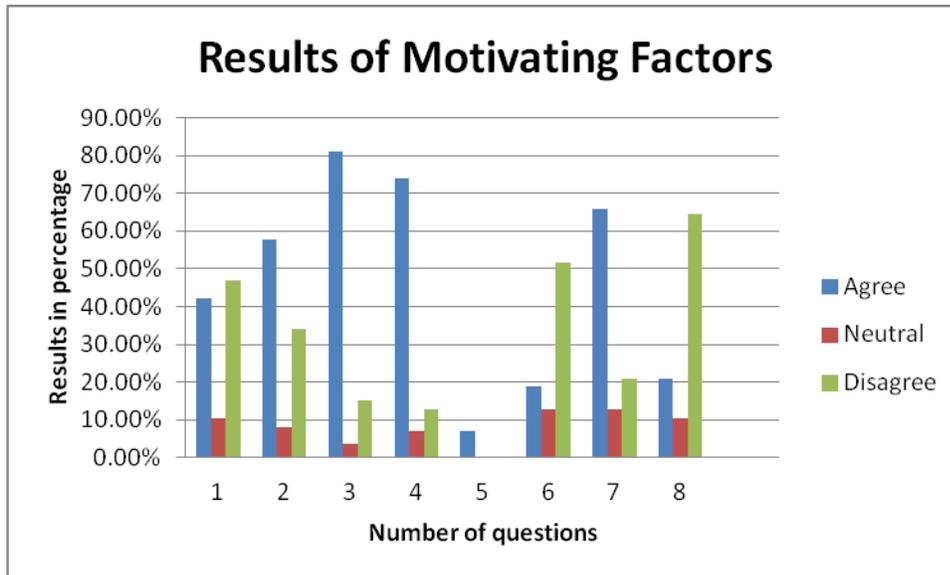


4.3.1.4. Advancement and growth

The obligation of an employer is to develop all staff on skills affecting their work so that these have the opportunity to grow professionally and be productive in their work. A question was asked whether all

staff have been trained in different work related workshops. Responses were as follows: strongly agree 17.6% (15), agree 48.2% (41), neutral 12.9% (11), disagree 15.2% (13) and strongly disagree 5.8% (5).

Figure 4: Indication of Motivating factors Results



4.3.2. Hygiene factors

According to Beufort and Longest (1996:255), hygiene factors affect job dissatisfaction of employees and should always be kept under control by the managers. Responses to questions are indicated in the form of strongly agree, agree, neutral, disagree and strongly disagree.

4.3.2.1. Organizational policies

A question was asked on the availability of organizational policies in the clinic, which are used for guiding staff on different aspects related to job performance. This is how they responded: strongly agree 34.1% (29), agree 43.5% (37), neutral 3.5% (3), strongly disagree 9.4% (8) and 2.3% (2) for those who did not answer.

4.3.2.2. Supervision

A question on whether support visits are done in the clinic was asked and the responses were as follows: strongly agree 14.1% (12), agree 42.3% (36), neutral 21.1% (18), disagree 9.4% (8), strongly disagree

10.5% (9) and no answer 1.1% (1). A follow-up question was asked on how often are support visits done, 92.9% (79) did not give an answer and 7% (6) said yearly.

4.3.2.3. Working conditions

Questions concerning the working conditions were asked as follows:

- (a) Are resources always available at the clinic? The responses were: strongly agree 3.5% (3), agree 9.4% (8), neutral 21.1% (18), disagree 37.6% (32), strongly disagree 24.7% (21) 3.5% (3) did not answer.
- (b) Are there enough staff for the clinic workload? The responses were as follows: strongly agree 5.8% (5), agree 12.9% (11), neutral 16.4% (14), disagree 24.7% (21), strongly disagree 38.8% (33) and 1.1% (1) did not answer.

A follow-up question was also asked.

- (c) Is the workload too much for staff allocated at the clinic? The responses were as follows: strongly agree 47% (40), agree 16.4% (14), neutral 8.2% (7), disagree 14.1% (12) and strongly disagree 12.9% (11).
- (d) Are promotions and salary adjustments fairly done by your employer. The responses were as follows: strongly agree 7% (6), agree 8.2% (7), neutral 15.2% (13), disagree 30.5% (26) and 36.4% (31) did not answer. In view of the responses, one can conclude by saying that most of the nurses in the Makhuduthamga clinics are not satisfied with the working conditions.

4.3.2.4. Security

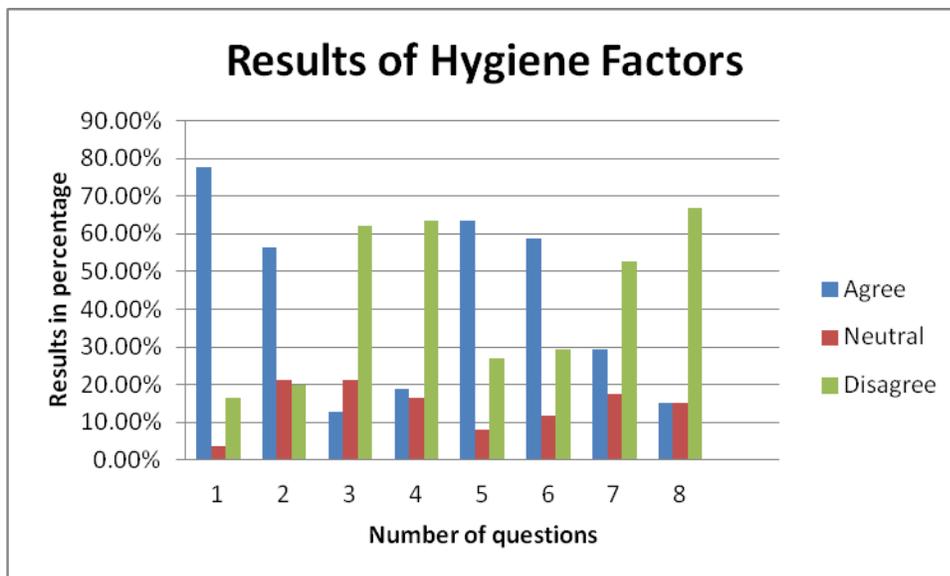
All citizens of South Africa have the right to health and emergency care whenever these are needed as stipulated in the country's constitution. And, as it is well known, nurses are expected to render 24hrs service as it is also indicated in the Nursing Act of 1978 as amended. According to Ben Swanepoel, Barney Erasmus, Marius van Wyk and Heinz Scheik (2006:603), employers should regularly assess whether the work environment, in particular the security, lighting and heating, are adequate for the health safety and physical comfort of employees particularly those who work at night. Respondents were asked if they always felt safe in the clinic in terms of security measures available at the clinics. The responses were as follows: strongly agree 10.5% (9), agree 18.8% (16), neutral 17.6% (15), disagree 16.4% (14) and strongly disagree 36.4% (31).

4.3.2.5. Relationship between subordinates and supervisors/seniors

Employees spend 90% of their lives at work and therefore a good relationship with their seniors/supervisors is of utmost importance, especially in work-related issues. Swanepoel et.al., (2006:348) indicate that the leader-member relationship may either be good or poor, but depends on factors such as the degree of confidence, trust and respect subordinates have in their leader to influence the effectiveness of the leader and work structure.

A question was therefore asked as to whether the subordinates are free to discuss work-related issues with their seniors. The responses were as follows: strongly agree 21.1% (18), agree 37.6% (32), neutral 11.7% (10), disagree 12.9% (11) and strongly disagree 16.4% (14).

Figure 5: Indicating Results of the Hygiene factors



4.4. Questionnaire results

The questionnaire's rating scales were strongly agree, agree (which were collectively regarded as agree), and disagree and strongly disagree (which were collectively regarded as disagree). Neutral was rated thither agree nor disagree. The following table indicates the combination of the responses as outlined by the respondents. Questions 3 and 12 were not included in the custom table as they needed written responses.

Table: 4.4.1. Custom Table for questions 1-15

Questions	Disagree	neutral	Agree	Total number of responses
	%	%	%	
1. Organizational policies are available in the clinic.	16.4	3.5	77.6	85
2. Employer’s support visits are done in the clinic.	19.9	21.1	56.4	85
3. Resources are always made available in the clinic.	62.3	21.1	12.9	85
4. There are enough staff for the clinic workload.	63.5	16.4	18.75	85
5. My employer discusses problems affecting service delivery with all the staff in monthly meetings.	47.0	10.5	42.3	85
6. Subordinates free to discuss work related issues with their seniors.	29.3	11.7	58.7	85
7. The clinic committees are involved in issues affecting the clinic.	3.4	8.2	57.6	85
8. The nurses always feel safe in the clinic.	52.8	17.6	29.3	85
9. All staff always feel save in the clinic.	12.9	7.0	74.0	85
10. Performance reviews are done quarterly.	51.6	12.9	18.7	85
11. Staff receives non- monetary incentives from the community.	66.9	12.2	15.2	85
12. Promotions and salary adjustments are fairly done by my employer.	51.6	12.9	18.7	85
13. Staff receives non-monetary incentives from the employer.	27.0	8.2	63.4	85
14. The workload is too much for staff allocated at the clinic.	21.0	12.9	65.8	85
15. All the staff members are trained on different work related workshops.	66.9	15.2	15.2	85

N= number of despondences

4.5. Facility staff audit

The information on the composition of staff per facility was gathered by using the questionnaires. The information was filled in by each respondent. This was necessary to compare the proportionality of staff to their performance. The following tables represent the facility staff audit according to categories and facilities where n= number of facilities.

Table 4.5.1.: Facility staff audit of professional nurses

N=number of facilities	No. of professional nurses/facility	Percentage of facilities
1	2	5.5%
6	3	33.3%
6	4	33.3%
4	5	16.6%
1	8	5.5%
Total=18	22	100%

In the 18 clinics visited, 5.5% (1) consisted of only 2 professional nurses, 33.3% (6) consisted of 3 professional nurses, 33.3% (6) had 4 professional nurses, 16.6% (4) had 5 professional nurses and 5.5% (1) had 8 professional nurses.

Table 4.5.2.: Facility staff audit for enrolled nurses

N=number of facilities	No. of enrolled nurses/facility	Percentage of facilities
4	0	22.2%
8	1	44.4%
4	2	22.2%
1	3	5.55
1	5	5.5%
Total =18	11	100%

Only few of the clinics were well represented in terms of the category of enrolled nurses as 22.2% (4) did not have enrolled nurses, 44.4% (8) clinics only have 1(one) enrolled nurse, 22.2% (4) consisted 2 (two) enrolled nurses, 5.5% (1) had 3 enrolled nurses and 5.5% (1) consisted of 5 enrolled nurses.

4.5.3. Facility staff audit for auxiliary nurses

Table 4.5.3.1.: Indication of auxiliary nurses audit in clinics

N=number of facilities	No of auxiliary nurses/facility	Percentage of facilities
5	1	27.7%
7	2	38.8%
5	0	27.7
1	8	5.5%
Total =18	11	100%

Most of the clinics in Makhuduthamaga have a small percentage of auxiliary nurses. Out of the 18 clinics 27.7% (5) had only one auxiliary nurse while another 27.7% (5) did not have any auxiliary nurse at all, and 5.5% (1) had 8 auxiliary nurses and 38.8% (7) had 2 auxiliary nurses.

4.6. Staff Skills audit according to facilities

It is an obligation of every employer to develop its staff to enable them to perform the required duties effectively and efficiently. The Skills Development Act (No.97 of 1998) states that employers must “improve the competency levels of the work force in order to promote the level of responsibility of employees and enable employers to achieve rising levels of productivity and competitiveness”. The researcher requested the respondents to indicate how many staff members have been trained in different skills that are required by their respective duties.

The tables below illustrate the percentages of staff trained in different programmes/indicators in different clinics as the performance of the nurses was established through the indicators.

4.6.1. Prevention of mother to child transmission of HIV (PMTCT)

Table 4.6.1.1.: PMTCT audit

N=number of facilities (total=18)	% of facilities with staff trained on PMTCT	Training coverage of staff / facilities in percentage
4	22.2%	100%
1	5.5%	80%
4	22.2%	75%

1	5.5%	66.6%
\1	5.5%	60%
4	22.2%	50%
2	11.1%	40%
1	5.5%	25%

Most of the staff in most of the clinics in Makhuduthamaga have been trained in mother to child prevention of HIV. This is evidenced by 100% training coverage of the staff in 22.2% (4) of the clinics, 80% training coverage in 5.5% (1) of the clinics, 75% training coverage in 22.2% (4) of the clinics, 66% and 60% training coverage in 5.5% (1), 50% training coverage in 22.2% (2), 40% training coverage in 11.1% (2) and only 25% training coverage in 5.5% (1) of the clinics.

4.6.2. Voluntary counselling and testing (VCT)

Table 4.6.2.1. VCT audit

N=number of facilities (total=18)	% of facilities with staff trained on VCT	Training coverage of staff per facilities in percentage
1	5.5%	80%
2	11.1%	75%
1	5.5%	66.6%
1	5.5%	57.1%
2	11.1%	50%
2	11.1%	37.5%
3	16.6%	28.5%
2	11.1%	25%
3	16.6%	20%
1	5.5%	16.6%

Generally, like PMTCT (Mother to Child Transmission of HIV) Voluntary Counselling and Testing has 100% training coverage in all the facilities although not all the nurses have been trained in each clinic.

4.6.3. Cervical cancer screening (Pap smear)

Although there is no specialized training for cervical cancer screening, nurses are expected to in-service each other (peer teaching) as this is mostly taught during primary health care training. In all the 18 clinics visited, it was found that 72.2% of nurses are trained.

Table 4.6.3.1.: Pap smear skills audit

N =number of facilities (total=18)	% of facilities with staff trained on pap smear	Training coverage of staff per facility in percentage
4	22.2%	0%
2	11.1%	100%
1	5.5%	87.5%
1	5.5%	80%
1	5.5%	75%
1	5.5%	66.6%
2	11.1%	60%
1	5.5%	57%
2	11.1%	50%
1	5.5%	46.1
1	5.5%	33.3%
1	5.5%	14.2%

4.6.4. Tuberculosis (TB)

The training coverage of TB in the 18 clinics is 94%, which is also good as most of the facilities have staff trained in handling TB cases; although only 5.5% of the facilities have none of the staff trained in TB.

Table 4.6.4.1.: TB skills Audit

% of facilities with staff trained in TB	N = number of facilities (Total)	Training coverage of staff per facility in percentage
1	5.5%	0%
2	11.1%	100%
2	5.5%	80%
1	5.5%	75%
3	16.6%	71.4%

2	11.1%	66.6%
1	5.5%	62.5%
1	5.5%	60%
3	16.6%	50%
1	5.5%	40%
1	5.5%	38%
1	5.5%	37.5%

4.6.5. Integrated management of childhood illnesses (IMCI)

Like PMTCT,VCT,TB and Pap smear, Integrated Management of Childhood illnesses (IMCI) has a good training coverage of 100% of the nurses as most of the nurses in each clinic have been trained in IMCI. Even though the training coverage is good, there is still need for nurses, as the coverage is less than 50% in three clinics.

Table 4.6.5.1.: IMCI staff skills Audit

N =number of facilities	% of facilities with staff trained on IMCI	Training coverage of staff per facility in percentage
1	5.5%	100%
1	5.5%	85.7%
1	5.5%	83.3%
3	16.6%	80%
2	11.1%	75%
1	5.5%	71.4%
1	5.5%	66.6%
1	5.5%	62.5%
1	5.5%	60%
3	16.6%	50%
1	5.5%	33.3%
1	5.5%	28,5%
1	5.5%	4.7%

4.6.6. Primary Health care (PHC)

Primary Health care is not satisfactory with regard to the training coverage of professional nurses as only 11.1% (2) has above 50% training of staff while 88.8% (16) of the facilities have less than 50% training coverage of staff. Professional nurses are expected to assess, diagnose and prescribe treatment for all sick clients and it is therefore very important that all professional nurses are trained in primary health care.

Table 4.6.6.1.: PHC staff Skills Audit

N=number of facilities	% of facilities with staff trained on IMCI	Training coverage of staff per facilities in percentage
4	22.2%	0%
1	5.5%	75%
1	5.5%	66.6%
4	22.2%	50%
1	5.5%	40%
3	16.6%	33.3%
1	5.5%	25%
1	16.6%	20%

4.7. Respondents' Self Evaluation of Performance/Achievement According to Indicators

Self evaluation tends to lessen employees' defensiveness about the appraisal and make excellent vehicles for stimulating job performance discussions between employees and superiors as it is next to the immediate superior rating, as they are aware of their performance (Robbins, Odendaal, Roodt, 2007: 363). Most of the nurses visited during the research in the 18 clinics are aware of their performance, except only 11.1%(2) of the facilities, where the staff did not rate how their performance was and substantiation for the performance was done through comments in question 23.

Table 4.7.1. : Achievements of nurses according to indicators in a facility and self evaluation

Indicators	>70%	<70%	<50%	<50%under rating	<70%under rating	>70% over rating	No Rating
PMTCT	72.2%	11.1%	0	5.5%	0	0	11.1%
VCT	72.2%	5.5%	0	0	5.5%	5.5%	11.1%

TB	27.7%	33.3%	27.7%	0	0	0	11.1%
Pap smear	0	22.2%	50%	0	0	16.6%	11.1%
Immunization	66.6%	16.6%	5.5%	0	0	0	2

Key: PMTCT= Prevention of mother to child transmission of HIV, N= clinic/facility

VCT = Voluntary counselling and testing, TB = Tuberculosis, Pap smear = Cervical cancer screening

4.8. Validated performance of nurses according to facilities and indicators

According to the District Health Plan 2008/09, targets have been set for different indicators and for staff to be regarded as good performers must achieve the set target. As Welman, Kruger and Mitchell (2007:142) indicate, validity is the extent to which the research findings accurately represent what is really happening in the situation. With that in mind, the researcher therefore obtained monthly data from the clinics and the formulas to determine performance from the district office.

Table 4.8.1.: Validated performance

Indicators	Performance of facilities according to Percentages																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
PMTCT	132	91	114	111	104	52	153	136	163	119	12	87	75	11	14	88	63	10	3
											4			8	9			1	17%
VCT	82.	76	99	89	77	82	100	52	92	99	91	85	78	79	73	79	65	96	8
																			44%
Pap smear	28	16	12	9	29	11	30	7	33	23	10	11	8	4	27	7	1	4	8
																			44%
TB	3	2	1	1	2	1	3	2	4	3	1	1	1	2	3	3	1	1	8
																			44%
Immu	72	70	51	79	126	56	80	90	62	67	11	90	11	19	62	11	55	12	12
											2		3	2		2		2	67%

*the coloured numbers indicate poor performance of nurses

4.8.1.1. PMTCT

The District Health Plan has set 80% target for PMTCT in Makhuduthamaga Sub-district. Nurses working in 83% of the clinics managed to achieve the target, while only 17% could not achieve as expected.

4.8.1.2. VCT

Nurses in 44% of the 18 clinics could not achieve 80% target for Makhuduthamaga Sub-district as set in the District Health Plan 2008/09. Nurses in 56% of the clinics managed to achieve the required 80%.

4.8.1.3. Cervical cancer screening/Pap Smear

De Haan, Dennil and Vasuthevan (2007:58) state that cancer is increasing in South Africa and it is evidenced by the data collected in the last ten years, which indicate that the lifetime risk of cervical cancer is 1 in 34 women, although the World Health Organisation claims that one-third of cancer cases can be fully cured. Makhuduthamaga has a problem in screening women for cervical cancer, as nurses working in 44% of the clinics could not achieve the 11% target as set by the District Health Plan, while 56% of the nurses performed as expected.

4.8.1.4.TB

TB is regarded as the second priority condition in Limpopo Province, Sekhukhune District and Makhuduthamaga for 2008/09 as indicated in the Health Plan. De Haan et.al., (2007:112) indicate that, despite considerable progress in TB control, the current incidence in South Africa is 500 per 1000 000, which places South Africa as one of the top 10 'high burden' TB countries. This indicates that nurses must increase efforts in diagnosing, treating and controlling TB. However, for Makhuduthamaga, this is a problem as nurses working in 44% of the clinics could not achieve between 2 and 10% suspect rate of TB. Nonetheless, 56% managed.

4.8.1.5. Immunization

Swanepoel, King and Dennill (2005:11) indicate that WHO has introduced a successful programme called the Expanded Programme on Immunisation (EPI), to protect children under five years against major infectious diseases. This programme has been proven to be successful in participating countries. For the present research, focus was made specifically on Immunization Coverage under 1 year, where the set target for Makhuduthamaga was 100%, but nurses working in 67% of the clinics could not achieve 100% as expected.

4.9. Comments from the respondents

The comments from the respondents were required to find out other underlying factors that may be influencing performance of nurses, beside the ones the researcher has formulated in the form of questionnaires. These comments are useful because they avoid channelling the respondents on what the researcher thought might be influencing the performance. Several factors influencing performance of the nurses were elaborated by respondents when commenting. Table 4.9.1. indicates the different comments from the 85 respondents who participated in the study.

Table 4.9.1.: Different comments from Respondents

Comments from respondents	% of cases	N	Total
A. Working conditions			
1.Shortage of staff	14.1	12	85
2. Shortage of resources e.g. medical equipment, cleaning materials, stationery and medication.	62.1	18	85
3. Dissatisfaction on 24hours service rendered by same staff.	90.5	77	85
4. Lack of communication system in the facility.	3.4	1	85
5. Lack of transport for tracing clients and providing outreach services.	6.9	2	85
6. Small and old facility structure.	27.6	8	85
7. Lack of accommodation for nursing staff.	3.4	1	85
B. Advancement			
1. Workshops and study leaves not fairly offered.	7.1	6	85
2 .Leadership workshops to be offered for managers.	2.4	2	85
C. Security			
1. Inadequate lights (darkness) in the facility yard.	4.7	4	85
2. No proper fencing around the facility	3.5	3	85
3. No guard room at gate as a result security personnel stay far from the gate.	1.2	1	85
4. Female dominance of security personnel leading to nursing staff feeling unsafe.	3.5	3	85
5. Clients coming late at the clinic not recorded.	2.4	2	85
D. Salary, promotions and remuneration			
1 .Unfair promotions as posts are not advertised.	1.2	1	85
2. Rural allowance not including lower category of nurses.	1.2	1	85
3. Years of service not considered during salary adjustments.	2.4	2	85

4. Unpaid overtime hours as staff only allowed to be paid 30% of their salary whereas seeing more than 30% of patients after hours.	80	68	85
5. Unpaid 24hours service following hands on and hands off policy which is not accessible to staff.	92	78	85
6. No clear PMS scale.	1.2	1	85
E. Recognition			
1. Managers not available to discuss work related problems.	9.4	8	85
2. Managers focus only on negatives than positives.	2.4	2	85
3. Staff not receiving some circulars, e. g., holidays, hands on and hands off etc.	1.2	1	85
4. Managers discriminating staff.	2.4	2	85
G. Other			
1. Lack of home based carers.	7.4	2	85
2. Most women do not believe in pap smears.	3.7	1	85
3. Low educational level of the community.	3.7	1	85
4. One Prof nurse to be focal person for TB.	7.4	2	85
5. Need for doctors and pharmacists.	3.7	1	85
6. Not all staff are trained in the different programs.	59.3	16	85
7. Shortage of water sometimes at facility.	3.7	1	85
8. Good PMTCT performance due to high number of trained PMTCT nurses and availability of lay counsellors.	14,8	4	85
9. Lack of report giving to colleagues	3.7	1	85
10. Repetition of recording, e.g., patients retained document, patients file, tick register & chronic register	3.7	1	85

% of cases= % of comments which indicated the need of a particular aspect to be attended at the facility

N=% of comments which did not need a particular aspect to be attended as it is available at the facility.

4.10. Analysis of the Findings

4.10.1. Personal data

4.10.1.1. Gender

The results of the study reveal 92.4% (73) of female respondents against 7.6% (6) of the male respondents, which is clear that there is female domination in the nursing staff of the Makhuduthamaga Sub-district. According to the results, females are evenly distributed in all the ages between 26 and 50+. Out of 73 female respondents, females constitute 31.5% in ages between 26 and 39, 38.4% in ages 40-49 and 30.1% in ages 50+, while out of 6 male respondents they constitute only 33.3% in the ages 26-39, 16.7% in ages 40-49 and 50% in the ages 50+yrs.

4.10.1.2. Age

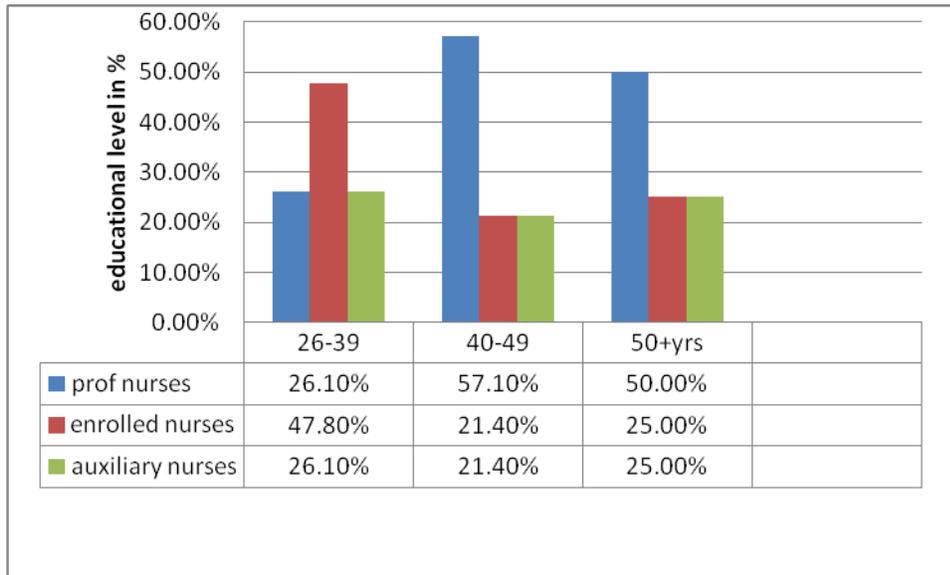
Respondents who indicated their ages in the questionnaire were 79 and 25 of them were between the ages 26 and 39 where 92% were females and 8% males. Twenty-nine of the respondents were between the ages 40 and 49. Females constituted 96.4 and males were 3.4. Respondents of the age 50+ were 25, where females were 88% and males 12%. It is, therefore, clear that Makhuduthamaga has a good representation of all the age groups.

4.10.2. Educational level

The total number of respondents were 85, but only 75 wrote down their educational level and 30.7% (23) of them was of the ages 26-39; 37.3% (28) and 32% (24) were of the ages 50+, including all categories.

Among the 23 respondents of the ages 26-39, 26.1% (6) were professional nurses, 47.8% (11) enrolled nurses and 26.1% (6), auxiliary nurses. Among the 28 respondents of the ages 40-49, 57.1% (16) were professional nurses, 21.4% (6) enrolled nurses and 21.4% (6) auxiliary nurses. Among the 24 respondents of the ages 50+, 50% (12) was professional nurses, 25% (6) enrolled nurses and also 25% (6) auxiliary nurses. A total of 75 respondents, 34;45% were professional nurses of the ages 26-39, 17.6% (6) ages 40-49 47.1% (16) and ages 50+ 35.3% (12). Again, among the 75 respondents, 30.7% (23) was enrolled nurses of the ages 26-39; 47.8% (11) ages 40-49 were 26.1% (6) and ages 50+ was also 26.1% (6) and auxiliary nurses were (18) 24% who constituted 33.3% (6) in all ages.

Figure 6. Educational level of respondents



4.10.3. Results of the questionnaire: Motivating and Hygiene Factors

According to Awases (2006) (1) (1-330), nurses’ performance is critical for successful provision of quality care as the country relies on them for health care. The study relied on the Herzberg’s Two-factor theory of motivation as stated by Beufort and Longest (1996:255) to identify factors influencing performance of nurses in the Makhuduthamaga clinics. This theory classified different factors as motivators which have an influence on job satisfaction if kept high always and leading to good performance and hygiene factors which have negative influence on performance if kept low as they lead to job dissatisfaction.

The responses of the respondents were rated strongly agree, agree which were collectively regarded as agree and strongly disagree, neutral and disagree were collectively regarded as disagree. According to the results 43% of the motivating factors are low /not satisfactory to the employees and 67% are high/satisfactory to the employees. These have an effect on the employees in the manner they perform their duties as required by the employer. Also with the hygiene factors, 62.5% is not satisfactory to the employees, while only 37.5% is satisfactory which also has an influence on the employees (Beufort & Longest, 1996: 255).

4.10. Conclusion

In this chapter, results of the questionnaires that were completed by 85 respondents, including all categories of nurses, i.e., 34 professional nurses, 23 enrolled nurses and 28 enrolled nursing assistants, were discussed. The personal data of the respondents, a variety of factors influencing performance of nurses, clinic staff and skills audit, and comments on factors influencing performance of nurses were presented and analyzed. Presentation and analysis of the findings on factors influencing performance of nurses was based on the Herzberg's Motivation-hygiene theory of classification to present and analyze the findings based on the responses of the nurses on their performance. Even though the results show lesser percentages of different responses, it is necessary for managers to consider them also as important.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

This chapter presents the conclusion and the recommendations of the study based on the performance of clinic nurses working in the Makhuduthamaga Sub-district in Sekhukhune District. Reports indicate that many nurses in the district are not doing their work as expected. As has been seen, some of the reasons include shortage of staff, lack of resources, lack of communication with administrators, insufficient pay for work done (Sometimes these nurses have to work overtime without being paid), and security problems.

5.2. Conclusion

The findings of the research study revealed some factors leading to poor performance of nurses in Makhuduthamaga Sub-district. The absence of both the motivating and hygiene factors as experienced by the nurses in the clinics of this municipality lead to dissatisfaction to employees, which may affect performance (Beufort and Longest,2000:255). The nurses in Makhuduthamaga Sub-district are working very hard regardless of the unfavourable conditions of work they encounter in their work environment. The nurses' performance is good in some of the clinics even though some inconsistencies are observed in all the five priority indicators in all the clinics. The researcher found the factors leading to poor performance in makhuduthamaga to be the following:

Hygiene factors

- Organisational policies are available in most of the facilities.
- Performance reviews are done more often.
- Support visits are done by supervisors as expected.
- Availability of the nurses job descriptions at the clinics.
- The clinic committees are involved in issues affecting the clinic.

Motivating factors

- A lesser percentage of nurses receive non monetary incentives from their employer.
- Not all nurses are trained in work related workshops.
- A large percentage indicates that promotions and salary adjustments are not fairly done.

- Nurses feel unsafe at the clinic.
- Shortage of nurses is still experienced at the clinics whereas too much work is expected by the employer and community society from the nurses.
- There is shortage of some resources which makes it difficult for nurses to carry out their normal duties as nurses end up using their own moneys to purchase some of the resources needed at the clinic.

According to Beufort and Longest (2000:254), motivating factors lead to satisfaction of employees when they are adequate but results in dissatisfaction if inadequate. The results revealed that the motivating factors in Makhuduthamaga Sub-district are inadequate and leads to poor performance of the nurses. The motivating factors lead to extreme satisfaction if they are high. The hygiene factors are also said to be contributing to job dissatisfaction if they are deficient or inadequate. According to different authors of leadership and performance management, the motivating and hygiene factors are intrinsic and extrinsic (rewards) which needs to be balanced from both the employers' side and employees side because they affect performance if not balanced. The findings reveal that in Makhuduthamaga nurses are supplied with their job descriptions, policies to guide in working, monitored to evaluate if they are working through performance reviews, clinic committees also available in the clinics to address the community needs while not provided with resources, short staffed, working environment not safe, not appreciated either through promotions, non monetary while not trained in all the courses.

5.3. Recommendations of the Study

The researcher sot out to recommend strategies for consideration:

Makhuduthamaga Subdistrict

- Nurses to continue doing the good work of serving the community irrespective of the problems they are faced with but follow correct channels to ensure that their conditions of work are considered.
- Mangers to consider working conditions of nurses which will motivate them to work harder to provide high standards of care to the society.
- Managers to balance both the motivating and hygiene factors of the nurses to influence good performance of nurses.
- Plan for enough budget for the provision of adequate resources.

Sekhukhune District

- Managers to encourage, provide guidance, workshops and supervision to managers in Makhuduthamaga Sub-district.
- Allocate enough budget to Sub-district in order to purchase enough resources.

Limpopo, South Africa, Africa, SADEC

- Employ qualified, knowledgeable and multi skilled managers with passion of taking the countries and the whole world to a better future and life for nurses in the entire world.
- Consider all the skills, knowledge, passion, qualifications of nurses and bring strategies to address the motivational and hygienic needs of nurses.

Researchers

- To conduct as many researches which will bring better strategies of improving the conditions under which nurses are working and strategies of encouraging all nurse managers to advocate properly for the nursing profession.
- Ensure proper monitoring and evaluation strategies in managing Subdistricts.

REFERENCES

- Ashtari, Z., Farhady, Y., & Khodaei, M.R. (2009). Relationship between job burnout and work performance in a sample of Iranian mental health staff. *African Journal of Social Welfare and Rehabilitation*, 12(1):71-74.
- Awases, M.H. (2006). Factors affecting performance of professional nurses in Namibia. Doctoral dissertation (University of South Africa).
- Ayse, P., & Gurses, C. P. (2008). Exploring performance obstacles of intensive care nurses. *Applied Ergonomics*, 40(3):509-518.
- Barriball, L.K., & Coomber, B.K. (2006). Impact of job satisfaction components on intent to leave and turnover for hospital based nurses. A review of the research literature. *International Journal of Nursing Studies*, 44(2):297-314.
- Beufort, B., & Longest, J.R. (2000). *Health Professionals in Management*. Stamford, CN: Appleton & Lange.
- Blanchard, K. (2007). Is your organization high performing? *Management Today*, 23(7):1-64.
- Bradley, S., & McAuliffe, E. (2009). Mid-level providers in emergency obstetric and newborn health care: factors affecting their performance and retention within the Malawian health system. *Human Resources for Health*, 7(14):1-8.
- Burns, N., & Grove, S.K. (2005). *The Practice Nursing Research: Conduct, critique and utilization*, 5th edition. New York.
- Chin, H. (2008). Feature. Making a fresh start: Coaching or mentoring as early performance management strategies can turn challenging situations into opportunities for change, *Nursing Management*, 15(2):18-20.
- Concise Oxford English Dictionary* (2004). New York: Oxford University Press.
- Coghlan, D., & Brannick, T. (2005). *Doing Action Research in Your Own Organization*. London: Sage Publications.
- Cullinan, K. (2008). Improved TB cure rate in Gauteng but child mortality still high. (<http://www.health.e.org.za>). 09/06/2008.
- De Haan, M., Dennil, K., & Vasuthevan, S. (2007). *The Health of Southern Africa*, 9th edition. Cape Town, South Africa: Juta.
- Department of Health Makhuduthamaga Sub-district : Annual facility indicators (2007/2008).
- Department of Health and Social Development: District Health Plan. (2008/2009) Sekhukhune District.
- Doede, K. (1998). *Management: A contemporary approach*. London: Pitman Publishing.
- Dreyer, M., Hattingh, S. & Lock, M. (2005). *Fundamental Aspects of Community Nursing: Community Health Care in South Africa*. 2nd edition. Cape Town: Oxford University Press.
- Fisher, J.E., Donohue, W.O., Hayes S.C., & Hoboken, N.J. (2003). *South Africa at work: Applying psychology to organisations*. Johannesburg, South Africa: Witwatersrand University Press.
- Hope, C., & Muhlemann, A. (1997). *Service Operations Management Strategy, Design and Delivery*. England.
- Horwitz, F.M., & Pundit, P. (2008). Job Satisfaction and retention of nurses in the South African Labour market. *South African Journal of Labour Relations*, 32(2):23-44.
- Gerrish, K., & Lacey, A. (2006). *The research process in nursing*. Hong Kong: Blackwell Publishing.
- Hong, L.U., Alison, E., While, K., & Barriball, K.L. (2007). Job satisfaction and its related factors: A

- questionnaire survey of hospital nurses in Mainland China. *International Journal of Nursing Studies*, 44(4):574-588.
- Hong, L.U., Alison, E., While, K., & Barriball, K.L. (2005). Job satisfaction among nurses: A literature review. *International Journal of Nursing Studies* 42(2):211-227.
- Hueng–Ming, T. (2002). The influence of nurses' working motivation and job satisfaction on intention to quit an empirical investigation in Taiwan. *International Journal of Nursing Studies*, 39(8):867-879.
- Khomeiran, R.T., Yekta, Z.P., Kiger, A.M., & Ahmadi, F. (2006). Professional competence: Factors described by nurses as influencing their development. *International Nursing Review*, 53, 66-72.
- Kleyhans, R., Markham, L., Meyer, W., van Aswegen, S., & Pilbeam E. (2006). *Human Resource Management: Fresh perspectives*. Cape Town, South Africa: Pearson Education.
- Mrayyan, M.T. (2007). Jordanian nurses' job satisfaction and intent to stay: Comparing teaching and non-teaching hospitals, *Journal of Professional Nursing*, 23(3):125-136.
- Marshall, C., & Rossman, G.B. (2006). *Designing Qualitative Research*, 4th edition. Thousands Oaks, CA: Sage Publications.
- Mouton, J. (2008). *How to Succeed in Your Master's and Doctoral Studies: A South African guide and resource book*. Pretoria: Van Schaik Publishers.
- Neuman, W.L. (1997). *Social research methods: Qualitative and quantitative approaches*, 3rd edition. Boston, MA: Allyn & Bacon.
- Petrida, I. (2002). Voices of primary health care facility workers: Health systems trust. (<http://search.ebscohost.com>). 11/06/2008.
- Polit, D.F., & Beck, C.T. (2006). *Essentials of Nursing Research: Methods, Appraisal and Utilization*. Tokyo: Lipicott Williams & Wilkins.
- Rall, M., & Meyer, S.M. (2006). The role of the registered nurse in the marketing of primary health care services as part of health promotion. *Curations. Accredited Research Journal of the Democratic Nursin Organization of South Africa*. Denosa, 29(1):1-79.
- Ritchie, J., & Lewis, J. (2003). *Qualitative Research Practice: A guide for social science students and researchers*. Thousand Oaks, CA: Sage Publications.
- Robbins, S.P., Odendaal, A., & Roodt, G. (2007). *Organizational Behaviour: Global and Southern African perspectives*. Cape Town, South Africa: Pearson Education South Africa.
- Robson, C. (2006). *Real World Search*. Melbourne, Australia: Blackwell Publishing.
- Stommel, M., & Wills, C.E. (2004). *Clinical research: Concepts and principles for advanced practice nurses*. Tokyo, Japan: Lippincott.
- Swanepoel, T., King, L., & Dennill, K. (2005). *Aspects of primary health care: Community health care in Southern Africa*. Oxford: Oxford University Press.
- Swanepoel, B., van Wyk, E. B., & Schenk, H. (2006). *South African human resource management: Theory and practice*. Cape Town, South Africa: Juta.
- Voltero, L., & Fort, A.L. (2004). Factors affecting performance of maternal health care providers in Armenia. *Human Resource for Health*, 2(8):1478-4498.
- Welman, C., Kruger, F., & Mitchel, B. (2007). *Research Methodology*. Cape Town, South Africa: Oxford University Press.
- Zurn, P., Dolea, C., & Stilwell, B. (2005). Nurse retention and recruitment: Developing a motivated workforce. *The Global Nursing Review Initiative*. (4):1-32.

ANNEXURES

ANNEXURE 1: ETHICS COMMITTEE CLEARANCE CERTIFICATE (UNIVERSITY OF LIMPOPO)



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

ETHICS COMMITTEE
CLEARANCE CERTIFICATE
UNIVERSITY OF LIMPOPO
Polokwane/Mankweng Hospital Complex



PROJECT NUMBER: 098/2009

TITLE: Factors influencing performance of nurses in the Makhuduthamaga Sub-District, Sekhukhune District, Limpopo Province, South Africa

RESEARCHER: C.M. Makunyane

ALL PARTICIPANTS:

Department:

Supervisor: Dr M.D.J. Machabaphala
Co-Supervisor: Dr M.B.L. Mpolokeng

Date Considered: 03/07/2009
Decision of Committee: Recommended for Approval

Date: 06/07/2009


Prof A.J. Mbokazi

Chairman of Pietersburg Mankweng
Hospital Complex Ethics Committee

Note: The budget for research has to be considered separately. Ethics Committee is not providing any funds for projects.

ANNEXURE 2: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

P.O. Box 912
NEBO
1059

2009.07.27

The Head of Department: Ethics Committee
Department of Health and Social Development
Private Bag X 9302
POLOKWANE
0700

Dear Sir/ Madam

RE: APPLICATION TO CONDUCT A RESEARCH STUDY ON FACTORS INFLUENCING PERFORMANCE OF NURSES IN MAKHUDUTHAMAGA SUBDISTRICT

I, the undersigned, hereby make an application to conduct a Research Study on the above mentioned topic at the Makhuduthamaga Sub-district clinic nurses in August 2009. I am a lecturer working at the Jane Furse Nursing School, and also a student at the University of Limpopo doing Masters in Public Health. I got permission from the Ethics Committee of the university to conduct the study before the end of the year. See the attached approval letters from the University of Limpopo and the research proposal.

Your speedy attention to my application will be highly appreciated.

Yours Faithfully

Mrs C.M. Makunyane
MASTERS IN PUBLIC HEALTH STUDENT (UNIVERSITY OF LIMPOPO)
Cell no: 072 236 4959

SUPERVISOR : Dr MDJ Matshabaphala

ANNEXURE 3: PERMISSION LETTER TO CONDUCT RESEARCH



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

Enquiries: Ramalivhana NJ/Malomane EL

Ref: 4/2/2

03 August 2009
C.M. Makunyane
P.O.BOX 912
NEBO
1059

Dear Mrs. C.M. Makunyane

“Factors influencing performance of nurses in the Makhuduthamaga sub-district, Sekhukhune District, Limpopo Province, South Africa”

Permission is hereby granted to Mrs. C.M. Makunyane to conduct a study as mentioned above in the Makhuduthamaga sub-district, Sekhukhune District, Limpopo Province, South Africa”

- The Department of Health and Social Development will expect a copy of the completed research for its own resource centre after completion of the study.
- The researcher is expected to avoid disrupting services in the course of his study
- The Researcher/s should be prepared to assist in interpretation and implementation of the recommendations where possible
- The Institution management where the study is being conducted should be made aware of this,
- A copy of the permission letter can be forwarded to Management of the Institutions concerned

HEAD OF DEPARTMENT
HEALTH AND SOCIAL DEVELOPMENT
LIMPOPO PROVINCE

ANNEXURE 4: CONSENT LETTER FOR PARTICIPANTS

Dear research Participant

RE: CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I am a student at the University of Limpopo doing Masters in Public Health and also conducting a research entitled “**Factors Influencing Performance of Nurses in the Makhuduthamaga Sub-district, Sekhukhune District, Limpopo Province, South Africa**”.

The purpose of the study is to explore the factors that affect the performance of nurses, i.e., to explore the reasons for low and high performance in the Makhuduthamaga Sub-district in order to ensure that the performance of all the nurses in the clinics meet the required standard as determined by the Department of Health through the recommendations and feedback that may positively benefit the sub-district.

For the study, I have brought some questionnaires that I request you to fill for me. I have ensured your free participation by not mentioning the name of any clinic nor personal names on the questionnaires. Confidentiality will always be maintained. You are under no obligation to participate in the study and free to terminate or stop participating in the study.

The study will benefit you by knowing the problems affecting your performance if you are under performing and benchmark from the good performers; and if you are performing well, you need to indicate reasons for your good performance so that others may learn from you. A summary of the research findings will be made available to you on request or if possible. Any queries you may have concerning the research contact the researcher at :

Mrs Makunyane CM
Stand no: 14 Glen Cowie
P.O.Box 912
NEBO, 1059
Cell: 072 236 4959

Thank you

Makunyane Coshiwe M
Masters in Public Health Student, University of Limpopo
Dr MDJ Matshabaphala
Supervisor (Wits University)

Date :

ANNEXURE 5: CONSENT FORM FOR THE PARTICIPANTS

I hereby agree to participate in this Research regarding: **FACTORS INFLUENCING PERFORMANCE OF NURSES IN MAKHUDUTHAMAGA**. I understand that I am participating freely and without being forced in any way to do so. The purpose of the study has been explained to me and I understand what is expected of my participation. I understand that this is a Research Project whose purpose is to benefit the service provided. I understand that this Consent Form will not be linked to the questionnaire and that my answers will remain confidential. I understand that, if at all possible, our organization will be given feedback on the results of the completed research.

.....

Signature of respondent

.....

Date

ANNEXURE 6: RESEARCH QUESTIONNAIRE

Personal Information

Age:..... Sex:.....

Educational level.....

1	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. Organizational policies are available in the clinic.					
2. The employer support visit is done in the clinic.					
3. How often?					
4. Resources are always made available in the clinic.					
5. Is there enough staff for the clinic workload?					
6. (a) My employers discuss problems affecting Service delivery with all the staff.					
(b) Staff discusses problems affecting service delivery in monthly meetings.					
7. Subordinates free to discuss work-related issues with their seniors.					
8. The clinic committee is involved in issues affecting the clinic.					
9. The clinic staff always feel save in the clinic.					
10. All staff have their job descriptions.					
11. Performance reviews are done quarterly.					
12. How often are performance reviews done?					
13. Staff receives non-monetary incentives from the employer.					
14. Promotions and salary adjustments are fairly done by my employer.					
15. Staff receive non-monetary incentives from the community.					
16. The workload is too much for staff allocated at the clinic.					
17. (a) All the staff is trained on different work-related workshops.					

17.(b) Total Number of Professional Nurses

18. Total Number of Enrolled Nurses

19. Total Number of Assistant Nurses

20. How many staff members are trained in the following programmes in the clinics?

- PMTCT (Prevention of Mother to Child Transmission of HIV).....
- VCT (Voluntary Counselling and Testing of HIV).....

- Cervical cancer screening (pap smears).....
- Tuberculosis (TB).....
- Integrated management of childhood illnesses.....
- Primary Health Care.....

21. Achievements of the above programmes

	<50% or <70%	>70%	Raw data in a year
PMTCT			
VCT			
Pap smear			
TB			
Immunization			

22. Clinic population is.....

23. Comments

.....

.....

.....

.....

.....

.....

.....