DEVELOPING STRATEGIES TO FACILITATE THE MOTIVATION OF NURSES RENDERING QUALITY PATIENT CARE IN RURAL HOSPITALS: AN APPRECIATIVE INQUIRY APPROACH

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Declaration

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I, Takalani Rhoda Luhalima, declare that the thesis

DEVELOPING STRATEGIES TO FACILITATE THE MOTIVATION OF NURSES RENDERING QUALITY PATIENT CARE IN RURAL HOSPITALS: AN APPRECIATIVE INQUIRY

is my own original work and that it has not been submitted before for any degree or examination at any other institution. All the sources that have been used or quoted have been acknowledged by means of complete references in the text and bibliography.

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TAKALANI RHODA LUHALIMA **DATE**

DEDICATION

This thesis is dedicated to my late father, Marubini Johannes Thiba, who loved me dearly and believed in me. It is he who instilled in me the courage to achieve whatever I strive for; it is he who told me that whatever I choose to do, I can.

All gratitude goes to my dear husband, Ndwakhulu Isaac Luhalima, my son, Dembe, and my daughters, Murendeni and Zwivhuya. Thank you very much for the support, motivation and encouragement you provided throughout the duration of my studies.

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ABSTRACT

DEVELOPING STRATEGIES TO FACILITATE THE MOTIVATION OF NURSES RENDERING QUALITY PATIENT CARE IN RURAL HOSPITALS: AN APPRECIATIVE INQUIRY APPROACH

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Background and objectives: The purpose of the study was to develop strategies to facilitate nurses' motivation for rendering quality patient care in a rural hospital using an Appreciative Inquiry approach. The objectives of the study were to determine the positive aspects that the nurses value about the work environment, the nursing profession and their organisation and to develop strategies to facilitate nurses' motivation to render quality patient care in rural hospitals. The strategies that were developed may be used to motivate nurses in rural hospitals or be used by nurse managers and supervisors in similar poorly resourced rural hospitals in developing countries.

Methods: An Appreciative Inquiry approach with a qualitative, exploratory, descriptive research design was used. Data were collected through individual semi-structured interviews and focus groups. Twenty participants were interviewed. The researcher employed Marshall and Rossman's model and that of Tesch to analyse the data. The principles of Guba and Lincoln were used to ensure the trustworthiness; credibility; transferability, dependability, conformability and authenticity of the findings.

Results: The findings revealed that factors that motivated nurses were effective feedback about their performance and for them to be involved in decision making.

Conclusions: The strategies to facilitate motivation of nurses were intended for use by all managers in rural hospitals. They would also be useful to motivate nurses in similar poorly resourced rural hospitals in developing countries.

KEY WORDS: Motivation strategies, nurses, rural hospital.

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LIST OF ABBREVIATIONS AND ACRONYMS

4- D Cycle : Discovery Dream Design and Destiny

5-D Cycle : Definition Discovery Dream Design and Destiny

AI : Appreciative Inquiry

AIDS : Acquired immunodeficiency syndrome

CEO : Chief Executive Officer

CPD : Continuous Professional Development

DHS : District Health Services

DPSA : Department of Public Service and Administration

GPD : Gross Domestic Product

HIV : Human immunodeficiency virus

NDoH : National Department of Health

NGT : Nominal Group Technique

NHS : National Health System

OSD : Occupational Specific Dispensation

PHC : Primary Health Care

PMS : Performance Management System

POP : Plaster of Paris

RAN : Registered Auxiliary Nurse

RPN : Registered Professional Nurse

RSN : Registered Staff Nurse

SAHRC : South African Human Research Commission

SANC : South African Nursing Council

SOAR : Strength Opportunities Aspirations and Results

SWOT : Strength Weakness Opportunities Threats

WHO : World Health Organization

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

In this study an Appreciative Inquiry (AI) was used in the endeavour to develop strategies for nurses' motivation thereby promoting a positive work environment for them to render quality patient care in rural hospitals. This chapter outlines the study background and rationale, statement of the problem, research questions, the aim and the objectives of the study, research design and methodology, data collection and analysis. The key terms used in the study are also defined.

1. 2 BACKGROUND AND RATIONALE

"Nurses" obligation is to render quality patient care in a work environment that is engaging and motivating, where nurses want to "stay, grow, and contribute their knowledge, experience, attributes, skills and expertise" (Hughes 2008: n.p).

In light of the aforementioned, the deterioration of the standard of provision of nursing care in rural hospitals remains a huge challenge in South Africa (SA). The root causes of this problem are varied and include, among others, the shortage of trained professional nurses and nurse specialists, the shortage of equipment and inadequate treatment modalities and poor infrastructure in hospitals and clinics (Coomber & Barriball 2007: 2). These challenges create a lack of safety and security and decrease the morale of the nurses in the workplace. Brannigan (2009: 16). Coomber & Barriball (2007: 2); Fongqo (2009: 58); Jishi (2009: 18); South African Human Research Commissions [SAHRC] (2009: 4); Vhuromu & Davhana-Maselesele (2009: 63) and Zondagh (2004: 20) adds that with a considerable shortage of nurse specialists the number of nurses per patient becomes inadequate and thus puts the patients at risk of receiving poor nursing care. Also, a decreased morale among the nursing staff contributes to absenteeism, the lack of motivation, an increased staff turnover as well as staff experiencing increasing levels of stress, depression and, finally, burnout (Zurmehly, Martin & Fitzpatrick 2009: 383).

The role of managers in a health establishment is to ensure that the work is performed in a favourable work environment and with all the necessary resources that enable the employees to render quality care for the benefit of the patients (Germain & Cummings 2010: 433). However, if the employees themselves do not know what their needs are, it is difficult for the employer to support the employees' aspirations (Germain & Cummings 2010: 434).

There are several factors that motivate an employee to perform his or her work to the best of his or her ability. According to Herzberg (1968: 50-60), factors such as the work itself, achievement, responsibility, promotion, growth and recognition can motivate an individual to perform effectively; however, to be motivated ultimately still depends on the person's desire to perform better or to disregard any such motivational feelings. Conducting the current study was important as it was perceived necessary to find out from the employees who were actually performing the work hands-on what it was that motivated them to provide quality patient care in rural hospitals rather than depending on speculations from the managers.

In rural hospitals nurses at times render quality patient care under difficult work circumstances and in a challenging environment. The question that perhaps needs to be asked is: "What is it that motivates nurses to continue rendering quality patient care in rural hospitals?" In favourable or unfavourable work-related situations there are people who work hard and do their best and others that do not. The same principle applies to nurses. However, as mentioned, motivation plays a significant role in the workplace. Hence, it was of interest to the researcher to use an Appreciative Inquiry (AI) to hear the voices of the nurse participants in their context on what the factors were that could better facilitate their motivation to render quality patient care in rural hospitals.

The continuing global shortage of nurses who stay in the health profession that, according to reports from the World Health Organization (WHO) (2006), has reached a crisis level in 57 countries. This poses a challenge mostly in sub-Saharan Africa in the worldwide quest to render work environments conducive to retain nurses in the profession. Many of the poorest countries lack both the human and financial resources to fund, implement and manage retention motivational strategies. Poor

working conditions in developing countries, particularly in sub-Saharan Africa, and attempts to reshape the healthcare sector have failed to respond to the desires of the staff concerning working conditions. Several reports (Dambisiya 2007: 5; Hongoro & Macpake 2004: 3; Serneels, Montalvo, Pettersson, Lievens, Butera, & Kidanu, 2010: 3) have revealed that poor working conditions have a negative impact on retention of health workers in the public rural hospitals. This is one of the main reasons why a growing number of health personnel seek other opportunities abroad or in private hospitals. Again, studies conducted in Zambia (Mulenga 2010: 2) and in Rwanda and Ethiopia (Serneels et al. 2010: 3) support the notion that nurses working in rural hospitals are rendering patient care in challenging work environments with limited resources and poor health outcomes.

Nurses working in the rural parts of SA also render quality patient care in non-conducive work environments. Such environments prevail mostly in public healthcare services (Fongqo 2009: 58; & Selebe & Minnaar 2007: 53; NDoH 2008: 7; Vhuromu & Davhana-Maselesele 2009: 66-67). Confirming this view, a report from the SAHRC (2009: 4) reveals that shortages are experienced throughout all nine of the country's provinces. Moreover, the shortage is most rife in rural areas due to the fact that "skilled health care professionals prefer to work in urban areas where there are better work opportunities, infrastructure and schools for their spouses and children" (Hwara, Ströh, & Smith 2009: 193).

The SA government introduced rural allowances in 2003 to motivate healthcare professionals to work in rural areas (NDoH 2004: 9). However, it remains difficult to reach the targets envisaged as nurses still find that they are faced with the burden of resource shortages that predominate in rural hospitals. Nurses' morale becomes affected and they resign from their posts prematurely. Despite all the challenges there are nurses still motivated enough to continue rendering quality patient care although resources are limited. Positive motivation is also an answer to attaining a competent body of staff members in health organisations. Motivated nurses are needed to ensure quality patient care (Jooste & Kilpert 2002: 15; Sahar 2004: 47-51). Therefore, in the healthcare sectors the managers need to have motivational strategies in place for rendering of quality patient care because in these sectors staff members are dealing with patients' lives.

Motivation is the act or the process of encouraging an employee to take some action to perform better and reach higher goals (Ströh 2001: 59; Teck-Hong & Waheed 2011: 75). Motivation is also referred to as "the outcome of the interaction between a person and a situation" (Robbins, Judge, Odendaal & Roodt 2009: 144). These authors further describe motivation as "a process whereby a person's intensity, direction, and persistence are geared to reach a set goal" (Robbins et al. 2009: 144). As an example, the authors explain in most cases that it is only the individuals who try hard and stay long in their hardships who finally deliver favourable performances. That it is why there are still some nurses who can render quality patient care in rural hospitals despite the poor and inadequate work environments.

Motivation is a serious resource with regard to organisational culture and identity. According to Robbins et al. (2009: 144), motivation is concerned with the behaviour of people and they state that the "level of motivation varies between individuals and within individuals at different times". These authors posit that motivation may therefore be defined as a willingness to exert effort in order to achieve a goal (Robbins et al. 2009: 145). Robbins et al. (2009: 145) describe the four characteristics that underlie the definition of motivation as follows:

- individuals are unique
- everybody has a right to choose
- motivation is a multifaceted arousal and direction of behaviour
- motivation concerns action, internal and external forces which influence a person's choice of action.

1.2.1 Motivation in the workplace

According to Ryan and Deci (2000: 54), there are two types of motivation, namely extrinsic and intrinsic motivation. Extrinsic motivation refers to motivation prompted by outside or external factors such as pay and benefits, supervision, the relationship with co-workers, company policy and administration. In a work environment extrinsic motivation is applicable when the employer utilises motivational factors such as presenting awards for work well done and/or higher salaries to encourage employees. In contrast, intrinsic motivation refers to actions or activities performed out of one's own free will (Beswick 2009: 1; Hunter 2008: 52). One example would

be when nurses choose to perform the work zealously regardless of awards or the lack thereof. Another example would be nurses who want to render quality patient care because they are fulfilled by the actions done and the change in condition or recovery of a patient. Intrinsic motivation originates from genuine interest in the job and differs from extrinsic motivation in that psychological gratification in itself is the reward (Beswick 2009: 2).

Ryan and Deci (2000: 55) indicate that over the years different research studies have proven that the quality of experience and performance can vary when behaving for intrinsic reasons as opposed to extrinsic reasons. These authors define intrinsic motivation as the performing of a task for its inherent purpose rather than gaining any incentive (Ryan & Deci 2000: 55). They further state when an individual is motivated she or he is moved to act without the promise of rewards, incentives, external pressures and punishment. Intrinsic motivation is described as the central energy source to the active nature of organism (Ryan & Deci 2000: 55). In support of Herzberg (1968: 51), Ryan and Deci (2000: 56) propose that factors intrinsic to the work itself such as achievement, responsibility, promotion, growth and recognition are more the source of motivation than of de-motivation, thus indicating that not all behaviours are drive, rewards or external pressure-based (Ryan & Deci, 2000: 56).

Intrinsic motivation comes from within the individual; it is the drive that enables the individual to be productive for the sake of, for example, experiencing or feeling a sense of satisfaction or accomplishment. To be intrinsically motivated at work, the nurse must value job performance and productivity (Marquis & Huston 2006: 445). The intrinsic motivation to achieve is directly related to an individual's level of aspiration. All people are to some degree intrinsically motivated, but it is unrealistic for the organisation to assume that all workers have adequate levels of intrinsic motivation to meet the organisational goals (Marquis & Huston 2006: 446).

Although some nurses are motivated to render quality patient care in spite of the challenging situations in rural hospitals, it is not easy to motivate people in the workplace as they all differ with regard to their motivational triggers. Chung (1977) cited in Booyens (2004: 451) states that motivation "is influenced by the personal characteristics of an individual and by various conditions that exist in the organisation". Additionally, elements of the work environment that are extrinsic

factors to the work itself such as company policy, administration, supervision and working conditions are often regarded as a source of de-motivation if not appropriately applied (Herzberg 1993: 85-90). This could be applicable in a rural hospital where negative extrinsic factors in the nurse's work environment outweigh the benefit of intrinsic factors and leads to de-motivation.

Both extrinsic and intrinsic motivation is essential in the work environment (Beswick 2009: 1; Ryan & Deci 2000: 57). The individual has control over intrinsic factors in the environment while extrinsic factors are controlled by the employers and managers. As all human beings differ from one another, so do nurses. They react differently and are motivated by different factors. Accordingly, the type of factors that motivate an individual nurse is linked to her or his individual needs, aspirations and values. Although Jooste and Kilpert (2002: 14) identify rewards of outstanding service and constructive feedback by managers as valuable extrinsic motivators, they also acknowledge the value of self-motivated nurses for high quality patient care.

Although many studies have been conducted on healthcare services in South Africa, it has not been established what motivates some nurses to excel in their workplace while others lack such motivation. Despite the implementation of extrinsic solutions or strategies such as rural allowance, danger allowance in psychiatric units and Occupational Specific Dispensation (OSD), there is limited literature on the involvement of staff during the development of strategies to motivate nurses in rural areas to render quality patient care.

Bandura (1997) (cited in Robbins et al. 2009: 153) argues that there are four ways in which an individual's motivation can be increased. The first is through *enactive mastery*. Enactive mastery means when an individual has had experience in a task before, there will definitely be the confidence that he or she will be able to do it again as he or she had successfully performed it previously. Secondly, through *vicarious modelling* which is when the employee observes his or her colleague as his or her role model (Bandura cited in Robbins et al. 2009:153). For example, if the nurse convinces him or herself that when his or her colleague renders quality patient care, he or she can also do it. The third way is known as *verbally persuasive.* Nurses become more confident when they are told that they have the necessary skills to be

successful. Currently verbal persuasion is very relevant and is used by national and international motivational speakers to motivate people. Lastly, Bandura argues that *arousal increases efficacy* since it energises the drive to perform and complete the task (Bandura cited in Robbins et al. 2009: 153). In the nursing domain it pertains to nurses being driven to provide and successfully achieve rendering quality care.

In this study quality care referred to what Stewart, McNulty, Griffin, Fitzpatric (2010: 27-34) describes as "the attributes/characteristics of excellence". In nursing it is essential to identify the specific attributes/characteristics of excellence and compile a quality improvement plan. According to Stewart et al. (2010: 27-34), a quality improvement plan is a plan with objectives, thus a plan of action to improve quality patient care. The development of a quality improvement plan is part of the extrinsic factors intended to enhance the facilitation of nurses' motivation as they work while focusing on a set of goals. In the South African context the quality improvement process has three main elements: "the setting of standards, monitoring and evaluation of work performance according to the set standards, and the remedial action to counteract the identified challenges with a view to improving quality patient care" (Alhassan, Spieker, van Ostenberg, Ogink, Nketiah-Amponsah & de Wit 2013: 11-37).

The extrinsic factors serve as a basis for clinical healthcare delivery and interaction by nurses (Alhassan et al, 2013:11-37). These are the interactions or activities in respect of which the process of health standards are set, for example, the administration of medication and other procedures that are performed when rendering patient care. During the process of evaluation and monitoring the nurses receive feedback; results for the achievement are communicated to them so that they can accept ownership and become motivated to render quality nursing care (Germain & Cummings 2010: 425-439; Stewart et al. 2010: 27-34). Furthermore, this also brings a sense of responsibility and accountability for the work done. According to Germain and Cummings (2010: 425-439), nursing performance is centred on quality patient care and measured by patient outcomes and the achievement of organisational goals. In some cases a high level of performance of an employee's motivation is derived from effective management practice. Rogers (2005: 625) argues that to develop motivated employees a manager must treat people as

individuals, empower workers, redesign jobs, create flexibility in the workplace and provide an effective reward system.

Applying the above mentioned aspects to the current study, the researcher assumed that motivation in the workplace can be facilitated. Motives cannot necessarily be seen, but they are an individual power of emotion directed to achieve certain goals (Germain and Cummings (2010: 425-439). Nurses have characteristics, needs, attitudes and expectations. Managers must recognise employees as unique human-beings and employees must be suited to their work. Employees must be self-motivated and be committed to their work environment when rendering patient care (Rogers 2005: 629). This helps them to perform well because they can visualise their goals, enabling them to understand and take steps where necessary to reach them. Self-motivated employees are not afraid of change and are flexible. They are not distracted or taken out of track by changes and challenges. They adapt to different conditions and persevere even though there are obstacles and setbacks. They are not afraid to take risks. On the other hand, employees with low self-motivation have a negative attitude and are unable to perform. They delay their work and are not committed. They conduct bad behaviour and are resistant to change. Low self-motivation creates a difficult workplace not just for that particular individual, but for everyone as a whole (Robbins et al. 2009: 152).

Motivation plays a big role in decision making and overall performance in the workplace. It makes it easy for management to come up with systems of rewarding employees for the work they are doing. It boosts the nurses' morale, or motivation, if their work is being acknowledged and consequently they feel encouraged to perform even better (Franco, Bennett & Kanfer 2002: 1255-1266; Ryan & Deci 2000: 59). Therefore, it is essential to ensure that nurses stays motivated, especially when working in a challenging work environment such as encountered in rural hospitals.

1.2.1.1 Overview of motivation in South Africa's rural health services

In the literature review the researcher examined the history of healthcare in SA to reach an understanding of the comprehensive healthcare services in the country with regard to the motivation of nurses working in rural areas. It is essential to briefly trace the development of the district health services (DHS) in SA. According to the SA National Department of Health (NDoH 2001d: 1) and Mashazi (2002: 7), in the 1990s SA was one of the few countries in the world where an entire transformation of the healthcare system began and the delivery of healthcare was changed according to the principles of the Primary Health Care (PHC) approach.

The development of a district-based healthcare system in SA was part of the broader policy development in the health sector towards a National Health System (NHS) (Swartz & Macgregor 2002: 158). According to Nicholson (2001: 24), Swartz and Macgregor (2002: 157), Mabaso (2006: 22) and Mashazi (2002: 13), the apartheid system was one of the most unequal, fragmented and inefficient health systems in the world. In a fragmented health system more human and material resources are needed; during the apartheid era these resources became profoundly inadequate, especially in rural hospitals. Health systems were duplicated on a racial basis and 14 different health departments administered health. This included ten Bantu (Black) tribe departments, three own affairs health departments for the White, Coloured and Indian populations, and one general department. There were provincial health departments in the four respective provinces and three hundred-and-eighty two (382) local authorities that were further responsible for the rendering of some health services. According to Sibaya and Muller (2000: 6), services were fragmented to the extent that it supported the prevention of disease, for example, immunisations were separated from services that treated diseases.

Despite the above mentioned challenges, at that time nurses were still rendering quality patient care in rural hospitals.

1.2.1.2 The impact of motivation in rural health services in South Africa

We live in a world that has limited resources. This was confirmed by Deputy Minister of health's speech given at the launch of health and democracy held at constitutional hill on the 27 February 2007. Ms Nozizwe Madlala-Routledge's on the 27 February 2007 stated:

We live in a society in which there are great disparities in wealth. Millions of people are living in deplorable conditions and in great poverty. There is high level of unemployment, inadequate social security and many do not have access to clean water or to adequate health services. These conditions already existed when the constitution was adopted and a commitment to address them and to transform our society into one in which there will be human dignity, freedom and equality, lies at the heart of our new constitutional order. For as long as these conditions continue to exist, aspirations will have a hollow ring.

Again through the researcher's experience and conversations with police officers during Thuthuzela and mental health meetings, despite the burden of the disease in our hospital, there are sexual and domestic violence victims as well as mental health care users that need to be transported to different healthcare facilities. The South African police force sometimes fails to transport such victims immediately to the relevant health facilities due to inadequate transport. The healthcare industry faces this limitation more than any other industry, because it is concerned with human lives (Frank 2006: 2). The SA Government has taken the resolution for free services for the elderly, children under six years, the disabled, certain categories of chronically ill individuals, promotive and preventive health, school health, pregnant women and nursing mothers but with limited resources to enables them to cater for all health facilities to meet the patient needs (Nemathaga, Netshandama & Shai-Mahoko 2005: 60). This limitation causes healthcare administrators to face additional challenges, the concept of productivity, job satisfaction and motivation became pivotal. Sahar (2004: 1) states the success of any productivity improvement strategy is dependent on employees' commitment, job satisfaction, skills, and motivation.

Before the first democratic election in 1994, SA spent approximately 8.5% of its Gross Domestic Product (GDP) on health services, both public and private. This

represented a very high spending for a country at SA's level of development. However, the distribution of resources was highly inequitable and wasteful. A small proportion of the population benefited disproportionately from services rendered by the private sectors and that was, in fact, comparable to those offered in more affluent countries. The majority of the SA population still had very limited access to any form of healthcare services. This situation was the result of the Apartheid era policy, which ensured racial, gender and provincial disparities (Department of Health [DoH] 1997:1).

Despite the context of economic austerity measures, in the post-apartheid health and other social services needed to be improved for disadvantaged populations in SA. Employees were expected to assist in achieving the organisations' goals. For the employee to carry out this responsibility good working conditions that were also motivational had to be provided. These conditions included the provision of adequate personnel, equipment and supplies in addition to a safe and stress free work environment (Ackerman & Bezuidenhout 2007: 69). Concerning the conditions in public hospitals, Selebi and Minnaar (2007: 53) observe it had reached a crisis level. According to Seshoka (2005: 32), public hospitals were hounded by a dire shortage of human and material resources. Kerfoot (2002: 126) notes that healthcare services rely heavily on the efficient service delivery of nurses to ensure that quality service delivery is rendered. If nurses lack the motivation to render quality patient care, then there is a serious problem and poor service delivery will prevail. Therefore, it is essential that the goal of every health organisation should be to find the factors that enable it to motivate its employees to continuously render quality patient care.

While the nursing profession in SA is currently experiencing an ongoing shortage of nursing personnel, 31 000 public sector nursing posts across SA were vacant in August 2003. This was cited by the then Minister of Health, Dr Manto Tshabalala-Msimang on the 18 August 2003 in Parliament. The Minister further indicated that cost containment measures traditionally associated with "times of surplus" of nursing personnel, the rise of managed healthcare (both in the public and private sectors), accreditation and escalating healthcare costs had resulted in registered nurses bearing the brunt of cost-cutting measures by their employing bodies. The situation occurred in both the private and public sector institutions and consequently a

considerable number of the nursing personnel was lost due to either internal or external migration (Geyer 2004a: 34-35). In Geyer's (2004b: 8) view, working conditions and having the opportunity and/or freedom to exercise one's professional judgement are essential factors in maintaining the motivation of personnel.

The stance of King and Mclnerney (2006: 70) is that the migration of professional nurses at the time was not reasonable. These authors argue at that time that migration was alarming in such a way that many posts were advertised, but due to scarcity of nurses, posts were not filled as a result of the high turnover rate. According to Geyer (2004a: 34), regardless of the type of migration (internal and external), the effects on the employing bodies and the healthcare system as a whole were severe because the loss of skilled nurses reduced and limited the delivery of healthcare services. Geyer (2004a: 34) additionally argues that in the SA context, the above situation meant that new graduates who lacked expertise and clinical experience were less likely to receive the support and supervision that they needed. Nurses were therefore expected by management structures to practice outside their scope of practice in order to 'deal with' the increased workload. This needed nurses who were motivated to do their work and because the challenge is still continuing, it is imperative that nurses be continuously motivated.

1.3 STATEMENT OF THE PROBLEM

The rendering of quality patient care requires the whole healthcare system to be functional with well trained and motivated staff, adequate services and equipment as well as skilled and competent leadership (SAHRC 2009: 46). Unfortunately, the work environment in rural hospitals is often demanding and filled with many challenges, thus leading to many nurses becoming demotivated. Such challenges include the shortage of staff, lack of resources, poor infrastructure, lack of trained specialised nurses and dysfunctional management structures (Dolamo 2005: 43; Dolamo 2009: 30; Geyer 2004: 34; Lephoko, Bezuidenhout & Roos 2006: 29; Mzolo 2001: 38). The decreased morale among the nursing staff contributes to absenteeism, the lack of motivation, an increased staff turnover as well as staff experiencing increasing levels of stress, depression and, finally, burnout (Zurmehly, Martin & Fitzpatrick 2009: 383). Burnout leads to a negative attitude that eventually puts the patients at risk of receiving poor patient care. In view of this problem it seemed essential to explore the

reasons why nurses became demotivated and to develop strategies to facilitate nurses' motivation to render quality patient care.

However, in spite of the challenges there are still a number of nurses who are motivated to continue rendering quality patient care with limited resources and who seem to be satisfied and enjoy what they are doing. The literature review indicated that there is limited evidence that extensive research have been conducted in recent years to explore how nurses in the SA context remain motivated to provide excellent patient care despite the challenges they face.

An AI approach was used as a method which facilitated the development of strategies that could be used in rural hospitals and other healthcare settings to motivate nurses to render quality patient care.

1.4 SIGNIFICANCE OF THE STUDY

In practice the strategies that were developed will be used to motivate nurses in rural hospitals or by nurse managers and supervisors in similar poorly resourced rural hospitals in developing countries. An AI approach may also be used when formulating policies in rural hospitals as it encourages individuals to look for positive actions that can lead to positive solutions. Further research may be conducted to add to the body of knowledge and education of nurses as to what actions should be taken to motivate nurses effectively in rural hospitals.

1.5 AIM OF THE STUDY

The aim of this study is to develop strategies to facilitate the motivation of nurses rendering quality patient care in rural hospitals.

1.6 THEORETICAL FRAMEWORK

Vroom (1964: n.p.) explains that the word "motivation" is derived from the Latin word *movere* which means 'to move'. Motivation is an internal force that is dependent on the needs that drive a person to achieve. A study conducted by Schulze and Steyn (2003: 155) confirms that to understand people's behaviour at work better, managers and supervisors must be aware of the factors that will help them to 'move' their employees to act. Robbins (2001: 144) identifies motivation as a "needs-satisfying

process", meaning that if an individual's needs are met by certain factors, she or he will in turn exert more effort towards attaining organisational goals. Several motivation theorists such as Maslow (1954), McClelled (1961), Herzberg (1966) and Alderfer (1969) are widely recognised for their work in the employee attitude and motivation field. However, for the purpose of this study the researcher opted to use Herzberg's two-factor theory of motivation as a framework (Herzberg 1968: 50-64) to gain a better understanding of employee attitudes and motivation.

Herzberg, Mausner and Snyderman (1959 n.p.) conducted a study to determine which factors in an employee's work environment caused satisfaction and dissatisfaction. The study encompassed interviews in which the employees were asked what pleased and displeased them about their work. Herzberg's framework was chosen for the current study since it involves both the external and internal factors that affect nurses' performance when rendering patient care in rural hospitals. For the purpose of this study the researcher used the Herzberg two-factor theory of motivation to phrase the research questions and objectives and structure the data collection and the analysis thereof. Finally, to develop motivational strategies to facilitate rendering quality patient care in rural hospitals by using an AI approach.

Appreciative Inquiry is an approach that facilitates positive change in organisations. In this study the researcher used Herzberg's two-factor theory of motivation (extrinsic and intrinsic factors) to facilitate change in the nurses' organisation. An AI approach does not focus on changing people, it focuses on what is good about their work and developing a positive situation which they will find for themselves to change and pursue (Grobler & Schenck 2009: 215). The AI model involves the 5-D cycle that consists of five components, namely **D**efinition of the affirmative topic, **D**iscovery, **D**ream, **D**esign and **D**estiny (Cooperrider, Whitney & Stavros 2008: 5).

"Appreciative Inquiry is the cooperative search for the best in people, their organisations, and the world around them. It involves systematic discovery of what gives a system "life" when it is most effective and capable in the economic, ecological and human terms" (Cooperrider 1987 in Herrick & Stoneham 2005: 8). Appreciation has to do with recognition, valuing and gratitude. Appreciation is defined as "to recognise the best in people and the world around them. "It is also defined as the perception of those things which give life, health, vitality and

excellence to living human systems". Inquiry on the other hand refers to the acts of exploration and discovery. The spirit of inquiry is the spirit of learning. "It implies a quest for new possibilities, being in a state of unknowing, wonder and willingness to learn. It implies an openness to change" (Whitney & Bloom 2010: 3).

Appreciative Inquiry was originated by Cooperrider and Srivastva in the 1980s (Bellinger & Elliott 2011: 2; Carter 2006: 4). Appreciative Inquiry is a fully participative approach which mainly focuses on how the best practice could be developed and maintained within an organisation (Bellinger & Elliott 2011: 2). After recognising the highest level of energy and investment attached to stories of success and good practice, Cooperrider chose to focus on these in developing a research process that adds value to organisations (Cooperrider 1987) based on a constructionist orientation to meaning and reality. Appreciative Inquiry is not meant to discover pre-existing "truth but rather to co-construct and embed a desired reality built on participants' experiences and aspirations. It works from the premises that whatever is being "looked at" becomes magnified and that a focus on problems is unlikely to result in their reduction. This principle is applied in behaviour modification techniques that extinguish unwanted behaviour by confining reactions of positive behaviour (Carter 2006: 4). Appreciative Inquiry based its methods on the initial set of 4 principles (Cooperrider & Srivastva 1987 in Bellinger & Elliott 2011: 2). The principles stated that inquiry into the social potential of a social system should begin with appreciation, be collaborative, provocative and be applicable. The original method called for a collective discovery process using the following:

- grounded observation to identify the best of what is,
- vision and logic to identify ideas of what might be,
- collaboration dialogue and choice to achieve experimentation to discover what could be.

It was not until 1997 that the 4-D model of AI, now almost universally described as the AI method, was created (Bushe 2011: 2).

A number of practitioner critiques pointed out that the 4-D model omitted an important first step in the AI process of identifying the focus of the inquiry itself.

The Clergy Leadership Institute in the United States suggested “define” as the first step and some AI models therefore refer to a 5-D model (Grobler & Schenck 2009: 215). Cooperrider’s dissertation called this the “affirmative topic” and many models have retained that label. How exactly that topic is defined has not been well articulated but is generally regarded as essential to the overall success of the effort (Bushe 2011: 4).

In Figure 1.1 (see page 17) the five stages of the 5-D cycle (Grobler & Schenck 2009: 215; Ludema, Cooperrider, Barrett, 2001:191; McAllister 2011:n.p; Mohapi & Schenck 2006: 188) are illustrated.

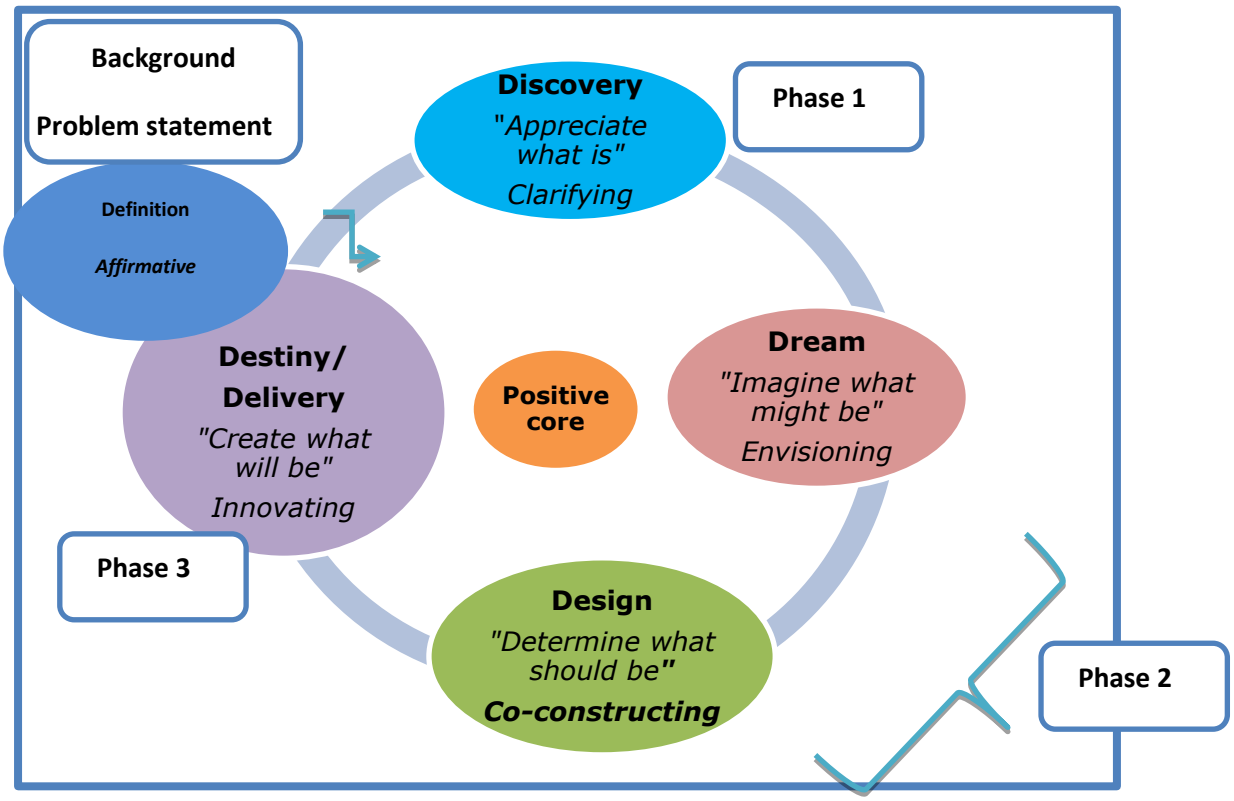

Figure 1.1: The 5-D cycle of an Appreciative Inquiry (Adapted from McAllister 2011: n.p.)

1.7 RESEARCH QUESTIONS

The research questions for this study were posed in three phases using the five stages of the AI as the basis for developing the research questions.

Phase 1

Discovery phase (Perception of nurses)

1. What are the perceptions of nurses regarding the extrinsic factors that motivate them to render quality patient care in a rural hospital?

2. What are the perceptions of nurses regarding the intrinsic factors that influence them to render quality patient care in a rural hospital?

Phase 2: Dream and Design phase

1. What are the changes that nurses would like to see in their work environment in the next four years?

Phase 3: Destiny phase (Development of strategies to facilitate motivation of nurses)

1. What strategies should be used to facilitate motivation of nurses to render quality patient care in a rural hospital?

1. 8 OBJECTIVES OF THE STUDY

The objectives of this study were posed in relation to the different phases and aligned to the stages of the AI approach and the broad aim of the study. The objectives specific to each phase are set out below.

Phase 1: Discovery phase (Perception of nurses)

1. To explore and describe the positive extrinsic factors that the nurses valued about the working environment, profession and the organisation that they work in.

2. To explore and describe the positive intrinsic factors that the nurses valued about the working environment, profession and the organisation that they work in.

Phase 2: **Dream and Design phase**

1. To explore the changes that the nurses would like to see in their work environment in the next four years.

Phase 3: **Destiny phase (Development of strategies to facilitate motivation of nurses)**

1. To develop strategies to facilitate nurses' motivation to render quality patient care in rural hospitals using the AI approach.

1.9 DEFINITION OF KEY CONCEPTS

For consistency and a better understanding the definitions of the key concepts applied in this study are presented next.

1.9.1 Extrinsic factors

'Extrinsic' is used to indicate that something is from the "outward" and derives from the Latin word *extrensicus* meaning "outward" which is based on "*exter" meani*ng "outer" (*Concise Oxford English dictionary* 2006: 506). A 'factor' means "a circumstance, fact, or influence that contributes to a result" (*Concise Oxford English dictionary* 2006: 509). Other words that can be used for 'factor' are element, cause and influence (*Roget's thesaurus* 2007: 243).The concept 'extrinsic factors' thus refers to motivation prompted by factors outside of or external to the individual that he or she has no control over (Herzberg 1966:57; Herzberg 1968: 50-64; Herzberg 2003: 9; Owens 2001: 147; Ryan & Deci 2000:54).

In this study 'extrinsic factors' referred to factors such as rewards and job security that motivate nurses to render quality patient care in rural hospitals if they are appropriately applied.

1.9.2 Facilitation

According to the *Concise Oxford English dictionary* (2006: 509), 'facilitate' means to "make easy or easier". 'Facilitation' serves to encourage, aid and lead group decision making. Facilitation does not "manage" or entertain the group but controls the process (http://www.mgrush.com/content/view/70/33/).

For the purpose of this study the 'facilitation' of motivation referred to an act of bringing out undeveloped potentials that lie dormant in an individual with low self-esteem to encourage her or him to act in a positive, rewarding and valuable manner to meet their pre-identified needs.

1.9.3 Intrinsic factors

Derived from the Latin word *intrinsecus* and French *intrinsèque,* 'intrinsic' refers to "interior, inner" or then "inwardly, inwards" (*Concise Oxford English dictionary* 2006: 745). 'Intrinsic motivation' thus refers to actions or activities performed by an individual out of his or her own free will and from the inner self (Beswick 2009: 1; Herzberg 1968: 50-64; Herzberg 2003: 9; Hunter 2008: 52; Owens 2001: 147).

For the purpose of this study 'intrinsic motivation' referred to an individual (the nurse) engaging in an activity (caring for patients in rural hospitals under dire circumstances) for the pleasure and satisfaction derived from the work itself; it is thus the self-determined form of motivation (Hunter 2008: 52).

1. 9.4 Motivation strategies

'Motivation' is "a concept used to describe both extrinsic conditions that stimulate certain behaviours and intrinsic responses that depict behaviours in human beings" (Swansburg 1996: 442). According to Marquis and Huston (2006: 445), 'motivation' is the action individuals take to satisfy unmet needs. It is the willingness to put effort into achieving a goal or reward to decrease the tension caused by the need. The degree of motivation relies on the extent to which "an individual is inspired, and how determined an individual is to achieve his or her goal" (Ryan & Deci 2000: 54). Daft (2000: 300) states 'motivation' is also generally defined as "the arousal, direction and persistence of behaviour".

In this study 'motivation' referred to the force that directed the nurses' behaviour which, in the context of the current study, was the willingness of the nurses to render quality patient care in rural hospitals.

'Strategies' refer to intentionally make a plan to achieve a particular purpose (John 2006: 12). In this study 'strategies' referred to plan to achieve the links of the resources with the future possibilities in the organisation to motivate nurses to render quality patient care in rural hospitals.

1.9. 5 Nurses

'Nurses' are the persons who qualified at a tertiary institution and have a certificate, diploma or degree before they are registered or enrolled with the South African Nursing Council (SANC) that allows them to work in healthcare facilities and render nursing care to patients Nursing Act No 33 of 2005 as amended (2005: 6).

For the purpose of this study 'nurses' referred to Registered Professional Nurses (RPNs), Registered Midwives (RMs), Registered Staff Nurses (RSNs) and Registered Auxiliaries Nurses (RANs) who were directly involved in rendering quality patient care under challenging work environment in a rural hospital.

1.9.6 Perceptions

A 'perception' is defined as "an attitude or understanding based on what is observed or thought" (Christopher 2010: 410).

In this study 'perceptions' referred to the views of nurses on what they observed regarding motivation in relation to the working conditions, environmental and motivational factors that influenced their work and their personal behaviour in a rural hospital when rendering patient care.

1.9.7 Professional nurses

'Professional nurses' refer to registered nurses as defined by the Nursing Act (2005: 6) as amended, who are the persons who qualified at a tertiary institution and have a diploma or degree before they are registered with the South African Nursing Council (SANC) that allows them to work in healthcare facilities and render nursing care to patients (Nursing Act as amended 2005: 6).

In this study 'professional nurses' referred to operational managers, assistant managers and professional nurses at functional/operational level directly rendering quality patient care in a rural hospital.

1.9.8 Quality patient care

'Quality patient care' is defined as "achieving the best possible outcomes using the available resources" (NDoH 2009: 5). 'Quality patient care' refers to the safety, efficiency and competence with which nurses render patient care (NDoH 2009: 5).

In this study 'quality patient care' referred to the provision of safe, efficient and competent nursing care despite the limited resources and the challenging environment.

1.9.9 Rural hospital

A 'rural hospital' is a facility or structure in the countryside and not in a town or city where people who are ill or injured are given medical treatment (*Concise Oxford English dictionary* 2006: 1260; Kerry 2006: n.p.).

For the purpose of this study a 'rural hospital' referred to a hospital situated in a country setting.

1.9.10 Work environment

The 'work environment' refers to the surroundings where the job is being done (*Concise Oxford English dictionary* 2006: 1698).

In this study the 'work environment' referred to the nurses' place of occupation, namely a rural hospital where the resources were limited and the work conditions challenging.

1.10 ASSUMPTIONS

Assumptions are "embedded in thinking and behaviour and therefore influence the development and implementation of the research process" (Burns & Grove 2009: 40). Polit and Beck (2010: 14) state that an assumption refers to "a basic principle that is believed to be true without proof or verification". The current study was guided by the following questions embedded in naturalistic assumptions.

1.10.1 Ontology: What is the nature of reality?

The researcher based this study on the AI assumptions of Bonham (2011: 124). Accordingly, the following eight basic AI assumptions guided the study.

- In every society, organisation or group, some of the factors work. The researcher believed that there were some aspects in rural hospitals that worked well.
- What we focus on becomes our reality. The researcher believed that if one focused on the positive aspects in rural hospitals and worked towards a positive work environment in this hospital it would become a reality.
- Reality is created in the moment and there are multiple realities. It was the researcher's belief that all stakeholders involved in managing rural hospitals could use the available intrinsic and extrinsic factors towards creating a positive work environment.
- The act of asking questions about an organisation or group influences the group in some way. The researcher believed that by asking positive questions

relating to the intrinsic factors and the extrinsic factors that influence the nurses' motivation relating to the intrinsic and extrinsic factors in a rural hospital, the stakeholders would become more positive towards both these sets of factors and would collaborate to work towards a positive work environment.

- People have more confidence and comfort to journey towards the future when they carry forward parts of the past. It was the researcher's belief that not everything in rural hospitals was bad. It was her assumption that there were certain aspects that people felt proud about and would like to carry into the future.
- It is important to value differences. The researcher believed that individual differences should be valued and appreciated because it brings more views and possibilities.
- The language that we use creates our reality. The researcher believed that negative thoughts brought about negative ideas while positive thoughts resulted in positive ideas. For this reason, if nurses thought positively about their challenging work environment, it would turn out to be a positive work environment.

1.10.2. Epistemology: How is the inquirer related to those being researched?

The researcher in this study believed that the participants needed to be actively involved in sharing their perceptions regarding the extrinsic and intrinsic factors that worked well for them with her. She obtained in-depth information by allowing them to talk freely and telling her what should be done to influence the achievement of a positive work environment.

1.10.3. Methodology: How is evidence best obtained?

According to Polit and Beck (2008: 17), the naturalistic paradigm is best utilised by seeking an exploration and description of first-hand information; thus obtaining data from the original personal experiences of the nurses rendering patient care in rural hospitals. A qualitative method was used to collect the data. In this study the researcher used an AI to pose questions (see Addendum D, Interview guide) to find out what motivated nurses to render quality patient care in rural hospitals. The issue

of human complexity was dealt with by exploring it directly (Polit & Beck 2008: 17). For example, the researcher allowed the participants to reflect their perceptions as was lived through the AI. The data analysis and data collection processes were done concurrently. The researcher ultimately used the information to develop strategies to facilitate the motivation of nurses in their endeavour to render quality patient care in rural hospitals.

1.11 RESEARCH DESIGN

A qualitative AI was employed based on the 5-D cycle that involved asking positive questions to a group of stakeholders (nurses who directly rendered patient care) in order to craft and implement action plans towards excellence (Ludema et al. 2001: 189). The research design assisted the researcher to execute the study in such a way that the trustworthiness of the findings was maximised.

1.12 RESEARCH METHODS

This qualitative study was done in three phases using the 5-D cycle AI. The focus in the Phase 1 was **d**iscovery. Individual interviews were conducted using an exploratory, descriptive and contextual design to explore and describe the perceptions of nurses with regard to the intrinsic and extrinsic factors that motivated them to render quality patient care in rural hospitals despite the challenges.

In Phase 2 the dream and design AI approach was employed using the same exploratory and descriptive design as in Phase 1. In addition, a literature review was done to determine the positive aspects that the nurses valued about the work environment, profession and the organisation that they worked for.

In Phase 3, the **d**estiny component, the development of motivational strategies for rendering quality patient care in rural hospitals was addressed. The discussions in the focus group interviews focused on what might be; questions were posed to the participants to identify their potentials and to then use these potentials as their strengths. A detailed account of how the process was followed is discussed in the Chapter 3.

1.12.1 Appreciative Inquiry approach

For this study an AI approach was employed based on the 5-D cycle which involved asking positive questions to a group of stakeholder (nurses who directly rendered patient care) in order to craft and implement action plans towards excellence (Bernardi 2009: 2; Grobler & Schenck 2009: 215; Havens, Wood & Leeman 2006: 465; Ludema et al. 2001: 189; Mohapi & Schenck 2006: 188; Reed 2007: 2). In Figure 1.1 (see page 17) the five stages of the 5-D cycle (Grobler & Schenck 2009: 215; Ludema et al. 2001: 191; McAllister 2011: n.p; Mohapi & Schenck 2006: 188) are illustrated.

Next, the five stages of the 5-D cycle employed in the three phases of this study are briefly described**.**

Defining stage

During the **d**efining stage the researcher clarified the topic of the study. In this study the topic of inquiry was to explore and describe the perceptions of nurses with regard to extrinsic and intrinsic factors that motivate them to render quality patient care in rural hospitals in spite of the challenges. The background and problem statement were clearly described to explain the extent of the challenges being addressed. In this stage the researcher also develop the AI approach interview guide questions. (See Addendum C, Developed interview guide questions).

Discovery stage

In this section, the design and method for Phase 1 were outlined. A descriptive qualitative research design was used (Polit & Beck 2008: 309). Qualitative research is a way of gaining insight through discovering meaning or sense of people's perceptions and "the world in which they live" (Holloway & Wheeler 2010: 3).

Using an AI approach assisted the researcher to make use of words to explore and describe the perceptions of nurses with regard to factors that motivate them to render quality patient care in a rural hospital. For this study semi-structured interviews were conducted with the nurses in the selected institution, with the aim of

developing motivational strategies to facilitate rendering quality patient care in a rural hospital (Denzin & Lincoln 2000: 489).

The **d**iscovery stage involved an assessment of the intrinsic and extrinsic factors nurses deemed as essential to motivate them to give their best. Appreciative Inquiry approach questions were asked to allow nurses working in a rural hospital to appreciate the positive aspect of what they were currently enjoying in their work and what kept them going (Carter, Cummings & Cooper 2007: 528). The intrinsic as well as the extrinsic factors were determined from what the nurses themselves voiced. The researcher allowed the participants (nurses) to share their positive experiences through interviews regarding who they were and how they wanted to be (Bernardi 2009: 2; Grobler & Schenck 2009: 215; Ludema et al. 2001: 190; McAllister 2011: n.p.; Mohapi & Schenck 2006: 188). The participants were asked to discuss the best intrinsic and extrinsic factors that worked well for them (Carter al. 2007: 528; Reed 2007: 28).

The participants working in a rural hospital were also discovering for themselves what the core extrinsic and intrinsic factors were that motivated each of them. It benefited the participants in that it allowed them to encourage one another to realise their strengths so that they would participate positively and be actively involved in the change process. It allowed the participants to consider new possibilities; thus the nurses' motivation to render quality patient care in a rural hospital was facilitated. The **d**iscovery stage assisted the participants to continue with the next stage which entailed" dreaming what could be" (Ludema et al. 2001: 190).

Detailed information about the sampling of the participants and the research setting is provided in Chapter 3.

Dream stage and Design stage

During the **d**ream stage the participants working in the specific rural hospital dreamt about "what could be" (Bernardi 2009: 2; Grobler & Schenck 2009: 215; Judy & Hammond 2006: 4; Ludema et al. 2001:190; McAllister 2011:n.p; Mohapi & Schenck 2006: 188). Based on the positive experiences of the **d**iscovery stage, participants began to dream about possibilities (intrinsic and extrinsic factors) that could motivate them. During interviews when the discussions proceeded, participants perceived and

understood things in a different way. The AI approach questions such as what progress and growth nurses would like to see in the following four years and what opportunities for personal growth, achievement and recognition should prevail in the work environment were asked.

The **d**esign stage involved reshaping the future through dialogue (Bernardi 2009: 2; Grobler & Schenck 2009: 215; Judy & Hammond 2006: 4; Ludema et al. 2001: 190; McAllister 2011: n.p.; Mohapi & Schenck 2006: 188). The main reason of this stage was to create a supportive environment for conversation and interaction. A process of common ideas was sought through sharing the intrinsic and extrinsic factors that motivated participants in their work environment in a focus group. This step involved all the participants of the group to co-construct the core intrinsic and extrinsic factors that should prevail in their work environment and how they should be implemented.

Destiny stage

In the **d**estiny stage the results of the **d**ream stage and what had been planned in the **d**esign stage were implemented (Bernardi 2009: 2; Grobler & Schenck 2009: 215; Ludema et al. 2001: 190; McAllister 2011:n.p.; Mohapi & Schenck 2006: 188). The feasibility of implementing the **d**ream and the **d**esign stages in the operational plan (or the work plan) was evaluated. This involved transforming the **d**esign stage into more specific sets of tasks or activities to be put into action. Implementation and monitoring are essential parts of this process (Richer Ritchie & Marchionni 2009: 952). The implementation of these intrinsic and extrinsic factors needed to render effective results that would bring about change in the de-motivation and negative behaviour, thus facilitating the motivation of nurses in a rural hospital. All inputs that were given by the participants regarding the intrinsic and extrinsic factors that motivated them the most were translated into reality and their beliefs were put into practice (McAllister 2011:n.p.; Mohapi & Schenck 2006: 188). The plan of action will be presented to the supervisors, managers and nurses so that they could be empowered to promote a positive work environment.

In Phase 1 of this AI study the researcher followed a qualitative research approach using an exploratory, descriptive and contextual phenomenological study design to explore and describe the perceptions of nurses with regard to the intrinsic and

extrinsic factors that motivated them to render quality patient care in a rural hospital. The participants were given the opportunity to describe their perceptions regarding the factors that motivate them to render quality patient care in a rural hospital during semi-structured in-depth interviews (Brink 2006: 113; Denzin & Lincoln 2000: 489; Polit & Beck 2008: 392).

1.12.1.1 Data collection procedures

Semi-structured interviews were conducted in Phase 1 using an interview guide. In Phase 2 focus group interviews were conducted again using a new interview guide. In Phase 3 a nominal group technique (NGT) was used to reach consensus with the participants. An in-depth discussion concerning these procedures is presented in Chapter 3.

1.12.1.2 Data analysis

The semi-structured interviews were audio taped and transcribed verbatim in typed form for the data analysis. The transcribed data were subjected to an analysis modelled on an approach of Marshall and Rossman (1999: 153) and that of Tesch (cited in Creswell, 2009: 186). The six steps of Creswell (2009: 186) were used during the thematic analysis. Coding ensured that a small number of themes or categories were generated and was in line with Herzberg's two factor theory as it concerns intrinsic and extrinsic factors. For this study the themes appeared as major findings and were stated under separate headings in the findings (Creswell 2009: 186; Braun & Clark 2006: 80).

1.12.2 Phase 2: Dream stage and Design stage

In Phase 2 the researcher conducted a workshop during which the AI approach was used (Bernardi 2009: 1). The researcher used positive AI approach questions to initiate transformative discussions with nurses in the specific rural hospital to **d**ream about the factors that might enable them to render quality patient care. Based on the experiences shared during the **d**iscovery stage, the nurses began to dream about possibilities (intrinsic and extrinsic factors) that could motivate them. During the focus group interviews, and as the discussions continued, the participants saw and

understood things in a different way. Phase 2 is discussed in detail under the heading, Research design and methods, in Chapter 3.

1.12.2.2 Design stage

The third stage involved determining what should be (Bonham 2011: 124). In this stage participants engaged in making plans for the future (Bonham 2011: 124). During this stage the participants had the opportunity to build their future. The researcher looked at the practicalities needed to support the vision that had to be in place for the dream to take place (Bernardi 2009: 2; Grobler & Schenck 2009: 215; Ludema et al. 2001:190; Mohapi & Schenck 2006: 188).

1.12.2.3 Data analysis

Similarly as in Phase 1, the interviews were transcribed verbatim for analysis. In this phase the obtained data were in the form of group report scripts. The discussions analysis was done using the approach of Marshall and Rossman (1999: 153) and that of Tesch (cited in Creswell 2009: 186). The open-coding and analysis technique of Tesch (cited in Creswell 2009: 186) was used to analyse the focus group discussions for themes (Brink 2006: 185).The researcher applied the same steps for the analysis of the data as in Phase 1. The development of strategies to facilitate the motivation of nurses in rendering quality patient care in a rural hospital using AI was used. For the purpose of this study themes were transformed into strategies to facilitate the motivation of nurses in rendering quality patient care in a rural hospital (Polit & Beck 2008: 71).

1.12.3 Phase 3: Destiny stage

During Phase 3 strategies to facilitate the motivation of nurses in rendering of quality patient care were developed. **T**he researcher developed strategies to facilitate the motivation of nurses in rendering of quality patient care based on the findings in Phases 1 and 2. A singular workshop was organised that brought together all the participants who participated in Phase 1 and Phase 2. Detailed information of the discussion held is presented fully in Chapter 3.

1.13 TRUSTWORTHINESS OF THE STUDY

The validation of this study was ensured by means of establishing its trustworthiness. The term 'trustworthiness' was used to indicate how the researcher enhanced the validity of the findings using the model of Guba and Lincoln as described by Babbie and Mouton (2002: 276), De Vos, Strydom, Fouce' and Delport (2005: 345), Holloway & Wheeler (2010: 305), Polit and Beck (2008: 540: 186) and Yin (2009: 40). To ensure the trustworthiness of the findings the following criteria were used: credibility, transferability, dependability, conformability and authenticity.

The approach used during data collection included qualitative and nominal group technique (NGT) data collection techniques. This approach allowed the researcher to capture all types of data and also indicated their advantages and their disadvantages. It also increased the understanding of the participants about what was expected from them as well as increasing the validity and decreasing the level of known bias in the study (Polit & Beck 2008: 540).

The detailed strategies utilised to enhance the trustworthiness of the qualitative data is discussed thoroughly in Chapter 3.

1.14 ETHICAL CONSIDERATIONS

In order to ensure a high standard of research, ethical standards and measures are set to direct the research (Polit & Beck 2008: 172). The research proposal was reviewed by the Research Ethics Committees of the Faculty of Health Science of the University of Pretoria as well as by the Limpopo Province Department of Health and the hospital at which the research was conducted (see Addendums A and B). This was done to make certain that the rights and welfare of the nurses involved were protected, that appropriate methods were used to secure informed consent and that the potential benefits and risks of the investigation were observed (Polit & Beck 2008: 172).

The researcher conducted this study with honesty and integrity and made sure that all ethical considerations were implemented appropriately. During the data collection processes the researcher ensured that all the participants were treated with respect and dignity. The researcher further adhered to the prescribed ethical principles in a

research study in that none of the gathered data or no participant's name was disclosed, therefore confidentiality and anonymity were guaranteed (Polit & Beck 2008: 174). A detailed discussion of the ethical considerations follows in Chapter 3.

1.15 CONCLUSION

This chapter served as an overview of the study wherein the researcher described how the study would be conducted and the layout was outlined. The introduction, background and rationale, statement of the problem, significance of the study, research questions, the aim as well as the objectives of the study, research design and methodology, assumptions, theoretical framework and definition of key terms were discussed in this chapter. A detailed discussion of the theoretical framework and conceptual context which informed the study is presented in the next chapter.

1.16 LAYOUT OF THE CHAPTERS

The rest of the chapters in this thesis are organised in the following manner:

Chapter 2: The theoretical framework of the study in a rural hospital is provided.

Chapter 3: The research design and methods used are outlined and described.

Chapter 4: The analysis and interpretations of the findings of the study are presented.

Chapter 5: The findings are discussed supported by a literature review.

Chapter 6: The developed strategies that were formulated after data interpretation are presented and described.

Chapter 7: This chapter focuses on the conclusions and recommendations.

Chapter 8: This chapter focuses on the conclusions and recommendations**.**

In the final chapter, Chapter 8, the conclusions drawn from the study, limitations of the study and recommendations based on the findings of the study are presented.

CHAPTER 2

THEORETICAL FRAMEWORK UNDERPINNING THE STUDY

2.1 INTRODUCTION

The theoretical framework for this study was based on Herzberg's two-factor theory of motivation (Herzberg 1971: 58). This framework was relevant to this study as the theoretical assumptions of the study supported the use of an Appreciative Inquiry (AI) approach wherein the focus is on the appreciation of the activities that the individuals are performing and not concentrated on the challenges as a way to facilitate change in the organisation. This study explored and elucidated the two-factor theory with reference to the intrinsic and extrinsic factors relating to the motivation of nurses. The theoretical framework was used as a basis to focus on the motivation of nurses in a rural hospital. The researcher felt that it was necessary to use Herzberg's two-factor theory because of its relevance to the behaviour of human beings in the workplace. This theory explains how employees' behaviour and job performance can be influenced in the workplace (Robbins 2001: 158).

According to Polit and Beck (2008: 143), the theoretical framework refers to "a logical grouping of related concepts or theories, usually created to draw several different aspects together that are relevant to a complex situation, like a practice setting". Making use of a theoretical framework helps the researcher to organise the study as it provides a context in which to examine challenges and gather and analyse data. The data collected during the current study was arranged and analysed according to Hertzberg's two-factor theory of motivation for the researcher to develop strategies to facilitate the motivation of nurses in rendering quality patient care in a rural hospital using an AI approach. For this study the theoretical framework provided a description of the proposed relationships among abstract components that were aspects of the research problem of interest.

2.2 EXPOSITION OF THE HERZBERG TWO-FACTOR THEORY OF MOTIVATION

Gerber and van Dyk (1998: 264) explain that Herzberg, in the development of his two-factor theory of motivation, emphasised that people have two major needs, namely the need to be able to grow psychologically to achieve (the motivator), and the need to avoid pain in the work environment (hygiene factor). Motivating factors (satisfiers) are inherent to the work environment. Hygiene factors are aspects associated with the work environment that can lead to dissatisfaction; consequently, people try to avoid them (Gerber & van Dyk 1998: 264).

2.2.1 Origin and broad explanation of Herzberg's two-factor theory of motivation

Herzberg's two-factor theory regarding job satisfaction is closely related to Maslow's model of the hierarchy of human needs but more specifically to Maslow's fourth (self-esteem and status) and fifth (self-actualisation) levels. It is only when all previous needs have been satisfied that a person can focus on self-actualisation (or then self-realisation or self-achievement) and become "all that one is capable of becoming, using one's skills to the fullest, and stretching talent to the maximum" (Morrison 1993: 123). A comparison between Herzberg's two-factor theory of motivation and Maslow's theoretical model of human needs is Herzberg's two-factor theory of motivation is presented in Section 2.2.3 of this chapter.

In 1959 Herzberg and his associate researchers conducted interviews with 200 employed engineers and accountants who were asked what it was that made them feel exceptionally good or bad about their present job (Herzberg 1968: 50-64). A critical incident analysis of the data they collected during these interviews resulted in the factors found to be analysed and classified into two separate groups: job (work) satisfaction and dissatisfaction. The research study results indicated the sources of employees' work satisfaction were a sense of achievement, being given the opportunity to take responsibility, recognition, the work itself and, finally, the prospects for advancement. The dissatisfaction factors identified included company policy and administration, technical and interpersonal supervision, working

conditions and financial rewards. Despite the fact that both Gruneberg (1979: 12) and later Latham (2007: 9) challenged these conclusions by arguing that they were based on only a small sample of the global working group, the Herzberg two-factor theory has become an important theoretical framework for research studies focussing on the relationship between employees' behaviour and job performance.

Based on the results from their initial study, Herzberg in the late 1960s as well as Rowan in early 2000 concluded that the two separate elements contributing to employees' behaviour at work are *intrinsic* and *extrinsic* factors (Herzberg 1968: 50-64; Rowan 2007: 43-56). These two elements together influence motivation in the workplace.

Intrinsic factors refer to factors that generate satisfaction from within the individual; it pertains to those factors that have an effect on the employees' motivation to perform their best whereas extrinsic factors refer to factors *outside* of the individual that satisfies her or him if applied appropriately. An example of an extrinsic factor is when there is mutual respect between the nurses and their managers. Responses about intrinsic factors that result in work and personal fulfilment are generally related to the work contents. In other words, the motivational elements are the intrinsic or work content factors that make a work exciting.

One of the dissatisfaction factors identified by Herzberg and his associates in 1959 was financial rewards. Then, in 1968 Herzberg (1968: 50-64) found this to be only partially true; in fact, all workers are not always only interested in money but often express other needs such as an opportunity for advancement, self-development and self-expression. They wish for opportunities to be promoted, good working conditions and expect to be treated with respect; they want to be innovative and creative in their work. Therefore, managers should have a basic understanding of the reasons for human actions if they are to influence the behaviour of workers.

It is the perspective of many modern theorists that an employee also craves self-actualisation, to shoulder responsibility, receive recognition, progress and have the opportunity for personal growth. If these human needs are not met she or he will not be fully satisfied Rowan (2007: 43-56). In the workplace extrinsic factors such as relationships with supervisors and among colleagues, policies and administration,

working conditions, status and job security play a pivotal role in employees' satisfaction levels and his or her personal and professional growth. The absence of such factors may lead to dissatisfaction. Herzberg's two-factor theory also implies that extrinsic factors are of great significance in the workplace since it predicts fairness. For dissatisfaction to be minimised in the workplace it is therefore necessary for extrinsic factors to be proffered. On the other hand, the presence of extrinsic factors does not guarantee satisfaction unless it is appropriately implemented (Herzberg 1968: 50-64).

2.2.2 Strengths and weaknesses of Herzberg's two-factor theory of motivation

Having decided to use Herzberg's two-factor theory as the theoretical framework for the current AI study, the researcher did a thorough investigation and an in-depth analysis of Herzberg's two-factor theory. She discovered researchers had subjected his theory to much criticism. Lindsay Marks and Gorlow (1966: 331), for example, observed that this theory of motivation:

i. fails to control the number of incidents from given satisfiers and neither is the number of job factors mentioned with a given incident;

ii. the roles of the dependent (satisfaction-dissatisfaction) and independent (motivators and hygiene) are reversed by variables by setting the dependent variables at one of two levels (high-low) and allowing what are conceptually the independent variables to vary as a function of the subjects responses;

iii. it does not emphasise the functional relationship between the variables of interest;

iv. the examination of higher degree effects between the two classes of variables are not provided as they relate to satisfaction (Lindsay, Marks & Gorlow 1966: 331).

Herzberg's two-factor theory was criticised by many researchers such as Peiperl, Arthur, Gaffed and Morris (2000: 316-318), Robbins et al. (2009: 147), Bassett-Jones and Lloyd (2005: 4-5), Lindsay, Marks and Gorlow (1966: 330) and Hardin (1965: 363-367). One the strongest critics was Vroom (1964 n.p.) who challenged that when Herzberg's methodology was repeated, the ego defences would be stimulated if the participants were to link the sources of dissatisfaction with the work

whereas at the same time it will attribute a source of satisfaction to their personal achievement and their ability. People who doubted this methodology continued to insist that money can act as motivator and thus Herzberg's outcomes could be attributed to a number of factors that include personality and social desirability bias.

Opsahl and Dunnette (1966: 94-118) had doubts as well, especially when Herzberg indicated that money was more likely to act as a dissatisfier. They then came to the decision that there was no strong support to link the theory that money can lead to job satisfaction or dissatisfaction. The collected data were also found to not correlate with the interpretation provided. Hulin and Smith (1965: 209-216) concluded that Herzberg's results were method bound. Yet, at the same time they failed to indicate results using other methods and their dispute as to why Herzberg arrived at his results collapsed.

After the criticism Herzberg received, he wrote an article in which he tried to distinguish between motivation and movement. These two terms were causing confusion at the time as to how they affected the motivation of employees. Herzberg pointed out that if employees are asked to do something and are promised an incentive, the manager thinks and argues that it is because employees are motivated; but it is the manager that is motivated to promote employees to do their work (Bassett-Jones & Lloyd 2005: 5). Herzberg further strengthened the distinctions and indicated that motivation is like an "internal self-charging battery" (Herzberg 1968: 50-68). He also suggested that for employees to become motivated the desire must come from within the individual. This means that, according to Herzberg, motivators are internally generated drives and not externally stimulating incentives. This distinction enabled Herzberg to restate the utility of his two-factor theory and the main steps that are needed to institute genuine job enrichment as opposed to job enlargement.

Therefore, the presence of such variables is likely to compromise Herzberg's methodology. According to Bassett-Jones and Lloyd (2005: 6), Herzberg's article was reprinted. He gave comments dismissing those who criticised his theory and tried again to distinguish between movement and motivation. Herzberg strongly argued that motivation was based on growth needs and therefore managers do not need incremental incentives to drive employees from within.

2.2.3 General assumptions

Herzberg's two-factor theory denotes that extrinsic factors are maintenance factors and are potential sources of dissatisfaction. These factors are "salary, fringe benefits, type of supervision, working conditions, and climate of the work group, attitude and policies of the administration" (Ryan & Deci 2000: 57). The individual has control over intrinsic factors in the work environment but the extrinsic factors are controlled by the employers and supervisors (Beswick 2009: 1; Ryan & Deci 2000: 57). This means that it is the responsibility of the employer to utilise motivational factors to promote employees' enthusiasm and stimulate their desire to progress and achieve personal, professional and organisational goals.

Motivation is a human research management topic and is assumed to be a principal influence on action and behaviour in organisations. Its realities cannot be measured (Ryan & Deci 2000: 57). Most employees can exercise more creativity, responsibility, self-direction, self-control and intelligence than their present job demands from them. Employees want to contribute to meaningful goals that are achievable (Beswick 2009: 2; Ryan & Deci 2000: 58; Marquis & Huston 2006: 445-446). Conversely, it can be a challenge to motivate employees who are not ready to effect any change, in other words employees who are not intrinsically motivated, who lack aspiration whether personal or work related, who do not value job performance and productivity (Marquis & Huston 2006: 445-446).

Smith and Cronje (1997: 312) and more recently Owens (2001: 359) confirm that Herzberg's two-factor theory describes recognition, a sense of responsibility, personal growth, the work itself, and opportunities for advancement and achievement as intrinsic motivating factors. Rogers (2005: 629) adds these mentioned motivating factors correspond with the higher level of personal needs in the Maslow hierarchy of human needs. Intrinsic motivation is something that comes from within the person; it is a force driving one towards being productive and achieving a sense of satisfaction and/or accomplishment. To be intrinsically motivated in the workplace the employee must place a high value on his or her performance and productivity (Marquis & Huston 2006: 445). One's intrinsic motivation to achieve is directly related to one's level of aspiration. Marquis and

Huston (2006: 446) add that, although all people are intrinsically motivated to some degree, it is unrealistic for the organisation to simply accept that all workers have adequate levels of intrinsic motivation to meet the goals of the organisation.

2.2.4 Comparison between Herzberg's two-factor theory of motivation and Maslow's hierarchy of needs theory

Many theorists have tried to explain motivation. Scientists have been studying the topic of motivation for over a century and have made tremendous progress for explaining motivation and how it is interpreted into the workplace. Herzberg's two-factor theory of motivation and Maslow's hierarchy of needs theory are some of the theories that have been confirmed by most of the researchers as having factors that influence a person to be motivated. The researcher's stance was that for the purpose of the current study Maslow's theory of human motivation had to be considered because, according to this theory, individuals strive to seek a higher need when lower needs are fulfilled. Once a lower level has been satisfied, it no longer serves as a source of motivation. Needs are motivators only when they are unsatisfied. According to Herzberg's two factor theory, both intrinsic and extrinsic factors are supposed to be present for one to be motivated. The researcher wanted to explicitly explain motivation in the work environment, hence the need to compare Herzberg's two-factor theory of motivation and Maslow's theory of human motivation.

Owens (2001: 354) states Maslow's hierarchy of human needs assumes that "people are driven from within to realize their full growth potential" and that "one cannot be motivated by a higher need until the lower needs are first met". Motivation is described by Rogers (2005: 629) as "something within a person". The needs related to self-achievement described by Maslow correlate with the motivating factors of Herzberg's two-factor theory of motivation. Maslow believed that people are motivated to satisfy certain needs. Maslow organised all human beings' needs into five categories ranging from basic physical survival needs "to the most esoteric psychological needs" (Morrison 1993: 121). Morrison explains that self-esteem and status (level four) "are met in the work or school settings" while level five is self-actualisation and "only when all previous needs have been satisfied will the individual focus on becoming self-actualized" (Morrison 1993: 122-123). Marquis and

Huston (2006: 447) agree that a person will move to a higher level only when their lower needs have been predominantly met. These authors add that people are complicated beings and not solely economic animals and therefore they have many needs motivating them simultaneously.

Maslow's hierarchy of basic human needs is depicted in Figure 2.1.

i. Level 1: Physiological needs - this is where basic needs exist which include the most basic needs for a human being to survive. This level of needs is related to having a steady employment with salary to provide pleasant working conditions and a cafeteria (Gerber & van Dyk 1998: 263).

ii. Level 2: *Safety needs - this includes personal security, safe working conditions, company benefits and job security. Nurses need to feel safe and secured* every day (Gerber & van Dyk 1998: 263).

iii. Level 3: *Affiliation and love – this pertains to* friendly supervision and professional associations with colleagues and supervisors. In the work environment people need to feel a sense of belonging and acceptance. Organisations have to fulfil this need for people to remain motivated (Gerber & van Dyk 1998: 263).

iv. Level 4: Self-esteem needs - this is where people want to be respected and have self-respect, feedback from the job itself, and a high status. Achievement needs and respect of others are in this level as well as *feelings of being worthy. Self-worth* is when your efforts at the job are recognised and rewarded (Gerber & van Dyk 1998: 263).

v. Level 5: Self-actualisation needs - this level of needs pertains to realising the person's full potential, challenging job as well as "*being the best you can be"*, self-development, professional growth and taking responsibility (Gerber & van Dyk 1998: 263).

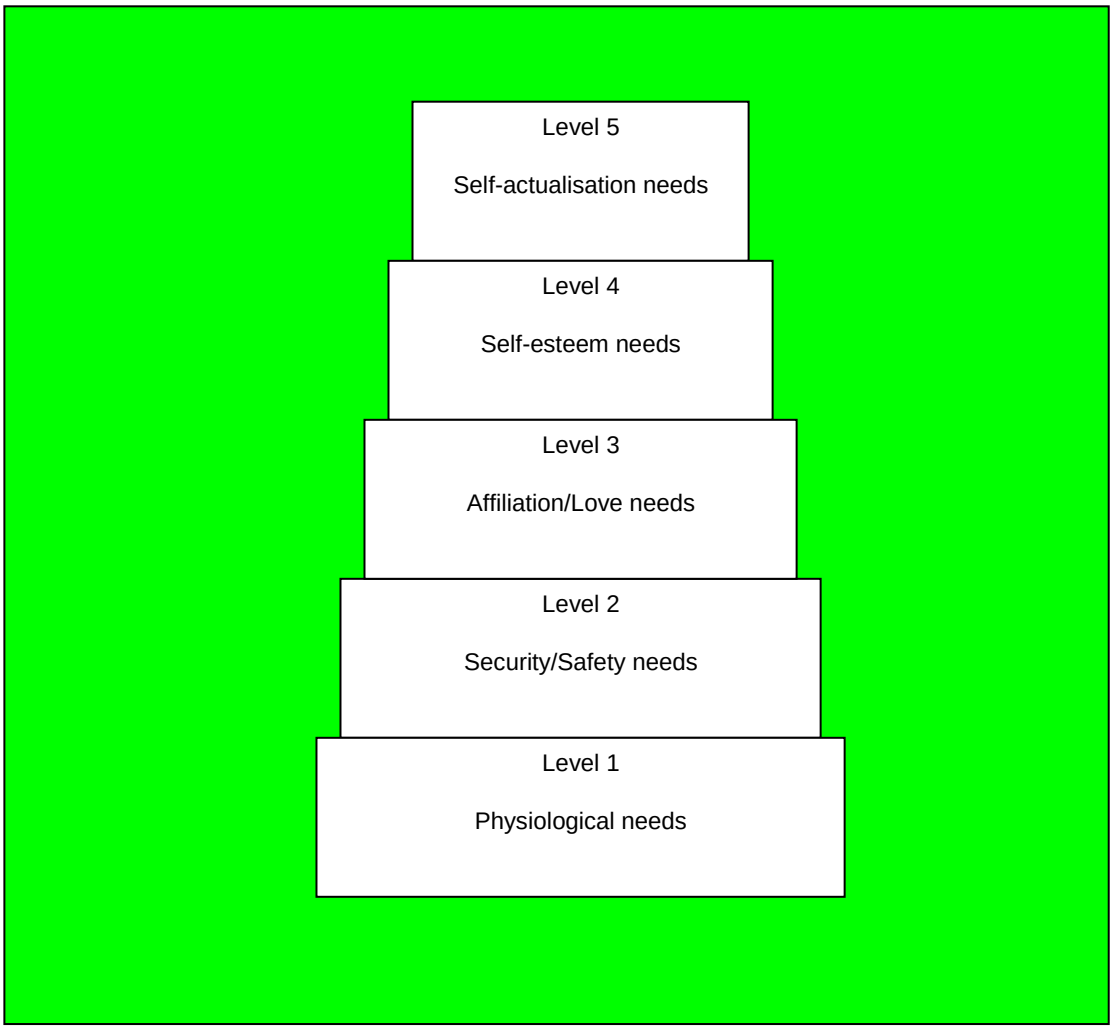

Figure 2.1: Maslow's hierarchy of needs (Gerber & van Dyk 1998: 262).

The similarities between Maslow's hierarchy of needs and Herzberg's two-factor theory of motivation are illustrated in table 2.2. The contextual similarities were significant on the levels as set out next.

Physiological (or Physical) needs correspond with the salary in that a person can buy food, shelter and clothing to meet his or her physiological or physical needs.

- Security/safety needs correspond with a person's feeling of security when employment with a fixed salary is provided.

- Affiliation and love needs are met when the employee experiences good interpersonal relationships with her or his supervisors and peers.
- Self-esteem needs are met when the individual's achievements at work are recognised and rewarded.
- Self-actualisation needs are met when the employee grows and takes on more complicated tasks which are associated with a higher degree of responsibility.

Figure 2.2. reflects Maslow's hierarchy of human needs and the corresponding factors that are described as either motivators or hygiene factors in the Herzberg two-factor theory of motivation (Smith & Cronje 1997: 309).

COMPARISON BETWEEN MASLOW'S NEEDS HIERARCHY AND HERZBERG'S TWO-FACTOR THEORY

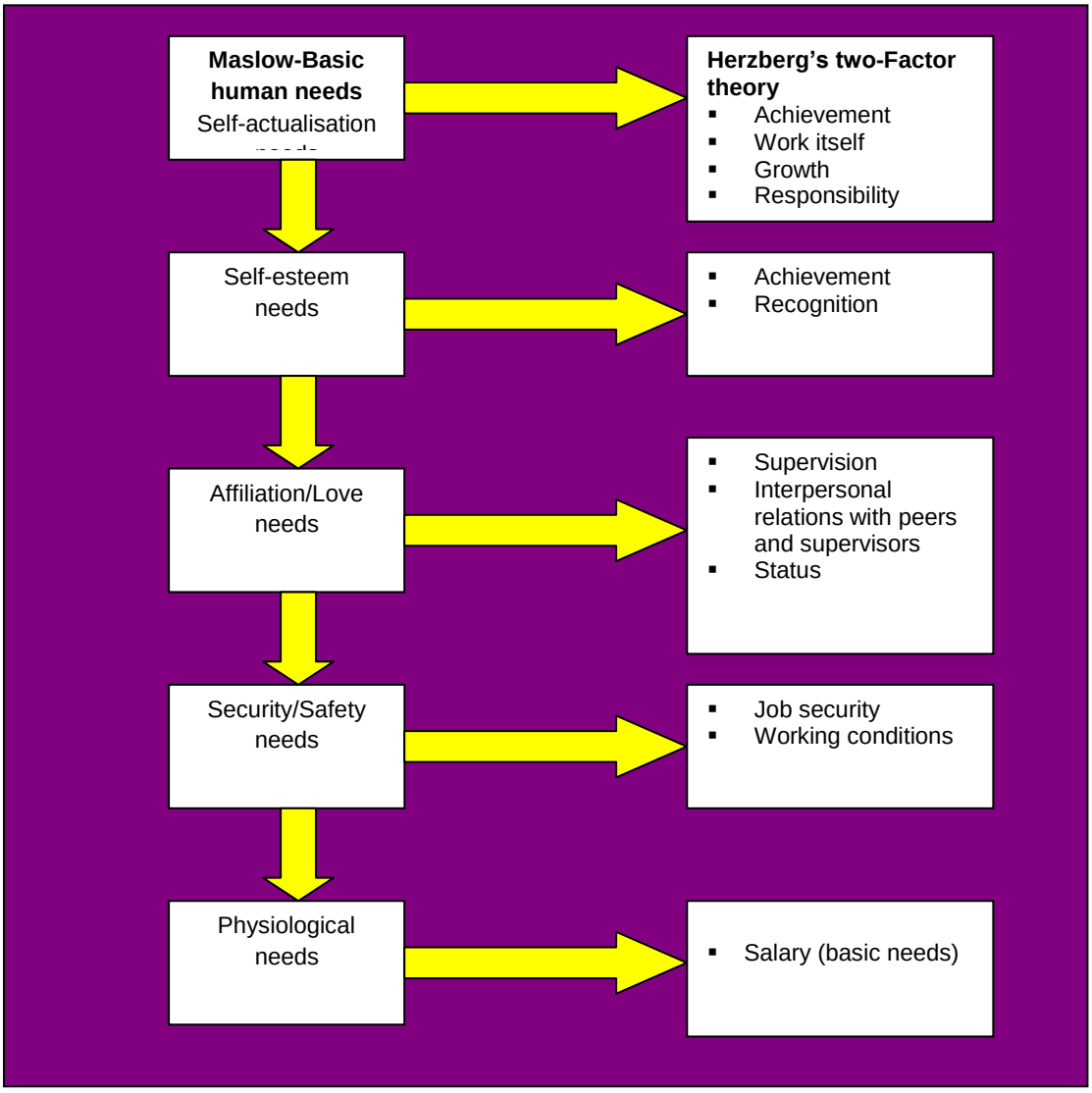

Figure 2.2: Comparison between the theories of Maslow and Herzberg as adapted from Skinner and Ivancevich (in Gerber & van Dyk 1998: 267).

2.2.5 Herzberg's two-factor theory: comparisons and contrasts with current studies on motivation

Comparing and contrasting Herzberg's two-factor theory with current studies on motivation about management and effectiveness. The researcher illustrated the relationships of Herzberg's two factor theory with the current studies on motivation. It is also used to explore how employee motivation may have changed interpersonal relations. Rantz et al. (1996: 29) confirmed that recognition, the work itself, and responsibility still ranked as critical motivating factors in the late nineties. By exploring recent studies that have focused on the relationship between employee motivation and interpersonal relations it could be established whether intrinsic and extrinsic factors motivate employees in the workplace.

Herzberg differentiated between the terms 'motivators' and 'hygiene factors'. He defined 'motivators' as "factors that could drive or uplift the attitude or performance" and 'hygiene factors' as "a morale booster without productivity" (Herzberg 1993: 56-58)**.** According to him, failure to balance these factors would lead to deterioration of nurses' motivation (thus dissatisfaction); motivators (factors that boost employees' morale) and hygiene factors (factors that enhance employees' attitude and performance) are particularly relevant to the work circumstances or situation and need to be in balance to produce satisfaction for employees in the workplace (Herzberg 1993: 56-58).

Herzberg's two-theory of motivation takes the concept of personnel motivation beyond the traditional model of needs (Owens 2001: 147) since Herzberg identified two independent categories of variables which are intrinsic (motivators) and extrinsic (hygiene) factors that affects the personnel's behavioural work motivation in an organisation. Owens (2001: 147) points out that these categories are related to different groups of conditions. These categories are labelled as being either 'motivators' that comprise those experiences that motivate towards delivering

superior performance in the workplace and lead to job satisfaction, or 'hygiene' that refers to those conditions that essentially serve only to prevent job dissatisfaction. According to the empirical studies conducted by Kinnear and Sutherland (2001:15-18) and Maertz & Griffeth (2004: 67), extrinsic factors such as a competitive salary, good interpersonal relations, friendly working environment and job security were cited as key motivational factors that influenced retention of nurses in the organisations. The art of motivating is built on the recognition of human needs; motivation is the degree of readiness or desire within an individual to pursue some goal (Liebler & Mc Connell 2004: 369).

2.3 HERZBERG'S TWO-FACTOR THEORY OF MOTIVATION IN NURSING PRACTICE

Owens (2001: 359) notes that Hertzberg's two-factor theory of motivation describes recognition, a sense of responsibility, personal growth, the work itself, and opportunities for advancement and achievement as motivating factors. Intrinsic motivation comes from within the person; motivation from within is a driving force towards being productive and achieving a sense of satisfaction and/or accomplishment (Bewick 2009: 2). To be intrinsically motivated in the workplace, the nurse must place a high value on his or her performance and productivity (Marquis & Huston 2006: 445). In this study performance and productivity were viewed as effective rendering of quality patient care; the point of departure being one's intrinsic motivation to achieve is directly related to one's level of aspiration.

Marquis and Huston (2006: 446) add that, although all employees are intrinsically motivated to some degree, it is unrealistic for the organisation to assume that all workers have adequate levels of intrinsic motivation to meet organisational goals. This assumption may apply to nurses. Some nurses may have adequate motivation whereas some may not. Odendaal and Roodt (2009: 147) reason that most employees can be motivated to higher productivity levels. The majority of employees have a deeply ingrained need to feel good about themselves; for example, some nurses feel exceptionally good when they render quality patient care without receiving any reward or incentive.

On the other hand, motivation arouses intrinsic factors such as "achievement, recognition and the challenge of the work" (Owens 2001: 359). The Herzberg's two-factor theory motivators from the lowest to the highest are: recognition, responsibility, growth, work itself, advancement and achievement (Rogers 2005: 629).

Levin (2000: 18) maintains that nurses' commitment to the organisation is reflected by the degree to which it can fulfil their tangible and intangible needs. Nurses view their situation in the hospital as either positive or negative and react towards it accordingly.

According to Herzberg (1968: 53), the environment in which nurses find themselves also contributes to the behaviour seen in individual nurses. Nurses have various reasons for working (Bassett-Jones & Lloyd 2005: 6; Jooste & Kilpert 2002: 14). Examples of these reasons include the need for money, recognition, success, status or self- actualisation or, conversely, fear of unemployment or dismissal. The current study will, however, be principally concerned with motivation related to work. Unfortunately there is no general method of motivation that is suitable for all individuals. Nurses have different values, attitudes and dispositions. Since a human being is a complex entity both inside and outside the work situation, the researcher embarked on an analysis of Herzberg's two-factor theory of motivation in order to create a wider background of knowledge as far as motivation among nurses is concerned.

In this study setting nurses were rendering quality patient care in a challenging environment with limited resources. Notwithstanding the challenges they faced, there were nurses who still had a passion for their job; who were responsible and felt fulfilled to see their patients cured and recovering from their conditions. It was the manager's responsibility to create a positive work environment in which the nurses could render quality patient care. According to Herzberg's two-factor theory, they possess some intrinsic factors that drive them to continue to render quality care in a rural hospital despite myriad challenges. The researcher was committed to identify these factors that urged them to continue rendering quality patient care and, in addition, to develop strategies to facilitate the motivation of nurses for managers that they can implement to for quality patient care.

Subsequently, in reference to staff retention and keeping staff turnover figures to a minimum, it is essential that nurse managers and hospital management recognise that in terms of Herzberg's model, dissatisfied personnel in nursing practice are less likely to render quality patient care. In practice, motivators cannot be considered in the absence of hygiene factors since both play a crucial role as far as the maintenance of productivity is concerned and if the work itself is to be the source of satisfaction. For this reason Herzberg indicated that it is imperative to include money as a factor in motivation. According to Herzberg, achieving a balanced gain in motivation ensures a realistic perspective which does not emphasise any one of the factors at the expense of any other (Herzberg 1993: 33-35). The author identified two further core needs that play an important role in the workplace. Hygiene factors act as a base that gives nurses comfort and not pain. In the absence of hygiene factors nurses render quality patient care under difficult situations which may lead to compromised patient care. The hygiene factors should be in place for one to be satisfied and value his or her work. Motivators as a second need allow the nurse to derive a sense of personal growth from his or her work. Such a feeling raises or drives a nurse to realise that his or her work starts to be interesting and challenging and this alone raises self-esteem (Herzberg 1968: 50-64; Herzberg 2003: 9).

2.4 STRENGTH AND LIMITATIONS OF HERZBERG'S TWO-FACTOR THEORY OF MOTIVATION IN RELATION TO THIS STUDY

Hertzberg's two-factor theory of motivation can be applied by adopting a two-stage process to motivate nurses, namely, by eliminating their dissatisfaction and assisting them to find satisfaction. In this study it was important to find out what it is that drive nurses to be motivated to render quality patient care. By using an AI approach nurses were asked to indicate what it is that they want to be changed to promote a positive work environment. The theory can assist managers to learn how to motivate their supervisees (Herzberg 2003: 9). The theory also allows for the practice of authorising nurses to take greater responsibility in planning and controlling their job. This increases the nurses' motivation and satisfaction. The results of the study have shown that nurses do indeed want to be afforded more responsibility for their own job and be given more challenging activities Herzberg (1968: 55).

Despite its wide acceptance, Herzberg's theory shows some detracting characteristics. In the current study the two-factor theory methodology did not address the notion that when things are going well nurses tend to look at the things they enjoy about their job but, when things are going badly, they tend to blame external factors. Yet, the results of this study showed that notwithstanding challenging circumstances nurses have passion for their job and they continue to do their work despite the demands.

2.5 CONCLUSION

This chapter focused on the theoretical framework that was based on Herzberg two-factor theory of motivation. A description of concept motivation in the workplace as identified by Herzberg was done. Herzberg's two-factor theory dimensions were identified as the basis of the theoretical framework for the development of strategies to facilitate the motivation of nurses to render patient care. These concepts are discussed further during data analysis, the discussion of findings and the strategies development. Together they formed the theoretical framework for strategies to facilitate the motivation of nurses to render quality patient care in a rural hospital.

CHAPTER 3

RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

This chapter covers the study aims and objectives as well the research design and methods used. The population and sampling, data collection, data analysis, development of strategies, measures to ensure trustworthiness and ethical measures are thoroughly described.

As highlighted in Chapter 1 an Appreciative Inquiry (AI) approach guided the research design of this study. It was conducted in three phases aligned with the five components of the 5-D-cycle namely Definition, Discovery, Dream, Design and Destiny (Cooperrider et al. 2008: 5). As regards the defining component, the researcher clarified the topic of the study, namely to explore and describe the perceptions of nurses with regard to extrinsic and intrinsic factors that motivate them, despite the challenges, to render quality patient care in a rural hospital.

Phase 1 was the discovery phase. The researcher used Herzberg's two-factor theory of motivation to explore and describe the positive intrinsic and extrinsic factors that the nurses themselves valued about the work environment. It related to the intrinsic factors that motivated them personally and to appreciating the best extrinsic factors that motivated them to render quality patient care in a rural hospital.

Phase 2 combined the dream and design components. The researcher explored the participants' positive thoughts about their organisation. In this phase they became innovative and constructive and developed new positive alternatives for organising their hospital. The participants were given time during the interviews to relate their views, options and feelings regarding their responses on the asked questions to illustrate how their hospital would, according to them, be its best and on how it should become. They reshaped (designed) what they had by understanding that they

could bring a positive change in their hospital (dream). In the third and final stage (destiny) the participants ranked their dreams, prioritised the intrinsic and extrinsic factors and the researcher then developed strategies to facilitate the motivation of nurses to render quality patient care in a rural hospital.

3.2 AIM AND OBJECTIVES OF THE STUDY

The aims were covered in the three phases described.

3.3 RESEARCH DESIGN

The research design is a plan of how research is to be conducted in order to solve the research problem (Bowling 2005: 143; Burns & Grove 2009: 53; Mouton 2004: 55; Polit & Beck 2012: 741; Yin 2009: 26). In this study the researcher followed a qualitative research design which was explorative, descriptive and contextual in nature using an AI approach to explore and describe perceptions of nurses with regard to factors that motivate them in their work environment to render quality patient care in a rural hospital. Further, to develop strategies to facilitate the motivation of nurses to render quality patient care in a rural hospital.

3.3.1 Appreciative Inquiry approach

In this study the AI approach was chosen to find out what it was that motivated nurses to render quality patient care in a rural hospital despite the challenges they face. The AI approach was chosen because it causes nurses to see things in a positive rather than in a negative manner. The researcher deemed it appropriate to use the AI approach because, although these nurses worked in a challenging work situation, they needed not dwell on the negative factors encountered in the situation. A detailed description of AI is provided in Chapter 1 of this study.

3.3.2 Qualitative design

According to Rossouw (2003: 163), the qualitative research technique uses words rather than numbers as a basis of analysis. Babbie and Mouton (2002: 270) and Yin (2009: 4) indicate that qualitative research reveals people's lives, stories, behaviours and also social movements. For this study the researcher adopted Babbie and Mouton's description of qualitative research as she subscribes to the notion that

qualitative researchers value the emic perspective: seeking to understand the world from the participants' view by listening to a person in a natural setting (Babbie & Mouton 2002: 278; Babbie 2004: 278).

The researcher also chose a qualitative design because she wanted to explore and describe the perception of nurses regarding what factors motivate them and to develop strategies to facilitate motivation of nurses in rendering of quality patient care in a rural hospital. Furthermore, the researcher used qualitative research because the design is flexible and allows the researcher to adapt and make changes to the study where and when necessary (Holloway & Wheeler 2010: 6; LoBiondo-Wood & Haber 2006: 570).

3.3.3 Exploratory research

Yin (2009: 29) notes that exploratory research explores the specific aspects with regard to the phenomenon being studied. In this study the motivation that drives nurses to render quality patient care albeit it in a challenging work environment was explored. Burns and Grove (2009: 359) indicate that exploration is important in the early phases of research as researchers have to generate ideas about the phenomenon before additional research can be initiated. In this study an explorative design was decided upon as the researcher intended to explore the richness and complexity of the data to increase insight into the perceptions of nurses with regard to factors that can motivate them to render quality patient care in a rural hospital (Polit & Beck 2008: 762). Creating insight thorough exploration of the data served as the basis that assisted the researcher to develop strategies to facilitate the motivation of nurses to render quality patient care in a rural hospital.

3.3.4 Descriptive research

Burns and Grove (2009: 237) and Johnson and Christensen (2000: 302) view the purpose of descriptive research as to provide an accurate description of the characteristics of persons, groups, situations, events and the occurrence frequency of certain phenomena as they naturally happen. Polit and Beck (2012: 226) describe the "main objective of descriptive research as the accurate portrayal of the group, and/or the frequency with which certain phenomenon occur". Babbie (2004: 89) adds in descriptive research "a specific phenomenon or situation is studied to see if it

gives rise to any general theories, or to see if existing theories are borne out by it". This design may also be used when the phenomenon under study is complex (Goddard & Melville 2001: 9).

In this study the researcher intended to describe the positive intrinsic and extrinsic factors that the nurses value about their working environment, their profession and the organisation that they work for and to explore and describe the changes that they would like to see in their work environment. In doing so she would be able to develop strategies to facilitate the motivation of nurses to render quality patient care in a rural hospital.

3.3.5 Contextual research

A contextual study occurs in a natural setting where the people under study live and work because it is believed that human behaviour is best understood in the context in which it occurs (Babbie & Mouton 2002: 272; TerreBlanche & Durrheim 2004: 127; Yin 2009: 19). This study was conducted within the context of a public rural hospital in the Vhembe district in Limpopo, a province in SA. The choice for a contextual study had to do with the non-generalisability of the data as it was subjective and therefore applicable to that context. The uniqueness of the setting played an important role in the decision to conduct a contextual study (Babbie & Mouton 2002: 272).

3.4 SETTING

The current study was conducted in one of the rural hospitals in one of the provinces in SA, namely Limpopo. The people in Limpopo are served by 41 hospitals rendering different levels of care. The levels of care are as follows: 31 district hospitals, 5 regional hospitals, 3 specialised mental hospitals and 2 tertiary hospitals. The total number of nurses employed in the Limpopo Province is 25 247 (SANC Statistics 2013: n.p.).

Vhembe district is one of the areas forming the province and it is served by eight hospitals of which seven are district hospitals and one is a regional hospital. For the purpose of this study one hospital was selected. It has 538 approved beds. It also serves as a district hospital because there is no district hospital in that area. About

20 918 patients are admitted annually in this selected hospital. Patients from this hospital are referred to tertiary hospitals for further treatment (Annually Hospital Patient Statistics 2013: n.p.). The total number of nurses is 609 of which 280 are registered professional nurses (RPNs), 157 registered staff nurses (RSNs) and 172 registered assistant nurses (RANs) (Hospital Personnel Statistics 2013: n.p.).

3.5 RESEARCH METHOD

According to Mouton (2001: 56), the research methodology refers to the research process which includes the steps, procedures and strategies for gathering and analysing data in a research investigation. The methodological processes that were followed in this study included selecting the population, the selection of the hospital and the participants, sampling procedure, sampling criteria, sampling size, data collection and data analysis. Detailed discussions of the research methodology undertaken in each of the three phases of the study and aligned to the stages of the AI approach are presented next.

3.5.1 PHASE 1: DISCOVERY

3.5.1.1 Population

The population of a study includes “all the elements (individuals, objects or substances) that meet certain criteria for inclusion in a given universe” (Burns & Grove 2009: 343; Polit & Beck 2012: 738). In this study the population of the first phase was RPNs, RSNs and RANs working in a selected rural hospital in the Vhembe district of Limpopo, one of the nine provinces in SA.

3.5.1.1.1 Selection of the hospital and participants

Polit and Beck (2012: 74) define sampling as “the process of selecting a portion of the population to represent the entire population”. Burns and Grove (2009: 343) describe sampling as the selection of a group of people, events, behaviours or other elements with which to conduct a study while Rossouw (2003: 108) outlines sampling as a process through which it is decided what will be observed.

In this study sampling took place on two levels, namely sampling of the hospital and the selection of nurses. The selection of the hospital is explained in section 3.4

which deals with the setting. The sampling method of choice was non-probability purposive sampling as the researcher intended to acquire a rich and in-depth understanding of a purposefully selected sample (Burns & Grove, 2009: 349; Mouton 2004: 166). Purposive sampling is a judgemental sampling method in which the researcher selects participants that best represent the population under study (Polit & Beck 2012: 529; Munhall 2007: 230; Neuman 2004: 140). All categories of nurses were included in the population because the researcher wanted to hear many voices and responses from different RPNs who had different qualifications.

For the selection of nurses, the researcher asked the Nursing Service Manager to inform nurses during their meetings about the study, distribute memorandums and place notices on the notice boards to gain participants' cooperation. The researcher requested that the staff complement of each unit was made available. From these lists names of possible participants were purposively selected in relation to those who volunteered to ensure that the sample was representative of all units in the hospital.

3.5.1.1.2 Inclusion criteria

According to Burns and Grove (2009: 344), an inclusion criterion has to do with a list of characteristics essential for a member in the target population to have in order to become a part of the sample.

The following criteria were used to determine the relevant sample for both the hospital and nurses:

- a rural hospital with high patients statistics
- nurses who were directly rendering patient care in this rural hospital.

All RPNs who had been recognised for excellence awards in the past 5 years were targeted. The researcher used her discretion to target those who might be motivated to render quality patient care in a rural hospital despite the challenging work environment. All nurses who were not directly rendering patient care were excluded.

3.5.1.1.3 Participant sample size

The sample size is the total number of the participants in a study. In qualitative research the sample is usually small when compared to quantitative research (Bowling 2005: 380). Polit and Beck (2012: 521) state there is "no firmly established criterion or rule for the size of a sample in qualitative research as it is largely a function related to the purpose of the inquiry and the quality of the participants' responses". In this study the sample size was determined by data saturation and the occurrence of repetition of themes during the concurrent data analysis. Brink (2006: 134) describes data saturation as the point during the data collection process at which no new data emerge. Data were therefore collected until no new information was obtained or when no new themes emerged (Polit & Beck 2012: 521). Data saturation was reached in this study after fifteen participants' transcripts had been analysed. Importantly, data from five additional participants were collected and analysed for authenticity of the data collected. The researcher interviewed 20 participants until data saturation was declared.

The participants' demographics are noted in Table 3.1.

Table 3.1: Participants' demographics

NUMBER	PROFESSIONAL QUALIFICATIONS	ADDITIONAL QUALIFICATIONS	GENDER	STATUS
5	General nurses Registered midwife	No additional qualifications	Females	RPNs
1	General nurses Registered midwife	Orthopaedic nursing sciences	Male	RPN
1	General nurses Registered midwife	Ophthalmic BCur degree	Female	RPN

		honours degree		
1	General nurses Registered midwife	Ophthalmic nursing sciences BCur degree	Male	RPN
1	General nurses Registered midwife	Critical care nursing sciences	Female	RPN
1	General nurses Registered midwife	Critical care nursing sciences	Female	RPN
4	General nurses Registered midwife	Advanced midwifery nursing sciences	Females	RPN
4	General nurses Registered midwife	Psychiatric nursing sciences	Males	RPNs
1	General nurses Registered midwife	Theatre technique nursing sciences BCur degree	Female	RPN
1	General nurses Registered midwife	Trauma nursing sciences MA cur degree	Female	RPN

3.5.2 Data collection

Data collection refers to "assembling information to address a research problem" Polit & Beck 2006: 498). Data collection involves the selection of participants and gathering of data from them (Brink 2006: 143; Burns & Grove 2009: 393).

An explanation of the whole interview process was done and after that the researcher invited clarity-seeking questions from the participants before the interviews. The researcher also explained the need to use a digital voice recorder to each participant and the reason for taking field notes during interviews to obtain permission from each participant. The interviews were conducted in an unused office in the hospital. The office provided a private environment as there were no disturbances during the interviews, for example, noise or banging of the doors by staff members coming in or going out. Data were collected by the researcher over a period of five months. The researcher recorded all the interviews with the digital voice recorder.

In this study the researcher used semi-structured individual face to face interviews to collect data that focused on the research topic and objectives of the study (Yin 2009: 106). According to Polit and Beck (2008: 766), semi-structured interviews are defined as "interviews in which the researcher has a list of topics to cover rather than a specific question to ask". The researcher opted to use the semi-structured interviews to allow the participants to talk freely. Specific issues were addressed so that rich descriptions could be obtained (Polit & Beck 2008: 394). Furthermore, the semi-structured interview method also allowed for probing to ensure that the participants shared all they knew regarding the phenomenon under study (Polit & Beck 2008: 394).

An interview guide to direct the interviews was compiled according to Herzberg's two-factor theory of motivation. (Refer to Addendum F). The researcher used interviewing skills such as probing, prompting and clarifying to encourage participants to verbalise their thoughts (Polit & Beck 2008: 394). Data were collected after permission had been granted by both the Research Ethics Committee of the Faculty of Health Science of the University of Pretoria. (Refer to Addendum A) and the Limpopo Department of Health to conduct the study. (Refer to Addendum B).

Permission was also obtained from the Deputy Manager Nursing Service and the Chief Executive Officer (CEO) of the specific hospital. (Refer to Addendum C).

The participants who availed themselves were asked to sign an informed consent form (refer to Addendum B) before being interviewed. The interviews were conducted during the day while nurses were on duty. The duration of the interviews was about 20-30 minutes for each participant and was conducted in English and Luvenda to accommodate all the participants. Luvenda is a local form of language used in this region. Those who sometimes struggled to express themselves in English were allowed to use Luvenda. The researcher, conversant with English and Luvenda, then translated it into English after interview (before the data were analysed).

3.5.2.1 Field notes

According to Polit and Beck (2012: 728), field notes are defined as "the notes taken by researchers describing the unstructured observations they have made in the field and their interpretation of those observations". De Vos et al. (2005: 298) mentions that field notes are written on participants' experiences and thoughts immediately after each interview as this helps the researcher to reflect on the data later. Field notes such as temporary words, cues or drawings are written and help to trigger the memory of the researcher of what happened in the field. It is used as a system for remembering, retrieving and analysing observations (Streubert & Carpenter 2007:43).

In the current study the researcher jotted down short notes during the interviews. A notepad was used and the field notes were taken in the presence of the participants. Key words or phrases and verbal cues and accompanying gestures, for example, sighing and wringing hands together, were written down. Field notes recorded in this way were used as the basis for analytical memos (Polit & Beck 2012: 728). After every interview she took time to consider and combine cues or gestures noted with what was voiced by the participant at that time. This was done immediately following an interview lest she forgot important information or perceptions. She wrote field notes on account of the things that were solicited; thus, of observed experiences in the course of collecting data. The field notes were also used as a means of

verification of the authenticity of the data collected. Field notes or note-taking was used so that no information was lost during the process of data collection (Polit & Beck 2008: 406). In this study the researcher focused on descriptive and reflective notes.

- ***Descriptive notes***

The researcher wrote descriptive (observational) notes. These are descriptions of events experienced through watching and listening and the researcher records the who, what, where and how of a situation (Polit & Beck 2012: 548). According to these authors, the technique with descriptive notes is that it contains as little interpretation as possible (Polit & Beck 2012: 548).

- ***Reflective notes***

Polit and Beck (2012: 549) state reflective notes are "notes about the researcher's personal experiences, reflections and progress while in the field that serves a number of different purposes". According to Polit and Beck (2012: 549), personal notes reflect "comments about the researcher's own feelings while in the field". In this study personal notes were used by the researcher to indicate the behaviour, expressions and gestures of the participants. The researcher specifically took care to write down observations related to participants' attitude and behaviour in an unprejudiced and objective manner (Corbin & Strauss 2008: 124). Some participants indicated that they found the study interesting because they were able to give their views about the reasons why they still continued to render quality patient care under challenging circumstances.

3.5.3 Data analysis

Qualitative analysis is "the organization and interpretation of narrative data for the purpose of discovering important underlying themes, categories, and patterns of relationships" (De Vos et al. 2005: 344). De Vos et al. (2005: 337) describe data analysis in qualitative research as a means of breaking down the data and searching for codes and categories which are reassembled to form themes. Brink (2006: 55) explains that themes are concepts indicated by the data rather than concrete entities directly described by the participants.

In the current study the researcher transcribed the recorded interviews verbatim for analysis. She transcribed the raw data recorded from each individual participant. However, before working on the raw data the researcher identified and bracketed her own perceptions regarding the phenomenon under study (Brink 2006: 113; Polit & Beck 2012: 721). Bracketing allowed the researcher to recognise biases that could not be fully controlled and to work through them. The data analysis approaches of Marshall and Rossman (1999: 153) and that of Tesch (cited in Creswell 2009: 186) were used to analyse the data. The six steps of Tesch (1990) noted in Creswell (2009: 186) were used during the contents analysis which comprised of six steps.

Step 1: Data analysis was organised and prepared by the researcher. The collected data were in the form of personal report interviews. The researcher sorted and arranged it into groups depending on the volume of the scripts.

Step 2: By reading through all the transcripts several times and immersing herself in the details, the researcher was able to get a sense of each interview as a whole before breaking it down into parts (De Vos et al. 2005: 337).

Step3: The open-coding analysis technique of Tesch (1990) (cited in Creswell 2009: 186) was used to analyse the transcribed interviews for themes (Brink 2006: 185). Following is the technique that the researcher applied in Step 3 to analyse the data.

- All transcripts were read by the researcher to get a sense of the whole.
- One transcript, the most interesting and shortest one was selected to begin with.
- Reading through it, thoughts that arose were underlined with different colour pens and notes pertaining to these thoughts were written in the margins.
- All transcripts were read repeatedly and lists of topics were made in the margins. Similar topics were clustered together.
- The topics were then abbreviated as codes to the appropriate segments of the text.
- The most descriptive wording for the topics was selected and related topics were clustered to form categories. The categories served as the basis for the literature review control.

- Reduction of the total list of categories was done by grouping topics that related to each other.
- The categories were clustered to form themes.
- A final decision on the abbreviation for each category was made and then codes were turned into alphabets.
- The data material belonging to each category was assembled in one place and preliminary analyses were performed.
- Recording of existing data was done where necessary.
- An independent coder was used to ensure that the categories and themes were true reflections of the data.

In addition to ensure the reliability of data coding the researcher had a co-coder who confirmed the data from the audiotape (Brink 2006: 185). Again, to facilitate analysis during transcription process, the researcher stated who was speaking in the next discussion, for example “R” for researcher and “P” for participants (Polit & Beck 2008: 509).

Step 4: This step entails using the coding process to generate a description of the setting or people as well as themes or categories. As mentioned by Tesch (1990) it involves a detailed rendering of information about people, places or events in a setting. In this study coding was used to generate a small number of categories because in every phase they would render the final categories. Six to eight categories can emerge depending on the research study (Creswell 2009: 186). In phase 1 two themes emerged which, in the final step of the analysis process, were used together with the themes, categories and subcategories emerging from the other phases to form the final findings.

Step 5: The fifth step is how the description and theme are represented in the qualitative perspective. These are discussions that mention the chronology of events; it is a detailed discussion of a theme or a discussion with interconnecting themes. In this study the researcher used tables to supplement the discussions.

Step 6: The final step in this data analysis involved interpreting the meanings of the data, feedback on the outcome of the study and the lessons learned. Meanings were derived from a comparison of the findings with information collected from various sources (Brink 2006: 113; Polit & Beck 2012: 721). By making meaning of the data,

suggestions were made of what needed to be asked: the who, what, where, when, which and how of a situation (Polit & Beck 2012: 548).

After the researcher had completed the coding process and identified the emerging themes, categories and sub-categories from the data the researcher scheduled a meeting with the independent co-coder to discuss the findings. The independent co-coder's inputs were incorporated to refine the coding process. Thus, in this study the data were analysed until saturation of data and consensus of the themes, categories and sub-categories was reached between the researcher and the independent co-coder. A literature control was used to verify the findings.

3.6 PHASE 2: DREAM AND DESIGN

3.6.1 Population

The population for Phase 2 was the same as that described in Phase 1 to ensure continuity of the process.

3.6.2 Sampling

All participants who participated in Phase 1 of the study were invited to take part in Phase 2. Their inputs were valuable as they would provide the information on which the AI strategy was based. This ensured ownership by those who would ultimately use the motivation strategies. Purposive sampling was used. This technique was based on the experience of the researcher regarding the subject and it was the intention of the researcher to select nurses as experts who could contribute to the development of motivation strategies to support and motivate nurses who work in a rural hospital (Brink 2006: 133).

Before working on the raw data, the researcher identified and bracketed her own perceptions regarding the phenomenon under study (Brink 2006: 113; Polit & Beck 2012: 590). Bracketing allowed the researcher to recognise biases that could not be fully controlled and she worked through it. The group report scripts were used during data analysis.

3.6.3 Data collection

Two pilot focus group interviews were conducted to evaluate the moderators' competence before the focus group interviews. A separate venue was used which was not attached to the ward. Care was taken that the room was private, away from ward noises with less possibility of disturbances during the group discussions. This ensured that the environment was conducive to conducting focus group interviews, where participants could discuss difficulties or problems in the environment they worked in with candour. They were able to share hopes and dreams for the future and deliberate on 'what could be' in a receptive atmosphere.

The researcher used AI questions to initiate transformative discussions with nurses in a rural hospital rendering quality patient care (Bernardi 2009: 1). It was considered a useful approach to bring a diverse group of stakeholders together and brainstorm creative and innovative ideas of what the organisation and nurses could accomplish. Six moderators were trained by the researcher to conduct focus group interviews three days before the workshop. There were six groups consisting of six participants each. The focus groups focused on discussions relating to 'what might be'. Questions were posed to the participants to identify their potentials; the identified potentials were then used as their strengths. The duration of the discussions was approximately 30-45 minutes per group. Using a PowerPoint presentation the researcher gave a general overview of the study. The researcher explained how the whole process would be conducted and clarified the participants' role and what would be expected from them. The participants were invited to clarify aspects about the study process or ask questions if they did not understand any of the given information. The researcher also explained the necessity to use group report scripts and the writing of field notes and to capture the data on a digital voice recorder. In each of the groups a separate digital voice recorder was used.

This phase included the dream, design and destiny stages.

3.6.3.1 Dream and design stage

The dream stage was naturally built from the discovery phase (Reed 2007: 28). Data collection in this phase was a continuation of Phase 1. The researcher used the responses received from the individual interviews conducted in Phase 1 to generate questions for the focus group interviews in Phase 2. Six focus groups with an average of six participants in each group were interviewed until no new information was obtained. The focus group discussion guide (refer to Addendum F) was used following an AI approach which was aligned with Herzberg's two-factor theory for quality patient care in a rural hospital. Participants were allowed to express themselves in either English or Luvenda depending on which language they felt more comfortable in. The group discussions were controlled and every participant had the opportunity to talk freely. Furthermore, the focus group discussions method allowed probing thus making it possible for individual as well as combined knowledge sharing of the intrinsic and extrinsic factors that influenced nurses' motivation to render quality care in a rural hospital.

During the dream stage the participants working in a rural hospital dreamt about 'what could be' (Bernardi 2009: 2; Bonham 2011: 124; Grobler & Schenck 2009: 215; Ludema et al. 2001: 190; McAllister 2011: n.p.; Mohapi & Schenck 2006: 188). Based on the questions asked, nurses had begun to dream about possibilities (intrinsic and extrinsic factors) that could motivate them. As the discussions proceeded during the group interviews, the participants saw and understood things in a different way. The AI approach questions asked pertained to what progress and growth nurses would like to see in the four years to come and what opportunities for personal growth, achievement and recognition should prevail in the work environment. (Lawrence & Meda 2003: 2).

In the focus group discussions participants conferred and explored each other's ideas and dreams as well as that of the group as a whole to make recommendations towards designing 'what will be' the ideal work environment in a rural hospital. For example, in the case where the participants expressed their need for recognition in Phase 1, they were encouraged to dream and verbalise their dream recognition in an ideal environment. In this regard, rich descriptions of data were obtained (Bowling 2005: 394; Polit & Beck 2008: 395). The focus group participants assisted to validate

the assertions made in the previous phase. There were two researchers (the main researcher and an assistant) and one moderator per each focus group session. The moderator played a vital role in the success of focus group interviews by ensuring that all notes were recorded. Furthermore, the moderator used interviewing skills such as probing to elicit more detailed information (Polit & Beck 2008: 394).

In the design stage participants engaged in making plans for the future (Bonham 2011:124). During this stage the participants had the opportunity to design on building their future. The researcher looked at the practicalities needed to support the vision that need to be in place for the dream to take place.

This stage involved shaping the future through dialogue (Bernardi 2009: 2; Grobler & Schenck 2009: 215; Ludema et al. 2001: 190; McAllister 2011:n.p.; Mohapi & Schenck 2006: 188). The main purpose of this stage was to create a supportive environment for conversation and interaction. Conducting a focus group was the process through which common ideas were sought and shared about the intrinsic and extrinsic factors that motivate nurses in their work environment. This step involved all the participants in the group to co-construct the core intrinsic and extrinsic factors that prevailed in their work environment and how it should be implemented.

3.6.3.2 Field notes

Detailed field notes were taken of accounts of the experiences of focus group participants and of thoughts and ideas which surfaced during the discussions. Field notes helped the researcher to reflect on the data later (Polit & Beck 2008: 395). It was also used as a means of verifying the authenticity of the data collected (Polit & Beck 2008: 395).

3.7 DATA ANALYSIS

The researcher applied the same steps to analyse the data as in Phase 1. The analysis of data was done manually.

3.8 PHASE 3: DESTINY STAGE

3.8.1 Population

The population for Phase 3 was the same as the population for Phases 1 and 2 to ensure continuity of the process.

3.8.2 Sampling

Sampling is the same as in phase 1 (refer to 3.6.2 Sampling page 62).

3.8.3 Data collection

In the destiny stage the results of the dream stage and what has been planned in the design stage was implemented (Bernardi 2009: 2; Grobler & Schenck 2009: 215; Ludema et al. 2001: 190; McAllister 2011: n.p.; Mohapi & Schenck 2006: 188). The feasibility of implementing the dream and the design stages in the operational plan or a work plan was evaluated. This involved transforming the design stage into more specific sets of tasks or activities to be put into action. Implementation and monitoring were essential parts of this process. The implementation of these intrinsic and extrinsic factors needed to bring effective results that would bring change in the de-motivation and negative behaviour of nurses in a rural hospital.

A workshop was conducted using participants who took part in Phase 1 and Phase 2 in an effort to reach the consensus through the nominal group technique (NGT). Although some of the participants failed to attend the workshop, the majority did attend. Only 3 participants from Phases 1 and 2 did not attend.

The NGT was employed as a strategy to guide participants. According to Asmus and James (2005: 350), the NGT is a strategy designed to receive inputs from all group members in order to reach consensus. Perry and Linsley (2006: 348) indicate that NGT is designed to generate a lot of ideas to assure that all participants participate freely without being influenced by other participants. In addition, Horton (2007: 3) describes NGT as a structured method of decision making which allows a rich generation of original ideas, balanced participation of all in the group and a rank-ordered set of decisions based on a mathematical voting method.

The researcher opted to use the NGT because it allowed the group to prioritise ideas democratically; it also minimised the influence of other participants. Potter, Gordon and Hammer (2004: 126) state it is a time effective way to obtain data within one to two hours. Furthermore, it encourages participants to confront issues through constructive problem-solving and the process can be conducted in one session.

In the conducive environment that was created the participants came together to share discoveries and possibilities. Through dialogue and debate they finally arrived at the point where they could reach consensus on the development of strategies that would motivate and enable them to render quality patient care in a rural hospital in a positive environment (Ludema et al. 2001: 190; Mohapi & Schenck 2006: 188). The NGT consists of eight steps as described by Bamford and Warder (2001: 317-331) and Steward (2001: 299-300).

Step 1: Welcoming and explanation

A warm welcome was extended to all group participants. The opening statement was made by the researcher to clarify participants' roles and the group objectives. The importance of the task was stated, the significance of each group member's contribution was highlighted and an indication of how the groups' inputs would be used was included. It was explained that participation was voluntary. The participants were seated at tables and provided with pens and paper to write on.

The researcher presented an overview of what was going to be done in conjunction with the moderator. The researcher explained the role of the moderator and further expressed that every group member's contribution would be valuable. The participants were encouraged to participate and to feel free to give their opinions without feeling that they were being intimidated. They were informed that if clarity was needed on questions or if a participant needed to contribute any idea that was different from that of the rest of the group, she or he was encouraged to do so.

Step 2: Asking the focal question

A question was posed written as a statement on a flipchart so that all the participants could see (refer to Addendum F, Interview guide questions Phase 3). The

participants were assured that there were lots of alternative answers and there were no wrong or right answers.

Step 3: Silent generation of ideas

Silently and independently the participants were afforded an opportunity to brainstorm ideas in brief phrases or statements (Asmus & James 2005: 350). Participants were allowed between 5 to 10 minutes to write down all their responses. This assisted in avoiding influence of other participants as each participant was working independently (Zuber-Skerritt 2005a: 47).

Step 4: Round robin collection of ideas

Each participant shared one idea at a time in a round robin format until all ideas were listed on the flipchart (Allen, Dys & Jones 2004: 128). They were encouraged to list all the ideas separately and requested not to combine similar ideas. The moderator wrote an idea from each group on the flipchart and proceeded to ask for another idea from the next group member, and so forth (Potter et al. 2004: 128).

Step 5: Serial discussion for clarification and categorising data

Each idea was fully discussed. Participants were encouraged to share their thoughts about the items (Potter et al. 2004: 128). This process was continued until everyone had a clear understanding of the meaning of each item. The participants were asked to explain further where necessary. Where ideas were the same, duplications were deleted because there was no need to repeat the ideas; however, when a group member felt that an existing idea provided a different emphasis, it was discussed and included upon mutual agreement by all. The process proceeded until all members' ideas had been documented.

Step 6: Anonymous voting

Individuals voted privately to prioritise their ideas. The votes were tallied to identify the ideas that were rated highest by the group as a whole. The moderator established what criteria were used to prioritise the ideas. This task in a way gave the participants ownership of the whole project. They were pleased and verbalised

that this was what they wanted; they desired to be involved in whatever processes as it made them feel that they owned the processes

Step 7: Calculate ranked scores

This step involved the data analysis as discussed below.

3.8.4 Data analysis

In this study the quantitative data were analysed and interpreted using descriptive themes. The descriptive themes allowed the researcher to organise the data in such a way that it gave meaning and created objective scientific knowledge which enhanced understanding and insight into research for the establishment of patterns of relationships (Brink 2006: 171).

Firstly, each group member selected the most important factor from the group list and wrote one idea on an index card. The intrinsic factors were dealt with first. Next, each member ranked the most important factor with the highest score, namely 11. The least important received the lowest score of 1. The facilitator collected the cards and recorded each ranking next to the alternative. The origin of the ranking score remained anonymous. The ranks for each alternative were averaged.

Next, the ranked items were discussed. All the intrinsic factors that received a ranking were listed on the flipchart to be visible to all participants. The ranking of each item was designated (the higher the total, the higher the rank). Thereafter discussions and clarification of the ranked factors were led by the facilitator to ensure that all participants understood what was meant by each priority.

A second ranking was done on extrinsic factors. The same process as the scoring of the intrinsic factors was followed: the most important factor was ranked 11 and the least ranked 1. The ranks for each alternative were averaged. The final ranks were discussed.

Step 8: Results

The group reviewed the ranking and discussed the outcome of the activity. After the participants had ranked their responses in order of priority the moderator created a tally sheet on the flipchart with the numbers which corresponded with the ideas from

the round robin written at the top of the chart. The moderator then collected all the cards from the participants and asked one group member to read the idea number and the number of points allocated to each idea while the moderator recorded it. Next, the moderator added the score on the tally sheet. The ideas that were the most favoured group actions or ideas in response to the question posted by the moderator are presented and analysed in Chapter 5. Group consensus and purpose were quickly achieved. All the group members mentioned they were very excited and felt satisfied to have developed innovative thinking (Zuber-Skerritt 2005a: 47).

The facilitator was not able to influence the group as the participants ranked all the factors independently without any interference. During this project the participants' morale was noticeably high. Voting was anonymously conducted and therefore a true valuation of reality was reflected. For this technique there was no need for the participants' validation of the data because the members themselves weighed the importance of their statements in the process of engagement in the NGT (Asmus & James 2005: 350).

In this phase of the study the researcher collected data in a quantitative form (Brink 2006:171; Polit & Beck 2008: 763). In all quantitative data statistics are recommended with the exception of nominal data, which was used in this study, to establish patterns of relationships (Brink 2006: 171).

3.8. 5 Development of strategies to facilitate motivation of nurses rendering quality patient care

In this phase the researcher developed strategies to facilitate the motivation of nurses rendering quality patient care based on the findings of Phases 1 and 2.

An action plan was developed that contained activities that could make the dream happen as well as to be committed to the activities (Bonham 2011: 124). The destiny stage is the implementation phase and it requires a great deal of planning and preparation. In this study it entailed creating or the development of strategies to facilitate the motivation of nurses rendering quality patient care in a rural hospital. The developed strategies would be implemented by the stakeholders (managers and supervisors) who would receive the recommendations and findings of the study.

During this stage the researcher created 'what might be'. The participants gave inputs towards the ideal motivational factors based on the findings of the discovery, dream and design stages. The NGT was used to guide participants to draft motivational strategies according to their preferred priorities from the most favoured to the least favoured (Horton 2007: 3).

The results of the dream and design stages were used as a point of departure. Themes generated were recorded on flipcharts. Ranking was done by the participants to reach consensus. The strategic document was developed, adopted and implemented by the group. The researcher would have the opportunity to present the motivational strategies and recommendations to the involved stakeholders (hospital nurses, supervisors and managers) to move the rural hospital forward into a positive work environment.

3.9 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is when a study accurately represents the methods used by researchers to persuade their audiences that the findings have sufficient value and relevance to justify further attention (Babbie & Mouton 2002: 276). The validation of this study was ensured by means of establishing the trustworthiness. The model of Guba and Lincoln (1985) as described by Babbie and Mouton (2002: 276), De Vos et al. (2005: 345), Polit and Beck (2012: 589) and Yin (2009: 40) was utilised to ensure the trustworthiness, credibility, transferability, dependability, conformability and authenticity of the findings.

A pilot study was conducted to ensure that the questions were phrased correctly and the researcher herself conducted the interviews. This was done to inform the researcher about the any unforeseen problems that might occur during the study (De Vos et al. 2005: 213). Tobin and Begley (2004: 392) confirm that "researcher is responsible for ensuring that the process of research is logical, traceable and clearly documented". Smyth (2006: 8) notes that planning and process of the research include the justification of a researcher's decisions and actions. The strategies used to ensure trustworthiness in the current study are presented in Table 3.2.

Table 3.2: Strategies to ensure trustworthiness

STRATEGY	CRITERIA	APPLICABILITY
Credibility	Prolonged engagement	• Maintained through semi-structured interviews until data saturation occurred
	Triangulation	• Used mixed methods • Held consensus workshop • Used peer review • Ensured through conducting interviews, field notes • Data analysis done by the researcher and independent coder • Use of articles, journals, internet search, access data and literature control

	Referential adequacy	• Made extensive field notes • Transcribed semi-structured interview data verbatim
	Peer debriefing	• Analysed data confirmed by participants • Discussed data with friend
	Member checking	• Used independent coder • Used expert supervisors
	Varied field experience	• The supervisor and co-supervisor had experience relating to qualitative research
	Reflexivity	• Ensured through taking of field notes
	Peer review	• Analysis by an independent coder (a lecturer) and assisted with data analysis • During the process of data analysis verification of the selected theme through reflection on the data and discussion with peer group and the supervisor in the field was done
	Member checking	• Follow-up interviews were held with participants after theme had been identified • A literature control was undertaken
	Authority of researcher	• Supervision done by two professors • Both were skilled in qualitative research; they supported the researcher's abilities

Transferability	Thick description	• Provided rich, comprehensive description of data obtained • Provided in-depth description of research methodology and data collection technique
	Purposive sampling	• Purposively selected participants
Dependability	Dense description	• Complete description of the design and the method as well as research process and accompanying literature was done
	Dependability audit	• Kept personal logs and field notes • Used an independent coder
	Triangulation	• Compared independent coder's data analysis with researcher's version to enhance correctness • Used more than one source for data collection • Qualitative and quantitative designs
	Code-record procedure	• Held a consensus discussion between independent co-coder and the researcher
Conformability	Conformability audit	• Provided a dense description of the methodology and results • Field notes were taken during interviews • Included literature control and more than one participant, co-controller and consensus workshop • Used independent co-coder

		• Coding and recording was done • Used experienced supervisors
	Triangulation	• The researcher prevented involvement of own perceptions, background, views and interest by applying ethical guidelines and bracketing
	Reflexivity	• Ensured through taking of field notes
	Triangulation	• Ensured through conducting interviews, field notes and literature control

3.9.1 Credibility

According to Babbie and Mouton (2002: 277), trustworthiness is ensured when the researcher succeededs in establishing confidence in the truth of the findings. This is confirmed by Polit and Beck (2006: 334) who mention that truth value is secured when the researcher is confident that the findings of the research were based on the design, methodology and the content of the research. Tobin and Bergley (2004: 391) indicate that credibility addresses the issue of fit between the participants' views and the researcher's representation of these views. It poses the question on whether the explanation fits if the description is credible. Smyth (2006: 8) contends that credibility requires a researcher to remain aware that personal beliefs might influence the research. For credibility to be achieved in this study the researcher made use of multiple sources of evidence (Yin 2009: 114). Interviews were conducted with professional nurses and the findings were substantiated with a theoretical and research literature control.

3.9.2 Transferability

The applicability of the study findings refers to how far one can determine the extent to which the findings of a particular inquiry have applicability in other contexts and settings or with other groups (Babbie & Mouton 2002: 277; Holloway & Wheeler 2010: 303). This may also be referred to as the transferability of the research

findings. The research site for this study was in a rural hospital representative of the challenging work environment that nurses experience in the public healthcare sector in rural areas of SA. The participants were given an opportunity to describe their perceptions with regard to factors that could motivate them to render quality patient care in a rural hospital (Lawrence & Meda 2003: 2). In this study transferability of the findings was ensured by providing a rich description of the research design, methodology, procedures and findings that were used to enhance the understanding thereof and to make it usable in other similar situations (Polit & Beck 2012: 585; Holloway & Wheeler 2010: 303).

3.9.3 Dependability

According to Babbie and Mouton (2002: 278), consistency refers to how one can determine whether the findings of an inquiry would be repeated should the study be replicated in similar settings and context, with similar participants. In qualitative research the uniqueness of the human situation is described with the emphasis on variation in experiences rather than to set the scene for identical repetition. Polit and Beck (2006: 335) define dependability of data as "data stability over time and in similar conditions". In this study the context of the study and the methodology of the research were described in detail to enable other researchers to repeat the research. To achieve some measure of dependability an audit trail was kept and described (Holloway & Wheeler 2010: 303). According to Polit and Beck (2012: 585), an audit trail is defined as the "systemic documentation of material that allows the independent auditor of a qualitative study to draw conclusions about trustworthiness". The study might be replicated in similar circumstances; similar participants might be used and it might still be possible to repeat the study with the aim to understand the motivation of nurses who work in other rural hospitals (Holloway & Wheeler 2010: 303).

3.9.4 Conformability

According to Babbie and Mouton (2002: 278), neutrality or conformability refers to the degree to which the subjects and conditions of the inquiry determines the findings of an inquiry. Polit and Beck (2012: 585) describe conformability as the

objectivity or neutrality of the data, which is "the potential for congruence between two or more independent people about accuracy, relevance, or meaning". In this study conformability was achieved by a rich description of the data to enable the reader to trace the collection and analysis of the data as a true reflection of the information that the participants shared with the researcher (Holloway & Wheeler 2010: 304). In other words, the data would have consistency over a period of time when read by the participants (Polit & Beck 2012: 585). Conformability was ensured through keeping an appropriate distance between the researcher and the participants to avoid influencing the findings (Krefting 1990: 221). Data were coded and recoded several times by the researcher to compare the codes identified with those of the independent co-coder.

3.9.5 Authenticity

Polit and Beck (2012: 585) state authenticity "refers to the extent to which the researchers fairly and faithfully show a range of different realities". Authenticity in this study was achieved when the study reflected exactly what the nurses had reported during interviews. The following measures were implemented to contribute to the claim of authenticity of the current study findings are mentioned below.

1. Fairness: The researcher was fair to the participants and gained their acceptance throughout the whole study. Informed consent was obtained. Interviews were conducted in a natural setting.

2. Catalytic authenticity: The researcher respected the participants' views, values and beliefs throughout the study.

3. Ontological authenticity: The researcher ensured that the participants felt satisfied that they could make themselves clear during the interviews. The researcher listened, interpreted and described what was heard during the interviews which motivated nurses to render quality patient care in a rural hospital.

3.10 ETHICAL CONSIDERATIONS

Babbie (2001: 470) ascertains that ethics is associated with morality and deals with matters of right and wrong. This implies that anyone involved in social scientific research should be aware of agreements shared by researchers and participants about what is proper and improper in the conduction of the research. In this study the following ethical considerations were observed: permission to conduct the study from the various institutions, the protection of human rights, informed consent; confidentiality and privacy.

3.10.1 Permission to conduct the study

Permission to conduct this study was sought from and granted by the following institutions:

- Research Ethics Committee of the Faculty of Health Science of the University of Pretoria
- The Limpopo Province's Department of Health
- The Nursing Service Manager and the Chief Executive Officer (CEO) of the selected rural hospital.

3 10.2 Protection of human rights

The researcher informed the participants that there would be no punishment if one withdrew participation. They were thus assured that there would be no prejudicial treatment of individuals who declined to participate or who decided to withdraw from the study after having agreed to participate. Before the interviews the researcher reassured the participants that she would be available to answer any questions relating to the interviews. The researcher further made sure that all agreements made between her and the participants were honoured. The contact numbers of the researcher were given to the participants in case they needed clarification of information or to request more information regarding the study.

3.10.3 Informed consent

Polit and Beck (2006: 93) outline informed consent as participants having "adequate information regarding the research comprehend the information and have the power of free choice enabling them to consent to or to decline participation in the research voluntarily". Informed consent was obtained from all the participants before embarking on this study. The purpose, nature and objectives of this study were explained to the participants. (Refer to Addendum D). The participants were informed that there would be no material benefits, but that the study would contribute to the improvement and understanding of what can motivate them to render quality patient care despite the challenging work environment.

3.10.4 Confidentiality

The participants were informed that their participation was voluntary and that the information they provided would be managed in a confidential manner by not revealing their names during reporting on, or publication of, the study (Brink 2006: 35; LoBiondo-Wood & Haber 2006: 298).

3.10.5 Privacy

The researcher assured the participants that their participation and the information they provided would be withheld from others (LoBiondo-Wood & Haber 2006: 298). A secluded setting was utilised during interviews to ensure privacy. The researcher carefully assessed the risks and benefits that could be incurred. She debriefed the participants to clarify issues that might have arisen during the course of the study. Information about the research was shared with the participants so that they could evaluate whether they wanted to take part in the study. They were guaranteed that information obtained would not be linked to them and that no raw data would be published.

3.11 CONCLUSION

This chapter described the research design and the methodology for Phases 1, 2 and 3. It included the population, sampling and sample, data collection and analysis of each phase and literature control. Measures to ensure trustworthiness for each phase of the study and ethical considerations were also discussed in this chapter. Data analysis and research findings are presented and thoroughly discussed in the next chapter.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

(PHASE 1: DISCOVERY)

4.1 INTRODUCTION

The previous chapter reported the research design and methods. In this chapter the data analysis and the interpretation thereof are discussed. The objective of the chapter is to provide interpretative insights into the findings. Data arrangement was done in two phases. In Phase 1 in-depth individual face to face interviews were conducted with male and female registered professional nurses from various units. Phase 2 involved focus group interviews based on the findings from Phase 1.

The professional nurses who participated in Phase 1 were between 25 and 60 years old. They had different qualifications. The researcher wanted to hear many voices and responses from different categories of nurses to obtain a variety of perceptions on what motivated them to render quality care in a rural hospital. The sample was drawn from the population of nurses who were directly involved in rendering quality patient care at the time this study was conducted.

During Phase 1 the researcher conducted Appreciative Inquiry (AI) interviews with the participants (who were all professional nurses) to determine from their real stories why nurses choose to stay and render care in a rural hospital. The AI interviews were designed to bring to light the positive qualities of working in the specific rural hospital. The researcher posited that by directing an analysis of the strategies to facilitate the motivation of nurses rendering quality patient care in a rural hospital, 'what works' in the rural hospital would be discovered and made explicit (Havens, Wood & Leeman 2006: 465). The AI interview questions had a purposeful flow: it reflected first on past experience to generate qualitative findings that articulated the positive core in a rural hospital. Secondly, it allowed for the exploration of 'what' in this past experience worked and, finally, to find ways to build

on the past positive experience. Data were collected until data saturation was reached. The AI interview questions assisted the researcher to stay focused when presenting the findings.

4.2 PHASE 1 (DISCOVERY PHASE)

The aim of this phase was to explore and describe the perceptions of nurses as to what motivates them to render quality patient care in a rural hospital by using an AI approach.

The three direct questions used in this phase were:

1. "What are the intrinsic factors which motivate you to render your service each day?"
2. "What are the extrinsic factors which motivate you in your hospital?"
3. "How best do you think your manager could motivate you to work willingly and effectively?"

4.2.1 Data analysis

Data analysis is the process of separating data into smaller and manageable parts with the intention of finding meaningful answers to the research questions and objectives and to disseminate the findings (Polit & Beck 2008: 69). The process followed when conducting the in-depth face to face individual interviews is described next.

The participants interviewed were from all different areas such as intensive care, casualty, ophthalmic, psychiatric, maternity and orthopaedic units who were working in units as well as in internal medicine and surgery. Registered professional nurses who had been trained and subsequently qualified in different programmes, ranging from diplomas to degrees, allowed for a broad range of participants covering the whole spectrum of care services in the rural hospital to be interviewed. A total of 21 participants composed of 5 males and 16 females were interviewed. The interviews were conducted in English and Tshivenda. The Tshivenda interviews were translated into English before the data analysis was done. The sample interviewed included nurses who represented all the different units in the specific hospital and the interviews were conducted in the units' offices. The duration of every interview was

approximately 45-60 minutes. Follow-up questions were asked to get in-depth information. Additionally, prompting questions encouraged the participants to elaborate on what was being discussed. The interviews were recorded and each interview then transcribed within 48 hours after having been conducted.

A qualitative data analysis followed based on Marshall and Rossman's (1999: 153) and Tesch's (cited in Creswell 2009: 186) open-coding method. The researcher reduced the data through coding and then formulated themes, categories and sub-categories (Creswell 2009: 186). Themes that related to each other were combined. Interrelations were drawn among the sub-categories. Having reduced the data, a process of meaning condensation enabled the researcher to develop a summary of findings from the natural meaning units that were evidenced in each of the participants' statements (see Table 4.1). During the process of data analysis verification of the selected themes through discussions held with peers and also the supervisor was achieved. The findings were based on the experiences voiced by the participants themselves. The quotes were written in italics and the researcher's comments were written in bold letters.

The researcher used Herzberg's two-factor theory of motivation to guide her in the analysis and structuring of the data. The AI interview questions were structured in such a way that the intrinsic and extrinsic factors were the signature themes. Fifteen categories and 28 sub-categories were identified that harmoniously emerged from the interviews with the participants. The participants expressed in their own voices the intrinsic and extrinsic factors that motivated them to render quality patient care in a rural hospital.

4.2.2 Findings

The findings of Phase 1 were classified into six categories of the first theme and eight categories of the second theme that were underpinned by Herzberg's two-factor theory of motivation. The findings were based on the experiences of the participants as shared in their own voices. The quotes were written in italics and the researcher's comments were written in a normal font. The interpretation and discussion of the findings are presented in this chapter and arranged according to

the two themes (intrinsic and extrinsic factors) and the six categories and its sub-categories as indicated in Table 4.1.

Table 4.1: Summary of themes, categories and subcategories

THEME	CATEGORIES	SUB-CATEGORIES
4.2.2.1 Theme 1: Intrinsic factors	4.2.2.1.1 Category 1: Passion for the job	• *Love for their patients* • *Fulfilling patients' expectations* • *Empathy towards the patients* • *Patriotism*

	4.2.2.1.2 Category 2: Sense of fulfilment	• *Enhancement of the patient's condition* • *Making a difference in patients' lives* • *Offering service of value*
	4.2.2.1.3 Category 3: A religious values system	• *Acknowledging God's guidance and presence* • *Valuing human beings as God's creatures*
	4.2.2.1.4 Category 4: Professional growth	• *Access and support for training and education* • *Opportunities to learn new skills*
	4.2.2.1.5 Category 5: Sense of responsibility	• *Challenging tasks* • *Delegated authority*

	4.2.2.1.6 Category 6: Knowledge transfer	• *Mentoring and coaching* • *Sharing knowledge*
4.2.2.2 Theme 2: Extrinsic factors	4.2.2.2.1 Category 1: Effective communication	• *Communication and full support* • *Verbal communication issues* • *Positive feedback*
	4.2.2.2.2 Category 2: Involvement in decision making	• *Autonomous decision making* • *Hospital meetings*

	4.2.2.2.3 Category 3: Adequate technical supervision	• *Supervision and staff management*
	4.2.2.2.4 Category 4: Interpersonal relations	• *Effective teamwork* • *Support with mutual trust and respect*
	4.2.2.2.5 Category 5: Recognition for good work	• *Performance rewards linked with non-financial incentives* • *Performance rewards linked with financial incentives*
	4.2.2.2.6 Category 6: Policies	• *Working within set standards*
	4.2.2.2.7 Category 7: Sense of security	• *Work as their personal security* • *Security on the hospital premises*
	4.2.2.2.8 Category 8: Ascribed status	• *Social status in the community*

As illustrated in Table 4.1 **Theme 1** was **Intrinsic factors**. Six categories emerged from the findings, namely:

4.2.2.1.1 Category 1: Passion for the job
4.2.2.1.2 Category 2: Sense of fulfilment
4.2.2.1.3 Category 3: Religious values system
4.2.2.1.4 Category 4: Professional growth
4.2.2.1.5 Category 5: Sense of responsibility
4.2.2.1.6 Category 6: Knowledge transfer

Theme 2 as shown in Table 4.1 was **Extrinsic factors** and eight categories were identified.

4.2.2.2.1 Category 1: Effective communication
4.2.2.2.2 Category 2: Involvement in decision making
4.2.2.2.3 Category 3: Adequate technical supervision
4.2.2.2.4 Category 4: Interpersonal relations
4.2.2.2.5 Category 5: Recognition for good work
4.2.2.2.6 Category 6: Policies
4.2.2.2.7 Category 7: Sense of security
4.2.2.2.8 Category 8: Ascribed status

In the presentation of the findings the two themes are first discussed followed by the categories and sub-categories identified under each theme.

4.2.2.1 Theme 1: Intrinsic factors

The intrinsic factors seemed to be the driving force that motivated nurses to render quality patient care in the rural hospital. Participants indicated that they were motivated intrinsically when rendering quality patient care each day notwithstanding the challenges they were facing in their rural hospital. As expressed by the participants themselves, there were various intrinsic factors that drove them to continue to render quality patient care diligently. The intrinsic factors were categorised into the six categories discussed next.

4.2.2.1.1 Category 1: Passion for the job

Passion *for* the job is characterised by the love *of* the job itself (Oxford Advanced Learners Dictionary 2006:1065). The participants in this study revealed that to them passion was the motivator for providing quality patient care in a rural hospital. Participants further revealed that the other factor that motivates and made them feel like coming to work everyday was that they liked their job. They indicated, however, that it was fuelled by different factors which were classified as sub-categories during the data analysis process. The four sub-categories related to **Category 1: Passion for the job** included *love for their patients*, *fulfilling patients' expectations*, *empathy* and *patriotism*. These were reported as dominant factors that motivated professional nurses to render quality patient care.

- ***Love for their patients***

Love for the patients was expressed as one of the primary factors that drove the participants to continue working in the rural hospital. They all spoke about their devotion to their patients. Their devotion was expressed as the love to help and care for the patients and the need to help these patients in spite of the challenging conditions the participants faced in their rural hospital. The following quotations from the participants verify this finding:

> *"I think I don't have many factors except that I have got a passion inside. I have the love for the patients thus the only thing that makes me to feel motivated. The passion I have motivates me."*

> *"I am a nurse I like to help the patients. I like to work and to be in contact with clients …"*

Although there was in many instances a lack of resources, the participants reported they simply improvised to ensure that the patients received the care they deserved. The following quotation from one of the participants verifies this finding:

"What motivates me to do my day to day job is because when I started working here as a nurse we were told that we are going to be looking after sick and injured patients and that we should do our best when looking after those patients so that they can be cured because our job is to save lives. If the patient is sick to the point of death and it happen that he or she passes away you will not live with regrets because you know that you did all you could do to save a life and it was time for that patient to die. Sometimes it happens that there is shortage of resources and you must help the injured patient. For example, when a patient is bleeding and you don't have bandages you must be able to use what you have around you to help that injured patient and by doing so you will be saving the nation."

- ***Fulfilling patients' expectations***

Fulfilling their patient's expectations was encouraged by the satisfaction of knowing they had contributed towards a patient's recovery. The participants indicated that fulfilling the patients' hopes and expectation was driven by their passion to care which is referred to in the next quote as the *"main objective"*:

"The factor that motivates me to continue to render the service is that when the patients come to seek help from us they are expecting to have proper care. I feel motivated to render the service effectively in order to meet those expectations that the patients have, even if I may fail to meet those expectations fully, but my main objective is to ensure that the service is the best".

Another participant said:

"I feel committed to do my level best for the patients to receive quality care. I feel motivated in my hospital because I believe that the moment the patient comes to our hospital he or she has hope that he or she is going to be well through the service that I

am going to render as a professional nurse. So the hope that the patient has in me ...as a nurse, to fulfil the service, that is why I am motivated wholeheartedly to render the best service."

The quotes indicate that intimate feelings of affection for their patients motivate nurses to render the best possible quality patient care in a rural hospital. It supports their belief that the patients depend on the nurses for the best possible care delivery and it fills them (patients) with hope for recovery.

- ***Empathy towards the patients***

Empathy is defined as "the ability to understand another person's feelings, experiences (Oxford Advanced Learners Dictionary 2006: 478). Empathy towards the patients in this study referred to the nurses understanding the patients' situation and sharing their experiences. Empathy is particularly applicable if one has been in a similar situation and can relate to the patients' situation (Oxford Advanced Learners Dictionary 2006: 478). The participants indicated that one virtue that ignites their passion to care was being empathetic towards the patients. The words of one participant illustrated the way in which emotional support was provided by the nurses. This participant stated: "*Sometimes I used to put myself in the patients' boots and try to give all the care the patients needed."*

The fact that the participants had already experienced the ordeal a person suffers when he or she needs care allowed them to understand the patients' pain and drove them to render quality patient care zealously. A participant expressed this empathetic dedication as follows*:*

"What motivates me is the passion I have for the job that I am doing. Since I was young I was having this passion to be a nurse. In this journey called life I once became sick and I also got injured. During that period I realised that when somebody is sick there is a need for one to be nursed. That incidence makes me to be motivated in such a way that everyday when I work as a nurse, I render the service having that and have the *empathy to say:* 'The *patient needs to be cared for'. I have learnt that I*

> *need to do the best for all patients as I had also needed that care the time I was hospitalised."*

Another participant expressed empathy for the patients in the following manner*:*

> *"When I see sick people I empathise with them and I feel the need to help them. In case patients are in pain or sick I am motivated to nurse them until they recover or they are cured from their illnesses or until he or she has died in peace and with dignity."*

- ***Patriotism***

Being 'patriotic' is defined as "love of your country and willingness to defend it" (Oxford Advanced Learners Dictionary 2006: 1068). In this study patriotism was equated with the participants' dedication to being loyal to their patients and their rural areas of birth despite the shortage of resources in the hospital that they had to cope with. The participants related that the majority of nurses move from rural to urban areas to improve their own working conditions in tertiary and private hospitals. They further shared that they felt especially satisfied by serving their society; they believed that showing patriotism through caring for their fellow community members was a form of serving their community and investing in its future.

One of the participants reported the need to assist one's *"fellow citizens"* by rendering quality patient care effectively and giving patients what is expected before looking for work somewhere else in the world:

> *"Some of the nurses went to Gauteng for better opportunities and others went to London and Saudi Arabia. As a citizen of Limpopo under* in the *Vhembe district I feel that it is my responsibility to play a role in helping my fellow citizens before extending my hand to other people around the world."*

For some of the participants the lack of resources made them more passionate and determined to do what they had to do with the limited available resources as expressed in the next quote:

> *"Again the passion* for *my work drives me to do good; despite the shortage of pharmaceuticals items,* the *shortage of manpower and equipment that are not in good working conditions I feel motivated to do my work wholeheartedly."*

Other participants ascribed their motivation to witnessing patients recovering from their illnesses and adding value to their community economically. The following two statements describe the participants' positive feeling that they added value to individuals, their communities and society by working in the rural hospital:

> *"In the unit I am working in, when I see the full recovery of a patient I become happy, I know that if he or she is a breadwinner he or she will go back to the community and continue to provide for their family. I help to reduce theft and orphan hood in the community."*

"I am motivated knowing that I am adding value to someone else's life. When a mental health patient who was rejected by the community gets a chance to live with the community again it encourages me to do my job." Although the participants indicated that there were challenges in their rural hospital, they nonetheless appeared to have a strong sense of belonging, of having membership or citizenship of their own rural area and this motivated them to work in the rural hospital.

4.2.2.1.2 Category 2: Sense of fulfilment

Self-fulfilment is defined as "the feeling of being happy and satisfied that you have everything you want or need" (Oxford Advanced Learners Dictionary 2006: 1326). The participants expressed self-fulfilment as the sense of having joy, peace and happiness when they had accomplished their goal of good, safe service delivery. They regarded self-fulfilment as a factor that made them stay happy and satisfied. Bearing witness to the improvement in their patients' conditions or illnesses, seeing

them being cured and discharged filled the participants with joy and gratification. In addition, the participants stated that they were familiar with the rural surroundings as well as with the majority of members in their communities. Because of this knowledge and the close ties they shared with the people they were able to witness the positive changes they had helped to bring about. It was not uncommon for them to often encounter healthy patients whom they had nursed and that added to their self-fulfilment. The participants felt inspired through the following factors noted as sub-categories: enhancement of the patient's condition, making a difference in patients' lives and offering a service of value to the patients in a rural hospital.

- ***Enhancement of the patient's condition***

The participants viewed the enhancement of the patient's condition as a possible factor and liable motivator for the self-fulfilment of their job offered. They voiced that the likelihood for them to come across patients they had nursed previously was more feasible than for it to happen in a widespread urban area. They ascertained that getting the best results possible with the limited available resources at hand was another factor that motivated them to render quality patient care in their rural hospital.

> *In a simple way I can say, a hospital is not a recreational place, it is not a place where one can wake up in the morning and decide to go and spend a day there, when a person come to the hospital it means there is a need that compelled him or her to come and you find that the factor does not only affect one individual but also his or her family. When the patients gets help they need they will talk good about me in my absence and good news spread fast. This creates a good image for me around the community.*

> *"If the client has been assisted I become so fulfilled and feel motivated. It gives me a sense of satisfaction in my job because after I have helped someone then I find that I have met that person's needs and they express their gratitude for the things I had done for them especially when I meet them outside in the community".*

> *"I am intrinsically motivated because I am working in my province. I am motivated to render the service for my own people, and again the passion of my work drives me to do good, despite the shortage of pharmaceuticals, shortage of man power and equipment that are not in good working conditions I feel motivated to do my work wholeheartedly."*

The participants mentioned that they experienced a sense of fulfilment when they rendered quality patient care; seeing their patients recovering from injuries and illnesses, saving lives, rendering services effectively and patients showing appreciation for the care and service they received fulfilled the participants with contention. The next two statements illustrate the fulfilment the participants felt when their care enhanced a patient's condition:

> *"I have that sense of fulfilment when I have rendered patient care and the patient has recovered or is cured; this motivates me. Sometimes even if I did not go for tea or lunch I feel that at least I have done my work and that somebody's mother or somebody's wife is alive with no complications and the patient is stable."*

> *"If the client has been assisted I become so fulfilled and feel motivated. It gives me a sense of satisfaction in my job because after I have helped someone then I find that I have met that person's needs and they are rehabilitated and seeing that* their *lives are back to normal because of the quality patient* care *rendered to them."*

The participants experienced the role they played in enhancing the patient's condition as fulfilling. When their care contributed towards the patients' recovery or rehabilitation and enabled them to live normal lives and reach their potential, it motivated them to continue serving their community in the rural hospital.

- ***Making a difference in patient's lives***

Making a difference in somebody's life referred in this study to the participants' ability to assist a patient and change people's unhealthy lifestyles or improve their knowledge about health. An example of knowledge empowerment would be to persuade the rural women to utilise the healthcare facilities efficiently. The participants expressed the saving of lives as a factor that brought them fulfilment. Also, when observing that the rendering of quality patient care was done effectively and the patient could be discharged, they felt fulfilled.

One of the participants voiced her concern about patients in rural areas who, although they do not have money to access private healthcare services, they also do not make use of the free healthcare services that are available and accessible in their area. She stated that despite the availability of a free mother-and-child service, some pregnant women in rural areas still refuse to deliver their babies in the hospitals but they deliver in their homes. However, the participant shared that she continued to promote the importance of giving birth in a hospital. When she noticed that the pregnant women started *"coming to the hospital in large numbers"* it enhanced her own sense of self-fulfilment:

> *"I feel motivated that I am adding value to someone* else's *life and thus making a difference. I persuaded and assisted women to understand the importance of delivering in the hospital; they are now coming to the hospital in large numbers; that gives me self-fulfilment as I can see that I am making a difference.*

It is clear from the above quote that the positive relationship between the job status and the freedom to choose the type of nursing not only raised the participant's self-fulfilment but also emphasised her work role in the rural area. These aspects are emphasised in the following verbatim quotes:

> *"My greatest motivation is the fulfilment I get when I have helped a patient; that is when I realise that my existence in this world is not in vain. Every time when I prepare myself*

for duty I feel motivated to see that I am doing the work that I like most, it motivates me *to continue everyday as there is a need of nurses who can render services effectively."*

"I like midwifery, midwifery was one of the courses that I like while I was still on training. After my completion as a professional nurse the section that I like most was maternity in labour ward. This was because I like midwifery, I am motivated as that is where babies are born eeh… this motivate me a lot as I handle two lives at a time and that gives me satisfaction and my heart became so fulfilled seeing that I did my tasks in a right way. Every time when I prepare myself for duty I feel motivated to see that I am doing the work that I like most, it motivates to continue everyday as there is a need of nurses who can render services effectively"

The participants expressed that making a difference in the lives of patients in the rural hospital greatly influenced their self-fulfilment.

- ***Offering service of value***

Offering a service of value is characterised by community members complimenting the services rendered. The participants revealed that receiving compliments from the patients for providing quality patient care gave them a sense of self-fulfilment. It was their belief that the service they offered attracted some of the patients because in this area community members consistently made use of this specific rural hospital. They shared that even though most of the hospital buildings were *"dilapidated"* the same patients visited the hospital time and again. The participants were therefore convinced that the care they provided was valued by the community members. One participant indicated that they experienced fulfilment when they saw patients returning to same hospital despite its run-down structural appearance. In fact, the

participants perceived this phenomenon to be patients showing appreciation and valuing the services they received as noted by this particular participant:

> *"Every day I become so fulfilled seeing that I am rendering service where some patients come back to the institution just to appreciate the service that was given to them. That makes me to feel so motivated to find that despite the dilapidated buildings we have in our hospital we can still offer the service that is of value to some of the patients in such a way that they are coming back to us to appreciate what we have done; that keeps me going."*

In spite of their commitment to their work and their community, the participants acknowledged that some negativity could be experienced due to problems mentioned such as the limited resources, the derelict building, and some community members' discharge of the service they rendered. Yet, they voiced that one of the factors that kept them motivated to continue working in the rural hospital and attending to their community members' health needs was because they felt self-fulfilled by the fact that they offered a valuable service as evidenced by the responsiveness of many community members.

The findings revealed that the participants felt self-fulfilled in the rural hospital where they worked. They ascribed this feeling of self-fulfilment to the positive role they played in improving the health conditions of people in their community. Not only did they themselves believe they made a difference in peoples' lives because they witnessed it happening, but people from the area appreciated the valuable service they offered to their rural community and kept on returning for healthcare services to the same hospital.

4.2.2.1.3 Category 3: A religious values system

- The term 'religious' is defined as "connected with a particular religion" (Oxford Advanced Learners Dictionary 2006: 1230). In this study participants expressed that the influence of Christianity as a religion assisted them to render quality patient care with pride. They communicated that they based

their care on their Christian beliefs and verses from the Bible that emphasise love and caring for themselves and for another. A Christian religious value system emphasises that one has to love one's fellow human being as one love oneself (Mark 12: 31 Everyday Life Bible). The participants shared that their religious beliefs impacted on their role of nursing patients in the rural hospital because they believed serving patients was their calling. By being thankful and valuing human beings as God's creatures were viewed by the participants as the mainstay factor that drove them to be motivated when rendering quality patient care in the rural hospital. The two sub-categories that emerged from the third category, religious values system were *valuing human beings as God's creatures* and acknowledging God's guidance and presence in their lives.

- ***Valuing human beings as God's creatures***

To value human beings as God's creatures referred in this study to treat patients with respect and dignity. The following statements illustrated this response:

"*My Christian belief makes me to honour God for the work that He gave me and I also value human-beings [patients] as God's creatures*."

The quote possibly confirms that religious value can make participants to maintain or have self-motivation despite the challenges in a rural hospital.

The term 'religious' is defined as "connected with a particular religion" (Oxford Advanced Learners Dictionary 2006: 1230). In this study participants expressed that the influence of Christianity as a religion assisted them to render quality patient care with pride. They communicated that they based their care on their Christian beliefs and verses from the Bible that emphasises love and caring for another.

- ***Acknowledging God's guidance and presence***

Acknowledging God's guidance and presence in their lives was expressed as the driving force that m*otivated participants to render quality* patient care in a rural hospital. Two participants shared that they were thankful to God for having provided them with work opportunities. One stated:

> *"Mmm … is because I love my job, I love myself and I thank God because He has given me this job. I am working and that makes me to work hard as if tomorrow I may not come back for I do not know what will happen tomorrow. I do not know what the future holds for me. So I tell myself to do the best I can."*

The second participant said:

> *"I should* do *thank God who gave me this opportunity to have* a *healthy, strong body that keeps me going and* that I am *still alive, it motivates me to come and work."*

The participants gave thanks to God for providing them with a job. To thank Him the participants worked *"hard"* and did *"the best"* they could (quoted words of the first participant) to show their gratitude. Their gratitude to Him for blessing them with healthy and strong bodies amidst the pain and suffering they experienced in their work environment enabled participants to render care to others and motivated them to *"come and work*" in the rural hospital.

Another important finding in this category was that the participants valued human beings as God's creatures; this acceptance of His presence in all human life allowed them to treat patients with respect and dignity. The following statement supported this acknowledgement of God's generosity to them:

> "*My Christian belief makes me to honour God for the work that He gave me and I also value* patients *as God's creatures*."

The voices of these participants confirmed that living according to one's religious values helped the participants to maintain their self-motivation despite the challenges they were faced with in a rural hospital. The participants expressed that the influence of Christianity as a religion assisted them to render quality patient care with pride and thankfulness. They confirmed that they based their care on their Christian beliefs

and verses from the Bible that emphasise love and caring for another and they were therefore empowered to take care of their fellow human beings (members from the rural community) with humility and love.

4.2.2.1.4 Category 4: Professional growth

In this study professional growth related to the participants' professional and personal development as their skills intensified (Oxford Advanced Learners Dictionary 2006: 1159). Professional growth was identified as one of the important motivators for quality patient care. The participants revealed that attending special training and education programmes motivated them to deliver the best possible and most effective care not only as individuals but also as a workforce. According to them, professional growth led to self-improvement through the acquisition of new knowledge and skills and augmenting present ones. However, they agreed that the following factors had to be considered as far as opportunities for the self-improvement of nurses were concerned: *access and support for training and education* and *opportunities to learn new skills*. This finding was supported by the following quote:

> *"Education exposes us to new experiences and gives us new insight* into *dealing with patients. Undergoing training empowers my standard of patient care and also improves my skills with regard to different procedures. Through experience I am knowledgeable* but *in such a way* being given training and new learning opportunities *I feel motivated to develop further and train as an advanced midwife to gain more knowledge in the midwifery world."*

This quote reveals that professional growth is something that is acquired and is therefore an ongoing need for nurses in their profession. Training and educational programmes and workshops for professional are generally short courses often times it is facilitated over a few days only meaning that travelling costs and days off work are minimal (Greenspan et al. 2013: 1478-1491). The participants believed that continuous training would develop their knowledge and enhance their skills and they therefore wished for more opportunities for development.

An important factor raised by the participants was that development motivated them; being given opportunities to further their studies was regarded as imperative. This proves that nurses want and need to develop professionally and personally to keep up to date with new knowledge and skills as this would lead to better quality patient care. The next two statements from participants in this study support their belief that continuous development is advantageous. Moreover, in the first quote the participant refers to self-study and taking responsibility to acquire new knowledge. The participant's outlook to not only rely on others for knowledge acquirement was positive and showed an inner commitment to do the best possible for the patient as well as to take ownership for learning and developing oneself.

> *"I feel motivated when upgrading myself by attending at the university, reading books and I usually update myself. I like listening through* to *the media; it makes me to have knowledge of what is happening around the world. It motivates me as I gather information that is work related or outside work."*

> *"I feel motivated again when I learn something new that I didn't know before; I can apply that in my working environment or outside the work environment depending on the relevancy of the information. The knowledge that I gather assists me to be able to live or work with different people who have different personalities."*

These quotes indicate that nurses want and need opportunities for professional and personal development because they want to stay updated with new developments through education and training.

- ***Access and support for training and education***

Access to and support for training and education motivated participants. They wanted to attend workshops and in-service training that aim to enhance the development of nurses because they knew they would acquire more knowledge and this would assist them to render better quality patient care.

The participants expressed that being only a few nurses in a rural hospital has some advantages as they were afforded opportunities to attend workshops and in-service training on a regular basis. It was their view that it was important for them to attend these because obtaining more knowledge and skills meant they would not have to rely on out-dated knowledge and skills. They worked in an environment where the delivery of health services were demanding and therefore nurses needed proper training. This finding was substantiated by a participant who said:

> *"When I attend workshops and training I gather more knowledge which makes me to grow professionally and be able to render quality service in a rural hospital and that motivates me. If I am not 'work shopped' I continue to use out-dated knowledge, whereas there is advanced health care which is at the best interest of a patient."*

This quote reveals the importance of facilitating workshops and in-service training as a way to improve the nurses' knowledge and skills because it enables and empowers them to provide effective quality patient care in their rural hospital.

- ***Opportunities to learn new skills***

The participants identified opportunities to learn new skills as one of the motivational factors that were conducive in motivating them to render quality patient care. They revealed that gaining knowledge and new skills was an effective factor to ensure the delivery of safe, quality patient care in their rural hospital. One of the participants referred to colleague empowerment, enhancing one's self-image and learning to appreciate the work one does more as reasons nurses desire to learn more:

> *"As an individual I always have the desire to learn more and have knowledge which I will use to empower my colleagues and my patients. It also boosts my self-esteem and also gives value to my work and those of my fellow colleagues."*

These words of this particular participant indicate that there was a strong inner need for achievement. Such an inner drive motivates nurses to be even more successful and to become a more competent and knowledgeable nurse. It is deduced from this

quote that the participants who worked in the rural hospital formed a closely knit team who wanted to share knowledge to become more empowered as individuals and as a workforce to take responsibility for caring in the best way possible for their patients.

Another participant emphasised the need to achieve professional growth as it motivated nurses. This participant verbalised that professional growth results in a nurse having a higher status in that she or he becomes more successful. This benefits the entire community as well as her or his colleagues. Life style changes can be addressed, for example, to prevent communicable and non-communicable diseases. Having a new sense of achievement will reflect on the nurse's ability to contribute more towards patients' health and overall well-being as the next quote verifies:

> *"The other factor that motivates me is to develop myself, like to attend workshops, in-service training that is related to the environment I am working in; that makes me competent and enjoy the work I am doing. To have knowledge and skills motivates me a lot as my status becomes different, these achievements brings recognition for me time and again. Again during meetings I become so motivated because I can use the knowledge I have to give inputs to* assist *in patients' care and also to educate the community members to change their life styles, hence, prevention of infections such as sexual transmitted infections such as HIV/AIDS, syphilis, and gonorrhoea that motivates me."*

Also, the following is a quote that fortifies the finding that the participants in this study felt fulfilled and more motivated if they could further their studies by doing, for example, post-basic courses. Not only was it their belief that ongoing learning satisfied them but it also benefited the hospital because it made it possible for them to handle complicated procedures as there was currently a shortage of doctors in their rural hospital. Pointing out the desire to develop every day, this particular participant additionally had the desire to be proactive, *achieve and be creative:*

> *"I am also motivated because I see myself developing every day and seeing the world from a different perspective. I am learning and facing challenges and situations that makes me to have knowledge about life, for instance, witnessing a certain disease someone has been admitted with that I had not yet seen or have knowledge of."*

There was evidently a strong need among the participants to further their studies through training; they wished to grow professionally and become more skilled and knowledgeable in all spheres of their profession. Their desire was to have more power to take control of situations, influence colleagues and the community to lead healthier lives, develop their own competencies and be responsible for other people.

It was encouraging to find that participant shared they became motivated when finding new information on the Internet. One verbalised that being provided with Internet access in the workplace enables nurses to retrieve information to assist them when giving health education to the patients:

> *"The other thing that motivates me is to get new information through internet, it is good when the hospital assists us to get new information that is used when rendering or presenting any talk related to patients' care, for example*, talking about HIV *infections."*

The participants seemed keen to learn; they were prepared to take the responsibility on themselves to augment their knowledge. The above participant pointed out the necessity of having access to the Internet as a motivating factor. It enables nurses to search for information that could assist in enhancing patient care and also in the preparation of lectures and health education programmes and/or workshops. It is obvious that the participants had a definite need for opportunities to attend workshops and in-service training as they learnt current skills and acquired new knowledge and could therefore attend better to the needs of patients in the rural hospital.

4.2.2.1.5 Category 5: Sense of responsibility

The finding of having a sense of responsibility in this study involved the degree of freedom nurses had to make decisions and implement their own ideas. The participants revealed that by having this sense of responsibility motivated them to render quality patient care because they were held accountable for the actions they took and the decisions they made. The participants said taking responsibility encouraged them and it motivated them when they had accomplished their duties effectively. Since their work involved dealing with patients' lives, the participants agreed being accountable for the patient's health was a grave responsibility; when rendering quality patient care in the rural hospital where resources were scant and they were faced with many challenges, taking responsibility for their treatment and actions was to them even more critical.

The following sub-categories emerged from the category sense of responsibility: *challenging tasks* and *delegated authority.*

- ***Challenging tasks***

Challenging tasks is characterised by performing difficult and interesting assignments in one's work such as doing complicated procedures (Queen 2011: 5) The participants identified one of the motivators that drove them to render quality patient care as the fact that they had more responsibility in their rural hospital than that of professional nurses working in urban healthcare establishments and private hospitals. Since there were only a few nurses in the rural hospital (refer to *Access and support for training and education pg 102)* the nurses' responsibility included dealing with different kinds of health matters such as, for example, doing all kinds of procedures including complicated ones. Taking responsibility for challenging tasks impelled them to become more committed to their work. One of the participants expressed the following:

> *"Okay, I believe that in life everybody has a right to good health and I am motivated if the patients are assisted during accidents when I mobilised patients' fractured limb and also apply Plaster of Paris (POP). I also believe that some of us*

must work in rural hospitals to help our communities who are in need of our care."

It can thus be assumed that the more independence nurses has to take on responsibility, the more inclined they are to render quality patient care; the better care they provide the more motivated they become to improve quality patient care.

Moreover, the responsibility they had made it easier for the participants to render quality patient with confidence as verified by the next two quotes:

"The responsibility motivates me because nursing a person and seeing *that I have applied my skills effectively it motivates me in that I feel that there is something that I have done. The responsibility that I have also motivates me because I have got more knowledge than the person who is sick concerning the care that I am supposed to deliver and the service that I have at hand for the patient."*

"Responsibility is one of the other factors that motivates me in case if there is something that I am supposed to do for the patient and I happen to do those *tasks and find that patient is discharged being in a good state I feel motivated….If the patients are satisfied in relation with the care that they receive and appreciate it, that motivates me because I was responsible to give them what was due* to *them".*

The following participant shared that to be appreciated by patients motivated him. It led him to desire to become more responsible and trying by all means to please them because patients saw him as their solution:

"Another thing that motivates me is that the patients appreciate and recognise the nurses as their only hope during their illness. So I take that seriously and ensure that I must really be responsible because the patients see nurses as their solution".

Recognition of their responsibility was apparent in participants working in the maternity unit. As there is no exact timing of a birth, they were acutely aware that they had to take care of the female patient until she had given birth, even if it meant without rounding before their shift was over. They knew they should give a thorough report to another nurse to round off. The following statement illustrates this:

> *"The service in maternity needs a person to be responsible because if anything goes wrong you will have to account. You become so responsible in such a way that you cannot just knock off before you ensure that all the tasks are done accordingly. When I hand over the baby to my colleague I must be sure that everything is fine. When you are at home you can contact the colleague at the hospital and find out about the patient's progress."*

This participant's words "*I must be sure that everything is fine"* reveals commitment to her work. Furthermore, the fact that she would go so far as to enquiry about the patient's progress from her home and after hours indicates that she took her responsibility seriously.

Another participant verbalised that the acquired knowledge empowered them to have confidence in their work. A further issue this participant addressed was that part of taking responsibility meant showing loyalty to the employer as well as the patients ("*having a listening ear to the patients*"). In the following quote it is stated that the nurses in the rural hospital needed to overcome challenges by performing procedures correctly so that the hospital are not be sued by patients.

> *"The responsibility that I have motivates me each day to do my work diligently and effectively because of the knowledge that I have acquired. I am motivated to do everything in a proper way so that even though there is something wrong let it be something that is upon* in *the nature of the work or something that is beyond my control. The other factors that motivate me are to be responsible in my work environment, to have a listening ear to the patients…"*

The participants revealed that acquiring new knowledge and skills also meant gaining more responsibility. Having more responsibility led to a heightened sense of motivation *"to do everything in a proper way".* The participants shared they believed they were knowledgeable about the job they were doing and they were able to take the responsibility to deliver the service which the patient needed.

- ***Delegated authority***

Delegated authority *in this study referred to the participants' power to influence, control and be responsible in planning, managing and leading other staff members.* The participants reported that they felt motivated when they were given the responsibility to supervise others and delegate administrative work. The following statement substantiates this:

> *"Unlike in urban areas where they are adequately staffed, in rural areas responsibility comes early in one's career. We are granted opportunities to supervise, monitor off-duties and leaves, planning and implementing in-service training in the unit. We are also appointed as acting operational managers during the weekends, making sure that thing are in order and that appointments are being attended. I feel delighted just having that opportunity of being given the responsibility to make decisions by myself and rendering the care that I can at my level."*

It can therefore be asserted that challenging tasks and delegated power equip nurses to take more responsibility and be accountable for their own decisions.

4.2.2.1.6 Category 6: Knowledge transfer

The impact of knowledge transfer through mentoring and coaching others, according to the participants, was that quality patient care was promoted. The participants revealed that they enjoyed sharing their knowledge with learner nurses, colleagues and their patients as their hospital was a training institution and a clinical facility for different courses with learners from different institutions in the province. They voiced

that teaching others motivated them to the extent that they made assessments and checked where there were knowledge and skills gaps and prepared lectures to educate their supervisees, colleagues, patients as well as relatives. In the category relating to the transfer of knowledge *mentoring and coaching* and *sharing knowledge* were identified from the collected data.

- ***Mentoring and coaching***

Mentoring and coaching in this study pertained to the knowledgeable and skilled nurse participants sharing that they trained and advised their colleagues and leaner nurses. Mentoring and coaching was revealed as an important motivational factor and the participants shared they were willing and had the enthusiasm to help others since it increased their own motivation as well. One of the participants explained how mentoring and coaching promoted motivation*:*

> *"Mentoring and coaching of nurses all the time motivates me. Another factor in relation to my colleagues: I feel so motivated because on* a *daily basis I can assess that there are some activities that are not so effectively done or any behaviour deviation, then the moment when I realise that, I usually prepare a lecture and educate my colleagues. This makes me feel so fulfilled seeing the results after the lecture especially when there is an improvement. I become so motivated and feel proud to see the changes."*

> "Educating the interns helps me to grow in my job because; when I help them, they appreciate; it motivates me to do more because I know that my experience will add value to someone else. Even the seniors when I help them it motivates me to do more because they appreciate it and I know that when they render the service it will be of quality. When I help practically I have realised that at the end our hospital will have good reputation."

Another participant reported that sharing knowledge with others motivates her as that makes her to grow professionally. The following illustration evidenced this:

> *"Our hospital is a training institution and I have indicated that I like my job and also have interest, that motivates me in such a way that I share the knowledge that I have with others especially the learner nurses who are doing advanced midwifery and the four year course students as well as those who are allocated in labour ward for exposure as a pre-requisite for advanced midwifery and basic midwifery. I enjoy to teach them whatever procedures and to show them how to manage complicated deliveries."*

These verbatim quotes show that patient quality care can indeed be promoted through mentoring and coaching as the outcome leads to a more motivated staff in a rural hospital. In addition, the assumption can be made that highly motivated nurses need less direction and control to welcome more responsibility.

- ***Sharing knowledge***

Sharing knowledge with colleagues and leaner nurses was encouraged as participants shared if they knew that they had increased knowledge and expertise in colleagues and leaner nurses their sense of responsibility was heightened. The participants revealed that they regarded the need of sharing knowledge as pivotal; they viewed it as their responsibility as registered professional nurses to carry on teaching colleagues and leaner nurses in their rural hospital. This finding is verified by the following quote:

> "*I educate the leaner nurses so that they should also enjoy midwifery. I sell midwifery to them in a way that they feel like they can also like to specialise in it. Midwifery as a course needs somebody who is responsible that is why most of the people don't want to work in maternity because you render the service for two lives at the same time."*

A participant voiced that even "*just to teach patients about their medical conditions motivates me."* This participant added that sharing information with the family

members regarding homecare of patients was significantly important. Communicating knowledge about how family members had to take care of patients while the latter recuperated at home would, this participant believed, eventually benefit the community in that other community members (such as visitors and friends) would become more knowledgeable about health matters. Thus, albeit in an indirect and small way, new this particular participant believed knowledge would be made available to the larger community:

> *"Even just to teach patient about their medical conditions motivates me. I also have to pass the knowledge to the immediate family members about taking care of the patients at home after discharge. Educating patients about their conditions is very essential to me because I know they will pass the information to others. For example, after amputation of a leg the informed individual will take all necessary steps to ensure that it does not happen and in the end it will create awareness to*[in]*other community members."*

Another participant reported that sharing knowledge motivated the nurses as it contributed to their professional growth and also benefited the hospital because it would strengthen the view of it being a reputable institution:

> *"Educating the interns helps me to grow in my job because when I help them, they appreciate it. It motivates me to do more because I know that my experience will add value to someone else. Even the seniors when I help them it motivates me to do more because they appreciate it and I know that when they render the service it will be of quality. When I help practically I have realised that at the end our hospital will have* a *good reputation."*

From the quotes it can be assumed that being willing and enthusiastic to share knowledge and information with junior as well as senior colleagues, patients and others like family members motivate nurses to work in the rural hospital to which they are loyal. The impact of knowledge sharing, according to some participants, is

another way of educating their community at large. To them this direct and indirect information and knowledge sharing is a way to reach every person in the community. As mentioned, nurses in rural hospitals want to invest in their communities and sharing knowledge with people and providing them with accurate and relevant information can motivate nurses to continue delivering their best possible service in a rural hospital.

4.2.2.2 Theme 2: Extrinsic factors

Extrinsic factors relate to the supervisor and/or manager encouraging nurses to motivate the nursing personnel. An example would be to award them for their work and dedication. Extrinsic motivational factors refer to factors affecting nurses from outside themselves in their working environment. The eight categories and their sub-categories are identified under **Theme 2: Extrinsic factors** are discussed next.

The first category was effective communication which elicited three sub-categories, namely, *communication and support*, *verbal communication issues* and *positive feedback*.

4.2.2.2.1 Category 1: Effective communication

Effective communication refers to an activity of expressing ideas and feelings (Horny 2007:291). The participants revealed that effective communication was a motivator for them to render quality patient care. They expressed that when tasks were distributed or had to be done and the reason why it had to be done in a specific way was explained, they became more committed and understood why the work was required. They shared they were comfortable with expressing themselves and felt valued because they could approach their supervisors for advice or support at all times. The participants observed that effective communication was fuelled by several factors which were listed as the following sub-categories during the data analysis: *communication and full support*, *verbal communication issues* and *effective feedback*. These were reported as imperative factors that motivated them to render quality patient care in a rural hospital.

- ***Communication and full support***

The participants stated communication from managers and demonstrating their full support to the nurses were essential factors for nurses to feel good about themselves. It was through communication and managerial support that cooperation and collaboration among all the stakeholders involved in the rendering of quality patient care in the rural hospital were achieved. One of the participants made the following statement:

> *"There are lot of factors that motivate us like for instance there is effective communication and full support among the staff members and our patients. Usually during the weekends I am appointed as an acting operational manager. I learn from the operational manager through effective communication, that it is easy to get cooperation and commitment from the supervisees. All in all it is simple to get all the information because I am also open. I like to assess information that I have received and make sure that relevant information is communicated to the supervisees. It is easy to give a report when I am well informed in relation with patients' care in such a way that the report will be as if the manager was present during the weekend."*

The participants hence viewed communication as probably one of the most essential factors for improving motivation among nurses to remain in their rural hospital.

An important factor mentioned by the participants in this study was that the management in their hospital did not withhold information. The management sharing information with them motivated the participants; it boosted their morale and encouraged them to perform at their best possible level despite the shortages of staff and equipment as evidenced in the next quotes:

> *"Mmm… I think that despite shortage of human and material resources our management sometimes, if we are having problems, they are trying by all means to listen to us, even*

maybe if you've got some suggestion they even allows you to share with them. That is something which motivates me."

"… I think communication also encourages me to render quality care because we communicate to our colleagues, patients … we communicate between the patients and the nurses, the nurses … mmm… from top down the seniors and the juniors we used to communicate most of the time … when *we are having communication you find that … that things it helps to … to make a person to render quality care and even the doctors you find that they allows us sometimes to share with them even to advise them even if you are a nurse, you've got an idea where you can share with them, they listen to you, then we nurse patients in a proper way. … When we* are *having problems and then we try to share with our managers they listen to us."*

"In case a problem arises the employer should always be there to offer solutions in the best possible way, this can motivate us to work effectively. Also the issue of communication with colleagues can also be motivating if we all get along."

"Also the managers should communicate with us, sometimes they are reasons why a person cannot do certain things or why they behave in a certain way and if the managers communicate they will find out and see what they can do to help. I believe that if this is done then it would make it easy for people to work together in harmony."

Accordingly, although there may be challenges, if there is regular two-way communication between the management and the nurses it drives nurses in all the categories of nursing to continue providing quality patient care with confidence and pride. The fact that not only managers but also doctors were prepared to listen to

nurses' suggestions or problems they were experiencing with their work was a further motivational factor to the participants to strive for excellent service delivery.

- ***Verbal communication***

Verbal communication refers to interaction by using words and the spoken language (Oxford Advanced Learners Dictionary 2006: 1636). Verbal communication motivated the participants because they voiced there was no language barrier among the managers, patients and themselves as they were rendering patient care to their own people in a language spoken and understandable by all. Furthermore, they also understood the patients' culture, norms and values which augmented the verbal communication used in the rural hospital. Being able to lingually communicate with the patients as well as being sensitive to their principles and beliefs augmented the provision of quality care in this rural hospital. The following statement substantiates this:

> *"Another factor that motivates us is that we are working in our own community and we share the same language, norms, values and culture with most of our patients, therefore it is easy to understand each other when communicating. There is no language barrier between nurses and the patients. Patients can be involved in their care with easy and that motivates us."*

> *"Another participant stated that "Understanding the norms, values and cultural background of our patients enable us to render quality patient care in our rural hospital, we are able to take cognisance of our patients' culture and not impose our own values, that motivates us as well"*

Working in the rural hospital with community members whose language and tenets they understand and respect will make it easier for the nurses to provide healthcare service. If there is no language barrier, it can be postulated that the patients will be able to understand instructions; their conditions can be explained to them and their family members in their own language which they understand. Sharing the same language will allow patients to better express themselves, for example, explain their

symptoms, and this can result in better service delivery because the nurse will be able to understand what the patients need or want.

- ***Positive feedback***

Positive feedback relates to carrying out a task that requires results from the individual and obtaining direct clear information about the progress made (Daniels 2000: 101; Oxford Advanced Learners Dictionary 2006: 540; Ströh 2001: 66). The participants in this study viewed positive feedback as an important motivational factor to the rendering of quality patient care. According to the participants, positive feedback entailed having formal and informal meetings, climate ward meetings, and combined nurses meetings with managers, an open door policy, clinical or nursing audits, in-service training and workshops, and an imbizo or mass meeting with stakeholders. (The Zulu word for a "large public gathering or meeting or tribal meeting" is imbizo [Pharos 2005: 669]). It was emphasised by the participants that they expected to receive clear feedback regarding the effectiveness of their performance. The next quotes validate these findings:

> *"Another factor that motivates me is getting the feedback as to how we are rendering the service, for example, when we do the presentation of the delivery cases and also conducting maternal and mortality meetings, reviewing the causes of death and coming up with future plans, that motivates me to continue to work wholeheartedly."*

> *"The other factor that motivates me is the positive feedback that we receive from our managers and from the villages and the community at large. For example, we do get the feedback from our local chiefs and the civic structures through the hospital board and imbizos, that really makes us feel motivated and it encourages us to go an extra mile when rendering quality patient care. I feel motivated when given an opportunity to do my work and get positive or negative feedback. It helps me to know where I am supposed to improve or where I am lacking."*

The quotes indicate there was a need among the participants to receive effective, specified feedback from all stakeholders as it would contribute towards positively authorising them to provide safe and quality patient care in their rural hospital. Any positive feedback they received from all the meetings held in either their rural hospital or in the larger community made them feel valued. In fact, the participants' statements reveal that even negative feedback was welcomed because it could help the nurses to *"improve"* service delivery wherever it was *"lacking"*. One participant made a significant contribution about feedback by saying that feedback from "*young registered professional nurses"* allowed them to grow professionally because just as being valued and appreciated drove them to strive towards better service delivery, criticism resulted in them learning more.

> *"We will try to improve when we are given chance to do so as young registered professional nurses' feedback helps us to grow. We grow from appreciation and learn from criticism."*

Positive feedback from the patients also motivated the nurses who participated in this study to continue rendering the best possible patient care. The following quote from one participant evidences this:

> *"…you find that the same patient comes back to give positive feedback regarding the quality service received. That positive feedback motivates me to work effectively in my job. It motivates me to provide quality service due to the feedback offered. Also, the fact that when we raise concerns they address that at all times, that also makes us feel happy."*

It appears from the quotes as if negative or positive feedback influences motivation in a positive way; a lack of any kind of feedback can thus be viewed as an impediment to motivation in the workplace. The participants were prompted by effective communication from the patients, managers and from the chiefs and civic structures to stay focused on their goal to deliver first-rate patient care despite the unavailability of human and technical resources.

4.2.2.2.2 Category 2: Involvement in decision making

To be involved in decision making means to freely express one's opinions and ideas (Ströh 2001: 68). To the participants being involved in decision making was, as one participant said, characterised by *"owning the processes*": According to Sonfield (2005: 2) it is required the nursing profession that decisions have to be taken everyday about patient care, their treatment and their patient welfare. Making decisions depends on an individual's resourcefulness and varies appreciably from one nurse to another).The participants expressed that involvement in some responsibilities of the work, for example, making decisions and giving suggestions, motivated them. The findings revealed that being involved in managerial decisions influenced them to render quality patient care in the rural hospital. The sub-categories that emerged under the category involvement in decision-making were *autonomous decision making* and *hospital meetings.*

- ***Autonomous decision making***

As a motivator to continue rendering a high standard of patient care in their rural hospital, the participants considered autonomous decision making significant. Having independence to take decisions when rendering quality patient care allowed them to learn from their mistakes; learning from their mistakes paved the way to better their performance and thus enhance their service delivery to the patients. Autonomous decision making, according to the participants, included having their performance evaluated through peer reviews, clinical as well as occupational audits and infection control. They voiced that involving them in decision making motivated them to continue striving to render quality patient care in the rural hospital. The following quote illustrates the participants' view on autonomous decision making:

> *"The other factor is the involvement in decision making. I feel motivated by being involved in decision making, for instance, if there is any equipment to be purchased the grass root staff* is *asked, for example, the type of delivery beds you prefer. Then the specification is written by the end* users *themselves."*

This quote illustrates that when nurses are given an opportunity and the authority to make decisions they can develop a greater interest in their work. Involving them in

some strategic planning, for example, making decisions and giving suggestions for hospital projects, may fill them with the inspiration to continue working in the rural hospital.

Another participant reflected that he felt more committed and cooperated better when he was considered as part of a team. In addition, being well informed about everything that transpired in the ward made it easier for him to work towards the set goals:

> *"I also feel motivated when I am included in everything that is done in the ward. Participating in everything makes me feel that I own the process, and it makes me to work with understanding as to what is the goal we are heading* towards."

Considering this participant's words, it is apparent that when the nurses are included in the decision making process they do have the tendency to internalise hospital decisions and feel personally responsible to execute them.

- ***Hospital meetings***

Hospital meetings in this study related to formal or informal gatherings held in the rural hospital. During these conversations issues pertaining to the rendering of quality patient care were discussed. The participants shared that having these informal meetings on a regular basis were important as it served as a platform where they could share their views with regard to planning, establishing rapport and getting to know each other. Furthermore, it is here that they developed mutual trust, learnt from each other, shared common problems and discussed their achievements and challenges freely. It was during the hospital meetings that their motivation to excel as professional individuals and as a team that provided the best care possible to the local community was strengthened as the following quotes reflect:

> *"The other factor is that in a meeting or outside the meeting the given chance to express myself on the issues of rendering service motivates me. When I give advice I become motivated when the opinion I gave is taken into consideration and find that the manager or my supervisor has done something about it."*

> "*The other factor that the managers can do is to conduct meetings with us so that we can also give them our inputs and our feelings, that motivates us not only to be given feedback of the meetings held by them and they just come and impose what they want. Sometimes we ask ourselves questions to say why are we supposed to do that or whose tasks is that, we further indicate that they are always sitting in their meetings not coming to the grassroots to assists us."*

The findings seem to indicate that, if nurses share in the decision making, it can lead to them taking ownership of the processes which may make them more committed and clear about the objectives of the hospital.

4.2.2.2.3 Category 3: Adequate technical supervision

Adequate technical supervision as a finding in this study pertained to the participants having received guidance and support on a daily basis. Supervision is aimed at enhancing the supervisees' motivation, autonomy, self-awareness and skills to effectively accomplish the work at hand (Alleyne & Jumaa 2007: 235). The participants supported the ongoing supervision of nurses to render quality patient care as they believed it stimulated them to perform better and to go the extra mile. They indicated that adequate technical supervision was a very important factor because it improved their performance. Hence, the participants stated that *supervision and staff management* encouraged them to render quality patient effectively in their rural hospital.

- ***Supervision and staff management***

Supervision and staff management was identified as a motivational factor that encouraged the participants to work within the set standards to render quality patient care in their rural hospital. Supervision increases the opportunity for managers to influence nurses to achieve goals in their rural hospital as evidenced by the quote below:

> *"Supervision motivates and sets the limits because you cannot do something that is bad for there is someone who is going to check on you to say you are not supposed to perform like that."*

The above quote implies that supervision can increase opportunities for managers to influence nurses to achieve the set goals and standards in their rural hospital.

According to one of the participants, it was essential to be supervised for quality patient care and to ensure that all the nurses performed within their scope of practice:

> *"I feel more motivated when the managers and the supervisors do their supervisory role effectively in such a way that everybody does his* or *her job according to the policy or the standards set, showing passion for the job and not when employees do as they wish. For instance, not rendering quality patient care with dignity or with respect, coming to work late, not respecting tea and lunch times*, *ignoring the patient, for example, delay in consulting the patient* by *just going up and down* performing other tasks *without assisting the patient. I become so motivated when I am being supervised and feel that we are really supported as we are rendering service to our patients."*

The quote gave the impression on how crucial it is that supervisors might manage the staff in accordance with the set rules and regulations and that they might ensure that unacceptable practices or behaviours are not tolerated and not abiding by even the most basic rules in any kind of employment for an example, taking long tea or lunch breaks and coming late. The participants also pointed out the important fact that they felt supported and in a sense secured by being supervised.

Another participant reported that supervision motivated them because being corrected and taught to do activities properly were indicative of a supportive supervisor to whom mentoring and coaching formed an essential part of a supervisor's role:

> *"My managers motivate me especially when there is any new development to be done. If I happen to do it maybe in a wrong way they immediately correct me there and then. The way they do it motivates me a lot because it is done with respect and doing it in a form of mentoring and coaching … and in return I also educate my supervisees* and *that also motivates me a lot. The other factor that motivates me is the way my managers supervise us, we have* the managers' *support in each and everything in our section."*

Good, supportive technical supervision by managers can lead to nurses teaching new or junior staff new skills; thus, technical supervision may result in all staff feeling that they are growing in their profession and through this growth service delivery is continuously being bettered.

One of the participants indicated that knowing that the supervisor would check his performance motivated him to do the job effectively. Also, being supervised did not have a negative effect on him or his work but, in fact, he experienced supervision as an affirmation that the senior staff had confidence in him as an employee:

> *"For me I am motivated by the fact that my supervisors have confidence in me. Secondly, I like it when they supervise and monitor my work to check if I am doing my job well. I feel motivated when they check up on me. For example, when my supervisor wants my weekly and monthly statistics, asking me what is wrong in certain areas and what could be done to improve the situation instead of just leaving things the way that they are, this makes me feel motivated because it shows that the supervisor is able to see the work progress. Working in an environment with supervision helps in empowering me because I am forced to do my job effectively knowing someone is looking at my performance."*

Therefore, it can be posited that nurses can be comfortable with the supervision process because they experience it positively. They may experience it as a

supportive measure that encourages them to meet the targets for which they are responsible in their rural hospital.

The findings revealed that the participants felt that adequate supervision guided them. It showed them how they should perform activities; adequate supervision guided them on what they should and what they should not do. Furthermore, the findings indicated that supervision can strengthen and support nurses in their day to day service delivery in a rural hospital.

4.2.2.2.4 Category 4: Interpersonal relations

An interpersonal relation is characterised by a good working relationship in a team of workers. In the current study domain the workers included the employer (rural hospital), employees (all the healthcare workers), colleagues (junior and senior professional nurses and doctors) and the patients. The backbone of such an interpersonal liaison in the rural hospital was seen by the participants as mutual ongoing support, team work, caring, helping, loving, respecting and correcting each other. The participants shared that interpersonal relations was a significant motivator for quality patient care. They indicated that interpersonal relations were encouraged by the following different factors classified as sub-categories under the fourth category: *effective teamwork* and *support with mutual trust and respect.*

- ***Effective team work***

Effective team work was mentioned by the participants as a motivator for providing quality patient care. It was their stance that good interpersonal relations allowed for effective team work and, because of quality team work, the participants became more motivated which amplified quality patient care in their rural hospital.

The participants voiced that they had a common purpose and clear goals. Effective team work equipped them with skills development and enabled them to share information and support each other. The following quote evidences this finding:

> *"There is a good interpersonal relation and everybody is free to interact with each other, really the relationship is good and I feel more motivated. Generally there is good teamwork, it*

motivates me. I would say the working relationship between me and my colleagues is so good that it gives me courage to work hard. Even our supervisors also listen to our problems."

One of the participants mentioned the impact of interpersonal relations between their colleagues and themselves in the following words:

"The other factor that motivates me is the positive working relationship between me and my colleagues, it makes me feel free at my work and it makes me to have a smile every day."

It seems obvious that, if there are good working relations, it motivates nurses by giving them a sense of freedom within the team to be themselves, express themselves and add value to their service provision with a *"smile every day".*

Another participant spoke about the harmony that prevailed in the rural hospital:

"The other factor that motivates me is the interpersonal relations with my supervisor and my colleagues because this is where spend *most of my time. Unlike at home the harmony that prevails in this rural hospital motivates me and that encourages me in rendering service effectively and spending the rest of my life at work."*

According to two participants, there was a strong bond among the multidisciplinary team members in the rural hospital. The unity experienced among them contributed towards the whole team's aspiration to render only first-class service to their patients:

"Another thing that motivates me is the interaction with all the hospital multidisciplinary team members, the way we are working, that bond or team work we have makes me to enjoy coming to work every day."

"The factor that motivates me as a subordinate is when we have good interrelations with the supervisors and when we have problems we are able to approach them and tell them.

> *This helps to motivate us as the workers knowing that the people who are supervising care about us. It is when we understand each other, help each other and correct each other when the other is wrong. Also when there is unity amongst us, this makes me feel motivated in my work."*

Another participant corroborated the aspect mentioned above that junior staff members and senior staff members who had *"good interrelations"* worked effectively together in the rural hospital.

> *"… another factor that motivates me is teamwork and good interpersonal relationship with all the staff members … including my supervisees. When there is cooperation between staff members when I delegate them, doing the tasks with ease without delay and performing the job, that also motivates me because if you find that all the delegated tasks are done the way you are expecting it to be done, that really motivates me. That alone indicates teamwork."*

It thus seems as if effective team work can be a contributory factor towards nurses' motivation to work in a rural hospital. If operating as a unity, if there is no hierarchical discrimination and the senior as well as junior members can work productively together towards a common goal, namely to provide the best possible quality care to their local community, it can motivate nurses to stay employed in a rural hospital.

- ***Support with mutual trust and respect***

Support with mutual trust and respect were expressed by the participants as one of their strengths to continue to render quality patient care in a rural hospital. It was shared that their colleagues' support, help, trust and respect gave the participants a sense of belonging. They felt secure among their fellow nurses because they knew all of them supported and helped each other. The following statement is evidence of this finding:

> *"If there is any crisis at work or at home they give you support rather than if you are working alone, if you are working alone there will be no such support. When one of the nurses has death in the family colleagues usually make a visit for emotional and financial support. So working with other people is good because there is a good interpersonal relation. You turn to have a sense of belonging and affiliation to the group. This built a strong team work that is essential for quality patient care in the work environment in our rural hospital."*

In this quote the strong bond among the staff working in the rural hospital was revealed: "*When one of the nurses has death in the family colleagues usually make a visit for emotional and financial support*…" The close bond that existed among the nursing team inside as well as outside of their work environment gave them a sense of belonging and of caring which motivated them to care just as closely for their patients in the rural hospital.

The participants also mentioned that the mutual trust and respect among colleagues who are supportive to each other on various levels improved their interpersonal relations and boosted their morale; if a crisis at work or at home emerged they assisted each other as verified by the next quote.

> *"When there is good interpersonal relationship we* become *motivated. The relationship affects us negatively or positively but all in all with me is good because working with different people I make friends and there is good interpersonal relation. If you are working with about ten people those people are your colleagues. When working as a group you can form support groups, societies and groups in which people exchange gifts like secret pearl and stokvel (muholisano). All these groups enhance interpersonal relations among nurses in our rural hospital thus our morale is boosted".*

As emphasised in the quotes, every individual who works in a rural hospital seems to need a sense of belonging and affiliation in certain periods. The quotes further show

that the bonding provided when working in a caring team may make it enjoyable for nurses who work in a rural hospital to go to their work place every day.

The participants further revealed that interpersonal relations is vital among the staff members and between the nurse and the patient as it motivates the nurses. Positive relationships are built similar to that among caring and supportive relatives, in those nurses can assist each other in times of work or personal crises. Furthermore, teamwork coupled with good interpersonal relations promotes improved quality patient care and harmony in a rural hospital.

4.2.2.2.5 Category 5: Recognition for good work

Recognition for good work implied in this study that the participants needed to receive acknowledgement for a job well done. The participants shared that they welcomed being recognised for their efforts and accomplishments. According to the participants' comments, recognition could be either in the form of financial or non-financial rewards. Any sign of appreciation for their effort, hard work or progress motivated them to remain in the rural hospital. However, they emphasised that praise or financial recognition should only be bestowed and did only motivate them if it was given within reasonable period. The following remarks are evident of this finding:

> *"I feel appreciated and motivated even more, just being told that I have done a job well, that is enough for me, I am not focused on the salary and the bonuses. The achievement of knowing that I have done what I had to do on time is all I want and appreciated within a that period, it makes me feel motivated"*

The participants further articulated that recognition should be done effectively without losing sight. Again, the participants expressed that every nurse be given what he or she deserves without favouring one above the other. Recognition must not become a norm as it could lose its value and becomes useless as far as motivation is concerned.

Under the fifth theme the following sub-categories were identified: performance rewards linked with non-financial incentives and performance rewards linked with financial incentives.

- ***Performance rewards linked with non-financial incentives***

Performance linked with non-financial incentives was communicated as an essential motivator that made participants want to render quality patient care whilst knowing that their reward would not be financially driven. The following quote illustrates this*:*

> *"People are motivated by different rewards done in different forms. Rewards motivate me, such as awarding of certificates, celebrations, ceremonies like throwing a party just to make fun, receiving a trophy, which is motivating in the work situation. Everybody could also do* her or his *best in order to receive such awards."*

The quote implies that the value of rewards varies from person to person and the types of rewards are important depending on an individual's likes or dislikes.

One of the participants spoke of rewards given in the form of support from the management that motivated him.

> *"… other factors that motivate me is to be rewarded in terms of the support from the management or our government that is going to meet my needs including sufficient resources, supportive peers and management structures, manageable workload, and effective occupational services to assist in case we have work-related health challenges. I have mentioned that as an example; nevertheless there are so many factors that if* recognition *are done appropriately in our rural hospital that could motivate us a lot."*

The above quote apparently addresses the fact that the participants might have been satisfied and happy when given rewards that were linked with their tangible or intangible performance in their rural hospital.

It is worthwhile that while the majority of participants strongly agreed on the importance of receiving a salary, quite a few also admitted that they loved their job or were happy to work as nurses in the rural hospital. Utterances such as but above the salary I love my job.

> *"I like my supervisors to recognise me if I have done something excellently and for the service well done, I appreciate it. This motivates me a lot; it makes me to continue to do the best, because I tell myself that my supervisors have also recognised my efforts."*

> *"Besides the rural allowance we do get in rural areas I also feel appreciated and motivated even more, by just being appreciated and being told that I have done a job well, that is enough for me. I am not focused on the salary and the bonuses only." "Again the achievement of knowing that I have done what I had to do in time is imperative; it makes me feel motivated and satisfied."*

> *"Another factor that motivates me is the appreciation of the work well done and also pointing of things that were not correctly done that motivates and shows that there is support."*

> *"I feel motivated where there is enough staff, and again I feel motivated when my manager recognise what I am doing well, and not to tell me only my short comings. Mmmmm……"*

Participants also felt motivated by words of appreciation just like in case of rewards and money.

- ***Performance rewards linked with financial incentives***

In this study performance rewards linked with financial incentives pertained to aspects such as salary increases, performance bonuses, rural allowances, money paid for working overtime and so forth.

A participant believed that recognition for excellence in performance should be rewarded when due. He explained that if this was done immediately and not after a long period of time it was more meaningful to and valued by the recipient.

> *"I also feel motivated by reward*s, but *this needs to be checked so that we can be rewarded when the reward is due, being appreciated for the service well done. Sometimes there are promises that take time to be rewarded for like the Performance Management System. If the process is done correctly that also motivates me. It makes one to perform feeling motivated."*

Another participant agreed that the Performance Management System (PMS) motivated them to better their performances in order to receive cash bonuses. If they did not receive it they admired nurses who did. It forced them to perform at their best level and to continue to be motivated in order to receive cash bonuses.

> *"The other factor that motivates me is appraisal by the management when I have done the best … I can be appraised by being given a reward if I did better than the rest. It could be through* the *Performance Management System (PMS) giving the best performing nurses. It motivates me to do the best if I did not get excellent score this year I am going to perform very hard so that I could also be appraised* next year***."***

However, a different participant warned that the PMS should only be rewarded to nurses who deserved it because if those who received it did not perform to their level best it tended to lose its value and hence became meaningless. This participant's statement was as follows:

> *"I also feel motivated by reward, this need to be checked that we need to be rewarded when the reward is due and given to someone who deserve it, being appreciated for the service well done, sometime there are promises that takes time like the PMS. If the process is done correctly that also motivates me. It makes one to perform feeling motivated."*

"The other factor that motivates me is appraisal by the management when I have done the best, like by monetary or by non monetary. I can be appraised by being given a reward through PMS if I did better than the rest. It could be thorough PMS giving the best performing nurses it motivates me to do the best, if I did not get excellent score this year I am going to perform very hard so that I could also be appraised."

The above quotation address that nurses might possibly be happy when given rewards that are linked to performance."

Another said performance rewards given in a monetary value motivated him. He added that it meant he would be able to meet his needs *"including those of my children and my whole family members".* The majority of participants were in agreement that money motivated them as their income enabled them to meet their basic needs like food, clothing and shelter. In this regard, participants shared the following:

- *"What I can say is that I am motivated by the salary that I earn every month as I can meet my needs, I think it is because of the salary that I receive from this institution that makes me motivated every day when I come to work."*

- "*We depend on employer for our survival and salary, that is the other thing that motivates me to work hard because we know if we do not do as it is needed we may lose our jobs, and being unemployed means no salary and no food in the family."*

The necessity of earning a salary at the end of each month to provide for their families and ensure that they have the basic needs was therefore seen by the participants as an important motivational factor for working in the rural hospital. However, the participants viewed it as important that the salary nurses received had to be in accordance with their qualifications and their years of service. Other monetary benefits mentioned by the participants as motivators to work in their rural hospital included rural allowances. This type of reward is associated with factors such as having a skill that was scarce among nurses working in a rural hospital, for

example, Fringe benefits like receiving full pay when working on holidays and performance bonuses were also mentioned by the participants as rural allowances.

One participant linked earning a salary at the end of each month to a negative issue in the social environment in the community by stating *"because if you are not working sometimes you indulge in theft, but if you know that at the end of the month you are going to get paid you cannot* [need not to] *steal."*

In contrast to the 20 participants who said they were satisfied and motivated to render quality patient care because they were assured of a monthly income, there was one speciality trained participant who viewed it as not enough. This participant voiced the following:

> *"The salary is not good when I consider myself as a nurse specialist and having graduated with a degree. I don't understand it when I am compared with someone who only has a diploma, I feel that it should be considered that a person has gone an extra mile and has worked more academically. This situation does not encourage learning* or *education here in the department."*

In contrast, one of the speciality trained participants stated *"there is a saying that says "tsheledea i dali"* ("one cannot have enough money"). This participant added:

> *It all depends as to how you manage your money. The unit salary is fine in relation with the job description and the work I am performing. Another factor is the* PMS *that is done to evaluate performance so we also get money through that* apart from *the monthly salary. I am also able to assist others in the family with the salary I am getting. Concerning the issue of salary the employer has also ensured that this profession is being considered that we are getting a salary that is equivalent to the tasks we are providing; this also motivates me a lot."*

In the majority of participants' view the non-financial and financial awards made it worth their while to keep on working in the rural hospital. Their love for their work coupled with the security of earning a stable income every month, with the possibility

of adding to their basic salary when performance rewards and financial incentives were taken into consideration, motivated them to deliver quality patient care in a rural hospital. On the other hand, the quote from the one speciality trained participant that a nurse's salary should match his or her educational status and experience highlights that the employer may consider nurses who have acquired more knowledge and skills for financial rewards that motivate them more. On the whole, however, the findings revealed that non-financial performance incentives but more so financial performance incentives and other benefits play a vital role with regard to the motivation for nurses to render quality care in a rural hospital.

4.2.2.2.6 Category 6: Policies

Policies referred to guidelines that guide and govern how employees are expected to execute their duties (Oxford Advanced Learners Dictionary 2006: 1122). Policies were expressed as one of the factors that motivated the participants to render quality patient care in their rural hospital. In their view policies motivated them and directed their focus in two directions. Firstly, policies served to guide them to work within the standards which have been set in place and which protected them so that they could not deliver services the way they wanted to. Since policies are procedures that guided them they experienced no stress if they complied with these policies. Secondly, they felt secure working in the nursing profession yet they could enjoy a certain sense of freedom by working as nurses because being guided by international nursing policies they could move anywhere in the world and they would still be able to find employment. All the participants emphasised that, because these policies were strictly implemented even in rural hospitals, they felt secure in their work environment and would therefore never abuse their powers and be expelled from their jobs.

In this category one sub-category was identified, namely *working within set standards.*

- ***Working within set standards***

Working within set standards was identified as one of the factors that motivated the participants to deliver patient care of a high standard in the rural hospital. Working within set standards was encouraged by having policies in place. According to the

participants, they rendered quality patient care with confidence in the rural hospital because the set standards were in place and guided them to work within their scope of practice. One of the participants articulated that policies motivated her as she could work independently within the set standards:

> *"To me policies are good, when they are in place there is fair treatment. The availability of policies motivates me as we can work independently, for example, in maternity we use the protocols or policies when there are no doctors."*

Another participant stated when policies are implemented it protects both the nurses and the patients:

> *"I feel motivated because policies are important. When I implement the policies in place when rendering service* and *making sure that I should meet patients' expectations it protects patients and I am also protected or secured in my job. To comply with policies makes me feel fulfilled because it makes me have confidence in whatever I do. The compliance motivates me as I work; it is obvious that I will be rendering service effectively."*

The two noted quotes reveal that policies appear to play a significant role where delivering quality patient care in a rural hospital is concerned. Since set policies and the standards have to be followed and adhered to, nurses can still work independently without compromising their work if there is a shortage of doctors in a rural hospital.

Some of the participants expressed that it was their perception that policies motivated them to continue working in a rural hospital as they could not err or render inappropriate care if they implemented the policies appropriately. *"Policies help us to know how we are supposed to do our work and exactly what is expected from the workers. It helps us not to get into trouble and guides us in the right* direction", one participant confirmed during the interview. Hence, policies motivate nurses to render quality patient care in a rural hospital because there also they are all protected by the rules and regulations contained in policies. In fact, as one of the participants

observed, as long as the policies are in place and are appropriately implemented he felt that his job was secured:

> *"Up to now I feel that my job is secured because I do everything that is required through policies from me and I do it in the way that it is supposed to be done or according to my scope of practice. I do my job faithfully, with that I feel there is nothing that could possibly make me feel unsafe about my job and at the risk of losing it."*

The findings revealed that if policies are followed it protects and gives nurses direction, guides them to comply with the set standards, it secures their job and allows them to render safe, quality patient care with confidence because they are always certain of what is expected of them. The quotes endorse the fact that when nurses are actually implementing the policies appropriately, it gives them direction, protects them and the patients, and forces them to comply with the set standards thus securing their employment. There is thus no likelihood of them losing their job even if working in a rural hospital because they are always sure about what is expected of them.

4.2.2.2.7 Category 7: Sense of security

A sense of security in this study referred to individual or physical and emotional protection. Having a sense of security was indicated as one of the motivators that urged the participants to render quality patient care in their rural hospital. Their sense of security was stimulated by their profession, in other words their professional conduct prescribed and governed the way they conducted themselves in their private lives. In this category *work as their personal security* and *security in their work premises* were identified as the two sub-categories.

Participants furthermore expressed that continuing to work in rural areas is their personal security because there is less crime and life is not so expensive in rural areas unlike in urban areas.

- ***Work as their personal security***

Work as their personal security provided security to the participants in the community. They revealed that the nursing profession shaped their behaviour both at work and also in the community as signified by the following statement:

> *"I am motivated to be a nurse in our rural areas because our community members give us the respect and protection, when I walk around our village there is a nice remark that people usually say: 'Hey! Be* careful; *do not injure our nurse who is going to take care of us?'."*

Thus, the fact that the participants were employed as nurses in the rural hospital and did a work valued by the community in the rural hospital gave them personal security as everybody seemed to want to protect them from harm. As the abovementioned statement indicates, this protective behaviour of the community members motivated the participant to *"be a nurse in our rural areas".*

Furthermore, the participants shared that they preferred to continue working in rural areas as they felt their personal security was guaranteed there because there was less crime than in urban areas. Also, as nurses their code of conduct prohibited unruly behaviour, thus they felt motivated to practise professional behaviour at all times when not at work; refraining from unprofessional behaviour kept them safe and secure in the rural areas. The following quote is evident of this finding:

> *"I feel motivated as our code of conduct is protecting us because we are to behave professionally; we are not allowed to drink in public and to fight anyone."*

In the next quote the participant shares that having chosen a career in nursing rendered positive consequences when one desires to live in a rural area. For example, one is assured to always have employment provided that one took care not to jeopardise one's work:

> *"The thing is when a person is unemployed* in a rural area *it is not a good thing, so having a job is very important and you have that privilege of being able to work. A person must not take it for*

> *granted but instead you must take care of your job. This is the thing that continuously makes a person feel the desire to do his* or *her job and to the best of his* or her *ability so that you do not lose your job through negligence or ignorance."*

Other consequences mentioned by a participant regarding a nurse's motivation to live in a rural area and render services there are "*that life is not so expensive, I am referring to houses and things like basic food for survival"* and that there *"is also less crime as compared to urban areas".* This particular participant also voiced that *"all these makes me feel comfortable when working in rural hospitals. I feel motivated because I have fewer burdens as far as money is concerned".*

These quotes illustrate that working in a rural hospital offers a nurse a work where a high stake is placed on professional conduct at all times and in all places, where one feels safe within the community because of one's profession and where the salary earned is sufficient to provide for an individual or a family. All of the aforementioned can motivate nurses to choose working in a rural hospital, rendering professional, quality care in a community that is appreciative and aware that it is critical that those who care for them are protected and kept safe.

- ***Security on the hospital premises***

Security in the hospital premises was cited as one of the motivators that inspired the participants to continue to carry on in their work in the rural hospital. The participants were in agreement that tight security measures were essential in a rural hospital. This was expressed as a protector for both the nurses and the patients present on the premises at any time. The following statements verify this finding:

> *"The other factor that makes me feel motivated is that there is security in the hospital premises. This is good for the patients and also the workers."*

> *"The employer ensures that there is a safe working environment. When we are in the wards we should have the assurance that we are well protected and no one from outside or inside could come in*

and harm us, especially us who also deal with psychiatric patients and come across physical aggressive patients. We feel assured that we have backup twenty four hours and seven days to handle such patients. If such matters are addressed it makes me to work freely knowing that I am well protected and that makes me feel motivated".

"There is security but I cannot say it is adequate because we do not have enough security guards especially those who should watch on our personal property for example cars. This is also due to the fact that the security guards at the gate are too relaxed, people pass without being searched therefore it is easy for a person to get in with dangerous weapons for example a knife or a gun. There is no physical search to determine metal objects from visitors".

The quotes illustrate that it seems as if the participants are not happy with the security in place and likely they need tight security and that might motivates them further.

Findings revealed that participants are motivated by having their work as their personal security. They do not have challenges with job security in the rural hospital because with regard to the nursing profession they can work anywhere in South Africa either in public or private sector. There is a need of more nurses to fill vacant posts available around the whole country which makes nurses to be scares resources. In addition findings revealed that tight security in the hospital premises may motivate them to work in a rural hospital.

4.2.2.2.8 Category 8: Ascribed status

Ascribed status was expressed by the participants as one of the motivational factors that drove them to continue rendering quality patient care in their rural hospital. The participants shared that a nurse was regarded as an honoured person by the community. They revealed that their work provided them with the best opportunity to an ascribed status and esteem outside of their own families. Their *social status* in the community was confirmed by the respect they were shown by the community members and was related to the fact that they rendered quality patient care in the rural hospital.

- ***Social status in the community***

Social status in the community was ascribed to the fact that the participants could afford to send their children to any type and model of school and/or to any university or other educational institution. They related their ascribed status to their community. The following quotes illustrate this:

- *"The salary that I receive each month makes me to feel comfortable as I provide my children with better education. It also gives me status in the community because I can afford to do whatever things I like. I can manage to purchase groceries, build a house and also buy a car."*

- *"When the patients' gets help they talk good about me in my absence and good news spread fast. This creates a good image for me around the community."*

The quotes reveal that the nurse's work environment can offer them status in a rural community. The desire for status can therefore probably motivate a nurse to remain in a rural hospital and deliver much needed care to the patients. It is their profession, the salaries they earn, the quality care they provide and the healthcare assistance they offer to the patients that earn nurses this high status in the community and therefore many prefer to live and work in a rural area.

4.3 CONCLUSION

This chapter focused on the data presentation analysis and data presentation. The perceptions of nurses with regard to the extrinsic and intrinsic factors that motivated them to render quality patient care in rural hospitals were presented as themes, categories and sub-categories.

Appreciative Inquiry strengthens the connection of nurses to their hospital. Through recollections and suggestions the participants related the positive motivational factors that might have motivated them, and may motivate other nurses, to render quality patient care in a rural hospital.

Almost all the participants reflected that nurses in a rural hospital face a severe lack of human, material and financial resources if they are to render quality patient care in a rural hospital. Yet, the findings revealed that there were various factors that were valued and appreciated by the participants while rendering quality patient care in rural hospitals. These positive factors included that they could fulfil their passion for their job, the professional growth and self-fulfilment they experienced, the fact that they were involved in decision making processes and that their diligence and hard work were suitably rewarded. It seemed as if it was such privileges played a pivotal role in motivating nurses to choose to render quality care in a rural hospital and not relocate to urban areas or overseas destinations where there are appropriate and sufficient resources, state-of-the-art equipment and higher salaries. Their passion for their job and love for their people urged nurses to still continue rendering quality patient care in rural hospitals.

The next phase, the dream and design phase, is discussed in detail in Chapter 5.

CHAPTER 5

DATA ANALYSIS AND PRESENTATION (CONTINUATION)

(PHASE 2: DREAM AND DESIGN)

"Intrinsic motivation is self-generated and can be more effective when an individual has a general interest in the job that has appeal to the individual. It requires a manager to engage an individual in a task and also inform them of the benefits and impact on the employee" (Queen 2011: 1).

5.1 INTRODUCTION

This chapter is a continuation of the presentation of the findings from the focus group discussion interviews followed by the discussion of the findings in general. Phase 1 (**d**iscovery) was focused on appreciating the best of 'what was' and 'what is' within an organisation. The researcher explored and described the positive intrinsic and extrinsic factors that made the nurses to value their work environment, profession and the organisation that they work for. Discovery was followed by the dream phase which focused on envisioning the possibilities of 'what might be'. In this chapter the researcher reports on the findings of the dream and design phases that entail the changes that the nurses would like to see in their hospital. Each phase informs the next phase and the process is ongoing.

An Appreciative Inquiry (AI) approach was employed since the researcher wanted to advance the search for the best from the nurses, their organisation, and the relevant community around them. The researcher focused on what gave the nurses motivation to work in rural hospitals despite the challenges they face in this milieu. Following the interviews, the group as a whole analysed the data collected to discover the key factors, ingredients, values, and resources that accounted for the groups' previous successes. Participants imagined their desired future and gave it shape.

5.2 PHASE 2 (DREAM AND DESIGN PHASE)

As it was already indicated in the discovery phase, the method followed in the second phase, the dream and **d**esign phase, for data collection was the workshop method. The AI approach was followed. The researcher used positive AI questions to initiate transformative discussions with nurses in a rural regional hospital that could enable them to render quality patient care.

The aim of this phase was to explore and describe the changes that the nurses would like to see in their work environment in the next four years.

As the discussions proceeded during the interviews in Phase 1, the participants saw and understood things in a different way. The following AI questions were asked during the workshop in Phase 2 (Dream and Design Phase).

1) “In the next four years what positive new changes would you like to see introduced in the hospital to motivate you?”

2) “What motivated you most in the past and now in the current situation that can motivate others in the future?”

3) “If you had four motivating factors towards a positive working environment for your hospital, what would they be?”

4) “What would be four wishes that would motivate you and other staff members in the future?”

5) “What do you think are the most core intrinsic and extrinsic factors for success in your work environment that could be used in the future?”

The main reason of this stage was to create a supportive environment for conversation and interaction. A process of common ideas was sought through sharing the extrinsic and intrinsic factors that motivate nurses in their work environment in a focus group. This step involved all the participants of the group to co-construct the core extrinsic and intrinsic factors that must prevail in their work environment and how they must be implemented.

The data were analysed according to the method and steps as implemented in Phase 1 (see page 82, Chapter 4). During the process of data analysis, verification of the selected themes was done with the peer group and the researcher's supervisor. Once this process had been completed, a discussion was held between the researcher and the independent coder to confirm the identified themes. The themes were discussed and substantiated by appropriate quotes from the verbatim transcribed data.

The researcher made a list of all the topics and clustered together similar topics. The procedure was repeated for all the transcribed data and a list of topics was compiled. Similar topics were grouped together and arranged into major topics. The topics were abbreviated as codes. These codes were written next to the appropriate segments of the text. This was a preliminary organising scheme to determine whether new themes and codes would emerge. The researcher tried to find the most descriptive wording for the topics and these were turned into themes and sub-themes. Related topics were grouped together to reduce the list of sub-themes. A final decision was then made regarding the wording for each theme. Data belonging to each theme was assembled and presented (Creswell 2009: 186).

5.3 DREAM PHASE

In this second phase of dreaming, a natural flow from the first phase of discovery, the future was discussed as to how it might be or what it should look like. The dream phase co-created by all participants resulted in a number of viable ideas. From the participants' responses to the above questions the evolving topics (dreams) are presented in Table 5.1to 5.5.

As can be seen in Table 5.1, **Theme 1** was positive new changes as proposed by the participants. Theme 1 with its four categories emerged from the findings, namely:

5.3.1.1 Category 1: Need to achieve professional growth

5.3.1.2 Category 2: Sense of responsibility

5.3.1.3 Category 3: Effective communication

5.3.1.4 Category 4: Working conditions

Theme 2 as shown in Table 5.2 was factors that could motivate other nurses in the future

5.3.2.1 Category 1: Interpersonal working relationships

5.3.2.2 Category 2: Rewards

5.3.2.3 Category 3: Challenging tasks

5.3.2.4 Category 4: Cleanliness of the hospital

Theme 3 as shown in Table 5.3 was motivating factors towards a positive working environment

5.3.3.1 Category 1: Need to be involved in decision making

5.3.3.2 Category 2: Need for recognition

5.3.3.3 Category 3: Rewards and incentives

5.3.3.4 Category 4: Need for effective communication

Theme 4 as shown in Table 5.4 was wishes that could motivate nurses and other staff members in the future.

5.3.4.1 Category 1: Continuous Professional Development (CPD)

5.3.4.2 Category 2: Communication

5.3.4.3 Category 3: Allocation of nurses in support services

5.3.4.4 Category 4: Appointment of general assistants

Theme 4 as shown in Table 5.4 was the core intrinsic and extrinsic factors for success in the work environment that could be used in the future

5.3.5.1 THEME 1: INTRINSIC FACTORS

5.3.5 1.1 Category 1: Need to achieve professional growth

5.3.5.1.2 Category 2: Need for responsibility

5.3.5.1.3 Category 3: Need to teach other

5.3.5.2 THEME 2: EXTRINSIC FACTORS

5.3.5.2.1 Category 1: Need for personal security

5.3.5.2.2 Category 2: Salary and other benefits

5.3.5.2.3 Category 3: Adequate technical supervision

5.3.5.2.4 Category 4: Interpersonal relations

In the presentation of the findings the five themes are first discussed followed by the categories and sub-categories identified under each theme.

Table 5.1: Positive new changes as proposed by the participants

THEME	CATEGORIES	SUB-CATEGORIES
5.3.1 THEME 1: **POSITIVE NEW CHANGES AS PROPOSED BY THE PARTICIPANTS**	**5.3.1.1 Category 1: Need to achieve professional growth**	• *Job rotation* • *Undergoing further training* • *Workshops and in-service training* • *Continuous professional development (CPD)*
	5.3.1.2 Category 2: **Sense of responsibility**	• *Empowerment*

	5.3.1.3 Category 3: Effective communication	• *Availability of managers in the unit* • *Open door policy* • *Proper channels of communication* • *Openness and transparency* • *Positive feedback*	
	5.3.1.4 Category 4: Working conditions	• *Availability of human and material resources* • *Improved hospital infrastructures*	

5.3.1 THEME 1: POSITIVE NEW CHANGES AS PROPOSED BY THE PARTICIPANTS

The first theme that emerged from the data collected during the workshop pertained to new and positive changes proposed by the participants. The four categories that emerged are described, discussed and supported by verbatim quotes from the participants.

5.3.1.1 Category 1: Need to achieve professional growth

The need to achieve professional growth stimulated the participants to generate the most creative responses and captured the need to continue to grow professionally. The participants expressed factors such as job rotation, undergoing further training, workshops and in-service training, and continuing professional development to be implemented to bring positive change in their rural hospital.

- ***Job rotation***

The participants expressed the need for job rotation. They believed it would allow nurses to explore other activities in different units in a rural hospital. They viewed it as a training tool for them to have better understanding of all the procedures that are done in their rural hospital. They indicated that this would prevent nurses from getting bored in their own job and afford them the opportunity to do something different for a while. The participants emphasised that rotation would create a positive change because working in different units would expose them to more procedures and thus they would acquire more knowledge and skills. One of the participants said:

> "… *what would motivate me is that all those nurses without speciality can be rotated to have experience in all the units. In case there is shortage in any of the units it will be easy to make replacements because all the nurses will be having knowledge and skills that could be used in any unit when allocated there."*

The participants articulated that rotation would motivate them in that they would find themselves not following and staying with the same routine all the time; it would motivate them if they were allowed to face different challenges through rotation. Seemingly, the participants felt that the rotation of nurses should be done as they believed that it could bring change in their rural hospital.

- ***Undergoing further training***

Participants expressed a need to achieve professional growth by gaining experience and specialising in different nursing fields of specialisation. The majority of participants expressed the need to grow professionally by acquiring knowledge and skills through training related to their profession. This could enable them to render quality care comprehensively. The training mentioned included orthopaedic, ophthalmic, theatre technique, critical care, intensive care, and advanced midwifery nursing science. The participants further expressed that education and training motivated them because they became knowledgeable and, subsequently, the

nursing profession's image would be improved. The following two statements are evident of their wish to undergo training:

> *"We need to be given an opportunity to undergo different types of speciality training in our rural hospital so that we could render quality patient better as we are having shortage of doctors."*

> *"I felt that need of upgrading myself, I kept on having the need to further my studies which made me to develop and grow educationally. Becoming knowledgeable and skilled made me to view life differently. Completing my basic degree and honours and pursuing [my] Masters Degree motivated me". That opportunity to achieve all this academic knowledge had just opened my eyes, It just made me to be a different person with these skills and knowledge of viewing the world differently and it also benefited the rural hospital as I can perform my activities with expertise to render quality patient care."*

The participants realised the importance for further training. It is clear that they desired to undergo post-basic training as it was their belief that it would assist them in acquiring new knowledge and skills and, importantly, it would ultimately also be of benefit to the rural hospital and enhance service delivery.

- ***Workshops and in-service training***

Workshops and in-service training were indicated as short course that could be used to develop the nurses in a rural hospital. The participants shared that attending workshops and in-service training would motivate them to render even better quality patient care. They indicated that it could be done either as in-house or external training:

> "To *me the in-service training that is conducted in the units is very good and informative especially because when the programme is in place you find that each one of us participates when the other colleague is presenting or demonstrating."*

The same participant added:

> *"It is good in the sense that the involvement by all the staff members makes one to feel motivated to read and thus there is nobody who cannot enjoy being involved."*

The participants were apparently aware of the value of having in-house training. One referred directly to continuous in-house training as it resulted in positive change: "*We feel that this should continue to be done as it brings positive change and challenge everyone try to present perfectly and through that we gain presentation skills.*"

Many participants reiterated it was important to attend the internal workshops and in-service training which were conducted once in a week in the rural hospital. One participant reflected on this aspect as follows:

> *"Attending* [in-house workshops and training programmes] *is important because we stay abreast with new developments and continue to render quality patient care. For example, these days the temperature is no longer taken using the mercury thermometer. So it is important to be in-serviced and to acquire new skills in relation with the developments in place and those that are still coming for future in our profession. In other words, what I am trying to* emphasise *that we as registered professional nurses it is long [*ago] *that we have been trained.*

Another participant added:

> "*As nurses, indeed we were trained but it is important that we attend short courses to keep us abreast with the new developments in order to continue to render quality patient care being effective. The training needs to be conducted continuously. That could motivate us and again there could be positive change in future as we will be skilled and be up to date concerning any new developments in our profession. Training motivates us in that we render quality patient care with confidence through the acquired skills and as such we also provide the service in line with the hospital strategic objectives*."

The participants were all in agreement that by attending short courses positive changes to their professional growth could be brought about. The more they became updated with new developments in the healthcare arena; the more knowledge they acquired which resulted in better health service delivery in the rural hospital. Moreover, they were convinced that workshop demonstrations and in-house training had to be ongoing.

- ***Continuous professional development (CPD)***

Continuous professional development (CPD) was, according to the participants, a vital factor in the acquisition of up-to-date knowledge and skills development. This ensured that they could stay abreast with new developments in their nursing profession. The accumulated points when attending workshops, seminars and in-service training allowed them to qualify for the renewal of their practising licence in future as stipulated in the (Nursing Act No 33 of 2005: 40). It further ensured that participants did attend workshops as required by the (SANC 2005: 29 May 2006). Where is it stipulated in the (Nursing Act No 33 of 2005: 40). A participant confirmed this statement as follows:

> "I just want to mention that the SANC is going to introduce CPD for the nurses to accumulate points when attending workshops, seminars and in-service training for them to qualify to renew their practising licence. That is the other factor that will motivate each one of us to attend workshops and in-service training … Maybe the SANC have realised that the nursing profession standards are deteriorating. The SANC somehow will be motivating us to be up to date by accumulating those points for renewal of their practicing licence and we will remain motivated and effective in our profession, that will motivate us and that will be also being very good for the future."

The participants were apparently quite certain that introduction of CPD by the SANC would firstly motivate them more to enhance their own professional growth and, secondly, it would result in better quality care in the rural hospital. Equipped with more up-to-date knowledge and skills would enable them to provide better care thus leading to positive change in their rural hospital.

The findings reveal that there was a need to achieve professional growth to bring change; the need for professional growth was mentioned in all the interviews. It was indicated as a factor that could motivate the participants to reshape their hospital provided that the system was changed to be in accordance with the participants' dreams.

5.3.1.2 Category 2: Sense of responsibility

Sense of responsibility involves being committed to the job when rendering quality patient care. The participants described the sense of responsibility and being empowered to accomplish their tasks as factors that would bring change in their rural hospital. They expressed that they need freedom, independence and discretion in planning their activities and to determine how to carry out tasks.

- ***Empowerment***

Empowerment is defined as decentralisation of power Empowerment is characterised by the authority that one has (Jooste 2008: 10; Kirby 2010: 210; Marquis & Huston 2006: 310; Tomey 2009: 20). The participants revealed that empowerment would bring change in their hospital if they are given the power to be responsible in the planning and execution of their tasks. Empowerment was described as follows:

> *"Okay, responsibility could bring a big change in our hospital, because whenever we come to work everybody would have that zeal to say 'I need to do my work diligently and complete it. In case I did not complete my work then I would give report so that those who are remaining would complete it'. Then as a professional nurse I would also delegate some nurses and supervise them. When there is responsibility it will bring job satisfaction."*

> *"Mmmm… I am going to render quality patient in such a way that I would be motivated to find that I have rendered quality patient care effectively. If I make a nursing diagnosis then I would also formulate the correct nursing care plan*."

The participants were adamant that empowerment may likely motivate them more to enhance their own responsibility. Secondly, it would result in better quality patient care in their rural hospital as they would be confident because they were equipped with more knowledge and skills which enable them to provide better care thus leading to positive change in their rural hospital.

5.3.1.3 Category 3: Effective communication

Effective communication and positive feedback were identified as the most crucial motivating factors that could bring a positive change in a rural hospital. The participants expressed that the positive change could occur when the following factors are taken into consideration: availability of managers in the units, proper channels of communication, an open door policy, openness and transparency as well as positive feedback. They further indicated that if all the nurses are well informed on all processes that need to be implemented in their rural hospital, it would be another factor that might bring change.

- ***Availability of managers in the units***

The presence of managers in the units was articulated as one of the main factors that could bring about positive change in a rural hospital. According to the participants' comments, there were unit managers with whom they felt safe and who supported the nurses. It was with these unit managers that they could communicate easily with. Although working under pressure, the fact that the unit managers continued to inform the participants concerning all the problems and even disasters occurring in their rural hospital, made them feel motivated to continue rendering quality care. The participants voiced that their managers in the units used strategies like meetings to facilitate communication. The following quotes substantiate this:

> *"The factor that could bring change is the shortening of reporting hierarchy because these days we have assistant managers and operational managers in our units and this is motivating. We are very fortunate for having them because this would make the communication so effective. There is no delay in case we report any challenge our managers would resolve the challenges immediately unlike to wait for days without the response from managers in the offices."*

> *In addition, our managers communicate with each of us depending to our needs. Having the area manager who*

observes our challenges in the clinical area really assist us a lot rather than a manager in the office who is not directly supervising patient care clinically and administratively and communication is feasible all the time."

- The participants shared that having supportive and committed unit managers present in the unit would bring change in the hospital as communication would be easier and more effective.***Open door policy***

To the participants and open door policy meant that nurses were allowed to engage with their managers without an appointment made to discuss issues of concern during an emergency. They shared that if nurses had access to managers at any time when they needed to discuss a challenge and knew that these managers really listened to them and could immediately assist them to address the problem it would act as a motivator to continue to render quality patient care with positive attitude towards the job. This was evidenced in the following words of a participant:

"I would like an *open door policy to be practiced because you can address all the challenges pertaining to patient care with the manager and get help there and there if possible."*

Participants likely believe that practising open door policy could bring change in their rural hospital.

- ***Proper Channels of communication***

According to the participants, proper channels of communication are characterised by well-informed staff. They voiced that proper communication channels would be their motivator to render quality patient care and would drive them to carry on with their work in a rural hospital. One factor mentioned was that they would like their managers to help them solve the challenges, either from the patients or from the staff, quickly and as it was encountered daily. One of the participants expressed this:

"The most motivating factor I would like to see being improved is the lines of communication in our rural the hospital. The lines of the

communication shouldn't be too long but should be short in a manner that our problems get resolved quickly."

To the participants effective communication was essential because it makes a nurse feel that she or he is supported by a solid structural base. The participants mentioned using different forms of communication such as a newsletter that could bring positive change and improve the reputation of the hospital. Additionally, they voiced the community would be fully informed about the hospital processes and outcomes through hospital newsletters. If the community members are familiar with hospital processes it could bring change in their rural hospital. They also expressed that they would like to have inputs from the community that could assist them to improve rendering of quality patient care in a rural hospital. These findings are substantiated by the following quote:

"*The other factor that could bring change is to have the newsletter that would report what the nurses are doing for the patients that could motivate us. In most cases in the media nurses are portrayed as if they are always having negative attitude towards the patients. In 'soapies' [television series] or stories nurses are portrayed as bad people who also live immorally. Just to mention a few bad things: nurses are portrayed killing patients and also having so many affairs. We do have positive attitude towards our patients as nurses. When we have our newsletter it is going to be read by the community members and therefore the good part of nurses might bring change and the reputation of the hospital would be sustained. The bulletin would be portraying the rendering of quality patient care, for example, dealing with cataract patients. That would be good and that could motivate nurses to do their level best."*

From the participants' view it appeared as if the hospital newsletter could possibly inform the staff and patients in a better way about the staff and hospital's achievements and that could improve the hospital image in the community

Another participant cited the following:

> *"The importance of effective communication could also be encouraged because it forms an effective weapon that could be used between the employer and the employees. It is essential that effective communication be a factor that when the organised labour represents their members they could address whatever information from the workplace forum in a positive manner in order to bring a positive change. That could also motivate nurses to bring positive change."*

It seems as if the participants were in favour of a workplace forum as they apparently believed that it could bring change in their rural hospital because there would be effective communication between union representatives and the employer.

- ***Openness and transparency***

Openness and transparency was stated as one of the motivators. Participants indicated that being well informed is the drive that would make them more motivated when rendering quality patient care. The participants agreed that openness and transparency from their managers would further motivate them as evidenced in the following quote:

> *"The other factor that would motivate us is the Batho Pele principles like, for instance transparency, because it would assist nurses in rendering quality patient care. When we receive patients as nurses it is our duty to inform them about the processes that are taking place in the hospital as well as their rights and responsibilities."*

> *"The other factor that would motivate us is to be treated in a uniform manner without discrimination, and if there are any changes I like it to be communicated to us as to how it should be done. I would also like our managers to communicate with us with respect, openness and transparency so that we can work harmoniously."*

It was obvious that the participants placed a high value on keeping their patients informed with all the relevant information and in turn they, the participants, needed to be kept informed by their managers about new developments as it would promote positive change in their rural hospital.

- ***Positive feedback***

Feedback involves getting information about the effectiveness of the effort done (Daniels 2000: 101; Oxford Advanced Learners Dictionary 2006: 540; Ströh 2001: 66). When the manager gives either positive or negative feedback it serves to bring positive change to the hospital. The majority of participants expressed feedback as an important motivator that would bring change in their rural hospital. One of the participants articulated this:

> "*Through feedback from the manager the moment we receive such feedback we would be able to change a negative attitude and maintain* a *positive attitude* if *patients commended us. The complaints assist the hospital management through* [the] *quality manager to reprimand the employees and that results in positive change in our hospital."*

Another participant indicated the need to get feedback from stakeholders as this would help them to establish where they were lacking and this would motivate them to make a decision on how to improve the services. Stakeholders' inputs would be very important to nurses working in a rural environment. Regarding these aspects participants shared the following:

> *"We would be excited if the feedback would not be about negative things only, we also want to be congratulated about the good things we would do."*

> *"The other factor that could be there to boost our morale would be to get positive feedback from supervisors for the good performance. Again the positive feedback that would show an appreciation could motivate us as nurses and we would tend to excel in whatever we*

would do and that could keep us going. Many a times you find that the supervisors are not assertive when coming to negative feedback. In most cases you find that supervisors are afraid to confront or to speak directly to supervisees especially if it is a negative feedback and they tend to generalise. I would like that the managers could directly reprimand the supervisees involved in such matters, which could bring a positive change. Supervisees would be motivated because there would be fair treatment to all of us."

Some participants further indicated that they would like to be given individual feedback as it would assist them to change from being negative to being positive. This is illustrated by the following quote:

"Concerning feedback as it was indicated by my colleague it could be given generally and would be good but sometimes it would be necessary that feedback be given individually for the positive change to take place. It could be effective especially if that could be to change a negative behaviour. A supervisee that would be affected could be reprimanded in order to rectify the mistake one [he or she] *has committed and that could bring a real positive change for that particular person involved unlike just to generalise it. One might not take action to change because it was not direct feedback. I think be it a negative or a positive aspect, the negative feedback that would be given in a spirit of support and also to teach a person to change from being negative to positive, it would motivate me. And that would be a lesson learned and I would not repeat the same mistake."*

The findings reveal that the participants needed effective communication was a much-needed factor towards bringing about a positive change in the rural hospital. An important issue addressed by the participants was that managers' communication with nurses should be respectful as this would lead to supervisees also having respect for the managers. The participants placed a high value on respectful two-way communication.

5.3.1.4 Category 4: Working conditions

Working conditions was expressed as one of the possible motivators to render quality patient care. Participants indicated that working conditions would drive them to render quality patient care especially if urgent factors like improved hospital infrastructures and the availability of human and material resources are considered. The participants expressed that they would be more motivated if the factors mentioned in the quotes below could be addressed:

- ***Availability of human and material resources***

The availability of human and material resources was expressed as one of the factors that would bring a positive change in a rural hospital. The participants referred to the availability of resources as their drive towards rendering of quality patient care. The quotes below pertain to these aspects that the participants mentioned:

> *"If we could be provided with material resources patient care would be improved and we would be motivated. We are rendering patient care with lack of equipment and in most cases we are to improvise things such as cotton wool swabs. We would like to be supplied with all necessary equipment, pharmaceutical items and drugs so that we could render quality patient care without compromise. In terms of equipment that we use it needs* to *be enough and quality items be purchased to enable us to use them for a long period and not those that we use only once and then* it gets *damaged."*

> *"The other factors that can motivate me* are *having enough staff, including the doctors congruent to the patient's statistics, and improved working conditions, availability of protective clothing and the support from the provincial government."*

> *"I would really be motivated if there could be replacement of staff in case of death, resignation, retirement, transfer out and also filling of all vacant posts."*

The findings indicate that probably the availability of human and material resources might bring about positive change the rural hospital where the participants rendered care as it would help them to render quality patient care effectively.

- ***Improved hospital infrastructures***

An improved hospital infrastructure was one of the factors needed to ensure the safety of both patients and participants. The participants expressed their concern about this aspect and agreed that they would be *"happier*" if the government could improve the hospital infrastructures. This concern is validated by the next quotes:

> *"From my own point of view I think that it would be really motivating if the physical structures could be changed or modified from the way it is now to better structures. For example, the casualty ward is so small and not well equipped so it would really motivate us if the place was good enough to accommodate patients."*

> *"I would like to see the Government providing proper infrastructure to improve the hospital standards. The hospital infrastructure needs to be improved. The department is letting its people down. If you observe the wards, you will agree with me that they are overcrowded so the department need to build and expand the wards and I would be happier because they would be enough space."*

From the participants' view it was indicated that if the rural hospital's infrastructure could be improved a positive change in their rural hospital would ensue. Working in an environment with safer and better conditions, for example in wards big enough so that overcrowding is avoided, would help them to render quality care in a safe and conducive environment. The findings revealed that the working conditions in a rural hospital should be reviewed and improved.

5.3.2 THEME 2: FACTORS THAT COULD MOTIVATE OTHER NURSES IN THE FUTURE

The second theme that was identified during the data analysis was the factors that could motivate other nurses in the future. In Table 5.2 the factors that motivated nurses the most in the past and would positively contribute to nurses' motivation to work in a rural hospital in the future are summarised.

Table 5.2: Past and future factors that motivate nurses to work in rural hospitals

THEME	CATEGORIES
5.3.2 THEME 2: FACTORS THAT COULD MOTIVATE OTHER NURSES IN THE FUTURE	**5.3.2.1 Category 1: Interpersonal working relationships**
	5.3.2.2 Category 2: Rewards
	5.3.2.3 Category 3: Challenging tasks
	5.3.2.4 Category 4: Cleanliness of the hospital

The findings related to the explored and described factors that could motivate other nurses who could work in a rural hospital in the future are presented and described next. In Theme 2 of the **d**ream phase four categories emerged:

5.3.2.1 Category 1: Interpersonal working relationships

One of the participants acknowledged the good interpersonal working relationships nurses used to have and it was this participant's wish that such admirable working relationships be carried to the future:

> *"The staff that I found in the past when I started working here was a very motivating factor for me because their working relationship was so good. They used to help each other at all times and I believe that if such relationship was maintained it will also encourage the future generation."*

The majority of the focus group participants experienced that their current management in the rural hospital was positive and supportive and it was their hope that this could be carried into the future. The following quote supports this finding:

> *"In the current situation the motivating factor is the new management team. They maintain good working relationship* with *us, the employees, unlike in the past where we use*d *to meet them in crisis only or when we have made a mistake."*

> *"I would like that as supervisees we should have good interrelations with the supervisors and when we have problems we would be able to approach them. This helps and it motivates us as they would be there to solve our challenges when necessary and giving support in all issues pertaining us supervisees together with our patients that could motivate us a lot."*

It was revealed during the workshop that apparently all the participants seemed to feel nurses will be motivated if the hospital management maintains good interpersonal relationships with the nurses and that this positive management style is also applied in the future.

5.3.2.2 Category 2: Rewards

Rewards in the form of overtime payment or other incentives were expressed as some of the factors that used to motivate the participants in the past. It is still a

motivating factor. The participants expressed that the Government should reward them through salary increases. One of the participants spoke about this factor as follows:

> *"The factor that used to motivate me in the past and* is *still motivating me is the rewards. When we are working the government must recognise the service we are rendering; or the management could say that so and so is doing well, so at the end of the year the best nurses and [*those] *who observe punctuality, there should be a function that is held in which the nurse could be given an award."*

The participants seemed to acknowledge that rewards could still be a motivating factor for themselves as well as for nurses who choose to work in rural hospitals in the future. They perceived that since rewards motivated them in the past to deliver the best quality care, it would similarly motivate other nurses in rural hospitals in the future.

5.3.2.3 Category 3: Challenging tasks

Challenging tasks are characterised by demanding activities that makes one feel motivated to do more without being obliged (Queen 2011: 5). The participants seemed to be motivated about their hospital being a referral hospital because patients with complications were admitted to it. It gave them the opportunity to perform different procedures and thus they gained more knowledge and expertise. During the workshop it was voiced by the participants that this aspect could also assist future nurses to gain more knowledge and expertise. One of the participants, acknowledging the on-hands learning processes in her hospital, said:

> *"The factors that used to motivate me in the past is [are] that this hospital is a referral hospital and I used to be exposed to new challenges every day. We learn a lot because there are all kinds of patients and diagnoses unlike in community hospitals where you are only exposed to* [a] *few challenges. On a personal level we do not face many problems. The only challenging factors are limited resources; nevertheless, we*

have the *knowledge for performing our daily duties. This hospital allows us to apply our knowledge where necessary."*

Evidently the participants shared that in a rural hospital the opportunities to perform new tasks and procedures are not as limited as in a community hospital. Therefore, the various challenges encountered in a rural hospital will serve as positive learning experiences for future nurses.

5.3.2.4 Category 4: Cleanliness of the hospital

A clean hospital, according to the participants, was related to the ambiance of the units and the environment. Participants shared that previously their hospital's internal and external environment was clean and this was a motivational factor for them to work there. This could probably prove the same to the future nurses. The following quotes illustrate this:

"The cleanliness of the hospital can motivate us and all the staff members now and in future so that when people get in the hospital they should see that they are going to receive proper care. The workers who work in *the garden and those who clean in the units should increase their productivity. If you look around the hospital there is a lot of unclean areas, people say there are a lot of snakes around, it means the gardeners are not doing their job."*

"We would like to work in a clean environment with attractive ambiance in all the units. Perhaps our hospital should be in a standard of private hospitals when coming to cleanliness. This will make patients to use our hospital effectively and those who are treated in private hospitals would come to our hospital even if it is public and rural through its cleanliness and effective quality care that they would receive. Those who are going to the private hospitals not having enough money would come to our hospital."

"My wish in the future is to see many young cleaners being appointed because many of the cleaners are old and they do not have the ability to do thorough cleaning and dusting because unclean environment increases infection risks."

The above quotes can be viewed as a request from the participants that the cleanliness of their rural hospital should be addressed. Working in a clean and hygienic hospital would enhance not only their own safety and that of future nurses who work in a rural hospital, but also that of their current and future patients.

5.3.3 THEME 3: MOTIVATING FACTORS TOWARDS A POSITIVE WORKING ENVIRONMENT

The third theme pertaining to the participants' dream for future nurses who worked in a rural hospital was a positive working environment. During the workshop they were requested to name four factors that would positively motivate future nurses working in a rural hospital. The four most significant factors put forward by the participants are reflected in Table 5.3.

Table 5.3: Four motivating factors towards a positive working environment

THEME	CATEGORIES	SUB-CATEGORIES
5.3.3 THEME 3: MOTIVATING FACTORS TOWARDS A POSITIVE WORKING ENVIRONMENT	5.3.3.1 Category 1: Need to be involved in decision making	• *Engagement in plenary meetings* • *Availability of workplace forum*
	5.3.3.2 Category 2: Need for recognition	• *Appreciation by managers* • *Appreciation by patients*

	5.3.3.3 Category 3: Rewards and incentives	• *Performance management* • *Occupational Specific Dispensation*
	5.3.3.4 Category 4: Need for effective communication	• *Channels of communication* • *Training in communication*

In Theme 3 of the **d**ream phase the four categories were identified.

The participants in the workshop shared that a positive working environment would promote the rendering of effective quality patient care in a rural hospital. They indicated that a positive working environment would include that nurses are involved in decision making; that their contributions and achievements are recognised and duly rewarded and that effective communication is of the essence.

5.3.3.1 Category 1: Need to be involved in decision making

Involvement in decision making was identified as one of the important factors that could motivate nurses. The participants shared different ways to increase involvement. It could be through being given a chance to participate in decision making about their job and engagement in the plenary meeting concerning service delivery and *to give* inputs to be listed on the agenda for all scheduled meetings. One of the participants articulated:

> *"The fact that the management also allow seniors to be part of the decision making process that could also motivate others because it makes them to feel that they belong to the team. It influences them to own the processes and thus become committed leading to motivation."*

Another participant said:

> *"We would like to be given an opportunity to be involved in decision making. This would enlighten us and would make us to render quality patient care being in line with the vision, mission and the values of our hospital;* this *would be one of the factors that motivate us. Ways proposed to increase involvement include being listened to, sitting down with our management and discuss all the important issues involving rendering of quality patient care and being informed of all the challenges and progress that are going on in our hospital. That would please us for the benefit of the hospital. It would motivate us and make us to own the processes that are in place."*

- ***Involvement in plenary meetings***

Involvement in plenary meetings in this context meant being part of those who plan formal meetings in general. The participants were in agreement that they should be involved in the planning of meetings. Being part of a decision making team would allow them to feel they "*own the processes*" and would enhance their self-esteem and the important role they play in the activities and service delivery. This is evidenced in the statement by a participant:

> "*The other factor that could play a role in motivating us is to be involved in decision making with regard to planning of meetings. When there are scheduled meetings to be held it is essential that the inputs for the agenda are to be asked from us nurses at grassroots level;* this *motivates us. The changes that are going to be discussed we would know that our inputs form part of the decisions that were taken. It would make us to render quality patient care willingly and being satisfied about what is going on, unlike if we are to implement the decisions that are to be imposed without our inputs. We hope that the system could be in such a way that*

> *participative management approach is used to stay motivated in all spheres of our work. Being involved in decision making motivates us as nurses and we feel proud to own the processes*."

Clearly the participants believed that the implementation of participative management motivates nurses as it is a form of acknowledging them as an essential part of the decision making team.

- ***Availability of workplace forum***

A workplace forum promotes workers' interests by consulting and making joint decisions with the management on their behalf. This promotes motivation among nurses as they feel that they are being recognised through their union representatives. This finding is supported by the following two quotes:

> *"Currently we do have the work place forum and that is one of the changes that motivates us. It is interesting to find the organised labour unions and the executive management discussing issues pertaining to what could be done to improve the service in the rural hospital. We find it motivating because our voices are also heard when we plan together for the positive changes of the hospital. Sections, for example, are expected to come up with the improvement plans for deviations and you find that there is a change. I hope if it could be done that way then our hospital will have a good reputation in the community."*

> *"The involvement of the organised labour would also reduce load from the management's side because the employees would be well informed with regard to their responsibilities and act accordingly. They would act as advised by their organised labour having the understanding that their organised labour unions when they go wrong would not protect them from such misconduct."*

The participants felt that involvement of their union representatives regarding management issues on their behalf might produce a positive work environment. This would encourage and motivate them to work according to their scope of practice.

The findings revealed that nurses' autonomy is pivotal in scheduling their work, selecting equipment to be used and deciding on procedures to be adopted and choosing a line of work. Involvement in decision making was viewed as a factor that the management needed to seriously consider. The participants pointed out that nurses may be more committed to render quality patient care in the rural hospital if they owned the processes.

5.3.3.2 Category 2: Need for recognition

According to the findings motivation to accomplish quality patient care tends to increase as nurses are given recognition for their contribution to these positive results. The majority of the participants described the need to be recognised as referring to the actions that are supposed to be taken externally by their managers and patients.

- ***Appreciation by the managers***

Appreciation by the managers was reflected as one of the main motivating factors that participants felt spurred them onto render quality patient care. The participants expressed that appreciation could be in the form of being praised and given awards. One of the participants said:

> *"We should be appreciated because we do a lot of work and we work hard and we work with few resources that we have. We should be appreciated just by being given a pat on the back to say 'Well done' that alone could motivate us to sustain the good work."*

Another participant shared the following:

> *"It would be nice to receive an award. Previously nurses used to receive awards for the good work done in their units.*

> *I should think that could be used to motivate everyone of us to work harder than the person who got awarded with the desire to also receive an award, it would motivate and encourage us too to pull* up *our socks and go an extra mile."*

One participant touched on an important aspect, namely that nurses had to be valued and viewed as human beings who had "*needs to bet met*". This participant stated the following:

> *"I would like to be recognised as an employee because I am doing my work, at the same time the employer has to recognise me as an employee. If I have done something very good I also need a pat on the shoulder because that indicates to me that I am doing the right thing. That also indicates that I am progressing towards what is expected for the patients. The other factor for recognition I would like the employer to recognise nurses as human beings, recognise me as an individual who has got needs to be met."*

Some participants articulated that, to maintain performance standards, appreciation for good work or for achieving a high standard of care should be done during a formal gathering such as in a meeting. According to the participants encouragement from the managers in a formal meeting will indirectly also motivate the rest of the attending staff members to continue providing the best care they can even under challenging conditions. The next statements substantiate these findings:

> "*I need my supervisors to motivate me by just telling me that he/she has recognised that I did this very well or just to say keep it up, that alone could motivate me. The other thing that the managers could do is to mention during mass meetings that so and so has done this excellently, let's appreciate her. That is going to motivate me to try by all means to maintain the standard or to continue to do the best. Again that could also serve as a motivator to the rest of the staff members*

> *because they will also want to be appreciated in that manner."*
>
> *"The employer should support the employees as people who are working and thank them for the service they render. They should appreciate our efforts and time of service especially when we have made a mistake; the good we do should overpower our mistakes. Regardless of the mistakes we do, at least the supervisor should also consider the efforts and service we give."*

One participant voiced that it was essential for the unit manager "to recognise my service that there is something of importance that I am contributing to the work environment."

To be valued and shown appreciation for their work was an important factor raised by the nurses who participated in the workshop. A participant made the suggestion that scheduling a quarterly award ceremony *"to select the employee of the month on which the person chosen will receive an award"* may fulfil current and future nurses' wish to be recognised for the work they do and the vital role they play in caring for the health of the rural community.

- ***Appreciation by patients***

Appreciation by the patients was expressed as one of the motivating factors that drove the participant to render quality patient care. According to the participants, receiving positive comments, cards of appreciation and compliments from the patients would assist nurses to experience working in a rural hospital as fulfilling. One participant voiced that positive feedback from patients, whether by questionnaires or verbally, made nurses feel appreciated:

> *"I would like to be appreciated by patients through questionnaires, verbally and also maybe through appreciation cards just to indicate to us that they are receiving quality patient care. Only by doing that it could really motivate us in our rural hospital*."

Another participant mentioned that "*I used to listen to the media talks where the community members express their appreciation that despite the challenges in the rural hospitals nurses are still doing their level best.*"

The same participant added:

> *"I think if the community members could be involved in their health matters by inviting them during hospital summit or 'imbizos'* [large gathering/tribal meeting] *and use that platform to let them express their compliments and concerns that could also motivate us to continue to render quality patient care in our rural hospital*."

The findings indicate that the participants wanted to be recognised for the work well done in different ways which depended on their individual likes and dislikes. It was further revealed that nurses want to be praised when praise is due. Appreciation by an employer and patients appears to be one of the most important motivating factors as shared by the participants.

5.3.3.3 Category 3: Rewards and incentives

The participants reported rewards and incentives for achievement or work well done as an effective positive change. They indicated that they could be motivated more if they were rewarded for a positive change. Rewards are properly understood in the context of recognition for one's accomplishment such as a reward given to the most efficient nurse of the year in a hospital. This could be in the form of a Performance Management System (PMS) and/or an Occupation Specific Dispensation (OSD).

- ***Performance Management System (PMS)***

The PMS was expressed as one of the strategies that would motivate the participants. They viewed it as a factor that could be used as a motivator to encourage them to render quality patient care as evidenced by the following quotes:

> "*Rewards* for *performance like if someone has done something good he* or *she could be awarded in the form of*

> *money, certificates or a trophy. That could motivate us a lot to render quality patient care."*

> *"Performance Management System is another factor that could motivate a* nurse *to work hard because there is payment of cash bonus and grading that makes a* nurse *to move to a higher notch. In other words, that could be a strategy that could be used as staff members will be competing to do the best they can".*

The participants articulated that a rural allowance should also be given to lower nursing categories. A participant referred to this factor as follows:

> *"I would feel motivated if the government could recognise what I am doing and reward me through rural allowance and also include lower categories because of their commitment as they are also* walking *an extra mile in rendering quality patient care in a rural hospital."*

- ***Occupational Specific Dispensation (OSD)***

This is the strategy that has been introduced by the DoH to attract nurses back to the public health services after realising that professional nurses are either leaving the profession or seeking work in other countries. The DoH increased the salaries of different categories of nurses (Department of Public Service and Administration Republic of South Africa [DPSA] 2007: 2). Occupational Specific Dispensation was expressed as one of the strategies that would motivate participants to remain in public services. They viewed it as a factor that could be used as a motivator to encourage nurses to render quality patient care in a rural hospital.

One of the participants stated nurses "*would be motivated if the government could pay OSD considering all nurses equally because nurses who are working in general units are disadvantaged as compared to those working in specialised areas".* The participants apparently believed that rewards and incentives could bring about a positive change in the work environment of a rural hospital in that it would possibly enhance the motivation of nurses in a rural hospital.

The findings further revealed that acknowledging their hard work, being rewarded and celebrating their successes may be a key to positive change that could probably motivate nurses in a rural hospital to provide enhanced care.

5.3.3.4 Category 4: Need for effective communication

Communication has already been identified as one of the factors that could bring positive new changes in a rural hospital; therefore similar quotes will not be repeated in this category. Communication was found to be one of the most crucial factors that determines the failure or success of a rural hospital. The participants expressed that they would be motivated if there is excellent communication that could meet their goals and those of the hospital.

- ***Channels of communication***

Channels of communication are defined as a means by which a message is conveyed to its anticipated audiences (Marquis & Huston 2006: 473; Ströh 2001: 67). The participants expressed the need to have channels of communication in place for positive new changes as this would motivate them. One of the participants said*:*

> *"Channels of communication should be adhered to. The managers should be available and be involved to solve all the complaints either from the patients or from the staff and when we forward our complaints they should take actions and resolve them. Our concerns or complaints should be taken to the relevant person in order to be resolved."*

Another participant noted the following:

> *"If the management communicates with us the information offered motivates us to work well because we will have the understanding of why things are not available. For example, if they say there are no gloves and explain the reasons it will encourage me to do my job knowing that there are no gloves unlike assuming the problem at all times."*

The participants shared that keeping the different communication channels effectively open in a rural hospital is an essential motivational factor. Problems can be addressed and solutions sought and understanding among members of the health team is promoted. Communication between the staff and their patients is essential for proper care delivery and through internal communication channels nurses are kept informed of a variety of aspects that influence care delivery, for example, complaints from patients and possible resource shortages.

- ***Training in communication***

Communication training relates to the training of individuals to acquire communication skills so that they can communicate effectively (Kroon 1998: 379; Ströh 2001: 67). The need to be trained in communication was highlighted by a participant in the following way:

> *"I need to be trained on effective communication so that I become* qualified, *that could make me feel motivated. That would assist us because we would work being knowledgeable as to how to communicate effectively with patients and with colleagues. That would motivate us to work with confidence. Our profession needs us to communicate positively with our patients and amongst ourselves."*

The findings repeatedly revealed that the participants' perceived effective communication as a factor that might build a positive change in a rural hospital. Its repetition strengthens its importance in the development of a positive work environment where nurses will feel more motivated to work in the future.

5.3.4 THEME 4: FOUR WISHES THAT WOULD MOTIVATE NURSES AND OTHER STAFF MEMBERS IN THE FUTURE

During the workshop discussion the participants were asked to identify four wishes that would possibly motivate nurses and other staff members working in a rural hospital in the future. The four wishes agreed upon by the participants are presented as Theme 4 in Table 5.4.

Table 5.4: Four wishes that would motivate nurses and other staff members in the future

THEME	CATEGORIES
5.3.4 THEME 4: WISHES THAT WOULD MOTIVATE NURSES AND OTHER STAFF MEMBERS IN THE FUTURE	**5.3.4.1 Category 1: Continuous Professional Development (CPD)**
	5.3.4.2 Category 2: Communication
	5.3.4.3 Category 3: Allocation of nurses in support services
	5.3.4.4 Category 4: Appointment of general assistants

The four categories identified under Theme 1 are presented and discussed below.

5.3.4 1 Category 1: Continuous Professional Development (CPD)

Continuous Professional Development (CPD) refers to the education and training of professionals to update their knowledge and skills with regard to their profession (Bartzak 2010: 87; NDoH 2006: 2; Nursing Act No 33 of 2005: 40). The participants wished for CPD to be introduced since it was their belief that if CPD was implemented in nursing, nurses would acquire more knowledge and skills. The acquisition of additional knowledge and skills on current developments in the nursing arena would motivate nurses and other staff members working in rural hospitals. The majority of participants expressed that they wished to be given an opportunity to update themselves. One of the participants said:

> *"Our wish is that there should be CPD in nursing; nurses should be sent to attend workshops so that they could acquire knowledge and skills and to update themselves."*

5.3.4.2 Category 2: Communication

The participants considered communication as a wish that would motivate nurses and other staff members in the future. They identified that the effective use of communication would enhance quality patient care in their rural hospital. A participant explained their wish for effective communication as follows:

> *"We wish that there could be good communication among the supervisors, nurses and patients accordingly. If that could be implemented I believe that could motivate us to perform our duties to meet the hospital goals and my happiness could increase a lot. I want to say if there is something happening in the hospital we will be highly motivated if we get addressed in time."*

5.3.4.3 Category 3: Allocation of nurse in support services

Support services in this study refers to services that complement the main services in the hospital such as procurement, finances human resource management and training and labour relations. It was the participants' wish that these sections should be managed by nurses as they understand the importance of its relation to quality patient care. Following is how a participant described this wish:

> *"Our wish is that nurses should get opportunities to work in support services like in finance, procurement and human resource so that all nursing sections' needs could be met in time by the people who understand and know what is important concerning patient care. Nurses, if placed in these positions, could prioritise purchasing of goods and services depending on patients' needs because they are aware of them."*

The participants considered that if they were to be given the opportunity to work in the finance section, the result would be advantageous to the rendering of care as they would know what equipment to purchase. They felt if a decision like was taken it would motivate nurses and other staff members in the future. In addition, they believed that nurses might be the best people to manage support services because they understand the necessity of procuring equipment and supplies in time for provision of quality patient care in a rural hospital.

5.3.4.4 Category 4: Appointment of general assistants

General assistants in this context referred to workers such as cleaners, ward attendants and gardeners. These workers ensure the cleanliness of the internal and external environment of the institution. Most of the participants expressed that their wish was that management appointed the relevant workers to the relevant jobs. A participant voiced this wish as follows:

> "*My wish in the future is to see many young cleaners in the institution. Presently most of the cleaners are old and this increases infection risks because they do not have the ability to do thorough cleaning and dusting. I would like to see the patients' clothing and their bed linen being clean at all times and protected against infections. Lastly, I would be motivated to see our laundry department having adequate staff members with relevant skills.*"

The participants reckoned that if specific employees were appointed to jobs they were suited to it would add value to the reputation of their hospital. They seemed convinced that appointing the right worker to the right job would ensure that the latter provided excellent service.

The findings revealed that nurses may render high quality service if they were exposed and allocated to support service sections as they know and understand patients' needs unlike the support staff presently working in those sections.

5.3.5 THEME 5: THE CORE INTRINSIC AND EXTRINSIC FACTORS FOR SUCCESS IN THE WORK ENVIRONMENT THAT COULD BE USED IN THE FUTURE

In this section the participants proposed core intrinsic and extrinsic factors that could be used in the future to promote success in the work environment as shown in Table 5.5 and thereafter described and discussed.

Table 5.5: The most core intrinsic and extrinsic factors for success in the work environment that could be used in the future.

THEME	CATEGORIES	SUB- CATEGORIES
5.3.5.1 THEME 1: INTRINSIC FACTORS	**5.3.5 1.1 Category 1: Need to achieve professional growth**	• *Staff training*
	5.3.5.1.2 Category 2: Need for responsibility	• *Job enrichment* • *Job enlargement*
	5.3.5.1.3 Category 3: Need to teach others	• *Transfer of knowledge to others* • *Teaching as role modelling*
5.3.5.2 THEME 2: EXTRINSIC FACTORS	**5.3.5.2.1 Category 1: Need for personal security**	• *Provision of tight security* • *Protective clothing*
	5.3.5.2.2 Category 2: Salary and other benefits	• *Performance cash bonus* • *Yearly salary increment and attainment of additional qualifications*

		• *Overtime allowances* • *Rural allowance* • *Offered opportunity for furthering studies*
	5.3.5.2.3 Category 3: Adequate technical supervision	• *Supervision as control* • *Supervision as a teaching and learning strategy* • *Supervisor as a role model* • *Supervision as a form of support* • *Delegation in supervision*
	5.3.5.2.4 Category 4: Interpersonal relations	• *Interpersonal relations with managers* • *Support systems* • *Debriefing* • *Team work*

The most core intrinsic factors for success in the work environment that could be used in the future as proposed by the participants are noted and described first followed by a similar presentation of the most core extrinsic factors.

5.3.5.1 THEME 1 INTRINSIC FACTORS: THE MOST CORE INTRINSIC FACTORS FOR SUCCESS IN THE WORK ENVIRONMENT THAT COULD BE USED IN THE FUTURE

5.3.5.1.1 Category 1: Need to achieve professional growth

The participants expressed the need to achieve as a core intrinsic factor that could be used in future for success in the work environment. In this regard, the factors they mentioned included staff training which could be done by rotating staff in various units, staff undergoing further training, workshops and in-service training to be implemented.

- **Staff training**

Staff training was identified as the factor that would benefit the participants as there would be continuing professional development. The following quote evident:

> "*For us to keep up with the standards it is important for us to be in-serviced [hands-on and in-house training] so that we could not hesitate to teach the students and other colleagues."*

5.3.5.1.2 Category 2: Need for responsibility

The need for responsibility involves being committed to the job when rendering quality patient care. The participants described the need for responsibility to perform more procedures as a factor that would bring a success in the future. They shared that, since having more responsibilities helped them to acquire more knowledge and skills which in turn motivated them and brought change in their rural hospital, it would also be an advantage in a rural hospital in the future if nurses were given more responsibilities. For staff members to take responsibility would, according to the participants, result in job enrichment and job enlargement. The participants shared a number of ideas that would enable them to be responsible when rendering patient care.

- ***Job enrichment***

Job enrichment was identified as allowing the participants to plan their activities. The participants expressed that their motivational strength in the rural hospital lay therein that when more tasks are added, the work becomes more interesting and challenging. In this regard, one of the participants stated:

> *"If there is responsibility amongst us as nurses there would be job satisfaction… I am going to render quality patient care in such a way that I would be motivated to plan all the activities for my patients effectively. When making a nursing diagnosis then I would also do the correct planning. This would* allow *me to take responsibility* for *all acts and omissions."*

The participants further articulated that working in a rural hospital promotes the staff's sense of responsibility because they do more procedures due to the shortage of doctors as the following statement indicates:

> *"Okay, if I am well skilled I think I will be having knowledge eeh….to render quality care to our patients, because if you are specialised with some courses you will be having knowledge and skills. It will help us especially when we are running short of doctors like if you are specialised maybe in advanced midwifery. I will try to help more than if I don't have… knowledge and skills in the absence of a doctor."*

The participants cited job enrichment as a factor for success in the work environment that could be used in the future. They pointed out that it is stimulating for them to plan for the patients' care and augment the responsibility they already have to render quality patient care effectively.

- ***Job enlargement***

Job enlargement was identified as another factor that could bring success in the future as it motivated nurses to render quality patient care. Since their hospital is a referral hospital with a shortage of doctors, the nurses perform more and different tasks and thus have added responsibilities. In addition, they shared that they also

work hand-in-hand with doctors and this enhanced their knowledge and skills. The participants shared that they would like to have challenging delegated tasks:

> *"In rural hospitals you find that most of the staff [*has been] *trained in different specialities, for example, primary healthcare, oncology, advanced midwifery, trauma, orthopaedic, theatre, paediatric, ophthalmic, intensive care and advanced psychiatric. In many instances we work without doctors, managing patients in the absence of doctors in the units and you find that we report to doctors who are on call or in theatre when there is a need. We are motivated because we could manage the patients and even perform certain procedures in the absence of doctors that nurses in urban areas could not do because doctors are always there."*

Hence, the fact that there are speciality trained professional nurses in the rural hospital means that nurses are responsible to render quality patient care despite the shortage of doctors and, in addition, they learn about the different specialties from each other. These factors could be used in the future to contribute to success in the work environment.

The findings revealed that autonomous decision making was interesting as well as challenging to the participants. The participants admitted that taking responsibility allowed them to be in control of nursing practice and facilitated interdisciplinary planning and coordinated care in the rural hospital. Having the independence to plan their activities and to determine how to carry out tasks as well as taking on additional speciality activities were factors that could enhance future success of nurses in the rural hospital environment.

5.3.5.1.3 Category 3: Need to teach others

There existed a need to teach other among nurses in the rural hospital. The participants mentioned that a core intrinsic factor that could be used in future was to transfer knowledge and skills to supervisees and other colleagues. They emphasised their teaching role as another factor that would reshape and bring positive changing their rural hospital in times to come. Furthermore, the participants expressed that morning education sessions need to be continued in the same way they are currently being conducted.

- ***Transfer of knowledge to others***

The transfer of knowledge to others in this context involves conveying knowledge to others through teaching them. The participants emphasised refraining from using "shortcuts" because it discredits the nursing profession. Teaching in the wards was viewed as a necessity to bridge the gap between not knowing and being knowledgeable and up-to-date with new developments on health related issues and technological advancements. The following quote evidences this:

> *"The morning sessions or education in the wards motivates me a lot. When I came here I was not sure of what to do but those sessions assisted me a lot within a month. I was confident to do the job that I am supposed to perform within a very short period of time. I believe that it could also help other new staff members in the future if they continue doing it. Truly, if you find yourself in a new working environment you feel like you don't know what to do and where to start even if you know. Morning education session need to be continued the way* it *is* currently *being conducted. This will also help in the future to bring change in the hospital."*

According to the participants' inputs, if the transfer knowledge to others is continued as is done currently the patients would benefit because it empowers the nurses to provide excellent service at the moment. Moreover, the transfer of knowledge to colleagues and less experienced and/or knowledgeable nurses may motivate professionals and novice nurses in the future.

- ***Teaching as role modelling***

Being a role model through teaching was identified as another intrinsic factor that could be used by managers to motivate supervisees thus enhancing the work environment in the future. Teaching in the rural hospital encompassed sharing with other nurses how they are supposed to perform procedures correctly. The participants observed that in a rural hospital professional nurses are expected to be knowledgeable in all spheres of nursing since they are regarded as role models by supervisees and the community. Acting as role models part of their responsibility is to teach other as the following quote indicates:

> *"I expect all professional nurses to act as role models to teach our supervisees how they should perform procedures. I would like to put it in this manner: trolleys are to be set when doing our procedures and also discarding or rounding off of the procedures should be done appropriately; by so doing as professional nurses we would never observe any shortcuts if we act as role models. By doing so, this would bring positive change in our rural hospital and this could motivate others in future."*

The participants were in agreement that as experienced and knowledgeable professionals it was part of their work to act as role models to less experienced and knowledgeable nurses. In their role of being an example of a professional, committed and competent nurse, they were very much in favour of starting employees off by showing them the basics of nursing. They viewed 'going back to the basics' as a core a factor for future success in the work environment.

The findings revealed that because in their rural hospital the professional nurses were role models who transferred knowledge to colleagues and supervisees and taught the latter how to perform nursing duties correctly right from the start, sharing knowledge and being effective role models were factors that could contribute towards motivation and success in the work environment in the future.

5.3.5.2 THEME 2 EXTRINSIC FACTORS: THE MOST CORE EXTRINSIC FACTORS FOR SUCCESS IN THE WORK ENVIRONMENT THAT COULD BE USED IN THE FUTURE

5.3.5.2.1 Category 1: Need for personal security

During the workshop meeting the participants identified personal security as one of the core factors that related to their physical safety in their workplace. They indicated that if they felt safe and secure in their work environment it would motivate them to deliver their best service. Tight security measures and protective clothing were mentioned as factors that ensured personal security and safety in their rural hospital.

- ***Provision of tight security***

To feel safe in their working environment in a rural hospital was of paramount importance to the participants. They agreed that if they knew they were being protected and that their lives were not at stake in their work domain, they would be more at ease and this would enable them to deliver better patient care. Their shared need for tight security measures to be in place is reflected in the following words of one participant who said:

> *"I would like a proper security system that works effectively. If we know that around the hospital we have got proper security, I know that I could move from one ward to another without fear which means that patients would also not be affected negatively. I could say it is not enough because the security guards are there by the hospital gate checking cars which are getting in and out. Security is not adequate; we need more security because you find that security guards are* only *at the gate and in* maternity unit *checking those coming in and out of the hospital. Security guards are required in all strategic areas around the hospital even in the nurses' homes and doctors' residences. Most nurses are complaining of theft at the nurses' home."*

Evidently the participants experienced a lack of sufficient general as well as personal security when at work or at home which resulted in them feeling fearful. Feeling unsafe in their work environment influenced their level of care and, as stated by the aforementioned participant, this led to patients being "*affected negatively*". They might feel as unsafe as the staff as well as to the level of care they received worrying about their own and their patients' security the staff's service delivery could be negatively affected. Making sure that tight security measures are implemented on and around the premises of a rural hospital in the present and future would play a significant role in ensuring that the hospital functions optimally as a healthcare institution where quality, safe service is delivered.

- ***Protective clothing***

In the study context protective clothing referred to clothing that protects hospital employees from contracting and sustaining occupational diseases and injuries respectively when executing their duties. The participants reported during the workshop meeting that staff in the rural hospital needs to be protected from contracting occupational diseases. One of the participants expressed the following:

> *"I would be motivated if our department could provide protective clothing for us. Some of us work with psychiatric patients… patients spit saliva on our clothes and therefore we need to be protected. I feel that our safety is very important because sometimes these patients threaten to beat us, so if the security is tight we would feel protected."*

To the participants it was imperative that they have to be provided with proper protective clothing when rendering quality patient care in their rural hospital. Protective clothing was another measure of ensuring that their safety as it protected them form contracting occupational diseases.

From the findings it was clear that it was essential for employees working in a rural hospital that appropriate and proper precautionary measures must be in place to ensure their and their patients' safety. For the nurses being supplied with protective clothing was crucial since they could be exposed to fatal diseases. Protecting them and ensuring they could deliver care in a safe and secure environment whilst being

protected against contracting potentially life-threatening diseases from patients is a vital factor that needs to be seriously addressed if nurses are to be motivated to deliver their best care in a rural hospital in times to come.

5.3.5.2.2 Category 2: Salary and other benefits

Salary refers to the remuneration earned by an employee at the end of each month for the services rendered (NDoH 1999: 8). The participants considered an improvement in the nurses' salary as a motivational factor. In addition, when performance cash bonuses are paid on time it will stimulate nurses' motivation to deliver their best care. The participants indicated that ate present there is a delay in the payment of performance cash bonuses.

- ***Performance cash bonuses***

A performance cash bonus refers to reimbursement of supplementary money that is paid to employees after an outstanding performance (NDoH 2007: 13; Beauregard & Fitzgerald 2000: 128). A nurse who participated in the workshop meeting verbalised the following as regards the payment of cash bonuses in the rural hospital:

> *"I feel motivated by the issues of PMS cash bonus, it motivates me. This also needs to be taken into consideration. There are people who are doing their level best so they should be the ones to be recognised and be given what is due to [them], it motivates them. It needs to be done in time and following the right procedures instead of doing it for the sake of doing it."*

There seemed to be general agreement among the participants that nurses who deserve PMS cash bonuses should receive it as a benefit for the positive input they give and the difficult work they do as it motivates them.

- ***Yearly salary increment and following attainment of additional qualifications***

A yearly salary increment was reported as additional money that is paid above the stipulated basic salary of an employee (NDoH 1999: 8). According to the participants, they could be more motivated if the salary scales of the nurses who develop their professional growth by acquiring additional qualifications could be revised after completion of their studies. One of the participants said:

> *"The other factor that is important is that those who are developing themselves let them be considered. Their salary scales should be revised because the knowledge and skills they have acquired would be benefiting the patients."*

The participants further shared that nurses would possibly be more motivated to further their studies and acquire better skills for quality patient care if they know their salary will be increased on completion of their studies. Some quotes related to this aspect confirm this finding:

> *"I understand that there is no cash bonus these days, but it was going to be better if we could receive a cash bonus because on completion there is no incentive we receive. This would be another motivating factor. The issue of cash bonus could also motivate nurses to continue to further their studies which in turn would benefit the patients."*

> *"In most instances we are furthering our studies on our own. When we complete either our diplomas or degrees we could be motivated if on completion the government may increase our salary or just to be given cash bonus that could motivate us."*

> *"The core factor for me is salary payment as a way of recognition and appreciation of our job. I believe it can also motivate others because every year there is an increment of salary and benefits so it can really be a motivator."*

It was indicated that the salary the participants receive each month and yearly increments would act as one of the core extrinsic factors to bring positive change in the future in their rural hospital.

- ***Overtime allowances***

Overtime allowances are payments that are received when an employee has exceeded the normal hours of work (Salary administration procedure manual 1999: 22). It was revealed during the workshop meeting that the participants desired for nurses to be treated the same as employees who are employed in other sectors of service delivery; if they have worked overtime they should also have the benefit of being paid for it. Some participants spoke about overtime payment that should be paid to every employee irrespective of where she or he is working as evidenced in the quote:

> *"The other factor that I think could motivate us is overtime payment. Overtime money should be paid to all nurses who have worked and not to discriminate other sections. I think* the *nursing section* profession *is* discriminated against *because they do not get hundred percent of their overtime payment as if they are not public employees like others. Nurses are only given 30%* [for working overtime] *and it demotivates us. That should be looked at."*

The participants felt that nurses' overtime allowance was not in line with the overtime pay received by employees in other business sectors. Hence, in the participants' opinion if the Government would address this inconsistency as regards equal overtime time nurses would be more inspired in their work environment.

- ***Rural allowance***

Rural allowance in this study pertained to the money paid to employees working in a rural area as stipulated by the (NDoH 2004: 9). According to the participants, the rural allowance as one of the core factors that motivate them to render quality care in a rural hospital. The following is a statement from one of the participants and concerns rural allowances to be inclusive of all categories of nurses:

> *"Rural allowance should be given to all the nurses including the lower categories. As we are dreaming about the changes we want in our hospital, I think that for the lower categories to be motivated to render quality patient care, they are supposed to receive a rural allowance. They should receive rural allowance as long as they are providing quality patient care in a rural hospital."*

It is apparent that if the rural allowance is not exclusive but also given to the nurses in lower categories, for example, RSNs and RANs, it would add to all nurses' drive to render quality patient care.

- ***Offered opportunity to further studies***

In the context of the current study the opportunity offered to further their studies referred to an opportunity given to employees to continue furthering studies that related to their profession. The participants expressed that being offered the chance to advance their studies would motivate nurses because they viewed it as an act that would result in monetary benefits. This finding is reflected in the following quote:

> *"Concerning education you could find that a person when trained and advanced and that is motivating. Most of the times you could find that after such training that particular person is not being recognised for such training and having a certificate. You can also find that a person is executing duties just like the rest of those nurses who are in a post that he* or *she is exactly trained for but not being paid for the activities he* or *she is doing. Training motivates because there is knowledge and skills gained but it demotivates if not being recognised salary wise."*

The participants observed that they would probably be motivated to advance their knowledge through further studies if they knew they would be recognised "*salary wise*" in the rural hospital for their study achievements.

It was shown in the findings that the nurse participants believed if their salaries were supplemented by incentives and allowances and if their study achievements were

reflected in salary adjustments it might play an important role in motivating them to render quality patient care in a rural hospital.

5.3.5.2.3 Category 3: Adequate technical supervision

Technical supervision in this study referred to overseeing the work being done or the progress that is being made by other nurse employees. In addition, the participants voiced that supervision entailed that those who have a lack of or limited skills learn to perform certain organisational functions. This is done to ensure that resources are adequately and correctly utilised and that all activities in the hospital are effectively and efficiently done. The participants felt that supervision should be valued as it directs them to abide by the set standards and policies. They asserted supervision is done to correct errors, ensure that policies and standards are adhered to and that the objectives of the rural hospital are met.

- ***Supervision as control***

Supervision as control refers to a control mechanism which is used by the managers to check against attainable standards. In addition, it can be used to detect early signs of possible deviation from the set norms (Greenspan et al. 2013: 11-52; Sirola-Karvinnen & Hyrkäs: 2008: 597). The participants shared that it is their dream to have supervisors supervising and controlling them to ensure that the required and necessary activities in the rural hospital are responsibly and effectively done. The following statement substantiates this:

> "*I may put it in this way, after the responsibility is assigned to the supervisees, the manager should supervise and check that the activities were done in an effective manner. This will motivate nurses to do their work effectively bearing in mind that if I fail to execute my duties accordingly there would be charges and therefore I should do my work responsibly.*"

Seemingly, the participants recognised the need to be supervised in order for them to continuously render a service that adheres to the set policies and standards.

- ***Supervision as a teaching and learning strategy***

Supervision as a teaching and learning strategy involves guiding and instruction of supervisees. It was expressed by the nurses who participated in the workshop meeting that they needed to constantly receive educational information from the supervisor as evidenced by the following quote:

> *"Constant supervision is pivotal. Supervision should be done as it motivates us. When there is proper supervision we could learn a lot as the supervisor would also do situational teaching. Supervisors should pay visits even if it's just to come and see how we are coping, if this is done I would be motivated."*

The participants' apparent view was that if adequately supervised they would acquire knowledge and skills that could assist them to render quality patient care in their rural hospital.

- ***Supervisor as a role model***

Role modelling is defined as acting out professional practice in nursing which is worthy of imitation. (Räikkönen, Perälä & Kahanpää 2007: 622). The participants' dream was that supervisors should act as role models and lead by example. One of the participants articulated this dream as follows*:*

> *"Concerning supervision, I think the supervisors should be role models. How? Let's take for instance when there is a patient who is asking for a bedpan urgently. You will find that instead of a professional nurse to give the patient a bedpan he* or *she will call a junior nurse who is busy to come and give a bedpan. As professional nurses sometimes it is advisable to assist the patients with anything that patients are in need of. That would motivate the supervisees when we act as role models. That alone, being a good role model, the supervisees are going to be motivated. They would realise that they ought to render quality patient care. I think in order to bring change it is very much important that we as*

> *professional nurses should lead by example by rendering quality patient care then juniors could copy from us."*

To the participants working with supervisors who acted as role models was an important factor that would motivate senior nurses and their supervisees to render quality patient care in rural their hospital.

- ***Supervision as a form of support***

Support is this study is defined as a supervisor who gives strength, encourages and motivates supervisees to deliver the best possible quality care and do the work passionately. The participants expressed that they need their managers to use supervision as a form of support to drive them to render quality patient in a rural hospital. It was a further dream of the participants that managers should endeavour to improve the way they are currently supervising. The next quote substantiates this response:

> *"Concerning supervision, we prefer supervision which is coupled with praise and support, it motivates us. Whenever there is good performance let there be praise. When supervision is done it also assists the manager to know his* or *her supervisees because everybody would strive to do his* or *her level best. The manager could be familiar with strong and weak points of nurses so that she could support them properly."*

The participants pointed out that they probably would become motivated if adequate supervision together with deserved praise and proper support in their rural hospital and, moreover, it would result in bringing about a positive work environment.

- ***Delegation in supervision***

Delegation in supervision in this study referred to entrusting tasks, power and responsibility to the supervisees so that they could successfully accomplish their given tasks. According to the participants, the delegation of supervision would lead to ease the unit manager from supervising, mentoring and coaching the supervisees.

When the unit manager needs to delegate tasks it would be easy to include nurses who have expertise in the specific area of work and this, according to the participants, would in turn bring about positive change in the hospital. The following quote illustrates this finding:

> "*When there is delegation the entire task will be accomplished and it is easy to check whether the delegated tasks were done. If there are any tasks that were not performed, it is the responsibility of the supervisor to identify and correct it. The nurse concerned should be taught and guided by the supervisor. The following day the nurse will do the task correctly and in time.*"

The participants indicated that supervisory practices would be made possible by delegating certain tasks to nurses have the necessary expertise and knowledge to complete it properly and successfully.

These findings revealed that the participants felt that to accomplish tasks within the given work standards, being supervised was necessary and important. They also understood that some tasks could be delegated to supervisees provided that the latter had the expertise in the particular activity or work domain. This would simplify the supervisory role of a single individual. Furthermore, a supervisor had to be knowledgeable and skilled in many areas so that she or he could check whether all the delegated activities have been covered and, if not, guide those supervisees whose performance is not up to the standard by supervising, guiding, instructing and mentoring them. They further felt that they could not do as they wish but there must be control.

5.3.5.2.4 Category 4: Interpersonal relations

During the workshop meeting interpersonal relations were reflected as one of the core factors that could motivate nurses to render quality patient care. The participants expressed that if respectful and upright working interpersonal relations are maintained with their supervisors, colleagues, patients as well as with the latter's relatives it could act as a motivator for nurses to render quality patient care in a rural

hospital. When practised correctly it could give them a sense of belonging, promote self-esteem and lead to recognition that can spur them on to deliver their best.

- ***Interpersonal relations with managers***

Interpersonal relations with their managers in this study referred to work relationships between the employer and the employee with the intention of building interpersonal relations as a motivating force to render quality patient care in a rural hospital.

The participants communicated that the supervisors and/or unit managers should show respect and warmth as well as supervisory behaviour that signalled friendship and mutual trust. The following quote substantiates this:

> *"The other factor that could bring change in our hospital is good interpersonal relations between the managers and colleagues. To respect and understand each other could bring change. It is necessary that the nurses respect their supervisors because the moment they do not respect them, there would be no change in the hospital."*

It thus seemed as if the participants understand that dependable interpersonal relations characterised by respect and mutual trust would possibly motivate them as reflected in the next quote:

> *"It is important that supervisors have respect towards each other and that could motivates us. Respect is one of the factors that could motivate us. When my manager gives me the respect that I deserve I could feel honoured and motivated to work harder."*

The participants emphasised that it is imperative that managers and supervisors needed to treat them with respect as that could motivate them to also have respect for the former.

- ***Support systems***

Support in this study referred to the unit manger strengthening and encouraging the supervisees. The participants voiced that their motivation was dependent on the support system provided by unit managers as well as sometimes that of psychologists or social workers:

> *"I get motivated by the managers' support; if I can put it nicely where I am working they give us support all the time. Whatever we do they are always there to support and help us where we need their assistance. This makes me feel motivated and if they continue doing like that, there will be progress in this hospital."*

> *"Another thing, in each institution or organisation as subordinates we have our own problems which can be job related or own problems. If there can be somebody like the psychologist or the social worker to counsel us it could be good. If we are not attended to it can affect patient care, because we will be working being stressed and in a stressful working environment."*

One of the participants also mentioned the following:

> *"The leaders that we have give us so much support and we are motivated by this. The support we get from the CEO encourages us to do our job well and also the fact that we sympathise* with *the patient and share the same goal of helping a patient."*

Participants' motivation was seemingly amplified if, times of crisis and depending on the situation that arose, the management showed concern and support in various ways. The following quotes relate to this finding:

> *"The other factor that I think could bring change is that in case the staff member has passed on or is experiencing a crisis the management should show concern. If case there is death of a staff member the institution should transport nurses as many as possible*

> *not just by one sedan. A farewell for employees must be an institutional responsibility not just the unit responsibility as if the nurse was not doing well for the hospital. The managers should also take the responsibility; if they are busy somebody should be allocated to be there to represent the manager or the CEO, that would be good and it could motivate us. Besides motivating us, interpersonal relationship*[s]*could also serve as a strategy to recruit and retain employees to work in our hospital knowing that when they work in this hospital for a long period they will receive good benefits*."

All the participants acknowledged that a pivotal factor that could enhance future quality care in the rural hospital was the unconditional support and respect they receive from the unit managers. If this factor could be maintained in a rural hospital nurses would stay motivated to render quality patient care in their rural hospital.

- ***Debriefing***

Debriefing is defined as a one-time structured conversation that assists an employee who has just experienced a stressful or traumatic event to talk about it and relieve some of the stress (Polit & Beck 2008: 548). Nurses find themselves nursing patients who are critically ill, suffering from diseases and illnesses, and caring for some who eventually die. Nursing is a stressful profession and therefore nurses need support in the form of debriefing. Despite the support mentioned above some of the participants expressed there was a need in the rural hospital for debriefing sessions. The following statement substantiates this:

> *"Debriefing is another factor that could motivate us to render quality care. Managers should try to organise for us the psychologists or counsellors to do debriefing in case our emotions are down due to experiences we are exposed to everyday. We see patients dying almost every day. We need counselling after all traumatic experiences.*"

The participants communicated that they would be more motivated and positive when they are provided with debriefing sessions because they witness tragedy and come into contact with patients who suffer every day in their rural hospital.

- ***Team work***

Team work refers to a set of employees working together for a common purpose (Ferlie & Shortell 2001:294; Kriek & Viljoen 2003: 7; Oldham, Greg & Hackman 2010: 24). The participants stated that working together as a team could be an incentive that drives them to render quality patient care in their rural hospital; especially if there is mutual respect and trust they would still be motivated despite the challenging circumstances. In addition, the majority of the participants indicated that if there is teamwork and good interpersonal relations they could stay motivated:

> *"Seeing us working as a team makes me feel happy, loving and respecting each other. It motivates me. If there could be good teamwork and interpersonal relationship I would like to work as a nurse for the rest of my life."*

Working as part of a loyal, motivated team towards achieving a mutual goal was regarded by the participants as an essential motivational factor that could in future enhance a positive work environment where nurses worked together in a rural hospital to render safe, quality and humane care to the people in their community.

5.4 DESIGN PHASE

The researcher presented the findings based on the participants' responses from the questions asked during the envisioning of positive possibilities. The participants were asked to co-create the strategies that would motivate them in future to render quality patient care in their rural hospital. The ideas or factors by the participants will be discussed next.

Working towards the direction implied in the **d**ream phase, the group began to define the values, ideas and methods of change and growth that would achieve these dreams. These are written in the form of provocative propositions and bold statements written in the present tense that challenge the group to give form to its dreams. To level existing methods and practices 'what was' and construct new 'what

can be' around the best practices already existing in this rural hospital the researcher adopted AI as a methodology for making positive organisational changes. To assist with determining the best way to discuss the findings the researcher used the AI framework to serve as the foundation for the strength-based SOAR approach to strategic planning. (The acronym SOAR represents 'S' for strengths, 'O' for opportunities, 'A' for aspirations and 'R for results. The SOAR offers a positive alternative to the well-known SWOT model ('S' represents strength, 'W' represents weakness, 'O' represents opportunities and 'T' represents threats) (Stavros, Cooperrider & Kelly 2003: 169).

GOAL 1: Staff training and development

Achieving and growth were identified as significant factors that can bring a positive change in their rural hospital. Further education and training motivate nurses since it is a way of improving the image of nursing because they become knowledgeable. Multiple ideas about ways of improving staff training and development were identified. These include the following:

- to allow nurses to explore other activities, acquire more knowledge and skills or procedures in different units through rotation of staff in their rural hospital
- to improve training tools for the nurses to have better understanding of all the procedures in the different units in a rural hospital
- to make replacements of nurses having knowledge and skills in all those wards that need speciality trained registered professional nurses
- to change routine work through rotation so that nurses do not find themselves following the same routine all the time
- to encourage nurses to attend workshops, in-service training and seminars to advance their knowledge and acquire skills that are related to their profession for rendering quality patient care
- to encourage nurses to attend different training courses or programmes at colleges and universities to acquire knowledge and skills so that nurses are able to render quality care comprehensively

- to improve nurses' use of technology to update and access new developments
- to encourage nurses to attend the internal workshops and in-service training that is conducted once in a week
- to implement a CPD strategy to keep nurses abreast with new developments in their nursing profession
- to approve study leave in time to accommodate all nurses going for different training programmes.

Goal 2: Need for responsibility

A number of goals that will empower nurses to be responsible when rendering patient care were identified by the participants. These goals were as follows:

- to have control over rendering of quality patient care the participants hypothesised that they become responsible and accountable for their own acts and omissions and found primary nursing to be satisfying
- to control nursing practice and facilitate interdisciplinary planning and coordinated care in the hospital
- to assign challenging tasks in the job under the job enrichment programme as the job becomes more interesting and challenging
- to work hand-in-hand with doctors as it will make nurses more knowledgeable and skilled
- to implement procedures according to the set standards that are in place and to do the work zealously and complete tasks according to their scope of practice
- to understand their roles and responsibilities
- to implement disciplinary measures in a fair and consistent manner and be progressive.

Goal 3: Need to be involved in decision making

Suggestions for involving nurses in decision making give participants the liberty to make decision regarding rendering of quality nursing care including being given an

opportunity to make decisions about their work. The participants identified the following activities to be implemented:

- allow them to be involved in decision making related to rendering of quality patient care knowing that they own the processes
- engage them in plenary meetings concerning service delivery and to give inputs for the agenda for all scheduled meetings
- to have effective employee representatives' involvement in decision making
- to ensure that there is transparency in their rural hospital
- to provide new nurses with information about the hospital and encouraging their involvement through mentorship to keep them well informed about hospital issues
- to implement a participative management approach in all spheres of the work.

Goal 4: Recognition for work achievements

Goal 5 centres on the different ways to acknowledge work achievements. There are many different ways to conduct effective recognition. These include acknowledgement for a particular action that the nurses did that benefited the organisation. The following activities were expressed:

- appreciate and acknowledge the staff in a formal gathering such as a meeting or in the office to encourage the staff to keep up the good work
- compliment in public or in private
- appreciate hard work by praises, tokens of appreciation, awards, trophies, money, letters, extra hours, memos or an email
- recognise work well done through different forms such as a verbal 'Thank you', rewards in the form of a rural allowance, overtime payments, 'Thank you' cards, and a pat on the shoulder
- reprimand nurses for mistakes as form of recognition for the work so that the unit manager shows support
- support the nurses who are working hard and thank them for the service they render
- give a cash bonus or increase salary after completion of private studies

- give nurses time to further their post-basic training on their own
- visit all sections at least once a month to motivate nurses.

Goal 5: Need for rewards and incentives

The primary goal identified with regard to this factor was to maintain the motivation of nurses in a rural hospital to render quality patient care. There are different types of rewards; it can be a long-term or a short-term reward. Rewards can also be grouped into different types: it can be financial or non-financial. Rewards for work well done in the form of money, certificates, allowances such as performance bonuses, a salary increase, overtime paid on time and trophies can motivate nurses in their rural work environment because they will be motivated and perform their work effectively and there will be a reduction in absenteeism. Salary was expressed as a motivating factor especially if linked with the country's inflation rate. The majority of nurses expressed the need for considering improvement of nurses' salary scales. The participants designed the activities listed next.

- Recognise nurses who are doing well so that at the end of the year the best nurses can be rewarded.
- Provide a rural allowance to nurses in lower categories as they are currently not receiving it and they are committed to render quality patient care in a rural hospital.
- Reimburse OSD and consider all nurses equally.
- The Government should increase salary scales to be in line with the country's inflation rate.
- Consider all strategies that can again supplement salaries in a rural hospital such as PMS, awards, overtime payments and rural allowances.
- Revise the salary scales of nurses in a rural hospital who are developing themselves and obtaining degrees on completion of their studies.
- Recognise all post-basic courses for payment; not only should a few courses be selected for recognition because all knowledge and skills acquired are also benefiting the patients in rural hospitals.

Goal 6: Need for effective communication

Effective communication is one of the crucial goals for managers to manage their nurses. Therefore, communication is the most crucial factor to improve motivation in a rural hospital. This will include the following activities as designed by the participants:

- Provide an open door policy, effective communication and proper lines of communication
- give positive feedback for the quality patient care rendered
- provide suggestion boxes in all the strategic areas and make sure that the stakeholders are well informed on to how to use it
- provide individual feedback so that nurses can change from being negative to being positive
- ensure openness and transparency in all processes that need to be implemented in their rural hospital
- ensure that lines of communication are not too long and adhered to in such a way that the information can reach the relevant stakeholders
- manage and solve all the challenges either from the patients' or from the staff's side through effective communication on a daily basis
- provide hospital newsletters to bring positive change and improve the reputation of the hospital
- ensure that the community is fully informed about the hospital processes and outcomes through the hospital newsletters.

Goal 7: Need for personal security

It was recognised by the participants that it is important to be safe in the hospital premises as this motivates them to render quality patient care without fear. This can be achieved through tight hospital security and effective occupational health services. This will include the following activities as designed by the participants:

- provide tight hospital security in all risk strategic areas
- provide nurses with protective clothing
- establish effective occupational health services.

Goal 8: Adequate technical supervision

The primary factor identified with this goal was to get the best quality patient care in a rural hospital. This will include the following activities as designed by the participants:

- provide adequate constant supervision to ensure that all activities are performed responsibly and effectively
- do support visits, even if it is just to see how nurses are coping with the delegated tasks
- be role models and provide supervision that is coupled with praise
- ensure that delegation lists are written and adhered to
- mentor and coach the supervisees in their rural hospital.

Goal 9: Interpersonal relations

This is one of the goals that the hospital cannot control as interpersonal relations are determined by the individual's character. It was felt that is important to plan for this goal because poor interpersonal relationships can affect rendering quality patient care in a rural hospital as nurses are liable to give each other patient reports for continuity of care. This would include nurses' interpersonal relations with their supervisors, colleagues, patients and the latter's relatives. When correctly applied it will give them sense of belonging, self-esteem and recognition and then they will become motivated. When nurses are motivated through interpersonal relations with their supervisors, colleagues and patients it means they will be receiving social support and their intrinsic motivation will increase their job performance. Participants uttered that good interpersonal relations can bring positive change in their rural hospital. Managers need to:

- show respect and warmth as well as supervisory behaviour that show good interpersonal relationship, teamwork, mutual trust and social support as factors that build strong interpersonal relations

- show support by providing debriefing as a factor that can motivate nurses and boost their morale as they are working in a stressful work environment.

Goal 10: Need for improved working conditions

Suggestions to improve working conditions were one of the essential factors expressed by the participants in a rural hospital. This will include the following activities as designed by the participants:

- ensure that all vacant posts are filled
- replace staff in case of death, resignation and retirement to reduce the workload of nurses
- upgrade patients' filing systems for keeping patients files because patients' files always get lost and a new file has to be opened every time
- improve infrastructures to promote quality of patient care in a rural hospital
- ensure that there is enough different supporting staff as nurses also perform non-nursing duties
- ensure that the hospital is clean to make sure that nurses stay motivated; this will also motivate other nurses in the future
- ensure that cleaners and gardeners increase their productivity to make sure that the hospital surroundings are welcoming
- allocate nurses in support services as they understand patients' needs well.

5.5 CONCLUSION

This chapter was the continuation of the data presentation and data analysis. Appreciative Inquiry was used to explore the motivational strategies for quality patient care in a rural hospital. Appreciative Inquiry provides the possibility aspect; it restores the anticipation that things will get better. In practice, motivation is a common therapeutic intervention. The researcher used the positive approach to explore and describe the changes that the nurses would like to see in their work environment in the next four years that motivates them to render quality patient care in rural hospital. They were given support in developing self-behaviour that can

improve the need for positive environment. The literature control of the findings will be presented in the next chapter.

CHAPTER 6

DISCUSSION OF STUDY FINDINGS AND LITERATURE CONTROL

6.1 INTRODUCTION

Chapter 5 provided a continuation of the presentation of results focusing on the focus group discussion presented in Chapter 4. Chapter 6 consists of a discussion of the findings with the incorporation of the applicable literature control in order to create an improved understanding of the essence and its constituents. The process of destiny stage describes a path that empowered the group to conceptualise their dreams and sustain them over a time. The destiny stage is the implementation phase and required a great deal of planning and preparation. In this phase the researcher identified factors that would be used to develop strategies to facilitate motivation of nurses to render quality patient care based on the findings of Phases 1 and 2. A workshop was conducted that included all participants who took part in Phases 1 and 2 using the nominal group technique (NGT).

6.2. NOMINAL GROUP TECHNIQUE (NGT)

The research used NGT to identified factors that would be used to develop strategies using the question below:

From the core intrinsic and extrinsic factors that you have mentioned, list those that work well for you. Start with the most important to the list that motivate you in your hospital?

The nominal group technique (NGT) was used to guide participants to draft and rank the strategies. The NGT is a structured method of group decision making which allows a rich generation of original ideas, balanced participation by all members of the group and a rank-ordered set of decisions based on a mathematical voting method (Bowling 2005: 407; Horton 2007: 1). The results of the dream and design phases were used as a point of departure to gain consensus among the participants. The following criteria were used:

Themes generated were recorded on flipcharts. The NGT was used to rank and prioritise strategies (Polit & Beck 2008: 757). The NGT was of advantage because it ensured equal participation of each member of the group when groups ranked the factors. It built the participants' commitment as all of them were given a fair chance to participate. Dominance was not there because each participant ranked factors independently and therefore peer pressure was avoided at all costs during the ranking process. Each factor was identified with a letter and then written in numbers for ranking purpose as shown in the tables. (Refer to Addendum H). After ranking by all the groups the researcher combined the rankings for all the groups by adding the rank scores of each option in a table. The option with the highest score was considered to be the most important option per group consensus. The outputs of a complete NGT cycle for the given participants are shown in Table 6.1 (the intrinsic factors) and Table 6.2 (the extrinsic factors). The participants used the NGT to arrive at consensus of the most important factors that motivate them to the least. The results and discussions are presented below in Figure 6.1 (intrinsic factors) and Figure 6.2 (extrinsic factors). The factors below were the summary of the results for both Phase 1 and Phase 2 in which the NGT was used to elicit ideas from the six groups to reach consensus.

6.2.1 NOMINAL GROUP TECHNIQUE FINDINGS

According to the findings, the need to achieve professional growth was ranked number 1 with a total score of 97(38.34%). The participants indicated the need for an education and training strategy to gain more knowledge and skills; thus to become acquainted with new developments so that they can render quality patient care with competency and confidence. The researcher is of the opinion that nurses should be considered as far as professional development is concerned to improve quality patient care.

The need to teach others was ranked number 2 with a total score of 82 (32.41%). The findings showed that teaching others makes them feel motivated when they share their knowledge; however, knowledge sharing should not be forced but originate from the nurses' own interest so that it does not become a burden. The findings revealed that there are nurses who enjoy transferring knowledge to others

and do not wait to be allocated by their managers to teach others. When they find that the manager has trust in them they feel more motivated to teach.

The need for responsibility was ranked number 3 with a total score of 74 (29.25%). The findings revealed that nurses want to be given responsibility for activities undertaken to own the processes. They feel more motivated when they are responsible in planning patients care.

The final ranking for intrinsic factors for all the groups is shown in Table 6.1.

Table 6.1: Intrinsic factors' final ranking

INTRINSIC FACTORS	**GROUP 1**	**GROUP 2**	**GROUP 3**	**GROUP 4**	**GROUP 5**	**GROUP 6**	**TOTAL**	**PRIORITY**
A	18	16	18	15	13	17	97	1
B	12	12	13	14	10	13	74	3
C	15	13	12	12	14	16	82	2

Final Nominal Group 6 prioritisation: Intrinsic factors

A–The need to achieve professional growth

C–The need to teach others

B– Sense of responsibility

In Figure 6.1 the numerical intrinsic factors are illustrated in a pie diagram.

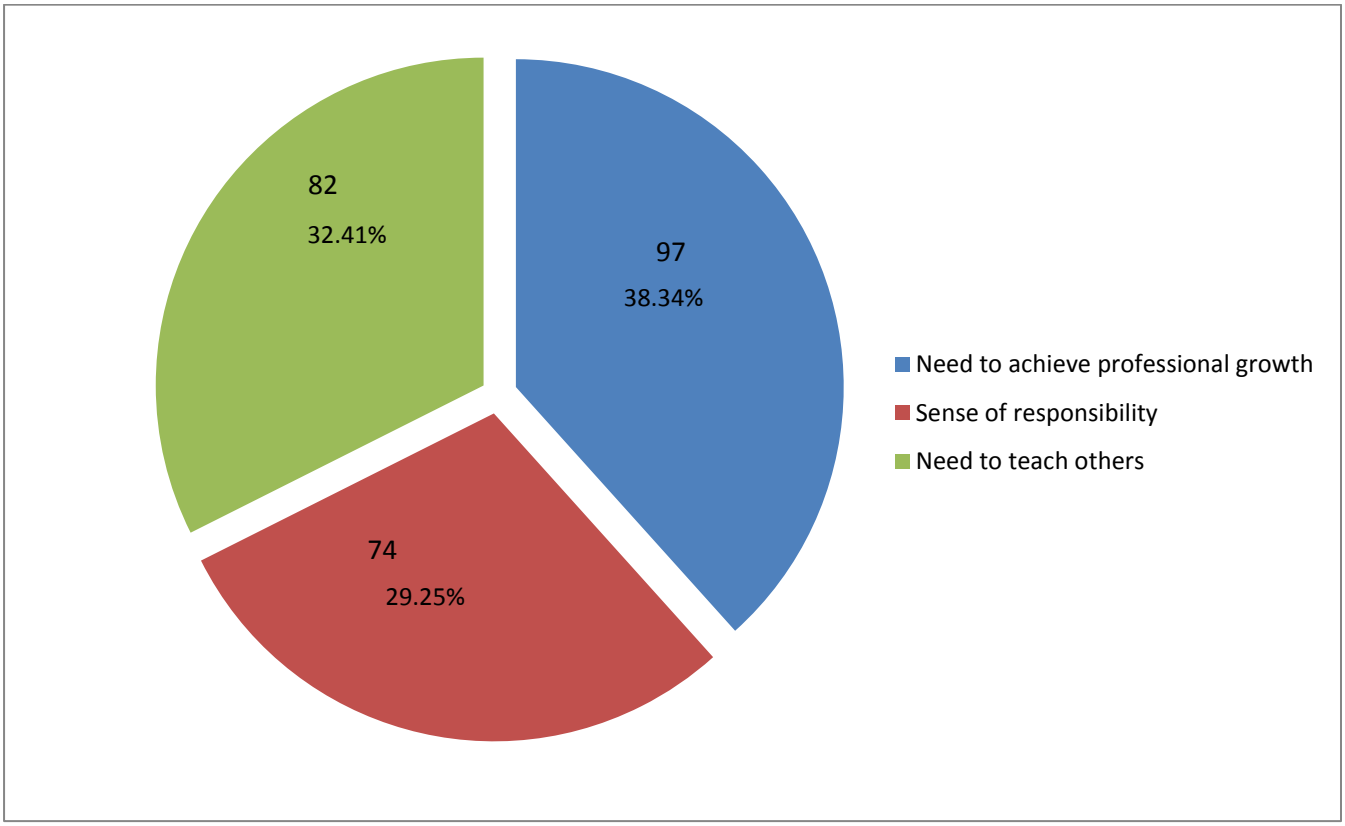

Figure 6.1: Intrinsic factors

The final ranking for the extrinsic factors for all the groups is shown in Table 6.2 below.

Table 6.2: Extrinsic factors final ranking

EXTRINSIC FACTORS	GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5	GROUP 6	TOTAL	PRIORITY
A	54	48	51	49	54	59	315	1
B	39	52	38	43	41	36	249	7
C	42	42	53	50	48	56	291	2

D	43	45	43	45	32	47	255	6
E	35	48	47	44	42	48	264	5
F	56	46	44	41	51	51	289	3
G	38	29	45	45	47	37	241	8
H	51	44	38	33	26	46	238	9
I	37	35	23	33	42	20	190	10
J	52	56	43	42	40	41	274	4

Final Nominal Group 6 prioritisation: Extrinsic factors

A– Recognition for good work

C– Positive feedback

F– Salary and other benefits

J– Work conditions

E– Interpersonal relations

D– Adequate technical supervision

B– Effective communication

G– Rewards

H– Involvement in decision making

I– Need for personal security

In Figure 6.2 the numerical extrinsic factors are illustrated in a pie diagram.

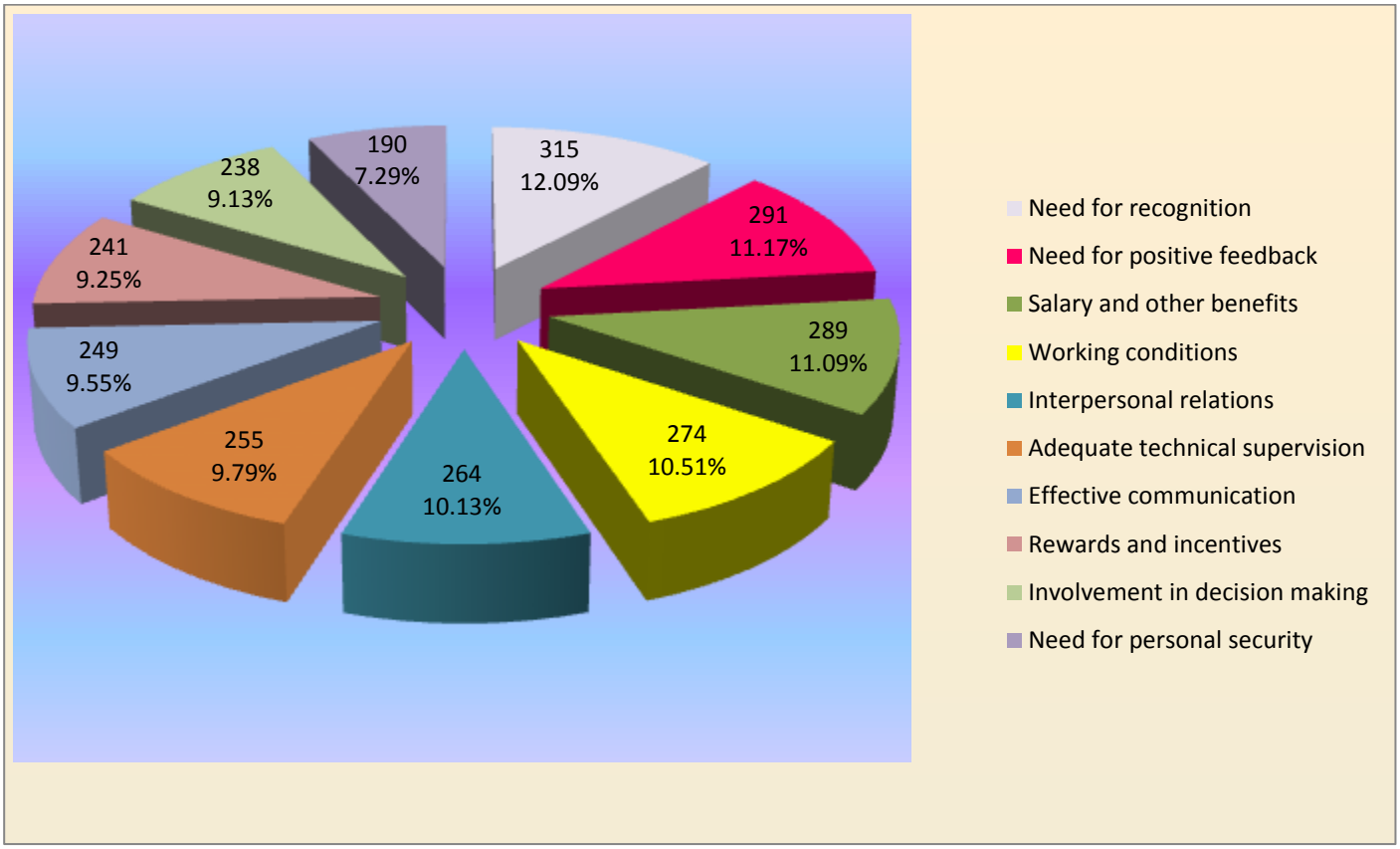

Figure 6.2: Extrinsic factors

- According to the findings, recognition for good work was ranked number 1 with a total score of 315 (12.09%). The findings revealed that nurses need to be recognised for the work well done.

- The need for positive feedback was ranked number 2 with a total score of 291 (11.17%). The findings showed that nurses need positive feedback for their extra effort. Positive feedback plays an important role in bringing positive change in the hospital that in turn will result in enhanced quality patient care.

- Salary and other benefits were ranked number 3 with a total score of 289 (11.09%). The findings revealed that it is important for managers to take notice of benefits that the participants find motivating. It further showed that

financial incentives can increase nurses' motivation when provided effectively and on time.

- Work conditions were ranked number 4 with a total score of 274 (10.51%). The findings indicated that work conditions can increase nurses' motivation provided that it is favourable. It was also revealed that nurses in a rural hospital render quality patient care while utilising the minimum resources available to meet their patients' needs. As seen in the findings, nurses can become highly motivated when they render services and having enough resources if possible.

- Interpersonal relations were ranked number 5 with a total score of 264 (10.13%). The findings revealed that good interpersonal relations are pivotal in bringing about positive changes in a rural hospital.

- Adequate technical supervision was ranked number 6 with a total score of 255 (9.79%). The findings showed that nurses need adequate technical supervision. It was further revealed that supervisees listen to managers who are friendly because it is then easier for them to follow the managers' instructions. It is also important for managers to be role models to their supervisees to bring the positive change that can enhance quality patient care.

- Effective communication was ranked number 7 with a total score of 249 (9.55%). The findings indicated that managers should be aware of how to interact with nurses. It was shown that managers should make sure that their instructions are clear. They need to spell out explicitly and in the simplest form what is required. It is important that managers be specific and come straight to the point when telling the nurses what is expected of them and also how they should behave. Furthermore, it is also advisable that nurses should be given time to acknowledge what was said to make sure that they do understand it correctly. An effective communication strategy is essential to bring positive change in a rural hospital. Effective communication will

maximise all the nurses' morale positively when rendering quality patient care.

- Rewards and incentives were ranked number 8 with a total score of 241 (9.25%). The findings revealed that rewards can be one of the strategies adopted to bring a positive change in a rural hospital. It was further found that for rewards to be meaningful to nurses it is essential for it to be linked with performance. The element of recognition should be in place. The findings showed that when nurses receive rewards it makes them feel good when they are being appreciated.

- Involvement in decision making was ranked number 9 with a total score of 238 (9.13%). The findings revealed that involving nurses in decision making motivate them and they work wholeheartedly if owning the processes making sure that they sustain the good reputation of their institution. The findings further showed that nurses want to use their own discretion when rendering quality care. When they are allowed to use their judgement they feel honoured and become highly committed to make decisions; hence, they are highly motivated to own the processes.

- The need for personal security was ranked number 10 with a total score of 190 (7.29%). The findings indicated that nurses are happy about job security; however, there was a significant need for personal security.

6.3 DISCUSSION OF STUDY FINDINGS AND LITERATURE CONTROL

The literature control was conducted to support the findings of the current study to show how compared with previous investigations (Neuman 2000: 445) since, according to Neuman (2000: 445), it is the purpose of the literature control to relate previous research to the problem currently under investigation. This chapter consists of a discussion of the findings with the incorporation of the applicable literature in order to create an improved understanding of the essence and its constituents.

According to Henning (2005: 27), the literature control is important to show the literature relevance of the current study findings in relation to the existing body of knowledge. According to Burns and Grove (2005: 93), the literature review consists of all written sources relevant to the topic selected or the phenomenon under investigation. In this study the relevant literature was cited that demonstrated the need for the present study to be undertaken (Klopper 2008: 64). The literature review is defined by Mouton (2001: 17) as a study providing an overview of scholarship in a certain discipline through an analysis of trends and debates. The purpose of a literature study is to explore related topics under study. The researcher critiques previous research to demonstrate how the present study clarifies or compensates for shortcomings in previous research and how it adds to the existing body of knowledge (Burns & Grove 2005: 93). Hence, in this study the literature control was conducted to re-contextualise the findings in order to identify any similarities and differences between the current study and previous related studies.

The objective of this study was to explore and describe the perception of nurses with regard to what it is that motivate them to render quality patient care in a rural hospital. It was envisaged that a better understanding of the perceptions of these nurses regarding what motivated them would provide insight into the current motivational factors that drive these nurses to render quality patient care in a rural hospital

Routasalo and Suominen (2011: 246) state the question about employee motivation has played a pivotal role in management practice and theory since 20th century. These as well as other authors observe that the “golden age” of motivation theories and researchers began in the mid-1960s (Steers et al. 2004 cited in Routasalo & Suominen 2011: 247).

Motivation is an exceptionally applicable factor that influences the quality and content of work-related outcomes in a rural hospital (Routasalo & Suominen 2011: 246). Nevertheless, this study would have a comprehensive understanding of nurses’ drive factors as a response expressed by the participants themselves using AI, just before we speculate what might be.

Notwithstanding limited practical evidence it may be concluded that nurses appear to be motivated. Below the researcher discusses identified categories and sub categories of factors affecting nurses' motivation.

The findings revealed that participants are motivated by self-development. They reported they can become more motivated if they are sent for different training programmes that are either initialised by the Government or, alternatively, if they are given the opportunity to advance themselves. The findings further showed that the duration of post-basic courses should not to be too long (at least 2 years after basic training) as the participants need to get approval to attend it. According to Ryan and Deci (2000: 54), people are spurred on by different kinds of motivation. These authors note that motivations vary in levels of orientation; it also differs according to the culture and background of people. Furthermore, orientation of motivation is related to the underlying attitudes and goals that give direction. Ryan and Deci (2000: 54) are also concerned with the reason why people are motivated. Nursing is a dynamic profession with countless changes on all levels of the profession taking place all the time; therefore, nurses ought to keep themselves abreast with new developments as this enables them to meet the changing needs of the patients.

Bartzak (2010: 87) adds motivation can be achieved through in-service and continuing professional education. The author further asserts that motivation can possibly be increased when the emphasis is shifted from continuous professional development (CPD) to continue personal development. Bartzak (2010: 87) explains through continued personal development nurses can start to think differently about their roles; although they are no longer forced to develop themselves, in-service training and continued personal development will fill their need for learning. The authors write the "self-motivated learning experience can be transformed into a way of life once motivation and a reflexive learning process are in place" (Bonham 2011: 124).

- **Passion for the job**

The findings revealed that participants are motivated by the following factors: love for their patients, fulfilling patients' expectations, empathy and patriotism. It was indicated in the findings that the participants are highly motivated to render good,

quality patient care despite the challenges they encounter in their rural hospital. The findings of this study confirm the Appreciative Inquiry (AI) assumption that in every society, organisation or group" something works" (Herrick & Stoneham 2005: 9). The findings of the current study are in line with those of the study conducted by Georgellis, Lossa & Tabvuma (2010: 14) and Greenspan, McMahon, Chebet, Mpunga, Urassa and Winch (2013:8) that emphasises participants described their work as a "calling" and expressed that they love helping others and being satisfied with their job. This is contrary to the findings of a study conducted Kwanash, Dzodzomenyo, Mutumba, Koomson, Gyakobo, Kruk and Snow (2011: 699-676) in Ghana where many participants reported low motivation in rural practice. According to Kwanash et al. (2011: 699-676), low motivation was as a result of the high workload and difficult working conditions experienced.

The findings of the current study also revealed that for a nurse to stay committed to her or his job, the decision to apply for or choose a job needs to come from within that person; in other words, an inner personal drive must be the core of choosing a profession or applying for a job. Another fact revealed is that if one is committed nothing is impossible; all problems are turned into challenges and are treated as stepping stones to climb the ladder and bring positive change. According to Adrica (2000: 307), employees are an organisation's most valuable asset. Each employee's commitment to the organisation reflects the degree to which it can fulfil workers' tangible and intangible needs (Levin 2000: 18).

- **Sense of fulfilment**

It was indicated in the findings that participants in this study are likely to be self-fulfilled by the following factors: improvement of patients' conditions, making a difference in patient's lives and offering a service of value. The participants felt empathising with patients, having love for their own patients and their community apparently add value to their lives. These positive factors can help them to render quality patient care and to stay motivated in their rural hospital. Apparently the participants' greatest motivation may be the sense of self-fulfilment they experience when they have helped a patient; it seems as if this made them realise that their existence in this world is not in vain. Regardless of the dilapidated buildings in their rural hospital, the participants believed that they still offer a valuable service. This is

an important factor that seemingly motivates them to continue rendering quality patient care in their rural hospital. The finding that a sense of self-fulfilment stimulates motivation is significant. In no other research study findings was fulfilment as a factor that motivates nurses to work in a rural hospital discovered. This finding makes the current study noteworthy as it adds to the current body of knowledge related to what nurses perceive as motivational factors that stimulate them to render quality patient care in a rural hospital.

- **Religious values**

The findings showed that the participants' religious values motivate them to honour God for the work that He gave them through serving His people and valuing them as His creatures. Christian principles were highlighted as a vital factor because to respect and love their patients as they love God was their most inner impetus to render safe, quality care to their patients in the rural hospital. To the participants, it was a dream that needed to be put into practice to bring a positive change in the rural hospital.

A study conducted by Serneels et al. (2010: 12) in Rwanda indicated a clear evidence of substantial heterogeneity in health workers' willingness to work in rural hospitals. Three factors emerged from the analysis of the Rwanda context: intrinsic motivation, rural background and the religious affiliation related to participation in a local bonding scheme. According to Serneels et al (2010: 12), similar data from Ethiopia confirm that religious affiliation inspires nurses to have affection towards their patients. Among their study findings the effects of motivation stands out as a particularly strong and sound finding (Serneels et al. 2010: 12).

- **Professional growth**

The findings revealed that access to and support for training, education and having opportunities to learn new skills seem to motivate nurses to render quality patient care in a rural hospital. Professional growth is an asset that is acquired and is therefore an ongoing need; the participating nurses reported a dire need for staff development. In fact, in spite of the challenges they face in a rural hospital their ongoing urge to still grow professionally signify their love and passion for their work in their rural hospital.

In addition, the participants expressed the need to be rotated. This creates a positive change because when rotating in different sections they will learn more procedures and acquire more knowledge and skills. Staff rotation is a training tool for the nurses to have better understanding of all the procedures that are done in their rural hospital. It also prevents the nurses from getting bored in their own jobs and affords them the opportunity to do something different yet still acquisitive for a while. These findings are similar those of Kaye, Mwanika and Sewankambo (2010: 6**);** Opollo, Gray and Spies (2014: 15) and Rotundo and Sackett (2002: 66-80) who corroborate that the nurses' need for achievement is derived from initiatives or discretions exhibited in the way they work which, in turn, encourages them to like the kind of job they are doing. Consistent with other study findings, in the current study most participants acknowledged that they receive adequate training and this seems to make them feel motivated.

The participants expressed the importance of furthering their studies to stay up to date with new medical, nursing and technological developments so that they are able to meet the changing needs of the patients. Another study conducted in Botswana by Hwara (2009: 312) confirms that nurses in public services want to further their studies through education and training. The current participants expressed the importance of workshops and in-service training to improve their skills and knowledge for effective quality patient care provision because nursing is a dynamic profession. Greenspan et al. (2013: 11-52) also describe training as a way to gain necessary information to perform their job as a factor that increases motivation. In addition, the present study's findings also revealed that participants need motivating factors such as the ability to learn new skills to assume responsibility.

The current findings are in line with the view of Greenspan et al. (2013: 11-52) who opines if nurses are trained they will educate the society. In this study's findings it was revealed that nurses seem to have the desire for learning so that they can develop every day, see the world from a different perspective and to be proactive. Similar findings from the study conducted by Cheevakasemsook, Chapman, Francis and Davies (2006: 366-375) confirm the importance of staff development and regular support of nurses.

Furthermore, the participants shared they had a *need to achieve and be creative when rendering quality patient care in a rural hospital*. The studies conducted by Lephoko et al. (2006: 29) and Sawatzky and Enns (2012: 19) indicate that nurses' views of motivation depend on how they personally perceive their work environment. A positive attitude towards one's job is called job satisfaction; when there are opportunities for growth, development and autonomy, job satisfaction is experienced (Daft 2000: 470). Professional growth seems to motivate nurses significantly in the sense that they become knowledgeable and thus able to provide quality patient care in the rural hospital.

- **Need for responsibility**

The findings showed that challenging tasks and delegated power possibly empowered the participants to be more responsible and accountable for their own decisions. It was revealed that taking charge for whatever task without restriction was experienced as challenging and interesting by the participants. Responsibility was described as the factor that can bring about change in the organisation when the participants take charge and are responsible and accountable for their own acts and omissions.

In studies done by Janssen, Jonge and Bakker (1999: 1366) and Tummers, van Merode and Landeweerd (2002: 844) the findings showed that intrinsic work motivation is determined by factors of the job that makes the work challenging and worthwhile; these factors include skill variety, autonomy and the opportunity to learn. In addition, Tummers et al. (2002: 844) and Ullrich (1978: 22) view responsibility as a source of psychological responsibility rewards. These authors argue that more nurses reported desiring to have responsibility. Porter et al. (1996: 30), state motivation of employees can be done through allocating them challenging tasks which will add more responsibility.

Since it is difficult to predict what motivates human beings and when it motivates them (because what motivates A at a time does not necessarily motivate B at the same time but can motivate B perhaps at a different time and vice versa), different values and factors play a role in individual motivation. It is because of the complexity of motivation and the fact that there is no single answer to what motivates people to be satisfied, that it is pivotal in that different factors are considered when dealing with

motivation in the workplace. Conversely, Tomey (2009: 15-25), observing the professional model of care, concludes that nurses take responsibility and authority to render quality patient care; they are accountable for their own acts and omissions and find primary nursing to be satisfying. Nurses also feel in control of nursing practice and facilitate interdisciplinary planning and coordinated care in their homes and thus as also in other settings.

When more tasks are added under the job enrichment programme, the work becomes more interesting and challenging and thus more responsibility is required. In the study conducted by Porter et al. (1996: 33), the findings revealed that responsibility was repeatedly and positively mentioned by employees. Again, the relationship between nurses' motivation and having responsibility is cited as crucial. It is therefore quite likely that when nurses are afforded more responsibility they seem to be more motivated because they feel that they are in control of the situation.

- **Teaching others**

The findings disclose that mentoring and information sharing are factors that motivate some nurses. Some participants indicated that imparting knowledge to others through any teaching strategy makes them feel motivated because they empower other nurses with knowledge and also accomplish one of their major functions as professional nurses. They further indicated that they feel motivated when given the opportunity to mentor and coach other staff members as this shows that the supervisor has trust in them. Galbraith and James (2010: 692); Galbraith (2004:162) confirm that, depending upon the situation, the mentor may be a role model, advocate, sponsor, advisor, guider, developer of skills and intellect, listener, host, coach, friend and resource provider. These are the essentials of a person who has to teach others. An effective mentor possesses respect for the mentee, strong communication skills, and the capacity to encourage, motivate and develop others (Galbraith & James 2010: 692).

Teaching and coaching others can possibly motivate nurses as they can feel that they are being recognised and appreciated by being mentors. The findings of the current study reveal that teaching, mentoring and coaching are factors that can motivate nurse to render quality patient care if these factors are sustained in a rural hospital.

- **Effective communication**

It was evident from the findings that the participants were supported by their managers; hence, through effective communication and positive feedback nurses are motivated to render quality patient care in a rural hospital. Communication and collaboration in nursing were regarded by the participants in the current study as crucial tools across disciplines and departments. The findings revealed that there is easy communication among all stakeholders in the rural hospital because there is no communication barrier between managers, colleagues and patients. This concurs with the findings of a study conducted by Kaye et al. (2010: 6) which confirms the current participants' views that effortless, easy communication is possible because there are no language barriers in a rural hospital and nurses are able to communicate easily with their patients and community members and vice versa. The current findings thus indicate that nurses are prone to be motivated if their managers listen to their views and suggestions and when the channels of communication are open and not long but instant.

- **Need to be involved in decision making**

In the current study the findings indicate that participants need to be involved in autonomous decision making. They are motivated by attending hospital meetings where they can express themselves and take part in decision making. The findings further reveal that the moment the participants are part of decision makers they own the processes and become committed and clear about the objectives of the hospital. This finding concurs with that of Nabirye Brown, Pryor and Maples (2011: 8) who found that participants reflected they could be interested in becoming involved in decision and policy making in their work place. Oppollo et al. (2014: 16) and Sawatzky and Enns (2012: 9) agree that it is important for the nurse managers to work closely together with the nurses' union representatives and their nursing staff to develop strategies that make rotation work more palatable. For example, the nurses in this current study reported that they need their union to be included when there are decisions to be taken concerning quality patient care. The nurses' involvement in decision making about quality patient care is associated with successful motivation factors (Havens et al. 2006: 463).

- **Need for adequate technical supervision**

The findings revealed that there is a need for supervisors to expedite their supervisory role effectively and to ensure that supervisees are delegated to simplify the former's supervisory role. It was further determined through the findings in the current study that supervision was viewed as emotional support (being able to have supportive relationships with supervisees) and to become empowered through professional development to maintain adequate technical supervision as it motivates supervisees to do their level best. In addition, a supervisor has to be able to check whether all the activities are covered and, if not, she or he then has to guide those supervisees whose performance is not up to standard by supervising and mentoring them. Although this finding differs from that of Greenspan et al. (2013: 689-701), it concurs with the findings of Sardo, Santos, Kock, Pires, & Puga (2009: 1). Greenspan et al. (2013: 689-701) did a qualitative study in Tanzania on community workers regarding what motivates community workers and found that supervision was not reported as a motivator but was perceived to be associated with poor performance. In the case of Sardo et al. (2009: 1) they found that nursing supervision is considered obligatory on the road to excellence in coaching related to practice. In the same study supervision was also found to be a pivotal element when involving nurses in teaching, in the practice of care and in the administration sections of units and institutions (Sardo et al. 2009: 1).

- **Interpersonal relations**

The findings revealed that interpersonal relations are vital among the staff members and the nurse/patient relationship; this motivates the nurses to render quality care. The participants indicated that the relationships that develop among them make them become close to one another in such a way that in times of crises they assist and support each other. They further reported that teamwork coupled with good interpersonal relations promote better quality patient care and harmony in their rural hospital. Galletta, Portoghese, Battistelli and Leiter (2012: 17) and Anderfuhren-Biget, Varone, Giauque & Ritz (2010: 21) confirm that the quality of interpersonal relations influence the commitment of nurses to perform. It was reflected in the findings that colleagues paid support visits to nurses during crisis situations. Such supportive and caring gestures among nurses can give them a sense of belonging

and boost their morale to become motivated to improve quality patient care in their rural hospital. Galletta et al. (2012: 17) also state improved nurses' relationships and quality among staff members can augment quality patient care. These authors emphasise that the quality of interpersonal relations among staff members is an important factor in nurses' decision to leave or work in their hospital. In another study conducted by Burtson and Stichler (2010: 1829) demonstrated the importance that nurses need to experience a sense of belonging since it encourages them to be motivated in their job. In the current study the participants also emphasised that good interpersonal relations contribute to effective team work in their rural hospital.

Forde and Aasland (2008: 523) and Kriek and Viljoen (2003: 7) concur that it is not possible for teams to successfully work together without openness and transparency which is described by Curtin and Meijer (2006: 120) as "the ability of team members to be as open as possible about all the decisions they make and the actions they take within the working environment" (Oppollo et al. 2014: 16). Interpersonal relationships form an integral part of team building that leads to effective teamwork. The findings of the current study indicate that nurses are likely to be motivated when there are good interpersonal relationships because it enables them to work as a unified team.

- **Need for recognition**

It was indicated in the findings of the study that acknowledging, rewarding and celebrating successes were reported as factors that could motivate participants and, according to them, if this strategy could be advanced in their work environment it would be a key to positive change. All the participants shared the need to be recognised, praised and rewarded because it motivates them to develop goal-directedness, take ownership, encourage active participation and involvement, and enhance the realisation of the institutional goal and sustainability in rendering quality patient care in their rural hospital (Bradley & Christensen 2007: 10; Kantek, Yildirim & Kavla 2013: 16). Furthermore, the findings denoted that performance financial incentives such as salary increases, non-financial incentives and other benefits play a vital role in motivation. The finding of this study revealed that nurses are keen to be recognised for work well done. Researchers such as Kantek et al. (2013: 5) and Lambrou, Kontodimopoulos and Niakas (2010: 3) found that nurses acknowledge

that they perceive recognition as the most effective factor for work motivation. Opollo et al. (2014: 16) reckon that due to the high inflation rate Ugandan nurses ought to advocate for comprehensive compensation packages that should also include salaries. Motivation is encouraged in nurses as it can result in rewards as recognition for good job performance and in this way nurses' job satisfaction can be enhanced.

The cognitive evaluation theory evinces that extrinsic rewards affect the intrinsic rewards. In other words, when the nurses are rewarded for good work it causes the intrinsic interest in the task itself to decline (Robbins et al. 2009: 149). Cognitive theorists argue that being rewarded for good work will decrease the internal satisfaction that the individual receives from doing the job. However, this argument can be seen as debatable because people can out of their own volition remain intrinsically satisfied for good work despite being extrinsically rewarded as well. Extrinsic rewards that are verbal or tangible can have different effects on individuals' intrinsic motivation. It can be posited that in some cases verbal rewards may increase the intrinsic motivation whereas tangible rewards may decrease it. In this respect, it seems to Robbins et al. (2009: 150) as if verbal rewards keep people focused on the job and encourages them to perform the job better but it is the view of Manion (2005: 292) that a reward is the total return, tangible or intangible, to an individual as a consequence of his or her behaviour. In the current study the findings revealed that participants want to be recognised in different ways for the work well done; the participants in this study communicated that to them recognition was expected but whether it should be tangible or intangible depended on the individual's preference. However, they were unanimous that nurses want to be praised when the praise is due and that it should happen at the time praise was due and not at a later stage and that managers have to know the behaviour of nurses and which way of rewarding may motivate individual nurses the best.

- **Policies**

The findings disclosed that if policies are in place it protects nurses, gives them direction and helps them to comply with the set standards. They feel secure in their job and authorised to render quality patient care with confidence because they are always sure about what is expected of them.

According to the participants they will never go wrong if they implement the policies appropriately and as a result they will be motivated to render quality patient care because they know they are protected in their rural hospital. In literature no similar findings were found that related to policies in this regard.

- **Need for personal security**

The findings indicated that participants were motivated because they experienced having a permanent job as having personal security. The findings in the current study further revealed that the participants seemed to be happy and experienced a personal sense of safety and security because they provided a service that was much needed in their community. They felt protected because the community members realised that they needed the nurses' service and they therefore appreciated and protected the nurses. Similar findings are described by Kaye et al. (2011: 6) in that the participants in their study reported they felt safe because they rendered an essential service in a politically stable area where their personal safety was ensured in the rural health facilities. Nurses working in a rural hospital can thus be motivated by the fact that they are working among people who protect them and want them to be safe.

- **Ascribed status**

The findings revealed that the service the participants provide, the type of work, salary and the assistance that they offer to rural patients afford them a good status in the community. Also, because they are financially stable it is possible for them to take good care of their families. These findings are consistent with those in the study conducted by Kantek et al. (2013: 5) in Turkey in which status and authority were found to be efficient motivators. In addition, status and the physical environment are oftentimes reported as major sources of motivation for nurses. It is thus a possibility that nurses can be motivated by their ascribed status in the community to choose to work or to remain working in a rural hospital.

- **Conducive working conditions**

The findings of the current study revealed that the majority of nurses were not fully satisfied about the working conditions in their rural hospital. According to Herzberg, Mausner and Snyderman (2004: 9-74), Working conditions reflect many

characteristics (**REFER TO CHAPTER 1 BACKGROUND AND RATIONAL PAGE 1**). Although the participants expressed that their passion for their work and their love for the patients drove them to do their best in their work despite the challenges they faced, they voiced that they still hoped that positive changes could be effected. There was a significant support from the participants in the different groups that the government needed to improve the infrastructure and fill all vacant posts in the rural hospital; they voiced that such a step from the Government's side would have a profoundly positive effect on their motivation to render quality and safe patient care. In research studies done by Hwara et al. (2009: 153) and Kaye et al. (2011: 6) the findings also showed that important issues that need to be addressed include the poor rural health infrastructures and the lack of equipment, supplies and human resources as well as understaffing in the rural healthcare facilities.

The researcher conducted the literature review to confirm that the findings of the current study truthfully reflected what is already known about the current investigated phenomenon and to also relate the analysis of these findings to the available literature. The study explored and described the positive intrinsic and extrinsic factors that the nurses value about the working environment, their profession and the organisation that they work in. Furthermore, it explored and described the changes that the nurses would like to see in their work environment in future.

6.4 SUMMARY OF THE FINDINGS

The key findings from the study regarding the factors that motivate nurses to render quality patient care in a rural hospital were ranked by the participants themselves. Arranging these factors from the most important to the least important, consensus was reached about what and how they would like managers to facilitate nurses' motivation.

The participants revealed that the intrinsic factors that most motivated them were the need to achieve professional growth, the need to take responsibility and the need to teach others in their rural hospital. Regarding the extrinsic factors the participants indicated that they would like the managers to facilitate their motivation by recognising their good work, giving positive feedback, reassessing salaries and other benefits, improving work conditions, ensuring that good interpersonal relations are

maintained, making sure there is adequate technical supervision, promoting effective communication and offering rewards for good performance.

The findings from this study regarding intrinsic and extrinsic factors that would assist the managers to facilitate motivation of nurses in rendering quality patient care led to the development of strategies to be used in a rural hospital. These strategies are discussed thoroughly in the next chapter.

CHAPTER 7

DEVELOPMENT OF STRATEGIES TO FACILITATE MOTIVATION OF NURSES TO RENDER QUALITY PATIENT CARE IN A RURAL HOSPITAL (DESTINY PHASE)

7.1 Introduction

This chapter deals with the development of strategies to facilitate the motivation of nurses to render quality patient care in a rural hospital. These strategies were developed based on the findings of Phase 3. An action plan was developed (Refer to Chapter 5 section 5.4 Design Phase) that contains both activities that could make the dream happen and be committed to the activities (Bonham 2011: 124). In Chapter 5 stage 3 entailed the creation or development of strategies to facilitate the motivation of nurses to render quality patient care in a rural hospital. The developed strategies would be implemented by the stakeholders (managers and supervisors) who will receive the recommendations and findings of the study.

The researcher built on the best ideas and used the practice already existing in the specific rural hospital. The researcher adopted Appreciative Inquire (AI) as an approach for making positive hospital changes. The AI also served as a foundation for the strength-based approach to strategic planning as it places the emphasis on strength, opportunities, aspirations and results (SOAR). The SOAR model offers a positive alternative to the well-known SWOT model which encompasses strength, weakness, opportunities and threats. According to Stavros et al. (2003: 12), the AI approach “transforms the SWOT model into SOAR”. Stavros and Hinrichs (2009:6) define SOAR as “a strategic planning framework with an approach that focuses on strength and seeks to understand the whole system by including the voices of the relevant stakeholders”. Hence, AI liberated the researcher to focus on what matters most in the future of the nurses at the selected rural hospital.

The participants engaged in conversation, pointing out their strengths centred on what they were doing right, what skills could be enhanced and what was driving

them to remain in their rural hospital (Stavros & Hinrichs 2009: 6). In addition, Stavros et al. (2003: 10) observe that "change requires action, action requires plan and a plan requires a strategy. "A strategy requires goals and enabling objectives." The researcher planned and posed the question of inquiry to shape the direction of the strategic planning process and informed content based on its strengths and opportunities. This is called a strategic inquiry with an appreciative intention. Figure 7.1 shows the strategic inquiry appreciative intent: Inspiration to SOAR as adapted from Stavros et al. (2003: 12).

Figure 7.1: Strategic inquiry ⟶ Appreciative intent: Inspiration to SOAR

Strategic inquiry	Strength	Opportunities
Appreciative intent	Aspirations	Results

The SOAR approach to strategy was started with a strategic inquiry. According to Stavros and Hinrichs (2009: 16), SOAR is said to differ from other strategic approaches in two ways: the way questions are asked and who answers the questions. This approach has integrated the AI to create the transformational process. The way SOAR and the 5-D cycle were interrelated in the study is described next.

During the discovery stage inquiry was made to discover the strengths and opportunities which the participants felt could still be used in future. The stage also reflected the strengths of the past and how they had been constructed (Stavros et al. 2003:13). The participants reflected their perceptions with regard to the intrinsic and extrinsic factors that motivate them to render quality patient care in a rural hospital. (Refer to Chapter 4).

In the dream phase the participants built or co-constructed their preferred future and the values of their hospital were reaffirmed. The participants imagined their aspirations and how it might be (Stavros et al. 2003: 13; Stavros & Hinrichs 2009: 11). They described their expectations based on the strengths and opportunities they had identified. (Refer to Chapter 5).

The design stage involved innovation where the participants started to formulate the strategic design as regards short-term objectives. This stage was based on the desire and aspirations of the participants as to what they wanted to see in 4 years' time. In addition, during this stage the participants were invited to share their aspirations and co-construct their most preferred future (Stavros & Hinrichs 2009: 11).

The aim of this phase was to develop strategies to facilitate nurses' motivation to render quality patient care in rural hospitals using the AI approach. The final product was the destiny stage which reflected the results. The participants reached consensus through the nominal group technique (NGT). Then, recognition and reward programmes were designed to motivate nurses to achieve measurable results. Below are the discussions of the development of strategies to facilitate motivation of nurses to render quality patient care in a rural hospital.

7.2 PHASE 3: DESTINY PHASE (DEVELOPMENT OF STRATEGIES TO FACILITATE MOTIVATION OF NURSES TO RENDER QUALITY PATIENT CARE

Goals are set as a refinement to open-ended statements about such wishes as "achieving growth in the long term care market" (Stavros et al. 2003: 11). The more specific measurable goals are called 'objectives' (Marquis Huston 2006: 696). Goals were set with regard to factors mentioned by the participants after reaching consensus. The researcher looked at the practicalities needed to support the vision that need to be in place for the dream to take place. Bold statements were used that challenge the group to give form to its dream. A strategy is simply the "how to" means or guiding actions to achieve the long-term objectives (Stavros et al. 2003: 1). The four goals that came out of the process were as follows:

1. Goal 1: To train, teach and develop **nurses**

Strategic objective: To create an environment which enables nurses to train and develop themselves and to teach and train others depending on the needs

Strategy: Provide nurses with opportunity for education and training

- **2. Goal 2:** To enhance participative management

Strategic objective: To create an enabling environment for staff participation

Strategy: Strengthen staff participation

- **3. Goal 3:** To improve quality of work life

Strategic objective: Create positive work environment which enables nurses to render quality patient care

Strategy: Provide support for nurses

- **4. Goal 4:** To promote interpersonal relations and supervision

Strategic objective: Create opportunities for interdisciplinary collaboration and team building

Strategy: Promote harmonious relationship and improve supervision

The researcher presented the goals, strategic objectives and strategies in tables as shown below.

1. **Goal 1:**To train, teach and develop nurses

Strategic objective: To create an environment which enables nurses to train and develop themselves and to teach and train others depending on the needs

Strategy: Provide nurses with opportunity for education and training

Table 7.1: 1.Goal 1: To train, teach and develop nurses

KEY PERFORMANCE AREAS	PERFORMANCE INDICATOR	ACTIVITIES	TIME LINES	TARGET	RESPONSIBLE PERSON
Training and development	Number of staff rotated	Allow nurses to explore other activities; acquire more knowledge and skills or procedures in different units through rotation of staff in their rural hospital	Annually	3 RPN per unit 2 RSN per unit 4 RAN per unit	Managers

	Number of nurses replaced	Replace nurses who have left by those who have knowledge and skills in all those wards that need speciality trained registered professional nurses	When the need arises	Equivalent number	Managers
	Number of workshops and seminars attended Availability of attendance records	Attending workshops and seminars to advance knowledge and acquire skills which are related to their profession for rendering quality patient care	Quarterly	2 RPN per unit 2 RSN per unit 2 RAN per unit	Managers
	Number of nurses conscientised	Conscientise those nurses who are reluctant to attend workshops and in-service training	Always	All nurses concerned	Managers
	Number of nurses trained	Attending different training in	Annually and	7 RPN	Managers

		colleges and universities to acquire knowledge and skills	ongoing	15 RSN 12 RAN	

	Number of nurses trained Number of training conducted	Improve the use of technology to update and access new developments	Quarterly	All nurses	Managers
	Number of nurses who attended in-service training Number of in-service training conducted	To attend in-service training	Weekly	All nurses	Managers
	Number of nurses who attended training	Implement CPD strategy to keep them abreast with new developments in their nursing profession	Quarterly	2 RPN 4 RSN 3 RAN	Managers
	Number of nurses who presented lectures	Offer opportunities to those who are interested in teaching others during in-house in-service training	As needed and ongoing	All nurses interested	Managers

	Number of teachings done Available teaching programme Available attendance list	Strengthen teachable moment and formal teaching	When need arises	All nurses with shortcomings	Managers
Need for responsibility	Available delegation	Assign challenging tasks in the job under the job enrichment programme as the job becomes more interesting and challenging	Daily	Delegation records day and night– x2	Managers

2. Goal 2: To enhance participative management

Strategic objective: To create an enabling environment for staff participation

Strategy: Strengthen staff participation

Table 7.2: Goal 2 To enhance participative management

KEY PERFORMANCE AREAS	PERFORMANCE INDICATOR	ACTION PLANS	TIME LINES	TARGET	RESPONSIBLE PERSON
Involvement of nurses in decision making	Number of nurses involved	Allow nurses to be involved in decision making related to rendering of quality patient care knowing that they own the processes	When necessary and ongoing	All	Managers

	Available agenda and minutes	Engage them in plenary meetings concerning service delivery; to give inputs for the agenda for all scheduled meetings	As needed and ongoing	All	Managers
	Number of representatives	Have effective employee representatives' involvement in decision making	When need arises and ongoing	Union representatives	Managers
	Available internal and external memos; reduced complaints	Ensure openness and transparency on all processes that need to be implemented in their rural hospital	Always	All nurses	Managers
	Number of orientation done Available records	Provide new nurses with information about the hospital and encouraging their involvement through mentorship to keep them well informed about hospital issues	As needed and ongoing	All new nurses	Managers
	Available appointment letters	Implement participative management approach in all	Always	All nurses concerned	Managers

		spheres of work			
Effective communication	Available communication book	Give immediate positive feedback of the service	Always	All nurses concerned	Managers
	Available communication book	Provide feedback on their performance to be aware of their shortcomings	As needed	All nurses concerned	Managers
	Available communication book	Avoid giving general reprimand and instead give direct positive reprimand that could serve to teach nurses to accept positive criticism	Always	All nurses concerned	Managers
	Available records	Handle all grievances as soon as possible and without discrimination	Always	Quarterly	Managers
	Available records	Provide open door policy; effective communication and proper channels of communication	As needed	All nurses concerned	Managers
Positive	Available	Give positive feedback for quality	Monthly	Quarterly	Managers

feedback	records	patient care rendered			
	Available suggestion boxes	Provide suggestion boxes in all the strategic areas	Weekly	Once per week	Managers
	Available newsletter	Provide hospital newsletters to bring positive change and improve the reputation of the hospital	Quarterly	For each service element (21 copies)	Managers

3. Goal 3: To improve quality of work life

Strategic objective: Create positive work environment which enables nurses to render quality patient care

Strategy: Provide support for nurses

Table 7.3: 3.Goal 3: To improve quality of work life

KEY PERFORMANCE AREAS	PERFORMANCE INDICATOR	ACTION PLANS	TIME LINES	TARGET	RESPONSIBLE PERSON
Need for improved working conditions	Number of vacant posts filled	Ensure that all vacant posts are filled	April 2015	Yearly	Managers

	Number of nurses allocated	Allocate nurses in support services	When need arises	Yearly	Managers
	Number of nurses awarded	Award performance cash bonuses to those who performed excellently	Yearly	Yearly	Managers
	Available payroll	Pay overtime allowances in monetary value	April 2015 and ongoing	On monthly basis	Managers
	Availability of protective clothing	Provide nurses with protective clothing	When necessary	January 2015	Managers
	Number of nurses who received rewards	Give rewards intermittently to avoid losing its impact and also avoid rewards to be a matter of 'must'	Yearly	1 RPN 1RSN 1RAN per unit	Managers
	Availability of programme	Put in place award ceremony programme	Annually	1 in each unit	Managers
	Availability of records	Monitor and review rewards and reward procedures regularly	Annually	December every year	Managers
	Available	Provide fun for different types of	Quarterly	Events–x4 yearly	Managers

	schedule	activities			
	Clean environment	Ensure cleanliness of the hospital	Always	Ongoing	Managers

4. Goal 4: To promote interpersonal relations and supervision

Strategic objective: Create opportunities for interdisciplinary collaboration and team building

Strategy: Promote harmonious relationship and improve supervision

Table 7.4: 4.Goal 4: To promote interpersonal relations and supervision

KEY PERFORMANCE AREAS	PERFORMANCE INDICATOR	ACTIVITIES	TIME LINES	TARGET	RESPONSIBLE PERSON
Need for interpersonal relations	Number of nurses debriefed	Providing support through debriefing	As needed	Every 2 months	Managers
	Availability of team work	Strengthen teamwork and encourage nurses to socialise and interact with other colleagues	Always	All groups per shift	Managers
Need for adequate	Available records	Provide support visits	Weekly	1x every week	Managers

technical supervision					
	Available records	Ensure that delegation lists are written and adhered to	Daily	One every day	Managers
	Available records	Mentor and coach the supervisees in their rural hospital	Always	All nurses	Managers

The strategic document was developed and adopted and would be implemented by the managers. The researcher would also have an opportunity to present the strategies and recommendations to the relevant stakeholders (hospital managers and supervisors of the rural hospital as well as the Limpopo Department of Health, Provincial Office) to move the rural hospital into a positive work environment.

7.3 CONCLUSION

The managers should be aware that all mentioned strategies are meant for the improvement of nurses' motivation. It is also important that the managers bear in mind that different strategies have a different impact on different individuals because nurses are unique human beings. The managers should understand the cultural beliefs of the supervisees for effective implementation of the strategies in place. Some strategies would improve the motivation of some nurses whereas other nurses would not be motivated by the same strategies. Therefore, the managers should learn to understand the characters and behaviours of their supervisees so that the latter can remain motivated. The findings revealed that through developed strategies nurses felt that they may be motivated, fulfilled and have a passion for their job when rendering quality patient care in a rural hospital.

CHAPTER 8
CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

The purpose of this chapter is to draw the conclusions and make recommendations based on the findings of the study for further research in other provinces. The aim of this study was to explore and describe the perceptions of nurses as to what motivates them to render quality patient care in a rural hospital and to develop motivational strategies that could be implemented by managers to motivate nurses. An Appreciative Inquiry (AI) approach was used to make sure nurses feel encouraged and confident that they are indeed rendering quality patient care in a challenging environment and that this same environment could be brought about into a positive work environment by motivating themselves. This study revealed that notwithstanding the difficulties that are experienced in a rural hospital, nurses have passion for their job which is not compromised by the challenges prevailing in a rural hospital.

8.2 SUMMARY OF THE FINDINGS

The following is a summary of the findings based on the research questions.

Phase 1: Discovery phase (Perception of nurses)

"What are the perceptions of nurses regarding intrinsic factors that influence them to render quality patient care?

According to the findings, motivation is influenced equally by the manager and the nurses. The findings revealed that nurses are expected to come to work being intrinsically motivated and having the desire to be successful, add value and

contribute to the vision and the mission of the hospital. On the other hand, nurses perceive that it is the manager's responsibility to provide them with resources, the opportunity for recognition and to create a positive work environment for them to be successful.

The following intrinsic factors were revealed as very critical to sustain nurses' motivation for rendering quality patient care despite the challenging work environment: passion for the job, religious values, a sense of fulfilment, the need to achieve professional growth, a sense of responsibility, the need to be involved in decision making and to teach others.

Research question 1:

"What are the perceptions of nurses regarding the extrinsic factors that motivate them to render quality patient care in a rural hospital?

The findings revealed that several extrinsic factors are perceived by nurses that can motivate them to render quality patient care despite the inadequate resources they have to deal with.

The motivation of nurses to render quality patient care in a rural hospital encompasses these critical extrinsic factors: recognition for good work, effective communication, positive feedback, adequate technical supervision, interpersonal relations, salary and other benefits, personal security, and status.

Phase 2: Dream and Design phase

Research question 2:

"What are the changes that nurses would like to see in their work environment in the next four years?"

The findings revealed that nurses would like to see the changes mentioned below in their work environment:

- Upholding the standard of professionalism in terms of how they are doing their job and ensuring that they are fulfilled as far as their job is concerned.
- To be more developed in their career.
- To be responsible in accomplishing added activities that are related to quality patient care.
- To be involved in decision making and be empowered at an earlier point to ensure that they own all processes.
- To share their knowledge by teaching others and ensuring that they are capacitating each other for the improvement of quality patient care.

Furthermore, the following changes are those that nurses would like to see implemented by the managers.

- Recognition for good work to be done immediately to have meaning and value. The managers may fail to provide adequate resources due to processes in place, but should learn to say 'Thank you' and encourage nurses for further development.
- Government should provide nurses with a decent salary that is in relation with the inflation of the country and the managers should ensure that all necessary documents are signed and submitted so that allowances are paid within a reasonable period.
- Nurses should be respected and the government should maintain their status by recognising their skills and knowledge.
- Individual feedback should be provided so that nurses could change from being negative and be positive.
- The employer should increase nurses' salary scales to be in line with their qualifications
- The employer should pay OSD to all categories of nurses
- Tight hospital security in all strategic risk areas should be provided.
- The employer should provide rural allowances to lower categories of nurses as they are currently not receiving it and they are committed in rendering quality patient care in a rural hospital.

- Achievements should be rewarded as soon as possible because it would prevent confusion about why a nurse is being rewarded.
- Recognition of all post-basic courses for payment. Not only a few should be selected since all knowledge and skills nurses acquire are also benefiting the patients in rural hospitals.
- Revision of salary scales in a rural hospital on completion of their studies for those who are developing themselves and obtaining degrees.
- Ensure that there is trusting and supportive relationships.
- Create a culture of respect and dignity for all team members.
- Display interest in the work of supervisees.
- Exemplify respect and warmth to supervisees.
- Show supervisory behaviour that indicates friendship and mutual trust.
- Role modelling by the supervisors.

Phase 3: Destiny phase (Development of strategies for quality patient care).

Research question 3:

"What strategies should be used for quality patient in a rural hospital?"

Strategies to facilitate the motivation of nurses rendering quality patient care in a rural hospital should be implemented to bring about a positive work environment in the hospital. The managers should give nurses an opportunity for self-improvement and let nurses understand that managers want them to be better than they currently are. Nurses should be given enough work to do; never too much and neither too little.

8.3 REASONS WHY PARTICIPANTS WANT TO REMAIN WORKING IN THE RURAL HOSPITAL

The findings showed that despite the challenges nurses are facing they still value working in their rural hospital. There are a number of factors that were highlighted by the participants that seem to be motivating them to stay in the rural hospital. These factors are listed next.

- Love for their job
- Patriotism
- Love for their community members
- Need to stay with their families
- Less crime as compared to that in an urban area
- Less expensive lifestyle
- Rural allowance
- Challenging tasks
- Less travelling distance to work

8.4 ORIGINAL CONTRIBUTION

One of the main contributions of this study was to involve the participants in different stages of AI where they were given an opportunity to identify their strengths, opportunities and aspirations in their own environment and learn to appreciate what they have. An opportunity to dream and design was also a major contribution as the participants also learnt parts of the methodology for doing research such as the use of the NGT and the steps to be followed. Another contribution was that the participants learnt that what they can focus on can become a reality despite the challenges that they may be experiencing; if they focus on the positive aspects in their rural hospital and work towards a positive work environment it would become a reality. The participants further learnt to see things in a positive way as opposed to seeing it in a negative manner.

Furthermore, the study contributed to the body of knowledge and practice as the strategies that were developed will be used to motivate nurses in a rural hospital. The developed strategies will be used by nurse managers and supervisors in similar poorly resourced rural hospitals in developing countries.

The Appreciative Inquiry approach was used when developing strategies to facilitate the motivation of nurses rendering quality patient care in a rural hospital to encourage individuals to look for positive actions that can lead to positive solutions. Further research may be conducted to add to the body of knowledge and education of nurses as to what actions should be taken to motivate nurses effectively in rural hospitals.

8.5 LIMITATIONS

The limitation of this study was that the research was conducted in only one hospital, a secondary hospital in Limpopo, one of the nine provinces in South Africa and did not involve more comprehensive rural hospitals.

8.6 RECOMMENDATIONS

The recommendations are divided into two sections: recommendations for implementation of the motivational strategies in a rural hospital and recommendations for further study.

8.6.1 Application of the motivational strategies in a rural hospital

The application of these motivational strategies is based on the understanding of an AI and its applicability to the current situation in a rural hospital.

In this study AI was used. Appreciative Inquiry is a constructive positive inquiry process that searches for everything that gives life, joy, excellence and innovation in a rural hospital. Appreciative Inquiry concentrated on exploring ideas of nurses about what was valuable in what they were doing, and then tried to work out ways in which this could be built on. The emphasis was firmly on appreciating the activities and responses of nurses rather than concentrating on their problems. The opportunity to reflect and evaluate the best of what is going on in their rural hospital

was based on Herzberg's two-factor theory. The 5-D cycle of AI was used to develop motivational strategies for quality patient care in a rural hospital. This involved asking positive questions to nurses in order to craft and implement action plans towards excellence by focusing on what is good about their work and developing a positive situation which they found effective for themselves to change and pursue. For motivational strategies to be effective, all applicable strategies should be implemented as they bring about a positive work environment in a rural hospital. The nurses working in a rural hospital should be considered when developing the motivational strategies to give input as to what works best for them for quality patient care. The managers should also create a positive work environment for the nurses.

8.6.2 Recommendations for further study

It was the researchers' belief that by focusing on the positive, motivational strategies could really improve the nurses' morale, promote an increase in their sense of ownership of all the standards and nursing care processes and thus lead to high quality patient care in a rural hospital. On completion of the study and based on the findings, strategies were outlined for quality patient care in a rural hospital. Dissemination of the research findings would be through academic journals, national conferences and to the South African Department of Health. The researcher addressed the changes that nurses are looking for in their hospital. This study will contribute to the nursing profession at large, especially in rural hospitals and in developing countries, through addressing the changes that the nurses are looking for that, in turn, could enhance the improvement of nursing care and the quality of patient care.

The recommendations for further research are as follows:

- researching for developing strategies to facilitate motivation of nurses to render quality patient care in other provinces than Limpopo
- a further study on the implementation and evaluation of the strategies to facilitate the motivation of nurses rendering quality patient care in rural hospitals, a further study on the impact of the implementation of these

strategies to facilitate the motivation of nurses rendering quality patient care in other rural hospitals.

8.7 FINAL CONCLUSION

The purpose of this study was to develop strategies to facilitate the motivation of nurses rendering quality patient care in a rural hospital. For this study an AI approach was employed based on the 5-D cycle which involved asking positive questions to a group of stakeholder (nurses who directly rendered patient care) in order to craft and implement action plans towards excellence. Using an AI approach assisted the researcher through words to explore and describe the perceptions of nurses with regard to factors that motivate them to render quality patient care in a rural hospital. This qualitative study was done in three phases using the 5-D cycle of AI. An IA approach was used to develop strategies to facilitate motivation of nurses thereby promoting a positive work environment for them to render quality patient care in a rural hospital.

The focus in Phase 1 was **d**iscovery. Individual interviews were conducted using an exploratory, descriptive and contextual design to explore and describe the perceptions of nurses with regard to the intrinsic and extrinsic factors that motivate them to render quality patient care in rural hospitals despite the challenges.

In Phase 2 the **d**ream and **d**esign AI approach was employed using the same exploratory and descriptive design as in Phase 1. In addition, a literature review was done to determine the positive aspects that the nurses valued about their work environment, profession and the organisation that they worked for.

In Phase 3, the **d**estiny component, the development of motivational strategies for rendering quality patient care in rural hospitals was addressed. The discussions in the focus group interviews focused on what might be; questions were posed to the participants to identify their potentials and to then use these potentials as their strengths. A detailed account of how the process was followed was given.

The attainment of this purpose was guided by using three phases and the development of strategies was done using SOAR. The researcher built on the best

ideas and used the practice already existing in this rural hospital. The researcher adopted AI as an approach for making positive hospital changes. The AI also served as a foundation for the strength-based approach to strategic planning which entails placing emphasis on strength, opportunities, aspirations and results (SOAR).

The implementation and evaluation of the strategies will be conducted during a post-doctoral study.

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ADDENDUM A

PERMISSION FROM THE RESEARCH ETHICS COMMITTEE, UNIVERSITY OF PRETORIA, TO CONDUCT THE STUDY

ADDENDUM B

LETTER TO LIMPOPO PROVINCIAL DEPARTMENT OF HEALTH REQUESTING PERMISSION TO CONDUCT THE STUDY

Limpopo Department of Health

P.O Box 932

Thohoyandou

0950

03 January 2013

Provincial Department of Health

Private bag x 9302

Polokwane

0700

Attention: To whom it may concern

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a PhD Student in Nursing Science at the University of Pretoria. My topic of interest is: "Developing strategies to facilitate the motivation of nurses rendering quality patient care in rural hospitals in the Limpopo Province: An Appreciative Inquiry Approach"

The study will be conducted at Vhembe district in Limpopo Province.

The study is conducted under the supervision of Professor FM Mulaudzi of the Faculty of Health Sciences at the University of Pretoria.

The objective of the study is to:

Explore and describe the positive intrinsic factors that the nurses valued about the working environment, profession and the organization that they work in.

Explore and describe the positive extrinsic factors that the nurses valued about the working environment, profession and the organization that they work in.

Explore the changes that the nurses would like to see in their work environment in the next four years.

Develop strategies to facilitate nurses' motivation to render quality patient care in rural hospitals using Appreciative Inquiry.

I need to conduct interviews with nurses who are directly rendering quality patient care. The interviews will be conducted within the period of 20-30 minutes per participants. They will be audio taped for verification of the findings by my supervisors and an independent coder.

The following ethical considerations will be observed throughout the research process which will protect the name and dignity of each participant.

Voluntary participation and freedom to withdraw without a penalty;

Informed consent;

Names of the participants and their hospital will not be mentioned during discussions;

Raw materials will be kept under lock and key to ensure confidentiality;

Information related to interviews will only be accessible to my supervisors and the independent coder;

Field notes will be kept for a period of 5 years in case a reference is needed

A summary of the research study will be made available to participant if they wish.

Their participation in this study will benefit them, using motivational strategies facilitating nurses in their endeavor to render quality patient care in a rural regional hospital.

With regards

T.R Luhalima Researcher Student No: 28663129

Contact Number Home: 0159643300/0724823404

ADDENDUM C

LETTER REQUESTING PERMISSION TO CONDUCT THE STUDY AT

THE RURAL HOSPITAL

P.O Box 932

Thohoyandou

0950

03 January 2013

The Chief Executive Officer

Tshilidzini Hospital

Private Bag x924

SHAYANDIMA

0945

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am busy pursuing PhD in Nursing Science at the University of Pretoria. My topic of interest is “Developing strategies to facilitate the motivation of nurses rendering quality patient care in rural hospitals in the Limpopo Province: An Appreciative Inquiry Approach”

The study is conducted under the supervision of Professor FM Mulaudzi of the Faculty of Health Sciences of the University of Pretoria.

The objective of the study is to:

Explore and describe the positive intrinsic factors that the nurses valued about the working environment, profession and the organization that they work in.

Explore and describe the positive extrinsic factors that the nurses valued about the working environment, profession and the organization that they work in.

Explore the changes that the nurses would like to see in their work environment in the next four years.

Develop strategies to facilitate nurses' motivation to render quality patient care in rural hospitals using Appreciative Inquiry.

Explore and describe the positive intrinsic factors that the nurses valued about the working environment, profession and the organization that they work in.

Explore and describe the positive extrinsic factors that the nurses valued about the working environment, profession and the organization that they work in.

Explore the changes that the nurses would like to see in their work environment in the next four years.

Develop strategies to facilitate nurses' motivation to render quality patient care in rural hospitals using Appreciative Inquiry.

Explore and describe the positive intrinsic factors that the nurses valued about the working environment, profession and the organization that they work in.

Explore and describe the positive extrinsic factors that the nurses valued about the working environment, profession and the organization that they work in.

Explore the changes that the nurses would like to see in their work environment in the next four years.

Develop strategies to facilitate nurses' motivation to render quality patient care in rural hospitals using Appreciative Inquiry.

I need to conduct interviews with nurses who directly render quality patient care. The interviews will be conducted within the period of 20-30 minutes per participants. They will be audio taped for verification of the findings by my supervisors and an independent coder.

The following ethical considerations will be observed throughout the research process which will protect the name and dignity of each participant.

Voluntary participation and freedom to withdraw without a penalty;

Informed consent;

Names of the participant and their hospital will not be mentioned during discussions;

Raw materials will be kept under lock and key to ensure confidentiality;

Information related to interviews will only be accessible to my supervisors and the independent coder; and field notes will be kept for a period of 5 years in case a reference is needed

A summary of the research study will be made available to participant if they wish.

Their participation in this study will benefit them, using motivational strategies to facilitate nurses in their endeavor to render quality patient care in a rural regional hospital.

With regards

T.R Luhalima Researcher

Student No: 28663129

Contact No: Home: 0159643300

Cell: 0724823404

ADDENDUM D

PARTICIPATION INFORMATION LEAFLET

TITLE OF THE STUDY: "Developing strategies to facilitate the motivation of nurses rendering quality patient care in rural hospitals in the Limpopo Province: An Appreciative Inquiry Approach"

Dear participant

You are invited to volunteer to participate in a research study that will take place at your hospital. This information leaflet contains information that will help you understand your role in the study and decide if you would like to participate. If there is any need for further clarification or you have any questions, do not hesitate to contact the researcher at any time.

1. Aim and objectives of the study

You are invited to take part in a research study. You will participate as a professional nurse who is directly rendering patient care. The aim of this study is to explore and describe the perceptions of nurses as to what motivated you to render quality patient care and then to develop motivational strategies for rendering of quality patient care in rural hospitals by using an AI.

The objectives will be as follows:

Explore and describe the positive intrinsic and extrinsic factors that the nurses value about the working environment, profession and the organization that they work in.

Describe the changes that the nurses would like to see in their work environment in the next four years.

Develop strategies to facilitate nurses' motivation to render quality patient care in rural hospitals using appreciative inquiry approach.

2. Explanation of procedures to be followed

Interviews will be conducted from each participant. Participation is voluntary. Participants have the right not to respond to any question posed in the interview, should they elect to do so.

The duration of the study is three years. Your inputs will be highly appreciated.

3. Risks and discomfort involved

As a participating professional nurse, you will experience no discomfort. There is also no risk involved in this study. However, your input in this study will require some of your time and effort.

4. Benefits involved in the study.

Appreciative Inquiry Approach looks at organisational issues, challenges, and concerns in a significantly different ways. AI concentrates on exploring ideas that people have about what is valuable in what they do, and then tries to work out ways in which this can be built on. The emphasis will be firmly on appreciating the activities and responses of people, rather than concentrating on their problems. Then, instead of analysing possible causes and solutions, the participants will have the opportunity to reflect and evaluate the “best of what is” in their hospital.

The study will benefit the professional nurses’ by improving the positive work environment to enhance achievement of objectives. The work environment will be improved and patients will receive quality care rendered by nurses.

The nurses will have improved motivation and skills to render quality patient care; they will also be motivated to supervise and teach other staff members and the students, continue to render quality patient care and enhanced positive environment will prevail in rural hospitals.

The hospital as a structure where patients get clinical care will provide improved health services, have more organised activities and it will be viewed as the best caring facility by patients, individuals and the community at large and endeavor to stimulate nurses' involvement through a range of activities.

5. Voluntary participation in and withdrawal from the study

Your participation in this trial is entirely voluntary and you have the right to refuse to participate or stop at any time without stating any reason. Your withdrawal will not affect your job. The researcher retains the right to withdraw you from the study if considered to be in your best interest.

6. Ethical approval

The researcher will receive written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria:

Contact details: 0123541677

Cell number: 0866516047

Email address: http://www.healthethics.up.co.za

Approval from the Limpopo Province Government: Department of Health.

Contact details: 015293621

Cell number: 0826244954

Email address: Donald.silamolela.sdhsd.limpopo.gov.za

Copies of the approval will be available if you wish to see them.

7. Researcher particulars

The study will be conducted by way of interviews. If you have any questions, please do not hesitate to contact the researcher. The researcher's particulars are Mrs Takalani Rhoda Luhalima.

Work telephone number: (015) 9641061

Home telephone number: (015) 9643300

Cell phone number: 0724823404

Email address: luhalima.takalani11@gmail.com

8. Confidentiality

Confidentiality will be maintained throughout the study. All information obtained during the course of this trial is strictly confidential. Data that may be reported in scientific journals will not include any information which identifies you as a participant in this study. Data/information will be published anonymously. No information will be disclosed to any third party without your written permission.

9. Compensation

Your participation is voluntary. No compensation will be given for your participation

10. Consent to participation in this study

Your participation in this research is subject to reading and accepting the above information and signing the informed consent document below. You will be provided with a copy of the signed consent document.

ADDENDUM E

INFORMED CONSENT CLAUSE

I hereby confirm that I have been informed by the researcher _____ (state particulars) about the nature, conduct, benefits and risks of the proposed research. I have also received, read and understood the above written information (patient leaflet and informed consent) regarding the study.

I am aware that the results of the study, including personal details regarding my sex, age, marital status etc (state) will be anonymously processed into the research report.

I may, at any stage, without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

Participant's name: …….. (Please print)

Participant's signature: ……..Date…….

I ……herewith confirm that the above participant has been informed fully about the nature and scope of the above study.

Researcher's name: …….. (Please print)

Researcher's signature: ……Date…….

Witness's name: …… (Please print)

Witness's signature: ……Date ……

ADDENDUM F

INTERVIEW GUIDELINE WITH AI QUESTIONS

PHASE 1: DISCOVERY STAGE

1. What are the intrinsic factors which motivate you to render your service each day?
2. What are the extrinsic factors which motivate you in your hospital?
3. How best do you think your manager could motivate you to work willingly and effectively?

PHASE 2: DREAM AND DESIGN STAGE

1. In the next four years what positive new changes would you like to see introduced in the hospital to motivate you?

2. What motivated you most in the past and now in the current situation that can motivate others in the future?

3. If you had four motivating factors towards a positive working environment for your hospital what would they be?

4. What would be four intrinsic wishes that would motivate you and other staff members in the future?

5. What do you think are the most core intrinsic and extrinsic factors for success in your work environment that could be used in the future?

PHASE 3: DESTINY STAGE

1. From the core intrinsic and extrinsic factors that you have mentioned, list those that work well for you. Start with the most important to the list that motivate you in your hospital?

ADDENUM G

TRANSCRIPT FROM FACE TO FACE INTERVIEW

Participant's transcript ('R' is the researcher and 'P' is the participant).

R: Afternoon

P: Afternoon

R: How are you?

P: I am okay and you

R: I am fine. I am Mrs TR Luhalima doing my research at the University of Pretoria. I am here to collect data for my research study. My topic is the "Developing strategies to facilitate the motivation of nurses rendering quality patient care in rural hospitals: An Appreciative Inquiry approach". I am going to ask you questions, feel free to answer any of these questions as there is no wrong or right in the answers that you will provide. The objective of this study is to explore and describe the positive intrinsic and extrinsic factors which motivate you to render service in your hospital. Intrinsic factors refer to actions or activities performed out of free will, for example, when you perform the work zealously, regardless of awards. Extrinsic factors refer to motivation prompted by outside or external factors, such as when the employer utilizes motivational factors to encourage you to render your services. The following questions are then going to be asked:

What are the intrinsic factors that motivate you to render your service in this hospital?

P: The first factor that motivates me to render the service is that when the patients come to seek help they have trust in me as a professional nurse that they are going to get the best care. I feel motivated to render the service effectively in order to meet those expectations that the patient have. Even if I may fail to meet those expectations fully, but my main objective is to ensure that the service is the best. I feel committed to do my level best for the patients to receive quality care. I feel motivated in my hospital because I believe that the moment the patient comes to our hospital he/she has hope that he/she is going to be well through the service that I am going to render as a professional nurse. The hope that the patient has in me, that I

would fulfil the service that is what motivates me to render the best service whole heartedly.

R: You have mentioned that you feel motivated when patients have trust in you, seeing you as their solution. What are the inner factors that motivate you to render your service diligently each day?

P: The other factor that motivates me, I think, is the opportunity for personal growth as a professional nurse by furthering my studies, attending workshops, and in-service training, this assists me a lot as I am having knowledge and skills that give me confidence when rendering the service. The knowledge and skills are of importance as they assist me to meet patients' expectations and again it gives me confidence in whatever I do because I am knowledgeable. Furthermore as far as my scope of practice is concerned, I can render the service for all the patients with different diagnosis.

R: You have mentioned that personal growth advanced you with knowledge and skills, can you tell me more about the intrinsic factor like responsibility, and how does that affect you to do your work?

P: Responsibility is one of the other factors that motivate me. In case there is something that I am suppose to do for the patient and I happen to do that tasks and find that patient is discharged being in a good state, I feel motivated to say oh…there was a role that I played, that is why the patient was cured. Again that also motivates me in a way that the hospital goal is being met. The patients are coming to our hospital, getting the service, and being discharged not to end up in the mortuary, that makes me feel motivated. If the patients are satisfied in relation with the care that they receive and appreciate it, that motivates me because I was also responsible to give them what was due for them. At the end you find that the reputation of our hospital is going to be recognised by the community.

R: How best do you think you could be motivated to work willingly and effectively?

P: The motivating factors that can be there is that as I am working with the supervisors, if I have done something excellently, I like my supervisors to recognise that and appreciate the service well done. This motivates a lot; it makes me to

continue to do the best, because I tell myself that my supervisors have also recognised my efforts. Sometimes I tell myself that I want to do my level best but those supervisors do not recognise the best I am doing. This makes feel de-motivated due to lack of recognition from the supervisors.

R: You have mentioned that you need recognition for the work well done. Could you please elaborate that further as to what is it that could be done to motivate you more?

P: I need my supervisors to motivate me by just telling me that she/he has recognised that I did this very well or just to say keep it up, that alone could motivate me. The other thing that the managers could do is to mention during mass meetings that so and so has done this excellently lets appreciate her. That is going to motivate me to try by all means to maintain the standard or to continue to do the best. Again that could also serve as a motivator to the rest of the staff members because they will also want to be appreciated in that manner. The other motivating factors that can motivate me to do the best is availability of resources, if there is shortage of resources it de-motivates us. In case if I have reported something or made an input that needs to be taken into consideration, if that could be considered, that makes me feel motivated. For example, if I have given the opinion and find that the opinion was taken, it motivates me. I also need to be involved in decision making so that I can own the process. This makes me to render the services in a happy state all the time; especially when there is all necessary material and human resources available. That indicates that my managers are giving us support.

R: What are the extrinsic factors that can motivate you in your hospital?

P: The other motivating factor that could be done by our department or by our managers is the support that they can give. In a case where there are challenges we could be motivated by our managers when they give us support so that we can render the service effectively. The other factor is that the department must provide us with all necessary equipment, pharmaceutical supplies to reduce patient's complaints and also to reduce mortality and morbidity, because the reduction of death also motivates us seeing that we are admitting patients and do all the necessary care, and they are cured. We are doing what we can, but if the patients

are dying due to lack of resources that affects us negatively, hence we become de-motivated. If there is a challenge in the department, to reduce the complaints, the department should give us the information to say we are failing to supply this because of this, if we are informed and the community members are informed, maybe there will be reduction in patients' complaint. That is the type of support that the department can do, by giving us information. What I mean is that the information should reach all the stake holders.

R: Tell me more about the extrinsic factors that can motivate you in your hospital?

P: I think that teamwork could be the other factor that can motivate me, having the aim of rendering the service especially when there is cooperation between us. I know we cannot be having the same needs but our goal is patients' care, if all of us can work as a team that motivates me because we will be working hand in hand.

R: You have mentioned teamwork, what are the other extrinsic factors that you think can motivate you?

P: The other motivating factor is the salary, maybe if you are getting enough salary that motivates, because you can use it to meet any needs. Again if the salary is enough it motivates me not to excuse myself from duty because if there is something that needs money I can afford to do it. However, if the salary is not enough sometimes one cannot see the necessity of coming for duty because you find that I am working although I am failing to meet most of the needs that I have. This therefore de-motivates. When the salary that I receive can meet my basic needs I feel motivated. Though the money cannot make one to be satisfied because the moment you earn more you need more so if I can meet the basic needs is fine. The salary also makes life easy, so it motivates one to be on duty all the time, and as a result my mind will be focused on work itself not on the challenge of not having the money. Another factor that can motivate us is the issue of social interaction in our hospital. For example, things like birthday celebrations build good interpersonal relations and also motivate us in such a way that there will be no stress or tension among the staff members.

R: What are the other factors that you still think of that motivate you in your hospital, which affect your service?

P: Other factors like policies motivate us because they guide us to work within the set standard. It also assists us to render service with confidence, being sure of what is expected. It protects us because I don't work the way I want, I perform all the procedures being guided, so there is no stress when I comply with the policies. It motivates me. So there is no way that you can do something wrong because you will be guided by policies or protocols.

R: You have mentioned that policies protect you from not doing something wrong, so how does that motivate you?

P: I think policies motivate me because before I use them I should first read them that give me chance to update my knowledge and the opportunity to achieve. I become knowledgeable and always grow professionally. The knowledge makes me to be matured professionally and motivates me because it boosts my-self esteem and I become focused. That is all.

R: Thank you very much for the information, this is the first phase of the study, we are going to proceed with the second phase of the study.

In case you want to contact me in connection with the study my contact number is 072 4823 404 or else you can also use extension number 4307.

ADDENDUM H

TRANSCRIPT FROM FOCUS GROUP INTERVIEWS

Key

R: Researcher

P: Participant

R: Good afternoon and how are you? I am Mrs TR Luhalima busy doing research with the University of Pretoria. My topic is "Developing strategies to facilitate the motivation of nurses rendering quality patient care in rural hospitals in the Limpopo Province: An Appreciative Inquiry Approach". I am going to ask you questions, feel free to answer any of these questions as there is no wrong or right in the answers that you will provide. The objective of this study is to explore and describe the positive intrinsic and extrinsic factors which motivate you to render service in your hospital. Intrinsic factors refer to actions or activities performed out of free will, for example, when you perform the work zealously, regardless of awards. Extrinsic factors refer to motivational factors prompted by outside or external factors, such as when the employer gives awards to encourage you to render your services. The following questions are going to be asked:

In the next four years what positive new changes would you like to see introduced in the hospital to motivate you?

P1: The change that I could mention is with regard to training. I have started training as a staff nurse but now I am a trained speciality professional nurse. After a person has been trained for example as an RAN, it is not supposed to take long to be sent for another training like becoming a REN or RPN, because it delays a person to advance to another level. If nurses are trained after ten years instead of two being sent for training the best is for them to be sent for training in large numbers. If taken in a small numbers it will take fifteen to twenty years without being trained. If training comes after a long period you will find that a person is no longer motivated, but if trained in time, it motivates the staff.

R: What about the rest of you. What are you opinions? She has indicated that training motivates staff. Tell me more about training?

P2: My opinion is with regard to incentives. When we are working the government must recognise the service we are rendering, or the management could indicate that so and so is doing well. At the end of the year the best nurses, who also observes punctuality, should be recognised and be given an award at the end of the year.

R: What you have indicated is extrinsic factors. Maybe let us start with what comes from within that motivates you and others as well in the next four years.

P3: What motivates me is that the SANC allows us to perform certain procedures because there is shortage of doctors, I feel recognised in certain areas. I have knowledge of many things that nurses who are working in urban areas does not have and are able to do because I am working in a rural area where there is shortage of doctors. I am able to perform so many procedures and I feel motivated because the government recognise what I am doing and rewards me through rural allowance. Rural allowance raises my salary because I am doing an extra mile when I am rendering care. The government is only recognising the registered professional nurses instead of also recognising the lower categories as well, as they are also working an extra mile. The implementation of OSD has also motivated us; we are motivated to work by OSD. The government has made a mistake because when they introduced the OSD they did not consider nurses equally since in rural areas everybody is working to his or her level best. This has de-motivated some of the nurses in such a way that when they are working they are always complaining that they are working very hard but they are not recognised.

R: You started by indicating intrinsic factors; then you switched on to discuss extrinsic factors, what about the rest of you? What are the other intrinsic factors that you think can motivate you and other staff members? One of you has indicated education or training; can you please elaborate on that?

P4: Concerning education you can find that people were trained and advanced, that is motivating but you can find that after such training that particular person is not being recognised for such training but having a certificate. You can also find that a person is executing duties just like the rest of those nurses who are in the post

exactly trained for but not being paid for the activities he or she is doing. Training motivates nurses because there is knowledge and skills gained but it de-motivates if not being recognised salary wise.

R: I understand your point; tell me what motivated you most in the past and now in the current situation that can motivate others in the future?

P3: We appreciate that the government is giving us an opportunity for training. My wish is that immediately after completion it is essential that a person should be appointed to a post because you find that sometimes nurses are not being appointed to a post immediately after qualifying.

R: Let's have the rest of the group's opinion concerning education.

P1: The other thing that motivates us is that our government do not deny us to study. In case we need to study everybody has an opportunity to do private studies. You just apply and indicate that you need to study that, is good and it motivate us because there is no any road block.

R: If you had four motivating factors towards a positive working environment for your hospital, what would they be?

P2: Performance Management System is another factor that motivates a person to work, because there is a grading that is done through the PMS process. Through PMS one can be graded to one level above her notch to the other level. If nurses could be positive and consider that and take it into consideration and work very hard you will find that all the nurses could excel in their performance knowing that at the end of the day he/she will get the acceleration notch. Nurses may then be graded to the next level that can motivate everybody to work hard. I think that can motivate everybody in such a way that there will be no challenges in the rural hospitals. In other words that could be a strategy that could be used as staff members will be competing to do the best they can. For example when somebody is appointed in three to four years period and he or she is working very hard that person can accelerate and be in a higher notch and also overtake those who were on system already. That could motivate all the staff members to do their level best when rendering quality patient care.

R: Let us all participate in the discussion and tell me more about the four motivating factors towards a positive working environment for your hospital.

P2: The other factor that could motivates us is that while we are rendering the service sometime the manager should appreciate the work well done not only to point or to reprimand when a nurse has done a mistake. Eeeh…..., but the disciplinary action is to be taken if there is transgression of a rule or a standard. The investigation might be done to find out whether the very same nurse has already committed any or the same mistake or whether there was any mistake that was done. We are motivated as nurses when good work is recognised. That motivates us notwithstanding PMS or grading because that is not a continuous factor, but as nurses we are always at the patients' bed side rendering quality patient care, then by being appreciated always when there is a work well done that is motivate all the time.

P5: The other factor that motivate is when there is rotation of staff in all the units, because whether there is heavy work or light work at the end of the day everybody will be rotating and getting an opportunity to learn all the activities that are performed in all the units, that could motivates us.

R: You have mentioned the issue of rotation of nurses, but there are those nurses who have undergone some specialised courses and are to work in specialised units. Tell me how you would like the rotation to be done because there are unspecialised and specialised registered professional nurses including the lower categories.

P4: Okay, what would motivate me would be that all those without speciality could be rotated in all the units to acquire knowledge and skills. In case there is shortage in any of the units it will be easy to replace because all the nurses will be having knowledge and skills that could be used in any units when allocated there. Again it motivates in that you find yourself not doing same routine all the time and that motivates because we will be facing different challenges.

P1: The other factor that motivates us is when nurses are sent for workshops and in-service training to update their knowledge and skills, it motivates us so much. When training is being determined like for instance I need to be trained on effective communication and find that I have been capacitated on that I feel motivated and

that could motivate us, if that could be continued to be done. That will assist us because we work being knowledgeable as to how to communicate effectively with patients together with my colleagues that motivate a lot in that we work with confidence. The other thing is that communication reduces mistakes that might occur while rendering patient care. Our profession needs us to communicate positively with our patients and amongst ourselves, that makes us to work with confidence and that is also motivating.

P 6: The other factor that motivates us is the internal workshops and the in-service training which is conducted once in a week, we are trained to reinforce all the procedures that we were taught during our training. This is important because we stay abreast with new developments and continue to render quality patient care. For example these days the temperature is no longer taken using the mercury thermometer, so it is important to be in-serviced and to acquire new skills in relation to the developments in place and those that are still coming for future in our profession. In other words what I am trying to elaborate is that we as registered professional nurses it is long that we have been trained and for us to keep up with the standard it is important for us to be trained so that we can also not be hesitant to teach the student and other colleagues.

R: You indicated that there is in-service training that is held in your hospital. What positive new changes would you like to see that motivated you most in the past and now in the current that could be done to continue to be motivating you in the future?

P4: My colleague stated the issue of in-service training, I concur with her, but on the other hand I would like to put it in another perspective as the training is being done per category. Sometime it is necessary that we registered professional nurses be combined with the lower categories to reinforce those procedures that we have done while we were still on training because some of us have forgotten them. To tell you the honest fact there are some procedures that I have forgotten for example if you can ask me to use the monitor I cannot operate it. I could be motivated to attend those procedures that are prepared for the lower categories so that I can work being motivated and with confidence in what I am doing and supervising. Again I could be motivated if we do all the activities together without saying this is going to be done by staff nurse or an assist nurse we are to do all the work together.

R: Okay, in nursing profession there is a scope of practice. When you indicated that you can be motivated if all nurses can do all the activities together, tell me how are you going to ensure that each nurse is working within his or her scope of practice and how are you going to make sure that everybody is going to be responsible to his or her acts and omission?

P4: Mmmm…., I understand, maybe what I wanted to emphasise is that we as registered professional nurses we have that responsibility to teach so we are to have more knowledge so that we can do our teaching role. Again sometime you can find that maybe all the juniors are not there we should be able to do all the activities that are to be done by them. If you can do all the activities you feel more comfortable and motivated to do your work because you have knowledge and skills of what you are doing.

P4: It is necessary that nurses understand the value of being in-serviced, for example a car cannot be driven for so many years without being serviced, and it needs to be serviced for it to be always in good condition. Same applies to us as nurses with regard to in-service training. Nurses indeed we were trained but it is important that we attend workshops and in-service training to keep us abreast with the new developments in order to continue to render quality patient care being effective. The training need to be continuous, that can motivate us and again there can be positive change in future as we will be skilled and be up to standard concerning any new developments in our profession. Training motivates us in that we render quality patient care with confidence through the acquired skills and as such we also provide the service in line with the hospital strategic objectives. Those who are reluctant to attend in-service training and workshops are to be reminded about the importance of training because when they refuse to attend such training they cripple themselves. When attending in-service training and workshops we acquire knowledge and skills and that motivates us and assists us to cope with challenges we are facing.

R: You have mentioned training as one of the factor that motivates you. Except the training, what would be other four intrinsic wishes that motivate you and the rest of staff members that can bring positive change in future?

P6: Before we proceed I just want to mention that the SANC is going to introduce Continuous Professional Development (CPD) for the nurses to accumulate points when attending workshops, seminars and in-service training for them to qualify to renew their practising licence. That is the other factor that will motivate each one of us to attend workshops and in-service training knowing that at the end of the day I am going to accumulate points unlike just to attend for gathering knowledge and skills only. Maybe the SANC have realised that the nursing profession standards are deteriorating. The SANC somehow will be motivating us to be up to date by accumulating those points and we will remain motivated and effective in our profession, that will motivates us and that will be also be very good for the future.

P5: The other factor that can bring change is that these days we have the area managers that are available in the units unlike before, that is motivating. It is also very good because there is an open door policy and you can address all the challenges pertaining patient care just in the section and get help there and there if possible. We mentioned the issue of in-service training and workshops, due to the fact that the area managers are available in the units we also think that when in house in-service training is conducted right in the units that can motivate us a lot. The change will be visible and there would be improved quality patient care and fewer complaints from the patients because the managers will assess and identify our weakness and strength in the units and in-service us to bring change. The manager will have a strategy and a tool that he or she is going to use to measure our strength and weaknesses. When we are doing our level best he or she can appreciate that so that we can keep up the performance and where there is a gap is then that arrangements of in-service can come in coupled with mentoring and coaching that can motivate us as employees for now and in future. The other factor is that motivates us a lot is having the area manager because to be managed by somebody who is observing our challenges in the clinical area he or she understand us better rather than a manager in the office who is not directly supervising patient care clinically and administratively and communication is feasible all the time.

R: Okay, you indicated that you are motivated by in-house in-service training when you gather knowledge and skills in the units. Tell me more about the in-service training, how is it going to affect you and others in future?

P3: To me the in-service training that is conducted in the units is very good and informative especially because when the programme is in place you find that each one of us participate when the other colleague is presenting or demonstrating. It is good in the sense that the involvement by all the staff members makes one to feel motivated to read and thus there is nobody who cannot enjoy being involved. We feel that this should continue to be done as it brings positive change and challenge everyone tries to present perfectly and through that we gain presentation skills.

R: What do you think are the core intrinsic and extrinsic factors for success in your work environment that could be used in the future?

P5: Involvement in decision making is one of the factors that motivate us. When we sit down with our management and discuss all the important opinions that involves rendering of quality patient care and also what pleases us for the benefit of the hospital, it motivate us and makes us to own the processes in place. Let me give an example, in the past there was no workplace forum in place, but currently we do have it, that is one of the changes that motivate us to find the organised labour unions and the executive management discussing issues regarding what could be done to improve the service in the hospital. We find it motivating because our voices are also heard when we plan together for the positive change of the hospital. The organised labour unions representatives in turn disseminate information to their members and the executive management on the other hand cascade the information to their line managers so that all staff members are informed. The relevant managers if there is any challenge that affect their section, for example are expected to come up with the improvement plan for such deviation and you find that there is a change. I hope if it could be done that way our hospital will have a good reputation in the community.

P2: While we are still deliberating on involvement in decision making you can find that the organised labour unions representative can talk to their members as to what is expected from them for example the representative encourages their members to work according to their scope of practice. They also ensure that members does not become lazy and are to exercise their responsibility to ensure that patients are receiving quality patient care and also to prevent lawsuits that might occur due to negligence. The involvement of the organised labour also reduces load from the

management side because the employees who are well informed with regard to their responsibilities act accordingly. They act as advised by their organised labour having the understanding that their unions when they go wrong will not protect them from such misconduct because they were informed by their union representatives.

The other factor that motivates us is the Batho-pele principles like for instance transparency, because it assists both nurses and the patients. When we receive patients, as nurses it is our duty to inform them about the processes that are taking place in the hospital and again we also inform them about their rights and responsibilities. That makes them to understand the hospital situation and to know their expectations from us. As nurses we render quality patient care being conscious that the patients know their rights. This also makes us to work diligently each day being responsible and accountable for our acts and omissions because we will be held accountable in whatever we were doing when rendering patient care. Again because there is transparency the patient are informed that it is their responsibility to give some compliments when they have received quality care and they can also complain when they have received poor patient care through questionnaires. Through feedback from the manager the moment we receive such feedback we are able to change a negative attitude and maintain positive attitude where patients commended us. The complaints assists the hospital management through quality manager to reprimand the employees and that results in positive change in our hospital because the nurses who were involved in such bad behaviour are going to be reprimanded and again it gives an opportunity to be in line with the objectives of the hospital. When we render quality patient care we also find that managers do support us and that motivates and makes us to continue to do our work if the matter is handled accordingly to its merit when the management has taken the resolution from both parties without discrimination.

R: You have indicated feedback as another factor that motivates you. Could you elaborate more about it as to how can that bring positive change in future?

P3: Concerning feedback as it was indicated by my colleague it could be given in general and is good but sometimes it is necessary that feedback be given on an individual basis for the positive change to take place. Effective feedback could change a negative behaviour if a nurse that is affected could be talked to for him or

her to rectify the mistake one has committed and that could bring a real positive change for that particular person involved unlike just to generalise it. One may not take action to change because it was not direct feedback. I think be it a negative or a positive aspect, the negative feedback that is given in a spirit of support and also to teach a person to change from being negative to positive it motivate me. And that is going to be a lesson learned and I would not repeat the same mistake. Again the positive feedback that shows appreciation motivates us as employees and tend to excel in whatever we do and it keeps one going. Many a times you find that the supervisors are not assertive when coming to negative feedback, in most cases you find that supervisors are afraid of confronting or to speak direct especially if it is a negative feedback to their employees. They tend to generalise it. I think if the manager could have a direct reprimand to the employee involved in such matter it could bring a positive change. And you would find that employees are motivated because there will be fair treatment to all of us.

R: You have stated communication as another factor. Tell me more about communication, what positive changes could it bring in future that can motivate you and other staff members?

P1: The other factor that can play a role that I can indicate is that we are to be involved in decision making. When there are scheduled meetings to be held it is essential that the inputs are to be asked from us nurses in the grassroots for the agenda to be discussed, that motivates us. Whatever change that is going to be there we know that our inputs form part of the decision that was taken. This makes us to render quality patient care willingly and being fulfilled about what is going on, unlike if we are to implement the decision that are to be imposed without our decision. We hope that the system could be in such a way that we have a participative management for us to stay motivated in all spheres of our work. Meaning that being involved in decision making it motivates us as nurses and we feel proud to own the process.

R: What about the other members of the group? Tell me more about being involved in decision making, how can that be done to bring a positive change in your hospital in the next four years?

P5: These days due to democracy employees understand their organised labour rather than their managers. It means that when there is any burning issues that was discussed during workplace forum, the organised labour representatives could organise a meeting for their union members and disseminate information and also to encourage them to give their inputs with regard to the matter to be resolved. This assists to bring change because there will be no more caucus if the union representatives have given the information to their members when they have reached their agreement. The importance of effective communication could also be encouraged as that forms an effective weapon that could be used between the employer and the employees. It is essential that effective communication be a factor that when the organised labour represent their members they could address whatever information from the workplace forum in a positive manner in order to bring a positive change and that could also motivate their members to bring positive change.

R: Okay, you stated that the organised labour representatives are being involved in decision making and in return they are supposed to disseminate or give feedback to their members. What are the other factors that could bring positive change in your hospital.

P6: The other factor that can bring positive change in our hospital is the good human relationship between the managers and the supervisees; they must respect and understand each other that can bring change. It is necessary that the supervisees respect their supervisors because the moment the nurses do not have respect there will be no positive change in the hospital. It is also important that the supervisor or supervisors have respect towards each other and that motivates us. The organised labour is to address their members concerning good interpersonal relations to improve quality patient care. Good relations building can bring change, it is easy to give resort in the units and it motivates everybody to be at work in such a way that if the supervisors are off duty they will enjoy to come back to work. And that will prevail in the environment that is positive because it motivates everybody and enjoy the company of people whom he or she works with. Respect is essential despite of the age group, when the supervisor is in position supervisees need to respect him or her

despite whether the supervisor is younger than them, that keeps respect and good interpersonal relationship at all times.

P2: To add on the issue of good interpersonal relations, when there is no good interpersonal relation the manager sometimes cannot reprimand or correct the employee who is not doing his or her work. When there is good interpersonal relations it is going to be easy to correct what is not going well and even though supervisee is not being corrected he or she may takes it on a positive note and feel motivated that my manager is taking care that is why he or she is correcting me so that I can do things correctly, That is motivating and I think all of us feel motivated to work where there is good interpersonal relations. Where there is good interpersonal relations people give inputs freely for the benefit of the hospital. Then it is necessary that workshops be conducted to educate the employees on customer care and also to support in the form of coaching and mentoring of nurses that could bring change in our hospital. The other thing is that good interpersonal relations is two way, the managers are to respect the supervisees and the supervisees are to respect the manager. Love can bring visible good interpersonal relations; where there is love people can understand each other.

R: What are the core factors that can motivate you and others that can bring a positive change in the hospital?

P1: The other factor is that in case I am called to come while I am off duty we are not supposed to be paid by hours. Maybe if we are given money is something that could motivate one to come to work in case there is a shortage. .

P2: The other factor that can motivate us is having enough staff. You can find that those who are on duty will become tired then due to tiredness nurses start to take unnecessary sick leave because of poor working conditions. The other factor that can motivate us is to have adequate resources that can make us to render quality patient care effectively. Unavailability of resources compels us not to do the procedures correctly for example, due to shortage of resources like soap and paper towels sterility is no longer there, it is not easy to do aseptic technique without resources, that de-motivate us and also our morale becomes low when there are no resources. By the time we receive e.g equipment and pharmaceutical items we will

be used to shortcuts, for example there is a shortage of bandages, but to be motivated I need crepe bandages that I can use to dress wounds and feel that I have done my job perfectly without compromise.

R: What do you think are the most core intrinsic factors for success in your work environment that could be used in the future?

P2: The other factor that motivates me is that I am working around where I stay. I come to work in the morning from my house after that I knock off and drive home. That is good of me and again I am not exposed to the crime area, where I am working the environment is not a crime area, I feel protected and that motivates me.

R: Let us proceed: from the rest of the group, what are the other core intrinsic factors that could be used to bring positive changes in future.

P3: When you have passion and knowledge for your job it is very good because you could also motivate your colleagues. When I am assigned to be responsible in a unit it also motivates me to supervise my supervisees with confidence because of the knowledge and skills I have acquired. But without knowledge you find that in most instances time will elapse without tangible activities done. In case I am knowledgeable I also do my work being responsible of my acts and omissions because I will be accountable for everything that is going on in the section. That makes work to be light even though there is a shortage. Having responsibility is one factor that improves quality patient care; you find that we do the activities being motivated without being pushed by someone else.

R: You stated that education brings knowledge and skills, could you please elaborate how that could motivate you in future.

P5: Knowledge and skills motivates us in that when we are knowledgeable whatever we do, we do it in a smart way being proud that we just gave out our expertise pertaining to the task we want to accomplish. That alone makes me feel comfortable and motivating due to the knowledge and skills we have. For example when I come across the women having a shoulder dystocia I manage to bring about positive results. I become so motivated, because the more I portray my skills the rest of the staff will also learn more through that procedure and the other thing, we are so

unlucky in rural hospitals because there is shortage of doctors. You find that in rural hospitals most of the staff are trained in different specialities for example primary health care nurses, oncology, advanced midwives, trauma, orthopaedic, theatre paediatric, ophthalmic, intensive care and advanced psychiatric. In many instances we work without doctors, managing patients in the absence of doctors in the units. You find that we report to doctor who is on call or in theatre when there is a need. That motivates us because we can manage the patients even to perform procedures that nurses in urban area cannot perform. Even when I am off duty when I think about procedures I am doing I feel proud and I have job satisfaction and I tell myself that I can do the job perfectly and that makes me not want to work in urban areas because I am not going to be active like this. My response was that I do not want an unchallenging job; I want a job that is challenging. I do not want to feed and do position changing. I want to work in a way that I have job satisfaction. A challenging job is one of the things that keep me going because I become pleased when I do work that is challenging. If we receive a dehydrated child I do not wait for the doctor to insert the drip, I do not wait for the doctor to come for withdrawal of blood. For example nurses who are working in casualty when they receive a patient with hypoglycaemia they know what is expected to be done for the patient. When the doctor arrives he will find that the patient was already assisted whereas, in urban areas you would find that I would not be as active as I am. I will firstly wait for the doctor because there is no shortage of doctors. Even the simple things that they can do, you find that they call doctors to do it. Then it is not so good because the knowledge and skills acquired during training. Nurses turn to forget that due to lack of practice.

R: You indicated that you need to do challenging tasks because it motivates you. How could the challenging tasks be maintained so that it could motivate others in the next four year?

P5: I understand that this is from within the person himself or herself; a nurse has to have passion for the job, not to be a salary nurse. Let it be from inside, for example there are pastors whom you can see from a distance that that person is suitable for their job. So as a nurse, nursing is supposed to be something from within a person, asking questions like, why am I a nurse? Why am I supposed to work with sick

people? The motivation must be from within not from the outside. Telling myself that I need to do bedside nursing, that is the factor that needs to drive us. So in future new nurses on training must find the people who are already in the profession doing our work with passion for their job by being role models because the nurses learn when they are so relaxed. Instead of them doing the procedure correctly like for instance when he or she needs to perform dusting you find that I tell them that no it is not your duty. The learners that we are supervising must learn from us. And that can motivate them to do their job perfectly.

R: What are the rest of the group member's opinion with regard to role modelling and responsibility that is coupled with a challenging job?

P5: The other factor that is essential is training of staff members to ensure that we are not suppose to relax and wait for the doctors. Let's say we are working in Antenatal unit when we receive a patient from emergency service officers we know what is expected of us. We take blood according to the protocol and the moment the doctor arrives he will find that even the results are back from the laboratory. The rest of the staff members will be monitoring the patient's vital signs, doing urine tests and so on. The action that is being taken before the doctor arrives by the professional nurse make the supervisees to learn as to how they are supposed to do their work because the professional nurses would be acting as a role model. And on the other hand while he or she is coaching them they end up gathering knowledge with regard to rendering quality service for patients with different conditions in pregnancy. That ability to act as a role model makes nurses to learn.

R: Is there any intrinsic factors that you could add that motivates you and other staff member?

P4: The other factor is that we are to educate or train our nurses to correlate theory into practice. As professional nurses we are to refrain to do shorts cuts because that makes our profession to lose its value. When there is a leaner nurse in a unit let him or her admires me seeing that I am managing an emergency patient with competence in the absence of a doctor. When we render quality patient care effectively you can find that the nurse learner will also admire the skills and be motivated to be like us. Some of us came to the nursing profession because we

admired nurses in their uniform and the manner they walked. I use to go to the spot where there was a nurse who used to pass through that route just to watch her passing by. The way she behaved made me to admire to be a nurse and indeed I followed her foot steps as my role model.

P3: Currently nurses somehow looks tired maybe we are also the culprits because when there is an emergency we no longer differentiate an emergency from non emergency. When there is an emergency if we can consider it as an emergency and act accordingly I think that can bring change and motivate the nurse learners to do likewise. Maybe the other contributory factor that is making us to relax is the poor working conditions whereby you find that there is lack of equipment and pharmaceutical items, we end up not doing procedures the way we should coupled with shortage of staff. When we are supported with all necessary resources that could boosts our morale and make sure that we render quality patient care. Availability of resources can motivate us because we are trying our level best with few or little resources we have.

P2: I can put it in this way, if you have a plan for your house you will need that the constructor or the builder to build it according to the plan. Then the inspector will come and inspect so it means that we should not forget that we also need to train the nurse leaner like the builder who is building the house considering the plan of that particular house. At the end of training the learner must be a real responsible nurse. Some of the professional nurses are not good role models, they are not training the leaner nurses appropriately. What I can say is that the house could be built but during inspection you can find that what was done was not according to the plan.

R: You have mentioned that you need to be a good role model. Tell me how are you going to practice that for the maintenance of motivation in your hospital in future?

P4: The other factor that is of value is that we as professional nurses we should be the first agents of change and by doing that the rest of staff will follow our footsteps. Let it be a standard that if so and so is around we cannot relax, for us to enjoy our work and keep on motivated we are not to be pushed to do our work. We are to make sure that all what is expected of us is done because we love our job. What is so painful is that when the manager checks the patients files the treatment is not

given, patients are not fed, vital signs are not monitored but you find that we are seated with incomplete records. When you try to figure out as to why we are on duty whereas we are failing to render the service we are expected to render. It is important that we as professional nurses are delegated duties and be supervised, then there will be change in our working environment and that can motivate us to continue to render quality patient care having every nurse responsible with his or her tasks.

P5: When there is delegation the entire task will be accomplished and it is easy to check whether the delegated tasks were done. If there is any task that was not performed as a professional nurse you are responsible for ensuring that the work is done by the nurse concerned has by making a follow up and supervision. The following day he or she will do the task correctly and in time, because if someone fail to accomplish the task and I did not reprimand him or her and instead I do it on his or her behalf then I will fail her because in the long run I cannot cope to do every tasks that are unattended.

R: Thank you for the participation.

In case you want to contact me in connection with the study my contact number is 072 4823 404 or else you can also use extension number 4307.

NOMINAL GROUP TECHNIQUE RESULTS (NGT)

The factors below were the results of both Phase 1 and Phase 2 in which the NGT was used to elicit ideas from the six groups to reach consensus.

Each factor was identified with a letter and then written in numbers for ranking purpose as shown below.

Table 6.1 denotes the intrinsic factors to be ranked.

ALPHABET	INTRINSIC FACTORS	NO
A	The need to achieve professional growth	1
B	Sense of responsibility	2
C	Need to teach others	3

Table 6.2 shows the extrinsic factors to be ranked.

ALPHABET	EXTRINSIC FACTORS	NO
A	Recognition for good work	1
B	Effective communication	2
C	Positive feedback	3
D	Adequate technical supervision	4
E	Interpersonal relations	5
F	Salary and other benefits	6
G	Rewards	7
H	Involvement in decision making	8

I	Need for personal security	9
J	Working conditions	10

The process to generate the ideas was presented by the moderator to the group who posed the question in a written form and read the question to the group.

The following question was asked:

From the intrinsic and extrinsic factors that you have mentioned, list those that work well for you. Start with the most important to the least that motivate you in your hospital.

Each group member ranked the options by writing a number denoting the ranked option next to the letter identifying the option. The most important option was assigned the highest number down to the least.

Tables 6.3 up to 6.14 represent the groups that took part in reaching consensus for both the intrinsic and extrinsic factors. The names used were fictitious to ensure anonymity

Group 1 ranking

Table 6.3: Intrinsic factors

Intrinsic factors	**James**	**Sally**	**Jan**	**Mercy**	**Emma**	**Joyce**	**Total**	**Priority**
A	3	3	3	3	3	3	18	1
B	2	1	3	1	3	2	12	3
C	3	3	3	3	1	2	15	2

Group 1: Intrinsic factors NGT:

A -The need to achieve professional growth

C -Need to teach others

B - Need for responsibility

In Table 6.3 the intrinsic factors were ranked by group 1 as follows:

The need to achieve professional growth was ranked number 1 with a total score of 18 (40%).

The need to teach others was ranked number 2 with a total score of 15 (26.67%).

Sense of responsibility was ranked number 3 with a total score of 12 (33.33%).

Group 1 ranking

Table 6.4: Extrinsic factors

Extrinsic factors	**James**	**Sally**	**Jan**	**Mercy**	**Emma**	**Joyce**	**Total**	**Priority**
A	9	9	9	10	9	8	54	2
B	8	8	6	2	8	7	39	7
C	7	7	8	6	8	6	42	6
D	5	9	5	10	9	5	43	5
E	10	5	1	5	6	8	35	10
F	10	10	10	9	10	7	56	1
G	6	6	10	3	4	9	38	8
H	10	7	6	9	10	9	51	4
I	4	5	7	7	6	8	37	9
J	10	10	10	7	5	10	52	3

Group 1 extrinsic factors NGT prioritisation:

F- Salary and other benefits

A- Recognition for good work

J- Working conditions

H- Need to be involved in decision making

D- Adequate technical supervision

C- Positive feedback

B- Effective communication

G- Rewards

I-Need for personal security

E- Interpersonal relations

In Table 7.4 the extrinsic factors were ranked by group 1 as follows:

Salary and other benefits were ranked number 1 with a total score of 56 (12.53%).

Recognition for good work was ranked number 2 with a total score of 54 (12.08%).

Working conditions were ranked number 3 with total score of 52 (11.63%).

Need to be involved in decision making was ranked 4 with the total score of 51 (11.41%).

Adequate technical supervision was ranked number 5 with a total score of 43 (9.62%).

Positive feedback was ranked number 6 with a total score of 42 (9.40%).

Effective communication was ranked number 7 with a total score of 39 (8.72%).

A reward was ranked number 8 with a total score of 38 (8.50%).

Need for personal security was ranked number 9 with a total score of 37 (8.28%).

Interpersonal relations were ranked number 10 with a total score of 35 (7.83%)

Group 2 Ranking

Table 6.5: Intrinsic factors

Intrinsic factors	Sue	Alyn	Sarah	Maggie	Pop	Sarah	Total	Priority
A	2	3	3	3	3	2	16	1
B	3	2	1	2	2	2	12	3
C	3	3	2	2	2	1	13	2

Group 2 intrinsic factors NGT prioritisation

A - The need to achieve professional growth

B- Sense of responsibility

C- Need to teach others

In Table 6.5 the intrinsic factors were ranked by group 2 as follows:

The need to achieve professional growth was ranked number 1 with a total score of 16 (39.02%).

Need to teach others was ranked number 2 with a total score of 13 (31.71%).

Sense of responsibility was ranked number 3 with a total score of 12 (29.27%

Group 2 ranking

Table 6.6: Extrinsic factors

Extrinsic factors	Sue	Alyn	Sarah	Maggie	Pop	Sarah	Total	Priority
A	8	3	10	8	9	10	48	3
B	10	9	9	9	8	7	52	2

C	4	9	8	5	10	6	42	7
D	10	8	9	3	10	5	45	5
E	9	9	7	7	10	6	48	3
F	9	9	5	9	9	5	46	4
G	4	5	6	6	3	5	29	9
H	10	6	8	8	6	6	44	6
I	2	6	6	12	2	7	35	8
J	10	10	9	9	8	10	56	1

Group 2 extrinsic factors NGT prioritisation

J- Working conditions

B- Effective communication

A- Recognition for good work

E- Interpersonal relations

F- Salary and other benefits

D - Adequate technical supervision

H - Need to be involved in decision making

C- Positive feedback

I- Need for personal security

G- Rewards

In Table 6.6 the extrinsic factors were ranked by group 2 as follows:

Working conditions was ranked number 1 with a total score of 56 (12.58%).

Effective communication was ranked number 2 with a total score of 52 (11.69%).

Recognition for good work was ranked number 3 with a total score of 48 (10.79%).

Interpersonal relations were ranked number 3 with a total score of 48 (10.79%).

Salary and other benefits were ranked number 5 with a total score of 46 (10.34%).

Adequate technical supervision and salary and other benefits were ranked number 6 with a total score of 45 (10.11%).

Need to be involved in decision making was ranked number 7 with a total score of 44 (9.88%).

Positive feedback was ranked number 8 with a total score of 42 (9.43%).

Need for personal security was ranked number 9 with a total score of 35 (7.87%).

Rewards were ranked number 10 with a total score of 29 (6.52%).

Group 3 Ranking

Table 6.7: Intrinsic factors

Intrinsic factors	**Grace**	**Merry**	**Thomas**	**Joyce**	**Ella**	**Ivy**	**Total**	**Priority**
A	3	3	3	3	3	3	18	1
B	1	3	3	3	2	1	13	2
C	3	3	1	1	2	2	12	3

Group 3 extrinsic factors NGT prioritisation

A- The need to achieve professional growth

B- Sense of responsibility

C- Need to teach others

In Table 6.7 the intrinsic factors were ranked by group 3 as follows:

The need to achieve professional growth was ranked number 1 with a total score of 18 (41.86%).

Sense of responsibility was ranked number 2 with a total score of 13 (30.23%).

Need to teach others was ranked number 3 with a total score of 12 (27.91%).

Group 3 ranking

Table 6.8: Extrinsic factors

Extrinsic factors	**Grace**	**Merry**	**Thomas**	**Joyce**	**Ella**	**Ivy**	**Total**	**Priority**
A	10	10	10	5	9	7	51	2
B	7	6	7	4	7	7	38	7
C	10	9	8	10	10	6	53	1
D	9	8	10	3	8	5	43	6
E	6	10	9	10	5	7	47	3
F	10	7	9	8	6	4	44	5
G	10	4	5	9	10	7	45	4
H	3	9	5	7	8	6	38	7
I	2	2	4	6	4	5	23	8
J	5	7	10	8	3	10	43	6

Group 3 extrinsic factors NGT prioritisation

C- Positive feedback

A- Recognition for good work

E-Interpersonal relations

G- Rewards

F- Salary and other benefits

J- Working conditions

D- Adequate technical supervision

B- Effective communication

H - Need to be involved in decision making

I-Need for personal security

In Table 6.8 the extrinsic factors were ranked by group 3 as follows:

Positive feedback ranked number 1 with a total score of 53 (12.47%).

Recognition for good work was ranked number 2 with a total score of 51 (12%).

Interpersonal relations were ranked number 3 with a total score of 47 (11.06%).

Rewards were ranked number 4 with a total score of 45 (10.59%).

Salary and other benefits were ranked number 5 with a total score of 44 (10.35%).

Working conditions were ranked number 6 with a total score of 43 (10.12%).

Adequate technical supervision was ranked number 6 with a total score of 43 (10.12%).

Effective communication was ranked number 7 with a total score of 38 (8.94%).

Need to be involved in decision making was ranked number 8 with the total score of 38 (8.94%).

Need for personal security was ranked number 9 with a total score of 23 (5.41%).

Group 4 ranking

Table 6.9: Intrinsic factors

Intrinsic factors	Robert	Shirley	Joshua	David	Noah	Grace	Total	Priority
A	3	2	2	3	2	3	15	1
B	2	1	3	3	2	3	14	2
C	3	1	3	2	2	1	12	3

Nominal group 4 prioritisation

A - The need to achieve professional growth

B - Sense of responsibility

C - Need to teach others

In Table 6.9 the intrinsic factors were ranked by group 4 as follows:

The need to achieve professional growth was ranked number 1 with a total score of 15 (36.58%).

Sense of responsibility was ranked number 2 with a total score of 14 (34.15%).

The need to teach others was also ranked number 3 with a total score of 12 (29.27%).

Group 4 ranking

Table 6.10: Extrinsic factors

Extrinsic factors	Robert	Shirley	Joshua	David	Noah	Grace	Total	Priority
A	10	8	7	9	7	8	49	2
B	8	4	6	6	10	9	43	5
C	10	10	8	7	8	7	50	1
D	10	7	9	8	5	6	45	3
E	5	8	10	10	4	7	44	4
F	5	8	9	3	10	6	41	7
G	7	9	10	5	6	8	45	3
H	10	3	7	8	1	4	33	8
I	7	2	10	5	3	6	33	8
J	9	6	3	6	8	10	42	6

Nominal group 4 prioritisation

C- Positive feedback

A- Recognition for good work

D- Adequate technical supervision

G- Rewards

E- Interpersonal relations

B- Effective communication

J- Working conditions

F- Salary and other benefits

H- Need to be involved in decision making

I- Need for personal security

In Table 6.10 the extrinsic factors were ranked by group 4 as follows:

Positive feedback was ranked number 1 with a total score of 50 (11.76%).

Recognition for good work was ranked number 2 with a total score of 40 (11.53%).

Adequate technical supervision was ranked number 3 with a total score of 45 (10.59%).

Rewards were also ranked number 3 with a total score of 45 (10.59%).

Interpersonal relations were ranked number 4 with a total score of 44 (10.35%).

Effective communication was ranked number 5 with a total score of 41 (10.12%).

Working conditions were ranked number 6 with a total score of 42 (9.89%).

Salary and other benefits were ranked number 7 with a total score of 39 (9.65%).

The need to be involved in decision making was ranked number 8 with a total score of 33 (7.76%).

The need for personal security was also ranked number 8 with a total score of 33 (7.76%).

Group 5 ranking

Table 6.11: Intrinsic factors

Intrinsic	Jane	Joan	James	Ruth	Maggie	Dinah	Total	Priority

factors								
A	3	2	3	3	1	1	13	2
B	2	2	1	3	1	1	10	3
C	3	3	3	1	2	2	14	1

Nominal group 5 prioritisation

C- Need to teach others

A- Need to achieve professional growth

B - Sense of responsibility

In Table 6.11 the intrinsic factors were ranked by group 5 as follows:

The need to teach others was ranked number 1 with a total score of 14 (37.84%).

The need to achieve professional growth was ranked number 2 with a total score of 13 (35.14%).

Sense of responsibility was ranked number 3 with a total score of 10 (27.02%).

Group 5 ranking

Table 6.12: Extrinsic factors

Extrinsic factors	Jane	Joan	James	Ruth	Maggie	Dinah	Total	Priority
A	10	8	7	9	10	10	54	1
B	9	4	5	6	8	9	41	6
C	7	10	9	5	10	7	48	3
D	8	2	4	4	8	6	32	8

E	4	3	10	7	10	8	42	5
F	10	5	10	7	10	9	51	2
G	6	9	8	9	7	8	47	4
H	2	8	3	2	5	6	26	9
I	10	10	4	1	9	8	42	5
J	3	6	8	10	9	4	40	7

Nominal group 5 prioritisation

A- Recognition for good work

F- Salary and other benefits

C- Positive feedback

G- Rewards

I-Need for personal security

E- Interpersonal relations

B- Effective communication

J-Working conditions

D- Adequate technical supervision

H - Need to be involved in decision

In Table 6.12 the extrinsic factors were ranked by group 5 as follows:

Recognition for good work was ranked number 1 with a total score of 54 (12.77%).

Salary and other benefits were ranked number 2 with a total score of 51 (12.05%).

Positive feedback was ranked number 3 with a total score of 48 (11.35%).

Rewards were ranked number 4 with a total score of 47 (11.11%).

The need for personal security was ranked number 5 with a total score of 42 (9.93%).

Interpersonal relations were also ranked number 5 with a total score of 42 (9.93%).

Effective communication was ranked number 6 with a total score of 41 (9.69%).

Working conditions were ranked number 7 with a total score of 40 (9.46%).

Adequate technical supervision was ranked number 8 with a total score of 32 (7.56%).

The need to be involved in decision making was ranked number 9 with a total score of 26 (6.15%).

Group 6 ranking

Table 6.13: Intrinsic factors

Intrinsic factors	**Jane**	**Joan**	**James**	**Ruth**	**Naomi**	**Hilda**	**Total**	**Priority**
A	2	3	3	3	3	3	17	1
B	3	3	3	1	2	1	13	3
C	2	2	3	3	3	3	16	2

Nominal group 6 prioritisation

A- The need to achieve professional growth

C - Need to teach others

B- Sense of responsibility

In Table 6.13 the intrinsic factors were ranked by group 6 as follows:

The need to achieve professional growth was ranked number 1 with a total score of 17 (36.96%).

The need to teach others was ranked number 2 with a total score of 16 (34.78%).

Sense of responsibility was ranked number 3 with a total score of 13 (28.26%).

Group 6 ranking

Table 6.14: Extrinsic factors

Extrinsic factors	Soul	Mavis	Ivy	Peggy	Gladys	Hilda	Total	Priority
A	10	10	10	10	10	9	59	1
B	10	5	4	3	6	8	36	9
C	10	10	10	10	7	9	56	2
D	10	6	10	9	5	7	47	5
E	8	9	9	8	4	10	48	4
F	5	10	7	10	10	9	51	3
G	7	8	5	6	3	8	37	8
H	6	7	8	5	10	10	46	6
I	2	4	2	2	3	7	20	10
J	4	3	10	4	10	10	41	7

Nominal group 6 prioritisation

A- Recognition for good work

C- Positive feedback

F- Salary and other benefits

E- Interpersonal relations

D - Adequate technical supervision

H - Need to be involved in decision making

J- Working conditions

B- Effective communication

G- Rewards

I-Need for personal security

In Table 6.14 the extrinsic factors were ranked by group 6 as follows:

Recognition for good work was ranked number 1 with a total score of 59 (13.38%).

Positive feedback was ranked number 2 with a total score of 56 (12.70%).

Salary and other benefits were ranked number 3 with a total score of 51 (11.56%).

Interpersonal relations were ranked number 4 with a total score of 48 (10.88%).

Adequate technical supervision was ranked number 5 with a total score of 47 (10.66%).

The need to be involved in decision making was ranked number 6 with a total score of 46 (10.43%).

Working conditions were also ranked number 7 with a total score of 41 (9.30%).

Rewards were ranked number 8 with a total score of 37 (8.39%).

Effective communication was ranked number 9 with a total score of 36 (8.16%).

The need for personal security was ranked number 10 with a total score of 20 (4.54%).

The final ranking for intrinsic factors for all the groups was as follows:

Table 6.15: Intrinsic factors by all groups

Intrinsic factors	Group 1	Group 2	Group 3	Group 4	Group 5	group 6	Total	Priority
A	18	16	18	15	13	17	97	1
B	12	12	13	14	10	13	74	3
C	15	13	12	12	14	16	82	2

Final nominal group 6 prioritisation

A- The need to achieve professional growth

C- Need to teach others

B- Sense of responsibility

After ranking by all the groups, the researcher combined the rankings for all the groups by adding the rank scores of each option in a table. The option with the highest score was considered to be the most important option per group consensus. Table 6.15 of the intrinsic factors and Table 6.16 of extrinsic factors show the outputs of a complete NGT cycle for the given participants. The participants used the NGT to reach consensus on the most important factors that motivate them to the least. Results and discussions are presented below in Figures 6.1 to 6.4 with intrinsic and extrinsic factors.

Results

According to the findings the need to achieve professional growth was ranked number 1 with a total score of 97 (38.34%). The participants indicated the need for an education and training strategy to gain more knowledge and skills; to learn about new developments so that they could render quality patient care with competency and confidence. The researcher is of the opinion that nurses should be accommodated better in this context with regard to their professional development to improve quality patient care. The following strategies to facilitate the motivation of nurses rendering quality patient care were developed:

The need to teach others was ranked number 2 with a total score of 82 (32.41%). The findings showed that teaching others motivate them because they share their knowledge. This knowledge sharing does not need to be forced but the nurses' interest in sharing knowledge should be acknowledged and accommodated; if not, it could become a burden. The findings revealed that there are nurses who enjoy transferring knowledge to others and do not wait to be allocated by their managers to teach others. When they feel that the manager has trust in them, they feel more motivated to teach. The researcher recommends the following strategies:

The need for responsibility was ranked number 3 with a total score of 74 (29.25%). The findings revealed that nurses want to be given responsibility for activities undertaken to own the processes. They feel more motivated when they are responsible for planning the patient's care. The following strategies were recommended for the nurses to sustain their responsibility to stay motivated when rendering quality patient care:

Figure 6.1: Numerical intrinsic factors

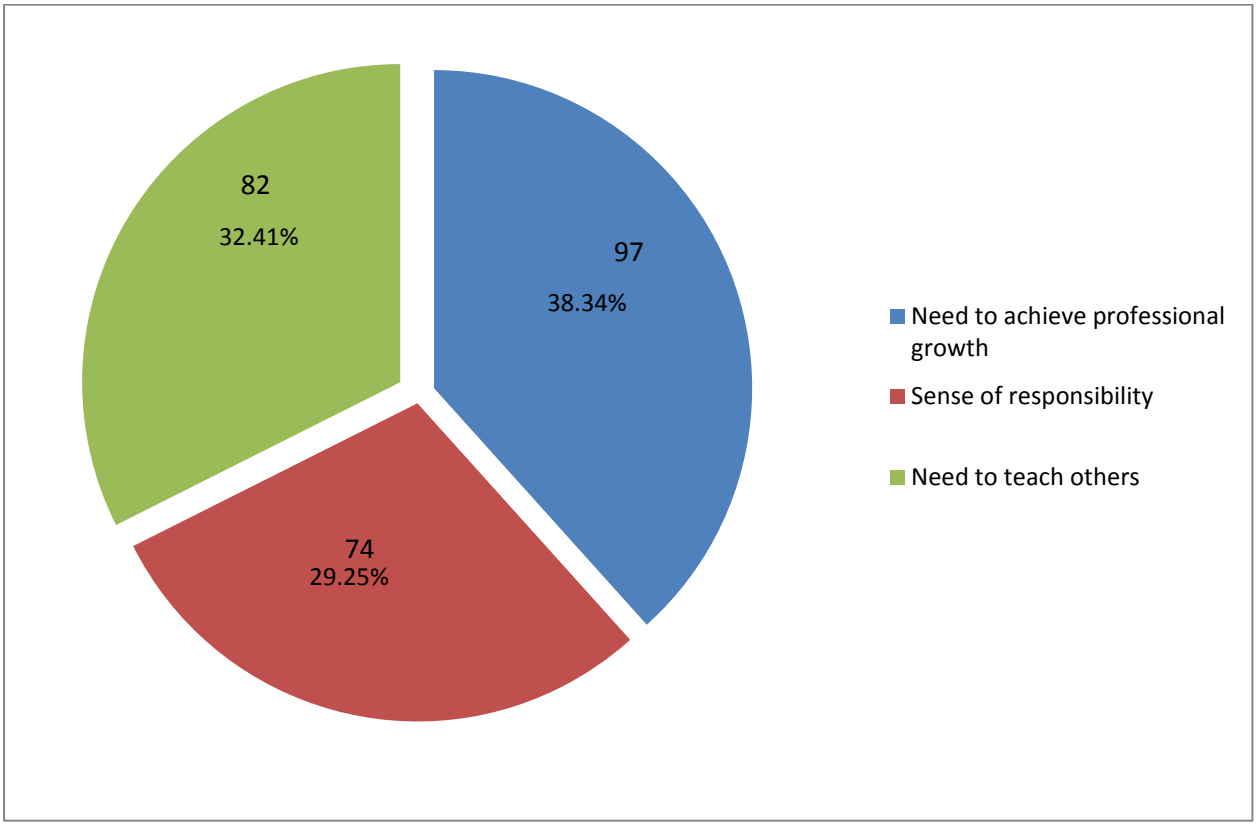


Table 6: 16: Final ranking for extrinsic factors for all the groups were:

Extrinsic factors	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Total	Priority
A	54	48	51	49	54	59	315	1
B	39	52	38	43	41	36	249	7
C	42	42	53	50	48	56	291	2
D	43	45	43	45	32	47	255	6
E	35	48	47	44	42	48	264	5
F	56	46	44	41	51	51	289	3

G	38	29	45	45	47	37	241	8
H	51	44	38	33	26	46	238	9
I	37	35	23	33	42	20	190	10
J	52	56	43	42	40	41	274	4

Final nominal group 6 prioritisation

Extrinsic factors:

A- Recognition for good work

C- Positive feedback

F- Salary and other benefits

J- Working conditions

E- Interpersonal relations

D- Adequate technical supervision

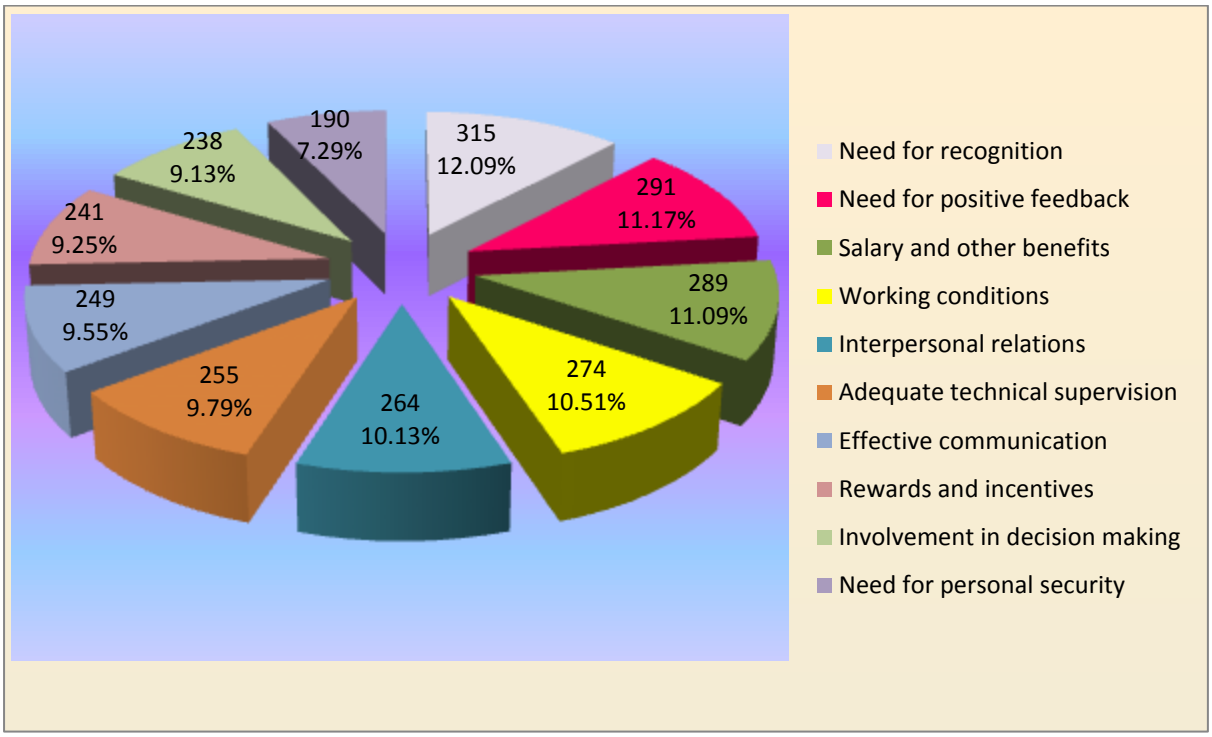
B- Effective communication

G- Rewards

H- Involvement in decision making

I-Need for personal security

Figure 7.2: Numerical extrinsic factors



ADDENDUM J: EDITORS REPORT

Suzette M. Swart

FULL MEMBER: Professional Editors' Group

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1 June 2014

TO WHOM IT MAY CONCERN

I, Suzette Marié Swart (ID 5211190101087), confirm that I have edited the noted PhD thesis. The accuracy of the final work is still the student's own responsibility**.**

STUDENT: ***TAKALANI RHODA LUHALIMA***

TITLE: ***DEVELOPING STRATEGIES TO FACILITATE THE MOTIVATION OF NURSES RENDERING QUALITY PATIENT CAREINRURAL HOSPITALS: AN APPRECIATIVE INQUIRY***

The edit included the following:

- Spelling
- Vocabulary
- Punctuation
- Grammar (tenses; pronoun matches; word choice etc.)
- Consistency in terminology, italisation etc.
- Sentence construction
- Suggestions for text with unclear meaning
- Logic, relevance, clarity, consistency
- Checking reference list against in-text sources

Thank you

Suzette M Swart (not signed – sent electronically)
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ABSTRACT

DEVELOPING STRATEGIES TO FACILITATE THE MOTIVATION OF NURSES RENDERING QUALITY PATIENT CARE IN RURAL HOSPITALS: AN APPRECIATIVE INQUIRY APPROACH

STUDENT: Takalani Rhoda Luhalima

DEGREE: PhD

PROMOTER: Prof. FM Mulaudzi

CO-PROMOTER: Prof. DR Phetlhu

Background and objectives: The purpose of the study was to develop strategies to facilitate nurses' motivation for rendering quality patient care in a rural hospital using an Appreciative Inquiry approach. The objectives of the study were to determine the positive aspects that the nurses value about the work environment, the nursing profession and their organisation and to develop strategies to facilitate nurses' motivation to render quality patient care in rural hospitals. The strategies that were developed may be used to motivate nurses in rural hospitals or be used by nurse managers and supervisors in similar poorly resourced rural hospitals in developing countries.

Methods: An Appreciative Inquiry approach with a qualitative, exploratory, descriptive research design was used. Data were collected through individual semi-structured interviews and focus groups. Twenty participants were interviewed. The researcher employed Marshall and Rossman's model and that of Tesch to analyse the data. The principles of Guba and Lincoln were used to ensure the trustworthiness; credibility; transferability, dependability, conformability and authenticity of the findings.

Results: The findings revealed that factors that motivated nurses were effective feedback about their performance and for them to be involved in decision making.

Conclusions: The strategies to facilitate motivation of nurses were intended for use by all managers in rural hospitals. They would also be useful to motivate nurses in similar poorly resourced rural hospitals in developing countries.

KEY WORDS: Motivation strategies, nurses, rural hospital