

**FACTORS INFLUENCING NURSING STAFF MORALE IN S'BRANA
PSYCHIATRIC HOSPITAL IN LOBATSE – BOTSWANA**

BY

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DECLARATION

I Mphono Onneetse Kagiso, declare that **FACTORS INFLUENCING NURSING STAFF MORALE IN S'BRANA PSYCHIATRIC HOSPITAL IN LOBATSE – BOTSWANA** is my own work and that all the resources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any institution.

MPHONO ONNEETSE KAGISO

DATE

DEDICATION

This dissertation is dedicated to my parents [Maneo Mphono and Kelogetswe Selaotswe] who have always supported me no matter what path I chose to take, and to my lovely girlfriend [Neo Omang Charles] whose support and reassurance through this process is a huge reason why this project is completed. I love all three of you more than you will ever know. Thank you all your love and support.

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ABSTRACT

Background: Employee morale is a critical factor in any organization either be locally and or globally and Botswana is no exception. Mental health nurses have been considered professionals that assist people to regain a sense of coherence over what is occurring to them - be it a result of trauma or some other form of mental distress. Good morale among staff on inpatient psychiatric wards is an important requirement for the maintenance of strong therapeutic alliances and positive patient experiences, and for the successful implementation of initiatives to improve service delivery. The aim of the study was to determine the factors influencing nursing staff morale at S'brana Psychiatric Hospital (SPH) in Botswana. **Methods:** A quantitative, cross sectional study was conducted on 147 respondents. Self-administered questionnaire was used for data collection and it was closed ended. Data was collected at S'brana Psychiatric Hospital (SPH) and stratified random sampling technique was used to select nurses according to their categories. Data were analyzed through SPSS Software v21.0. **Results:** The results revealed that the majority of the nurses were aged between 26 - 30 years and most of them were females compared to males. It is evident from the results that, there was strong association between number of years and nursing position ($\chi^2(15) = 72.34, p = .000$). Also, there was positive correlation between respondents highest qualification in nursing and training received to do the job well ($r = .312, n = 147$ and $p = .000$). Multiple regression analysis showed a statistically significant, $F(3, 143) = 46.69, p = .000$, and accounted for 70.3% of the variance. **Conclusion:** This study has revealed that nurses' morale in SPH can be affected by a number of factors irrespective of their age, work experience, nursing position and ward they work in. The consequences of low staff morale are detrimental to health professionals (nurses) and patients, therefore, it is important for healthcare managers to address the shortcomings in order to counteract the negative effects of low staff morale.

Key Concepts

Nursing, staff morale, psychiatric hospital, morale, mental health nurses

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ABBREVIATIONS

ANOVA	Analysis of Variance
BMNC	Botswana Midwifery and Nursing Council
DHMT	District Health Management Teams
MoH	Ministry of Health
MoLG	Ministry of Local Government
PMH	Princess Marina Hospital
SANC	South African Nursing Council
SPH	S'brana Psychiatric Hospital
SPSS	Statistical Package for Social Sciences
TREC	Turfloop Research Ethics Committee
WHO	World Health Organisation

OPERATIONAL DEFINITIONS

▪ Morale

Morale can be defined as "the mental and emotional condition (as of enthusiasm, confidence, or loyalty) of an individual or group with regard to the function or tasks at hand" (Ministry of Health, Government of Botswana, 2007). American Heritage Dictionary of the English (2011) defines morale as, the spirit of a person or a group as exhibited by confidence, cheerfulness, discipline, and willingness to perform assigned tasks. Instead of the cheerfulness, visible energy, good attendance, attentiveness and willingness to go above and beyond the call of duty, low morale precipitates increased absenteeism, co-worker conflict, insubordination, decreased productivity and increased patient complaints (Adams, 2015). Employee morale in a workplace can depend on many factors, such as work hours, work load, pay and rewards.

▪ Nurse

A nurse is a person who tends the sick, injured, or infirm (Collins English Dictionary, 2003). In present study word nurse refers to an educated and trained person to take care of the sick in maintaining their state of well-being. That is, a qualified nurse having certification of state nursing council completed a minimum of Diploma certificate that are eligible to impart care to clients either in hospitals or community.

▪ Nursing staff

Nursing staff are personnel who provide nursing service to patients in an organised facility, institution, or agency (Reference.md, 2012). In this study nursing staff refers to persons who are registered with the Botswana Midwifery and Nursing Council,

and who work in health services, providing nursing care. Nursing staff may consist of different categories of nurses such as registered nurses, midwives, psychiatric nurses, ophthalmic nurses and community health nurses. That is, there are non-psychiatric trained professional nurses and psychiatric trained professional nurses. They occupy different ranks within the nursing hierarchy, e.g. nursing superintendent being the highest followed by matron, chief registered nurse, principal registered nurse, senior registered nurse and registered nurse. Nurses work in a large variety of specialties where they work independently and as part of a team to assess, plan, implement, and evaluate care (Lobo, 2011). In this study, nursing staff include all nurses registered with Botswana Midwifery and Nursing Council working in S'brana Psychiatric Hospital.

- **Psychiatric hospital**

A hospital for the care and treatment of patients affected with acute or chronic mental illness (American Heritage Medical Dictionary, 2007). Also, called a mental hospital. In present study word psychiatric hospital refers to a health establishment that provides care, treatment and rehabilitation services for users with mental illness. A supportive and empowering workplace is important because it promotes the retention of nurses and a healthier and happier employee is more productive, engaged, and motivated employee (Adams, 2015).

- **Factors**

Factors can be defined as something that helps produce or influence a result (Thesaurus, 2008): one of the things that cause something to happen. That is, circumstances that contributes towards a result. In this study are causes or reasons that contribute to a result, which in this case is morale.

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.0 INTRODUCTION

There is increasing worldwide attention given by researchers, policymakers and administrators to nursing workforce issues such as recruitment and retention, turnover and workplace health issues (Day, Minichiello & Madison, 2006). A number of problems have been linked to poor morale and there has been lack of consensus on the determinants of morale, it is clear that the outcomes of poor morale not only add considerable cost to the organisation but also impact negatively on patient care (Day, Minichiello & Madison, 2006). In the field of nursing, amongst many others, the concepts of developing emotional self-awareness in staff, self-control, adaptability and initiative in management, and organizational teamwork and collaboration in social networks have been poorly applied. Organisational success and employee's ability to thrive are influenced by leaders' ability to ignite outstanding performance (Stapleton, Henderson, Creedy, Cooke, Patterson, Alexander, Haywood & Dalton, 2007).

While many organizations concentrate on improving productivity, few spend much time on improving morale. Customer satisfaction contributes to quality work, reduces stress and increases staff retention. Employee morale is a critical factor in any organization (McFadzean & McFadzean, 2005). Mental health nurses have been considered professionals that assist people to regain a sense of coherence (manageability, meaningfulness, and comprehensibility) over what is occurring to them - be it a result of trauma or some other form of mental distress. Their unique contribution has been in the simple elegance of 'being there' to bear witness and mitigate the negative side effects of illness-alienation and a feeling of being out of touch with the self and social context (Stuhlmiller, 2003).

The quality of inpatient care for severely mentally ill patients is closely linked to the quality of staff entrusted due to carrying out this care (Sharp, 2008). Clinical staffs who are overwhelmed or emotionally exhausted with their jobs are less likely to provide optimal patient care. Psychiatric inpatient wards are potentially highly stressful places to work at. Good morale among staff on inpatient psychiatric wards is an important requirement for the maintenance of strong therapeutic alliances and

positive patient experiences, and for the successful implementation of initiatives to improve service delivery. Morale measures the degree of well-being of staff. Morale plays a vital role in the organization's success. High morale keeps the employees loyal to the job, profession and the organization. This leads to the employee commitment and sincerity. According to Flippo "morale is a mental condition or attitudes of individuals and groups which determine their willingness to cooperate. Good morale is evidenced by employee enthusiasm, voluntary conformance with regulation and orders, and a willingness, to cooperate with others in the accomplishment of an organization's objectives. Poor morale is evidenced by surliness, insubordination, a feeling of discouragement and dislike of the job, company and associates" (Kumar & Sharma, 2000). In the workplace, staff morale needs to be high so that staff is motivated, not only to do the job, but to do it well. More understanding of mechanisms underlying good and poor morale is needed (Totman, Hundt, Wearn, Paul & Johnson, 2011).

A number of studies have been done in Botswana on job satisfaction (Fako & Forcheh, 2000) and attitudes of nurses (Hwara, 2009), but hardly any research has been conducted on nursing staff morale especially in psychiatric hospital (i.e. there is no study that has been carried out in Botswana addressing nursing staff morale for those who are working in psychiatric wards). Majority of nurses enjoyed job satisfaction in certain areas of their work namely autonomy, participating in decision-making, choice of type of nursing, change of wards or departments or work units, interpersonal relationships amongst nurses themselves and between nurses and their supervisors (Hwara, 2009). Inadequate telecommunication facilities, dissatisfaction with salary (Rampa, 2000; Fako, Forcheh & Balogi, 2002), dissatisfaction with the job, and lack of opportunities to attend workshops and seminars were other key factors that accounted significantly for work-related stress among nurses in Botswana (Fako, Forcheh & Linn, 2004). Thus, little is known about factors influencing nursing staff morale in S'brana Psychiatric Hospital despite it being the highly stressful workplace with vulnerable and aggressive patients to take care of, high workload and yet there are public and patients complaints about the quality of service offered though they are not always reported. The research study was aimed to uncover some of the factors on what promotes or inhibits nursing staff morale in the country's one and only referral psychiatric hospital in Botswana.

1.2 PROBLEM STATEMENT

Little is known about what are the factors which influence nursing staff morale from the scientific point of view besides the hearsays. Despite all the improvements in health care provision in Botswana, health care workers; especially nurses still face constraints which hinder them from performing their duties accordingly. A major development towards improvement of the health system has been the reorganization of the health system in 2010 whereby the responsibility for primary health care services was transferred from the Ministry of Local Government to the Ministry of Health and the direct authority of the Ministry of Health over hospital services was devolved to the district health management teams. There have been an oversight of nurse's welfare working in S'brana Psychiatric Hospital (SPH) in 2010 when the government of Botswana merged the two departments (District Health Management Team (DHMT) from Ministry of Local government and Clinical services from Ministry of Health) to fall under one ministry being Ministry of Health. Nurses working at SPH are complaining of excessive work and stress within the hospital which is competing with the care that could be given to patients and also marked absenteeism of other staff members (Modisa, personal communication). Morale on acute psychiatric wards has been considered to be problematic, and is reported to contribute to low quality patient care. Patients and the general public in the street are always complaining of nurses working at S'brana Psychiatric Hospital about their unwillingness to help, low energy and poor attendance when providing care. In the absence of doctors, nurses are on the front line and have to face verbal abuse from patients and relatives for issues that may not be directly connected to their work. Nursing staff morale is an essential part of ensuring quality care, as dissatisfied healthcare providers are likely to give poor quality and less efficient care.

1.3 SIGNIFICANCE OF THE STUDY

Significance refers to the relevance of the research to some aspect of a profession, its contribution towards improving the knowledge base of a profession and its contribution towards evidence-based practice (Polit & Beck, 2004). The study provides great importance to the nursing profession. Nursing is a healthcare profession focused on the care of individuals, families, and communities so they may

attain, maintain, or recover optimal health and quality of life from conception to death. As one of the few comprehensive studies on nursing staff morale in Botswana, this study provided a closer look into factors influencing nursing staff morale in psychiatric hospital and ways to address to those in the nursing field. The results also helped nurse management to identify and develop strategies to address factors influencing nursing staff morale in psychiatric hospital in order to improve quality of service delivery. The findings of this study can also form a basis for further research in which the nursing staff morale is examined and compared in psychiatric hospital and other large health facilities.

1.4 RESEARCH QUESTIONS

- What are the factors influencing nursing staff morale at S'brana Psychiatric Hospital in Botswana?

1.5 RESEARCH AIM

- The aim of the study was to determine the factors influencing nursing staff morale at S'brana Psychiatric Hospital (SPH) in Botswana.

1.6 RESEARCH OBJECTIVES

- To determine the factors influencing nursing staff morale at S'brana Psychiatric Hospital (SPH) in Botswana
- To measure the relationship between general morale, interaction with management, patient care, the opportunity to develop among nursing staff at SPH
- To compare association between nursing staff morale and socio-demographic profile

1.7 CONCLUSION

This study is to determine factors influencing nursing staff morale and measure the relationship between dimensions of staff morale among nurses in psychiatric hospital. It is vital that organisations (hospitals) address and encourage regular and effective methods to support staff and promote morale boosting atmospheres as the norm. Work environment and organisation strategy are more likely determinant to increase collective staff morale. Thus, institutions should consider implementing both personal and organisational approach to ensure greater level of employees' morale is achieved. The study then came up with

recommendations that will enhance nurses' morale within the hospital. Chapter two (2) will deal with literature review.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Review of literature is a key step in the research process. The typical purpose of analyzing a review of existing literature is to generate questions and to identify what is known and what is unknown about the topic. The major goals of review of literature are to develop a strong knowledge base to carry out research and non-research scholarly activity. Morale is very influential in the success of an organization. It indirectly provides direction and guides employees' feelings towards their organization. Akdere and Altman (2009) provides in addition to morale that, the decision making process is also influential in the positive effect of business performance of an organization in which results in employee and customer satisfaction. Forret and Love (2008) defined morale in two different states of directions as either being high or low.

2.2 Impact of Morale

Depending on what direction morale is in an organization it often times determine the overall attitude one feel towards their work environment. A systematic review of the literature found high worker morale to have been associated with workplace stability, supportive managers, and clear roles, while low morale has been associated with insufficient staffing levels, high levels of verbal abuse, risk of violence, and workers feeling they have no voice in the workplace (Bowers *et al.*, 2009; Totman *et al.*, 2011), in contrast low morale was characterized as being negative, bitter, frustrated, and hate towards the overall work environment. According to Saeed and Butt (2014), unwholesome environments influence the professionals' physical and mental health by imparting stress through heavy workloads, long working hours, complicated relationships at workplace, and workplace dangers. In a systematic review of strategies to improve morale among staff working in mental health settings, Gilbody, Cahill, Barkham, Richards, Bee, and Glanville (2006) found that, educational interventions (Kelly, 2007) intended to

improve staff's skills and competency along with work-based social supports increased worker morale (Wolf, Dulmus, Maguin, & Cristalli, 2013). In order to manage workforce efficiently, the administrators of hospitals and nursing departments need to develop programs to improve the coping capability of individuals and apply such programs to human resources management systems, rather than using one-size-fits-all education and training programs targeting all nurses (Kang & Kim, 2014).

2.3 Nursing Morale

Staff morale is a workforce phenomenon that confronts every organisation at some time. The understanding of morale is important because it can have tangible and wide-ranging effects and outcomes for an organisation. Morale is not a simple concept and the outcomes associated with high or low morale may impact upon staff turnover, attainment of organisational or personal goals, the ability to adopt new practices, learning new skills and the delivery of good customer service. The fact that there has been no unifying definition of morale goes some way to explaining the reasons why definitive empirical studies on the phenomenon have been somewhat sporadic (Day, Minichiello, & Madison, 2006). High or low morale is not just made up of a single factor; it is a combination of related factors. These factors include changes in the internal and external environment as well as the leadership approach taken in responding to those changes (Ngambi, 2011). A number of writings concentrate on poor morale of health care workers and highlight a range of causes including: shortage of workers; overwork; low pay and difficulties with the recruitment and retention of staff; the quality of nursing education; professional support and prospects; and the lack of recognition for job performance and professional achievement. The way a person responds or reacts to work and organisational stimuli have a strong bearing on their subsequent perception of morale within the workplace.

The literature surrounding the morale of nurses can be divided into two main categories namely intrinsic and extrinsic factors as well as a number of key themes (Day, Minichiello, & Madison, 2006). Intrinsic factors are those variables that impact upon nurses' concept of personal or professional standing within the group. It could also be argued that nurses have some control over intrinsic factors that impact upon

their level of morale. Extrinsic factors take into account those variables that are controlled by the organisation or other external forces. These factors are largely out of the control of the individual nurse or the group they work in. Organisational factors such as staffing, communication, training and development and management styles have all been cited in the literature as organisational variables affecting the level of staff morale among health care workers. For example, the literature argues that, job satisfaction impinges upon organisational issues, and in doing so exacerbates job turnover and staff morale (Day, Minichiello, & Madison, 2006; Sharp, 2008).

A study conducted by Mangham (2007) revealed that, Malawian registered nurses feel that salary increases would be a principal factor to improve their motivation and hence boost their morale; however it has to be supplemented with improved resource availability and access to further education. Poor health facility management was cited as one of key factors that affect staff morale. Although the study concluded that pay was the most important attribute, Mangham (2007) calls for further research to establish the relationship between an increase in the level of pay and an improvement in the retention of registered nurses in the public sector (Chipeta, 2014). The factors that enhance morale appear to be intrinsic factors (giving good patient care, good relationships with co-workers, feeling respected and valued), whereas the extrinsic factors dominate the factors that reduce morale (excessive workload, fears about job security, moving to trust status). Research has demonstrated that organisational strengths were in line with intrinsic factors (desire to help others, interesting work), while concerns were focused on extrinsic factors (pay, workload, management approach) (Day, Minichiello, & Madison, 2006; Mcknight, Ahmad, & Schroeder, 2001; Blaauw, Ditlopo, Maseko, Chirwa, Mwisongo, Bidwell, Thomas & Normand, 2013).

2.4 Impact of Work Environment on Staff Morale

According to Armstrong (2006), management needs to implement steps to create a work environment where employees are self-motivated (Leshabari, Muhondwa, Mwangu & Mbembati, 2008) to perform tasks that exceed management's standards. A positive work environment puts an advantageous effect on an organization and its workers (Saeed & Butt, 2014). A healthy work environment does not only benefit employees but also benefits clients, stakeholders

and communities. In order to create a good working environment, an institution must ensure safety of staff, provide challenging jobs, control workloads, accommodate views of staff members, trust and respect staff, provide adequate resources, recognize staff contributions and provision of training and development among others (Chipeta, 2014). Psychiatric nurses are often victims of physical attacks on the part of patient (Roth & Prager, 2013). The working environment for health workers in Africa is poor (Paradath *et al*, 2003). Critical working environmental factors that can affect staff morale in hospitals include inadequate supervision and support, lack of essential drugs, supplies and equipment, limited career development opportunities, workloads, compensation, inequitable access to training and inadequate housing (Palmer, 2006). Factors such as extensive workload, lack of autonomy, long working time, abusive management, bad relationship with coworkers, lack of equal opportunities have been implicated in stress related to workplace (Sahraian, Davidi, Bazrafshan & Javadpour, 2013) and lack of opportunities for promotion, problematic relationships with colleagues of the opposite sex, confusion over the role of male nurses, and lack of opportunities for self-development (Kang & Kim, 2014).

A study was conducted by Richards and colleagues in 2006, “To review the prevalence of low staff morale, stress, burnout, job satisfaction and psychological well-being amongst staff working in in-patient psychiatric wards”. Most studies did not find very high levels of staff burnout and poor morale but were mostly small, of poor quality and provided incomplete or non-standardized prevalence data. The prevalence of indicators of low morale on acute in-patient mental health wards has been poorly researched and remains unclear (Pearcey & Elliott, 2004). Multi-site, prospective epidemiological studies using validated measures of stress together with personal and organizational variables influencing staff stress in acute in-patient wards are required (Richards, Bee, Barkham, Gilbody, Cahill & Glanville, 2006).

2.5 Working relationships and effects on staff morale

Looking at nursing morale more broadly it encompasses elements such as; stress, job satisfaction, motivation and job performance (Sharp, 2008). Nurses are trained to deal with these factors but chronic stress takes a toll when there are additional stress factors like conflict at work, inadequate staffing, poor teamwork,

inadequate training, and poor supervision. Nurses are responsible for creating the environment in which nursing is practiced and patient care is given, it is important to explore interventions that will reduce the stress and burnout experienced by nurses. By reducing the stressful nature of the nurses' work, nurses could be more satisfied in their positions. Psychiatric nurses, caring for mentally ill patients, constitute a unique group within the general nurses' population and they aspire to treat the patient in a humane and cooperative manner, to empower him or her, and help him or her rely on inner resources in addition to the other treatments that he or she receives (Roth & Prager, 2013). This role satisfaction, in turn, could lead to improve the work environment for staff nurses and hence improve their morale. Circumstances in the workplace at any given time create staff morale (Day, Minichiello, & Madison, 2007). Understanding the complex phenomenon of organizational morale is of utmost importance because of the various ranges of effects, outcomes, and possibilities impacting the workplace (Day *et al*, 2007). Illuminating the essence of staff morale may help staff perceptions and improve positive outcomes due to a clearer understanding of the pressures and shared vision of both nursing staff and management. Studies conducted in Israel have shown that teams in mental hospitals - both nurses and doctors - often find themselves insufficiently equipped, neither guided and nor prepared professionally and personally to cope with challenging situations and solve the problems of the patients (Roth & Prager, 2013). It is important to identify the extent and sources of stress in a healthcare organization to find stress management strategies to help the individual and the environment since it may in-turn affect their morale. Positive perceptions of workplace relationships (supervisor and co-workers support) may help reduce work-related stress, increase job satisfaction and motivation, enhance commitment, improve performance, and reduce employees' turnover intentions (Momanyi & Kaimenyi, 2015) which could in turn affect morale as indicated by other researchers (Sharp, 2008; Day, Minichiello, & Madison, 2006).

For morale to improve, it is argued that there must be a shared vision of what both groups are trying to accomplish together, as well as an understanding of the problems and pressures on both the management and employees. The concept of shared ownership was seen as contributing factor to higher morale among staff as there was recognition of their relative importance to the organisation. Smith cited by Day *et al* (2006) outlined that, morale had three dimensions: cohesive pride,

leadership synergy and personal challenge. In a quantitative study of 906 nurses Smith (as cited by Day *et al.*, 2006) identified workload issues, communication, recognition and professional standing as key issues affecting nursing morale. Similar outcomes were observed in research conducted among nurses surveyed in England, Northern Ireland and Scotland.

2.6. Conclusion

In view of the literature above, it's been found that majority of the studies on nursing staff morale, morale of nurses have been conducted in developed countries and very few in developing countries. The literature review focused on analyzing existing evidence on the impact of nursing staff morale on hospitals. The review indicated that there are certain factors within the hospital setting that affects nursing staff morale. Many scholars have studied morale with other variables like job satisfaction, stress, and burnout which impedes morale issues it to come out. Yet still, there is need to examine factors influencing nursing staff morale in developing countries like, Botswana. Thus, this study looked into understanding of the factors underlying good or poor nursing staff morale on wards (in SPH) and found effective strategies to improve their morale.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the different aspects of the research design and methodology including location of the study, design, population, census, data collection instrument, reliability and validity of the instrument, data management and analysis, and ethical considerations. The study has a post-positivist paradigm because it puts emphasis on the quantification of constructs, the central role of variables in describing and analysing human behaviour, and the central role afforded to control for sources of error through statistical controls (Babbie & Mouton, 2001).

3.2 Research Design

A research design refers to the overall plan for addressing a research question, including specifications for enhancing the study's integrity (Polit & Beck, 2010). This study employed **Cross-sectional descriptive study design**. Cross-sectional studies are carried out once and represent a snapshot of one point in time. Cross-sectional research was chosen since it's the simplest and least costly alternative. It also allowed data to be collected just once, over a period of weeks in order to answer the research question.

3.3 Study Setting

A research setting is the actual place and conditions or circumstances where and within which the research study takes place (Polit & Beck, 2012). The study was conducted at **S'brana Psychiatric Hospital (SPH) in Lobatse** which is located in South-East district about 60km and South (S) of Gaborone (Nations capital). SPH is the only referral psychiatric hospital in the country to this date and has bed capacity of 300 patients. The hospital is situated in most densely populated region of the country enabling easy access to patients from different areas.

3.4 Study Population

A population is the entire aggregate of cases (individuals or elements) that meet a designated set of criteria (Polit & Beck, 2004). In case of this study, the target

population consisted of all nurses of all categories (**i.e. N = 205 nurses**) working at S'brana Psychiatric Hospital (SPH). The target population is described as the population to which the researcher wants to generalise (Babbie & Mouton, 2001; Polit & Beck, 2012).

3.5 Selection Criteria

3.5.1 Inclusion criteria

- All registered general nurses who work fulltime in S'brana Psychiatric Hospital (SPH).

3.5.2 Exclusion criteria

- Nurses who were not be available during data collection (either on leave or whatever reason)
- Those who decided to exercise their right not to participate
- Part-time nursing staff and students

3.6 Sampling Procedure & Sample Size

3.6.1 Sample

The study was conducted among nursing staff who met the inclusion criteria. A sample is a segment/subgroup of the population selected to represent the population as a whole (Toepoel, 2016). Gravetter and Wallnau (2008) defined a sample as, a set of individuals selected from a population, usually intended to represent the population in research study. That is, the sample was determinant on period and or duration of the study especially during data collection.

3.6.2 Sample size

According to Morgan and Krejcie (1994) using a population of 205 participants required the researcher to select 136 participants as a sample size for the study (table attached as Appendix 5). This was a very large number which represented the entire nursing population working in S'brana Psychiatric Hospital (SPH) and was determined by the researcher during data collection to recruit participants. For this study the total sample size was 147 (**i.e. n = 147**) nurses after sampling which

indeed represented a larger portion of the entire population. The essence of sampling is that it should maximise representativity of the selected population and to allow for generalization to be as accurate as possible (Polit & Beck, 2012).

3.6.3 Sampling technique

Stratified random sampling technique was used to select nurses according to their categories, where the number of participants per category depended on the total population. Following recruitment, all those nurses who agreed to participate, were assigned numbers and those numbers were put in a hat and were randomly selected, such that, every person had an equal chance of being selected.

3.7 Data Collection

Data collection is the process whereby the most appropriate method is used to systematically collect information, to a specific standard, with integrity, and the purpose is to address the research problem (Polit & Beck, 2012). Mindful of these conditions the data collection instrument selected for this study was a Questionnaire and copies were distributed to each respondent.

3.7.1 Data collection instrument

Data was collected using a self-administered questionnaire for this research study. Self-administered questionnaire was suitable because it allowed respondents to seek clarity when having problems with answering. The Questionnaire consisted of a list of questions, which were handed over to the respondent, who read the questions and recorded the answers themselves. The questionnaire was developed in English to collect information from all the participants as shown in Appendix 4. The Questionnaire was divided into two parts: Part I- Socio-demographic profile and Part II-Workload and quality of care, work relationships, happiness including environment, motivation and promotional opportunities, respect and recognition, decision making and lastly staff development.

Given the number of nurses at the hospital, a self-administered questionnaire was applicable. Questionnaires tend to have a low return rate (Parahoo, 2006). In an attempt to overcome this problem the researcher took the following steps:

(i) A cover letter was sent with the questionnaire explaining the aim of the research study and guaranteeing confidentiality of the responses.

(ii) According to Parahoo (2006) 'respondent burden' puts a pressure on respondents through the time and effort necessary to complete a questionnaire. To reduce this burden closed-ended questions which are more efficient and less time consuming for respondents was used and instructions was clear (Polit & Beck, 2010).

Once the researcher has decided what should be asked, the criterion of accuracy becomes of primary concern. Accuracy means that the information is reliable and valid. While experienced researchers believe that one should use simple, understandable, unbiased, unambiguous, and non-irritating words. Obtaining accurate answer from respondents is strongly influenced by the researcher's ability to design a questionnaire that facilitates recall and that will motivate the respondent to cooperate. Thus, validity and reliability of the questionnaire was ensured by pre-testing.

3.7.2 Pilot testing

Pilot testing involves the use of a small number of respondents to test the appropriateness of the questions and their comprehension. It is a key stage in the development of the questionnaire allowing evaluation of the instrument before the main study is conducted (Parahoo, 2006). The validity and reliability of the questionnaire can also be checked at the pilot study stage (Jones & Rattray, 2010). For this study, pre-testing was done in one of the wards (Day Hospital ward) in S'brana Psychiatric Hospital to help the researcher refine the questionnaire since they share the same problem of working with the vulnerable psychiatric patients. The pilot participants were then excluded from the main study. They were debriefed to check for problems with the questionnaire and issues concerning it. The structure and content of the questionnaire were amended accordingly. That is, all opinions and responses regarding the questionnaire were collected to refine the final questionnaire.

3.8 Validity and reliability

i) Validity

Validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration (Babbie & Mouton, 2001; LoBiondo-Wood & Haber, 2010). The questionnaire should adequately address all aspects of the issues being studied. Face validity and content validity are the validity issues most frequently reported in the literature (Parahoo, 2006).

Face validity basically checks that the questionnaire seems to measure the concept being tested (LoBiondo-Wood & Haber, 2010) and this was assessed by getting my student colleague to test-run the instrument to see if the questions appear to be relevant, clear and unambiguous as outlined by Jones and Rattray (2010). **A content validity** test checks that there are enough relevant questions covering all aspects being studied and that irrelevant questions are not asked (Parahoo, 2006). The test is based on judgement as no objective methods exist. A panel of experts is used to evaluate the content validity of new questionnaires (Polit & Beck, 2010). The questionnaire was submitted to the supervisor in order to check if the questions reflect the concepts being studied and that the scope of the questions is adequate, in the manner proposed by LoBiondo-Wood and Haber (2010).

ii) Reliability

Reliability of a questionnaire refers to its ability to yield the same data when it is re-administered under the same conditions; it measures objectivity, precision, consistency, stability, or dependability of data (Robson, 2007). In order to establish the reliability of the questionnaire, it was administered on two occasions at Day hospital ward, two weeks apart and the results were compared (i.e. test re-test reliability). **Test re-test reliability** is a measure of reliability assessed when an instrument is given to the same participants more than once under similar circumstances (Heale & Twycross, 2015). Consistency was checked by Cronbach's alpha as described by Polit and Beck (2010) and guideline of 0.70 was followed as cut-off for acceptable Cronbach's alpha coefficients (Lobiondo-Wood & Haber, 2013).

3.9 Bias

Bias is defined as any tendency which prevents unprejudiced consideration of a question. Understanding research bias allows readers to critically and independently review the scientific literature and avoid treatments which are

suboptimal or potentially harmful (Pannucci & Wilkins, 2010). Bias occurs when some unintended factor confuses or changes the results in a way that can lead to incorrect conclusions, and then we say that a bias distorts or confounds the findings, making it difficult to interpret the results. The researcher ensured that the respondents do not leave items unanswered by clarifying whenever possible to deal with non-response error. Measurement error was dealt with by verifying and rechecking during data entry and sampling error was dealt with by the appropriate use of stratified random sampling

3.10 Data Analysis

The services of a statistician were engaged to input the data directly to the computer package SPSS (Social Packages for the Social Sciences) version recommended by the University to analyse the data as advised by Walters and Freeman (2010). The data was analysed using descriptive and inferential statistics and also using graphic presentations for easy interpretation of findings.

The descriptive statistics (range, mean, median, mode, standard deviation, and frequencies) that were used include frequencies and percentages to analyse demographic variables and means, median, and standard deviations to describe the sample. Inferential statistics are statistics designed to allow inference or draw conclusions from a sample statistic to a population parameter.

3.10.1 Quality control

- Pre-testing the questionnaires and checking for their completeness.
- Back-up of computer records was requested throughout the analysis process. The data was also stored on a computer made secure by passwords.
- The completed questionnaires were kept in a secure place as this is vital both for back-up and security reasons. Back up of the data and filled questionnaires were stored in a safe place under lock and key.

3.11 Ethical consideration & permission to conduct the study

Ethical considerations are important at all stages of research. According to Polit and Beck (2010), researchers must deal with ethical issues when their intended

research involves human beings. Ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects, respondents and researchers (De Vos *et al*, 2005). Thus, ethical approval and permission to carry out the study was sought from both the Turfloop Research Ethics Committee (TREC) and the Ministry of Health (MoH) in Botswana.

The main ethical principles that were considered in conducting this research study are respect for persons, confidentiality and beneficence /non-maleficence (Burns & Grove 2001; Belmont Report, 1978).

- **Respect for persons**

The Belmont Report (1978) argues that respect for persons consists of two distinct principles: individuals should be treated as autonomous and individuals with diminished autonomy should be entitled to additional protections. The principle of respect for persons is interpreted to mean that researchers should, if possible, receive informed consent from participants, and the Belmont Report identifies three elements of informed consent: information, comprehension, and voluntariness. That is, respect for persons implies that participants should be presented with relevant information in a comprehensible format and then should voluntarily agree to participate. Participants were given adequate time to consider their participation.

- **Confidentiality and Anonymity**

Self-administered questionnaires can potentially protect the anonymity and privacy of the respondents contributing to the confidentiality of the responses. To ensure that confidentiality was protected the questionnaires were not numbered. All efforts were made to provide anonymity.

- **Informed Consent**

Informed consent exists to ensure that all research involving human subjects allows for voluntary participation by subjects who understand what participation entails. Informed consent means that people approached and asked to participate in a research study must:

- know what they are getting involved with before they commit;
- not be coerced or manipulated in any way to participate; and,
- must consent to participate in the project as a subject (Blunt, 2006).

As individuals are autonomous beings they have the right to decide whether or not they get involved in this research. Informed consent should be sought from research participants (Parahoo, 2006). Before consent was sought the researcher gave details of the nature and purpose of the research, the potential subjects, who will have access to the data and the proposed outcome of the research. Completion of the questionnaire by participants was taken as their giving consent to participate in the study.

- **Beneficence/non-maleficence**

While questionnaires are considered to be less intrusive than interviews, observations or experiments they can still potentially cause harm (Parahoo, 2006). It is possible for sensitive and highly personal questions to be threatening if they trigger traumatic memories or guilt when the respondent is alone and without support. At the pilot study stage the questionnaire was checked for potentially damaging questions. Parahoo (2006) maintains that, questions on knowledge, behaviour or experience may also be threatening to health professionals if data can be accessed by their employers.

A written guarantee was given to the participants that the data collected will remain confidential and that only the researcher and the statistician employed by the researcher will have access to it. In this study, the principles of protecting the rights of the institution, the rights of the respondents and scientific integrity were applied.

Timeframe

The Researcher aimed to complete the study over a 13 month period. A table presented in the appendices outlines the estimates duration of each process (as shown in **Appendix 1** for time scale).

Budget

The following expenses are an outline of expenses that were incurred while undertaking this study:

Proposed budget

NO	ITEMS	NET PRICE
	Pre-test, pilot	R500
	Data collection Sheet printing	R1000
	Transport	R500
	English editor fee	R2 500
	Statistician fee	R2 000
	Binding of final documents	R1 200
	Stationary	R1 500
	Other logistics	R500
	Technical assistance	R2 500
	Total	R12 200

3.12 Conclusion

In this chapter the reader was introduced to the research methodology and design used in the study. The research method, research setting, study population, sample and sampling, data collection instrument and data collection as well as validity and reliability were described. Ethical issues that were considered were also described. The next chapter will review results of the study.

CHAPTER FOUR

RESULTS OF THE STUDY

4.1 INTRODUCTION

The results are presented in two parts: the first part describes the overall findings of the study in descriptive statistics while the second part concentrates on calculating inferential statistics.

4.2 DESCRIPTIVE STATISTICS

4.2.1 Socio-demographic characteristics of respondents

Table 4.1: *Socio-demographic characteristics of respondents*

Variable (n = 147)		Frequency	Percentage (%)
Gender	Male	60	40.8%
	Female	87	59.2%
First job	Yes	135	91.8%
	No	12	8.2%
Nursing position	Nursing superintendent	2	1.4%
	Nursing matron	1	0.7%
	Chief nursing officer	8	5.4%
	Principal registered nurse	87	59.2%
	Senior registered nurse	22	15.0%
	Registered nurse	27	18.4%
Ward	Female ward	29	19.7%
	Male acute wards	31	21.1%
	Rehabilitation wards	27	18.4%
	Forensic wards	29	19.7%
	Psychogeriatric ward	15	10.2%
	Outpatient department	16	10.9%
Employment status	Full-time	143	97.3%
	Part-time	4	2.7%

The Table 4.1 above shows that 59.2% of respondents were females and 40.8% were males. About 91.8% of the respondents and 59.2% were in principal

registered nurse position. The results showed that 19.7% of respondents working in Forensic and in Female wards. Overall, 97.3% were employed on full-time basis, 2.7% employed on part-time basis.

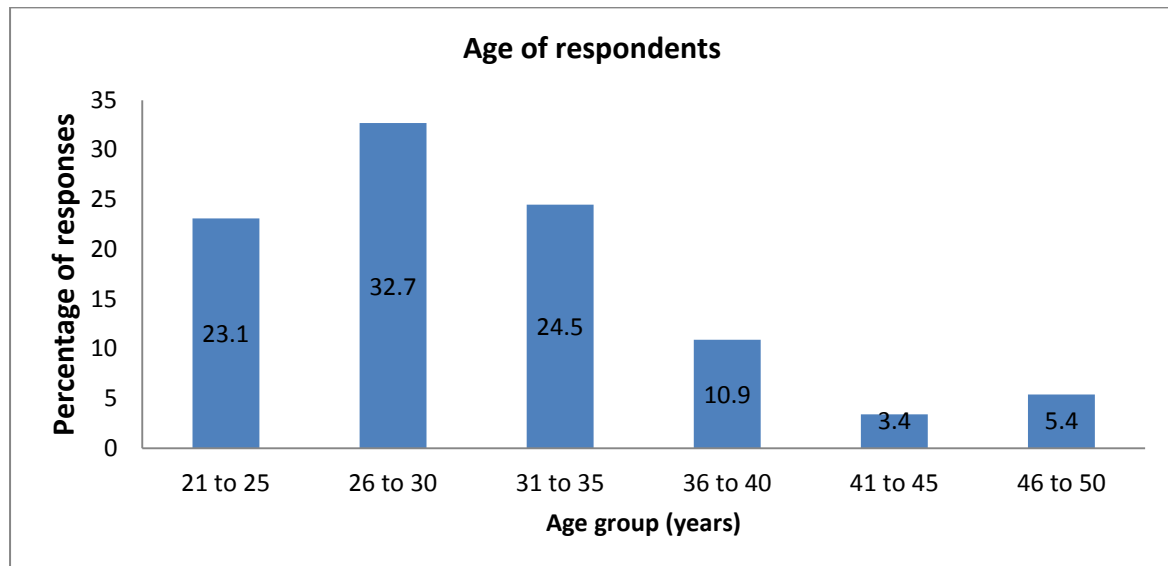


Figure 4.1: Age of respondents

Figure 4.1 above shows that, a third of respondents were between the ages of 26 and 30 years (32.7%). The results also show the highest mean age of 28.8 with standard deviation of 1.46 and the lowest mean age of 2.08 was recorded on the 31 to 35 years age group with standard deviation of 1.38.

Table 4.2: Cross tabulation of age and gender of respondents

Age group	Males		Females		Total
	n	%	n	%	n
≤ 40yrs	58	43.3%	76	56.7%	134
>40yrs	2	15.4%	11	84.6%	13
Total	60		87		147

The Table 4.2 shows that the most of females were aged ≤ 40 years of age (56.7%) and majority of those >40 years were also females (84.6%).

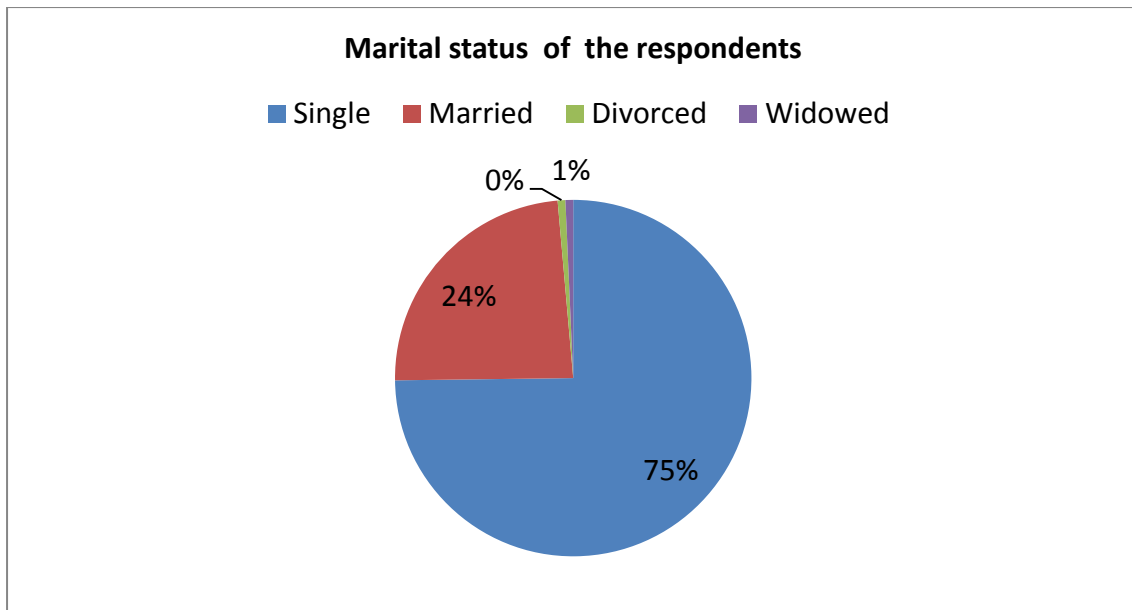


Figure 4.2: Marital status of respondents

The figure 4.2 above illustrates that 75% of the respondents were single, the divorced and the widowed shared 1 percent, while 24% of them are married.

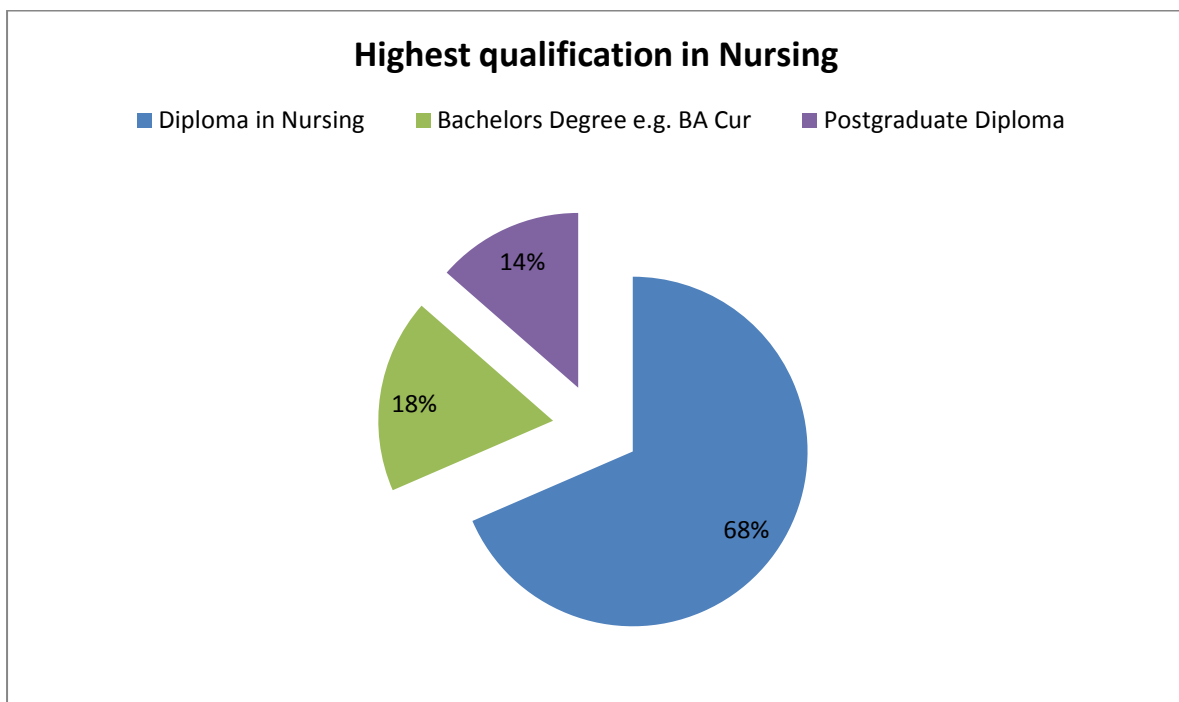


Figure 4.3: Highest qualification in Nursing

The above figure shows that most respondents have Diploma in nursing, with 68%.

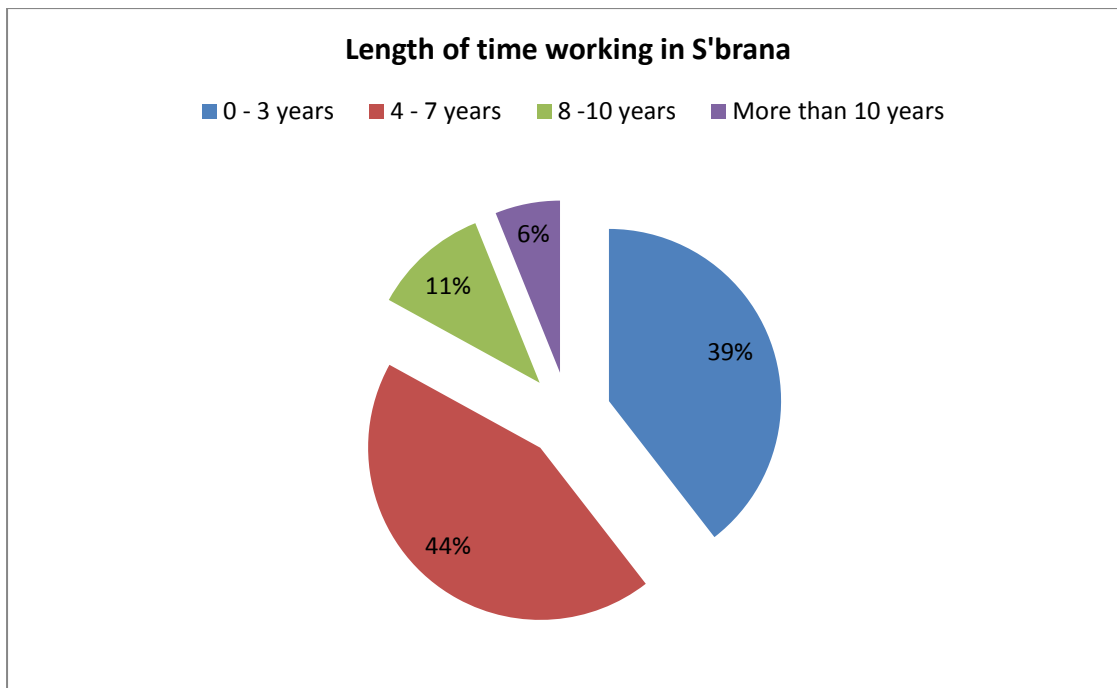


Figure 4.4: Length of time working in S'brana

The Figure 4.4 shows that 44% of respondents have worked on average of 4-7 years in S'brana Hospital and 39% have worked for 0 - 3yrs.

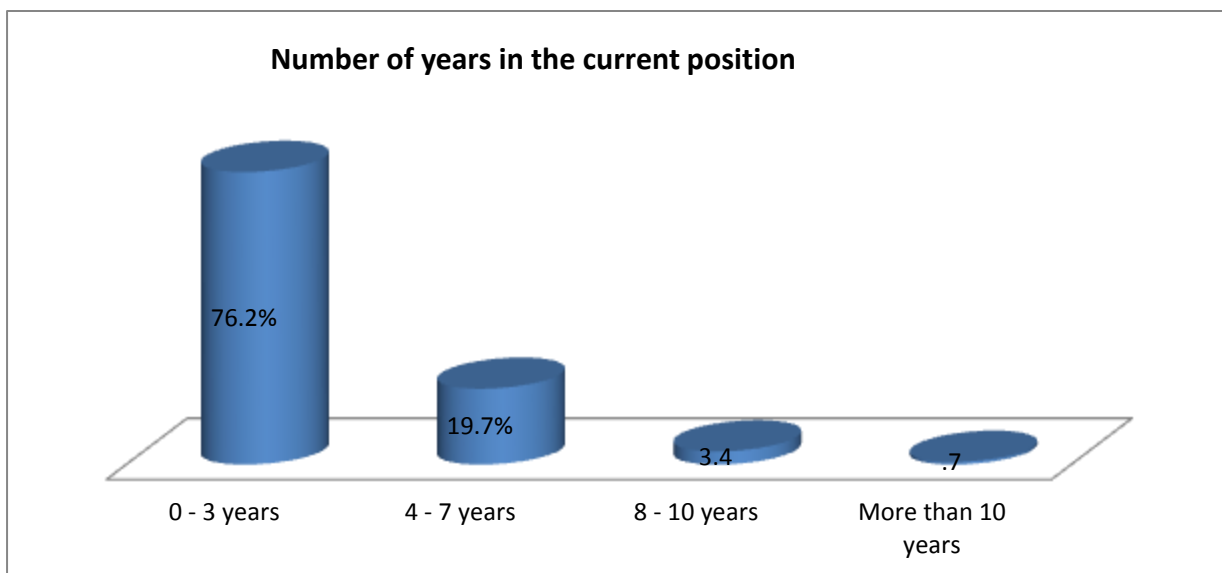


Figure 4.5: Number of years in position

Figure 4.5 above, 76.2% of the respondents were still new in their position in S'brana hospital, between 0 and 3 years and only 0.7% had > 10 years at current position.

Table 4.3: *Autonomy and decision making as reported by respondents*

Variables		n	Percentage (%)
Decision-making about patients	Strongly disagree	16	10.9%
	Disagree	18	12.2%
	Neutral	25	17.0%
	Agree	65	44.2%
	Strongly agree	23	15.6%
Making own decisions	Strongly disagree	25	17.0%
	Disagree	24	16.3%
	Neutral	34	23.1%
	Agree	47	32.0%
	Strongly agree	17	11.6%
Taking a leadership role	Strongly disagree	27	18.4%
	Disagree	31	21.1%
	Neutral	35	23.8%
	Agree	39	26.5%
	Strongly agree	15	10.2%
Decision making at ward level	Strongly disagree	16	10.9%
	Disagree	18	12.2%
	Neutral	26	17.7%
	Agree	56	38.1%
	Strongly agree	31	21.1%

Table 4.3 above shows that, 44.2% of respondents agreed that they were involved in making important decisions about patients care. A total of 43.6% agreed and strongly agreed that that they had opportunity to make decisions on their own. The study showed that 26.5% agreed to have the opportunity to take on the leadership role if they wanted. Almost, two-thirds (59.2%) agreed and strongly agreed to be involved in decision making at ward level which allowed them to implement the required change.

Table 4.4: *Workload at the hospital as reported by participants*

Variables			n	Percentage (%)
Balance between supervisor and supervisee	Strongly disagree	39	26.5%	
	Disagree	36	24.5%	
	Neutral	23	15.6%	
	Agree	39	26.5%	
	Strongly agree	10	6.8%	
Workload	Strongly disagree	14	9.5%	
	Disagree	21	14.3%	
	Neutral	25	17.0%	
	Agree	63	42.9%	
	Strongly agree	24	16.3%	
Workload demand	Strongly disagree	23	15.6%	
	Disagree	67	45.6%	
	Neutral	30	20.4%	
	Agree	14	9.5%	
	Strongly agree	13	8.8%	
Workload and absenteeism	Strongly disagree	33	22.4%	
	Disagree	65	44.2%	
	Neutral	27	18.4%	
	Agree	15	10.2%	
	Strongly agree	7	4.8%	
Staffing levels	Strongly disagree	20	13.6%	
	Disagree	42	28.6%	
	Neutral	34	23.1%	
	Agree	38	25.9%	
	Strongly agree	13	8.8%	
Sharing workload	Strongly disagree	16	10.9%	
	Disagree	41	27.9%	
	Neutral	32	21.8%	
	Agree	48	32.7%	
	Strongly agree	10	6.8%	

Table 4.4 above shows that 51% of respondents strongly disagreed or disagreed that there was balance between people who supervise and who do the work, while almost two-thirds (59.2%) of respondents agreed and strongly agreed that the amount of work given to do was reasonable (workload). The results showed that, 61.2% of respondents strongly disagreed or disagreed that the workload was too high that they were unable to cope with its demands. The study indicated that more than two thirds (66.6%) of the respondents strongly disagreed or disagreed that their workload was often increased because co-workers were often absent. A total of 42.2% respondents strongly disagreed or disagreed that the staffing levels were adequate for the workload and views about the workload was shared fairly were evenly spread fairly.

Table 4.5: *Quality of care as reported by respondents*

Variables		n	Percentage (%)
Paperwork and helping patients	Strongly disagree	12	8.2%
	Disagree	10	6.8%
	Neutral	23	15.6%
	Agree	24	16.3%
	Strongly agree	78	53.1%
Level of responsibility	Strongly disagree	9	6.1%
	Disagree	20	13.6%
	Neutral	26	17.7%
	Agree	75	51.1%
	Strongly agree	17	11.6%
Shortage of staff	Strongly disagree	31	21.1%
	Disagree	54	36.7%
	Neutral	28	19.0%
	Agree	23	15.6%
	Strongly agree	11	7.5%
Time to provide care	Strongly disagree	9	6.1%
	Disagree	34	23.1%
	Neutral	30	20.4%
	Agree	57	38.8%
	Strongly agree	17	11.6%
Availability of equipment and resources	Strongly disagree	54	36.7%
	Disagree	54	36.7%
	Neutral	18	12.2%
	Agree	17	11.6%
	Strongly agree	4	2.7%
Working together in the ward	Strongly disagree	14	9.5%
	Disagree	19	12.9%
	Neutral	37	25.2%
	Agree	58	39.5%
	Strongly agree	19	12.9%
Quality of care provided	Strongly disagree	11	7.5%
	Disagree	37	25.2%
	Neutral	44	29.9%
	Agree	44	29.9%
	Strongly agree	11	7.5%

According to Table 4.5 the results show that, over two thirds of respondents (62.7%) agreed or strongly agreed that the level of responsibility they were given was reasonable 53.1% of respondents strongly agreed that there was too much paperwork than helping patients, and a further 16.3% agreed. The results showed that, a total of 57.8% respondents strongly disagreed or disagreed that the staff shortage in the ward forced them to work extra shifts and 50.4% of the respondents agreed or strongly agreed that there was sufficient time to provide the type of care

they would like to. Almost three-quarters (73.4%) of the respondents strongly disagreed or disagreed that there was enough equipment and other resources to provide good care and 52.4% of the respondents agreed or strongly agreed that the managers and staff worked together in the ward to provide quality patient care. However, fewer respondents of about 37.4% agreed or strongly agreed that the overall quality of care provided was high.

Table 4.6: *Training at the hospital as reported by respondents*

Variables		n	Percentage (%)
Training and orientation program	Strongly disagree	49	33.3%
	Disagree	39	26.5%
	Neutral	19	12.9%
	Agree	35	23.8%
	Strongly agree	5	3.4%
Training received	Strongly disagree	35	23.8%
	Disagree	21	14.3%
	Neutral	24	16.3%
	Agree	52	35.4%
	Strongly agree	15	10.2%
Job effectiveness	Strongly disagree	42	28.6%
	Disagree	34	23.1%
	Neutral	26	17.7%
	Agree	34	23.1%
	Strongly agree	11	7.5%
In-service training	Strongly disagree	27	18.4%
	Disagree	33	22.4%
	Neutral	38	25.9%
	Agree	41	27.9%
	Strongly agree	8	5.4%
Refresher courses and in-service training	Strongly disagree	79	53.7%
	Disagree	34	23.1%
	Neutral	22	15.0%
	Agree	12	8.2%

Table 4.6 above shows results on how participants responded to training within the hospital. A total of 59.8% disagreed or strongly disagreed that the training and orientation program given when they started was really good. The study indicates that 45.6% of respondents agreed or strongly agreed that they have received enough training to do their job well and just over half of respondents (51.7% taken together) strongly disagreed or disagreed that the necessary training is given to ensure job effectiveness. The results showed that, 40.8% of respondents strongly disagreed or disagreed that in-service training adequately addressed skill gaps.

Three-quarters of respondents (76.8%) indicated their disagreement (strongly disagree or disagree) that there was adequate job specific refresher courses and in-service training.

Table 4.7: *Staff development at the hospital as reported by respondents*

Variables		n	Percentage (%)
Opportunities to develop	Strongly disagree	78	53.1%
	Disagree	30	20.4%
	Neutral	21	14.3%
	Agree	15	10.2%
	Strongly agree	3	2.0%
Identification of incompetent nurses	Strongly disagree	64	43.5%
	Disagree	34	23.1%
	Neutral	33	22.4%
	Agree	12	8.2%
	Strongly agree	4	2.7%
Staff development needs	Strongly disagree	74	50.3%
	Disagree	34	23.1%
	Neutral	23	15.6%
	Agree	12	8.2%
	Strongly agree	4	2.7%
Opportunities for advancement	Strongly disagree	77	52.4%
	Disagree	36	24.5%
	Neutral	21	14.3%
	Agree	12	8.2%
	Strongly agree	1	0.7%

Table 4.7 above shows results of how respondents responded to staff development in the hospital. The results show that, almost three-quarters (73.5%) strongly disagreed or disagreed that there was enough opportunities to take part in further training, while 66.6% of the respondents were disagreeing that incompetent nurses were identified and provided with the necessary support. Well, 50.3% of respondents strongly disagreed that senior nurse management participate in identifying their staff development needs, and a further 23.1% disagreed. The study indicated that, over three-quarters of respondents (76.9%) strongly disagreed or disagreed that opportunities for advancing in the hospital existed.

The respondents were asked to indicate about their happiness, including environment, motivation and promotion and the results are as shown in Table 4.8.1, 4.8.2 and 4.8.3 below.

Table 4.8.1: *Happiness about hospital environment as reported by respondents*

Variables		n	Percentage (%)
Working conditions	Strongly disagree	56	38.1%
	Disagree	52	35.4%
	Neutral	19	12.9%
	Agree	15	10.2%
	Strongly agree	5	3.4%
Workplace	Strongly disagree	56	38.1%
	Disagree	36	24.5%
	Neutral	31	21.1%
	Agree	20	13.6%
	Strongly agree	4	2.7%
Morale or team spirit	Strongly disagree	43	29.3%
	Disagree	29	19.7%
	Neutral	32	21.8%
	Agree	34	23.1%
	Strongly agree	9	6.1%
Commitment to workplace	Strongly disagree	59	40.1%
	Disagree	31	21.1%
	Neutral	33	22.4%
	Agree	14	9.5%
	Strongly agree	10	6.8%

According to Table 4.8.1 above, 73.5% of respondents strongly disagreed or disagreed that their overall working conditions were good, while over two-thirds (62.6%) of respondents strongly disagreed or disagreed (taken together) that their workplace was really good place to work in. About 49.0% of the respondents strongly disagreed or disagreed that the team spirit (or morale) in the work environment was good. A total of 61.2% (taken together) of the respondents were disagreeing that they were very committed to workplace and seeing themselves staying there for a long term career.

Table 4.8.2: *Happiness about motivation within the hospital as reported by respondents*

Variables		n	Percentage (%)
Happiness	Strongly disagree	45	30.6%
	Disagree	29	19.7%
	Neutral	40	27.2%
	Agree	25	17.0%
	Strongly agree	8	5.4%
Pride of workplace	Strongly disagree	48	32.7%
	Disagree	32	21.8%
	Neutral	37	25.2%
	Agree	21	14.3%
	Strongly agree	9	6.1%
Recommendation of place of work	Strongly disagree	60	40.8%
	Disagree	28	19.0%
	Neutral	35	23.8%
	Agree	16	10.9%
	Strongly agree	8	5.4%
Delegated tasks	Strongly disagree	31	21.1%
	Disagree	41	27.9%
	Neutral	34	23.1%
	Agree	25	17.0%
	Strongly agree	16	10.9%

Table 4.8.2 above shows that 50.3% of respondents strongly disagreed or disagreed that they were really happy with their job (happiness) and 54.5% strongly disagreed or disagreed that they felt proud of the working there, and 59.8% of respondents (taken together) strongly disagreed or disagreed that if there was a vacancy they would definitely recommend the workplace to a friend. Nearly half of the respondents (49%) of respondents strongly disagreed or disagreed that duties delegated to them were sometimes outside their scope of practice and that made them feel inadequate and frustrated.

Table 4.8.3: *Happiness about promotions within the hospital as reported by respondents*

Variables		n	Percentage (%)
Promotion chances	Strongly disagree	34	23.1%
	Disagree	30	20.4%
	Neutral	31	21.1%
	Agree	39	26.5%
	Strongly agree	13	8.8%
Promotions	Strongly disagree	61	41.5%
	Disagree	33	22.4%
	Neutral	21	14.3%
	Agree	26	17.7%
	Strongly agree	6	4.1%
Promotions in the hospital	Strongly disagree	26	17.7%
	Disagree	24	16.3%
	Neutral	27	18.4%
	Agree	39	26.5%
	Strongly agree	31	21.1%
Promotion exercise	Strongly disagree	52	35.4%
	Disagree	29	19.7%
	Neutral	30	20.4%
	Agree	30	20.4%
	Strongly agree	6	4.1%

Table 4.8.3 above shows that 43.5% of respondents (23.1% and 20.4%) strongly disagreed or disagreed that they had good chances for promotion, and well over two-thirds (63.9%) strongly disagreed or disagreed that promotions were always given on ability. It can be seen from Table 4.8.3 that just below half (a total of 47.6%) agreed or strongly agreed that an employee's promotion was important to this organisation, while more than half the respondents (a total of 55.1%) strongly disagreed or disagreed that promotion exercise was held regularly.

Table 4.9: *Recognition and regard as reported by respondents*

Variables		n	Percentage (%)
Consultation to changes	Strongly disagree	60	40.8%
	Disagree	41	27.9%
	Neutral	22	15.0%
	Agree	20	13.6%
	Strongly agree	4	2.7%
Influencing management decisions	Strongly disagree	68	46.3%
	Disagree	47	32.0%
	Neutral	17	11.6%
	Agree	11	7.5%
	Strongly agree	4	2.7%
Recognition	Strongly disagree	44	29.9%
	Disagree	33	22.4%
	Neutral	36	24.5%
	Agree	30	20.4%
	Strongly agree	4	2.7%
Opinions recognised	Strongly disagree	24	16.3%
	Disagree	28	19.0%
	Neutral	37	25.2%
	Agree	46	31.3%
	Strongly agree	12	8.2%
Manager's comments to faults (or wrong doing)	Strongly disagree	19	12.9%
	Disagree	24	16.3%
	Neutral	33	22.4%
	Agree	55	37.4%
	Strongly agree	16	10.9%

Table 4.9 above table shows results of respondents on recognition and regard which they were asked to indicate. About 68.7% (taken together) disagreed or strongly disagreed that they were consulted when changes in the working conditions were planned and a total of 78.3% strongly disagreed or disagreed that it was possible to influence the decisions of management. At least, 52.3% of the respondents strongly disagreed or disagreed that they got informal praise and appreciation when they do things well (recognition). The results show a fewer (39.5%) agreed or strongly agreed that their opinions were listened to by manager (supervisor) and almost half agreed or strongly agreed (48.3%) that their managers told them in a sensitive way if they did something wrong.

Table 4.10: *Respect within the hospital as reported by respondents*

Variables		n	Percentage (%)
Respect	Strongly disagree	16	10.9%
	Disagree	14	9.5%
	Neutral	32	21.8%
	Agree	73	49.7%
	Strongly agree	12	8.2%
Value by patients	Strongly disagree	9	6.1%
	Disagree	6	4.1%
	Neutral	19	12.9%
	Agree	78	53.1%
	Strongly agree	35	23.8%
Value by families	Strongly disagree	5	3.4%
	Disagree	12	8.2%
	Neutral	28	19.0%
	Agree	65	44.2%
	Strongly agree	37	25.2%
Hospital caring towards its people	Strongly disagree	46	31.3%
	Disagree	29	19.7%
	Neutral	36	24.5%
	Agree	26	17.7%
	Strongly agree	10	6.8%

According to Table 4.10 above 57.9% of respondents agreed or strongly agreed that they were respected by their manager (supervisor). Also, 53.1% of the respondents agreed that patients value what they did for them, and a further 23.8% of respondents strongly agreed. The study indicates that, 69.4% of respondents agreed or strongly agreed that families value what they did and just over half (51%) of all participants strongly disagreed or disagreed that the hospital cares about its people.

The respondents were asked to indicate about their working relationships among staff members and regarding patients and the results are as shown in Table 4.11.1 and 4.11.2 below.

Table 4.11.1: *Working relationships among staff members as reported by respondents*

Variables		n	Percentage (%)
Working relations	Strongly disagree	7	4.8%
	Disagree	2	1.4%
	Neutral	19	12.9%
	Agree	77	52.4%
	Strongly agree	42	28.6%
Teamwork	Strongly disagree	6	4.1%
	Disagree	9	6.1%
	Neutral	28	19.0%
	Agree	72	49.0%
	Strongly agree	32	21.8%
Access to my manager (supervisor)	Strongly disagree	14	9.5%
	Disagree	13	8.8%
	Neutral	24	16.3%
	Agree	63	42.9%
	Strongly agree	33	22.4%
Communication with the manager	Strongly disagree	14	9.5%
	Disagree	14	9.5%
	Neutral	33	22.4%
	Agree	58	39.5%
	Strongly agree	28	19.0%

The respondents were asked to indicate about their working relationships within the hospital and Table 4.11.1 shows that 81% of respondents agree or strongly agree reported they had a good relationship with their co-workers. A total of 70.8% agreed or strongly agreed that there is teamwork in the hospital (they felt like they are part of a team) and more than two-thirds 65.3% of respondents agreed and strongly agreed that they are able to get access to their manager (supervisor). Almost two-thirds (58.5%) of the respondents agreed or strongly agreed that they can talk to manager (supervisor) if something at work was worrying them.

Table 4.11.2: *Working relationships among staff members regarding patients*

Variables		n	Percentage (%)
Agreement on patients' needs	Strongly disagree	10	6.8%
	Disagree	16	10.9%
	Neutral	44	29.9%
	Agree	56	38.1%
	Strongly agree	21	14.3%
Knowledge of patients	Strongly disagree	6	4.1%
	Disagree	11	7.5%
	Neutral	28	19.0%
	Agree	75	51.0%
	Strongly agree	27	18.4%
Changes within the organisation	Strongly disagree	37	25.2%
	Disagree	35	23.8%
	Neutral	36	24.5%
	Agree	29	19.7%
	Strongly agree	10	6.8%
Changes regarding patients	Strongly disagree	23	15.6%
	Disagree	15	10.2%
	Neutral	30	20.4%
	Agree	60	40.8%
	Strongly agree	19	12.9%

Table 4.11.2 above shows that, 52.4% agreed or strongly agreed that there was agreement on patients' needs by staff and 69.4% agreed or strongly agreed that they knew patients and their backgrounds quite well. About 49% (taken together) disagree or strongly disagree that they were not informed about changes within the organisation and 53.7% agreed or strongly agreed that they were informed about any changes regarding patients.

4.3 INFERENCE STATISTICS

Inferential statistics are a formalized body of techniques that infer the properties of a larger collection of data from the inspection of that collection. In this section, the overall results given were further analysed to produce possible relationship that contributed to making inferences (conclusions).

Table 4.12: *Cross Tabulation between Number of years worked and position held in the hospital*

		Position within the hospital						
Number of years		Nursing Superintendent	Nursing Matron	Chief Nursing Officer	Principal Registered Nurse	Senior Registered Nurse	Registered Nurse	Total
0 - 3 years	2 (3.40%)	0	2 (3.40%)	16 (27.60%)	11 (19.00%)	4 (6.60%)	58 (100.00%)	
4 - 7 years	0	1 (1.60%)	3 (4.70%)	49 (6.60%)	11 (17.20%)	0	64 (100.00%)	
8 - 10 years	0	0	1 (6.30%)	15 (93.80%)	0	0	16 (100.00%)	
More than 10 years	0	0	2 (22.20%)	7 (77.80%)	0	0	9 (100.00%)	
Total	2 (1.40%)	1 (0.70%)	5.40%	87 (59.20%)	22 (15.00%)	27 (18.40%)	147 (100.00%)	

Table 4.12 shows that majority of the respondents have 4 - 7 years in same position and were principal registered nurses. However, we were interested more in inferring the sample finding to the target population, the above conclusion must be tested for statistical significance by the Chi-square test shown below;

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	72.342 ^a	15	.000
Likelihood Ratio	85.471	15	.000
Linear-by-Linear Association	27.679	1	.000
N of Valid Cases	147		

a. 16 cells (66.7%) have expected count less than 5. The minimum expected count is .06.

Typical level of significance adopted to reject the null hypothesis is $p < 0.05$. Having $p = 0.000$ which is less than the set alpha level, we are much confident that

in rejecting the null hypothesis report Pearson Chi-Square value, as in “**we observed a strong association between number of years and nursing position, $\chi^2(15) = 72.34, p = .000.$** ” The Pearson Chi-Square indicates that there is very significant relationship between the two variables (number of years worked and highest nursing position). There is very significant evidence of independence. Hence, we may reject the null hypothesis and conclude that, having worked more years within the hospital will guarantee promotion to the highest position.

Symmetric Measures

		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Nominal	by Phi	.702			.000
Nominal	Cramer's V	.405			.000
Interval	by Pearson's R	-.435	.077	-5.824	.000 ^c
Interval					
Ordinal	by Spearman	-.532	.068	-7.563	.000 ^c
Ordinal	Correlation				
N of Valid Cases		147			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

This second box explains the strength of that relationship. Phi and Cramer's V are both tests of the strength of association. The strength of association between the variables is very strong (both at .702 and .405 respectively with $p = .000$). Both the Pearson's and Spearman correlation also indicate that there is a strong correlation between numbers of years worked and position in the hospital. There was a significant relationship between number of years worked in S'brana and nursing position held within the hospital, $\chi^2(15) = 72.34, p = .000$. The effect size was 0.405.

Table 4.13: Crosstabulation between involvement in decision making and position held in the hospital

	Nursing Superintendent	Nursing Matron	Chief Nursing Officer	Principal Registered Nurse	Senior Registered Nurse	Registered Nurse	Total
Strongly Disagree	0	0	0	9 (56.30%)	3 (18.80%)	4 (25.00%)	16 (100.00%)
Disagree	0	0	0	13 (72.20%)	31 (6.70%)	21 (1.10%)	18 (100.00%)
Neutral	0	0	2 (8.00%)	15 (60.00%)	4 (16.00%)	4 (16.00%)	25 (100.00%)
Agree	2 (3.10%)	0	3 (4.60%)	38 (58.50%)	10 (15.40%)	12 (18.50%)	65 (100.00%)
Strongly Agree	0	1 (4.30%)	3 (13.00%)	12 (52.20%)	2 (8.70%)	5 (21.70%)	23 (100.00%)
Total	2 (1.40%)	1 (0.70%)	8 (5.40%)	87 (59.20%)	22 (15.00%)	27 (18.40%)	147 (100.00%)

According to Table 4.13 above, majority of principal registered nurses indicated that they disagreed that they were involved in decision making. They also formed part of those who were not sure about involvement in decision making about 60 percent.

Chi-Square Tests

	Value	df	Asymp. (2-sided)	Sig.
Pearson Chi-Square	15.264 ^a	20	.761	
Likelihood Ratio	15.558	20	.744	
Linear-by-Linear Association	1.119	1	.290	
N of Valid Cases	147			

a. 23 cells (76.7%) have expected count less than 5. The minimum expected count is .11.

The Pearson Chi-Square and "Asymp. Sig." (Significance level) for the crosstab above is not significant (Sig. is greater than $\alpha = 0.05$), so we would fail to reject the H_0 . This means that, there is no statistically significant relationship between the two variables (involvement in decision making and position held in the hospital).

Symmetric Measures

		Value	Asymp. Error ^a	Std. Approx. T ^b	Approx. Sig.
Nominal	by Phi	.322			.761
Nominal	Cramer's V	.161			.761
Interval	by Pearson's R	-.088	.078	-1.058	.292 ^c
Interval					
Ordinal	by Spearman	-.078	.084	-.938	.350 ^c
Ordinal	Correlation				
N of Valid Cases		147			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Form the above output we can see that the strength of association between the variables is weak. There is no statistically significant association between involvement in decision making and position held in the hospital, $\chi^2(20) = 15.26$, $p = .761$.

4.3.1 Pearson correlation analysis

This section reports the Pearson correlation analysis of the relationship between nursing staff morale factors including; age of respondents, highest qualification in nursing, training received, opportunities to take part in further training, length in position, ward working in, availability of specific refresher courses, number of years worked at S'brana Psychiatric Hospital, access to manager (supervisor), ability to talk to manager (supervisor) and nursing position with how well informed about changes regarding patients. The results are shown in Tables 4.14, 4.15, 4.16, 4.17, 4.18, 4.19, 4.20, 4.21, 4.22 and 4.23 respectively.

Table 4.14: *The Correlation between highest qualification in nursing and training received*

	Highest qualification in Nursing?	I have received enough training to do my job well
What is your highest qualification in Nursing?	Pearson Correlation 1	.312
	Sig. (2-tailed)	.000
	N	147
I have received enough training to do my job well	Pearson Correlation .312	1
	Sig. (2-tailed)	.000
	N	147

The result showed a statistically significant moderate positive correlation between respondents highest qualification in nursing and training received to do the job well with Pearson product-moment correlation coefficient (Pearson r) = .312, n = 147 and p = .000.

Table 4.15: *The Correlation between highest qualification in nursing and opportunities to take part in further training*

	What is your highest qualification in Nursing?	There are enough opportunities for me to take part in further training
What is your highest qualification in Nursing?	Pearson Correlation 1	.153
	Sig. (2-tailed)	.065
	N	147
There are enough opportunities for me to take part in further training	Pearson Correlation .153	1
	Sig. (2-tailed)	.065
	N	147

The results from Table 4.15 show that there weak correlation between highest qualification in nursing and opportunity to take part in further training is not significant with r = .153, n = 147, p = .065.

Table 4.16: *The correlation between numbers of years worked at S'brana Psychiatric Hospital and adequacy of job specific refresher courses and in-service training*

		How long have you been working in S'brana Psychiatric Hospital?	There is adequate job specific refresher courses and in-service training
How long have you been working in S'brana Psychiatric Hospital?	Pearson Correlation	1	-.191*
	Sig. (2-tailed)		.021
	N	147	147
There is adequate job specific refresher courses and in-service training	Pearson Correlation	-.191*	1
	Sig. (2-tailed)	.021	
	N	147	147

*. Correlation is significant at the 0.05 level (2-tailed).

The results showed that there is statistically significant weak negative correlation between the two variables (numbers of years worked in S'brana Psychiatric Hospital and adequacy of job specific refresher courses and in-service training) with $r = -.191$, $n = 147$ $p = .021$.

Table 4.17: *The correlation between age of respondents and whether is their first job since attaining nursing training*

		How old are you?	Is this your first job since attaining nursing training?
How old are you?	Pearson Correlation	1	.363
	Sig. (2-tailed)		.000
	N	147	147
Is this your first job since attaining nursing training?	Pearson Correlation	.363	1
	Sig. (2-tailed)	.000	
	N	147	147

The results showed an association between the age of respondents and whether it is their first job is S'brana hospital after attaining their nursing qualification. There was medium positive correlation between the two variables, $r = .363$, $n = 147$, $p = .000$.

Table 4.18: *The correlation between length of stay in position and availability of adequate specific refresher courses*

		How long have you been in this position?	There is adequate job specific refresher courses and in-service training
How long have you been in this position?	Pearson Correlation	1	-.007
	Sig. (2-tailed)		.937
	N	147	147
There is adequate job specific refresher courses and in-service training	Pearson Correlation	-.007	1
	Sig. (2-tailed)	.937	
	N	147	147

The results showed that there is no association between length of stay in position and availability of refresher courses and in-service training. Correlation is not significant with $p = .937$ greater than .05 significance level set.

Table 4.19: *The correlation between number of years worked at S'brana hospital and relationship with co-workers*

		How long have you been working in S'brana Psychiatric Hospital?	I get well with my co-workers
How long have you been working in S'brana Psychiatric Hospital?	Pearson Correlation	1	.192*
	Sig. (2-tailed)		.020
	N	147	147
I get well with my co-workers	Pearson Correlation	.192*	1
	Sig. (2-tailed)	.020	
	N	147	147

*. Correlation is significant at the 0.05 level (2-tailed).

The above table shows a statistically significant weak positive relationship between the length of stay one has worked at S'brana Psychiatric Hospital and getting well with co-workers with $r = .192$, $n = 147$, $p = .020$.

Table 4.20: *The correlation between access to manager (supervisor) and gender*

		Gender	I am able to get easy access to my manager (supervisor)
Gender	Pearson Correlation	1	.045
	Sig. (2-tailed)		.586
	N	147	147
I am able to get easy access to my manager (supervisor)	Pearson Correlation	.045	1
	Sig. (2-tailed)	.586	
	N	147	147

The results showed that there is no relationship between gender and getting easy access to manager/supervisor. There is no correlation between the two variables.

Table 4.21: *The correlation between nursing position and ability to talk to manager (supervisor)*

	Which one BEST describes your current nursing position within the hospital?	one I can talk to my manager if something at work is worrying me
Which one BEST describes your current nursing position within the hospital?	Pearson Correlation	.016
	Sig. (2-tailed)	.850
	N	147
I can talk to my manager if something at work is worrying me	Pearson Correlation	1
	Sig. (2-tailed)	.850
	N	147

The results showed that there is no association between nursing position and ability to talk to manager/supervisor if something at work is worrisome. The correlation is not significant.

Table 4.22: *The correlation between nursing position and well informed about changes regarding patients*

	Which one BEST describes your current nursing position within the hospital?	Which one I am well informed about current nursing any changes position within regarding the hospital? patients
Which one BEST describes your current nursing position within the hospital?	Pearson Correlation Sig. (2-tailed) N	1 .162* 147
I am well informed about any changes regarding patients	Pearson Correlation Sig. (2-tailed) N	.162* .049 147

*. Correlation is significant at the 0.05 level (2-tailed).

The results showed that there is significant weak positive correlation between nursing position and being well informed about any changes regarding patients with $r = .162$, $n = 147$, $p = .049$.

Table 4.23: *The correlation between ward working in availability of equipment and other resources to provide good care*

	There is enough equipment and other resources to provide good care	There is enough equipment and other resources to provide good care Please indicate the ward that you are currently working in?
There is enough equipment and other resources to provide good care	Pearson Correlation Sig. (2-tailed) N	1 .175* 147
Please indicate the ward that you are currently working in?	Pearson Correlation Sig. (2-tailed) N	.175* .034 147

*. Correlation is significant at the 0.05 level (2-tailed).

The results showed that there is significant weak positive correlation between the two variables (ward one is working in and availability of equipment and other resources to provide good care) with $r = .175$, $n = 147$, $p = .034$.

4.3.2 Multiple Regression Analysis of the variables

This section reports the multiple regression results between nursing staff morale factors including; overall working conditions, overall happiness with the job and promotions given on based on ability as independent variables. The control variable was a score on; this is a really good place to work in. The results are shown in tables below.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.703 ^a	.495	.484	.83644

a. Predictors: (Constant), Promotions are always given based on ability, My overall working conditions, Overall, I am really happy with my job

The predictor variables account for 49.5% of the variance in the dependent variable.

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	97.993	3	32.664	46.688	.000 ^a
	Residual	100.048	143	.700		
	Total	198.041	146			

a. Predictors: (Constant), Promotions are always given based on ability, My overall working conditions, Overall, I am really happy with my job

b. Dependent Variable: This is a really good place to work in

The model does significantly predicts the outcome variable, because $p = .000$

Table 4.24: Results of Multiple Regression Analysis for good place to work in, overall working conditions, really happy with my job and promotion given based on ability (N =147)

Model		Unstandardized		Standardized	t	Sig.	95.0% Confidence Interval for B	
		Coefficients	Std. Error				Lower Bound	Upper Bound
1	(Constant)	.218	.181		1.203	.231	-.140	.575
	My overall working conditions are good	.394	.070	.375	5.588	.000	.255	.533
	Overall, I am really happy with my job	.304	.066	.324	4.602	.000	.174	.435
	Promotions are always given based on ability	.184	.061	.200	3.015	.003	.063	.305

a. Dependent Variable: This is a really good place to work in

A multiple regression was also conducted to predict whether the hospital is a really good place to work in based on the available independent variables. The predictor variables included; my overall working conditions are good, overall I am happy with my job and promotions are always given based on ability. The overall model was statistically significant, $F(3, 143) = 46.69$, $p = .000$, and accounted for 70.3% of the variance (which means that about 70.3% of the variability in why S'brana is said to be a really good place to work in has now been explained). The results from Table 4.24 indicated that all the three independent variables are statistically significant predictors of good place to work in both recording $p = .000$ which is less than alpha level set. When looking at the part of the table called 95% Confidence Interval for B, this gives us the lower confidence limits and upper confidence limits. For the three predictors, the intervals do not include the null value (which is always $x= 0$ in linear regression) and, thus, the results are statistically significant (at the 5% level).

4.3.3 ANOVA analysis

This section presents the results of ANOVA analysis to establish the differences in group means for commitment to workplace among respondents disaggregated by age of participants, number of years respondents have worked educational level and current position held. The results are shown in tables below;

Table 4.25: *Comparison of means of nurses' morale (team spirit) in the work environment among different age groups*

Age groups of respondents	N	Mean	Std. Deviation	Std. Error	F.	Significance
Less than 40 years	128	2.516	1.2735	.1126	1.856	.175
40 years and Above	19	2.947	1.3934	.3197		
Total	147	2.571	1.2928	.1066		

An ANOVA test was carried out to compare mean scores of nurses' morale (team spirit) in the work environment among different age groups of respondents. According to Table 4.25, the F value of 1.856 was not significant at $p = .175$, which is greater than the minimum .05 alpha level set for statistical significance. Therefore, the researcher retain the null hypothesis and concluded that nurses' morale (or team spirit) in the environment could not be attributed to the difference in the age of respondents.

Table 4.26: Comparison of means of nurses' morale (team spirit) in the work environment among respondents disaggregated by number of years worked in S'brana Psychiatric Hospital

Groups of respondents according to number of years worked in SPH	N	Mean	Std. Deviation	Std. Error	F.	Significance
0 – 3 years	58	2.724	1.2254	.1609	1.869	.137
4 – 7 years	64	2.609	1.2924	.1616		
8 – 10 years	16	1.875	1.2583	.3146		
> 10 years	9	2.556	1.5899	.5300		

The ANOVA test indicated that the F value is 1.869 at $p = .137$, which is not significant and shows that the variance could have happened by chance since the p -value is greater than .05 alpha level which was set. This means that, we fail to reject the null hypothesis that there is no significant difference between mean score of nurses' morale (or team spirit) in the work environment with number of years respondents have worked in S'brana Psychiatric Hospital.

Table 4.27: Comparison of means of nurses' morale (team spirit) in the work environment among respondents disaggregated by highest level of education

Groups of respondents according to highest level of education	N	Mean	Std. Deviation	Std. Error	F.	Significance
Diploma in Nursing	101	2.555	1.2687	.1262	.028	.972
Bachelor's Degree e.g. BA Cur	26	2.615	1.4164	.2778		
Post-graduate Diploma	20	2.600	1.3139	.2938		
Total	147	2.571	1.2927	.1066		

An ANOVA test was carried out to compare mean scores of nurses' morale (team spirit) in the work environment in relation to highest level of education. From the above table, the F value of .028 was not significant at $p = .972$, which was greater than the minimum .05 alpha level for statistical significance. Therefore, the null hypothesis of no difference among mean scores of nurses' morale in the work environment was accepted and it was concluded that the nurses' morale (or team spirit) could not be attributed to respondents' highest level of education.

Table 4.28: *Comparison of means for nurses' morale (team spirit) in the work environment among respondents disaggregated by current position held in S'brana Psychiatric Hospital*

Groups of respondents according to current position held in SPH	N	Mean	Std. Deviation	Std. Error	F.	Significance
Nursing superintendent	2	4.000	.0000	.0000	1.44	.213
Nursing matron	1	3.000				
Chief nursing officer	8	3.000	1.6903	.5976		
Principal registered nurse	87	2.448	1.3097	.1404		
Senior registered nurse	22	2.318	.8937	.1905		
Registered nurse	27	2.926	1.3566	.2611		
Total	147	2.571	1.2928	.1066		

The ANOVA test carried out to compare mean score of nurses' morale in the work environment in relation to respondents current position in the hospital to be not statistically significant with the F value of 1.44 at $p = .213$, which was greater than .05 alpha level set. Therefore, we retain the null hypothesis that there is no significant difference between mean score of nurses' morale (or team spirit) in the work environment and concluded that nurses' morale (or team spirit) in the environment could not be attributed to the current nursing position held at the hospital.

4.3.4 t-Test analysis

This section presents the results of t-test analysis done to test the differences of group means for good place to work in among respondents in relation to gender (male and female) and

Table 4.29: *Comparison of general means for S'brana being a good place to work in among respondents disaggregated by gender*

Gender	N	Mean	Standard deviation	t-test	Significance
Male	60	2.183	1.1570	-.003	.987
Female	87	2.184	1.1766		

The t-test was carried out to compare means of scores for S'brana being a good place to work in among respondents who were male and those who were female. According to Table 4.29, the t value of -0.003 was not significant at .987, which was greater than the minimum .05 required for statistical significance. Therefore, the null hypothesis of workplace preference is accepted and it was concluded that nurses' preference of workplace (being it a good place to work in) could not be attributed to gender of respondents.

Table 4.30: *Comparison of means for workplace preference among respondents according to their employment status*

Employment Status	N	Mean	Standard deviation	t-test	Significance
Full-time	143	2.189	1.1625	.319	.971
Part-time	4	2.000	1.414		

The t-test was carried out to compare means of scores for workplace preference among respondents who were male and those who were female. According to Table 4.30, the t value of .319 was not significant at .971, which was greater than the minimum .05 required for statistical significance. Therefore, the null hypothesis of preference of workplace is accepted and it was concluded that nurses'

preference of workplace (being it a good place to work in) could not be attributed to their employment status.

4.4 CONCLUSION

This chapter presented the analysis of results including the socio-demographic characteristics of respondents. The analysis was carried out using frequency, Pearson correlation, descriptive statistics, multiple regression, ANOVA analysis and t-test analysis. The results revealed that there were significant moderate positive correlation between respondents' highest qualification in nursing and training received to do the job well and showed no correlation between gender and getting access to the manager and also between nursing position and ability to talk to manager (supervisor). The results also showed significant relationship between number of years worked in S'brana and nursing position held within the hospital. Chapter 5 presents the interpretation of results, conclusions, limitations and recommendations for practice and further research.

CHAPTER FIVE

DISCUSSION, CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

5.1 Introduction

This chapter presents discussion of findings from the analysis performed and how they relate to the published information, make conclusions and recommendations for practice and further research, and also highlights some limitations of the study. This study has found a number of significant work-related and environment, patient care and interaction with management variables that have an influence on nursing staff morale in the hospital. This chapter will discuss the concept of nursing staff morale in the light of the literature and the findings. The discussion was based on the research question and objectives as presented in chapter 1, which are:

- What are the factors influencing nursing staff morale at S'brana Psychiatric Hospital in Botswana?
- To determine the factors influencing nursing staff morale at S'brana Psychiatric Hospital (SPH) in Botswana
- To measure the relationship between general morale, interaction with management, patient care, the opportunity to develop among nursing staff at SPH
- To compare association between nursing staff morale and socio-demographic profile

5.2 Socio-demographic characteristics of the respondents

The results of this study revealed that the majority of the nurses were aged between 26 - 30 years with a mean of 28.1(\pm 1.14) years. From the results, it is apparent that nurses nowadays can acquire their nursing qualification in their early twenties, which gives them opportunity to get employment soon after completing their training. This finding indicated that nurses are mostly young, accordingly they will have long years to work, and morale need to be kept high so that they remain in the workforce for longer. Marwat and Khan (2010) found that people in the young age career experience more stress because of role overload, role ambiguity and tough working conditions compared to late middle aged. However, studies on job

satisfaction, staff morale and retention also support the result of the present study that age increases linearly with job satisfaction (Shields & Ward, 2001). So, motivation is very important to retain and promote their enthusiasm in the job and get out the best of them whilst they are still young (Ayers, 2005; Kumar, Ahmed, Shaikh, Hafeez & Hafeez, 2013; Saeed & Butt, 2014).

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The results further revealed that, of the 147 respondents, most were females compared to males. The findings from this study revealed that mostly females dominated in the nursing profession, however, the number of females is not as high as in other studies, such as in South Africa, where 95% of the nursing workforce are females (SANC, 2007). Shields and Ward (2001) identified a significant gender effect, with males reporting lower levels of job satisfaction than females. The findings of this study concur with that of Spooner-Lane, Rebecca and Wendy (2007) in Australia who found female nurses were more than the male counterpart. These findings are also similar to findings of Ndetei, Pizzo, Maru, Ongecha, Khasakha, Mutiso and Kokonya (2008) in Kenya where two thirds of staff in a mental hospital (64.5%) were females. Working with the mentally ill involves dealing with patients whose behaviour is unpredictable, with violence, outbursts of anger and more (Roth & Prager, 2013). The nature of caring for these patients involved verbal aggression, physical assault or threatening to do so in the work environment towards psychiatric staff. In fact, the psychiatric nurse's work in the front line 24 hours a day while providing a non-stop response for the needs of the patient and their family (Roth & Prager, 2013). This clearly shows that there is need for more recruitment of male nurses at S'brana Psychiatric Hospital as it is dominated by female patients, in order to balance the staff gender disparity in the hospital. The male nurses will help out with nursing duties that their female counterparts cannot do since the hospital has more male patients than female ones. For example, other male patients can become very difficult, change their behaviour indefinitely and aggressive at times when being cared for by a female nurse but may calm down when it's a male nurse and as such hinders the female nurse to provide care. Inversely, increase in number of male nurses in psychiatric unit may lead to improved service delivery within the hospital.

The findings of this study showed that the majority of the respondents were single, and only a quarter were married concurring with a study done in Korean hospitals where the majority of nurses were unmarried (Kang & Kim, 2014). The marital status of nurses might play a decisive role in influencing their nursing staff morale in the hospital in that, married nurses may feel less emotionally consumed by the job, more humane towards patients, and more fulfilled by their profession than single ones (Sahraian *et al*, 2013). Marriage is considered as a protective factor against job stress and it seems that single women are more likely to have depression than married employed women (Sahraian *et al*, 2013).

Furthermore, the results of this study revealed that two thirds of nurses had diploma in nursing. It can be assumed that nurse managers may have clinical experience but lack competencies which are expected from someone at managerial level. For example, nurses who have been in the hospital for too long without going for any professional development in the in-turn they want to be promoted to managerial post of which they are not qualified for. The nurse manager role requires different styles of leadership knowledge and behaviours. Miyata, Arai and Suga (2013) argue that, as nurses' age in the profession they have a strong desire for career advancement as professionals and keenly wish to receive recognition. Kelly (2007) stated that, continuing development of one's professional skills and knowledge is an empowering experience, preparing the nurse to make decision with the support of an expanding body of knowledge. In fact, a lifelong learning process must be developed at the start of a professional career in the health sector (WHO, 2006). Nurses in S'brana Psychiatric Hospital receive the same basic training as nurses in other nursing specialties; however, there is a two year post-graduate diploma in Psychiatric nursing which they can embark on but that is not happening as few of the hands-on nurses in the wards have obtained the post graduate psychiatric nursing qualification. Mostly, it is held by nurses in the management position and some nurses are sent back to school to do different nursing specialities and this could in-turn affect nurses morale.

From the results of this study, nurses at the S'brana Psychiatric Hospital have a wide variation of length of time working in the hospital. Close to two thirds of the respondents have worked in S'brana Psychiatric Hospital for four (4) years and longer, this therefore implies that they have good experience on issues pertaining to

the different wards they work in during their two-year rotations. Also, just over a third of nurses worked in hospital for three (3) years or less. Lai *et al.*, (2000) identified that work experience in the organisation tends to enhance job satisfaction which ultimately reduces the experience of stress and related factors like staff morale. This is supported by Momanyi and Kaimenyi (2015) who argued that, nurses with more years of service in the organization tend to expect more autonomy recognition and opportunities. When these factors are absent, experienced nurses may feel upset and become dissatisfied. Many researchers consider staff morale to be another delicate issue that affects job performance besides burnout, job satisfaction, motivation and stress (Sharp, 2008; Ayed, Thulth & Sayej, 2015; Kumar *et al*, 2013; Day *et al*, 2006). The results of this study revealed that the most of respondents had progressed to the position of principal registered nurse and only a few are in chief nursing position and above. It is assumed that although the majority of nurses were working as registered nurses they are at the lower grade of nurse manager positions. This brings out the question of upward progression or the availability of career development programmes as stagnancy in one position could lower individual's morale. Morrell, Loan-Clarke, Arnold and Wilkinson (2008) found that, perceived inequality in allocation of training opportunities and promotions were associated with high staff turnover (which can ultimately affect nurses' morale). The respondents were asked to indicate how many years they had been employed in current position. The majority had worked in their positions for less than 3 years, with only 0.7% had worked for more than 10 years. These findings are consistent with the rapid recruitment and replacement with fresh graduates to maintain absolute numbers of staff, a factor that is very common among government hospitals including S'brana Psychiatric Hospital not for private hospitals. Given the large proportion of respondents that held the same nursing positions for long, with minimal career development and promotional opportunities, nurses may feel unfairly treated in the current system they could become demoralized and less committed to their work. This is supported by Pearcey and Elliott (2004) who noted that, the issue of morale in nursing has not been extensively researched despite suggestions that effective clinical leaders are those who encourage the morale-boosting qualities of caring, support and balance in their staff to promote retention and feelings of renewal however, low morale on wards has been shown to adversely affect staff.

The hospital is divided into different categories of wards and different type of patients according to their illness. The categories of wards are as follows: male acute wards, female acute wards, rehabilitation wards, forensic wards, out-patient department, and psychogeriatric ward. From these results, it was found that there were more male nurses at acute male wards compared to other wards as there are more acute male patients, meaning patients were not yet stabilized and can display violent behaviours hence more males. It has been found that there are more males that suffer from mental disorders due to substance abuse (WHO, 2012).

5.3. Relationship between dimensions of staff morale among respondents

The relationship between working conditions, happiness with the job, promotions given on ability and S'brana hospital being a good place was found to be positive and significant. The findings of multiple regression on predictor variables attests to a positive relationship between S'brana Psychiatric Hospital being a good place to work in and predictor variables (my overall working conditions are good; overall am happy with my job and promotions are always given based on ability). Furthermore, the result showed that, the predictor variables have an effect on their workplace thereby impacting on their staff morale. This finding is similar with Bowers *et al.*, (2009) in their study in UK where they concluded that, staff morale on acute wards was good, contrary to reports based on expert opinion. Furthermore, the findings of this study contrast that of a Kenyan study in which poor morale was associated with emotional exhaustion and poor working conditions (Ndetei *et al*, 2007). However, Ndetei *et al* study did not focus on nurses' morale *per se* but on burnout in all health care workers at Mathari Psychiatric Hospital. A positive environment reduces emotional fatigue and job related stress, both of which relate to staff morale in an institution (Saeed & Butt, 2014; Sahraian *et al*, 2013; Kang & Kim, 2014). Therefore, nurse leaders must advocate for work environment changes to decrease job stress, improve ability to provide quality patient care, and assure the health and safety of nurses.

The present study also found that majority of respondents (principal registered nurses) were dissatisfied with their involvement in decision making and there was no correlation between length of time in position and availability of adequate job specific refresher courses and in-service training. These findings are similar to those of

Bowers *et al* (2009), where it was found that length of time in post was correlated with low morale and participants were dissatisfied with the degree of personal autonomy in clinical decision making (Jovic-Vranes *et al*, 2007). In another study on factors influencing stress and job satisfaction of nurses working in psychiatric wards in the USA, it was suggested that, autonomy and employee characteristics were found to be related to mental health nurses' job satisfaction (Konstantinos & Christina, 2008). The similarity lie in the population as the sample was drawn from nurses and many studies from literature focused on investigating job satisfaction versus staff morale (Kumar *et al*, 2013; Blaauw *et al*, 2013; Carrillo-García, Solano-Ruíz, Martínez-Roche and Gómez-García, 2013; Jovic-Vranes *et al*, 2007; Kekana, du Rand, & van Wyk, 2007). This is supported by many researchers who consider staff morale to be another delicate issue that affect job performance (Ngambi, 2011; Ismail, Suh-Suh, Ajis, & Dollah, 2009; Lee *et al*, 2012; Momanyi & Kaimenyi, 2015). Moreover, the factors that help to define morale are intrinsic motivation, job satisfaction, work meaningfulness, organisational commitment and work pride (Mcknight, Ahmad, & Schroeder, 2001; Day *et al*, 2006).

These differences maybe because Botswana and other countries may differ regarding factors associated with nursing staff morale. Nurses working in psychiatric hospital may also differ from nurses working in general hospitals as pointed out by (Totman *et al*, 2011) that, psychiatric inpatients wards are highly stressful place to work at. Working with people who suffer from mental illness is more challenging than ever in the contemporary health care environment and the increasing level of workplace aggression has a significant impact on the morale of nurses in all areas of practice (Currid, 2008; Totman *et al*, 2011). As such, their morale is an important factor in improving and maintaining strong therapeutic alliance between them and patients. Furthermore, patients are heavily dependent on nurses in taking of them and providing them with reassurance of their recovery. The current study is different in that it was based in psychiatric hospital which is different from other general hospitals. These variations highlight the importance of investigating individual groups to determine their level of morale because generalizations are not always possible due to differences in the job or workplace.

In this study there was no correlation between access to manager and gender and nursing position within the hospital and ability to talk to the manager. This

implies that the nursing position held had no influence in the ability to talk to the manager. Also, nurse's gender was not correlated with access to manager or supervisor. It would have been hypothesized that women would have low levels of staff morale and as such they would frequent their managers in query or seeking support in issues surrounding their work environment. Carrillo-García *et al.*, (2013) identified a significant age and gender effect, with higher levels of job satisfaction among women than men whereas in other studies found that gender did not influence job satisfaction (Jovic-Vranes *et al.*, 2007; Moore & Dienemann, 2013). Women continue to juggle multiple roles between home, family and work, for which they are still on average more responsible for domestic duties than men. Further, exploration specifically to gender and nursing position within the hospital and its impact on staff morale may provide additional insight especially if a qualitative approach was employed to probe more.

The findings of this study showed that, half of the respondents strongly disagreed that they get informal praise and appreciation when they do things well (recognition). These findings are similar to those of Chipeta (2014) who found that, doctors and nurses indicated that they were not recognised for a job well done due to unavailability of performance management system. Armstrong (2006) argued that, employees seek either intrinsic or extrinsic benefits from an organization. Motivational factors include recognition, i.e., the employees should be praised and recognized for their accomplishments by the managers/supervisors. There must be growth and advancement opportunities in an organization to motivate the employees to perform well. The employees must hold themselves responsible for the work. The work itself should be meaningful, interesting and challenging for the employee to perform and to get motivated (Leshabari *et al.*, 2008).

The researcher further asked the respondents whether they were able to communicate and have access to their manager/supervisors and two thirds of the respondents agreed that they have access to their supervisors. Generally, the majority of the respondents strongly agreed that they have a cordial relationship with their managers/supervisors. In order to create healthy working clinical environments and encourage nursing staff for leadership and management roles, the issues of morale and motivation need to become primary concerns in the ward setting. The relationship of the employee with his peers, superiors and subordinates should be

appropriate and acceptable. Dye and Garman (2006) suggests that, the distrust of management, poor interpersonal relations (i.e. relationships between leader and staff), and inflexible working conditions could be other factors that affect staff morale.

5.4. Factors influencing nursing staff morale among respondents

The results revealed that while low staff morale is a reality among nurses at S'brana Psychiatric Hospital, it is not inconsistent with the findings of similar studies, such as lack of participation in decision-making processes, unavailability of training opportunities, and lack of promotions which could ultimately contribute to their morale (Chipeta, 2014, Leshabari *et al*, 2008; Kelly, 2007; Bower *et al*, 2009). However, participants have reported a disproportionate level of staff morale on different variables morale factors that it was linked to. It may indicate that the causes of low staff morale may lie outside the realms of internal and external factors related to work in general or with patients and may be related to factors that lie outside the hospital setting. Morale is the mental and emotional condition (as of enthusiasm, confidence, or loyalty) of an individual or group with regard to the function or tasks at hand (Merriam-Webster n.d.).

One of the most significant finding in this study was the relationship between length of stay and availability of adequate specific refresher courses. It would have been expected that nurses working at S'brana Psychiatric Hospital affect their morale, in that, working with people who suffer from mental illness is more challenging than ever in the contemporary health care environment. In this study however, there was no significant difference ($p>0.05$) between length of stay in position and availability of refresher courses and in-service training among nurses working in the hospital. Furthermore, a number of studies have reported a positive association between training and elevation to higher post or promotion (Armstrong, 2006; Wolf *et al*, 2013). Training, therefore, was generally not relevant to promotion. It is evident from the results that lack of training and education prevents professional growth and development, and may cause stagnation on nurses. The importance of on-going training is vital to reduce job stress due to incompetent nurses (Gordon, 2005), of which the results shows that two thirds of the respondents reported that they were not identified and nor provided with necessary support. Lee *et al.*, (2012)

stated that, the lack of opportunity for personal growth because of unchallenging environments leads to low morale. When employees know that each and every one of them, at his or her level, has an equal opportunity of rising to the top, they will put in their best performance and hence improve their morale.

From the findings of bivariate analysis of this study, results on selected demographic variables included respondents age, nursing qualification, number of years on position were found to have significant association with other staff morale variables they were likened to. The study findings revealed that, there was a significant positive relationship between age and first job since attaining nursing training ($r = 0.363$, $p = 0.00$) indicating that as nurses age increased their level of morale increased within their first job. Wolf *et al.*, (2013) concurs with these results from their study that morale increased with age but decreased with years in present position. In this study, a large proportion of the respondents were in their first job and a feeling heavy workload, environment and relationship with other co-workers could influence their staff morale.

A statistically significant positive relationship was found among highest qualification in nursing and training received to do job well ($r = 0.312$, $p = 0.000$). This indicates that, the more the nurses are equipped with qualifications the more they are able to do their job well. These findings are supported by other studies including Manojlovich, Sidani, Covell, Antonakos (2011); Patrician, Loan, McCarthy, Friedman, Donaldson, Bingham, Brosch, (2011) who all draw attention to the experience level of nursing staff as being an important factor in preventing adverse events such as medication errors, patient falls and infections. This shows a culture of continuous medical education exists. In a study in Kenya, Momanyi and Kaimenyi (2015) found that, most participants indicated that inadequate training opportunities/programs in the hospital may influence their intention to leave. Though this study was not focused on intention to leave Sharp (2008) suggest that nursing morale broadly encompasses elements such as stress, job satisfaction, motivation, intention to leave and job performance which from the study in one way or the other could have influenced nursing staff morale. Chipeta (2014) support this view by pointing out that limited training career developmental opportunities and inequitable access to training could affect staff morale. Training can be focused on patient management, as well as, issues concerning communication and support. That staff

themselves see the importance of training and desire more training is a significant indicator of their needs.

The study findings show that, there was a significant positive correlation between the ward participants were working in and availability of equipment and other resources to provide good care ($r = 0.175$, $p = 0.000$). These findings are supported by other researchers including Chipeta (2014) who suggests that staff morale in hospitals is being affected by lack of essential drugs, inadequate supervision, workloads, compensation, and inadequate housing; Day *et al.*, (2006) who argued that extrinsic factors dominate factors that reduce morale. Nurses expect their work environments to supply them with adequate opportunities and equipment to provide patient care of a high standard. Fostering a positive, supportive, encouraging working environment in which employee morale is high is important to employee motivation.

Nursing has largely been undertaken in a team environment with groups working together to provide patient care and achieve other institutional or hospital activities. The study findings show that, there was a significant positive relationship between length of stay one has worked at S'brana Psychiatric Hospital and getting well with co-workers ($r = 0.192$, $p = 0.020$) indicating that with increasing number of years within the hospital increases the relationship with other co-workers. Day *et al.*, (2006) points to good relationships with co-workers as a significant intrinsic factor in enhancing morale within the workplace. Moreover, Day *et al.*, (2007) outlined that, circumstances in the workplace at any given time contribute to staff morale. These findings are also asserted by Yragui *et al.*, (2012) who found that, support from co-workers can occur in multiple forms, including emotional (e.g., listening to a co-worker's difficulties in balancing work and family) and instrumental (e.g., offering to help a co-worker with a difficult client) and efficient teams were viewed as both promoting good patient care and preserving staff morale (Mistry, Levack, & Johnson, 2015). In addition to improving morale, a study of over 400 hospitals nurses demonstrated that social support from their co-workers enhanced their job performance and reduced their level of stress (AbuAlRub, 2004). Contentment in staff and the confidence to interact as an equal with other professionals are closely linked to self-esteem or one's own morale.

A significant positive correlation was found among nursing position and being well informed about any changes regarding patients ($r = 0.162$, $p = 0.049$) indicating that the more you go up with the hierarchy level of nurses the more they are well informed about changes regarding patients. These findings support earlier findings that 53.7% agreed and strongly agreed (combined together) that they were informed about any changes regarding patients. Previous findings suggested that poor working relationships can lead to deterioration in the quality of care or service provided by the staff because of emotional exhaustion, conflicts at work and poor supervision. It appears to be a factor in workplace stress, job satisfaction and low morale (Wolf *et al*, 2013; Sharp, 2008; Day *et al*, 2006; Totman *et al*, 2011). Nurse managers' have a unique opportunity to invest in relationships with staff, because of the close daily interaction on a ward. If managers were supportive, respect and recognize nurse, achievements, this could boost their morale and lead to higher levels of job satisfaction and motivation.

Nurses become disappointed with their profession when they are unable to properly care for their patients. Nurse leaders must advocate for work environment changes to decrease job stress, improve ability to provide quality patient care, and assure the health and safety of nurses. This research indicates that there is no simple or single solution to improving morale in the workplace. What is needed are a number of simultaneous actions that are required by the nurses, and health administrators to improve the environment that will allow more positive feelings about the direction of nursing profession and the care they provide.

5.5. Conclusion

In Conclusion, the findings of the study were in line with most existing literatures. This study has uncovered and reported the existence of nurses' staff morale in Botswana especially to those working in Psychiatric hospital. In agreement to studies that were carried out in developed countries on the subject, this study has revealed that nurses morale in S'brana Psychiatric Hospital can be affected by a number of factors irrespective of their age, work experience, nursing position and ward they work in. Morale is a common encounter for nurses though they are not considerate on factors which impacts them and their morale greatly depends on their perception on how much their needs are being met, specifically as a result of their

employment by the institution. The consequences of low staff morale are detrimental to health professionals (nurses) and patients, therefore, it is important for healthcare professionals (hospital administrators) to invest resources in order to find ways of addressing the negative effects of low staff morale for the betterment of health facilities, health workers and patients.

5.6. Recommendations

Based on the findings and conclusions of the study, the researcher makes the following recommendations for practice and further research:

- Identification of job-specific refresher courses and avail training opportunities to nursing staff within the hospital.
- Managers should provide equal promotional opportunities for employees.
- Decision making should be well integrated at all levels and it should involve the team.
- Ultimately, staff morale falls on the shoulders of the hospital superintendent. Therefore, the morale in the hospital is a reflection of the leadership in place. Other members of the hospital community can do small things that will impact staff morale; however, without the superintendent's support, attitudes and behaviours are not likely to have a lasting effect on staff morale.
- There is a need to monitor, on an on-going basis, both nurses' satisfaction with their job and with nursing as a career as the in-turn will provide insight about their levels of morale. This is in order to ensure that nursing remains a desirable career in Botswana, especially as graduate opportunities remain limited and public sector conditions are under consistent review.
- Communication should be downwards, upward and sideways, meaning that there should be effective meetings to facilitate this.

5.7. Limitations of the study

The researcher identified the following limitations in the study, which could have affected the outcome.

- The findings of the study may not be generalized to nurses in other hospitals, as the sample was limited to one psychiatric hospital. Thus, future studies should attempt to replicate these findings in other psychiatric setting and professions.
- Morale has been described as a dynamic and changing personal experience within a group context in response to workplace and environmental stimuli and, as such, the use of questionnaires may in fact restrict the rich and sometimes interesting personal accounts of workers. Therefore, qualitative methodology of data collection should be undertaken in future to provide wider perspective to the present study.
- It should be also noted that pilot testing did not go well as planned and this led the researcher to conduct it at Day Hospital ward within the hospital. As a result, nurses in that ward were excluded from the study, thus, sample size was reduced.

5.8 CONCLUDING REMARKS

The purpose of this study was to fill the gaps in current nursing staff morale research by examining factors influencing nursing staff morale in psychiatric hospital among nurses working in S'brana psychiatric hospital. This study answered all the research questions outlined. The relationship between dimensions of staff morale among the respondents (interaction with management, patient care, the opportunity to develop among staff) and some of the factors influencing nursing staff morale were identified to be significant and some of the apparent factors in influencing nursing staff morale were identified to be not significant. Clear recommendations were made to address the situation.

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APPENDICES

APPENDIX 1: TIME FRAME

Tasks to be completed	Time
Proposal presentation to lecturers and students	January 2015
Proposal submission to supervisor	March 2015
Acquisition of ethical clearance letter from University	April 2015
Submission of research proposal MREC	May 2015
Acquisition of approval letter from MoH-Botswana	June 2015
Pre-test and pilot study	November 2015
End of data collection	December 2015
Data analysis completion	March 2016
Writing of the report	May 2016
Submission of document for correction	October 2016
Submission of final document	June 2017
End of the project	June 2017

APPENDIX 2: BUDGET

NO	ITEMS	NET PRICE
	Pre-test, pilot	R500
	Data collection Sheet printing	R1000
	Transport	R500
	English editor fee	R2 500
	Statistician fee	R2 000
	Binding of final documents	R1 200
	Stationary	R1 500
	Other logistics	R500
	Technical assistance	R2 500
	Total	R12 200

APPENDIX 3: PARTICIPANT CONSENT FORM

APPENDIX 4: QUESTIONNAIRE

QUESTIONNAIRE ON FACTORS AFFECTING NURSING STAFF MORALE IN S'BRANA PSYCHIATRIC HOSPITAL

Thank you for your willingness to complete this questionnaire. The questionnaire consists of eight (8) sections, and it would be appreciated if you complete the entire questionnaire.

FOR OFFICIAL USE:

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SECTION A:

Answer each question by putting a circle around the code representing your appropriate answer.

BACKGROUND INFORMATION

1.1. **Gender** (Please indicate your sex)

Male	1
Female	2

1.2. What is your age? (Select the most appropriate group)

20 - 24	1
25 - 29	2
30 - 34	3
35 - 39	4
40 - 44	5
45 - 49	6

50 – 54	7
55 - 59	8
60 and above	9

1.3 Please indicate your Marital Status

Single	1
Married	2
Separated	3
Divorced	4
Widowed	5

1.4 Is this your first job since attaining nursing training?

Yes	1
No	2

1.5 What is your highest qualification in Nursing?

Diploma in Nursing	1
BSc Nursing	2
Bachelor's Degree e.g. (BA Cur)	3
Postgraduate Diploma in: <ul style="list-style-type: none"> ▪ Psychiatric Nursing ▪ Community Health Nursing ▪ Midwifery ▪ Family Nurse Practitioner 	4
Master's Degree (e.g. MA, Msc)	5
Other (Specify) -----	6

1.6 How long have you been working in S'brana Psychiatric Hospital? (Select the MOST appropriate group)

0 – 3 years	1
4 – 7 years	2
8 – 10 years	3
More than 10 years	4

1.7 Which one of the following BEST describes your current nursing position within the hospital?

Nursing Superintendent	1
Nursing service manager	2
Chief nursing officer	3
Principal registered nurse	4
Senior registered nurse	5
Registered nurse	6
Other (Specify) -----	7

1.8 Please indicate the ward that you are currently working in?

1.9 How long have you been in this position? (Select the MOST appropriate group)

0 – 3 years	1
4 – 7 years	2
8 – 10 years	3
More than 10 years	4

2.0 Are you a registered member of Botswana Nurses Union (BoNU)?

Yes	1
No	2

2.1 What is your current employment status in this Hospital?

Full-time	1
Part-time	2
Other (Specify): _____	3

SECTION B:

Please indicate your response to each of the following statements regarding Autonomy & Decision Making

Please indicate with a tick (√) in the appropriate answer box, according to the following code definitions:

- | |
|--|
| 1. Strongly disagree
2. Disagree
3. Neither agree or disagree
4. Agree
5. Strongly agree |
|--|

Statement	1	2	3	4	5
I am involved in making important decisions about patients' care					
I have the opportunity to make decisions on my own					
I have the opportunity to take on a leadership role if I want					
I am involved in decision making at our ward level which allows me to implement the required change					

SECTION C:

Please indicate your response to each of the following statements regarding Workload and Quality of care.

Please indicate with a tick (√) in the appropriate answer box, according to the following code definitions:

- 1. Strongly disagree
- 2. Disagree
- 3. Neither agree or disagree
- 4. Agree
- 5. Strongly agree

Statement	1	2	3	4	5
There is good balance between people who supervise and people who do the work					
The amount of work I am given to do is reasonable					
My workload is too high that I am unable to cope with its demands					
There is too much paper work than helping patients					
My workload is often increased because my co-workers are often absent					
The level of responsibility I am given is reasonable					
The staff shortage in this ward forces me to work extra shifts					
There is sufficient time to provide the type of care I would like to					
Overtime work is acceptable					
Staffing levels are adequate for the workload					
The overall workload is shared fairly					
There is enough equipment and other resources to provide good care					
The overall quality of care provided is high					
The managers and the staff in the ward work together to provide quality patient care					

SECTION D:

Please indicate your response to each of the following statements regarding Staff development

Please indicate with a tick (√) in the appropriate answer box, according to the following code definitions:

- 1. Strongly disagree
- 2. Disagree
- 3. Neither agree or disagree
- 4. Agree
- 5. Strongly agree

Statement	1	2	3	4	5
There are enough opportunities for me to take part in further training					
The training and orientation program I was given when I first started was really good					

	I have received enough training to do my job well						
	The necessary training is given to ensure job effectiveness						
	Job specific refresher courses are specific						
	In-service training adequately addresses the skill gaps						
	Incompetent nurses are identified and provided with the necessary support						
	Senior nurse management participate in identifying their staff development needs						
	Opportunities for advancing in the hospital exist						
	There is adequate job specific refresher courses and in-service training						
	I have the opportunity to perform the type of work I do best						
	There are enough opportunities to discuss important things about works with colleagues						
	I feel I total understand the procedures, policies, and responsibilities that are part of my job						

SECTION E:

Please indicate your response to each of the following statements regarding Happiness, including Environment, Motivation and Promotion

Please indicate with a tick (√) in the appropriate answer box, according to the following code definitions:

- | |
|--|
| 1. Strongly disagree
2. Disagree
3. Neither agree or disagree
4. Agree
5. Strongly agree |
|--|

Statement	1	2	3	4	5
My overall working conditions are good					
This is a really good place to work					
The team spirit (or morale) in this work environment is good					
Overall, I am really happy with my job					
I am very committed to working here and I see myself staying here for a long term career.					
I feel proud to work here					
If there was a vacancy, I would definitely recommend this place to a friend as a place to work.					
Duties delegated to me are sometimes outside my scope of practice and that makes me feel inadequate and frustrated					
There is very good opportunity for advancement					
I have good chance for promotion					
I have fairly good chance for promotions					

	Opportunities for promotions are limited					
	Promotions are always given based on ability					
	An employee's promotion is important to this organisation					
	Promotion exercise is held regularly					

Are you satisfied with your working conditions?

Yes	1
No	2

SECTION F:

Please indicate your response to each of the following statements regarding Recognition, Regard and Respect

Please indicate with a tick (√) in the appropriate answer box, according to the following code definitions:

- | |
|--|
| 1. Strongly disagree
2. Disagree
3. Neither agree or disagree
4. Agree
5. Strongly agree |
|--|

	Statement	1	2	3	4	5
	I am consulted when changes in working conditions are planned					
	It is possible to influence the decisions of management					
	I get informal praise and appreciation when I do things well					
	My opinions are listened to by my manager					
	If I do something wrong, my manager tells me in a sensitive way					
	I am respected by my manager					
	Patients value what I do for them					
	Families value what I do					
	I feel that the company cares about its people (patients and staff)					

SECTION G:

Please indicate your response to each of the following statements regarding Working Relationships

Please indicate with a tick (√) in the appropriate answer box, according to the following code definitions:

- | |
|------------------------------|
| 1. Strongly disagree |
| 2. Disagree |
| 3. Neither agree or disagree |
| 4. Agree |
| 5. Strongly agree |

Statement	1	2	3	4	5
I get on well with my co-workers					
I feel like I am part of a team					
I am able to get easy access to my manager					
I can talk to my manager if something at work is worrying me					
All the staff here agree on what patients need					
I feel I know patients and their backgrounds quite well					
I am well informed about changes within the organisation (i.e. you know what's going on)					
I am well informed about any changes regarding patients					

END OF QUESTIONNAIRE

THANK YOU FOR YOUR PARTICIPATION.

APPENDIX 5: TABLE FOR DETERMINING SAMPLE SIZE

APPENDIX 6: PERMISSION LETTER FROM TREC

APPENDIX 7: PERMISSION LETTER FROM MoH - BOTSWANA

APPENDIX 8: LETTER REQUESTING PERMISSION FROM S'BRANA HOSPITAL

Dept of Public Health
University of Limpopo
South Africa

Date xx/Month/2015

Hospital Superintendent
S'brana Psychiatric Hospital
P O Box 126
Lobatse, Botswana

Dear Sir

RE: Application for permission to conduct a research at your institution

I the undersigned a master's student of public health at University of Limpopo Campus in South Africa, hereby wish to apply for your permission to conduct a research study among your staff members, in partial fulfillment of the requirement for the above mentioned programme.

A proposal for the study has been submitted to the University of Limpopo ethical and research committee for approval. A copy of the questionnaire is attached and ethical committee's approval for the study will be provided. I will be very grateful if am permitted to conduct this study.

Yours faithfully

Mr. Kagiso Onneetse Mphono

APPENDIX 9: PERMISSION LETTER FROM S'BRANA HOSPITAL

