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Effect Of Motivation On Job Performance Of Nurses In Ibadan, Nigeria

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Abstract

Background: *Motivation is one of the most essential tools in getting the best out of employees in an organizational set up.*

Objective: *To find out methods used to motivate nursing staff in the University College Hospital (UCH) Ibadan in order to establish the cause of the frequent exodus of nurses to foreign land.*

Method: *It is an exploratory study carried out from 5th to 10th October, 2005. Two hundred nurses were chosen by simple random sampling method and a self developed questionnaire was administered to each of them. However, only 100 subjects returned the questionnaire.*

Results: *It was found that the respondents were not satisfied with the hospital management as they believed they were not adequately motivated towards effective performance of their job. Consequently, 90% were planning to quit the UCH job in the nearest future and 56% were processing foreign jobs. The respondents cited the following as reasons for preferring foreign job to that of UCH: Inadequate nursing equipment - 12%, lack of credit for work done - 20%, poor salary 24%, and non recognition of additional certificates possessed by the nurses 42%.*

Conclusion: *For the Hospital to retain its nursing staff, Nurses in UCH need to be provided with comprehensive motivation packages.*

Keywords: *Motivation, Job Performance, Cordial Relationship.*

Introduction

According to Tijani¹ quoting Henderson (1966) nursing is the act of assisting an individual sick or well, in the performance of those activities

contributing to his health, recovery or to peaceful death that he would perform unaided if he has the necessary strength, will and determination. Adelowo² commenting on the age long existence of the profession, observed that nurses constitute up to 80% of the qualified health work force in Nigeria and represent a potentially powerful force for bringing about the necessary changes to meet the peoples' needs in the pursuit of health for all in the 21st century. In carrying out their functions, the nurses encounter some challenges, which seem to debar them from performing their roles effectively. Every year, there seems to be an exodus of nurses to foreign land in search of greener pastures. Could this be so as a result of dissatisfaction and lack of motivation in their places of work in Nigeria?

According to Graham³ motivation is the driving force that stimulates an individual to action. In the health care sector, most administrators take for granted material inducement of employee under them; they tend to believe that the humanitarian nature of the professional callings in health care is enough motivation towards peak performance. Unfortunately, not many people believe so. Thus, when motivation is not forthcoming in a place of work, workers' commitments decrease. Cruden⁴ described motivators as those things which induce an individual to perform. These include higher pay, a prestigious title, rewards or incentives, a name on the office door, promotion and recognition. Managers must make use of these motivators. Almost all the theories on motivation emphasize particular factors which influence the behavior of employees³ and hence their levels of motivation⁵. These factors may be intrinsic, that is arising from the work situation or extrinsic, that is connected with experiences external to work⁶. Mayo⁷ believed that the manager should be a teacher, a colleague and a consultant rather than a boss. Also according to Sayles⁸ employees are more productive when satisfaction comes from the work itself, rather than from present or deferred economic reward or fear of

punishment. Therefore employers must work towards providing satisfactory working conditions (equipment etc).

Methods

This study was carried out in the University College Hospital (UCH), Ibadan between 5th and 10th October 2005. The hospital then had 763 trained nurses out of which 36 (4.7%) are males. It is an exploratory study in which 200 nurses were randomly selected to investigate the effect of motivation on their job performance. To this end, a self administered questionnaire was developed and administered to 200 nurses out of which 100 (50%) were returned. Data analysis was by descriptive statistics making use of tables, percentages, means and standard deviation.

Results

The Respondents:

There were 100 respondents aged between 22 and 60 years (mean 45± 4. 4). Eighty four (84%) of them were Yorubas, 4% Hausas, 2% Ibos and the remaining 10% other tribes. The majority 93 were females, 86 were Christians, 12% Muslims and 2% African traditional worshippers. Also 82% were married, 14% single and the remaining 4% divorced or separated. The length of years of experience ranged from 4 to 27 years.

Qualifications

Out of a total of 100 nurses, 76 had obtained the Registered Nursing / Registered Midwifery RN/RM certificates, whilst 24 had certificates in other specialist areas (Ophthalmology, Peri Operative / Theatre, Orthopaedics, Psychiatry, Public Health, Anaesthesia, Accident and Emergency, Nursing Administration and Nursing Education.)

Apart from the RN/RM qualifications, 46 of the nurses had obtained additional academic university qualifications. Thirty Six had obtained the bachelors degrees, Four the masters and Six the PHD degrees. This means that only Fifty Four possessed just the Nursing and Midwifery but no additional university degree qualifications.

Work Environment:

Thirty Six respondents stated that the supply of equipments, consumables and other essentials needed to enhance the performance of their nursing duties was inadequate. Responding to a related question 62 opined that the inadequate supply of equipment and other essentials made their work

depressing and unstimulating.

Relationship with Senior Nursing Staff:

The attitude of some senior nursing staff was described as authoritarian by 68 respondents who viewed the attitude as de-motivating with many instances of scolding and tongue lashing in and around the wards by Senior Nursing Staff. Sixty three respondents stated that there was complete lack of regard of junior by senior nursing staff especially by those in the management cadre.

Relationship with Nursing and other Managerial Staff:

Whilst 56 respondents regarded the relationship between them and the management as just fair, 30 described it as completely strained and only 14 as cordial enough for a good working atmosphere. Sixty respondents stated that management rarely took interest in or responded to their personal problems whenever the need arose whilst 58 stated that the attitude of management to staff welfare was non-challant, Sixty Six respondents claimed that the management usually took decisions on matters affecting them without seeking their opinion and 57 respondents stated that such decisions taken were usually detrimental to their interest whilst 80 respondents stated that there was no effective communication between management and staff, 20 stated that communication was adequate

Incentives to Staff:

Whilst 32 respondents stated that housing allowance being given by management constituted an incentive, 26% regarded free medical services to staff as incentive and 20% regarded both the housing allowance and free medical services given as incentives. Whilst 36 respondents regarded what is being given as incentives sufficient to motivate staff to good performance, 64 respondents opined that they were inadequate to impact positively on staff performance.

The reasons given for leaving for better jobs especially foreign jobs are shown in Table 1. The main reasons hover around money non recognition of additional certificates (financial) and poor salary. Thus, asked if they considered themselves prosperous enough and satisfied with their work in Nigeria, 80% responded in the negative and only 20 in the affirmative. Another cause of dissatisfaction mentioned with nursing work in Nigeria was lack of appreciation.

All but 4 respondents expressed the need for the government to provide work conditions and environment which would enable them to relate

better with their patients, their fellow workers and be more effective in their job. Sixty seven respondents foretold that nurses would continue to be lost to foreign countries until such an environment is provided. Half of the respondents stated that addressing these points and not merely invoking the humanitarian nature of the profession is what is

necessary to retain nurses at home in Nigeria.

The details of what nurses planned to do if they resigned from UCH are shown in Table 2.

Table 1: Respondents' view on Reasons for Nurses' Preference of Foreign Work

Views	Frequency
Job insecurity	2
Inadequate facilities	12
Poor Salary	24
Lack of credit for work done	20
Non recognition of additional certificate	42
Total	100

TABLE 2: What to Do After Resigning From UCH

	No of Respondents
Going for further studies	28
Traveling out of the country	56
Looking for highly paid Jobs from Oil Companies	12
Setting up private clinics or Nursery schools	4
Total	100

Discussion

The results obtained in the present study suggest that morale among the respondents is low due to poor work conditions and inadequate motivation. Also, it was found that the inadequate equipment in the hospital was a source of poor motivation of the staff. Salye⁹ believed that employees are more productive when satisfaction comes from the work itself. If there is inadequate medical equipment to use, nurses will lack fulfillment and be unhappy. This in turn will have a negative effect on the care given to patients.

The study also showed that the attitude of the management to workers' personal problems was not encouraging and 66% of the respondents, believed that management was in the habit of not consulting with the workers before taking decisions on matters affecting them. According to Graham³, a manager

must understand the effect of communication on human beings, and the more effectively the communication functions, the more efficient is the manager in dealing with personnel under his command. Studies⁹ have shown that the personality of a manager influences workers' productivity and good human relation induces workers to perform their jobs efficiently. When these are lacking in any organization, workers will not be effective and efficient in their job; and their productivity will be negatively affected.

The findings in the present study suggest that motivation of the nurses has suffered and morale has fallen. It is even possible that the zeal to keep up the Florence Nightingale experience of caring for wounded soldiers during the Crimea war in Russia in the face of many challenges is the main factor still keeping some old nurses in the public service.

The opinion of 67% of the respondents that nurses will continue to be lost to foreign countries unless determined efforts are made to motivate them calls for serious consideration and action. This is necessary because of the great danger which the efflux of nurses poses to the health system of the country. To this end, the issues raised in the present study e.g. poor salary, recognition of additional certificates, credit for work done etc should be addressed.

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REVIEW ARTICLE

The Post Polio Syndrome

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Keywords: *Post polio syndrome, acute paralytic polio, stable disability*

Introduction

Poliomyelitis is an inflammatory disease caused by viral infection of the anterior horn cells of the spinal cord, it is recognized clinically as an acute onset lower motor neuron paralysis (or paresis) of one or more muscles¹. Infection is oral and the virus multiplies in the gut for one to three weeks when it is either contained by an immune response or a viraemic phase occurs. The virus is excreted in the faeces for a number of weeks and in saliva for some days. The inactivated polio vaccine developed by Jonas Salk has been available since 1955, and the attenuated live oral vaccine developed by Albert Sabin² since 1962. Paralytic poliomyelitis was a major cause of morbidity and death throughout the world during the first half of the 20th century². Thompson³ estimated that the polio vaccination programs, which cost about \$35 billion from 1955 to 2005, averted more than 1.1 million cases of the disease and more than 160,000 deaths. Although the polio epidemics of the twentieth century may be history, the reality is that millions of people are already living with the consequences of having had the disease⁴. The World Health Organization reported that there are about 20 million polio survivors worldwide with about 60,000 of them below the age of six⁴. Cases of polio are no longer common, but there are people with polio paralysis and post polio syndrome⁴. Today, polio remains endemic in only four countries Nigeria, Pakistan, Afghanistan and India⁵.

Summary of Classic Phases in Polio⁶

(1) Acute Paralytic Polio

Acute spinal polio is characterized by asymmetric paralysis of muscles served by motor units originating in spinal cord anterior horn cells which have been damaged or killed by the polio virus. This

paralysis is often very sudden and sometimes very severe, usually involving the lower limbs and is often maximal after 48 hours. There is also a bulbar form of acute polio which causes paralysis of respiratory muscles and those of deglutition, which has a particularly high mortality and frequently requires assisted ventilation. During the acute phase of polio, strict bed rest could be used to prevent further spread of paralysis and intramuscular injection should be avoided.

(2) Recovery Phase

The recovery phase of polio requires that "orphaned" muscle fibres become re-innervated by axon sprouts and large numbers of hypertrophied muscle fibres may be innervated by small number of overworked surviving neurons. Some muscle fibres and groups of muscles may never be re-innervated and the remaining muscle groups will compensate by hypertrophying and working very much harder.

(3) Stable Disability

Polio was described as a chronic, yet stable disease with a period of stable disability following rehabilitation in the recovery phase, the severity of disability varies greatly from almost imperceptible muscle weakness to significant weakness leading to reduced mobility and from no bulbar problem to intermittent dependence on assisted respiration. Post Polio Syndrome (PPS) refers to the late development of new neuromuscular symptoms in previously stable poliomyelitis patients usually ten to forty years after the acute polio infection^{7,8}. It is mainly characterized by a new weakening of muscles that were previously affected by the polio infection and also of muscles that were seemingly unaffected. Polio is considered to be a chronic but stable disease once the acute phase is over and rehabilitation has restored a lesser or greater degree of function. However, it is now known that some survivors of polio develop new symptoms after