WORKPLACE FACTORS INFLUENCING PERFORMANCE OF NURSES: A CASE OF NURSES AT LABOUR WARDS IN DAR ES SALAAM REGIONAL REFERRAL HOSPITALS

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By

Theresia Joseph Setebe

A Dissertation Submitted in (partial) Fulfillment of the Requirements for the Degree of Master of Arts (Health Policy and Management) of

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CERTIFICATION

The undersigned certify that he has read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: ***"Workplace Factors influencing Performance of Nurses: A Case of Nurses at Labour Wards in Dar es Salaam Regional Referral Hospitals,"*** in (partial) fulfillment of the requirements for the Degree of Master of Arts (Health policy and Management) of the Muhimbili University of Health and Allied Sciences.

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Prof. Angwara Denis Kiwara

(Supervisor)

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Date

DECLARATION AND COPYRIGHT

I, **Theresia Joseph Setebe,** declare that, this **dissertation** is my own original work and that it has not been presented and will not be presented to any other University for the similar or any other degree award.

Signature……. **Date**.....

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DEDICATION

I dedicate this work to my lovely parents; my father the late Mr. Joseph John Msisi and Mrs. Balbina Benedict Mhode.

ABSTRACT

Background: Nurses' performance is critical because it has an immediate impact on health service delivery and ultimately on population health. Nursing and midwifery professions can transform the way health actions are organized and how health care is delivered if they are regulated and well supported. Despite rising global attention on health care delivery systems strengthening; there is a dearth of information on the reasons for inadequate nurses' performance.

Objective: The aim of this study was to assess workplace factors that influence nurses' performance working at labour wards, in Dar es Salaam regional referral hospitals.

Method: A qualitative case study design that applied descriptive approach was used to conduct this study between May and June, 2017 in Amana, Mwananyamala and Temeke regional referral hospitals. A purposive sample of 22 nurses was recruited. Data were collected through interview with key informants, by using a semi structured interview guide and recorded by audio tape, then transcribed verbatim, analyzed using qualitative content analysis.

Results: The study presented workplace factors in four categories; including availability, competence, productivity and responsiveness. Burnout, inadequate payment and irregular schedule of roster are factors influencing nurses' absenteeism. Teamwork, motivation and information and communication are factors enhancing nurses' responsiveness. Inadequate of staff, insufficient of medical supplies and drugs, poor working conditions and increased workload are factors affectng nurses' productivity. Continuous Professional Development, Guidelines, Leadership characteristics and Supportive supervision are factors enhancing nurses' competence.

Conclusion: The workplace factors influencing nurses' performance goes beyond the nurses' desirability to provide services. This forced them not to meet the required standards. The government and other development partners should improve in resources availability and allocation; also should support and motivate nurses to improve their performance.

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LIST OF ABBREVIATIONS

ANC	Antenatal Care
BMAF	Benjamin Mkapa AIDS Foundation
EmOC	Emergency Obstetric Care
HRH	Human Resources for Health
HRH&SW	Human Resources for Health and Social Welfare
HRHSP	Human Resources for Health Strategic Plan
MOHCGEC	Ministry of Health, Community Developmen,t Gender, Elderly and Children
MOHSW	Ministry of Health and Social Welfare
MUHAS	Muhimbili University of Health and Allied Sciences
NBS	National Bureau of Statistics
PHSDP	Primary Health Services Development Program
RCH	Reproductive and Child Health
SOPs	Standard Operating Procedures
WHO	World Health Organization

DEFINITION OF KEY TERMS

Nurse

A nurse is a highly skilled health care professional who combines the art of caring with scientific knowledge and skills developed through their education and career [1].

Labour ward

Is a ward or department of a hospital for the care and admission of women in the process of childbirth [2].

Performance

Is the art to complete the task within the defined boundaries. It is considered to be a combination of staff being available (retained & present), competent, productive and responsive [3].

Availability

It encompasses distribution and attendance of existing workers [3].

Responsiveness

It is a way in which people are treated decently; regardless of whether or not their health improves or who they are [3].

Productivity

Is the state of producing the maximum effective health services and health outcomes possible given the existing stock of health workers; reducing waste of staff time or skills [3].

Competence

It encompasses the combination of technical knowledge, skills and behaviors [3].

Workplace factors

These are the factors in workplace environment provided to employees by their employer that can support the employees to perform their work [4].

CHAPTER ONE

1.0. INTRODUCTION

Background information of nurses

The Health of any nation depends much on the comprehensiveness of its health care delivery system. The health care delivery system is well established if there is harmonious interconnection among its building blocks; governance, human resources, information system, medicine and pharmaceutical technology, financing and service delivery [5, 6]. Human resources for health are the most valuable assets and have a direct link to all other building blocks. At the heart of every health care delivery system, the workforce is central to advancing health [6, 3]. In virtually all countries, nurses and midwives make up the largest group of health care providers; this group is the most trusted healthcare professionals of the front line staff in most health care delivery systems to strengthening it [7, 8]. Nurses and midwives constitute more than 50 percent of the health workforce in many countries; currently, it is estimated that of the 43.5 million health workers, 20.7 million are nurses and midwives. Nurses respond to the health needs of people in all settings and throughout the lifespan. Their roles are critical in achieving global mandates such as universal health coverage and the Sustainable Development Goals [8].

Acting both as individuals and as members and coordinators of interprofessional teams, nurses and midwives bring people-centered care closer to the communities where they are needed most, thereby helping improve health outcomes and the overall cost-effectiveness of services. It has showed that, the contribution of the nursing and midwifery workforce correlate to health improvements, such as increased patient satisfaction, decrease in patient morbidity and mortality, stabilization of financial systems through decreased hospital readmissions, length of stay, and other hospital-related conditions, including hospital-acquired infections, which consequently contributes to patient well-being and safety. Also they can contribute to reductions in newborn, infant and maternal mortality in their role as skilled birth attendants

and providers of neonatal care. They provide a wide range of services in hospital settings, from accident and emergency through to palliative care [8].

1.1 Background Information of the problem

Performance is the art to complete the task within the defined boundaries. It is considered to be a combination of staff being available (retained & present), competent, productive and responsive [3]. The WHO classifies the performance of health workers in terms of four dimensions that include responsiveness, productivity, competence and availability [3]. Health workers performance is critical because it has an immediate impact on health service delivery and ultimately on population health [9, 19]. Nursing and midwifery professions can transform the way health actions are organized and how health care is delivered if they are regulated and well supported [8].

Inadequate performance is a widespread problem in low and middle income countries. Poor performance is a threat to population health, not only because low quality health services may be harmful to the patients, but also because poor quality will reduce the utilization of health services in general; it exposes services to financial or other substantial risk [9, 19]. In Tanzania, regardless of high coverage (96 percent) of pregnant women who receive antenatal care from a skilled provider at least once, only half of Tanzania's births (51 percent) occur in health facilities, mainly in public health facilities and assisted by nurses, midwives, and Maternal and Child Health aides [10].

The nursing shortage occurring in health care delivery systems around the world is bringing a serious crisis in terms of adverse impacts on the health and wellbeing of populations. It poses unprecedented challenges for policy makers and planners in high and low income countries alike [7].Globally, nurses and midwives represent more than 50 percent of the current (2013) shortfall, that is, 9 million out of 17.4 million [8]. The WHO continues to act on its commitment to strengthening nursing and midwifery and the health workforce in general. The WHO Global strategic directions for strengthening nursing and midwifery 2016–2020 provide a framework for WHO and various key stakeholders to develop, implement and evaluate

nursing and midwifery accomplishments to ensure available, accessible, acceptable, quality and safe nursing and midwifery interventions at global, regional and country levels to achieve universal health coverage and the Sustainable Development Goals [8].

Tanzania like other low income countries; is experiencing a nursing crisis, with 5.5 nurses and midwives per 10,000 populations as compared to the minimum threshold of 23 per 10,000 populations for delivery of essential health services, it is evident that Tanzania is struggling to provide skilled care at birth to significant number of pregnant women, as well as emergency and specialized services for newborn [11]. The Government of Tanzania takes initiatives for strengthening the nursing workforce for better access to preventive, curative and rehabilitative care and, in turn, improves health care delivery systems performance. In 2007, the MOHSW launched the Primary Health Services Development Programme (PHSDP, 2007–2017) to address performance issues of the health sector. It has scaled up the production of Enrolled Nurses as a way to increase the number of health care professionals serving at the community health level. The Enrolled Nurses curriculum was also shortened from four to two years; with the aim of producing more nurses in a short period of time; meanwhile Professional nurses or registered nurses training required a completion of high school and three years' professional training [12, 13].

Besides increasing the stock of health workers mainly nurses, the second major route is to utilize the existing workforce more effectively. This can be achieved through increased productivity, improved performance and through more effective (and equitable) deployment of personnel [14]. Aloyce *et al.*, [15] revealed that, amongst nurses working in emergency centres; 33percent of the respondents were not knowledgeable about triage, 13 percent of the respondents had attended workshops but there had been a lack of information on how to triage patients. More than half (52percent) of the respondents were not able to allocate the patients to the appropriate triage category. No pain assessment was done by any of the triage nurses observed. Only one out of four Emergency Centres assessed, had triage guidelines and triage assessment forms.

1.2 Problem Statement

Health care delivery is highly labor intensive. The quality, efficiency and equity of services are all dependent on the responsiveness, availability and competence of skilled health professionals where and when they are needed [16]. Nurses are the largest human resource element of health care delivery systems, have a major role in providing ongoing, high quality care to the patients. It is crucial for employers to ensure that the performance of nurses is of a high standard.

However the performance of nurses in resources poor countries, particularly in Tanzania is a major challenge. Nurses have a struggle on a daily basis with an acute shortage of medical equipments and essential supplies needed to carry out their work [7]. The productivity is inadequate since they are poorly motivated and managed, not sufficiently qualified or simply absent from work [17]. In maternity health care services, 22 percent of registered and enrolled nurse-midwives had performed removal of retained products or assisted vaginal delivery (24percent and 11percent respectively). Also they have lack of knowledge and skills in performing emergency obstetric care [18].

The Ministry of Health and Social Welfare-Human Resources for Health and Strategic Plan (MOHSW-HRHSP 2014-2019) paid serious attention to nurse's performance issues. It focused on attainment of adequate and competent nurses based on availability, responsiveness, productivity and competence that is motivated and equitably distributed to all parts of the country, to improve quality of services to be provided at health facilities. However, it is noteworthy that as the MOHSW-HRHSP 2014-2019 reaches its third year of implementation; there is dearth of information on nurses' performance in Tanzania. This study therefore seeks to assess how workplace factors influencing performance of nurses working at labour wards in Dar es Salaam regional referral hospitals in Tanzania.

1.3 Conceptual Framework

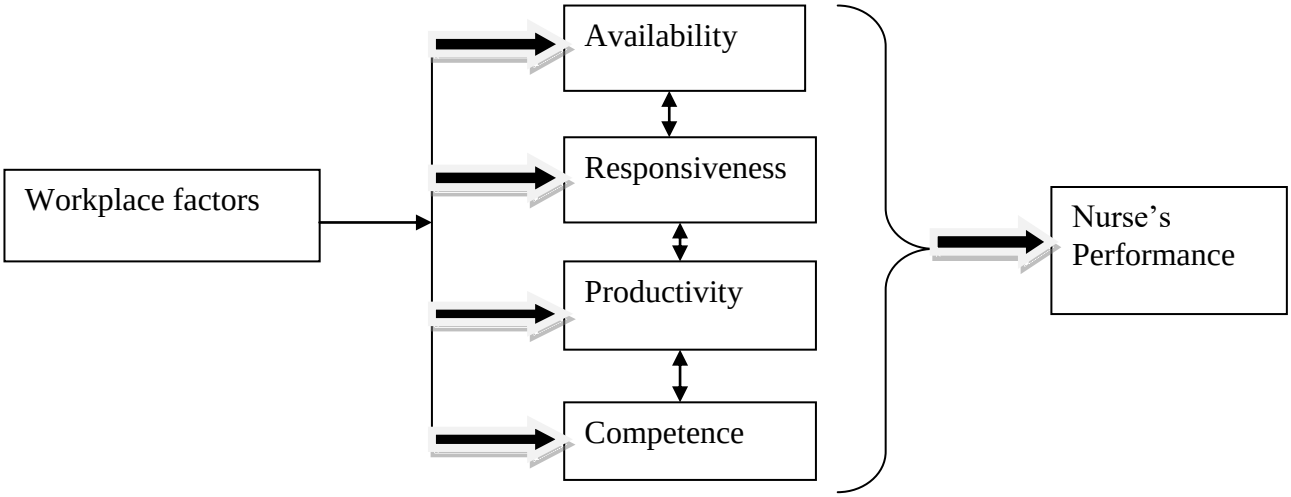

Figure 1: Adopted & Modified from [19]. The Conceptual Framework that illustrating the assessment of workplace factors influencing the performance of nurses working in labour wards

The framework which adopted shows that determinants of health worker's behaviour (in the workplace) are rooted in factors relating to three main areas: At Macro level, or the overall health system, such as resources allocation, planning and deployment of health workers, current regulatory framework, communication and decision making processes, and accountability mechanisms. These can be influenced by policy makers and planners in the health sector, as well as other stakeholders at national level, such as the ministry of finance, ministry of education, professional associations, civil society groups and funding agencies (health systems level).At Micro level, or the workplace itself (district or facility, etc.), such as availability of equipments, drugs and supplies, teamwork and human resources management activities. These can be influenced by local managers, colleagues, patients and other local partners (health facility level). And the last one is Individual characteristics and living circumstances, such as living in conflict areas or being a woman or a newly graduated professional. These require specific group strategies and can be developed locally by managers or nationally by policy makers and planners together with other stakeholders (individual level) [19].

1.4 Rationale of the Study

Health is a fundamental human right; everyone has a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health. Poor nurses' performance can hamper the government's ability to meet its goals for improving the social and economic status of individual, family, society and whole nation. Understanding the factors influencing nurses' performance may be essential for the improvement of the quality of health services. In addition, the study provides the evidence based which will help leaders in MOHCGEC, policy makers, planners and program managers to strengthening policies and programs that will improve in prioritizing issues in resources availability and allocation. This may help the nurses to implement National health policy which declared on the importance of human resources for health to be well trained and distributed all over the country for improvement of population health. Also may help to implement an exemption policy particularly to the pregnant women whom they saved; since exemption policy indicated free services to pregnant women, under five children and elderly. Furthermore the study findings may be useful for other researchers to do further investigations on the area of performance among health workers.

1.5 Research Questions

1.5.1 Main Research Question

What are the workplace factors influencing the performance of nurses working at labour wards in Dar es Salaam regional referral hospitals?

1.5.2 Sub Research Questions

1. What are the workplace factors influencing availability of nurses working at labour wards in Dar es Salaam regional referral hospitals?
2. What are the workplace factors enhancing responsiveness of nurses working at labour wards in Dar es Salaam regional referral hospitals?
3. What are the workplace factors affecting productivity of nurses working at labour wards in Dar es Salaam regional referral hospitals?
4. What are the workplace factors enhancing competence of nurses working at labour wards in Dar es Salaam regional referral hospitals?

1.6 Objectives

1.6.1 Broad Objective

To assess workplace factors influencing the performance of nurses working at labour wards in Dar es Salaam regional referral hospitals.

1.6.2 Specific Objectives

1. To explore workplace factors influencing availability of nurses working at labour ward in Dar es Salaam regional referral hospitals s.
2. To explore workplace factors enhancing responsiveness of nurses working at labour wards in Dar es Salaam regional referral hospitals.
3. To explore workplace factors affecting productivity of nurses working at labour wards in Dar es Salaam regional referral hospitals.
4. To explore workplace factors enhancing competence of nurses working at labour wards in Dar es Salaam regional referral hospitals.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Theoretical Literature Review

2.1.1 Maslow's Theoretical Framework

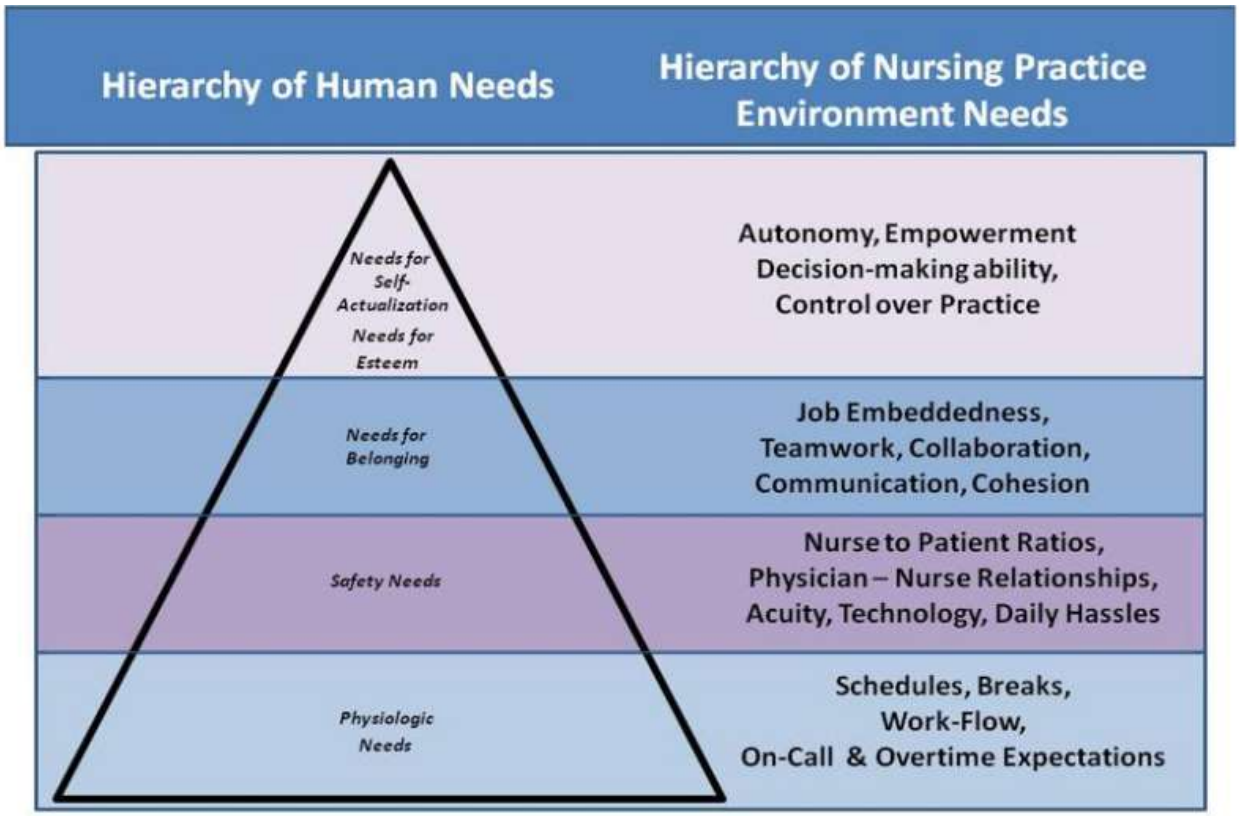

Figure 2: Adopted from [20].

Maslow (1943) developed a theory of human motivation stated that, people are motivated to achieve certain needs and that some needs take precedence over others. He explained that humans work to achieve unmet needs at the lower levels before attending to those at the higher levels. Maslow's Hierarchy of Needs Theory remains an important and simple motivation tool for managers to understand and apply [20].

Physiological Needs

Maslow identified the core physiological needs to sustain human life such as air, water, food and sleep. To perform their jobs, nurses require healthy air to breathe, water to keep their systems hydrated, sustenance to fuel their bodies and adequate time to rest and get better between shifts, including regularly scheduled breaks. When deficiencies exist in these four basic requirements for survival, people become incapable of developing any ambition, much less acting on it and achieving their full potential.

Safety Needs

A safe and secure working environment reduces the threat of physical injury. When workers believe that the level of risk has been minimized and that good health and safety practices are monitored by management, they feel more comfortable and are less distracted from performing their tasks and interacting with others. Thorough safety practices reduce absenteeism as well, which can impact on productivity and morale.

Social Needs

Maslow identifies social needs as friendships, peer support and the ability to give and receive love. The workplace that offers an opportunity to be part of a team in which members share their respective knowledge, skills and unique experiences to solve problems is crucial for performance of employee and organization as well. These needs relate to being affiliated with and accepted by others such as co-workers and superiors (supervisor, manager, director).

Esteem Needs

Needs for esteem include desire to achieve, to be competent, and to be recognized. For best achievement of esteem need, administrators should be willing to provide education and training for use of technology so that nurses will have a constant flow of continued competence. Maslow divides this portion of his theory into external and internal motivators. External motivators are prizes and awards grant for outstanding performance; internal motivators are the private goals that workers set for themselves.

Self-Actualization

This kind of need includes finding fulfillment and recognizing one's potential professional development and advancement options are needed to help nurses work toward self actualization. Employee may want a challenging job, an opportunity to complete further education, increased freedom from supervision, or autonomy to define his/her own processes for meeting organizational objectives. At this highest level, managers focus on promoting an environment where an employee can meet his own self-actualization needs.

2.1.2 The Bennett and Franco's model on work motivation

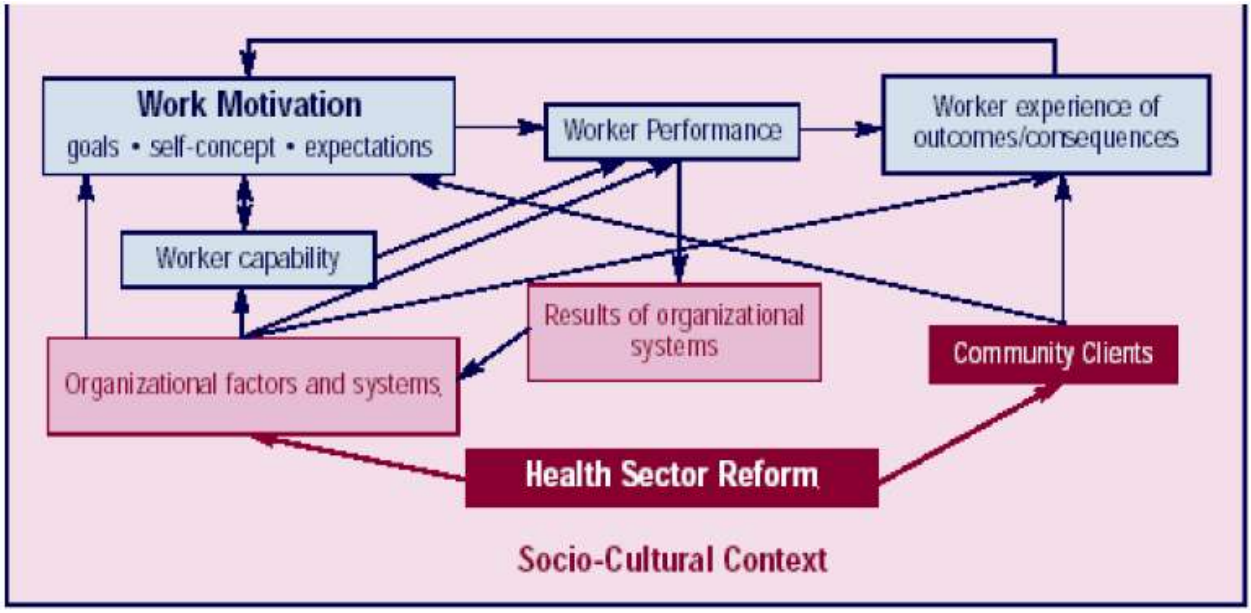

Figure 3: Adopted from [21].

Bennett and Franco [21] proposed a conceptual framework of factors that influence work motivation; these are individual, organizational and the broader social and cultural factors. The interconnection between these factors has been recognized as a dimension of performance.

Individual Determinants

Workers' individual needs, self-concept, and expectations for outcomes and/or consequences are some of the more important individual level determinants of work motivation. These determinants coupled with the individual worker's technical and intellectual capacity to

perform and the physical resources at hand to carry out the task, lead to worker performance. Also affecting the level of motivation is a worker's actual experience of outcomes or consequences. These consequences can be observed effects of worker performance, direct feedback from supervisors or community, or rewards or punishments for work behavior.

Socio-Cultural, Environmental, and Reform Context

The broader social and cultural contexts also contribute to the individual's motivational processes. At the core of health service delivery is the interaction between the individual health care worker and the client. Community members will have expectations for how services should be delivered and they too provide feedback on health worker performance, both formally and informally.

Organizational and System Level Determinants

Organizational structures, processes, and resources provide the day to day context in which health workers carry out their tasks. The internal structures of organizations reflect level of worker autonomy, clarity of organizational goals, delegation of responsibility and authority. Organizational processes include: service delivery (treatment protocols, referral), support (supervision, training), and management (planning, budgeting, monitoring and evaluation). These factors have great influence on worker's motivation and performance as well. The role of the organization is to communicate its goals, as well as the processes and resources for achieving these goals; additional goals are to put in place a system of feedback and to develop staff knowledge and skills.

2.2 Empirical Literature Review

This section highlights the empirical literature reviews on previous works done on issues of work performance among health workers. It illustrates the various factors contributing to job performance which presented by different authors in different setting around the world; from search engines, websites and books. Undertake a literature review can help to familiarize with that knowledge base; for this study the evidence based on workplace factors.

2.2.1 Health Workforce Performance.

According to WHO [3] a well performing health workforce is one who behaves in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances. It was revealed that the performance of health workers depends not only on their competence (knowledge, skills) but also on their availability (retention and presence), their motivation and job satisfaction, as well as the availability of infrastructure, equipments and support systems, such as the management, information systems, resources and accountability systems that are in place [19].

Managers must be able to assess the quality and productivity of their staff; they must be able to supervise and motivate their staff, ensure appropriate tools and resources, and identify performance gaps and address these [19].Limited training capacity, weak management systems and poor working conditions, including inadequate financial and non-financial incentives, conspire to determine high attrition and poor morale and performance of health workers which can negatively impact on quality and acceptability of services provide, as well as their affordability when poorly remunerated staffs engage in survival strategies, such as charging under-the-table out-of-pocket payments [22].

2.2.2 Performance Dimensions according to WHO [1]

2.2.2.1 Availability

The availability of health workers in sufficient numbers, with adequate skills and with the motivation is a crucial factor for the functioning of any health system in order to provide high quality services [14]. This dimension of human resources for health (HRH) looks at whether health workers are adequate, with the relevant competencies and skill-mix to meet the health needs of the population. Availability is influenced by a country’s capacity to educate, graduate and incentivize young people (boys and girls) with the appropriate knowledge base and skills to enter educational programmes within the health professions and later the health care labour market, and to retain them [23].

Health workers absenteeism is a serious problem in health systems throughout the world especially in resource-poor areas; and can greatly diminish the effectiveness of health service delivery. If health workers are not at the facility during their scheduled hours, whether for part of the day or the whole day, their unreliability prevents communities from accessing needed care. Unexcused absences within the health workers perpetuate in part because there are insufficient governance mechanisms to address the underlying issues such as failure to meet health worker and facility standards (poor working condition, standards not well known), insufficient information (ineffective supervision), ineffective health workers incentives and lack of accountability (insufficient political will the significant political weight of professional councils to protect their cadres stymies efforts to enforce punitive measures against absenteeism) [24]. Reducing absenteeism requires a decentralized approach involving broad stakeholder groups to address underlying governance issues and reinforce complementary accountability mechanisms.

2.2.2.2 Responsiveness

Responsiveness measures of how the system performs relative to non health aspects, meeting or not meeting a population’s expectations of how it should be treated by providers of prevention, care or non-personal services [25]. Responsiveness relates to individual welfare enhancement through better interactions with the health system.

Responsiveness looks for the outcome that can be achieved when institutions and institutional relationships are designed in such a way that they are cognizant and respond appropriately to the universally legitimate expectations of individuals. Responsiveness can be viewed when the user of the health care system is often portrayed as a consumer, with greater responsiveness being perceived as a means of attracting consumers. Also responsiveness is related to the safeguarding of rights of patients to adequate and timely care. Authors cite patients' charters as an attempt to lay down the manner in which to treat those who use health services as consumers within a market based and people centered system [26].

2.2.2.3 Productivity

Worker's productivity is a combination of time off work (absenteeism) due to an illness and time at work but with reduced levels of productivity while at work (also known as presenteeism) [27]. Health workers can utilize time in productive and non-productive; a Productive time included time spent on direct patient care, indirect care, and hygiene. Non-productive time included absences from work, as well as breaks, collecting salaries, patient wait times, and socializing [28].

Low health worker's productivity is a major source of inefficiency in the health system. A study conducted by BMAF [28], on Assessment of Health Worker's Productivity in Tanzania found that in some areas Productivity trend is inadequate; health workers do not abide to health ethics and seem as over ambitious to earn more salaries. The survey identified those things that hinder productivity including delayed promotions, leave allowances, no clear path for career development, and inadequate feedback from superiors.

2.2.2.4 Competence

Competence encompasses knowledge, skills, abilities and traits. It is attained through pre-service education, in-service training and work experience. In United State of America, competence becomes a major determinant of provider performance as represented by conformance with various clinical, non clinical and interpersonal standards. Measuring competence is essential for determining the ability and readiness of health workers to provide quality services [29].

Leonard *et al.,* [30] revealed that performance is determined by a combination of competence, capacity and effort, any of these elements may lead to poor performance. Competence is the measurable output derived from health worker knowledge and skills. Capacity is the measurable output produced by competence combined with infrastructure and supplies (equipment, medicines and medical consumables). Effort, in turn is determined by the motivation of health workers.

2.2.3 Workplace factors

A work setting that takes a strategic and comprehensive approach to providing the physical, cultural, and psychosocial and work/job design conditions that maximize health and well-being of health providers, quality of patient/client outcomes and organizational performance is desirable in health care delivery.

Wrongful manipulation of an environment introduces hazards that make the environments unsafe and impede the productivity rate of the worker [31]. Deussom *et al*., [24] confirmed that unsafe and unhealthy working conditions affect service delivery quality and health worker productivity and retention. From a health systems perspective, hazardous environments increase health workers absenteeism, turnover and risk of abandoning the profession, short-term sick leave, longer-term disability, and even death. In South Africa, the study was conducted among nurses on factors influencing absenteeism; it was shown that increased workload, unfriendly nurse managers, favouritism, lack of equipments, lack of reward system, unfair promotion and unsatisfactory working condition are among the causes which increase absenteeism and may lower the productivity in the workplace [32].

In India, a study revealed that, adequate infrastructure which includes buildings, equipments, supplies and communication equipment forms a crucial part for health services delivery in any country. Poor infrastructure leads to poor quality of services which in turn not only wastes resources but is positively dangerous to the health and welfare of the patients and community at large. The poor suffer more if government services are not functional or are of poor quality as they do not have any other choice [33].

It is obvious that physical infrastructure is important for technical quality, there is also some evidence to support that physical infrastructure affects productivity [14]. Literature review of studies indicated that many health workers appear demotivated and frustrated because they are unable to offer effective care to patients due to inadequate resources in health facilities, especially in rural areas where the infrastructure is worse. A dysfunctional work environment severely limits the ability of health workers to practice what they have been trained to do [24, 17].

Case studies were conducted in four Reproductive and Child Health (RCH) clinics in the Kilombero Valley, south-eastern Tanzania, using different qualitative methods to explore the relevance of the different types of workhood resources for effective health service delivery. The studies showed that lack of physical, human, cultural and financial capital constrained health workers' capacity to act. In particular, weak health infrastructure and health system failures led to the lack of sufficient drug and supply stocks and chronic staff shortages at the health facilities [34].

It was reported that in America an efficient and effective teamwork provides benefits for health workers and patients. When health care providers work as a team, they can be more responsive to changes as they occur. Trust develops in a cohesive team, increasing confidence; nurses, doctors and assistants working as a team tend to make fewer mistakes, leading to improved patient outcomes. Patients are more satisfied with their care when health care professionals collaborate [35].

Job aids are usually found in the form of procedures, protocols, guidelines, and algorithms. They serve to guide the health care worker in providing patient care and are used in both primary and acute care settings. In America, it has documented that often health care job aids are meant to increase important dimensions of quality, such as continuity of care, technical competence, interpersonal relations, efficiency, and safety [36]. Report from Turkey shows that Standard Operating Procedures (SOPs) manual is an important training document and provides workers with increased confidence [37].

Supportive supervision is a key element in job satisfaction, morale and performance. Supervision provides critical support for the delivery of health services. Supervision produced positive effects on staff performance, especially when self assessment was in place. Supportive supervision and self assessment can reinforce communication and counseling, reflection and learning especially among inexperienced health workers, helping them to improve their communication skills [38].

In Sub-Saharan Africa, a systematic review of supportive supervision as a strategy to improve primary healthcare services carried out by Bailey *et al.,* [39]; the results indicate that supportive supervision can improve some components of quality of care and it increases frontline health workers morale and motivation as confidence improves, skills and knowledge are increased through more effective communication and increased attention to performance monitoring. Furthermore Agoro *et al.,* [40] in Kiambu County, Kenya confirmed that supervisory visits from all levels of health management were not regularly done, standard checklists were not routinely used, and action plans irregularly developed and followed up.

The management team plays an important role within an organization. Managers with poor leadership skills tend to offer little feedback on employees' performances. It is believed that organizational success is a result of effective leadership and better coordination between leaders and workers. In Gauteng South Africa, Stander *et al.,* [41] found that authentic leadership has significant predictor of optimism and trust in the organization and that optimism and trust mediated the relationship between authentic leadership and work engagement. Kuria *et al.,* [42] in the assessment of the role of leadership on organizational performance among health workers done in Kenya, found that leadership was observed to influence employee performance in Kenyan heath sector.

CHAPTER THREE

3.0 METHODOLODY

3.1 Introduction

This chapter depicts the methods that were used in the study. Research methods refer to the methods the researchers use in performing research operations [43]. It shows study design, study area, study population, sample size, inclusion and exclusion criteria, how data was collected, analyzed, and disseminated, also ethical consideration is explained.

3.2 Study Area

The study was conducted in Dar-es-Salaam, the largest and richest city in Tanzania. The city had a population of 4,364,541; and it lies along the Western Coast of the Indian Ocean; situated between latitudes 6.33' and 7.0' South of the Equator and between longitude 33.33' and 39.0' East of Greenwich. Administratively, formerly Dar es Salaam Region was divided into 3 districts namely: Kinondoni, Ilala, and Temeke [44]. However nowdays the region has 5 districts (with inclusion of newly Ubungo and Kigamboni). The city comprises a total of 40 hospitals, 53 health centres and 498 dispensaries [44]; thus Dar es Salaam was chosen as a focus of this study because it serves the large population in Tanzania.

3.3 Study Design

A qualitative case study design that applied descriptive approach; was used to gather information. This type of case study is used to describe and analyze an intervention or phenomenon and the real-life context in which it occurred by using a variety of data sources [45, 46]. Qualitative research uses a naturalistic approach that seeks to understand phenomena in context specific settings, such as real world setting where the researcher does not attempt to manipulate the phenomenon of interest [46]. This study is in line with study design because the researcher presented the real situation that nurses faced on their daily workplace.

3.4 Study Population

The study comprised nurses who are working at labour wards in Amana, Mwananyamala and Temeke regional referral hospitals.

3.5 Sample Size

Sample size was determined when the study was in progress once saturation was reached. A convenience sample of 22 respondents was involved in the study. In qualitative studies, sample size should be determined based on informational needs, thus tend to be small [47].

3.6 Sampling Techniques

Three regional referral hospitals were selected purposively such as Amana, Mwananyamala and Temeke hospitals; based on the fact that these are public hospitals which provided services to majority of citizen in Dar es Salaam City including deliveries of pregnant women. These hospitals have also received referral cases from different health facilities including pregnant women who are in labour. Nurses were purposively recruited.

3.7 Data Collection tools

Data were collected through interview with key informants using a semi structured Interview guide comprised open ended questions. A semi structured Interview guide was prepared in English and then translated into Kiswahili was used to facilitate communication during interview. It is particularly useful for collecting information on people's ideas, opinions or experiences [46]. A tape recorder and field note book were used in recording the information during interview session which took approximately 45 minutes to1 hour.

3.7.1 Validity and Reliability of the Tools

Validity: Is an expression of the degree to which a test is capable of measuring what it is intended to be measured [46]. The contents validity of the data collection tool of this study was assessed by two experts who have experience in nursing profession from MUHAS School of Nursing. These were counterchecked whether tool content discloses the anticipated topic,

the stated objectives and whether the questions asked in the tool were clear. The adjustment was done where necessary prior to data collection; this enhanced validity of the tool. To attain this, the interview guide was formulated in English and translated in Kiswahili.

Reliability: Is the degree to which a measurement, given repeatedly, remains the same; this can measure the accuracy and consistency of information obtained in the study [46]. There was a pre-testing of the tool conducted at Sinza hospital on a convenient sample of 5 nurses prior to data collection on May, 2017. Then the necessary corrections and adjustment of the questions was done prior to data collection.

3.8 Recruitment and Training of Research Assistant

One research assistant was selected based on experience in conducting qualitative research and had good verbal and social skills. Trainee was trained for one day on orientation of research topic, data collection protocols and how to conduct a research interview.

3.9 Pretesting of Data Collection Tools

Pretesting was conducted at study area on a convenient sample of 5 nurses at Sinza hospital before conducting the actual study. The responses were excluded from the study results; this helped to correct and change questions that are unclear and improve the questions accordingly in interview guide; also it helps to determine how much time it takes to administer the entire instrument package and whether participants find it troublesome [46]. Also the tool was assessed by two experts who have experience in nursing profession from MUHAS School of Nursing for enhancing its validity.

3.10 Data Collection Procedure

Data were collected between May and June, 2017. On the days of data collection prior to interview, the research team introduced themselves and the purpose. Participants were asked for their consent before conducting the interview. The interview for Key Informants was conducted by the principal investigator using face to face approach to keep respondents motivated meanwhile the research assistant took a note. Non verbal responses were taken into

account during interviews, more information asked for, through probing the questions from respondents. A semi structure Interview guide was used to facilitate the interview session while a tape recorder was used to record the interviewee responses. After finishing the interview the principal investigator concluded the interview by thanking the respondent. Data were collected particularly at the time of changing the shift duty; however an appointment was made before an interview to avoid an interference with the usual activities.

3.11 Data Management

Transcribed data produced from interview were daily cleaned, verified and cross-checked for quality and accuracy. The principal investigator critically listened to the taped interview and insert in the transcription any nonverbal behavior captured in the field notes as soon as possible after the data collection event on the daily basis to maintain accuracy.

The interview guide was labeled to identify code numbers of interviewee identification number for the informants. Thereafter the transcribed data was typed in Microsoft word 2007 and kept into a computer files; and backup copies of the tapes were made. The computer files were being given serial numbers, participant category, and the site name based on the date of the interview. Recorded tapes were stored safely in the data storage box while the soft copy data was stored in laptop computer and backup in flash.

3.12 Data Analysis

Data analysed concomitantly with data collection; by using qualitative content analysis. Analysis followed the step by step described by Taylor-Powell & Renner [48]. Initially, the researcher was listening carefully the audio tape interviews and all transcripts were transcribed verbatim. Listening twice or more, read and re-read the text and field note taking help to familiarize with the context. Then principal investigator translates all transcripts from Kiswahili into English. Next each transcript read line by line to generate initial codes in a codebook, to discover patterns or themes whereby data reductions were done. Thereafter identified themes or patterns and those data that matches the themes were grouped together and labelled. Themes that recur in the data were organized into subcategories then coherent

categories that summarize and bring meaning to the text. The researcher continued to build categories until no new themes and subcategories were identified. The non- verbal signals were also taken into consideration during transcription. Finally the data interpreted and presented in descriptions including quotation to illustrate the respondent's points.

3.13 Trustworthiness of the Study

To ensure the quality of the study, the four criteria for enhancing the trustworthiness of qualitative data described by Guba and Lincoln were used; these are credibility, transferability, dependability and confirmability [46].

Credibility

This refers to the confidence in the truth of the research findings [46]. Credibility was enhanced through prolonged engagement with participants for six weeks in the field. Space triangulation involved three regional hospitals; to validate the data by testing for cross-site consistency. Expert in qualitative research and supervisor were checked the transcripts, and coding process to come out with précised information.

Transferability

Is the extent to which qualitative findings can be transferred to other setting [46]. Transferability was ensured through providing clear and thick description of the process; a rich and thorough descriptions and processes, from data collection to production of the final report. Purposive sampling used to select three regional referral hospitals with aiming of seeking respondent's expression from different areas.

Dependability

Is refers to the consistence and stability of the findings over time [46]. Auditing of the analysis was done by expert. Also cross-checking from interview record, note book and document to validate the data. Peer examination in which the researcher discussed the findings with colleagues.

Confirmability

Is the degree to which study results are derived from characteristics of participants and the study context, not from researcher's biases [46]. It was done by an expert in qualitative research; also a researcher has kept aside her personal interest and background history on the area under the study.

3.14 Ethical Issues and Consideration

Ethical approval was sought from Institutional Review Board of Muhimbili University of Health and Allied Sciences; Directorate of Research and Publications Committee and National Research Ethical Committee. Then Permission to conduct the study was obtained from Regional Administrative Secretary (RAS) then Executive Directors of Ilala, Temeke and Kinondoni Municipals. Also the permission to access the participants was granted from the Medical officer incharges of Amana, Temeke and Mwananyamala hospitals. Participants were thoroughly informed about the study aims, purpose and rationale and how the findings will be used. The consent form was signed by respondents upon agreement of participation in the study. Confidentiality was guaranteed by ensuring anonymity and only numbers were used to identify participants instead of names. Participants' rights such as freedom to withdraw from the study, freedom from not answering some questions and other rights was addressed and observed.

3.15 Dissemination of the Research Findings

The final dissertation findings of the study is planned to be disseminated through submission of copies to the office of the director of postgraduate studies at MUHAS. Other copies will be sent to the DMOs at Ilala,Temeke and Kinondoni districts. All attempts will be made to bring the findings to the notice of planner, decision and policy makers in the Ministry of Health Community development, Gender, elderly and children through HRHSP department by publishing the findings in peer review journals, and presenting in scientific meetings and conferences. It will be useful for making necessary strategic planning, and to consider those input from field work on the way to achieve the development of HRH policy.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

This chapter presents the findings of the study; it presents qualitative data extracted from in-depth interviews. It contains key information of the study findings based on the factors influencing performance of nurses working at labour wards.

4.2 Characteristics of study Participants

A total of 22 in-depth interviews were conducted with nurses at labour wards, from three regional referral hospitals in Dar es Salaam region. Six respondents were male while sixteen were female, their age ranged between twenty two (22) years to forty seven (47) years old. Thirteen of respondents had certificate in nursing while nine had diploma in nursing. The participants had spent between one (1) and twenty four (24) years of working experience; with between six months and six years working experience in labuor ward.

Table 1: Health facilities visited and sample drawn (n= 22).

Health facility	**Category of nurses**	**Gender**	
		Male	Female
Temeke hospital	RN (n =04)	01	03
	EN (n =03)	01	02
Amana hospital	RN (n =03)	02	01
	EN (n =04)	01	03
Mwananyamala hospital	RN (n =02)	01	01
	EN (n =06)	00	06
Total (n =22)		**06**	**16**

Source of Data: Field Data.

RN = Registered Nurse, EN = Enrolled Nurse.

4.3 Workplace factors influencing availability of nurses working at labour wards

All respondents acknowledge on the importance of being available at their working areas. They emphasized that, being available at workplace while a person is on duty, it helps to execute proper and timely services, at the same time the hospital may fulfill its goals of serving population and increased expenditure.

One respondent explained that:

''Attending at workplace may help the women to get proper services, so it avoids unnecessary disturbance and catastrophic expenditures. If the nurses are present those things may not occur. Also it will raise an income of the hospital, because the services have been rendered and income has been generated" (EN Number 3).

While another respondent said that:

''*A nurse being present, firstly it may help in reduction of getting the problems in newborn (low score), because being present you may manage a woman, and you may detect early if the mother has poor progress in labour, has obstructed labour, or has fetal distress. Thus being present is crucial; it helps to have a live birth and maternal wellbeing"* (EN Number 8).

Moreover absenteeism reported to affect co-workers and patients; it creates more workload to others. Respondent was of the view that absenteeism causes bad feelings among co-workers (demoralized), and seek for excuses duty (EDs); it can disturb the service execution and the women suffering as a result. One of the respondents described:

"As you have seen yourself today, firstly, the service become insufficient, secondly the women didn't get the required services, thirdly, the staff who are at work become overloaded, which means that at the end of the day, it is easier to become demoralized and looking for excuse duty (EDs)" (RN Number 11).

Similarly, another respondent stated that: ''*…this means, the women may have not received good services from a nurse, as you know, a lot of decisions are made by a nurse, then the doctor is called and given information. So they may not receive close services''* (EN number 19).

However despite the fact that nurses were aware and acknowledged the importance of attending at work, all of them declared a number of challenges which will make nurses not to be available even if a person is supposed to be on duty. The following are sub categories which emerged during data analysis that may influence nurses' absenteeism at workplace:

4.3.1 Burnout

Respondents explained that, nurses are often overloaded with work due to shortage of staff. This may exhaust the nurses; as a result they may look for an excused duty. The following quotation illustrates further on this finding:

''…it is evident that people here are overburdened with work. We are exhausted, and the body is exhausted, you may lose the desire to work, finally we look an excuse duty to have rest" (EN number 09).

Another respondent added that: "*Shortage of staff and pooling of the patients increased workload. You may arrive at work in the morning until 3:00 pm no one has even a minute to rest. Sometimes you have to work with passion at the end of the day your body exhaust and become demoralized with working situation and looking for an excuse duty to have rest"* (RN Number 11).

4.3.2 Inadequate payment

It was reported that financial problems may affect nurses' attendance at work. This is directly linked to transport since many nurses live away from the hospitals, and they must travel some distance to their working areas. This requires them to spend some money every day in bus fare.

Commenting on this one respondent observed that; *"Employee like other human being needs basic requirements to sustain human's life. We are suffering from inadequate salary; even an extra duty allowance not paid on time, these lead to absenteeism sometimes we lack even some money to use for transport fee" (RN number 04).*

Another respondent added that;

''The issue of money may make a person not to go to work, some lives far away and there are no staff houses nearby the hospital but if there would be staff houses nearby the hospital it would be easy for her/him walking from home to hospital'' (EN Number 16).

4.3.3 Irregular work schedules

Respondents described that; irregular schedules may influence nurses' absenteeism at workplace. Sometimes nurses have rest on off days; the incharge of the ward may change the duty roster and not inform those with off duties. This may lead them not to attend at work.

One of the respondents said: *''...sometimes nurses may not attend at work because on their off days an incharge may change a duty roster in case of an emergency, and no one informed a respective person''* (EN Number 02)

Another respondent substantiating this further was of the opinion that; *''...It happens sometimes, you may find a roster has changed and incharge has forgotten to call for responsible person, this will make her/him remains at home due to lack of information''*(EN number 18).

4.4 Workplace factors enhancing responsiveness of nurses working at labour wards

All respondents indicated that, in the process of delivery, nurses have responsibilities in making sure that, women who are in labour ward have received quality and timely service that save maternal and new born life.

One respondent highlighted:

"It is my responsibility to provide appropriate service on time; in a way that the mother and newborn baby are free from infection. I should know how to follow procedures properly, to avoid introducing an infection, to make sure I have completed everything in the delivery process, means no retained products inside her womb that may aggravate her life" (RN number 10).

Respondents were asked to explain factors that may increase responsiveness among nurses at labour wards. The following are sub categories emerged during data analysis:

4.4.1Teamwork

During interview, respondents demonstrated the importance of teamwork at workplace. They emphasized that, teamwork helps to work easier and also it helps to solve the problems so that performance can be improved. Without teamwork, the work could be difficult.

One of the respondents had the following to say:
*''This work needs cooperation, they said "midwifery is a closed book", so if you see something is difficult, you must call your colleague to help you, thus the problem could be solved. For example, in the management of Post-Partum Hemorrhage (PPH), it's never to be done by a single person'' (*EN number 18).

In addition, another respondent added:
"There is teamwork and it helps a lot, if there is no cooperation between nurses at labour ward and the staff in the theatre, the work could not be done. For doctors and nurses without teamwork the work could be difficult"(EN number 08).

4.4.2 Motivation

Respondents explained that motivation may enhance their responsiveness; it increases their morale to work at the labour ward. They argued that financial and non financial incentives from higher authorities helped to feel appreciated and valued for their work. These may help to be responsible to whom they saved.
One respondent stated that;
''...and if a person has done a good job, he/she needs motivation please!... Not only receiving a gift but also includes attending seminars for a person to increase what he/she has'' (EN number 03).

Another respondent added: *''Motivation, I mean to create an environment which differentiates labour ward from other wards. The workload of labour ward compared with other wards is quite different, they may provide some kind of motivation so as to inspire nurses to improve services provision, so that other workers in other wards get interest to work at labour ward'' (*RN number 20).

4.4.3 Information and communication

Respondents claimed that communication enhanced their responsiveness. Through communication nurses respond quickly to the patient's need.

One respondent said:

''...you can't go home without handing over of a report. For example, I delivered the woman and she has developed PPH, she looks anaemic and pale. Therefore I need to tell my colleagues that, the patient needs blood transfusion, and ask for it at the laboratory. If there is poor communication, you can't communicate with a person, and you can't shout for help, so communication is good and it increases responsiveness at workplace'' (EN number 08).

Also it was emphasized as:

''...if he/she gives information, I could know if the situation is good or bad, maybe it is problematic and should know how to solve it. For example, you may find the mother has fetal distress, and on assessment you identify she is not near to give birth. In fetal distress a lot can be done, like resuscitation and it is not an end, you need to look for a doctor and discuss it. May be he/she may perform emergency Caesarean section with an aim of saving both or if not, even one of them'' (RN number 22).

4.5 Workplace factors affecting productivity of nurses working at labour wards

Respondents reported that productivity may be affected by various issues in which nurses may encounter at workplace. Four sub-categories of nurse's productivity emerged from data analysis: poor working environment, shortage of staff, inadequate medical supplies, equipments and drugs and an increased workload.

4.5.1 Poor working environment

Respondents claimed that poor working environment is one among the factors that hampered productivity at workplace. Not only physical environment may affect the nurse's productivity; where the nurses interact with their client but also inadequacy of personal protective gears necessary for nurses to wear while assisting the women in delivery.

One respondent highlighted that;

''...it depends on the working condition; sometimes the pipe has broken and water flows everywhere, sometimes electricity has switched off even for half an hour, how do you work in condition like that'' (RN number 20).

Another respondent added:*''...the environment is unsafe, you may provide services to a woman; out from nowhere the blood spills on your mouth. If you want to protect yourself every time with protective gears, sometimes they are inadequate or out of stock"* (EN number 08).

4.5.2 Inadequate staffing level

Shortage of trained nurses to assist women in labour is worsened; as nurses explained. Nurses are overworked and prolong the working hours from morning to evening so as to meet the demand of the women.

One respondent narrated that: *''...you may find three staff in a shift; and it is a day to transfer referral to Muhimbili, one nurse may go to Muhimbili. It happens another one is required to go to theatre, only one nurse remains in the ward. For one nurse to work alone it could be troublesome; there are some things that you may fail to do on time''* (RN number 07).

Another respondent highlighted: *"...today I have to work from morning to 8:00 pm but I am supposed to come at evening shift. My incharge called me and insist to come; because there was only one staff another staff is sick. You may assist delivery here and there; this woman is pushing, that one is pushing; you will provide insufficient service; not quality just to finish"* (EN number 08).

4.5.3 Insufficient medical supplies and equipments

Respondents complained about scarcity of materials and drugs necessary for doing work appropriately. Sometimes they are required to run here and there in different wards looking for supplies and drugs to save the women and the baby's life. This situation leads to delay in receipt of adequate and appropriate care at facility level.

One respondent stated that:

''No medical supplies here, sometimes we assist delivery with clean gloves. The problem comes once the woman did not come with gloves and in the ward is out of stock. We move to other wards to look for gloves, sometimes equipments are available, sometimes are out of stock completely; most of the time is out of stock." (RN number 10).

Similarly, one respondent added: *''...you may look for equipments to use and never get any. Yesterday the doctor has ordered to catheterize a woman; in the ward there is no catheter, today her relative came, she bought and brought it. Service provision may delay due to inadequate equipments''* (EN number 17).

4.5.4 Increased workload

Respondents reported that they are overwhelmed with the number of women attended in labour wards. Heavy workload may increase due to shortage of staff, sometimes there are some mixing of the work together with emergencies raised in working hours. The services become poor as the nurses fail to provide the standard needed for saving life; sometimes they arrive at work but until the time of changing their shift, they did not have time to rest.

One respondent remarked that:

''There is a heavy workload here; you may arrive at work in the morning but until 3:00 pm no one has even a minute to rest. Sometimes you may receive birth before arrival (BBA) from home, and immediately she starts post-partum hemorrhage (PPH); and she was not in the ward before; thus work interrupting others"...Approximately in morning or evening shift you may assist deliveries ranging between six and eight, but in night shift you may reach up to twelve per nurse (EN number 17).

Another respondent highlighted:

‘‘Shortage of staff and pooling of the patients increased workload. Example you may have pooling of patients, some of them require Cesarean section, but there are three rooms in the theatre. In the day of general surgery, you need to transfer women indicated for Cesarean section to Muhimbili National Hospital, sometimes they may refuse to accept the patient and you may come back with her. At the end of the day you have mixing of the work, delivering of low score and fresh still births”…Roughly for twenty four hours we may deliver sixty to eighty babies.” (RN number 11).

4.6 Workplace factors enhancing competence of nurses working at labour wards.

Respondents portrayed competence as being improved eventually with different circumstances which might face in the life of clinical practices. Four sub-categories that enhanced competence emerged from nurse’s expression.

4.6.1 Continuous Professional Development

Respondents mentioned some training/ seminars session attended; they argued that training has a great contribution on acquiring new knowledge, skills and abilities that may increase competence in provision of quality services and improved performance as well.

One of the respondents said that:

‘‘…yesterday I have attended on training on Help Baby to Breath, they have trained us on how to resuscitate those babies with birth asphyxia. It improved my skills on resuscitation of newborn baby” (RN number 04).

Another one emphasized that:

‘‘…when I was studying in a college; fundal pressure was accepted and vacuum was discouraged. Nowadays things have changed; no longer fundal pressure rather than vacuum extraction. Training helps to acquire new knowledge, and we do it” (EN number 16).

One respondent emphasized on the importance of attending higher education.

"For this level I have achieved, I need more advancement. I believe in midwifery, things are not the same, there is some deeper knowledge. I believe if I can attain that, it will be better" (RN number 11).

4.6.2 Guidelines

Respondents argued that, these documents helped them to become more familiar with procedures; it builds confidence and improved competence in performing activities. However adherence of instructions written in the standard operating procedures manuals fails, due to inadequate of human and non-human resources.

"Almost all guidelines used here are coming from the Ministry. It helps even in mentorship; you see if someone is doing it correctly, it helps to build my colleagues" (RN number 11).

Another respondent said that:

"…those things directed to do is a challenge; because of, perhaps shortage of staff. Due to a shortage of staff, it may not easy to deliver the woman by two nurses. The work of two nurses is covered by a single nurse" (EN number 02).

Also one member emphasized on shortcoming of involving those who are not practicing in the field, in formulation of documents. As one respondent narrated:

In instructions, you know, in every procedure, there are things that are missing. I can say not all people who were involved in updating of Standard Operating Procedures (SOPs), have work in sites. So there are things which are missing; once you involve District Reproductive and Child Health Coordinator (DRCHCO) who has stayed for five years in the office and never been at labour ward, there are problems" (RN number 11).

4.6.3 Leadership characteristics

Respondents clarified that they were supported in doing their work by immediate supervisors; and become frontline in assisting them especially in complicated cases at labour ward. Respondents have appreciated the encouragement and support as narrated below:

''My leader has supported me a lot, she assists me a lot. When I started to work, she is the one who assisted me, because at that time I was performing resuscitation, but if the baby had critical condition (asphyxia); I was afraid, but she helped and assisted" (EN number 08).

Another respondent said: *''...my incharge has provided greater support in doing my work. Sometimes assisted normal delivery failed, you may perform vacuum extraction also it failed, the baby never come out, once my incharge as around, she provides an advice immediately on what to do''* (EN number 09).

4.6.4 Supportive supervision

Respondents reported that supportive supervision increases their abilities and performance; since this new approach replaces the traditional one which demoralized the nurses. Nevertheless some of supervisors still used an abusive language to nurses:

"*...supportive supervision helps, it excludes things like why did you not do this? In now days; it looks like a coaching, somehow it brings changes"* (RN number 11).

Another respondent added:

"Somehow it helps, but it discourages. A supervisor may come, never saying in polite language. There is a kind of language used to educate a person'' (EN number 18).

CHAPTER FIVE

5.0 DISCUSSION

5.1 Introduction

This chapter discusses the findings of the study, it compares with various related studies conducted before. It discusses findings; points out different workplace factors expressed by respondents that influence job performance. The emerging themes and subthemes are discussed in details below.

5.2 Workplace factors influencing availability of nurses working at labor wards

This study revealed that nurses sometimes are being forced to be absent from their work due to various reasons. Burnout identified as subcategory that may influence absenteeism. Nurses are overworked due to shortage of staff; this situation may exhaust the nurses on duty, demoralize them and so they get sick. Nurses are looking for an excused duty so as to have enough time to rest. This finding is consistent with other studies. Baydoun *et al.*, [49], in their study they reported that nurses are physically exhausted and they have a high nurse to patient ratio; they are psychologically tired so they take sick leave to have some rest. Also stress in nurses may cause depression, isolation from patients, absence and decrease of their qualification [50]. Thus improving a nurse to patient ratio may reduce stress and absenteeism among nurses.

Inadequate payment reflected as a feature of nurses' absenteeism. The respondents explained that, sometimes nurses may lack some money to use for the transport expenses so as to attend at work, since they are staying far away from working area. This is also consistent with other studies which indicated financial matters as influencing absenteeism. According to Baydoun *et al*., [49] elsewhere nurses are absent due to working in two jobs for better monetary income. When their duties overlap with their second job the nurses were absent. It has been observed in South Africa that nurses are moonlighting and therefore cannot work in the hospital that they are registered to [32]. In our context it is not easily for nurses to work in two sites, sometimes they need to extend working hours or to work without off days for a week or more. This is a different finding compared to what the other studies mentioned above found out.

Irregular schedule of duty roster was reported as a driving factor for absenteeism. It was reported that there is a habit of in charges to have emergency call to nurses demanding them to attend a certain shift which was not arranged before. Sometimes in charges may forget to call as a result it is found that the nurse may lack such information and fail to attend at work. It has been observed in England Nurse Rerostering can lead to frustration amongst the nurses since they tend to organize their private lives in accordance with their expected duties, any change in the announced rosters may create personal inconveniences to some of them [51].

5.3 Workplace factors enhancing responsiveness of nurses working at labour wards

This study found that teamwork fosters responsiveness among nurses in the provision of quality and timely maternal health services. Midwifery seems like a closed book, no one is perfect and being able to delivery services alone. There are things which become difficult, through cooperation and collaboration among health care workers; helped to tackle it. This is supported by other researchers; Ray [35] who confirmed that in America when health care providers work as a team, they can be more responsive to changes as they occur, trust developed in a cohesive team, increasing confidence among partners, knowing they will fulfill their duties during a crisis. Nurses, doctors and assistants working as a team tend to make fewer mistakes, leading to improved patient outcomes; so it reduces hospitalization time and costs [52]. Team working with individuals, possess such a variety of skills can therefore act to enhance the level of patient care, which can be achieved by the healthcare team.

Motivation has also been reflected to enhance nurses' responsiveness at workplace. This study indicates that motivation was considered as something given to nurses for doing their job well. This can enhance responsiveness as the nurses have seen that their work have been valued and appreciated by superior. This will encourage other staffs who are working outside labour ward to have a desire and be ready to work at labour ward; also it helps the nurses to work harder and improve their performance. This is consistent with other findings; when you motivate someone financially, even if they do not have all the equipment they need, they would just find a way to help out. Without that (financial incentive) they go slow [53].

Respondents also argued that, by allowing them to attend in service training and further studies may feel pleasure and valued. Professionals' development, education and training are motivating and they give health professional greater confidence in doing their duties [54]. However the President's Office Public Service Management (POPSM) developed pay and incentive policy in 2010, the policy has not been disseminated and operationalized [13]. Through dissemination of the policy will influence the leaders to take initiatives on motivating heath workers particularly nurses, so as to maintain their morale of work.

Communication may enhance responsiveness at work. When nurses are provided with enough information concerning women in labour, it helps to take immediately actions on what to do to help the women. Clear line of communication among nurses, nurses to doctors and nurses to superior may help to enhance nurses' responsiveness. This is consistent with Stephen [55], on fostering interprofessional collaboration in health care. In New York when nurses collaborate as equals with other health care providers, patient outcomes and quality of care tend to improve. Since nurses know the patients more, on a daily-day basis when they are hospitalized, they know what works and doesn't work for the patients.

5.4 Workplace factors affecting productivity of nurses working at labour wards.

Working environment has great effect on health care service delivery. Respondents argued that when the environment can be distorted physically may affect on provision of maternal services; meanwhile when the required working tools are inadequate, nurses fail to conduct delivery properly so their productivity diminished. Working in unsafe environment has exposed to acquire blood borne infection, from the mothers they saved.

Hazardous environments increase health workers absenteeism, turnover and risk of abandoning the profession. Inadequate supplies, outdated or missing equipment, and lack of potable water and/or electricity demotivate workers in turn lower the productivity [56]. Positive practice environments strive to ensure the health, safety and personal well-being of staff, support quality patient care and improve the motivation, productivity and performance of individuals and organizations [57].

This study identified inadequate of nursing staffing level that may lead to deliver ineffective services. Sometimes they forced to delivery incomplete services and not timely since more than one mother have pushed at the same time. This study is consistent with that of Mselle *et al.,* [58]; they revealed that nurse-midwives were being overburden by the number of women coming for deliveries due to shortage of personnel. To deal with this, they had to work overtime, select whom they should give care (serious cases), and leave other women to give birth on their own without support. In Iran, shortage of nursing staff has a negative impact on both the productivity of the nurses and the effectiveness of care; this leads to certain significant care procedures being overlooked and increased errors and necessitates involving unsuitable staff or patient's friends or family members in the care process [59].

The government of Tanzania has made effort on scaling up of nurses through shortening of Enrolled nurses curriculum from four to two years. This helps to have in place the right number of motivated, qualified and skill mix staff in the right place at the right time; to have quality improvement of maternal, newborn and child care [12, 60]. In a third Human Resource for Health Strategic Plan 2014-19 stressed on increasing the number and capacity of health and social welfare workers, enhance retention and improve utilization [13]. Improvement of retention and utilization of existing nurses will be crucial for the women to access and utilize maternal health services and attended soon at health facility level when they arrived.

Respondents are working with scarcity of materials and supplies; this may force nurses to run in different ways to seek for equipments. Nurses become frustrated and stressed in turn fail to execute effective services; both nurses and the women become unsatisfied. This is supported by Mselle *et al.,* [58], their study reflected that nurses may lack of materials, drugs and safe blood for transfusions in the health facilities that are basic and essential tools to ensure that they can carry out their duties effectively. As a result, nurse-midwives see themselves as working in very difficult environments that hinders their ability to provide quality birth care.

The government of Tanzania through Primary Health Services Development Programme (PHSDP) 2007–2017 acknowledges on inadequacy of equity in access to essential medicines and related supplies, with a consequent impact on quality of care. Also has experienced a

disproportion between the needs and allocated budget for the purchase of medicines and medical supplies [60]. This hampered the implementation of health policy that emphasized execution of free maternal health services. Increasing the budget of the health sector is crucial so as reach the Abuja declaration 15% for the improvement of maternal health services including availability of medicines, medical supplies and equipments. When the medicines, medical supplies and equipments are available, the nurses may implement exemption policy easier and the women may access the services.

Heavy workload of labour ward nurses has been mentioned as a feature affecting productivity. They have explained that due to shortage of staff, particularly intense shortage at the time of staff redundancy with fake certificates, they have been overburdened of the work. The number of staff is incomparable with the number of women attended at labour ward. They are forced to prolong the working hours from morning to 8:00 pm, and sometimes they have worked without off days for a week even two weeks. In doing so they become exhausted with increased workload, thus may affect their productivity because the service provided is not of required quality.

In Canada, it was noted that with too few nurses and too many responsibilities nurses feel torn from the core values and elements of their work, find it difficult to feel proud or satisfied with their work, and experience a drop in productivity and effectiveness [61]. Armstrong & Reale [62] have reported that in Australia high nurse workloads also correlated to higher infection rates, increased incidences of readmission, more patient falls, longer patient stays, diminished ability of nurses to assess and observe potentially fatal medical complications in their patients, and lower patient's satisfaction. The findings of this study stress out the negative impact to the mother, any complication may arise during or after delivery due to ineffective services, newborn may have scored low or increased neonatal sepsis meanwhile the nurses may end up with physical and psychological exhaustion which in turn can lead to absenteeism, low productivity and poor performance.

5.5 Workplace factors enhancing competence of nurses working at labour wards.

Respondents emphasized that attending in service training may increase their abilities in performing their duties. Similarly they have explained on the importance of joining in higher education so as to gain knowledge and skills on maternal health services. It may build confidence among nurses and are being able to handle normal deliveries and obstetric emergencies as well. This study supported by Giri *et al.,* [63], in that study was revealed that for health workers to provide quality care and meet their communities changing health care needs, they must become lifelong learners dedicated to upgrading their professional knowledge, skills, values and practice.

In (PHSDP 2007–2017) it is pointed out that in-service training (IST) and continuing professional development (CPD) is essential for updating and maintaining health workers skills and knowledge and for assuring quality service provision [60]. However it is common to find health workers who have not been refreshed for periods of 5 years or more while others have attended several trainings. After all, there has been little follow up of those who attended such training to establish the effect of the training on their performance [13]. Fairly selection of personnel on attending in training as well as permission to attend higher education is crucial for the knowledge acquisition and improvement of performance among nurses.

Respondents described that abide on guidelines may help in performing procedure at work. It familiarizes with procedures step by step, so they have gain confidence in doing their tasks. Inadequate staff and equipments mentioned as barriers in implementation of guidelines as expected by the ministry of health. This is reliable with Knebel *et al.,* [36], who noted that in America often health job aids are meant to increase important dimension of care, technical competence, interpersonal relations, efficiency and safety. This help health care providers on improving their ability to perform better by making information readily available at the time of the patient- provider performance.

In Cyprus the nurses point out often come across situations where they must use protective equipments, but this is not possible due to the lack of availability of such equipments [64].This may forced them to fail to comply with standard precautions to avoid from being exposed with

microbes. Poor compliance of settled guidelines reduces the quality of services required for improvement of maternal health.

Being assisted and supported by senior build trust and helps to gain confidence in doing work. Respondent argued that, in charges of the wards as an immediately supervisors have supported and encouraged on doing their work, especially in handling of complicated cases. The finding is reliable with Iqbal *et al*., [65], on the effect of leadership on employee performance, it was reported that participative style of leadership has a greater positive effect on employee performance in which situation employee feel power and confidence in doing their job and in making different decisions. In Pakistan Rasool *et al*., [66], revealed that transformational leaders are very passionate, enthusiastic and energetic. They work to transforms the skill, capabilities, values and belief of their followers. This study acknowledge the encouragement of immediate supervisors however the high authority has the role of managing and utilize the subordinates effectively maintain the morale of work.

This study revealed that supportive supervision is regarded as a coaching method that builds confidence among nurses. Being supervised might help to improve skills since supervisors can use this method to train subordinates; nurses may increase their abilities on conducting deliveries and immediate care of newborn babies. This study is supported by Benavides [38] who stressed that, improving health services requires continuous support for health workers to allow those in the frontline of service delivery to perform as expected. According to MOHSW (2008), supportive supervision help service providers to achieve work objectives by improving their performance, ensuring uniformity to set standards, identifying problems and solving them in a timely manner, making a follow-up on decisions reached during previous supervision visit, identifying staff needs and providing opportunities for personal development and reinforcing administrative and technical link between high and lower levels [67].

5.6 Limitation of the Study

This study involved only nurses at labour wards, it limits the generalization. For the sake of improvement of health workers performance, more information may be valuable from other health care professionals and health care managers as well.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This study attempted to assess workplace factors influencing nurses' performance; a case study of nurses at labour wards in Regional Referral Hospitals in Dar es Salaam. In this study, the findings indicated interrelated workplace factors that influence the nurses' performance. These factors go beyond the nurse's desirability to provide services; and cut across at different levels. There is much work to be done to sustain nurses' performance

The study revealed that inadequate resources in terms of human and non human resources act as major obstacles on nurses' performance. Nurses are working in difficulty situation due to shortage of staff and sometimes they are prolonging working hours to work even without off days. The issue of motivation also is problematic and may demoralize nurses though they overworked with inadequacy of medical equipments and supplies. These need central government to deal with; however it has been taken some initiatives to increase the production of nurses.

Due to pooling of women attending in labour wards, the space is not enough to accommodate even the delivery beds are not enough. The council has mandate to plan, coordinate, implement, supervised, monitor and evaluate all heath activities to make sure health services are executed in a quality way.

Nurses acknowledge that supervision and in-service training may help to gain their confidence and competence as well. Hospital management team has an obligation to make sure nurses are implementing the policy into action properly. They need to support nurses and to evaluate their performance to make sure they are improved.

The findings from this study may be used to help other researchers to do further investigations on the area of performance among nurses and other health workers; to know the most factors at which level might influencing their performance.

6.2 Recommendations

Increase the number of staff

The government and other development partners should increase the number of nurses to meet the demand of women in labour. This might be done through training, employing, retaining and motivating the nurses to have enough skilled birth attendants, to reduce the workload.

Provide motivation

The government should provide support to motivate and increase morale for nurses to work. This could be done through financial (allowances) and non financial incentives (training/seminars).

Capacity building

The government should provide in-service training to enhance the competence of nurses. This may also be maintained through regular supportive supervision, to help staff in performing procedures and to allow them to attend higher education to improve skills and abilities.

Provide adequate medical supplies, equipments and drugs

Insufficient medical supplies, equipments and drugs may exacerbate the nurse's productivity. The government should equip health facilities with adequate materials necessary for service execution. This helps nurses to implement exemption policy effectively and the women may access free maternal health services.

Improve information and communication delivery

The government should provide clear information concerning maternal health services to avoid contradiction among nurses and the end users of the services.

Improve leadership skills

The leaders should receive the inputs from the juniors for improvement of leadership style. This can help the leaders to develop their skills on managing staff which in turn may help to improve staff performance.

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APPENDICES

Appendix I: Consent Form English Version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)

DIRECTORATE OF RESEARCH AND PUBLICATIONS

ID No …… Date ……..……

Introduction

Greetings! My name is Setebe, Theresia a student at Muhimbili University of Health and Allied Sciences pursuing Masters of Arts in Health Policy and Management. I am conducting a research on "Assessment of Factors influencing performance of nurses: A case of Nurses working at labour wards in Dar es Salaam Regional Referral Hospitals".

What Participation Involve

Your participation in this study will be at your discretion and you are free to decide without any adverse reactions. Participation will require you to answer some basic questions on factors influencing performance of nurses: A case of Nurses working in labour wards in Dar es Salaam Regional Referral Hospitals. If you agree to join this study, you will be required to sign this consent form and answer the questions that you will be asked by the interviewer.

Voluntary participation

Taking part in this study is totally voluntary, that is, you can decide to participate or not. You can stop participating in this study at any time, even if you have already given your consent.

Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Confidentiality

All information that will be collected from you will be entered in computer and protected. The study will not include details that directly identify you, such as your name, only the participant identification number will be used. Only a small number of researchers will have a direct access to the interview. If case of publication or presented at a scientific meeting, names and other information that might identify you will not be used.

Rights of Participation

Taking part in this study is completely your choice. You are free to skip any question if you feel uncomfortable. You can stop or withdraw from participating in this study at any time even if you have already given your consent. Refusal to participate or withdraw from the study will not involve any penalty or loss of any benefits or care you are being given before.

Benefits

There are no direct benefits to you now. However if you agree to participate in this study, your contributions will be used in improving the performance of nurses and provision of health care services at labor wards in Dar es Salaam Regional Referral Hospitals. And will also help in formulating strategies which will be used to improve the performance of nurses.

Risk

We do not expect that any harm will occur to you during and after your participation in this study.

In case of injury

We do not expect that harm will occur to you as a result of participating in this study. However, if any physical injury resulting from participation in this research, we will provide you with medical treatment according to the current standard of care in Tanzania. There will be no additional compensation to you.

Whom to contact

If you ever have questions about this study, you should contact the Dean of school of Public Health, P.O BOX 65015, Dar es Salaam, the Principal investigator Setebe Theresia (0682384942) or the supervisor Professor Kiwara, A. Muhimbili University of Health and Allied Sciences, P.O. Box 65001, Dar es Salaam. Also you may contact a Chairman of the Institutional Review Board (IRB) of Muhimbili University of Health and Allied Sciences, P.O. Box 65001, Dar es Salaam. Tel: 2150302-6.

Do you agree? Yes…….. No……

Participant agrees ……..... Participants does not Agree. ……...…

I …….. have read the contents of this consent form and my questions have been adequately answered. I therefore agree to participate in this study.

Signature of the participant ……. Date ……

Signature of the interviewer …… Date ……

Appendix II: Ridhaa ya kushiriki katika utafiti (Tafsiri ya Kiswahili)

CHUO KIKUU CHA SAYANSI YA TIBA MUHIMBILI

KURUGENZI YA UTAFITI NA UCHAPISHAJI

Nambari ya Utambulisho …… Tarehe ……..……

Utambulisho

Habari!! Naitwa Setebe, Theresia ni mwanafunzi wa mwaka wa pili katika chuo kikuu cha Afya na Sayansi Shirikishi Muhimbili.Ninasoma shahada ya uzamili katika fani ya Sanaa ya Sera za afya na Uongozi. Ninafanya utafiti unaolenga kuchunguza sababu zinazopelekea kuongeza ufanisi wa utenadji kazi kwa wauguzi; hususani kwa wauguzi walioko wodi za kujifungulia wajawazito katika hospitali za rufaa, za Manispaa, Dar es salaam.

Mambo muhimu katika kushiriki kwenye utafiti

Kushiriki kwako katika utafiti huu ni hiari na hutashurutishwa na mtu yeyote Kama utashiriki utaombwa kujibu maswali yanayohusu kuchunguza sababu zinazopelekea kuongeza ufanisi wa utenadji kazi kwa wauguzi; hususani kwa wauguzi walioko wodi za kujifungulia wajawazito katika hospitali za rufaa, za Manispaa, Dar es salaam.

Haki ya kushiriki

Una uhuru wa kuchagu kushiriki au kutoshiriki katika utafiti huu pia una haki ya kujibu au kutokujibu swali ambalo halikupi amani. Ukiamua kutokushiriki au kutokuendelea kushiriki utafiti, uamuzi wako hautakuathiri kwa vyovyote vile. Kama italazimu, uko huru kutoshiriki katika utafiti huu hata kama awali ulikuwa uko tayari umeshatoa idhini ya kushiriki. Uamuzi

wako wa kukataa kushiriki ama kujitoa kuendelea na ushiriki katika utafiti huu hakutasababisha wewe kupewa adhabu yoyote ile.

Usiri

Taarifa zote zitakazokusanywa zitaingizwa kwenye kinakilishi (kompyuta), huku namba ya utambulisho tu katika utafiti itatumika badala ya jina la mtoa taarifa. Taarifa zote zitakazokusanywa zitalindwa na kutunzwa kuheshimu usiri wa mtoa taarifa. Kiasi kidogo sana cha watafiti watakaokuwa na uwezo wa kufungua na kuona taarifa zilizo kusanywa katika utafiti.

Faida

Hakuna faida ya moja kwa moja. Hata hivyo kama utakubali kushiriki katika utafiti huu, mchango wako katika kushiriki utakuwa na manufaa katika kuboresha huduma zinazotolewa wodi za kuifungulia wajawazito na kupanga mikakati mahususi ya kuwafanya wauguzi kutoa huduma kwa ufanisi katika hospitali za rufaa ndani ya Manispaa, Dar es Salaam.

Madhara

Hatutegemei kuwa madhara yoyote yanaweza kukupata wakati na baada ya kushiriki katika utafiti huu.

Kama ikitokea umedhurika

Hatutarajii kama kushiriki katika utafiti huu kutaleta madhara yoyote kwako. Hata hivyo, kama katika hali yoyote ungali ukishiriki katika utafiti huu ukapatwa na madhara ya kimwili, tutakupatia matibabu kulingana na sera ya matibabu ya wizara ya Afya.

Mtu wa kuwasiliana naye.

Kama una maswali zaidi kuhusu utafiti huu, tafadhali wasiliana na Mkuu wa chuo, kitengo cha Afya ya jamii, Chuo cha Afya na Sayansi Shirikishi Muhimbili, S.L.P. 65001 Dar es Salaam. Au wasiliana na mtafiti mkuu Setebe, Theresia (0682384942)**,** au msimamizi Profesa Kiwara, A. Chuo cha Afya na Sayansi Shirikishi Muhimbili, S.L.P . 65001, Da es Salaam. Pia waweza kuwasiliana na mwenyeketi wa Bodi ya ndani ya mapitisho ya tafiti ya chuo kikuu cha Afya cha Sayansi shirikishi Muhimbili S.L.P. 65001, Da es Salaam, Simu 2150302-6.

Sahihi.

Unakubalikushirikikatikautafitihuu?

Nakubali…… Sikubali…….

Mimi…….nimesoma kwaumakini kilichoandikwa katika fomu hii. Maswali yangu yote yameejibiwa.Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki…..……tareha……..

Sahihi ya shahidi ……..tarehe…….

Sahihi ya mtafiti……. .tarehe…….

Appendix III: Key Informant Interview Guide – English Version

ASSESSMENT OF WORKPLACE FACTORS INFLUENCING THE PERFORMANCE OF NURSES: A CASE OF NURSES AT LABOUR WARD

Serial No._____

Name of the Facility_____

Date _____

Name of Interviewer_____

Start time _____

End time _____

Section 1: Socio – Demographic Data

1. Age _____years
2. Sex _____
3. Education Level _____
4. Job Title _____
5. Duration of stay in job title_____
6. Duration of stay in labour ward_____

Section 2: Factors influencing Availability of nurses

7. Employee being present/ absent at workplace on duty he/she provides services:

    - What do you think might happen to clients and entire organization?

8. Nurses sometimes may failure to attend at workplace; what could be the reasons for absenteeism of nurses in your workplace?

Section 3: Factors enhancing Responsiveness of nurses

9. In short, what could you say about responsiveness of a nurse for pregnant women who are in labour?

10. What enhance the nurses to be more responsiveness to the women whom they saved?

Probe for:

- Availability of information and Communication
- Teamwork

Section 4: Factors affecting Productivity of nurses

11. What can you say about workload in your ward?

- How many deliveries can you assist in a day/shift?

12. Nurses can utilize working hours for unproductive work sometimes; how does this situation affect the clients (pregnant women), colleagues and an organization?

Probe for:

- Workload
- Poor service delivery
- Client complain

13. What could be the factors that affecting your productivity?

Probe for:

- Unsafe environment.
- Lack of medical supplies and drugs
- Recognition
- Shortage of staff

Section 5: Factors enhancing Competence of nurses

14. What kinds of training have you ever received at labour ward?

- How does this training increase your skills and ability in provision of services?

15. What kinds of guidelines are you using when attending the client at labour ward?

Probe for:

- Importance
- Language used (understanding)
- Arrangement and Instructions on attending the clients (implementation).

16. How do you think your leader can improve your skills and ability on child birth?

Probe for

- Supportive supervision.

17. From your opinion what should be done to influence performance of nurses at labour ward?

Thank you for your participation.

Appendix IV: Muongozo wa Mahojiano– Tafsiri ya Kiswahili

Dodoso linalolenga kuchunguza Sababu zinazopelekea Kuongeza Ufanisi wa Utendaji Kazi kwa Wauguzi; Hususani Wauguzi walioko wodi ya Kujifungulia Wajawazito.

Nambari ya dodoso_____

Jina la kituo_____

Tarehe _____

Jina la anayehoji_____

Muda wa kuanza mahojiano_____

Muda wa kumaliza mahojiano_____

Sehemu ya 1: Taarifa za Kijamii na Kidemografia za Mhojiwa

1. Umri(miaka) _____
2. Jinsia_____
3. Kiwango cha Elimu _____
4. Cheo _____
5. Miaka ya uzoefu katika kazi_____
6. Muda uliofanya kazi wodi ya wazazi_____

Sehemu ya 2: Sababu zinazopelekea Kuwepo/Kutokuwepo Kazini

7. Muuguzi kuwepo/kutokuwepo kazini katika zamu yake akitoa huduma:

   - Je waweza kufikiri nini kitatokea kwa wateja (wajawazito) na shirika/ taasisi kwa ujumla?

8. Kuna wakati mwingine wauguzi hushindwa kuhudhuria kazini, je ni sababu gani ambazo zinapelekea kutofika kwao?

Sehemu ya 3: Sababu za Kiuwajibikaji Kazini

9. Unawaeza kunieleza kwa kifupi wajibu wako kwa mama anayetaka kujifungua?

10. Ni sababu zipi zinazokuwezesha uwajibike ipasavyo kwa wamama unaowahudumia?

Dodosa:

- Kuwepo na taarifa na mawasiliano ya kutosha
- Umoja wa kufanya kazi

Sehemu ya 4: Sababu za Kiuzalishaji wa Huduma

11. Unazungumziaje ukubwa/ wingi wa kazi katika wodi yako?

- Kwa makadirio ni kina mama wangapi unaowazalisha?

12. Kuna wakati mwingine muuguzi hutumia muda wa kazi kwa shughuli nyingine, je ni kwa namna gani inaweza kuathiri wateja (wajawazito), wafanyakazi na shirika kwa ujumla?

Dodosa:

- Ugumu/wingi wa kazi
- Kushuka kwa kiwango cha huduma
- Malalamiko kwa wateja

13. Je unadhani ni sababu gani zinazopelekea uweze kutoa huduma vizuri/vibaya?

Dodosa:

- Mazingira hatarishi ya kazi
- Upungufu wa vifaa tiba na madawa
- Kutambuliwa na kuthaminiwa
- Upungufu wa wafanyakazi

Sehumu ya 5: Sababu za Kiuwezo wa Kufanya Kazi

14. Je ni mafunzo ya aina gani ambayo umeyapata tangu uwepo katika wodi ya wamama wanaojifungua?

- Unafikiri yamekusaidia kwa namna gani kuongeza uwezo wako wa ufanyaji kazi?
- Unafikiri mafunzo ya kujiendeleza yanaweza kukusaidia kuongeza uwezo wako wa ufanyaji kazi?

15. Je ni aina gani ya miongozo ya wizara unayotumia uwapo ndani ya wodi yako katika kutoa huduma?

Dodosa:

- Lugha ilotumika
- Mpangilio na Maelekezo yalotolewa

-Je ni jinsi gani miongozo hiyo inakusaidia kuongeza uwezo wa ufanyaji kazi?

16. Ni kwa namna gani kiongozi wako wa kazi anaweza kusaidia kuongeza uwezo wa kufanya kazi?

Dodosa:

- Unazungumziaje usimamizi shirikishi (supportive suppervision) katika kazi, unadhani inasaidia ufanyaji kazi wako?

17. Kwa maoni yako nini kifanyike kuboresha utendaji kazi kwa wauguzi ndani ya wodi yako?

Ahsante kwa ushirikiano wako