© Kamla-Raj 2015

J Hum Ecol, 51(1,2): 202-207 (2015)

Perceived Motivating Factors towards a Positive Working **Environment in Rural Hospitals at Vhembe District in the Limpopo Province**

T.R. Luhalima¹, F.M. Mulaudzi² and D.R. Phetlhu³

^{1,2}Department of Nursing Science, University of Pretoria, South Africa E-mail: <luhalima.takalani@up.ac.za> ²Department of Nursing Science, University of Pretoria, South Africa E-mail: <mavis.mulaudzi.@up.ac.za> ³Department of Nursing, University of Western Cape, South Africa E-mail: <deli.phetlhu@uwc.ac.za>

KEYWORDS Quality Patient Care. Nurses. Maternal Health. Maternal Mortality

ABSTRACT One of the Millennium Development Goals (MDGs) is to improve maternal health with the target of reducing maternal mortality by three-quarters between 1990-2015. The rendering of quality patient care requires the whole healthcare system to be functional with well-trained, motivated staff, adequate services, equipment and skilled competent leadership. However, work environment in rural hospitals is poorly resourced, thus leading to many nurses becoming de-motivated. This paper describes the factors that the nurses would like to see in their working environment which could improve quality patient care in rural hospitals. An appreciative inquiry qualitative, exploratory, descriptive research design was used. Data were collected through focus group interviews whereby thirty six participants were interviewed. The researcher used the open coding technique to analyse data. The findings revealed that nurses are motivated by both extrinsic and intrinsic factors in their working environment.

INTRODUCTION

This paper describes motivational factors that the managers can pursue to motivate nurses to improve quality patient care in rural hospitals. Nurses working in the rural parts of South Africa render quality patient care in non-conducive work environments. Such environments prevail mostly in public health care services. Work environments in rural hospitals are poorly resourced and might lead to many nurses becoming de-motivated which can result in not achieving the envisaged targets by 2015 as stipulated in the MDG's. Appreciative inquiry was used to describe nurses' motivation thereby promoting a positive work environment for them to render quality patient care. Appreciative inquiry is a way of looking at organisational change which focuses on doing more of what is already working, rather than focusing on fixing problems. It mobilises strategic change by focusing on the core strengths of an organisation, then using those strengths to reshape the future. 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 participants in their context on what the factors were that could better facilitate their motivation to render quality patient care in rural hospitals thus enabling them to meet the MDG's.

It is necessary that the nurses' motivation be maintained on the basis of their unique characteristics. Motivation is the act or the process of encouraging an employee to take some action to perform better and reach higher goals (Opollo et al. 2014; Teck-Hong et al. 2011). Motivation is also referred to as "the outcome of the interaction between a person and a situation" (Robbins et al. 2009). 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).

The AI model involves the 5-D cycle that consists of five components, namely Definition of the affirmative topic, Discovery, Dream, Design and Destiny (Cooperrider et al. 2008; Bushe 2011). "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 et al. 2005). 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 et al. 2010).

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 (South African Human Rights Commission 2009). 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. Therefore, the researcher's interest was to explore and describe the perceptions of nurses with regard to the extrinsic and intrinsic factors that motivate them to continue working in the challenging work environment encountered in rural hospitals.

Objective

Describes the factors that the nurses would like to see in their working environment which could improve quality patient care in rural hospitals.

METHODOLOGY

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 (Bellinger and Elliott 2011; Bernardi 2009; Grobler et al. 2009; Havens et al. 2006). In this study the researcher followed a qualitative research design which was explorative, descriptive and contextual in nature using an AI approach. The research design assisted the researcher to execute the study in such a way that the trustworthiness of the findings was maximised.

This qualitative study was done in three phases using the 5-D cycle AI. In Phase 1 dis-

covery stage, 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. The dream stage was naturally built from the discovery phase (Reed 2007). 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. In phase 3 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). 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 et al. 2004). The destiny phase which is phase 4 will be implemented by further research.

Population

In this study the population was Registered Professional Nurses, Registered Staff Nurses and RANs working in a selected rural hospital in the Vhembe district of Limpopo, one of the nine provinces in SA.

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 et al. 2009; Mouton 2004). Purposive sampling is a judgemental sampling method in which the researcher selects participants that best represent the population under the study (Polit et al. 2012; Munhall 2007; Neuman 2004).

Data Collection

Focus group interviews were conducted. Two pilot focus group interviews were conducted to evaluate the moderators' competence before the focus group interviews. The questions were guided by the dream and design stages. The researcher used AI questions to initiate transformative discussions with nurses in a rural hospital rendering quality patient care (Ber-

nardi 2009). 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. There were six groups consisting of six participants each. The focus groups focused on discussions relating to 'what might be'. The research question posed was: What are the changes that nurses would like to see in their working environment? This was to enable the participants to identify their potentials which were then used as their strengths.

This phase included the dream, design and destiny stages. 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). Data were therefore collected until no new information was obtained or when no new themes emerged (Polit et al. 2012).

Data Analysis

The researcher used Tesch's open-coding technique to analyse the data. The sense of whole was obtained; subsequently topics were listed and clustered according to similarities. Themes and categories and sub-categories were then formulated

Ethical Consideration

In order to ensure a high standard of research, ethical standards and measures are set to direct the research (Polit et al. 2008). The research proposal was reviewed by the Research Ethics Committees of the Faculty of Health Science of the University of Pretoria, Limpopo Province Department of Health and the hospital at which the research was conducted. 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 et al. 2008).

The researchers conducted this study with honesty and integrity and made sure that all ethical considerations were implemented appropriately throughout the study. 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 et al. 2008). 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 and the Nursing Service Manager and the Chief Executive officer of the selected rural hospital.

Trustworthiness

The validation of this paper 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 et al. (2015), De Vos et al. (2005), Holloway et al. (2010), Polit et al. (2008) and Yin (2009). To ensure the trustworthiness of the findings the following criteria were used: credibility, transferability, dependability, conformability and authenticity.

RESULTS AND DISCUSSION

The findings revealed that nurses were motivated by internal (intrinsic) and external (extrinsic) factors to render quality patient care in their rural hospital thus enabling them to achieve MDG's. The participants indicated the following motivating factors towards a positive working environment.

Theme 1: Involvement in Decision Making

To be involved in decision making means to freely express one's opinions and ideas (Ströh 2001). To the participants being involved in decision making was, as one participant said, characterised by "owning the processes": According to Sonfield (2005) it is required in the nursing profession that decisions have to be taken every day about patient care, their treatment and their 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-category that emerged under the category involvement in decision-making was *autonomous decision making*.

The participants considered autonomous decision making significant in motivating them. Having independence to take decisions when rendering quality patient care allowed them to learn from their mistakes; and this paved the way to better their performance and thus enhance their service delivery to the patients. 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:

"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.

Theme 2: Sense of Fulfilment

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. The participants felt inspired through the following factor noted as sub-category: making a difference in patients' 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 areas. She stated that despite the availability of free mother-and-child services, some pregnant women in rural areas still refuse to deliver their babies in the hospitals and 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 because the lives of both mothers and babies will be saved. This was illustrated by the following quote:

"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:

"I like midwifery, midwifery was one of the courses that I liked while I was still on training. After my completion as a professional nurse the section that I liked 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.

Theme 3: Sense of Responsibility

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-category emerged from the category sense of responsibility: challenging tasks.

Challenging tasks is characterised by performing difficult and interesting assignments in one's work such as doing complicated procedures (Queen 2011). 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 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:

"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."

It was indicated in the findings that participants in this study were 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 paper 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.

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.

CONCLUSION

The purpose of this paper was to portray motivating factors towards a positive working environment. This would be helpful to ensure that nurses render quality patient care and could be a solution to meeting the country's health related MDGs. The results of this research show that motivating factors could drive the participants to excel in rendering quality patient care thus meeting the MDGs. The motivational factors were without a doubt to be used by all managers in rural hospitals to facilitate the improvement of MDG's. They would also be useful to

motivate nurses in similar poorly resourced rural hospitals in developing countries to render quality patient care being motivated in a positive work environment that would improve MDGs. 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 that could facilitate the improvement of MDG's

RECOMMENDATIONS

Involving nurses in decision making gives participants the liberty to make decision regarding rendering of quality nursing care including being given an opportunity to make decisions about their work. Hence the followings are recommended:

- Allow nurses to be involved in decision making related to rendering of quality patient care.
- Engage them in plenary meetings concerning service delivery and to give inputs for the agenda for all scheduled meetings.
- Have effective employee representatives' involvement in decision making.
- Ensure that there is transparency in their rural hospital.
- Provide new nurses with information about the hospital and encouraging their involvement through mentorship to keep them well informed about hospital issues

REFERENCES

Babbie E 2015. The Practice of Social Research. 14th Edition. Wadsworth, United States of America: Cengage Learning

Bellinger A, Elliott T 2011. What Are You Looking at? The Potential of AI as are Search Approach for Social Work. British Journal of Social Work, 2011, 708-725 doi: 10.1093/ bjsw/ber 065 (Advance Accessed Publication 19 May 2011).
Bernadi L 2009. Focus on the Positive. From

<www.head-light.co.uk/new/Newslette/2009-09 March-web.htm> (Retrieved on 28 June 2012).

- Brink H 2006; Fundamentals of Research Methodology for Health Care Professionals. 2nd Edition. Cape Town: Juta and Co.
- Burns N, Grove SK 2009. The Practice of Nursing Research: Conduct, Critique and Utilization. 6th Edition. Philadelphia: Saunders
- Bushe GR 2011. Appreciative inquiry: Theory and critique. In: D Boje, B Bumes, J Hassard (Eds.): The Routledge Companion to Organizational Change. Oxford: Routledge, pp. 87-103.

- Cooperrider DL, Whitney D, Stavros JM 2008. Appreciative Inquiry Handbook for Leaders of Change, 2nd Edition. Brunswick: Crown Custom Publishing.
- De Vos AS, Strydom H, Fouce' CB, Delport CSL 2005. Research at Grass Roots: For the Social Sciences and Human Service Professions. 3rd Edition. Pretoria: Van Schaik
- Grobler H, Schenck R 2009. Person Centred Facilitation. Process, Theory and Practice. 3rd Edition. South Africa: Oxford University Press
- Havens DS, Wood MS, Leerman J 2006. Improving nursing practice and patient care, building capacity with appreciative inquiry. Journal of Nursing Administration, 36(10): 463-470.

 Herrick C, Stoneham D 2005. 'Unleashing A Positive
- Revolution in Medicine: The Power of Appreciative Inquiry', the Appreciative Inquiry Commons. Utah: Utah Medical Association Bulletin.
- Holloway I, Wheeler S 2010. Qualitative Research in Nursing and Health Care. 3rd Edition. London: Wiley-Blackwell.
- Mouton J 2004. Understanding Social Research. Pre-
- toria: van Schaik.
 Munhall PL 2007. Nursing Research: A Qualitative Perspectives. 4th Edition. Boston: Jones and Bartlett Publishers.
- Neuman WL 2004. Basics of Social Research: Qualitative and Quantitative Approaches, Boston: Pearson Education.
- Oppollo JG, Gray J, Spies LA 2014. Work related quality of life of Ugandan health care workers. *International Nursing Review*, 61:116-123.Doi1111/inr
- Polit DF, Beck CT 2008. Generating and Assessing Evidence for Nursing Practice. 8th Edition. Lippin-cott: Williams and Wilkins.
- Polit DF, Beck CT 2012. Generating and Assessing Evidence for Nursing Practice. 9th Edition. Lippincott: Williams and Wilkins.
- Potter M. Gordon S, Hammer P 2004. The nominal technique: A useful methodology in physiotherapy research. New Zealand Journal of Physiotherapy, 32(3): 126-130.
- Queen D 2011. Motivation Concepts Analysis. United States: Term Paper Warehouse.
- Reed J 2007. Appreciative Inquiry: Research Change. Thousand Oaks, California: Sage.
- Robbins SP, Judge TA, Odendaal A, Roodt G 2009. Organisational Behavior. Global and Southern Africa Perspectives. Cape Town: Pearson Education.
- Sonfield A 2005. Rights Versus Responsibility Professional Standards and Provider Refusals. The Gutter Marcher Report on Public Policy. August 2005 (8) No. Issues and Implications.
- South African Human Rights Commission Report: 2009; Public Inquiry: Access to Health Care Services, From: http://www.sanrc.org.za (Retrieved on 20 Novem-
- Teck-Hong T, Waheed A 2011, Herzberg's motivationhygiene theory and job satisfaction in the Malaysian retail sector: The mediating effect of love of money. Asian Academy of Management Journal, 16(1): 73-94.
- Whitney D, Bloom AT 2010; *The Power of Appreciative Inquiry*, *A Practical Guide to Possible Change*, Foreword by David Cooperrider 2nd Edition, Revised and Expanded
- Yin RK 2009. Case Study: Research Design and Methods. 4th Edition. California, United States of America: Thousand Oaks: Sage.