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The motivational needs of primary health care nurses to acquire power as leaders in a mine clinic setting

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ABSTRACT

Motivation is a process that influences and directs behaviour in order to satisfy a need. It links with goal 3 of the sustainable development goals that focus on ensuring healthy lives and promoting well-being at all ages. Motivation of nurses is important in the primary health care environment of, for instance, mine settings; since low levels of motivation among Primary Health Care (PHC) nurses could have a negative effect on the achievement of high standards in health service delivery. The study was conducted within the theoretical framework of McClelland's Acquired Motivation Theory which consists of three basic needs, – the need for achievement, the need for power, and the need for affiliation. One of the research questions posed was “What are the motivational needs of PHC nurses to acquire power in the workplace at mine clinic settings?” A quantitative, explorative, descriptive design was followed. The accessible population in this study was PHC nurses (N = 30) working at 13 mine clinics, that also served as the total sample. A 7 point Likert scale was used in a self-administered structured questionnaire that was developed from a literature review. Ethical considerations were adhered to and respondents gave written informed consent. Data was analysed by using descriptive and inferential statistics. The Mann–Whitney test compared the mean ranks and a p-value of $p < 0.05$ was indicative of a significant difference between male and female groups. Validity and reliability principles were applied during the entire research process. The results indicated that PHC nurses needed acknowledgement, organisational responsibility, strategic planning and promotion, as well as support. Significant differences between gender were not found in relation to the need to acquire power.

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1. Introduction and rationale

The nursing staff complement is a key resource, and accounts for a significant part of service delivery in the health system. Professional nurses' motivation and performance determine, to a large extent, the quality of patient and customer care, and have a significant effect on the success of the organisation. As a result, their motivational needs are crucial in determining the quality of rendered services (Newton, Kelly, Kremser, Jolly, & Billett, 2009, p. 392; Wilson, Squires, Widger, Cranley, & Tourangeau, 2008, p. 717).

Mathauer, Cavagnero, Vivas, and Carrin (2010) describe motivation as the willingness to exert high levels of effort towards organisational goals, conditioned by the ability to satisfy some individual need. Conceptual definitions about motivation vary, but all of them agree that almost everyone is motivated in one way or another. The main theme of McClelland's Acquired Motivation Theory (developed in the 1960s) is that needs are learnt by coping with one's environment, and that the three basic needs are achievement, affiliation, and power (Coetzee, 2002, p. 56). People with a high need for power enjoy being in charge and influencing other people (Jooste, 2009, pp. 60–61). Nursing power is a broad construct that has implications for health care, organisational structures, and nursing practice. Operational definitions of power typically include the concepts of independence, being able to act independently, and having control or influence over other people (Ponte et al., 2007, p. 2).

In their research, McClelland and Burnham (2003, p. 125) found that the need for power is important because it indicates the desire of an individual to influence other people. Leaders regularly acquire and use power to accomplish specific goals, to strengthen their own positions for obtaining interpersonal influence. Leadership, including nursing and health care leadership, requires the ability to apply knowledge in the quest of transforming a vision into reality (Michelson, 2012, p. 193).

1.1. Leadership, power and motivation

The need for power has been associated primarily with assertive, aggressive and reprehensible behaviour and outcomes (Magee & Langner, 2008, p. 1547). Specifically as explained by Fodor, Wick, and Conroy (2012, p. 1), power relates negatively to making concessions during conflict resolution, and to positively assert friendship and risk taking. According to House and Aditya (1997, p. 414), the need for power is necessary for leaders to be effective because it encourages them to engage in influencing social behaviour, and such behaviour is required for effective leadership. They emphasise that PHC nurses aspire to the authority to make decisions with regard to their daily clinic management.

Ponte et al. (2007:1) maintain that power motivates people to obtain more satisfaction from their experience of influence. This satisfaction sustains their interest in the exercise of leadership. According to Du Toit, Erasmus, and Strydom (2010:213), a manager without power will not be able to influence employees sufficiently to achieve organisational goals. Ratzburg (2011, p. 3) adds that a high need for power,

greater than the affiliation needs, is predictive of leadership effectiveness.

Effective managers use their power to maintain a healthy balance between their own power and that of employees (Du Toit et al. 2010, p. 214). Coetzee and Schreuder (2012) contend that McClelland has argued that a particular motivation pattern, which he labels leadership motivation, is necessary for individuals to be effective managers. This pattern is characterised by a high need for power, socialised to accomplish worthwhile goals, and a low need for affiliation. Nurse managers who recognise and use their power, are more apt to achieve personal and professional goals while assisting the PHC nurses to meet their goals of delivering quality care and advancing nursing practice and education (Sielof, 2003, p. 183). Developing a power base takes time, but the process can be accelerated by managers who are willing to serve as mentors and role models (Ponte et al. 2007, p. 8).

Motivation is a process that influences and directs behaviour in order to satisfy a need. It is a critical part of leadership because people need to understand one another in order to lead effectively (Kelly, 2013, p. 7). Concepts of motivation include the effort to achieve a goal; creation of power that drives behaviour; and improvement of interaction during different work situations that are perceived to be challenging by individual nurses (Kocabas, 2009, p. 725).

2. Problem statement

McClelland (2010, p. 5) mentions that leadership and power appear to be closely related concepts, and to gain a better understanding of effective leadership, the need for power should be studied. As if being the manager at a mine clinic setting, the researcher became aware, by means of staff progress reports and performance appraisals, that PHC nurses (professional nurses) were demotivated. During performance appraisals sessions, PHC nurses indicated that they had a *need for power* because they lacked opportunities to be in charge of the clinic, to chair meetings, and to take part in the decision-making process, promotions or progress in professional development. This could lead them to feel unmotivated to deliver quality nursing care. It was unclear what the motivational needs of PHC nurses were in the workplace at mine clinic settings. One of the questions posed was: "What are the motivational needs of PHC nurses to acquire power in the workplace at mine clinic settings?" The perceptions of primary health care nurses about their need to acquire motivation in their workplace clinic, led to recommendations for nurse managers to motivate PHC nurses in the clinic.

3. Research objectives

The objectives of the study were to:

- Explore and describe the perceptions of PHC nurses about their need to acquire motivation in their clinic at a mine setting; and
- Make recommendations for the nurse managers at the clinic how to motivate PHC nurses.

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