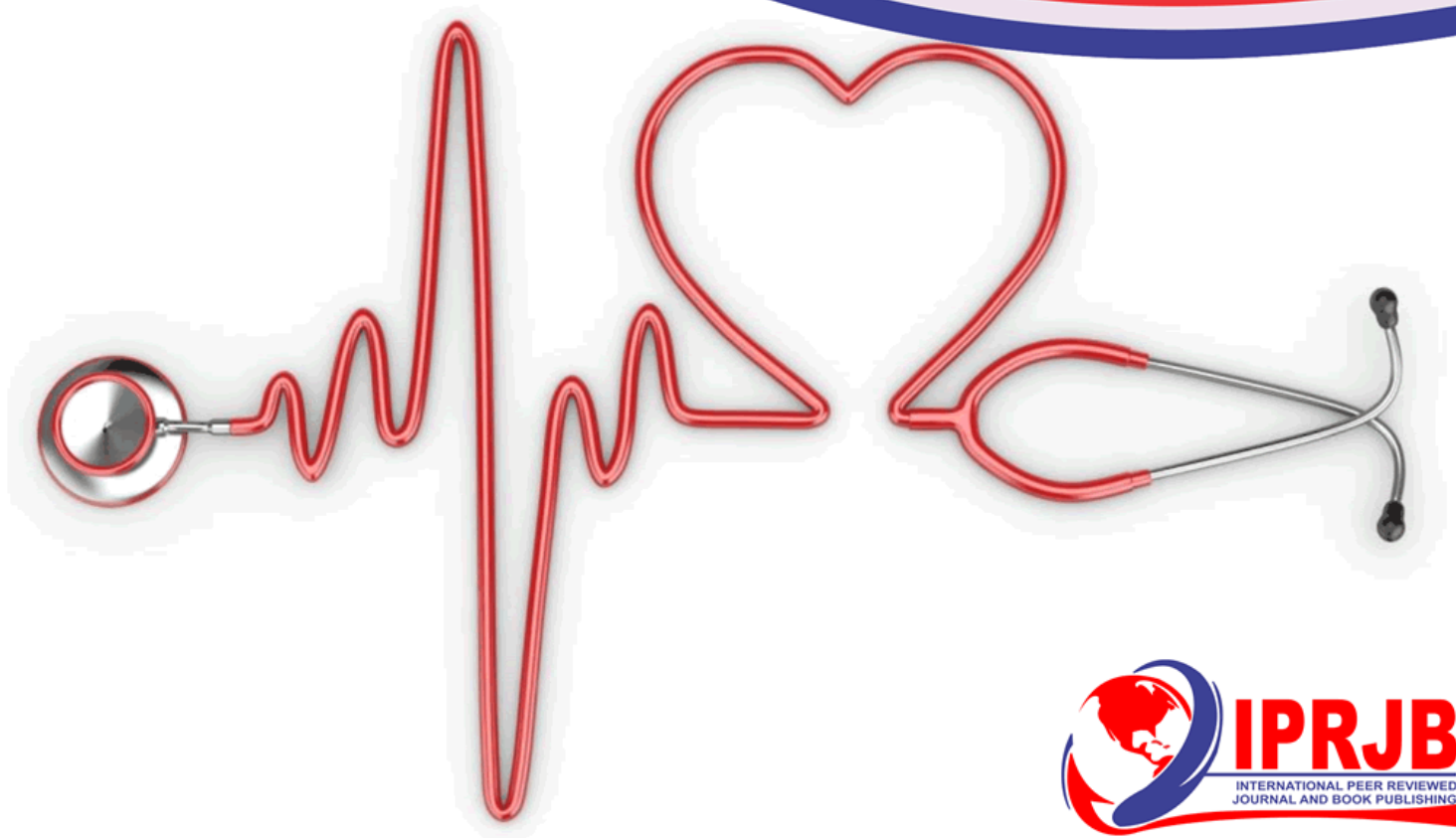


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DETERMINANTS OF NURSES PERFORMANCE IN TIER THREE HEALTH FACILITIES: A CASE STUDY OF KAJIADO COUNTY, KENYA

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DETERMINANTS OF NURSES PERFORMANCE IN TIER THREE HEALTH FACILITIES: A CASE STUDY OF KAJIADO COUNTY, KENYA

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Abstract

Purpose: Human Resources for Health (HRH) is critical for improved productivity and efficient delivery of health services. However, insufficient health personnel in terms of numbers and level of performance are a major constraint in disease control and maintenance of a health population. A study was carried out to determine the relationship between job related factors, the work environment, organizational factors and policy practices that affect the performance of nurses in tier three health facilities in Kajiado County.

Method: A cross sectional, descriptive study design was utilized, adopting qualitative and quantitative data collection approaches. Four tier three health facilities were included and one hundred and thirty (130) respondents were involved in the study. Purposive sampling was used. Nurses working in the various departments in the respective facilities were issued with questionnaires to fill in and return. The heads of the different departments were interviewed using an interview guide. Inferential statistics was used to analyze the data. Quantitative data was analysed using SPSS version 23.0 and qualitative data was analysed through thematic content analysis.

Results: Results on organizational-relation aspects revealed lack of necessary support provision for incompetent nurses. It also revealed a substantial lack of an appraisal and review system. The findings on job related factors showed that most of the nurses were diploma holders hence the need for opportunities for further training and enhancement in education levels to advance their knowledge. Findings on organizational factors showed that inadequate staff levels led to increased workload on available staff which in turn affected the performance of nurses.

Unique Contribution to Theory, Practice and Policy: The study recommends that there should add more refresher and training courses for the nurses, recruitment of more nursing staff and improvement of resources available.

Key Words: *Organizational factors, work environment, Tier three hospitals and performance*

1.0 INTRODUCTION

1.1 Background of the Study

The quality of service delivery in public health care facilities across the world has undergone major transformations due to different environmental changes. Further the developments in the health sector, problems arising in different contexts, for example obsolescence of working skills, insufficient resource and patient satisfaction directly impacts on quality service delivery and responsiveness of the third tier health facilities (Ndavi, Ogola, & Kizito, 2009). The African continent is currently facing serious human resource crisis in the health sector. These severe human resource shortages have affected the ability of many countries to initiate and sustain credible health services. Although several reforms and policies have been developed to address health problems in the continent, little attention has been given to required human resources and their motivation. Furthermore, the quality of performance in health facilities to a large extent depends on available human resource mix and their motivation. The workforce which is one of the most important inputs to any health system has a strong impact on the performance of health facilities. (Muhondwa et al, 2008).

In the current healthcare environment, there are many forces, both internal and external, that require some physicians and hospitals to rethink their traditional leadership relationships. These hospital leaders are being both pulled and pushed together in new ways by these changes, including increased direct employment of physicians by hospitals, the development of accountable care organizations, intended to manage the quality and cost of care of defined populations of patients, new payment methodologies and financial incentives from public and private players, and the need to deliver greater value in an increasingly competitive marketplace (Persily, 2014). Health workforce is the most important asset of any health system strengthening and consumes a major share of the resources allocation in the sector. Health workers can be defined as all people engaged in actions whose primary intent is to enhance health. They make important contributions and are critical to the functioning of most health systems. However in many countries they still remain the weakest link of health systems (WHO, 2006).

1.2 Statement of the Problem

In Kenya, the new constitutional dispensation has decentralized the management of health care to County Governments with the aim of forming a significant link between the health system and the end consumers of the services who are the patients. Despite the ongoing reforms in the health sector, many counties have encountered numerous challenges in the implementation of the health care requirements (Forman, 2010). In addition, little emphasis has been put on its implications for health workers both professionally and socially. For instance, distribution of human resource with specialized training remains a challenge. The health services provider-population ratio of 1.69/1000 for all cadres of health care is an indicator of the absolute shortage of workers in the sector (Rosenberg & Weissman, 2013).

Kajiado County reports the critical situation of human resources for health, for instance, it has four sub county hospitals, sixteen health centres and sixty dispensaries run by the county government. The doctor population ratio is 1:26,094 and the nurse population ratio is 1:1,068. The average distance to a health facility is 14.3 km, with only 9.9% of the population within a distance of less than a Kilometre to a health facility. Factors such as infrastructure, inaccessibility to health services, illiteracy, high population growth rate, high poverty levels,

water and sanitation and HIV/AIDS are some of the issues that influence the performance of health workers which in turn affect the productivity of the county.

The third tier health facilities in Kajiado County have implemented service model systems to achieve competitiveness. Some of these improvements include introduction of modern medical equipment and employing more staff. However, even with these improvements the third tier health facilities are still facing client complaints and constant default of payments to suppliers. This directly impacts on quality of service delivered by the facilities and the performance of the healthcare providers thus encouraging patients to turn to alternatives such as private health care facilities that tend to be more responsive (Ministry of Health. 2013a). Therefore this study sought to identify Determinants of Nurses Performance in third tier health facilities in Kajiado County.

2.0 LITERATURE REVIEW

Competence encompasses knowledge, skills, abilities, and traits. It is gained in the healthcare professions through pre-service education, in-service training, and work experience. Competence is a major determinant of provider performance as represented by conformance with various clinical, non-clinical, and interpersonal standards. Measuring competence is essential for determining the ability and readiness of health workers to provide quality services. (Thulth et al ,2015). According to Thulth et al (2015) the hospitals have a responsibility to ensure its patients safety and well-being during hospitalization, to satisfy this duty a hospital must not only select and retain competent staff, but must also provide a reasonable care in maintaining safe and adequate facilities and equipment. According to Lewy (1991) when patient injury occur because of equipment , the issue become one of whether the patient was injured due to a defect, due to the misuse or improper maintenance of the equipment . Manager should learn to lessen potential liability by ensuring that equipment is maintained properly and to ensure that storage of the equipment follow manufacturers written guidelines. (Lewy ,1991).

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. A similar study in South Africa indicates that 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).

Literature reviewed revealed several factors that affect health worker motivation and retention. Zurn (2005) cites several studies indicating that financial incentives form a major component of the incentives that policy makers in the health system put in place to improve recruitment, retention, motivation and performance of service providers. Henderson et al (2008) highlights key factors that may influence motivation and retention of health workers. Mbindyo et al. (2009) based on a study from Kenya emphasize the importance of reliable and transparent implementation of rules. The responsibility of the relevant government offices in implementing proper human resource policies is evident. The second dimension concerns health workers' relationship with the workplace leadership. Gilson et al. point out that human resource management is based on trust between the employer and employee and that the

relationship between health workers and the workplace leadership has much effect on the experienced working conditions (2005:1421).

3.0 METHODOLOGY

A cross sectional, descriptive study design was utilized, adopting qualitative and quantitative data collection approaches. Four tier three health facilities were included and one hundred and thirty (130) respondents were involved in the study. Purposive sampling was used to come up with the hospitals sampled (Kajiado County Hospital, Saitoti Sub-county hospital, Kitengela Sub-County hospital and Ngong Sub-county hospital) due to their location within the county. Nurses working in the various departments in the respective facilities were issued with questionnaires to fill in and return. The heads of the different departments were interviewed using an interview guide. Inferential statistics was used to analyze the data. Quantitative data was analysed using SPSS version 23.0 and qualitative data was analysed through thematic content analysis.

4.0 RESEARCH FINDINGS AND DISCUSSIONS

4.1 Demographic Characteristics of Respondents

4.1.1 Gender

The table 1 above indicates that 97 respondents who participated in the study were female while 33 were male respondents

Table 4.1 Distribution of respondents by gender

Gender	Number of Respondents	Percentage
Female	97	75
Male	33	25
TOTAL	130	100%

4.1.2 Age Distribution of Respondents

From the table 2 above the ages between none of the respondents was below 20 years, those with the age ranges between 20 to 29 were 58 respondents; 30 to 39 years of age were 35 respondents, 40 to 49 years of age were 22 respondents, 50 to 59 years of age were 15 respondents while none had 60 years and above. This indicates that majority of the respondents were mature enough to give credible information which was required for the study to reach desirable conclusions for the study.

Table 2 Age Distribution of Respondents

Age Range	Number of respondents
20 years or below	0
20 to 29 years	58
30 to 39 years	35
40 to 49 years	22
50 to 59 years	15
60 years and above	0

4.1.3 Cadre

Table 3 shows the cadres of nurses in the four sub county hospitals. Table 3 shows that most of the respondents were working as registered nurse were 73 representing 56.15%, 40 were working as Registered Nurse/Midwife representing 30.77 while Enrolled Nurse were 17 respondents are working as enrolled nurse representing 13.08%.

Table 3 Cadre of the Nurses

Cadre	No. of respondents	Percentage
Registered Nurse	73	56.15
Registered Nurse/Midwife	40	30.77
Enrolled Nurse	17	13.08

4.2 Descriptive Results

4.2.1 Competence Factors

To study sought to examine the competence factors how they are related to performance of nurses towards improved service delivery in Tier three hospitals, Kajiado County. The competence factors in this study includes, work experience measured by the number of years one has been registered as nurse, highest education, employment status, knowledge and skills.

4.2.1.1 Work Experience

The results from the table 4 above shows that 31 of the respondents had worked in the organization for 5 and below years, representing 23.85 percent, 51 of the respondents had worked for between 6 to 10 years as a nurse while who had worked between 11 to 15 years as a nurse were 13 and those who had worked between 16 to 20 years were 20 and those who had worked above 21 years or long were 15. This therefore means that the nurses had enough working experience relating to job performance. According to the findings, Overall, the majority of the participants (39.23%) had 6 to 10 years of professional experience as registered nurses. 10% had between 11 years to 15 years' experience, 15.38% had 16-20 years of experience 11.54 had above 21 years' experience as registered nurses. This indicates that most of the nurses who participated in this study were experienced. From the study findings there was a significant relationship between years of practice and job performance improvement of the nurses. This was indicated through the results that indicated that nurses with over years of practice believed more that continuing professional development has improved their job performance

Table 4 Total years registered as a nurse

Total years registered as a nurse	Number of Respondents	Percentage
0-5	31	23.85
6-10	51	39.23
11-15	13	10.00
16-20	20	15.38
21 above	15	11.54
TOTAL	130	100%

4.2.1.2 Educational level

Table 5 show that 69.23% of the respondents indicated that they had a diploma in nursing, post graduate diploma 0%, Bsc. Nursing and Bachelors degree all were reported at 30.77 % and others like doctorate and masters were 0%. Further, the results of the study showed that there was no significant relationship between the respondent's level of nursing qualification and job performance.

Table 5. Educational levels

Highest qualification in nursing	No.of respondents	percentage
Diploma in nursing	90	69.23
Bsc. Nursing and Bachelors degree	40	30.77

4.2.1.3 Employment status

According to the research findings, 100% of the respondents were working on a full time basis in the four sub county hospitals while none were working on a part time terms. This is practical since when working a government hospital you should commit your self fully hence it leads to consolidating experience hence leading to high performance compared to those who work on parttime since they have other private engagements. Stone et al (2007) performed a study on the nurse working conditions, organizational climate and their intent to leave in ICUs where it was found that working conditions, especially full-time and part-time affected delivery of work.

4.2.1.4 Knowledge and Skills

Table 6, indicates that in regard to knowledge and skills in their current job position, 29 respondents strongly agreed that they had planning of nursing care skills while 70 agreed representing 22.3 % and 53.9% respectively, making a total of 76% who agreed that they had adequate planning of nursing care skills. Those who were not sure and uncertain were 24% pointing to the indication that majority of nurses planned prior to their engagement at work. On implementing nursing care plans, 34 respondents strongly agreed while 45 agreed representing 26.2% and 34.6% respectively making it 61% for those who agreed on that they were adequately prepared to implement nursing care plans. It is also worthy to note that 10% of the respondents felt they were not adequate enough thus needing further training. On assessment of patient skills, 34 respondents strongly agreed while 79 agreed representing 26.2 % and 60.8% respectively, making it 87% of the nurses agreed that they had proper patient assessment skills, a feat that they can be commended for. About 13% of the respondents were uncertain of their patient skills, pointing to the need to conduct training among the nurses.

On implementing nursing performance, 19 respondents strongly agreed while 93 agreed representing 14.6% and 71.5% respectively, contributing to 86% of the respondents who agreed that they had nursing performance standards implemented. On Clinical competencies, 49 respondents strongly agreed while 42 agreed representing 37.7% and 32.3 % respectively. It is worthy to note that 70% of the nurses agreed that they had clinical competencies.

On health education, 42 respondents strongly agreed while 77 respondents agreed representing 32.3% and 59.2 % respectively, making it 92% of the respondents who agreed on conducting health education. On interpersonal relations 43 respondents strongly agreed while 68 respondents agreed representing 33.1% and 52.3%, making it 85% of the total respondents. On self-assessment performance, 23 respondents strongly agreed while 75

agreed representing 17.7% and 57.7% respectively. On supervising student nurses, 20 respondents strongly agreed while 54 agreed representing 15.4% and 41.5% respectively. On supervising nursing care, 41 respondents strongly agreed while 66 respondents agreed representing 31.5% and 50.8% respectively. On patient counseling skills, 57 respondents strongly agreed while 24 respondents agreed representing 43.8% and 18.5% respectively. On management of time, 34 respondents strongly while 75 respondents agreed representing 26.2% and 57.7%. On in-service training, 38 respondents strongly agreed while 59 respondents agreed representing 29.2% and 45.4% respectively. On improvement of quality of care, 30 respondents strongly agreed while 82 agreed representing 23.1% and 63.1%. On maintaining facilities and equipment and supplies, 24 respondents strongly agreed while 96 agreed representing 18.5% and 73.8% respectively.

Table 6 Dimensions concerning the individual knowledge and skills

Item (sub-variable- %)	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Planning of nursing care is satisfactory	0	0	23.8	53.9	22.3
Implementing nursing care plans are effective	10	0	39.2	34.6	26.2
Assessment of a patient is done satisfactory	0	0	13.1	60.8	26.2
Implementing nursing performance standards	0	0	13.8	71.5	14.6
Clinical competencies	0	0	30	32.3	37.7
Health education is performed frequently	0	0	8.5	59.2	32.3
Interpersonal relations	0	0	14.6	52.3	33.1
Self-assessment performance	0	0	24.6	57.7	17.7
Supervising student nurses	0	9.2	33.8	41.5	15.4
Supervising nursing care	0	0	17.7	50.8	31.5
Patient counselling skills	0	0	37.7	18.5	43.8
Management of time	0	0	16.2	57.7	26.2
In-service training	3.1	0	22.3	45.4	29.2
Improvement quality care	0	0	13.8	63.1	23.1
Maintaining facilities equipment and supplies	0	0	7.7	73.8	18.5

4.2.3 Environmental Factors

The environment factors included work space, the type of hospital they are currently employed, clinical ward and working staff capacity. They are discussed under the following sub dimensions below.

4.2.3.1 Hospital where nurses are currently employed

All the respondents were currently employed in Sub-county Referral Hospitals namely Kajjado, Kitengela, Rongai and Ngong sub county hospitals.

4.2.3.2 Discipline/ Clinical ward currently allocated

Table 7 shows Discipline/ Clinical ward nurses are currently allocated. The results indicates that in surgical ward they were 3 nurses, in paediatric ward there were 43 nurses, in maternity ward there were 22 nurses, in medical ward there were 17 nurses, outpatient ward 32 nurses and others 11 nurses. Also, those both in surgical and paediatric ward are 2

Table 7 Discipline/ Clinical ward currently allocated

Discipline/ Clinical ward currently allocated	No of respondents	percentage
Surgical ward	3	2.31
Paediatric ward	43	33.08
Maternity ward	22	16.92
Medical ward	17	13.08
Outpatient	32	24.62
Critical/Intensive care	0	0
Theatre	0	0
Other	11	8.46
Both Surgical ward and Paediatric ward	2	1.54
Total	130	100

4.2.3.3 Length of service in the Ward.

Table 8 indicate that those nurses who had works less than 1 year in award were 52 representing 40%, those who had worked between 1 to 2 years were 24 representing 18.46%;, those who had worked 2 to 3 years in award were 8 representing 6.15, those who had worked 3 to 4 years in award were 31 representing 23.85% and those who had worked above 5 years in a ward were 15 years representing 11.54%.

Table 8 Indicate how long you have been working in this ward.

0 to 12 months	52
1 to 2 years	24
2 to 3 years	8
3 to 4 years	31
5 years and above	15

4.2.3.4 Work Space Environment

Working space include aspects like safe working space, free from occupational hazards, necessary equipment, and workstation layout among other variables.

4.2.3.4.1 Safe Working Environment free from Occupational Hazards

The findings show that 32.1% and 35.38% of the respondents strongly agreed, agreed that their work environment was safe and free from hazards respectively indicating that more than half acknowledged that there was good working environment. From the sampled respondents, over 26% disagreed that there was a safe working environment at their assigned places of work, with over 6% of them being uncertain.

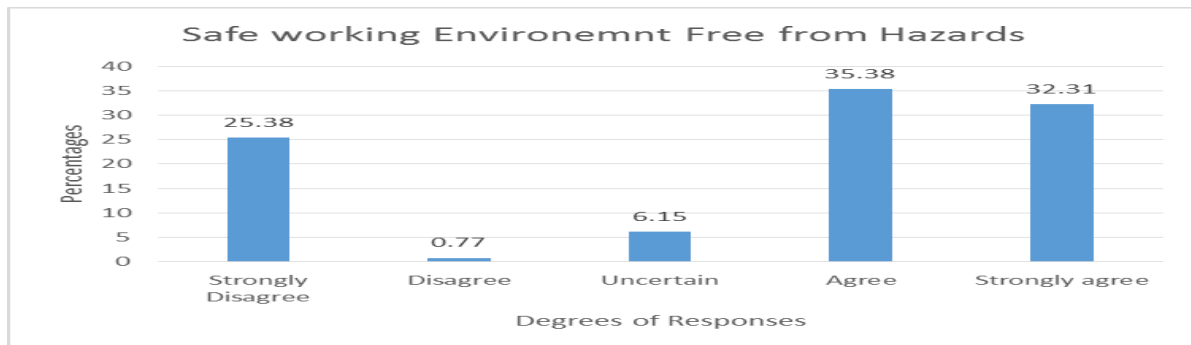


Figure 1: Safe Working Environment

4.2.3.4.2 Good Workplace Layout

Further 22.31 % strongly disagreed that there is a good work place layout while 52% agreed on the same. The scores indicate that majority of nurses are not satisfied or aware of the workplace layout they want as over 26% were not certain of whether the workplace layout was good enough to influence positive outcomes.

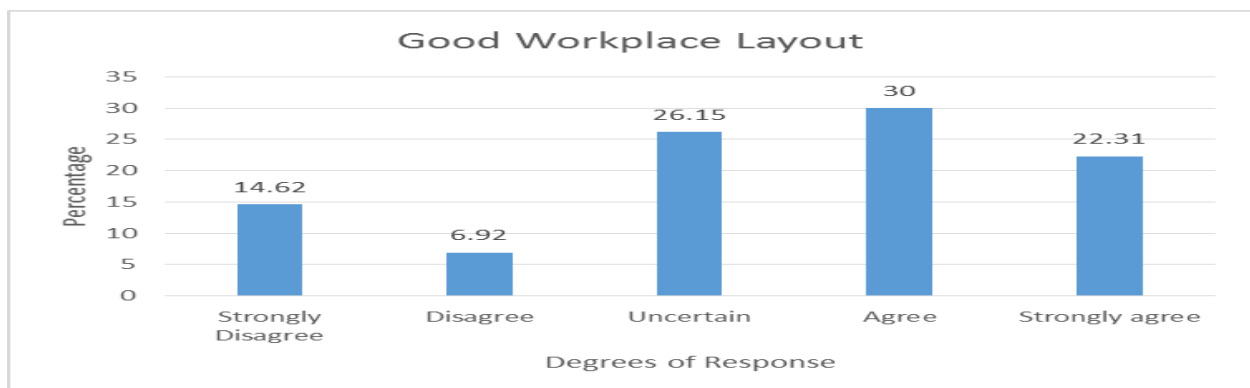


Figure 2: Good workplace Layout

4.2.3.4.3 Necessary Equipment

Also, on whether there was availability of necessary equipment, 16.92% strongly agreed while 13.85% agreed (overall 30% agreed) while a high percentage at 18% were uncertain of whether necessary equipment was availed to enable the nurses to work and improve their performance.

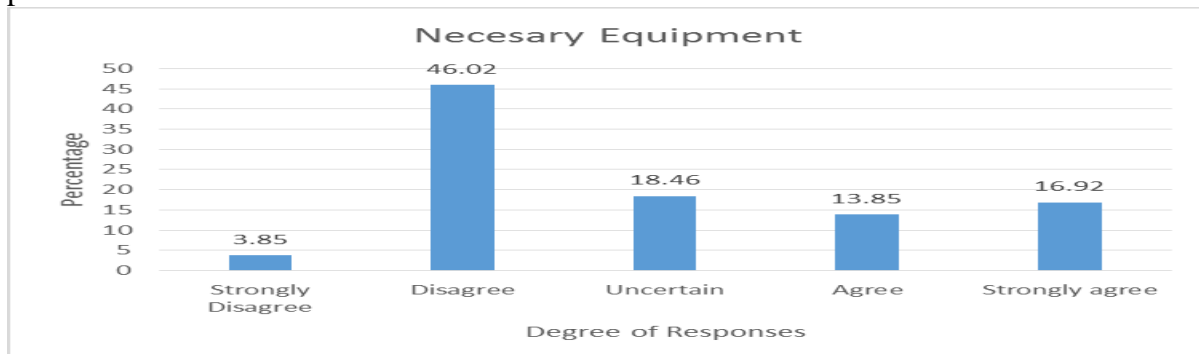


Figure 3: Necessary Equipment

The study further observed that over 50% disagreed that Kajiado county hospitals had the necessary equipment to work. The lack of equipment further points to the challenges the nurses face that compromises their expected roles towards achieving desired performance levels. The feeling by Kajiado nurses that they had no necessary equipment (over 50%) points to the need by the county government and the national government to facilitate healthcare facilities with necessary equipment and materials.

On whether the Equipment were in working condition, 15.38% strongly agreed while 10.00% agreed. Those respondents who were not sure of their perceptions on the equipment amounted to 48% pointing to the likelihood of nurses in Kajiado not having benchmark equipment.

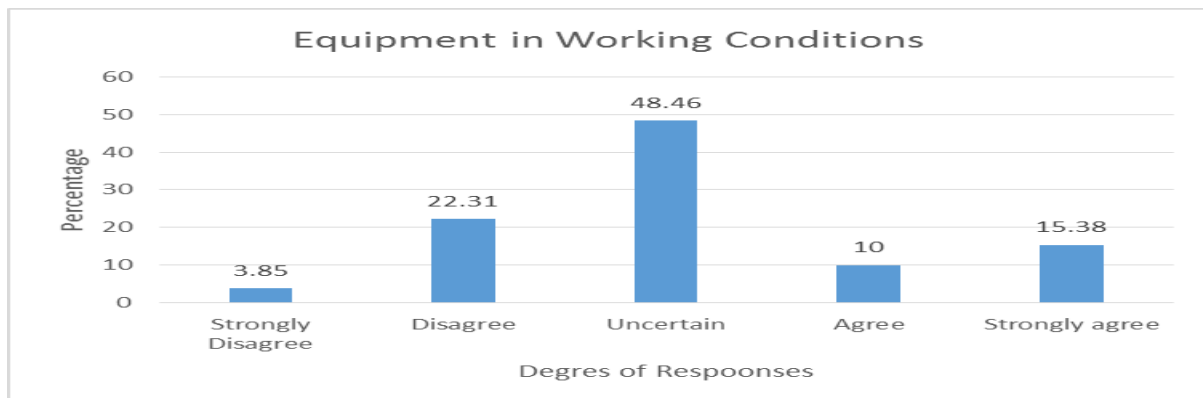


Figure 4 Equipment in Working Conditions

4.2.3.4.4: Sufficient Materials and Supplies

On whether the Materials and supplies were sufficient, 16.92% strongly agreed while 19.92% agreed making the number for those who agreed 36%, the same number as those who disagreed. Those who were not sure of their status were 28% pointing to the possibility that nurses had no enough supplies to facilitate their work. Other materials required were antiseptic hand solutions for ensuring nurses were safe after handling clients. On whether there was an Antiseptic hand solution for protection staff, 22.40% strongly agreed while 58.40% agreed.

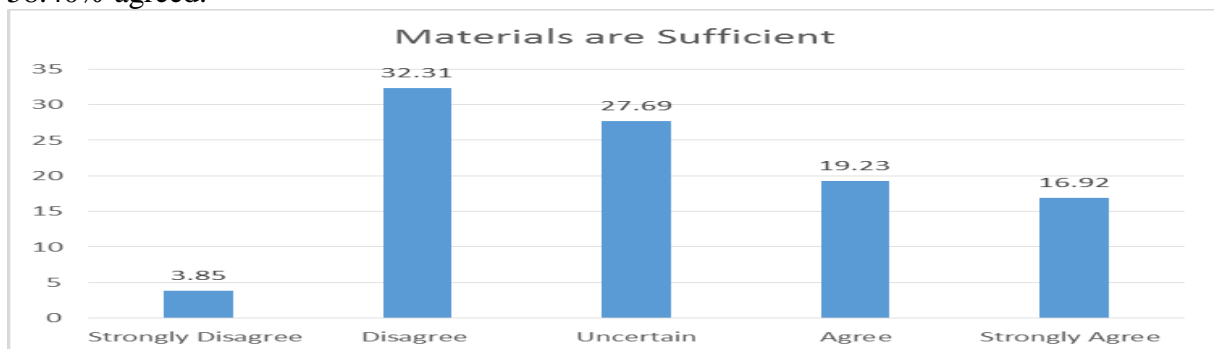


Figure 5: Materials and Supplies are sufficient

4.2.4 ORGANIZATIONAL FACTORS

The organisational factors that were investigated include staffing and capacity, remuneration and benefits, staff utilization and retention, leadership and management.

4.2.4.1 Staff Opportunities to Contribute to Policy Making

From figure 6, the findings in regards to staffing capacity, the dimensions indicate that 47 respondents strongly agreed that nurses get opportunities to make inputs into organization policies while 23 agreed representing 5.4% and 17.7% which is below 50% overall indicating they do not have strong voice. Staffs need to be engaged in decision making, a principle that many healthcare facilities in Kajiado do not hold. A figure of 23% accepting that they are involved in decision making is low as it is expected that majority if not all the staff to be involved in decision making to enhance the ownership of healthcare programs.

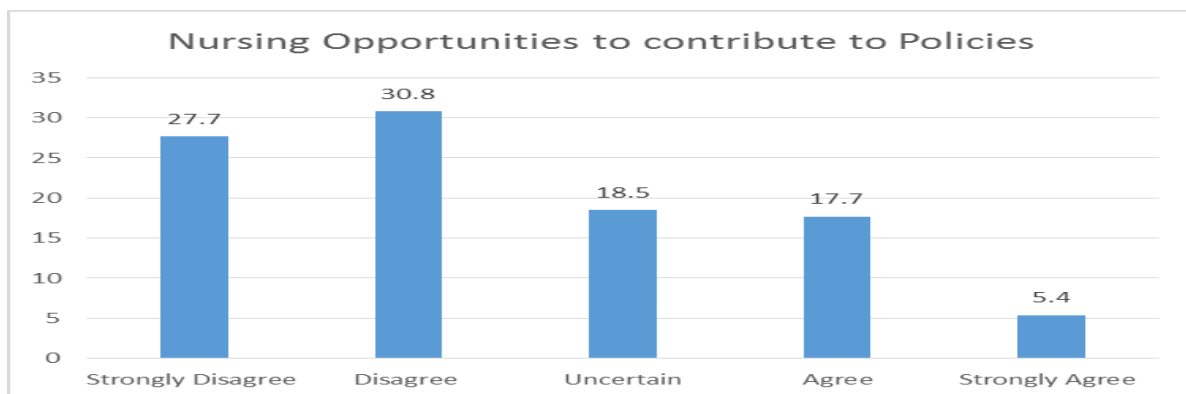


Figure 6: Nursing Opportunities to Contribute to Policies

4.2.4.1.1 Flexible Working Schedule

In regards to if there are opportunities exist for flexible work schedule, 7 respondents strongly agreed while 28 respondents agreed representing 5.4% and 21.5% respectively (a total of 27%) indicating that still there are no flexible work schedule meaning that the nurses are overworked. Over 63% of nurses in Kajiado disagreed that there was flexible working schedule that favored them at work. Figure 7 shows the results;

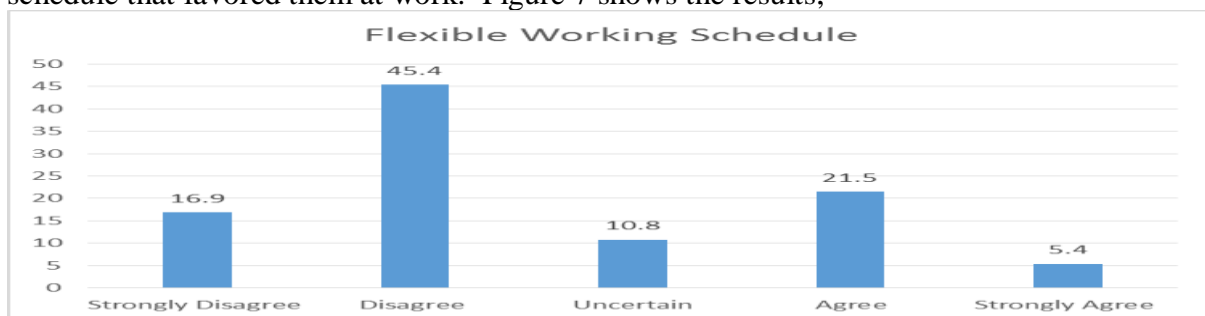


Figure 7 Flexible Working Hours

Nurses having flexible working periods enable them to have work-life balance that can further enhance their productivity. The study also sought to establish whether the overall working schedule was fair. On regards to overall work schedule was fair, 20 respondents strongly agreed while 8 agreed representing 15.4% and 6.2% respectively making it 22% while those who viewed the working schedule as unfair were the majority at 79% pointing to the need by the department of health in Kajiado to make their staff's working schedule flexible.

4.2.4.1.2 Overtime Work at Workplace

On regards to overtime work is acceptable, 2 respondents strongly agreed while 19 respondents agreed representing 1.5% and 14.6% respectively (a total 16% agreeing). Those who disagreed that overtime work was accepted and paid for were 58% and those uncertain were 27% making those who were against the assertion that overtime work is accepted and paid for in Kajiado county hospitals 84%. Figure

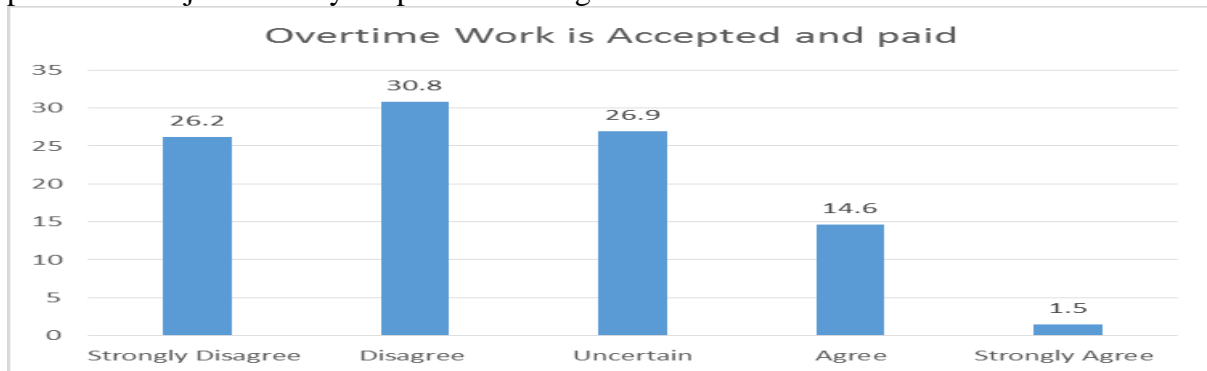


Figure 8 Overtime work accepted and paid for

With a high number at 84% disagreeing that nurses are paid to work overtime, it clearly points out that nurses are demoralized with the work conditions and pay as they feel they are not appreciated.

4.2.4.1.3 Work balance between Supervisors and Employees

On regards to good balance between people who supervise and who work, 20 strongly agreed while 40 agreed.

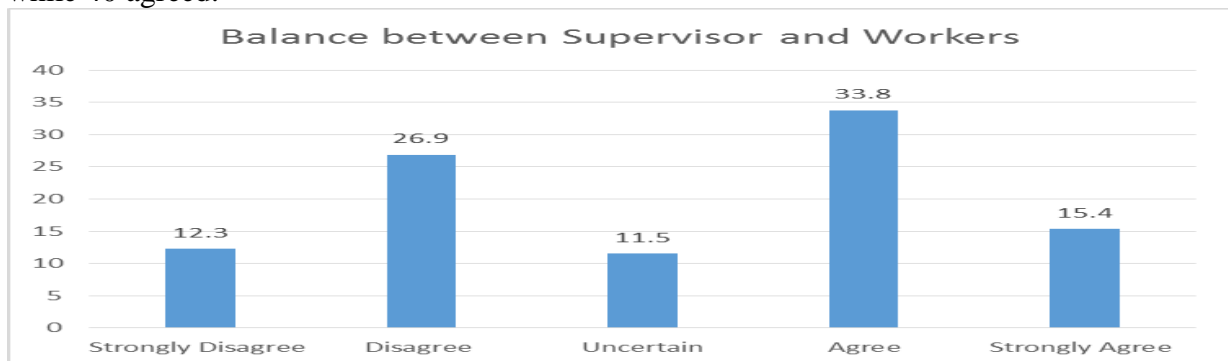


Figure 9: Balance between supervisors and Employees

The balance between supervisor and workers was established to be there as those who agreed to that were 49% against those who disagreed at 39%. It was seen that there was balance between supervisors and workers. A study on nurses' supervisor-employee balance by Stimpfel et al (2012) indicated that majority of workers had near adequate supervision only that longer working hours were preventing them from delivering on their mandates.

4.2.4.1.3 Staff Work Load

In regards to sufficient staff to cover work load, 9 strongly agreed while 19 agreed. Staffing was an issue that many nurses pointed as an issue as it affects their workload. Over 79% of

respondents disagreed that there was sufficient staff for the available workload. Only 22% of the nurses agreed that there was sufficient staff for the workload given as shown in figure 10

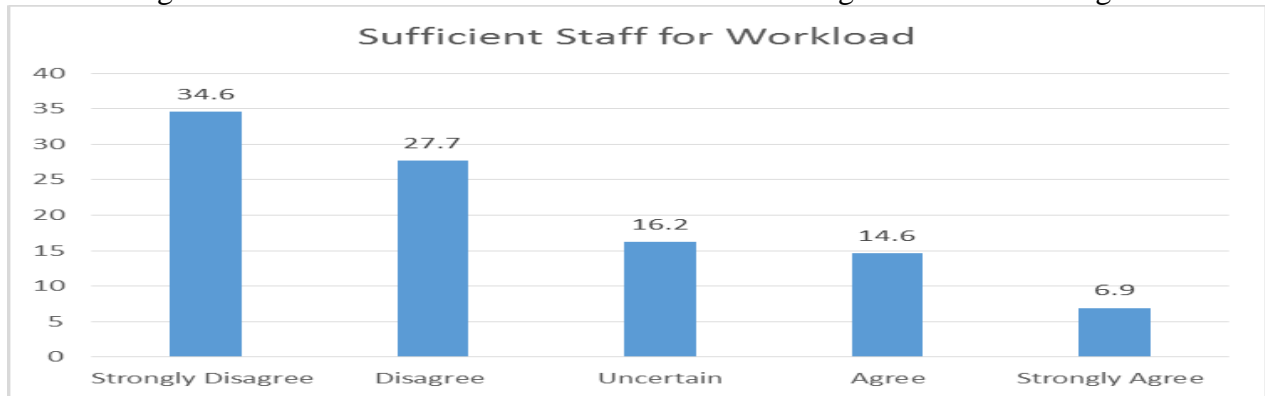


Figure 10 Staffing at the Workplace

Duffield et al (2011) was of the opinion that nursing staffing and nursing work environment was a function of nursing workload and consequently patient outcome. Nurse staffing thus affects how nurses perform and also affects patients’ outcomes.

4.2.4.2 Competitive Remuneration and Benefits

The results in graph 11 relating to dimensions relating to remuneration and benefits. on regards to remuneration was competitive, 5 respondents strongly agreed while 4 agreed representing 3.8% and 3.1 % respectively indicating that the nurses were not satisfied to the salaries they receive. Over 66% of the respondents disagreed that their remuneration was competitive with 27% of the respondents being uncertain. Figure 11 shows the results;

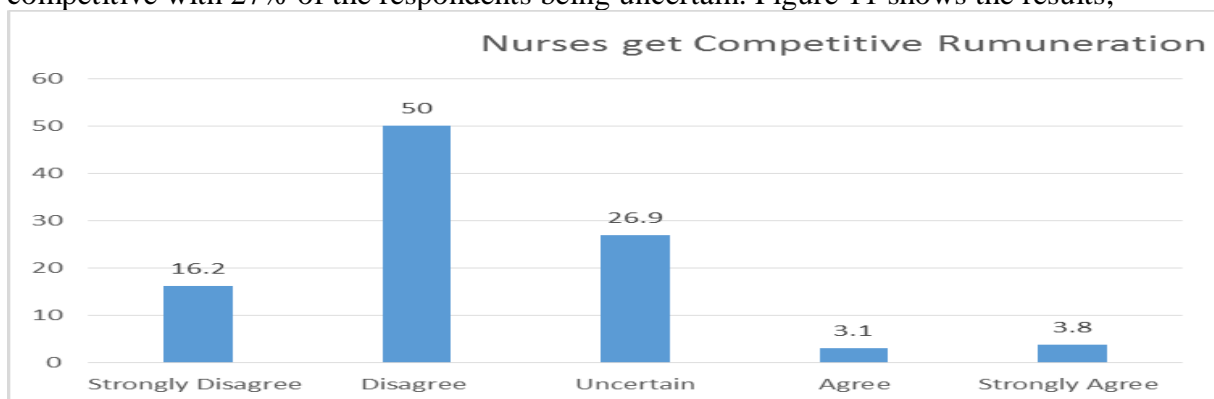


Figure 11 Nurses get competitive remuneration

From the study, over 66% of the respondents were of the opinion that nurses did not get competitive remuneration. Those who were of the opinion that nurses got adequate salaries were only 7% underlying the reasons why the majority of nurses feel demoralized over work.

4.2.4.2.1 Remuneration versus Job Responsibility

On regard to whether the remuneration was in accordance with job responsibility, 5 respondents strongly agreed while 27 respondents agreed representing 3.8% and 20.8% respectively. A massive 75% disagreed that their remuneration was in accordance with their job responsibilities allocated. The work thus points to the assertion that nurses are underpaid and overworked at the same time. Figure 12 shows the results;

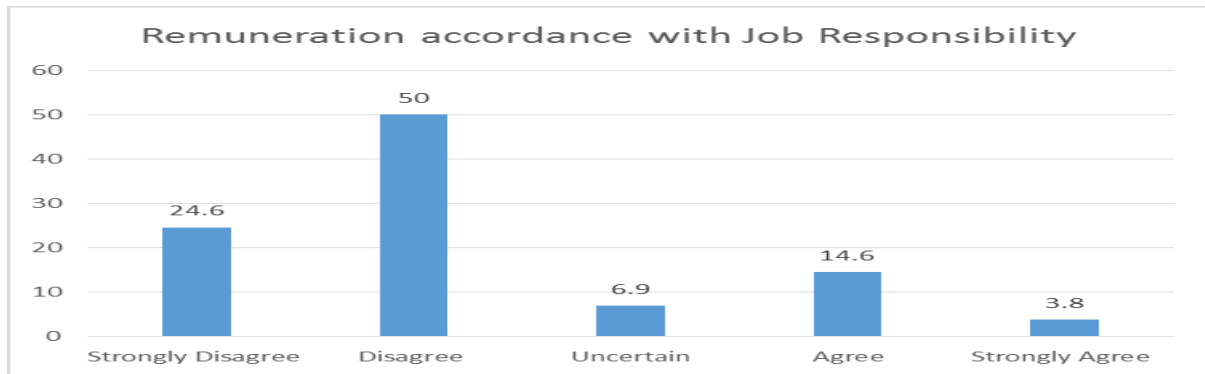


Figure 12: Remuneration accordance with job responsibility

Knowledge and Satisfaction of Fringe Benefits

On regards to fringe benefits were known to the nurses, 9 respondents were strongly agreed while 33 respondents agreed representing 6.9% and 25.45 respectively. Over 68% of nurses were not aware of their fringe benefits, pointing to a big knowledge gap about the available fridge gaps available for them. Over 32% of the respondents agreed to knowing their fringe rights, a relatively low number since nurses and other professionals should know their rights and work privileges. On whether the staff were satisfied with fringe benefits 5 respondents strongly agreed while 6 respondents agreed representing 3.85 and 4.6%. Figure 13 shows how the respondents felt satisfied with the fringe benefits given;

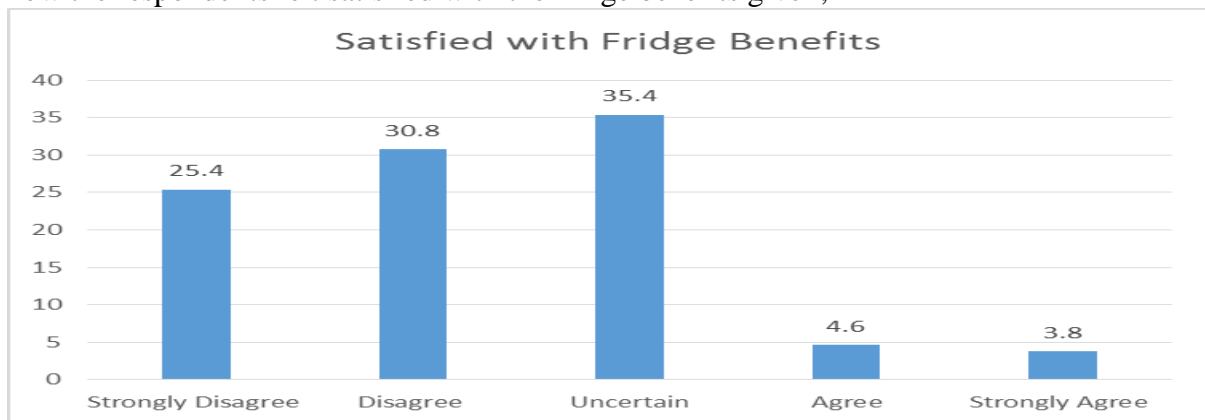


Figure 13 Satisfaction with Fringe Benefits

On opportunities for career advancement 11 respondents strongly agreed while 60 respondents agreed representing 8.5% and 46.2% respectively, making it 55% for those who agreed. twenty-four percent disagreed that there were opportunities for growth at their workplace, indicating that Kajiado County hospitals provided an averagely opportunities for their staff to improve.

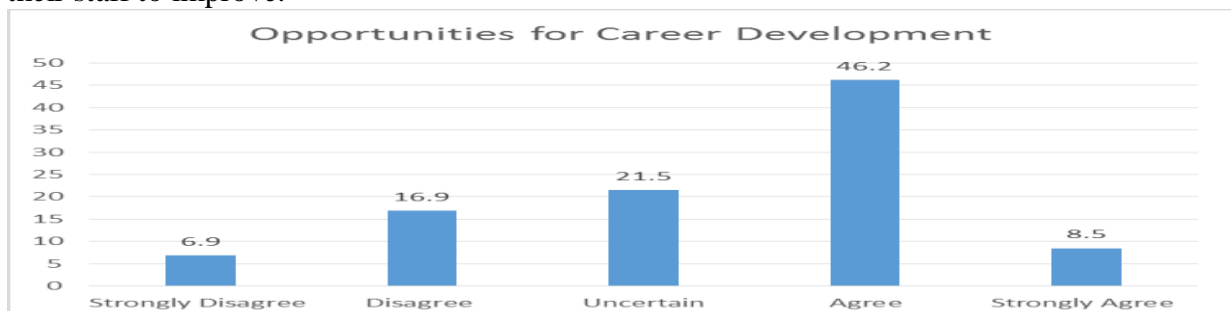


Figure 14 Opportunities for career development

From the study, it was found out that nurses felt that opportunities for growth were available thus motivating employee’ work morale and consequently performance. Career opportunities are also meant to facilitate conducive working environment for staff, making it an integral element affecting nurse performance.

Recognition of Hardworking Nurses

On regards to whether hardworking nurses are recognized, 11 respondents strongly agreed while 23 agreed representing 8.55 and 21.5% respectively, making it 30% of the nurses who agreed that nurses were rewarded for their hard work. Over 70% of the respondents did not agree that hardworking nurses were rewarded thus pointing to the need by the Kajiado County health department to devise a strategy to reward and promote hardworking nurses.

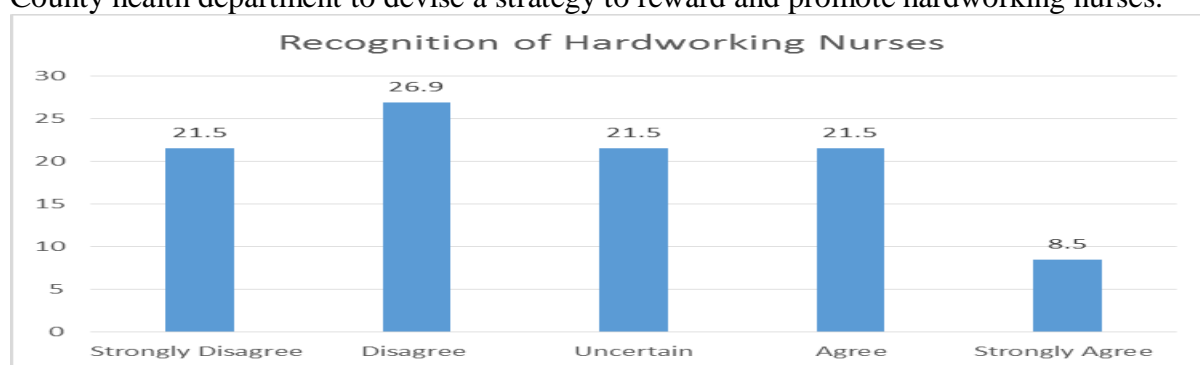


Figure 15 Recognition of Hardworking Nurses

The following table presents dimensions relating to Staff utilization and retention.

Table 9: Dimensions relating Staff utilization and retention

Item (sub-variable)	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Opportunities for advancing exist	3.1	16.2	26.2	51.5	3.1
Good opportunities available for continuing education	8.5	13.1	40	38.5	0
Necessary training given to ensure job effectiveness	0	20	36.9	43.1	0
Job specific refresher courses available	3.1	30.8	23.1	36.2	6.9
In-service training adequately addresses skill gaps	6.9	10	40	40	3.1
Incompetent nurses identified and provided with necessary support	33.8	27.7	23.8	10	4.6
Good leadership/management training available	6.9	29.2	36.9	22.3	4.6
Professional nurses identifying their staff development needs	3.1	19.2	42.3	29.2	6.2

Table 10 shows the dimensions regarding to staff utilization and retention. On regards to whether opportunities for advancing exist, 4 respondents strongly agreed while 67 agreed representing 3.1% and 51.5% respectively, making it 55% who were of the opinion that there were opportunities for their career development. Those who disagreed on whether there were opportunities to advance were 46%, a substantial number that points out that nurses are

dissatisfied with the available opportunities for their career advancement. Figure 4. 23 shows how the nurses responded to the prompt on whether there were adequate opportunities for their professional growth;

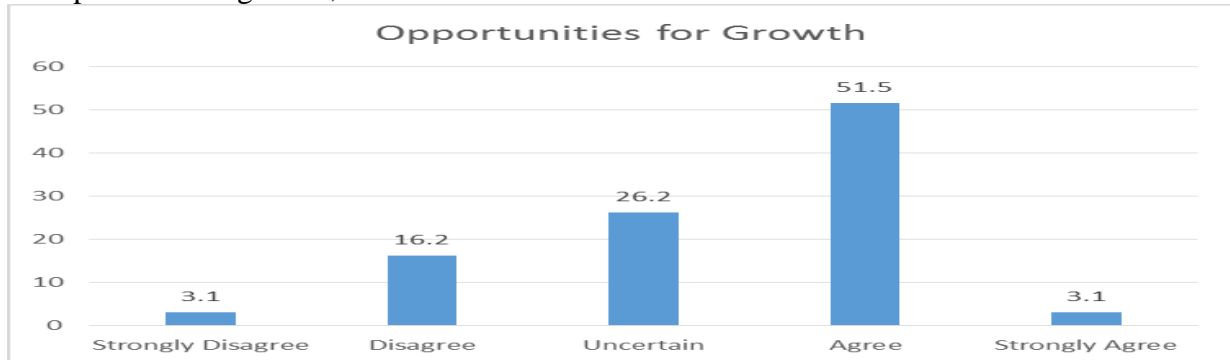


Figure 16: Opportunities for Growth

On regards to good opportunities available for continuing education, 50 respondents agreed, representing 38.8%, with zero (0%) strongly agreeing that there were good opportunities for continued education. Those who did not agree were 22% pointing to the need by the health department in the county to work on providing adequate opportunities for continued education. The findings were supported by Stimpfel et al (2012) who opined that job satisfaction was a function of continued education and regular training. On regards to Necessary training given to ensure job effectiveness, 56 respondents representing 43.1%, those who were uncertain were 37% representing a high number of staff who were not sure of their need for necessary training at job. On Job specific refresher courses available, 9 respondents strongly agreed representing 6.9% while 47 respondents agreed representing 36.2%, a total of 43% who strongly agreed that they got job specific refresher courses. On regards to In-service training adequately addresses skill gaps, 4 strongly agreed while 52 agreed. On regards Incompetent nurses identified and provided with necessary support, 6 strongly agreed while 13 agreed. On regards to god leadership/management training available, 6 strongly agreed while 4 agreed. On Professional nurses identifying their staff development needs, 8 strongly agreed while 38 agreed.

From the qualitative part, it was found that majority of the respondents felt that there were limited opportunities for their career growth, and that there were no good opportunities available for continued education among the nurses. Majority of the respondents also felt that they needed in-service training to be able to handle their jobs efficiently.

Table 11 Dimensions relating Leadership and Management

Item (sub-variable %)	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Leadership style management philosophy manifests itself in practice	17.7	15.4	36.2	30.8	0
Problem solving more successful when managed by the supervisor than the specific subordinates	21.5	40.8	37.7	0	0
Nurse managers should possess adequate communication skills	3.1	6.2	14.6	76.2	0
Heavy workload of managers makes them unexpected to have training functions	3.1	25.4	36.2	35.4	0
Personnel management can be managed by personnel department	13.1	20.8	20.8	45.4	0
Extrinsic motivation of employees involves stimulation of goal achievement	3.8	37.7	28.5	30	0
Management's leadership style effect on the level of performance inclinations	8.9	15.3	21.8	50.8	3.2
Authority position is required in management position to ensure successful influencing of subordinates.	0	16.2	24.6	56.2	3.1
Participative management involves shared decision making	0	14.6	8.5	70	6.9
Employees receiving feedback concerning their performance are more highly motivated	0	14.6	20	55.4	10.0s

From table 11 the findings in regards to leadership style and management philosophy, the dimensions indicate that 40 respondents agreed representing 30.8. Over 69% of the respondents were disagreeing that leadership style management philosophy was manifesting itself in their practices, a concern that the management might need to improve on their oversight, coordination, and directing functions.

In regards to Problem solving more successful when managed by the supervisor than the specific subordinates, none strongly agreed nor agreed. On regards to whether heavy workload of managers makes them unexpected to have training functions 46 agreed representing 35.4%, and those disagreeing were 65% pointing to the need by managers not to base their not training on workload, as majority of the respondents did not feel that managers were overworked, or overloaded. On regards whether the Personnel management can be managed by personnel department, 59 respondents agreed representing 45.4%, against 55% who disagreed on the statement. On regards to whether extrinsic motivation of employees involves stimulation of goal achievement 39 respondents agreed representing 30%. On whether Management's leadership style effect on the level of performance inclinations, 4 strongly agreed while 63 agreed. On whether Participative management involves shared decision making, 9 strongly agreed while 91 agreed contributing to 77% of respondents who agreed that management had participative decision making, an element that is commendable on the part of management of nurses in Kajiado. On whether the Employees receiving feedback concerning their performance are more highly motivated, 13 strongly agreed while 72 agreed. Most of the respondents delivered on their work with little supervision hence the

leadership skills were not very evident from the managers' side (n=4). Stimulations were rare among the nurses as 70% disagreed that they performed frequent simulations. It was however noted that management was concerned about employees' performance with nearly all interviewees agreeing that the management was concerned on their performance.

4.8 PERFORMANCE MEASUREMENT

The following table presents results on performance measurement. Dimensions on Nurses' satisfaction levels on Performance are discussed below.

Table 12: Dimensions relating Nurses' satisfaction levels on Performance

Item (sub-variable %)	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Skilled competent people are good at their jobs	0	0	6.9	63.1	30
Performance is judged more by how much work I do than by how well I do it.	11.5	1.5	13.1	37.7	36.2
My work is rewarding	0	17.7	20	27.7	34.6
I am afraid to express my ideas and opinions	13.8	18.5	23.8	23.8	20
Doing this job makes me feel good about myself	3.8	3.1	5.4	42.3	45.4
I am subject to personal criticism and abuse	27.7	28.5	3.8	16.9	23.1
More energy put into identifying mistakes than into figuring out how to do things right.	14.6	29.2	3.8	19.2	33.1
I do not like the way the organization operates	6.6	22.1	17.6	29.4	19.9
I am proud to tell people I work for this organization	3.8	7.7	26.9	51.5	10
Not included in hospital/ward in activities or made to feel part of the team.	30.8	32.3	3.8	25.4	7.7
I am constantly seeking out new challenges at work	7.7	20	6.9	52.3	13.1
Community I live in has the highest regards for my organization	3.8	15.4	6.9	47.7	26.2

Table 12 the respondents indicates findings on performance measurement dimensions. On regards to whether Skilled competent people are good at their jobs, 39 strongly agreed while 82 agreed, making it 93% of the total respondents agreeing that the skills they possessed were good in helping delivery of their roles. On regards to whether Performance is judged more by how nurses work than by how well they do, 49 respondents agreed, making it 74% for those agreeing. On regards whether their work is rewarding, 45 respondents strongly agreed while 36 agreed. On regards to whether they are afraid to express my ideas and opinions, 26 strongly agreed and 31 agreed. On whether nurses doing their job makes them feel good

about themselves, 59 strongly agreed while 55 agreed, contributing to 88% of the respondents. In regards to personal criticism and abuse, 30 strongly agreed while 22 agreed, making it to 40% of respondents agreeing while those who disagreed were 56% exposing the lack of positive criticism that has been associated with improved employee performance. In regards whether they put more energy into identifying mistakes than into figuring out how to do things right, 43 strongly agreed while 25 agreed, making it 52% as opposed to those who disagreed at 44%. The findings point to the need by the management into identifying loopholes in the functioning of the healthcare facilities and improving them. On regards to whether they are proud to tell people I work for this organization, 13 strongly while 67 agreed, making it 62% of the total respondents. On regards whether the nurses do not like the way the organization operates, 27 respondents strongly agreed while 40 agreed, making a 49% of the total population agreeing. On regards to whether nurses are not included in hospital/ward in activities or made to feel part of the team, 10 respondents strongly agreed while 33 agreed, contributing to 33% of the respondents. On whether nurses are constantly seeking out new challenges at work, 17 strongly agreed while 68 agreed representing 13.1% and 52.3% respectively. On whether Participative management involves shared decision making, 9 strongly agreed while 91 agreed. On whether the Community I live in has the highest regards for my organization, 34 strongly agreed while 62 agreed representing 47.7% and 26.2% respectively. The facilities had high support from the community as only 19% disagreed that the community held the organizations in high esteem.

Table 13: Dimensions relating Nurses' perception on performance

Item (sub-variable)	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Different department or programmes try to help each other	3.8	15.4	6.9	47.7	26.2
Most know how their work contributes to this organization	0	8.5	21.5	21.5	25.4
I receive prompt acknowledgment and recognition for doing a good job.	13.1	30.8	16.2	20.8	19.2
People I work with are comfortable to in suggesting changes and improvements to each other	8.5	13.1	14.6	45.4	18.5
Senior managers are open to new ideas and suggestions	3.8	19.2	20	28.5	28.5
I am clear about the objectives I need to achieve	0	0	14.6	43.1	42.3
There is great cooperation in this organization	3.8	13.1	30.8	33.8	18.5
Ideas for improving work usually are listened by the supervisor/manager	0	20	17.7	32.3	30
My work contributes to the organization's performance	0	0	17.7	49.2	33.1
My pay is competitive to other similar organizations	17.7	28.5	17.7	19.2	5.4
Colleagues' value my contribution	3.8	3.1	38.5	37.7	16.9

From Table 14 it indicates the findings relating nurses' perception on performance performance. On regards whether Different department or programmes try to help each other, 43 respondents strongly agreed while 48 agreed (making it 74%). On regards to whether Most know how their work contributes to this organization, 33 respondents strongly agreed and 58 agreed, leading to 47% of the total respondents agreeing. On whether they receive prompt acknowledgment and recognition for doing a good job, 25 respondents strongly agreed while 27 agreed, making it slightly over 40% of the respondents agreeing against 60% disagreeing on them receiving prompt acknowledgement. On regards whether People they work with are comfortable to in suggesting changes and improvements to each other, 24 respondents strongly agreed while 59 agreed, leading to 64% of the respondents agreeing. On regards to whether their senior managers are open to new ideas and suggestions, 25 respondents strongly agreed and 5 agreed, 57% overall, agreed that senior managers were open on their new ideas to the nurses. On regards to whether there is a clear about the objectives they need to achieve 55 respondents strongly agreed and 56 agreed. On whether there is great cooperation in this organization, 24 respondents strongly agreed while 44 agreed. On regards whether their Ideas for improving work usually are listened by the supervisor/manager, 39 respondents strongly agreed while 42 agreed. On regards to whether their work contributes to the organization's performance, 43 respondents strongly agreed and 64 agreed. On whether their pay is competitive to other similar organizations, 7 respondents strongly agreed while 25 agreed. In regards whether Colleagues' value their contribution, 22 respondents strongly agreed 49 while agreed representing 16.9% and 37.7% respectively. From the qualitative study, it was found out that different departments worked together to coordinate and deliver on the overall nurses' mandate. The interviewees also pointed out that they do not receive prompt recognitions on their work contributions. Over 90% of the respondents were also clear on their objectives they needed to achieve.

Table 14: Dimensions relating system in place in measuring Nurses performance

Item (sub-variable)	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Organization has a system for collecting and tracking staff performance data	3.8	16.2	10.8	36.2	33.1
Individual nurse performance is measured regularly	11.5	19.5	27.4	37.2	4.4
My performance is evaluated based on my job description	10	11.5	30.8	30.8	16.9
Hospital has defined ways on how to measure individual activity performance	4.6	12.3	46.2	20	16.9
Performance standard expected from staff are clear and understood by all	0	17.7	33.8	28.5	20
I am fully aware of the procedures used to measure my performance	0	16.2	46.2	14.6	23.1

Table 15 indicates findings relating system in place in measuring Nurses performance. On regards to whether Organization has a system for collecting and tracking staff performance

data, 43 respondents strongly agreed while 47 agreed representing 33.1% and 36.2 %. On regards to whether Individual nurse performance is measured regularly 5 respondents strongly agreed while 42 agrees representing 4.4% and 37.2% respectively. On regards whether their My performance is evaluated based on their job description 22 respondents strongly agreed while 40 agreed representing 16.8% and 30.9% respectively. On regards to whether they are Hospital has defined ways on how to measure individual activity performance, 22 respondents strongly agreed and 26 agreed. On whether nurses Performance standard expected from staff are clear and understood by all, 26 respondents strongly agreed while 37 agreed. In regards whether they are fully aware of the procedures used to measure their performance, 30 respondents strongly agreed 19 while agreed representing 23.6% and 14.1% respectively.

The following table indicates how Performance review for various categories of employees are reviewed.

Table 15:Dimensions used Performance review for various categories of employees

Performance review for various categories of employees	No of respondents	Percent
1	102	78.5
2	5	3.8
3	4	3.1
4	19	14.6
5	0	0

Table 15 Indicates the results on Performance review for various categories of employees. Majority of Nurses 102 representing 78.5% alluded that a formal system of regular reviews involving discussions about past performances and greed actions for the future. The information is also shown on figure 4.24 as shown;

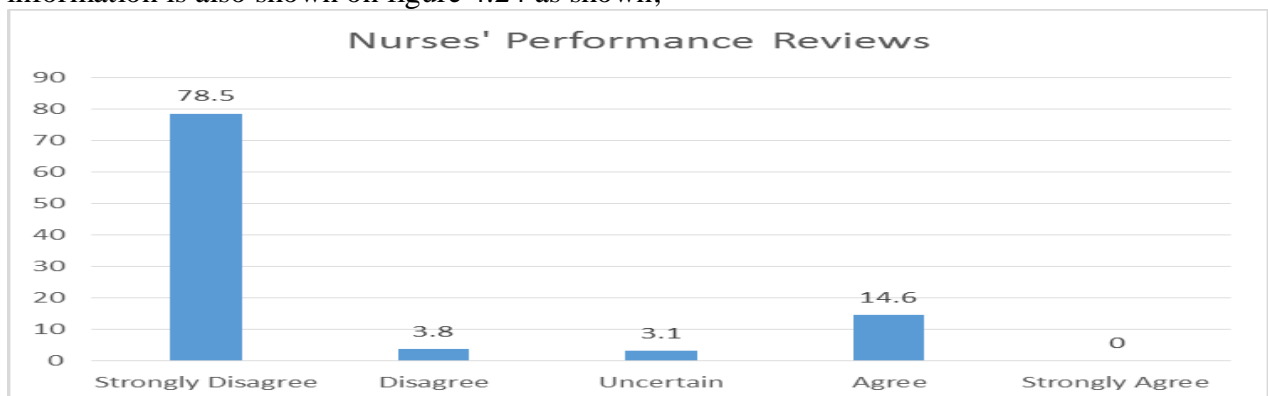


Figure 17: Nurses' Performance reviews

From the qualitative study, it was found out that the management did not perform performance reviews hence failing to execute a managerial function. It is through the managerial performance reviews that best performing nurses are rewarded and the low performing ones are identified, re-trained and special attention given to them. A The following table indicates how the performance system appraisal results are used.

Table 16: Uses of Performance system appraisal

Performance appraisal system utilization	No of respondents	Percent
1	1	.8
2	50	38.5
3	11	8.5
4	9	6.9
5	47	36.2

Table 16 indicates that I regards to performance system appraisal, Majority of Nurses felt that it was used for promotion representing 39%. Also 36% felt that it was used for rotational purposes in the wards.

Overall the nurses alluded that there were enough doctors and consultants and there was teamwork. What they liked least when working in the organization is that they were; overworking/inadequate facilities, language barrier, low pay, warning letters, poor food, handling of staff during disciplinary issues, shortage of staffs, poor cooperation from old and experienced nurses, lack of work recognition, exclusion in problem solving, poor public image, manual working schedules ie in documentation, lack of staff motivation, lack of promotions. Changes they liked to be improved by the organization were; introduction of private wing, increase of equipment, increase of salary, capacity building, increase staff, staffing, capacity building improves working environment, increase staffing recognition of nurses in their good work, to bring about inclusivity when problem solving communication improve infrastructure, supply of equipment should be timely and in good condition installation of ERP system to aid in nursing operation.

4.3 Regression Results

The regression results show the relationship between variables, that is the independent variables, versus the dependent variable.

Table 17 Regression Results

ANOVAa					
Model	Sum of Squares	df	Mean Square	F	Sig.
1. Regression	32.766	129	10.922	42.195	.000
Residual	18.119	125	0.259		
Total	50.885	124			
a. Dependent Nurses Performance,					
b. Predictors: (Constant), competence of nurses, the work environment, organizational factors and policy practice					

From the ANOVA table of analysis, all the three independent variables were significant influencers of nurse performance at Kajiado healthcare facilities, with significance being at 0.00, at a 129 df (degrees of freedom).

4.3.1 Regression Analysis

From the regression analysis, the three independent factors were significant predictors of nurse performance

Table 18:Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	-1.239	0.518		-2.391	0.02
Competence of Nurses	0.882	0.098	0.69	9.033	0
Work Environment	-0.361	0.131	-0.241	-2.753	0.008
Organizational factors and policy practice	0.717	0.094	0.642	7.597	0
a. Dependent Variable: Nurses Performance					
Independent variables: competence of nurses, the work environment, organizational factors and policy practice					

5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of Findings

The study found out that most of the respondents were confident in their abilities. However some nurses needed improvement in some areas such as communication skills, planning skills and ability to handle complex and fragile situations. The study also found out that Under Organization factors, the dimensions relating to staffing and capacity building, remuneration and benefits, leadership and management indicated that overall, the nurses felt that there is need for the sector to pay well the personnel to look on the above aspects. The findings also indicated that under environmental factors; the dimensions relating to working space was analysed. The research established that the respondents had a positive attitude towards their working environment. The study revealed that, more than 70% of the respondents reported that with combination of strongly agreed and agreed; their working environment was safe and free from hazards and infection control strategy guidelines are available

5.2 Conclusions

The research study concluded that most nurses had good competency levels; they however need to be more trained to due to dynamic environmental changes of the health sector. Most nurses hold diplomas and there is a need to graduate them to degree holders. Almost all of study respondents had positive attitude towards the appraisal methods and techniques. This seems that nurses' attitude towards the nursing process is not a factor affecting the effectiveness and efficiency of work performance. From the socio-demographic

characteristics, only educational status has direct statistically significant relationship with the knowledge of nurses on nursing process. The research also concluded that that availability of the resources was another determinant factor of improving work performance of nurses in tier three hospitals through integrating extraneous motivational aspects. Majority of the respondents indicated that there are inadequate resources at their respective district hospitals and that unavailability of the resources and inadequate institutional factors was another determinant of motivating the staff and hence better work performance.

5.3 Recommendations

The study recommended that Nurses working in third tier hospitals should be taken through refresher courses increase their knowledge on nursing care, management, evaluation and record keeping. For a health facility to run effectively, activities such as clinical duties, patient-centered and administrative tasks, and workspace maintenance must be performed in a regular basis. The study also recommended that the county government should invest in improving both internal and external environmental factors which positively affect the performance of the health workers

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