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THE INFLUENCE OF MOTIVATION ON THE PERFORMANCE OF NURSING OFFICERS IN DEVOLVED UNITS, A CASE OF NYERI COUNTY, KENYA

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Abstract

Purpose: The management of human resources in healthcare institutions is vital to enable the delivery of efficient and effective medical and nursing services and to achieve clientele satisfaction. Motivation of human resources for health enhance quality service provision hence better outcomes. This study therefore sought to establish the influence of motivation on the performance of nursing officers, in devolved units, a case of Nyeri County, Kenya.

Methodology: This study adopted a cross sectional descriptive research design. The respondents constituted all nursing staffs and managers in Nyeri County health facilities and at the County Director's Office. Stratified random sampling was used to come up with a sample of 248 respondents. Data was collected using questionnaire. Descriptive statistics were used in the analysis of data with the help of SPSS 23. Chi-square analysis was used to establish relationships.

Findings: The researcher found that motivation of nurses was not well done with a mean of 2.84, SD=1.090, and there were no upgrading and promotion opportunities (M=1.81, SD=1.133) for nurses in the county. There was a moderate performance of nurses with a mean value of 3.75, SD=1.100. Chi-square analysis showed that motivation ($\chi^2 = 28.860$, $df=16$, $p=0.025$) significant at 95% confidence level. The Cramer's V value was positive indicating that motivation ($v=0.473$) enhance performance.

Contribution to theory, practice and policy: The study concluded that motivation influences the performance of nursing officers, in devolved units in Kenya. Specifically, motivation approaches and techniques used in the health sector should be overhauled and/or reviewed as they are not effective. In particular, remuneration of staffs who have upgraded should be reviewed according to human resources policy.

Keywords: *Motivation, Health workers, Performance of Nursing Officers*

1.0 INTRODUCTION

Health outcomes are unacceptably low across most of the developing world, and the persistence of deep inequities in health status is a problem which is affecting all countries in the world (Vermeeren et al., 2014). It's only through building and strengthening health systems will it be possible to secure better health outcomes. Hyde, Sparrow, Boaden and Harris (2013) indicates that a single framework with six building blocks is important to promote a common understanding of what a health system is and what constitutes health systems strengthening. The building blocks are: service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance (stewardship). Health system strengthening is building capacity of individuals and institutions to achieve more equitable and sustained improvements across health services and health outcomes (Patterson et al., 2010). For health systems strengthening to be achieved integrated approaches that recognize the interdependence of each part of the health system are pivotal. The building blocks provide us with a means of identifying and addressing gaps in our health systems (McAlearney et al., 2011).

According to Hamidi et al. (2017), the most important of the health system inputs, the performance and the benefits the system can deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services, as well as the balance between the human and physical resources. The management of human resources in healthcare institution is essential to enable the delivery of efficient and effective medical services and to achieve patient satisfaction (Elarabi & Johari, 2014). It is also essential to maintain an appropriate mix between the different types of health promoters and caregivers to ensure the system's success. Due to their obvious and important differences, it is imperative that human capital is handled and managed very differently from physical capital. Both the number and cost of health care consumables (drugs, prostheses and disposable equipment) are rising astronomically, which in turn can drastically increase the costs of health care. A practitioner without adequate tools is as inefficient as having the tools without the practitioner. In publicly funded systems, expenditures in this area can affect the ability to hire and sustain effective practitioners.

Training and development is most effective in motivating and retaining high quality human resources within healthcare organization (Hsu, Chang & Hsieh, 2015). While early research on strategic HRM advocated the development of lists of best practices, training and development lead to bundling of high performance work practices or having a system approach to HRM as most effective in ensuring healthcare organizational performance (Mwangi, 2017). Importantly, it has been noted that training is a key element of the bundles of practices arising from research into high performance work systems (Kurnat-Thoma et al., 2017). The training process is one of the most pervasive methods for enhancing the productivity of individuals and communicating healthcare organizational goals to personnel, essentially motivating staffs. Healthcare organizational training activities are recognized as being able to become sources of competitive advantage through their impact on healthcare employee's productivity (Ashour et al., 2018). As the need for current and future effective managers increases in all types of healthcare organizations, training programs and design tools for the evaluation process become more important. These statements evidentially make a mention about the importance of Training, Development, and Motivation in healthcare organizations. It has been confirmed that healthcare

organizations with more progressive people-oriented policies have excelled, leaving the competition behind. This is mainly because when healthcare organizations invest in people, in their training, what they get in return is higher skill and greater competence that helps improve morale and productivity (Kurnat-Thoma et al., 2017). Training is important at all healthcare employee levels, because skills erode and become obsolete over a period and need to be replenished (Nishtha & Amit, 2010).

Per Sanyal & Hisam, 2018, Human resources are the most important assets in the healthcare organization. Unlike other resources, human resources can be developed and increased to an unlimited extent and a healthy climate, characterized by the values of openness, enthusiasm, trust, mutuality, and collaboration, is essential for developing human resources.

The Constitution of Kenya 2010 provides the overarching legal framework to ensure a comprehensive rights-based approach to health services delivery. It provides that every person has a right to the highest attainable standard of health, which includes reproductive health rights. Devolution of health services to county level as per the Kenya Constitution 2010 has had a unique challenge to the medical systems. Since its inauguration, counties have experienced massive misappropriation of funds and numerous strikes by health workers affecting service delivery to Kenyan citizens. In the year 2016, the health sector suffered over 20 strikes January to October 2016. The efficiency and effectiveness of health services has suffered a big blow especially in the public sector. Further the Kenya Vision 2030, the long-term development blueprint for the country, aims to transform Kenya into a “globally competitive and prosperous and newly industrialized middle-income country providing a high quality of life to all its citizens in a clean and secure environment by 2030”. To realize this ambitious goal, the health sector defined priority reforms as well as flagship projects and programs, including the restructuring of the sector’s leadership and governance mechanisms, and improving the procurement and availability of essential health products and technologies. Unfortunately, corruption tribalism and nepotism has dominated recruitment, hiring and procurement of health resources. The Kenya Health Policy 2014 – 2030, together with Chapters 6 and 12 of the Kenya Constitution 2010 provide guidance on the values and principles that all State organs and officers are expected to uphold in the delivery of services. In the implementation of this policy, the health sector should embrace equity in distribution of health services and interventions; public participation, in which a people-centered approach and social accountability in planning and implementation shall be encouraged, in addition to the multi-sectoral approach in the overall development planning; efficiency in application of health technologies; and mutual consultation and cooperation between the national and county governments and among county governments. Nyeri County as one of the devolved units has the best health services in Kenya per the Commission on the Implementation of the Constitution.

Nyeri County with a population of 832,877 has 10 level 4- 6 hospitals and 401 health centres, dispensaries and private clinics (Levels 2-3) both public and private sectors (KHP 2014-2030). On healthcare staffing the ratio of nurses to the population is 1: 654 compared to the national average of 1: 2,054, whereas the ratio of doctors to the population is 1: 5,000 compared to the national average of 1: 25,000 (Daily Nation Newspaper, 2015). In Nyeri County, HCWs cite that during the strike operations of the hospital are paralyzed. The management also cites that forming high performing teams is a big challenge due to the training and nature of the health

sector. According to the Nyeri County health workforce establishment 2017/2018, there are 1,708 health workers in public facilities. This comprises of 826 nurses, 254 public health officers, and 100 medical officers to mention the most prevalent in order of priority.

According to the exit summary, there has been a mixed trend; in the year 2013-2014, 33 HCWs exited; 2014-2015, 70 HCWs exited; 2015-2016, 31 HCWs exited; 2016-2017 43 HCWs exited, and 2017-2018, 49 HCWs exited. This leaves MOIs, BSN Interns, COIs and diploma nursing and clinical medicine students at the mercy of service delivery to clients. Unfortunately this lasts only for a short duration per the nature of rotation schedules leading to many challenges among the HCWs and clients. Developing and using best human resources practices can be a source of addressing this challenges. This study therefore sought to establish the influence of motivation on the performance of nursing officers, in Nyeri County, Kenya.

2.0 LITERATURE REVIEW

Theoretical Review

Job Design Theory posits five key job dimensions that should be present to generate significant positive healthcare organization performance (Oldham &Fried, 2016). This core dimensions include identity of variety, identity of task, task significance, autonomy (independence) and feedback or response. The first dimension (identity of variety) is concerned to the fact that completing repetitive or monotonous tasks offers no encounters to healthcare staff and can cause the HCWs to lose interest and become discontented. On the other hand, task identity proposes that healthcare staffs are more fulfilled when they have a chance to wide-ranging set of duties (Van den Broeck & Parker, 2017). On significance of task, it advises that health workforce need to feel responsible and accountable for their work and comprehend the importance of their duties and its effects on others. In regard to autonomy, this is the staff's control of their personal schedule of work. Lastly, feedback or response dimension suggests that every health worker needs information (customer feedback) on how they are progressing otherwise there will be no satisfaction from effective performance (Chae &Choi, 2018). The 5 core dimensions according JBV theory influence the quality of work by affecting three psychological states. That is, experienced meaningfulness, stake holders responsibility, and knowledge (information) of results (Oldham &Fried, 2016). When these three psychological states are activated, there is improvement of job motivation or impetus, job satisfaction/gratification, and work performance. The RBV model seeks to design work which personally satisfying and internally rewarding (Chae &Choi, 2018). RBV theory is related to this research through the aspect of job design, which describes how various jobs tasks, and roles are aligned, implemented, and modified, as well as the influence of these structures. Motivation of staffs in health is dependent on these similar dimensions.

Empirical Review

As per Goetz et al., 2015; at workplace, motivation is the individual's level of willingness to exert and sustain an effort towards institutional strategic objectives. Evidentially, there exists a close relationship between job motivation and job satisfaction, which lessens healthcare staff turnover in the healthcare organization. Having happy employees who are devoted and motivated to give their best in the organization helps to reduce high costs that are involved in the

hiring and recruitment process (Deussom, Rachel, Jaskiewicz, & Wanda, 2014). In the recent period, most countries have experienced inadequacy of qualified health work force especially medical officer (doctors) and nursing officers (nurses). This shortage has significantly affected the health of people living in these countries. It is therefore important for the health sector to acknowledge and, or realize that improving employee motivation and job satisfaction lessens employee turnover and ensures quality services in healthcare organizations (Lu et al., 2016).

On the same respect, poorly motivated health workers impacts employee performance and productivity, this ultimately adversely affects individual facilities and even the entire healthcare system (Jooste & Hamani, 2017). In most cases, rural areas are the most affected since employees are mostly unmotivated in these areas. You will find that health workers in rural areas work for longer unpaid hours and are mostly affected by insufficient resources compared to those in urban areas. These factors mostly lead them to feel isolated hence affecting their performance and productivity (Korlén et al., 2017). In most cases, workers who lack motivation in their work tend to leave their jobs in search of better options. For example, those working in rural areas may opt to more to urban areas in search of better job options or better still move to other countries to pursue more appealing job opportunities. In worst cases, professionals in the health sector have been reported to out rightly quit the medical field and join other professions (Engeda et al., 2014).

According to Deussom et. al. (2012) motivation is prejudiced by intricate set of professional, social, and economic issues. Various factors have been identified that can keep workers motivated encouraging them to stay in one working place for a long time. Usually, health workers who perceive they are effective and productive at their jobs will tend to be motivated and depict job satisfaction (Lu et al., 2016). Among the factors that enhance job satisfaction and motivation among healthcare staffs include favorable working and better living conditions, satisfactory compensation and strong career progression (Deussom et al., 2012). To have strong human resources mechanisms in any organization, is primarily the first step towards ensuring that the correct and appropriate motivational factors are implemented to keep employees motivated and satisfied in their work.

Further, encouraging positive employee relationship can increase motivation among them. Engeda et al., (2014) conducted a research to evaluate the intent of nurses working in referral hospitals to stay in the nursing career and other factors affecting them. The research findings indicated that nurses who were allowed higher autonomy to make their individual decisions seemed to be more satisfied in their jobs (Engeda et al., 2014). Additionally, most employees seemed to be unmotivated because of factors such as poor living and working conditions, poor salaries and issues with career development. From this study, it was concluded that healthcare institutions should give more attention to interventions that are aimed at increasing professional autonomy and amending their current salaries.

Career development can be described as the management of an individual's career in an intra or inter-organizational scenario. Career development enables one to specialize in a specific field or to move higher in the healthcare rank (Aninanya et al., 2016). Career development therefore entails learning new skills, being promoted in the rank, obtaining career changes from within or in a different organization. According to Sato et al., (2017), limited career development

opportunities have been cited to be a major de-motivating factor among medical officers – doctors- and health workers deployed in rural health facilities. Results from the study conducted on South African doctors revealed that most healthcare professionals who were situated in rural areas found it challenging to get access to online training programs to enhance their skills. Unavailability of promotion opportunities has also been pointed out to be a major problem in healthcare organizations. For instance, healthcare professionals in Tanzania reported to be working for long periods without promotion hence breeding dissatisfaction among them. Research however indicates that effective communication, staff appraisals and employee promotion could contribute to increased employee motivation (Jooste & Hamani, 2017).

Another factor raising discontentment among healthcare professionals relates to insufficient or lack of access to professional development opportunities and training programs while at college or on the job (Shah et al., 2016). In circumstances where there is shortage of healthcare staff like in most health centers in Tanzania, health professionals are often deployed to work in areas that they do not have expertise, which leads to de-motivation and frustration (Halldorsdottir, Einarsdottir & Edvardsson, 2018). Additionally, the tendency raises concern on the quality of health services administered to patients. Frustration among health workers can also be triggered by insufficient and outdated medical instruments among other resources (Carrillo-García et al., 2013). This not only lowers employees' motivation but also leads to high attrition rates. Health care service providers also argue that a challenge of inadequate resources forbids them from undertaking their duties and responsibilities.

Nasser & Saadeh, 2013 argues that failure to maintain positive relationship with management impacts employee motivation. In instances where staff turnover positions are left unfilled for a long period, there is excessive workload that pile up for the remnant health workers. This may lead to frustration among healthcare workers or compromise quality. Complaints have also been raised by health workers in rural areas especially about lack of or irregular supervision. Consequently, employees do not get feedback about their work particularly on their strong and weak areas.

According to Sato et al., (2017), healthcare employees raised issues regarding compensation. For instance in Uganda, health workers have raised concerns about poor remuneration relative to other civil servants of equitable professions (Sato et al., 2017). In countries like Bangladesh, healthcare professionals raised concerns that the government took too long to disburse their salaries. These issues can be holistically addressed by adopting motivational strategies such as providing career development opportunities to employees, making efforts to ensure adequate compensation, promoting conducive working environments as well as encouraging supportive supervision. Providing opportunities for career development is considered the basis for promoting employee motivation in healthcare organizations. This encourages them to give their best towards achieving the changing medical needs for their communities (Momanyi, Adoyo, Mwangi & Mokuu, 2016). Creating more job opportunities, promoting employees or providing training opportunities offer a basis for employee motivation and satisfaction (Lu et al., 2016).

Whereas compensating health workers appropriately is necessary, it might not be realistic to increase employee salaries in less developed countries (Tino Maliselo & Rita Magawa 2013). Tino Maliselo and Rita Magawa in their research, argue that the government can improve health

workers' motivation especially those working in rural areas by providing them with necessary amenities and improving infrastructure in those areas. According to Jooste & Hamani, (2017), improved communication, introducing modern hospital facilities, improving working environments and providing proper water and sanitation systems are vital to ensuring employee motivation. Health workers' productivity and quality services can only be achieved in instances where there are safer and more pleasant working conditions (Deussom et.al, 2014). In a country like Kenya, the government increased employee motivation in the healthcare sector by providing modern health facilities as well as undertaking cost effective interventions such as enhancing cleanliness of public zones of health institutions, planting flowers at the facilities and issuance of tea to staff at their stations (Oyugi, 2015). Further, improving workers safety while at the workplace provides another major aspect to increasing employee motivation. Also insuring the health workforce safe guards them at their job, and it is also essential to motivation, organizational productivity and low turnover (Deussom et. al, 2012).

According to Deussom & Jaskiewicz (2014), there is a direct relationship between performance based financing (PBF) and broader healthcare reforms. PBF can contribute to increased accountability and ease in addressing structural issues affecting healthcare organizations especially in developing countries. Increased accountability will trigger employees to give their best at work with the goal of achieving the organization's objectives. Nevertheless, there still exist various challenging factors including lack of quality management tools and effective supervision of health workers. In addition, health care leaders and managers often spend more time accomplishing administrative duties for other stake holders such as donors and their own administration (Rowe et.al, 2005).

Employee motivation does not only depend on supervision but staff shortages among other factors. Healthcare professionals from rural areas or who are already accustomed to rural setups would be motivated to work in such settings. Employing such employees to work in urban areas could be de-motivating to them (WHO, 2010). Healthcare stakeholders and national policy makers also have a contributing role in employee motivation. There should be evidence based decision making when it comes to drafting national policies, for attraction, motivation, and retaining health workers. This consists of utilization of data to help develop policy and aid decision making. Nonetheless, it is often challenging to know what to measure in less developed countries (Jooste & Hamani, 2017). Cost-benefit analysis is also vital to health organizations' motivation and retention strategy. This tool enables policy makers to identify benefits and drawbacks of certain proposals. Consequently, there is need for policy makers to gather stakeholder views and ensure that they are taken into account (Ditlopo et al, 2013).

In a research study conducted by Weldegebriel et al., (2016) they examined the motivation level of healthcare professionals among other related factors in government facilities in West Amhara, Northwest Ethiopia. The research findings indicated that the average motivation ratings (as the percentage of maximum scale scores) were 58.6% on average. The findings further indicated 71.0% for the conscientiousness (industriousness) scale; 52.8% towards organizational commitment scale; 58.3% to the intrinsic motivation scale; and 64.0% for organizational burnout (exhaustion) scale. The research findings revealed that health worker motivation is largely influenced by factors such as employee performance evaluation and management, employee training, resource availability, type of hospital and ease of communication among others.

Contrastingly, compensation levels did not have a positive influence on employee motivation across various hospitals and professional employee categories.

Millar et al. (2017) analyzed how healthcare workforce motivation is influenced by factors such as monetary rewards, opportunities for career development as well as daily pressures of meeting clients' expectations. The research indicated that reliance on healthcare incentives has a significant impact on public ethos and values. Based on their findings, there rises need for greater attention on improving financial incentives and providing employee career development.

In Simister et al., (2018) systematic review of literature, five major factors were identified by health workers to be influencing their motivation these include better working circumstances (54 studies), financial or monetary incentives (46 studies), social or shared incentives (37 studies), career development (31 studies) and better living conditions (28 studies). Alhyas et al., (2013) aimed to identify factors facilitating and those that inhibit health workforce motivation in a diabetes center in the UAE. The barrier factors identified include lack of patient awareness and compliance, heavy workload and cultural beliefs. Among those identified include common attitudes about diabetes. On the other hand, major facilitating factors comprised of the patient's role in meeting therapeutic goals as well as compliance, cooperation with HCW and effective communication.

A study in Kenya by Momanyi et al., (2016) sought to find out the influence of training on motivation among health professionals at Narok County. The research findings revealed that majority of the participants rated their motivation between 7 and 9 in the present health facility that is (35.4%), Sub-county level (33.8%) and County level (32.9%) with the intermediate motivation level of 5. The study further indicated that majority of health workforce (81.9%) had undergone a type of training, of whom 98.5% specified that on-job training was significant to their duties and that it encouraged (99.0%) of them to work better in their skills increasing motivation. According to their study, training positively predicted general motivation with a p-value of 0.013, trailed by job satisfaction with a p-value of 0.001, then intrinsic job satisfaction with p-value of 0.001) and lastly organizational commitment with a p-value of <0.001).

Conceptual Framework

This study sought to establish the influence of motivation on the performance of nursing officers, in Nyeri County, Kenya. Motivation of human resources for health was the independent variable while performance of nursing officers was the dependent variable

**Figure 1 Conceptual Framework**

3.0 METHODOLOGY

This study adopted a cross sectional descriptive research design. Further, the study adopted quantitative and qualitative techniques in the data collection process, analysis, presentation and discussion of findings. This research design was deemed appropriate because showed an in-depth analysis to describe the relationship between the independent variables. The target population constituted 826 nursing officers in Nyeri County. The respondents constituted all nursing staffs and managers in Nyeri County referral Hospital and at the County Director's Office. Stratified random sampling was used to come up with a sample of 248 respondents. Primary data was collected using questionnaire. Data was analyzed both quantitatively and qualitatively according to the study objectives. Quantitative analysis was applied for closed ended question that provided respondents with alternative response from which to choose. The quantitative data in this research was analyzed by descriptive and inferential statistics using statistical package for social sciences SPSS 23. Qualitative analysis was applied for open ended questions, wherein traditional text analyses were used for data analysis. Descriptive statistics and inferential statistics such as Chi square was used to summarize quantitative data. The data was then be presented using frequency tables and figures.

4.0 FINDINGS

A total of 90 nursing officers working at NCRH, and County Director's Office participated in the study. Findings in Table 1 show that 87% of the respondents were female. This shows that there was a great gender disparity among nursing officers working at NCRH, and county director's office whereby men are greatly underrepresented. The findings show that 28% of the respondents were aged below 30 years while 27% of respondents were aged between 4 and 50 years. The mean age was 32 years. This shows that majority of nurses working at Nyeri County Referral Hospital and Nyeri county director's office were middle aged since slightly above half (53%) of the respondents were aged over 40 years. These findings also show that there was a large diversity in age as every age group including baby boomers, gen x and millennials were represented in the workforce. On education, the findings show that majority (65%) of the respondents had acquired a diploma as their highest level of education. The findings also show

that all the respondents had acquired some form of post-secondary education. This implies that nurses working at Nyeri County Referral Hospital and Nyeri county director's office were well educated and in a position to comprehend the questions put to them in the study.

Table 1 Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage	Mean	Standard deviation
Gender	Male	32	13		
	Female	216	87		
	Total	248	100		
Age (years)	<30	69	28	32	1.154
	31-40	50	20		
	41-50	67	27		
	>50	64	26		
	Total	248	100		
Education	Certificate	20	8		
	Diploma	161	65		
	Higher diploma	42	17		
	Undergraduate	20	8		
	Postgraduate	5	2		
	Total	248	100		

In Table 2 findings show that majority of nurses were employed on permanent terms and majority (80%) of respondents in the study were in general nursing. The findings also show that majority (84%) of the nurses worked in the wards. This can be attributed to the fact that majority of respondents were drawn from Nyeri County Referral Hospital. Findings in Table 1 also show that slightly less than half (48%) had a working experience of between 2 and 5 years. The mean working experience in respondents' current role was 6 years. The findings also show that 37% of nurses had a nursing experience of 2-5 years while those who had an experience of over 21 years accounted for 30% of the respondents. The mean nursing experience was 8 years. The findings therefore show that majority of respondents in the study had acquired adequate working experience to enable them respond resourcefully to the study questions.

Table 2 Terms, speciality, roles, and experience of Respondents

Variable	Category	Frequency	Percentage
Terms of employment	Contract	79	32
	Permanent	169	68
	Total	248	100
Speciality	General nursing	198	80
	Critical Care	25	10
	Mental Health	5	2
	Renal	10	4
	Others	15	6
	Total	248	100
Responsibility	Nursing officer in charge	2	1
	Ward in charge	25	10
	ward nurse	208	84
	Any other	13	5
	Total	248	100
Experience in current role (years)	2-5	119	48
	6-10	40	16
	11-20	42	17
	>21	47	18
	Total	248	100
Nursing Experience (years)	2-5	92	37
	6-10	40	16
	11-20	42	17
	>21	74	30
	Total	248	100

Table 3 Motivation practices

	N	Min	Max	Mean	SD
The management provides opportunity for individual and professional development	245	1	5	2.71	1.090
Healthcare organization provides fair training and development opportunities	245	1	5	2.46	1.054
Training opportunities increases employee motivation	245	1	5	4.02	1.081
Training is well planned	245	1	5	2.45	1.061
Nursing staffs are involved/represented in making decisions about training	228	1	5	2.12	1.066
Training is of sufficient duration	236	1	5	2.63	1.212
Training programs helpful in long run	243	1	5	4.10	0.896
The present training system requires review	237	1	5	3.95	1.106
Instructor responses are appropriate during training	242	1	5	3.31	1.187
The management gives opportunity to nursing officers who are/want to upgrade their studies	245	1	5	2.64	1.195
The remuneration of nursing staffs who have upgraded is always reviewed according to Human Relations policy	242	1	5	1.88	0.999
There are nursing staff promotions upon training and development.	242	1	5	1.81	1.133
Average				2.84	1.090

Results in Table 3 show that motivation practices were done to a less extent as indicated by a mean of 2.84+1.090. The remuneration of nurses upgrading (M= 1.88, SD=0.999) and nursing staff promotions upon training (M=1.81, SD=1.133) were rated to no extent indicating that they were almost never done. The results also show that training opportunities increases employee motivation (M=4.02, SD=1.081) and training programs are helpful in long run (M=4.10, SD=0.896) were rated to a great extent indicating that respondents recognized the importance of training on motivation and performance. In addition majority of respondents indicated that the present training system requires review (M= 3.95, SD=1.106).

The results therefore show that motivation of nurses was not well done as there were no upgrading and promotion opportunities for nurses. The results are in agreement with findings of Sato et al., (2017) where health care professionals in Uganda complained to researchers that they do not get paid enough salary compared to other civil servants of equitable professions. The results are in agreement with those of Jooste and Hamani (2017) that poorly encouraged health service providers can have an undesirable impact on individual health facilities and the entire health system. The results are also in agreement with findings of Korlén et al., (2017) that unmotivated health staffs significantly impact countryside areas. Frequently it's these human resources who work extended hours, whose workplaces with fewer resources than urban health facilities, and this is where they feel mostly isolated or alienated.

Table 4 Motivation Approaches

Approach	Frequency	Percentage
Issuance of day offs	94	38
Over time payments	2	1
Salary increments	42	17
Job group promotions	22	9
Improved working conditions	42	17
Use of up to date communication technology	5	2
Personal & family health insurance	2	1
Employment of effectively training managers	5	2
Any other	32	13
Total	248	100

Results in Table 4 shows that the most mentioned motivation approaches included day offs (38%) salary increments (17%) and improved working conditions (17%). However, only a very small percentage mentioned each motivation approach lending support to results in Table 3 that there were gaps in motivation of nurses in Nyeri County. This is in tandem with findings of Lu et al. (2016) that keeping health care professionals satisfied and motivated boosts the whole health system to work smoothly and efficiently. This is also in tandem with findings of Engeda et al. (2014) that health workers who are not motivated are known to quit their jobs, either leaving rural and remote areas for work in urban cities, or relocating to other countries in the quest of well-paying job openings.

Performance of nurses was also assessed. The man value of 3.75+1.100 indicates that the items tested on performance of nurses were done about half of the time. Findings in Table 5 show that observing working hours (M=4.09, SD=0.846) and training students (M=4.02, SD=1.154) were

usually done while all other activities were done about half of the time. These findings therefore suggest that there was moderate performance of nurses.

Table 5 Performance of Nurses

	N	Min	Max	Mean	SD
Nursing officers observe working hours (work shifts)	245	2	5	4.09	0.846
Nursing officers utilize 24 hour nursing care plan daily	245	1	5	3.71	1.080
Nursing officers promptly perform procedures	243	2	5	3.91	1.035
Nursing officers offer health education to clients	245	2	5	3.71	0.983
Nursing officers train diploma/degree nursing students and interns	245	1	5	4.02	1.154
Nursing officers observe standard operating procedures in managing clients	243	2	5	3.88	1.022
There are quality assessments in the nursing division addressing client issues	245	1	5	3.64	1.048
Ward In-charges and Nursing services managers conduct nursing audits	245	1	5	3.24	1.310
Nursing officers participate in nursing ward round	245	1	5	3.78	1.305
Nursing officers participate in medical officers (doctors) ward round	242	1	5	3.71	1.251
Nursing officers participate in hospital/ward mortality monthly meetings	243	1	5	3.35	1.252
Nursing officers have positive working relationships with other health care workers	246	1	5	3.94	0.908
Average				3.75	1.100

To determine the influence of motivation on the performance of nursing officers in Nyeri County, Kenya, chi-square tests were conducted. Computed scores of the independent variables were related to compute scores of performance. There was a significant relationship ($\chi^2= 28.860$, $df=16$, $p=0.025$, $v=0.473$) between motivation and the performance of nursing officers, in Nyeri County, Kenya as in shown Table 6.

Table 6 Chi-Square Output

Variable	Chi-square value	df	P-value	Cramer's V
Motivation	28.860	16	0.025***	0.473

4.0 DISCUSSION AND CONCLUSIONS

Discussions

This study sought to establish the influence of motivation on the performance of nursing officers, in Nyeri County, Kenya. The study found that there was a significant association ($\chi^2= 28.860$, $df=16$, $p=0.025$, $v=0.473$) between motivation and the performance of nursing officers, in Nyeri County, Kenya. These findings are in agreement with those of Sato et al., (2017) where health professionals in Uganda complained to researchers that they do not earn enough salary relative to other civil servants of equitable professions. The findings are in agreement with those of Jooste and Hamani (2017) that poorly motivated health human resources can have a negative impact on individual facilities and a whole health system. The findings are also in agreement with findings

of Korlén et al., (2017) that health workers who are not motivated greatly impact remote areas. Usually it's these health professionals who work longer hours, whose workplaces have inadequate resources, and whom feel most isolated and alienated.

Conclusion

The study also concludes that motivation influences performance of nursing officers, in Nyeri County, Kenya. Specifically, the lack of motivation is a challenge in the performance of nurses. The findings showed that the remuneration of nursing staffs who have upgraded was not always reviewed according to Human Resources policy. There were also little or no nursing staff promotions upon training and development. This left nurses de-motivated which affects their performance and ultimately service delivery.

Limitations

In this proposal, the researcher had no control for the bias response of the respondents. Further, the existing relationship might not be as a result of causal relationship. Finally there was a research gap pertaining to HRM practices influencing performance of nursing officers in Kenya. No research of this magnitude had been conducted in Nyeri County.

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