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Assessing the Motivational Level and Implication of Lack of Motivation of Nurses in Hospital in Fako Division Cameroon

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Abstract: The progress of any health organization depends on the input of the health workers and this depends on how much they are motivated by the organization. With lack of motivation health workers work reluctantly and this affects the recovery rate of most patients. To know the motivational level and the implication of lack of motivation is important. This study was carried out from January-October, 2015. This was a mixed study (quantitative and qualitative) on health institutions in Fako Division. Data was collected using a self administered questionnaire involving both open and closed questions. Data was analyzed using Epi Info version 3.1, and SPSS version 21.0. The level of statistical significance was set at a P value < 0.05 at a 95% Confidence Level. We included 185 participants of which 151 (81.6%) were female. We saw that the motivation in institutions was low as most institutions motivate once a year (42.7%) causing little or no satisfaction amongst nurses. With lack of motivation, nurses were reluctant to work and high rate of "private practice". We concluded that when institutions motivate nurses there was increased output, increased patient input into the institution and a reduced rate of malpractice among the nurses. We recommend that health institutions should motivate nurses regularly to have a desired output.

Keywords: Motivation, Implication, Output, Cameroon

1. Background

The ability of an individual to willingly exert and maintain an effort towards attaining organizational goals is known as work motivation. It reflects the interactions between workers and their work environments.

Franco and his colleagues, [1] believed that motivation depends on a stable mind, aspiration or interest by the individual and can translate into action. Motivation theory examined the process of motivation and explained why people at work behave the way they do in terms of efforts. It is determined from studies that motivation and behavior have a positive relationship. The first part looks at stimulation that deals with the drive, or energy behind individual's action. People turn to be guided by their interest in making a good impression on others, doing exciting work and being successful in what they do. The second part referring to the

choice people make and the direction their behavior takes. The last part deals with maintaining behavior clearly defining how long people have to persist at attempting to meet their goals.

There has been a growing gap between the supply and demand for nurses and health professionals. The demand for their services is recognized as the key issue for health and development worldwide. [3]

Worker motivation is a connection between the worker and the working environment and is not just attributed to the individual or the organization. It is thus affected by policy and social environment. The health care sector is important in the preservation of life, and the quality and efficiency of service depend to a large extent on human labour and most often motivation results from a need which must be fulfilled,

and this leads to a specific behavior. It involves a person's action to fulfill specific needs.

There are various ways of increasing employees' work motivation and job satisfaction, so managers should grant them challenging task, authority and additional responsibility. This ultimately will increase their job performance within the organization. [4, 5] Our main objective to determine the motivational level of nurses in hospitals, other studies were carried out in developed countries and it was seen that motivation among nurses in hospitals was highest in the United States (41%) followed by Scotland (38%), England (36%), Canada (33%) and finally Germany (17%). [6]

In addition, level of motivation had remained stable and two factors were dominant in nurses' understanding of satisfaction and morale, namely: the perceived ability to deliver good patient care and good collegiate relationships with co-workers and the hospital administration. [7]

Motivational levels also depend on the health institution as some institutions motivate their nurses more than others. Studies carried out and it's seen that nurses in private hospitals were more satisfied, and had higher intentions to stay, than nurses in public hospitals. [8] Motivation is highly connected to job satisfaction which involves improved nursing care, and both involve cognitive, affective, and behavioral processes with worker motivation commonly understood as the reason why workers behave as they do towards achieving personal and organizational goals. [9].

Some characteristics are noted for nurses in hospitals when they are not motivated example absenteeism are one of the key factors. Some studies were carried out in India, and were found that low job satisfaction among workers in the public sector is evident from the highest reported rates of absenteeism while concerns persist about the performance and motivations of a private sector. [10]. Also, migration of nurses from one job to another cause the previous job to suffer in that hospital because of nurses' shortage. In a study in South Africa, nurses leave the nursing profession or the public sector for better paid jobs in the private sector. [11].

Not only the nurse benefits from motivation but also those in the health care team and patients who need help because, the nature of nursing activities causes employees to perform their task with passion and interest thus, nursing intervention is highly related to patient health; a lack of job motivation in nurses have a bad effect on the health and safety of patients since the nurses might not render adequate services. [12].

It is seen that factors that affect the employees' performance and services rendered in health institutions in a negative way are insufficient wage and job security, limited training programme, new opportunities' not developing and high job transfer speed. [13, 14] Patient safety tends to be threatened and the health outcome questioned due to inadequate worker motivation. Nurse's lack of courtesy to patients, poor process quality, such as failure to conduct proper patient examinations; and failure to treat patients in a timely manner are some of the results of inadequate worker motivation. [15] In the workforce, it can manifest in high staff turnover rates, high vacancy rates and indifferent performance [16].

Studies have shown that organizations tend to suffer because of employees intension to quite, this is because of some factors that affect employee's attitude, job satisfaction and the organizational commitment and motivation. [17, 18]

This study was carried out on the basis that motivation in health institutions have been neglected, the information gotten from the study will bring to light the extent of motivation in these institutions and how health care can be improved. It is shown from previous studies that well motivated nurses are more fruitful; provide adequate services and creative towards achieving the institutional goals. On the contrary, less motivated nurses perform less and tend to divert from attaining institutional goals. Motivation as incentive systems are essential to increasing capacities and to translating developed capacities into better performance of care.

2. Methods and Materials

2.1. Study Design

A cross sectional descriptive survey was used.

2.2. Study Duration

This study was carried out over a period of 10 months (January 2015 – October 2015).

2.3. Study Setting

This study was carried out in Fako Division in the south west region of the republic of Cameroon. The hospitals in Fako Division are divided into three categories (Public, Private and Mission). We have a total of 13 hospitals (5 Public, 3 Private and 5 Mission). We decided to sample these hospitals to arrive at our desired sample size. The selected hospitals were;

The Public hospitals were Buea Regional Hospital (BRH), Limbe Regional Hospital (LRH), Muyuka District Hospital (MDH);

The private hospitals included Solidarity Clinic (SC) and St. Luke's Medical Center (SLMC), and Mission hospitals were Baptist Hospital Mutengene (BHM), Mount Mary Hospital (MMH), and Regina Pacis Mutengene (RPM).

2.4. Study Population

We included all nurses working in these health institutions in the Fako Division.

2.4.1. Inclusion Criteria

All respondents were workers in a recognized institution and in active service.

2.4.2. Exclusion Criteria

All nurses who were not willing to give their consent freely.

2.5. Sampling Method

- Sample Selection: Simple random sampling method was used to select the institutions through the hat and draw procedure.
- Sample size calculation: The sample size will be gotten from the formula, Fishers (1998) as follows.

$$n_o = \frac{Z^2 pq}{d^2}$$

Where

n_o= minimum sample size required for infinite population

p= pre-study estimate of the proportion of nurses in Fako Division (and has a standard value of 50% or 0.5)

q= 1-p

d= the degree of precision or the accuracy (=5% or 0.05)

z= standard normal variant at confidence level of 95% (normal value is 1.96)

Hence,

Sample size (n_o) = $(1.96)^2(0.5)(0.5)/(0.05)^2$

$$= 0.9604/0.0025$$

$$= 384.6$$

$$= 385 \text{ people}$$

The number of participants determined above (385 persons) is an infinite population

However, the population of nurses, N is about 402. (The population of nurses, N is gotten from a previous study conducted on nurses in Fako Division)

Therefore the minimum sample size required for the finite population, n, will be calculated as

$$n = \frac{n_o}{1 + \frac{n_o}{N}}$$

n= 385/ (1+ 385/402)

=385/1.958

= 196.62

We will therefore include a total of 197 participants.

We had a total return of 185 answered questionnaire giving a response rate of 94.1%.

2.6. Study Procedure

2.6.1. Ethical Approval and Administrative Procedures

Research clearance was obtained from the Institutional Review Board in the Faculty of Health Sciences in the University Buea. This clearance acted as a supporting document to facilitate the collection of data from the field.

Secondly, we obtained a letter of approval from the regional delegation of health and all the eight health institutions explaining the importance of the research and for permission to collect data.

We then pre tested the approved questionnaires in institutions who were not part of the study.

2.6.2. Participant Recruitment

Participants were informed that the research was strictly for academic purposes and so they were not to expect any payment for their participation. Participants were met on duty at their various break periods so as not to interfere with their work schedule. To be included in the study, the main objective was explained to each participant and clarification made on areas not well understood by the participants.

2.7. Data Collection

Questionnaire was the main tool of data collection. The aim of this study was well explained. A signed consent form of those who were willing to participate was obtained after they had shown full understanding of the study then questionnaires were distributed for them to fill. Questionnaires were filled by the participants under the supervision of the principal investigator to ensure accuracy of data obtained.

2.8. Data Management and Analysis

The collected data was kept save at the end research to prevent loss of important information. Results keyed into the computer were secured using a password to secure participant information and prevent unwanted access. This information was later copied unto a Compact Disc (CD) to serve as a reserve and for storage.

Open-ended questions (qualitative data) were analyzed using the process of thematic analysis whereby concepts or ideas were grouped under umbrella terms or key words. Also, the quantitative data was pre-designed EpiData Version 3.1 (EpiData Association, Odense Denmark, 2008) database which has in-built consistency and validation checks was used to enter the data. For further consistency, data range and validation checks were also performed in SPSS (Statistical Package for Social Sciences) version 21.0 (IBM Inc., 2012) to identify invalid codes. Data were made essentially of categorical variables and they were analyzed using frequency and proportions and Multiple Response Analysis to aggregate responses within conceptual components. Reliability test was performed to assess the internal consistency of responses using Cronbach Alpha reliability analysis. Chi-Square test of equality of proportion was used to compare proportions for significant difference. Quantitative and qualitative were presented using frequency table, charts and code-grounding-quotation table (where we described the qualitative data obtained). All statistics were presented at the 95% Confidence Level (CL), Alpha =0.05. In addition, the scale of satisfaction was giving as 1-3(unsatisfactory), 4-7(averagely satisfied), and 8-10(satisfactory).

3. Result

Of the total of 197 questionnaires we have a total return of 185 giving a return rate of 94.1%

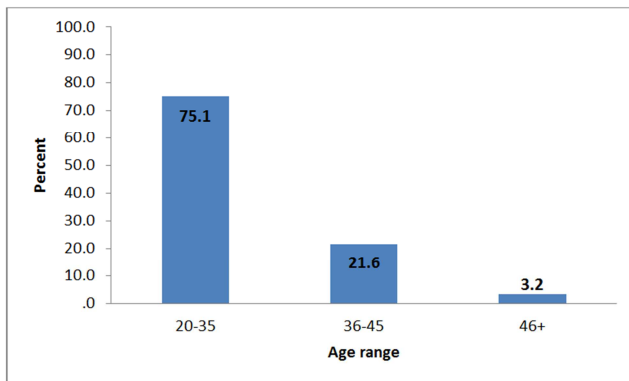All three types of institutions were represented in the

sample where by 84 (45.4%) were public, 72 (38.9%) were mission and 29 (15.7%) were private hospitals. Table 1

Table 1. *Frequency distribution of questionnaires by Health institutions.*

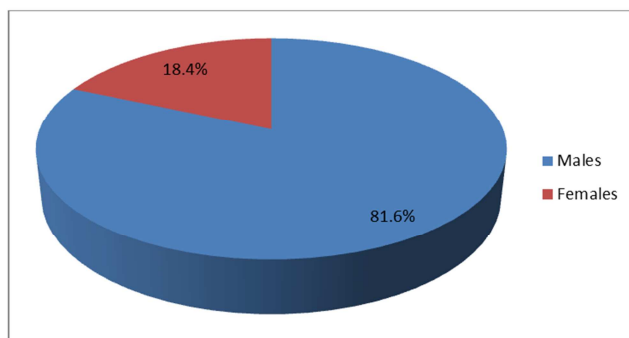| Institutions	Frequency	Percent
Regional Hospital Buea	37	20.0
Regional Hospital Limbe	18	9.7
District Hospital Muyuka	29	15.7
Regina Pacis Health Center Mutengene	6	3.2
Mount Mary Hospital Buea	18	9.7
Baptist Hospital Mutengene	48	25.9
St. Luke's Medical Center Buea	17	9.2
Solidarity Clinic Buea	12	6.5
Total	185	100.0

Age

Nurses' ages ranged were in average 31.75 (Median=30.0; SD=6.6; Min=20; Max=59; N=185). Nurses were relatively young with the dominant share of them 139 (75.1%) aged 20-35. While 21.6% had ages between 36-45 years and the least were those above 45 years with a percentage of 3.2%. Figure 1.

Figure 1. *Bar chart showing distribution of nurses according to age.*

Gender Distribution

Females who were 151 (81.6%) were more represented than the males 34 (18.4%). Figure 2.

Figure 2. *Gender Distribution of Sample Population.*
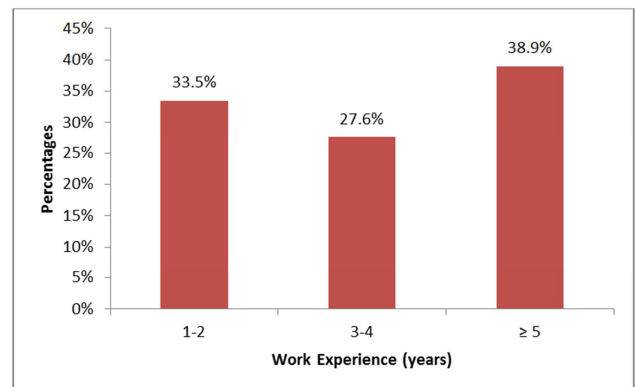
Qualification

The mode for nurses' qualification was Nurse Assistant with a majority of 60 (32.4%) followed by SRN/HND 55 (29.7%) then Bachelor Degree at the third position 44 (23.8%). State enrolled nurses were 22 (11.9%), Masters degree had 3 (1.6%) and lastly others had 1 (0.5%). Table 2.

Table 2. *Distribution of nurses according to qualification.*

Qualification	Frequency	Percent
Masters Degree	3	1.6
Bachelors Degree	44	23.8
SRN/HND	55	29.7
State Enrolled/brevette	22	11.9
Nurse Assistant	60	32.4
Others	1	.5
Total	185	100.0

Work experience

More nurses had 5 years experience and more 72 (38.9%), followed by those with 1-2 years experience 62 (33.5%), then 51 (27.6%) 3-4 years. Figure 3.
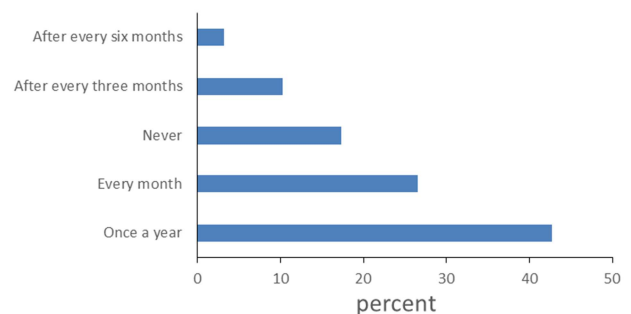

Figure 3. *Distribution of work experience.*

3.1. Motivational Level of Nurses in Hospitals

a) Frequency of motivation of nurses in hospitals

The result gives a summary of the percentage with the option of once a year having the highest percentage of 42.7% followed by every month having 26.5% followed by responses which show that they have never been motivated with 17.3%, after every three months (10.3) and lastly after every six months having the least percentage of 3.2%. (figure 4).

Figure 4. *Frequency distribution of nurses motivation.*

Frequency of motivation by background information

The rate of motivation did not differ significantly by gender, age, and qualification (P>0.05), but the findings also showed that there is a significant difference with institution in which most nurses in mission hospitals (51.4%) agreed that they are motivated for their efforts and stay in the hospital once a year as compared to the private and public

hospitals. For work experience, majority of nurses in the ages 1-2 years (32.2%) agreed that the hospital has never motivated them as compared to those who have worked for 3-4 years and lastly 5 years and above. They said to have a $P < 0.001$ significance. Table 3

Table 3. Frequency of motivation by background information.

Background information		How often does the hospital motivates you					MRS	χ2-test
		Every month	Every three months	Every six months	Once a year	never		
Institution	Public	38(45.2)	6(7.1)	2(2.4)	28(33.3)	10(11.9)	84	χ2=33.733 P<0.001
	Mission	7(9.7)	12(16.7)	3(4.2)	37(51.4)	13(18.1)	72	
	Private	4(13.8)	1(3.4%)	1(3.4)	14(48.3)	9(31.0)	29	
Age group	20-35	37(26.6)	17(12.2)	3(2.2)	54(38.8)	28(20.1%)	139	χ2=12.990 P=0.112
	36-45	10(25.0)	2(5.0%)	3(7.5%)	23(57.5)	2(5.0)	40	
	46+	2(33.3)	0(0%)	0(0%)	2(33.3%)	2(33.3)	6	
Gender	Male	12(25.3)	4(11.8%)	1(2.9%)	12(25.3%)	5(14.7)	34	χ2=2.019 P=0.732
	Female	37(24.5)	15(9.9)	5(3.3)	67(44.4)	27(17.9)	151	
Qualification	Masters	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	3	χ2=28.882 P=0.090
	Bachelor	10(22.7)	6(13.6%)	2(4.5%)	14(31.8)	12(27.3)	44	
	SRN/HND	19(34.5)	4(7.3%)	1(1.8%)	19(34.5)	12(21.8)	55	
	State enrolled	4(18.2%)	5(22.7%)	2(9.1%)	11(50.0%)	0(0%)	22	
	NA	15(25.0)	4(6.7%)	1(1.7%)	32(53.4%)	8(13.3%)	60	
Work experience	1-2yrs	13(21.0%)	7(11.3%)	1(1.6%)	21(33.9%)	20(32.3%)	62	χ2=26.516 P<0.001
	3-4yrs	9(17.6%)	9(17.7%)	3(5.9%)	24(47.1%)	6(11.8%)	51	
	5+ yrs	27(37.5%)	3(4.2%)	2(2.8%)	34(47.2%)	6(8.3%)	72	

Where MRS is the Aggregate score base on response on question comparing with the background information so as to easily get the statistical difference

b) Motivational Rate of nurses in Hospitals

Table 4. General motivational rate of nurses.

Motivation	Agree	Disagree	Not sure	N
Do you receive motivation for the extra working hours you put in your job?	43(23.2%)	117(63.2%)	25(13.5%)	185
Does the hospital administration organize seminars, refresher courses to update your knowledge?	136(73.5%)	40(21.6%)	9(4.9%)	185
MRS (Aggregated score based on responses)	179(48.4%)	157(42.4%)	34(9.2%)	370

In this study, N is the total number of nurses in this study. MRS is the total response of the nurses who answered the question

Majority (73.5%), of the respondents were motivated because the hospital organizes seminars and refresher courses while the l east, (23.2%) were not motivated on the extra working hours they put in. Table 4

c) Scale of motivation

With the scale of satisfaction giving as 1-3(unsatisfactory), 4-7(averagely satisfied), and 8-10(satisfactory), Following the scale, the results showed that majority of nurses were averagely satisfied with the rate of motivation, (52.4%). Table 5

Table 5. Scale of motivation.

	Frequency	Percent
Unsatisfactory	52	28.1
Averagely satisfactory	97	52.4
Satisfactory	36	19.5
Total	185	100.0

Scale of motivation per institution

The result showed that mission hospitals are satisfied with 31.9% as compared to public with the least percentage of 9.5% on the other hand, private hospitals are unsatisfied with the percentage of 37.9% as against 18.1% for mission

hospitals. Figure 5.

Figure 5. Distribution of scale of motivation per institution type.

Perceived scale of motivation by background information.

The findings also revealed the appreciation of motivation received by nurses did not differ significant by age, gender, qualification and work experience (P>0.005). But a significant difference was realized at the level of institution whereby nurses at the private sector were unsatisfied 11(37.9%) as compared to those of the public 28(33.3%) and mission 13(18.1) institutions. So in the other sense, nurses from mission institutions were the most satisfied with the motivation they received 23(31.9%). Table 6.

Table 6. *Perceived scale of motivation by background information.*

Background information		Scale of motivation			MRS	χ2-test
		Unsatisfied	Averagely satisfied	Satisfactory		
Institution	Public	28(33.3%)	48(57.1%)	8(9.5%)	84	χ2=15.259 P=0.004
	Mission	13(18.1%)	30(50.0%)	23(31.9%)	72	
	Private	11(37.9%)	13(44.8%)	5(17.2%)	29	
Age group	20-35	39(28.1%)	70(50.4%)	30(21.6%)	139	χ2=3.807 P=0.433
	36-45	10(25.0%)	25(62.5%)	5(12.5%)	40	
	46+	3(50.0%)	2(33.3%)	1(16.7%)	6	
Gender	Male	11(32.4%)	14(41.2%)	9(26.5%)	34	χ2=2.326 P=0. 313
	Female	41(27.2%)	83(55.0%)	27(17.9%)	151	
Qualification	Masters	1(33.3%)	2(66.7%)	0(0.0%)	3	χ2=14.029 P=0.172
	Bachelor	8(18.2%)	22(50.0%)	12(31.8%)	44	
	SRN/HND	18(32.7%)	31(56.4%)	6(10.9%)	55	
	State enrolled	5(22.7%)	10(45.5%)	7(31.8%)	22	
	NA	19(31.7%)	32(53.3%)	9(15.0%)	60	
Work experience	1-2yrs	16(25.8%)	32(51.6%)	14(22.6%)	62	χ2=0.890 P=0.926
	3-4yrs	14(27.5%)	27(52.9%)	10(19.6%)	51	
	5+ yrs	22(30.2%)	38(52.8%)	12(16.7%)	72	

Where MRS is the Aggregate score base on response on question comparing with the background information so as to easily get the statistical difference.

3.2. Implication of Lack of Motivation on Nurses' Output

(65.4%) of nurses said when they are motivated, they will improve on their output to patients while (37.8%) of nurses made it clear that when they are not motivated, they will not deliver appropriate services. Majority of nurses 64.9%) did not wish to quit their jobs due to lack of motivation. Table 7.

Table 7. *Perceived implication for lack of motivation.*

Implication	Agree	Disagree	Not sure	N
Does lack of hospital motivation affect the care you give to patients?	70(37.8%)	90(48.6%)	25(13.5%)	185
If you are motivated often by the hospital, will you improve the way you care for patients?	121(65.4%)	39(21.1%)	25(13.5%)	185
Did you wish to quit your job due to lack of motivation?	30(16.2%)	120(64.9%)	35(18.9%)	185
MRS (Aggregated score based on responses)	221(39.8%)	249(44.9%)	85(15.3%)	555

Where N is the total number of nurses in the study.
MRS is the total response of the nurses who answered the question
Implication of lack of motivation and Background information
The results indicated that lack of motivation not received by nurses did not differ significantly by institution age, gender, qualification and work experience, (P>0.005). Table 8.

Table 8. *Implication of lack of motivation and Background information.*

Background information		Implication of lack of motivation			MRS	χ2-test
		Agree	Not Sure	Disagree		
Institution	Public	88(34.9%)	34(13.5%)	130(51.6%)	252	χ2=5.60 P=0.061
	Mission	91(42.1%)	41(19.0%)	84(38.9%)	216	
	Private	42(48.3%)	10(11.5%)	35(40.2%)	87	
Age group	20-35	159(38.1%)	70(16.8%)	188(45.1%)	417	χ2=2.98 P=0.226
	36-45	52(43.3%)	14(11.7%)	54(45.0%)	120	
	46+	10(55.6%)	1(5.6%)	7(38.9%)	18	
Gender	Male	51(50.0%)	11(10.8%)	40(39.2%)	102	χ2=5.40 P=0.020
	Female	170(37.5%)	74(16.3%)	209(46.1%)	453	
Qualification	Masters	3(33.3%)	2(22.2%)	4(44.4%)	9	χ2=2.04 P=0.728
	Bachelor	47(35.6%)	24(18.2%)	61(46.2%)	132	
	SRN/HND	65(39.4%)	29(17.6%)	71(43.0%)	165	
	State enrolled	30(45.5%)	9(13.6%)	27(40.9%)	66	
	NA	73(40.6%)	21(11.7%)	86(47.8%)	180	
Work experience	1-2yrs	73(39.2%)	30(16.1%)	83(44.6%)	186	χ2=9.65 P=0.008
	3-4yrs	47(30.7%)	26(17.0%)	80(52.3%)	153	
	5+ yrs	101(46.8%)	29(13.4%)	86(39.8%)	216	

3.3. Thematic Analysis

a) Nurses' attitude when they are not motivated

Nurses developed a range of abnormal attitude that could be detrimental to their output, health care and hospital performance in general. The most emphasized attitude was reluctance to work as stated by a nurse ('*They are reluctant to do their work*'), angriness ('*Most nurses grumble with the administration and when providing care to patients*'), private practice like selling of drugs ('*They do private practice*', '*selling of drugs*'), drop in duty consciousness ('*Nurses become careless at work*'). Table 9.

***Table 9.** Code-Grounding-Quotation table depicting nurses' attitude when they are not motivated.*

Code	Code description	Grounding	Quotations
Tired	Easily get tired	7	'Easily get tired and angry' (Female nurse)
Angry (grumbling)	Nurses are angry, not joyful and welcoming	35	'Most nurses grumble with the administration and when providing care to patients'
Low Output	Reduction in output	17	'Reduction in work efficiency'(Female nurse)
Poor relation	Inadequate nurse-patient relationship	27	'Degradation of nurse-patient relation'(male nurse)
Reluctant to work	Nurses do not want to work	39	'they are reluctant to do their work' (female nurse)
Private practice	Private practice like selling of drugs	32	'The do private practice'(Male nurse) 'Selling of drugs'
Lazy	Laziness	10	'nurses become very lazy'(Female nurses'
Late coming	Nurses come to work late	15	'Some lose concentration on patients and some feel reluctant to come to work on time' (Female nurse)
Absent work	Nurses absent from work	8	'some nurses absent from work'(female nurse)
Careless	Carelessness in providing care to patients	21	'Nurses become careless at work'(Female nurse)
Complaints	Nurses complain and do not listen to patients complaints	10	'Nurses tend to complain a lot especially when taking care of patients and the administration'(female nurse)
Not happy	Nurses are not happy	11	'Most nurses are not happy at their job site and they do not have job satisfaction'(female nurse),
Discouragement	Nurses become discouraged	3	'Nurses become discouraged in providing care and in the profession'(Male nurse)

b) The impact of motivation on health care in hospital

Motivation has been reported to have a positive impact in health care institutions as highlighted by nurses. These impacts were Improvement in health care or services rendered to patients ('*It will improve quality of care rendered to patients*'), increased in frequentation (*When nurses are motivated it increases efficiency thereby increasing the number of patients who use the hospital*'), reduction in malpractices ('*They will not sell drugs again*'), increase in duty consciousness as nurses will willingly make extra effort (*it encourage staff to work harder and sacrifice their time and effort to care for patients*'). Table 10.

***Table 10.** Code-Grounding-Quotation table depicting the impact of motivation on health care in hospital.*

Code	Code description	Grounding	Quotations
Improve	Improvement in health care or services rendered to patients	84	'It will improve quality of care rendered to patients' (Female nurse)
Frequentation	Increase in the number of patients coming to the hospital	23	'When nurses are motivated it increases efficiency thereby increasing the number of patients who use the hospital' (Female nurse)
Consciousness	Improvement in duty and time consciousness	14	'Take work very serious' (Female nurse)
No stealing (malpractices)	Nurses will not deal with drugs unfairly again, or carried out private practices	19	'They will not sell drugs again' (Female nurse) 'Reduce private practice' (Female nurse)
Better relation	Adequate nurse-patient relationship	8	'nurses tend to develop strong relationship with their patients' (male nurse)
Extra effort	No extra sacrifice in service rendered to patients	14	'it encourage staff to work harder and sacrifice their time and effort to care for patients' 'Encourage workers to work overtime' (Female nurse)
Punctuality	Nurses become punctual at work	4	'Nurses will come early to work' (Male nurse)
Commitment	Nurses will become committed	8	'Nurses will become more committed to their job' (female Nurses'
Competition	Nurses compete to earn reward	3	'Nurses compete among themselves to give maximum care so that they can receive motivation'

4. Discussion

The findings revealed that most institutions motivate their nurses once a year (42.7%) as opposed to weekly or monthly motivation. In a similar study done by Cheng and Brow.[13] in Singapore hotel industry, confirmed that factors that affects employees performance negatively were insufficient wage, job security, limited training programs and no new opportunity and the frequency at which they were given

motivation. In another study done by Toker, [19] who concluded that in order for employees to show high rates of performance, the health administration also has to increase motivation rates.

Paying health workers sufficiently and on time was necessary for improving motivational level of health workers, particularly to recruit and retain the staff. [20, 21]. Furthermore, results revealed that majority of the nurses disagreed that they do not receive motivation on extra efforts they put in the job (63.2%), so this discourages them to go extra miles in rendering services to patients. Organ [22] in his study mentioned that motivation positively influences behavior. If the nurses are well motivated they work relentlessly. But when not motivated, they easily become tired and frustrated.

Results revealed that out of the 185 respondents, (73.5%) were of the opinion that health institutions should organize seminars, conferences and refresher courses to update their knowledge. This confirms Maslow's theory which says that an individual needs to realize his/her own potentials, for continued self development and creatively in its broadest sense. [23].

The scale of satisfaction showed that most nurses were averagely satisfied (52.4%) with the way they were motivated while only (19.5%) were satisfied with the motivation. This is in conformity to a study done by Brown.[24] and Hermnia et al. [25], who emphasized that nurses have to be motivated by different factors for them to be satisfied and improve on output. It is difficult to know the specific factor that nurses want hence to getting an assessment of their satisfaction would be difficult.

Additionally, the results revealed that here was a significant difference in satisfaction with institutions, as nurses in mission hospitals were the most satisfied (31.9%) followed by private hospitals (17.2%) and lastly by public hospitals (9.5%). This was similar to the study done in Jordan in which that nurses in private hospitals were more satisfied and had higher intensions to stay than those of public hospitals.[8].

Out of the 185 respondents, 37.8% of nurses accepted that lack of hospital motivation will affect the care they provide to their patients as against 48.6% of them who disagreed with that fact. It showed that majority of these nurses who disagreed worked for passion even though there was little or no motivation. Studies done by Heroabadi and Marboglis, [12] made it clear that lack of job motivation have an effect on the health and patient safety since nurses will not render appropriate services. In another study by Gillies [17], found evidence to support the fact that job stress and lack of nurse's motivation affects the output

We also found out that 65.4% of nurses adhered with the fact that if they were motivated often by the hospital, they will improve on output. This confirms the study done by Shadare & Hammed [26] that a motivated employee is more likely to get more output that will be of benefit to the organization than non motivated employees.

Out of the 185 respondents, 64.9% never wished to quit

their jobs due to lack of motivation. This finding contradicts the study done in UK in which approximately two of every 10 nurses are of the opinion that they are going to abandon their jobs because of dissatisfaction to salary in addition to psychologically stressful and strenuous work at their institutions. [27].

In addition, with lack of motivation, Nurses developed a range of abnormal attitude that could be detrimental to output. The most emphasized attitudes cited were reluctance to work, angriness, private practice like selling of drugs, drop in duty consciousness. This is was in line with the study done by Gilson et al. [15] who said nurses lack of courtesy to patients, tardiness and absenteeism, poor process quality, such as failure to conduct proper patient examinations; and failure to treat patients in a timely manner are some of the results of inadequate worker motivation.

Some positive impact to motivation in health institutions include, Improved in health care or services rendered to patients, increased frequentation of patients in that hospital, reduction in malpractices and increase in duty consciousness as nurses were willingly make extra effort at their jobs this is similar to the Herzberg theory who confirmed that by attending to motivating factors, makes work more interesting, requiring more initiative, creativity and planning leading to a greater output [28].

5. Conclusion

From the results we conclude that the frequency of motivation was low as most institutions motivate nurses once a year. Also, nurses complained of not been encouraged on extra efforts they put on their job.

The level of motivation has an influence on nurses' output but the motivation levels in the institutions were low. There was a significant difference with the institutions as nurses in the private institution complaint that they have never been motivated. Additionally, nurses in mission hospitals expressed a greater satisfaction as compared to public and the private institutions.

With lack of motivation, nurses were reluctant to work, they were angry with themselves and the administration and an increased rate of "private practice". However, despite these complaints, majority of them did not wish to quit their jobs.

When institutions motivate nurses there was increased output, increased patient input into the institution and a reduced rate of malpractice among the nurses.

Recommendation

- Institutions should develop motivational tips to motivate nurses on extra effort on job.
- Health institutions should develop standard intervals of motivation like organizing seminars and refresher courses to update nurses' knowledge and equip them better to render good services.

Competing Interests

The authors declare no conflict of interest in designing, conducting and reporting the findings of this work.

Authors' Contributions

Stanly Mbua Elive: Collected data and writing of the manuscript

Samuel Nambile Cumber: Assisting in writing of the manuscript

Fongang Che Landis: Supervising of the manuscript

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