SCHOOL OF PUBLIC HEALH

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FACTORS INFLUENCING NURSES PERFORMANCE AT THE ACCIDENT CENTRE OF THE KORLE BU TEACHING HOSPITAL

BY

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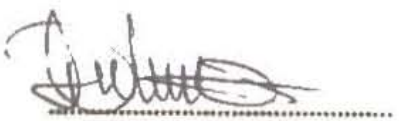
DECLARATION

I, JULIET DZISAH, declare, that apart from the references cited, this is my original work. This proposal includes nothing that is the outcome of work done in collaboration with others and is not substantially the same as any that may have been used in part or wholly for the award of any other course or degree qualification.



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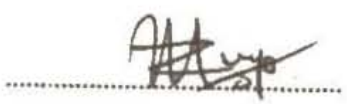

18-10-2019

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DEDICATION

My first dedication goes to the almighty God who saw me through it all. Also, dedicated to my wonderful husband Dr Solomon Ocquaye and to all the members of "More Than Life Ministry" for their prayers and support.

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My gratitude goes to the Most High God for provision and favour from the start to the completion of the project. I acknowledge Dr Mawuli Dzodzomenyo for his leadership in bringing this work to a wonderful conclusion. I also appreciate the staff of Korle Bu Accident Centre for their support in consenting to be respondents for the study. May God bless everyone who has contributed in making this study a success.

ABSTRACT

Introduction

Enhancing the performance and productivity of health personnel is very vital in ensuring that health interventions are effectively rendered, however this is confronted with many challenges for African Countries. It is therefore important for employees to provide suitable solutions to these challenges. Human resources are the most vital resources of any health institution. It has been progressively perceived that effective performing health personnel is the centre of any maintainable answer for health service delivery.

It is generally recognized that health institutions are not delivering the ideal yield of health interventions because of variables such as, burnout, deficient talented and experienced health personnel, demotivated health staff, absence of managerial supervision, deprived work environment as well as insufficient compensation and many others. At The Accident Centre of the Korle Bu Teaching Hospital, there is not enough research elucidating the various factors affecting the performance of nurses. The main objective of the study is to uncover the key variables that influence nurses performance at the Accident Centre of The Korle Bu Teaching Hospital.

Method

A quantitative descriptive cross sectional survey was used to collect data, after seeking consent from randomly sampled 137 professional nurses from various units of the Accident Centre and data was collected using structured questionnaires. The collected data was entered into excel spread sheet and analysed to generate charts, percentages, tables and frequencies. It was also exported into Stata version 15 for analysis of logistic regression so as to determine the relationship between dependent and independent variables. The performance of personnel was assessed using a performance checklist (appraisal tool).

Results

The outcome of the study showed that there was no significant relationship between individual factors (age, gender, Highest Educational Qualification, Number years as a registered nurse and Duration on Current Ward) and performance of nurses ($p > 0.05$). The relationship between service related factors (Category of in Service Training, Motivation and Monitoring and evaluation) and the performance of nurses was significant, given by $p<0.05$. The relationship between working environment and performance of nurses was significant, given by $p<0.05$.

Conclusion

Service related factors (In-service training, motivation including remuneration and personal emoluments, monitoring/evaluation, continuous professional developments options i.e workshops) were significantly associated with the performance of nurses.

Working environment (Overcrowding, Lighting, Ventilation, Workload and Logistics) were also significantly associated with performance of nurses.

However there was no significant association between any of the individual factors (Age, Gender, Highest Educational Qualification, Number of Years as Registered Nurse and Duration on Current Ward) and the nurses' performance.

Key Words

Nurses; Hospital; Performance of Nurses; Accident Centre of The Korle Bu Teaching Hospital;

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DEFINITION OF TERMS

Performance: The execution of an action.

Influencing: The power to change or affect someone or something.

Nurse: An individual who has received the required training in managing the sick.

Enhance: To increase or improve something.

Outcome: Something that happens as a result of an activity or process.

Performance Appraisal: To assess how employee's perform at their job.

Promotion: The demonstration of moving somebody to a higher or increasingly imperative position or rank in an association.

Motivation: The act or process of giving someone a reason for doing something.

Logistics: The things that must be done to plan and organise a complicated activity.

CHAPTER ONE

INTRODUCTION

1.1 Background

Improving the productivity of health personnel and ensuring that health interventions are well delivered is a major challenge for African countries. To achieve national and global health goals, it is necessary to develop effective motivation and support for health personnel to overcome obstacles. At the centre of every health system, the workforce is an integral component to advancing health. The performance of any health institution depends to a large extent on the knowledge, skills and motivation of the health personnel. It is thus imperative to provide the right working environment to ensure that the employer meets the expected standards of their employees. It is generally recognised that health personnel are not churning out the desired output of health interventions. Many have reflected on this problem. For instance, WHO (World Health Organization) has identified a threshold in workforce density below which high coverage of essential interventions. According to Samuel et al, (2007), Ghana is one of the African countries experiencing shortage of nurses. Accident Centre of the Korle Bu Teaching Hospital face challenges such as, shortage of health personnel, increased case load for health personnel and get exhausted as they render services to patients who live within the vicinity as well as patients who are referred from other regions of the country. This study is intended to identify and analyse factors that negatively and positively influence performance of nurses at the Accident Centre of Korle Bu Teaching Hospital.

1.2 Problem Statement

Performance of health personnel is enhanced if availability of logistics and equipment, in-service training, remuneration, monitoring and other and other insentives are provided.

In Korle Bu Teaching Hospital and the Accident Centre which is administrated by the Korle Bu Health Bureau, nurses appear to be unappreciated, have lack of opportunities for career progression, lack of training and a lack of educational opportunities. One does not struggle to notice signs of fatigue and hear their constant complaints about the non-recognition of their input. Though some interventions have been put in place, they have not adequately resolved problems affecting performance. In view of this, a detailed study must uncover the pertinent

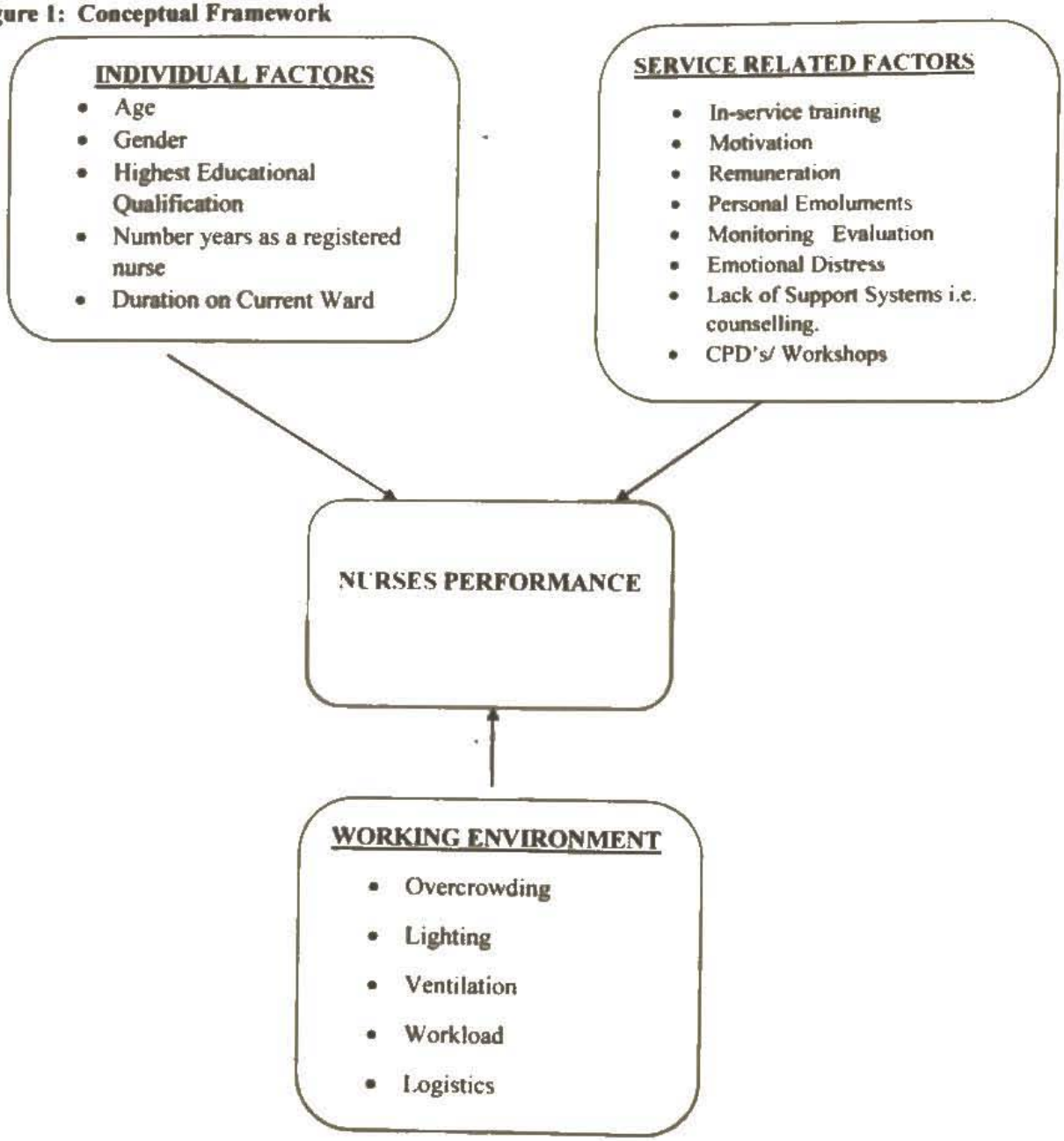
Health worker performance is a holistic approach to promote both physical, mental, economic, social, psychological and spiritual health of the client. The quality, proficiency and value of health administrations rely upon the accessibility of gifted able health personnel when and where they are required.

According to WHO (2006), apart from Namibia, Ghana is one of the African continents that is currently facing severe work force crisis in the health sector. These human resource shortages appear to affect health interventions and health systems. Sub-Saharan Africa is least ranked as as far as health worker to population ratio is concerned (Frederick, 2009). Motivation and remuneration of nurses have great effect on their performance (Amggourowati's, 2014). According to Herlambang (2012) motivation is an indicator that can let a person behave in a certain way. To encourage subordinates to work harder and work hard, using all their skills and capabilities, use motivation (Siagian, 2010). According to WHO (2003) giving incentives have shown to have great impact on performance.

1.3 Conceptual Framework

This framework attempts to explain factors that affect nurses' performance in service delivery. It is very important for employers to know the various factors that are responsible for enhancing the performance of their employees as well as the employees also knowing the factors that influence their performance. Individual factors play key role in nurses' performance. This is because factors such as age, sex, rank, value, beliefs, attitude, experience, and number of working years have their part in influencing performance. There are occupational policies that equally play key roles in performance. For instance when we consider promotions, conducting appraisal of staff either biannually, quarterly, motivation of staff and monitoring and evaluation of staff (joint learning initiative 2004:75). Service related factors play a role in influencing nurses' performance, these include availability of logistics, in-service training, workshops, number of working hours, pressure from workload and staff patient ratio.

Figure 1: Conceptual Framework



1.4 Justification of the study

The Accident Centre deals with response to emergencies to save lives, therefore there is the need to conduct such a study. This study will add to the knowledge of the factors influencing nurses' performance. Health service systems fall short in regards to expected results and this is of concern for the key players in the health sector and even the World Health Organisation at large. Information from this study will help identify, the individual organisational policies and service related shortfalls in both teaching and non-teaching hospitals and ensure that measures are taken to enhance performance of nurses in the country. Above all, it will help advocate for support from groups, policy makers, organisational body that is the mouth piece for nurses in Ghana.

1.5. Research questions

1. What are the individual factors that affect nurses' performance?
2. What are the service-related factors that affect nurses' performance?
3. What are the work environmental factors that affect nurses performance?

1.6 Objective of the study

1.6.1 Main objective

To determine factors influencing the performance of nurses in service delivery at Accident Centre of Korle Bu Teaching Hospital.

1.6.2 Specific Objectives

1. To assess the individual factors that affect nurses' performance?
2. To determine the service-related factors that affect nurses' performance?
3. To determine the work environmental factors that affect nurses performance?

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Healthcare delivery is demanding in all its entirety. The quality, productivity and value of health service administrations is a function of accessibility to gifted and capable health professionals. Though this may seem elementary, health personnel must be be suitably prepared to convey the mandatory interventions as per set norms. Because of basic deficiencies of certain key health care personnel, it is difficult to guarantee that the accessible health workers those properly gifted are roused to give compelling medicinal services administrations to populaces living in a tremendous topographical territory. It is essential now, like never before, to survey the elements that decidedly and contrarily influence the executive ability of health workers to guarantee that they are ideally used.

This investigation will try to elucidate the human resource structure which can be used to screen whiles overseeing enhanced performance of professional nurses in Ghana.

In this chapter, various factors (positive and negative) are looked at, with the goal of underpinning the variables that positively affect the performance of nursing units in the health setting. In my quest to examine available literature on the performance of nurses, I came across the paucity of such particular research data. This is because it seemed as though the study of the factors that affect the performance of nurses had not been giving considerable attention in research. However it is worthy of note to mention that some of the variable I sought to study were mentioned in connection to other research topics, publications, periodicals and even a few

journals. As a result of this, I have broadened the literature review to look at the performance of staff in general.

"Human resources or health workforce are the most important assets of health systems (Homedes and Ugalde, 2004) There are many complex reasons for the deterioration of health systems in African Region; however the main cause is the neglect of the health work force"

Development partners in the past trusted that preparation was the most ideal approach to enhance performance. On the contrary, it has been perceived that reasonable enhancement of performance relies upon various elements, including clear occupation desires, objectives, performance standards, performance response, information and aptitudes, supervision and the executives bolster just as workplace (Sullivan, 1998).

The key areas looked at included;

- Examining different calculated systems and prototypes that give attention to variables which influence motivation and ultimately the performance of staff;
- The know how of human resources which help health administrations executives advance concerns;
- Evaluation and observation of performance of staff;
- Leadership capacities that greatly direct and coordinate the enhancement of performance of health workers

Resources guidelines and strategies are crucial for effecting conclusions affecting the kind of human resources required for health service delivery.

When it comes to the human resources of health care, a detailed strategy and a well thought out plan are key factors in health service administration (WHO, 1998). Nevertheless in countless circumstances, a wide disparity exists between management policies and their enactment (Bach, 2004).

2.2 Service related factors affecting performance

The work of a nurse is delicate because it is geared towards the wellbeing of human beings. The various services given by these carers if not done thoroughly and properly may cost someone's life. As such, performance of nurses is important when it comes to the reception of quality and prompt health service delivery.

Receiving recognition, training and working in a safe and serene environment has great influence on performance (Fort & Voltero, 2004). Lack of career progression and opportunities for education result in nurses performing poorly on the job (Chin, 2008). The performance of a nurse irrespective of his or her age is enhanced through training and supervision (Kumajas, 2012). It is believed that counselling, supervision, given to a nurse who may be young in terms of age, will enable him or her to perform better as compared to those who may be older (Yulistiana, 2011)

Motivation and remuneration of nurses have great effect on their performance (Anggorowatis, 2014). To encourage subordinates to work, giving incentives will have great impact on performance (WHO, 2003).

Remuneration and Motivation

In 2003, Hicks and Adams describe remuneration or compensation to be "…. The total income of an individual and may comprise a range of separate payments determined according to

different rules". WHO (2000) outlines incentives as "all rewards and payments that providers face as a consequence of the organizations in which they work, the institutions under which they operate and specific interventions they provide".

Monetary incentives comprise wage, fiscal enjoyments (for example retirement pension, health insurance coverage, dependent allowance or stipend, apparel/lodging allowances) and ancillary financial reimbursements (subsidisations of transport, meals and child upkeep). Non-financial motivations consist of malleable or flexible working hours, study leaves, time off, prearranged career opportunities, occupational well-being and psychotherapy, availability of funding for training as well as schooling (Hicks & Adams 2003).

Payments and motivations significantly impact on performance. It was recognised that an increase in remuneration in developing countries up surged productivity. This was not only the case but it was also noticed that raising the earnings as well as incorporating certain benefits such as access to housing, transportation, professional upgrade keenly improved performance (WHO, 2003).

Teaching and producing ample health workers is challenging in Africa. To be able to produce health personnel, there is the need for methodical training of staff by the teaching institutions managed by public, private and nongovernment organization authorities (WHO, 2002).

"Education of health workforce is seen as a long-term investment in human capital and should be aimed at meeting the demands of health systems. However, education institutions in Africa are failing to produce adequate health workers" (Loewenson and Thompson, 2004). The above is

sabotaged by an unevenly distributed workforce density of 8 health personnel per 10000 population as compared to a world median density of 50 per 10000.

In regards to the administration of human resources, there ought to be key intricate relationship between the government and public services. So as to make sure that guiding principles, protocols and conditions of service are adhered to (WHO, 2005).

As such, it is safe to conclude that effective human resource management of health sevices demand that we ensure that (WHO, 2003):

- There is sufficient training, teaching and personal development;
- There is the advancement of a detailed plan, both macro and microscopic in nature in regards to the improvement of human resources;
- Effective and goal oriented human resource administration is practiced;
- We construct proper guidelines and a health policy framework as far as our resources are concerned;
- We regulate our health occupations and
- We ensure that evidence based research is carried out.

Institutional Policies

Institutional policies includes; matters of supervisors support and performance supervision, managerial philosophy, standards and ethics applied at work, systems of communication, availability of support for supervisors and colleagues. All of which influence the competence of health personnel in terms of performing a certain assignment positively or negatively (Bennettt & Franco, 1992)

2.3 Individual factors affecting performance

Individual factors consist of age, gender, highest educational qualification, number of years as registered nurse, and duration on the current ward.

Working Environment

The environment in which one works plays a role in influencing an employee's performance. The temperature of the environment, overcrowding, absence of logistics, lighting system and noise conditions, contribute in influencing performance. Many studies have examined the effect of noise on patients but few studies are available for nurses. These challenges have been associated with increased stress, annoyance, fatigue, emotional exhaustion and burnout. Overcrowding of the emergency department can be defined as a situation where the demand for emergency services exceeds the ability of an emergency department to provide quality care within appropriate time frames. Over the past decade, the emergency unit of the Accident Centre of the Korle Bu Teaching Hospital is confronted with overcrowding, despite increased political and administrative interventions, the situation continues to rise in severity and frequency. Nurses then experience burnout and are not able to give their best. Though this is a national problem, there is no intervention in place to help in decongesting the emergency unit. A lot of studies have demonstrated the physical environment to have influence on behaviour and productivity of employee's The success of every organisation or institution is dependent on the productivity of the employee hence the need to create a safe and a positive environment for its employees.

2.4 Performance Management

The management of performance is a vital role and a rate determining step when we take a closer look at managing human resource systems. Only by managing performance, can we institute

mechanisms by which one can assess and review the productivity of staff and in the long run make it possible to accomplish the goals and objectives of any organisation (Price, 2000). There is generally no stringent definitions amongst various authors when we consider the concept of performance management. Katz and Green (1997) outline performance management as "...a system composed of an orderly series of programs designed to define, measure, and improve organizational performance". The PSMPC (2000) defines per measure, and improve organizational performance, accumulating the global efficiency of an agency" in the setting of staff management. In 2003, Martinez of the Institute of Personnel Management described performance management as "...a strategy which relates to every activity of the organization set in the context of its human resources policies, culture, style and communications systems. The nature of strategy depends on the organizational context and can vary from organization to organization".

Performance management is a collective interaction between leaders and various staff as well as the various units they oversee; it is intended to advance the performance of any group and the people within it (Armstrong1994; 1, Torrington & Hail 1998; 317). Performance management has as its foundation the approved aims and capabilities that are necessary in carrying out the expected duty as well as detailing the development plans that will cause the actualisation of objectives.

2.5 Performance measurement

To be able to manage performance, one needs to be able to measure it. Thus performance measurement and assessment are used to reinforce and increase performance. As such we can safely say that performance measures are the benchmarks that help us to determine the actual

productivity of various work units and employees. By this we mean, the services and products they have provided (WCPS, 2001). To be able to do this, the organisation must clearly recognise and define the particular expected intervention or product which is anticipated;

Not only so but one needs to ensure that the correct approach is used in performance measurement as well as considering whether the designated undertaking and intervention will bridge the performance gap.

In the same vein, assessing variance permits for identification of prospects that will increase service delivery (Sutherland, Makin, and Bright & Cox, 1995).

The significance of measurement as we look at the performance process cannot be exaggerated. "... If you cannot understand something you cannot measure it you cannot control it. If you cannot control it you cannot improve it" (.Sutherland et al, 1995)

On the contrary, Halachmi (2002) contends that these measures have more or less grave dysfunctions that must be considered as we assess existing performance evaluation systems or during the advent of new ones. Effective performance appraisal review demands that an organisation must commit to ensuring that the required human and monetary resources needed for the accomplishing of the anticipated effects are adequately provided. As well as making sure that the objectives (including their correspondent time frames) that are to be assessed during performance reviews are known by those concerned and very well defined (Halachmi, 2002)

2.6 Standards

Necochea and Fort (2003) stated that a standard ought to be grounded firmly on evidence. This evidence they believed must be contributed to from all aspects of management including the

health providers themselves. However they noted that developing countries are impoverished and hindered by lack a of right criteria, obsolete customs and values with limited institutional capacity; thus making it difficult to provide such evidence based data that can be used to enhance performance standards.

In the case of the nursing profession, medical performance standards are anticipated levels of performance which form the foundation on which nursing care is assessed (Swansburg & Swansberg, 1999). Worthy of note is the fact that, nursing care standards delineate the boundaries and describe the composition of what excellent care is, as well as providing the correspondent yardsticks by which we evaluate quality nursing care (Unisa, 1995).

It is expected that in practice, performance standards are quantifiable as well as overt (known by the overseer and member of staff). Performance standards are broadly grouped into three categories which are;

Structural standards relate to the corporeal, institutional structure including the permissible limits within which staff function and comprise the purpose, way of life, objectives, guidelines, job description, tools, materials and numbers of employees required to execute the task

Process standards answer the question of "the right how, of health care delivery". It concerns itself with how health interventions are provided, the scope of nursing practice tools (assessment, preparation, application, valuation). It looks at how these tools are used in service delivery and the many presentations which these tools may assume.

Product standards focus on the preferred aftermath of health interventions. In simple terms, it is the standard that modulates the desired outcome we hope to achieve. In real time situations, we

are talking about the transformation of the health status of patients subsequent to our health care interventions as nurses. Because of this, product standards must have values we can measure

Before we begin any exercise, we should have concluded on the issue of how we would develop standards (Carlyle & Ellison, 1987). Thus, three benchmarks standout in our consideration of product standards development. These are quantitative criteria, qualitative criteria and their interplay with correspondent timelines. Quantitative criteria refers to the issue of size ("the haws of how much") of the product or what we hope to achieve. On the other hand, qualitative criteria are more difficult to define when we are dealing with health service delivery, because they are less material. This is because they include some amount of personal judgment which makes it vulnerable to interpretation. However it is undisputed that qualitative criteria focus on efficacy and degree of adeptness of the final product. The third and final benchmark which refer to the issue of timelines is easy to comprehend. It refers to the period within which we expect to meet the set quantitative and qualitative criteria. It deals with the allowable time interval by which point the manufactured article ought to be supplied.

Before the 1990's, generally speaking, major efforts to improve quality focused structure and process standards. But currently the picture has shifted towards an ongoing emphasis on outcome standards (Rafferty et al, 2005).

For us to be able to measure performance, we must set organizational objectives that will be effected by directors and their health teams. it also implies the development of a set of achievable goals making it possible to quantify our advancement. Many believe that if we can gauge and develop performance indicators, health service systems will naturally have enhanced

performance. This however has not been seen to be always true practically speaking (WHO, 2005).

2.7 Measurement tools

A number of tools for determining individual and group performance are available. There is not difference between the various tools (Hofer, Bernstein, Hayward, DeMonneer 1994:456). On the other hand, there are many restraints that hinder the utility of these tools (Rafferty et al, 2005); this is because that which is often measured is the simple parts, and infrequently not that significant (Price, 2000)

One of such performance measurement tool is the performance appraisal system. Conventional performance measurement was such that employees were informed about the assessment, which ended up being a one sided show instead of an interaction between the supervisor and subordinate. Over the years, performance appraisal has evolved to become a reciprocal discourse and interaction between appraiser and appraisee. This provides a window for one to unblindedly evaluate without prejudice the key issues affecting performance and the contributions that both parties generate (Armstrong, 1994).

A myriad of performance appraisal techniques abound. An example of which is the old-fashioned once yearly individual performance appraisals or evaluation. Despite the fact that this style of appraisal has been critiqued by many, it still stands out as the most used globally. A more current method of appraisal involves acquiring information through research and surveys of one's own accord. This is referred to as the 360 degree feedback survey system. Further approaches include provisional evaluations, counselling meetings, one-to-one assessment

deliberations linking performance outcomes to supervision and direct surveillance on-the –job (Price, 2000)

When equals or team members in the same department or employees with the same rank judge one another on recognised situations, it is called peer review system of appraisal. In such a system, it is possible for the performance of a whole team or unit or even an entire organisation to be assessed by another, evaluating issues, productivity, yield and standards of excellence. In the peer review systems, the team decides quite clearly and draws a road map which when followed will help curtail unproductive happenings in the days ahead.

Upward assessment ought to be part of the normal evaluation process and makes available occasion for a subordinate to remark on a definite feature or manager performance. This safeguards what managers are making of their own capability from the position of their subordinates. To guarantee effective execution of upward response or feedback, an intermediary or expediter might be essential to finish such a process. When a performance system becomes free of clutter and prejudice, it functions as a valuable instrument that can be used to assist staff revise performance so as to enhance every aspect of work (Chapman 1995; 2; Troskie 1999)

Rafferty et al (2005) pinpoint the evaluation of diverse tools which have been fashioned for dissimilar health care situations. As such it is important for us to harmonize the various factors when selecting an instrument. Certain concerns such as the type of instrument, target staff, theoretical principles involved must all be well thought out.

CHAPTER THREE

METHODOLOGY

3.1 Type of study

This study was conducted as a descriptive cross-sectional study. It assessed the effects of factors influencing nurse's performance at the accident centre.

3.2 Study Area/ Location

The Korle Bu Teaching Hospital was founded on the 9th October, 1923. Initially in its inception, it had a bed capacity of 200, though it can currently boast of 2000 beds. The Korle Bu Teaching Hospital is a significant player in West Africa and even in Africa as a whole. It is currently the third biggest hospital on the African continent. Its name, Korle Bu, which reflects where it is located was derived from a Ga phrase which means "the gorge of the Korle Lagoon" Established under the governance of Sir Gordon Guggisberg, its initial focus was to be able to meet and address the health requirement of the indigenous many while functioning as an all-purpose hospital. By 1953, rocketing population growth and increased effectiveness of the hospital produced an increased demand for its services. This caused the then government to expand the hospital and create new units. These were the Child Health, Medical, Surgical and Maternity Units. This augmented the hospitals bed capacity from an initial 200 to 1200 beds. In 1962, the hospital achieved a significant feat. It had graduated to a Teaching Hospital and also included the training of medical doctors as one of its functions. Its wing which was responsible for such training was the University of Ghana Medical School. Currently, the University of Ghana Medical School together with five other constituent schools have been integrated under the

College of Health Sciences so as to be able to train a variety of health qualified well equipped health experts. As of now, the Korle Bu Teaching Hospital receives an average daily turnout of 1500 clients to its 17 Departments (Units), whiles averaging an admission rate of 250 patients per day. From its inception in 1923 it has progressively grown to become a multifaceted facility with its diverse units including Child Health, Obstetrics and Gynaecology, Surgery, Medicine, Anaesthesia, Radiology, Surgical/Medical emergency, Polyclinic, Pharmacy and Accident Centre, not forgetting the Engineering Finance, and the General Administration.

The Accident department or subdivision has ten units which are

1. Casualty Reception
2. Intensive Care Unit
3. Resuscitation Unit
4. Male Ward
5. Accident Centre Theatre
6. Amenity Ward
7. Female Ward
8. Accident Centre Recovery Ward
9. Casualty Theatre and
10. Casualty Recovery Ward.

The number of nurses varies from 14 – 24 people per ward, with varying speciality areas. The Accident Centre accepts trauma cases in the Metropolitan area in addition to all the other regions. Occasionally it receives some referrals from the West African Sub region whiles working closely with all the other Sub-BMCs within the Hospital. It is one of the foremost Centre's that offers the highest quality of care to all accident and orthopaedic cases it receives

bringing them to near or complete recovery. The Accident Centre provides specialist care for trauma, accident and referred orthopaedic cases for all age groups in Ghana. The unit has a total population of 240 nurses with various speciality skills. Each staff is placed in a specific unit based on the skills possessed.

Figure 3.1: Picture of Study Area

Figure 3.2: Map of Study Area

3.3 Study Variable

Dependent Variable

Nurses Performance using an appraisal tool.

Independent Variables

- Individual Factors (Age, gender, Highest Educational Qualification, Number years as a registered nurse and Duration on Current Ward)
- Service Related Factors (In-service training, motivation and monitoring and evaluation)
- Working Environment (Overcrowding, lightening, ventilation, rest and changing room)

3.4 Target Population

Inclusion Criteria: Professional Nurses currently working at the Accident Centre, having qualifications of Diploma, Degree or Masters Equivalent and should have worked for six months or more in any of the units (Wards) of the Accident Centre.

Exclusion Criteria: Nurses at Accident who were currently working in the various offices were excluded as well as any other nurse that did not meet the inclusion criteria.

3.5 Sampling

3.5.1 Sample Size Estimation

The sample size estimation was done with the help of Slovin's Formula given that "n" is the sample size, "N" the population size and "e" the margin of error (e), as stated below

$n = N \div (1 + Ne^2)$

As at the time of the study the current population size (N) of the Accident centre was 210 nurses, with the margin of error (e) being 5%, giving us a sample size of

$n = 210 \div \{1 + 200(0.05^2)\}$ giving us approximately 110

3.5.2 Sampling Method

The number of respondents selected was proportional by using a simple random procedure. A "Yes" and "No" option was used taking into consideration the proportion of professional nurses in the various units. This was repeated until the 138 respondents were reached.

3.6 Data Collection Techniques/Methods & Tools

A structured questionnaire or feedback form was used to obtain data from the respondents. There was no pretesting of the data collection tool. The questionnaire was in three parts, with section A focusing on personal/individual factors, section B; service related factors, whiles section C; focused on the working environment.

The questionnaire is close ended with options to pick from. It specifically identifies key factors influencing performance in the Accident Centre. Performance of professional nurses at the accident centre were measured using an appraisal tool (Check list Method), questions asked were in relation to the tasks performed at the unit, mainly related to Orthopaedics. A total of 26 questions were asked and respondents were to tick "YES" or "NO" for the various questions asked A score was given depending on the answers provided by the respondents. A score of 70% and above indicates high performing, thus respondents answered 18 or more questions as yes. An average score of 50 – 69% was a reflection of answering yes to 13 – 17 questions, whiles those who were performing poorly reported correct answers less than 50% (13 of the questions) as yes. On the scoring for the -service training, Low (0-17), Medium (18-24) and High (24-30), motivation Low (0-17), Medium (21-28) and High (28-35) and monitoring and evaluation Low (0-17), Medium (21-28) and High (28-35)and lastly working environment Low (9-10), Medium (6-8) and High (0-5) (Performance tool attached as appendix 2).

3.7 Data Quality Control

For every unit there is available data on the general information of personnel and this was used to validate the information written and obtained on the questionnaires. The importance of the study was explained and respondents were expected to be open and honest in filling out the questionnaire. These were ways to overcome threats to validity (Rockson, 2006).

3.8 Data Processing and Analysis

Redesigning of questionnaires to focus on themes forms the basis of data analysis (Mouton, 2008). Questionnaires from the various wards or units were kept in separate envelopes and were sorted out according to similarity of answers and comments given. Collected data was carefully

scrutinized, validated, coded and entered onto Excel spreadsheet (Microsoft office 2013) and exported from excel to Stata version 15 for analysis.

3.9 Statistical Method

The descriptive statistics was run for the various categorical date. Charts, percentages, tables and frequencies were used to present them. The Relationship between the dependent and independent variables were established using logistic regression.

3.10 Ethical Issues

Approval from the Korle Bu Teaching Hospital Ethical Review board was obtained in writing, with letters sent to the head of department of the Accident Centre. Whiles the various ward in charges were copied. Informed consent was given by the participants prior to the administration of the questionnaire; this was preceded by thoroughly clarifying the aims and objectives of the study. Participants were guaranteed that, information given shall be treated with confidentiality.

3.11 Potential Risk or Benefits

The outcome, will help the hospital administration and other patrons in framing policies that will enhance nurses' performance. There were no known or observed risks involved as far as this study was concerned.

3.12 Anonymity and confidentiality

Information acquired was used purposely for the research, thus anonymity and confidentiality was stringently observed, as names of participants were not used for any public report. Questionnaires were designed in such a way that the names of the participants was not asked. Also, information of one participant was not disclosed to the other.

3.13 Voluntary participation

Approval was sought from participants by the use of a consent form. Each participant was mandated to append the signature before filling out the questionnaire. Participants' agreement to participate was purely voluntary. No participant was forced or pressured to take part in the study.

3.14 Procedure for Data Presentation and Analysis

Data will be imported from Excel to STATA. Data collected will be processed and analysed using STATA version 15. The analysis of these findings will be based solely on the true findings of the researcher based on the specific objectives.

CHAPTER FOUR

RESULTS

4.1 Demographic Characteristics of Study Participants at the Accident Centre

A total of 110 participants took part in the study. More than half (52.7%) of the participants sampled were aged 30 – 39 years. 69.1% of the participants were females and formed the majority. The predominant professional qualification was diploma, represented by 37.3%. Those that had 6 -9 years of work experience as a registered nurse were 39.1%. On the type of discipline/clinical ward, respondents are currently allocated most represented by 20.9% were in the Intensive care unit and the number of years participants have been working in their current ward was 5 years and longer represented by 22.7% of them, As shown in Table 4.1.

Table 4.1: Demographic Characteristics of Study Participants

	Frequency (N)	Percentage (%)
Age		
20-29	47	42.7
30-39	58	52.7
40-49	5	4.5
Gender		
Male	34	30.9
Female	76	69.1
Educational Level		
Diploma	41	37.3
BS	39	35.5
Critical care	20	18.2
Emergency	7	6.4
Public health	3	2.7
Number years as a registered nurse		
0-5	42	38.2
6-10	43	39.1
11-15	19	17.3
16-20	6	5.5
Type of discipline/clinical ward respondents are currently allocated		
Casualty reception	12	10.9
Resuscitation unit	12	10.9
Intensive care unit	23	20.9
Male ward	11	10
Female ward	22	20
Amenity ward	11	10
Accident Centre theatre	9	8.2
Casualty theatre	9	8.2
Duration on Current Ward (years)		
< 1	21	19.1
1-2	23	20.9
2-3	24	21.8
3-4	17	15.5
>5	25	22.7

4.2 Relationship between Performance of Nurses and Service Related Factors

Table 4.2 reveals the levels of the key variables of the study. On the assessment of the performance appraisal system in place of nurses' majority were rated as low represented by 80.0%. In-service training among participants is mainly low represented by 64.5%. With respect to the level of motivation among participants, it was predominantly low represented by 91.8%. For monitoring and evaluation of participants, nine out of ten considered it low. On examining the working environment all the participants rated it as low.

Table 4.2: Levels of Dependent and Independent variables of the study at the Accident Centre

Variables	Frequency (N)	Percent (%)
Performance of Nurse		
Low	88	80.0
High	22	20.0
Category on in-service training		
Low	71	64.5
Medium	36	32.7
High	3	2.7
Category on motivation		
Low	101	91.8
Medium	8	7.3
High	1	0.9
Category on monitoring evaluation		
Low	99	90
Medium	9	8.2
High	2	1 8
Category of working environment		
Low	110	100

4.3 Relationship between Individual Factors and Performance of Nurses at the Accident Centre

The relationship between Individual Factors (age, gender, Highest Educational Qualification, Number years as a registered nurse and Duration on Current Ward) and performance of nurses was investigated using a chi-square test of independence. Table 4.3 indicates that there was no evidence of a significant relationship between any of the individual factors on the performance of nurse.

Table 4.3: Relationship between the performance of nurses and Individual Factors

Individual Factors		Performance of Nurse		Pearson Chi-Square Tests	
		Low N (%)	High N (%)	Chi-square ($\chi 2$)	p-value
Age	20	83(79.0)	22(21.0)	1.31	0.252
	20-29	5(100.0)	0(0.0)		
Gender	Male	29(85.3)	5(14.7)	0.862	0.353
	Female	59(77.6)	17(22.4)		
Highest Educational Qualification	Diploma	36(87.8)	5(12.2)	7.649	0.105
	BSC	29(74.4)	10(25.6)		
	Critical care	13(65.0)	7(35.0)		
	Emergency	7(100.0)	0(0.0)		
	Public health	3(100.0)	0(0.0)		
Number years as a registered nurse	0-5	36(85.7)	6(14.3)	5.382	0.146
	6-10	30(69.8)	13(30.2)		
	11-15	16(84.2)	3(15.8)		
	16-20	6(100.0)	0(0.0)		
Duration on Current Ward (years)	< 1	19(90.5)	2(9.5)	4.935	0.294
	1-2	20(87.0)	3(13.0)		
	2-3	16(66.7)	8(33.3)		
	3-4	13(76.5)	4(23.5)		
	>5	20(80.0)	5(20.0)		

*** p< 0.05 is significant**

4.4 Relationship between Service Related Factors and Performance of nurses at the Accident Centre

The relationship between Service Related Factors (Category of in Service Training, Motivation and Monitoring and evaluation) and performance of nurses was investigated using a chi-square test of independence. From the result in Table 4.4, in-service training has a significant relationship with the performance of nurses given by $\chi 2 = 20.563$, $p<0.05$. From the result in Table 4.4 motivation has a significant relationship with the performance of nurses given by $\chi 2 = 9.134$, $p<0.05$. Again from the result in Table 4.4 monitoring and evaluation have a significant relationship with the performance of nurses given by $\chi 2 = 22.374$, $p<0.05$. The kind of in-service training, motivation and monitoring and evaluation in place influence the performance of the nurse at the accident centre.

Table 4.4: Relationship between the performance of nurses and Service Related Factors

Service Related Factors		Performance		Pearson Chi-Square Tests	
		Low N (%)	High N (%)	Chi-square ($\chi 2$)	p-value
Category of In Service Training	Low	64(90.1)	7(9.9)	20.563	0.000*
	Medium	24(66.7)	12(33.3)		
	High	0(0.0)	3(100.0)		
Category of Motivation	Low	84(83.2)	17(16.8)	9.134	0.010*
	Medium	4(50.0)	4(50.0)		
	High	0(0.0)	1(100.0)		
Category of Monitoring and evaluation	Low	85(85.9)	14(14.1)	22.374	0.000*
	Medium	3(33.3)	6(66.7)		
	High	0(0.0)	2(100.0)		

* $p< 0.05$ is significant

4.5 Relationship between Working Environment and Performance of nurses at the Accident Centre

The relationship between Working Environment and performance of nurses at the Accident Centre was investigated using a chi-square test of independence. From the results in Table 4.5 indicates that there was evidence of significance between the working environment on the performance of participants given by $\chi 2 = 22.374$, $p<0.05$. So, the working environment influences the work performance of nurses.

Table 4.5: Relationship between the performance of nurses and Working Environment

			Pearson Chi-Square Tests	
Working Environment	**Low N (%)**	**High N (%)**	**Chi-square (χ2)**	**p-value**
Low	85(85.9)	14(14.1)	22.374	0.000*
Medium	3(33.3)	6(66.7)		
High	0(0.0)	2(100.0)		

*** p< 0.05 is significant**

4.6 Individual Factors Influencing Nurses Performance at the Accident Centre

From Table 4.6 none of the factors of individual Factors (age, gender, Highest Educational Qualification, Number years as a registered nurse and Duration on Current Ward) influences and nurse performance at the Accident Centre. The test performed showed P- values > 0.05.

Table 4.6: Binary Logistics Regression with Odds Dependent variable: Performance of Nurses

Individual Factors	Odds Ratio (95% Conf. Interval)	p-value
Age		
< 20	RC	
20-29	0	0.999
Gender		
Male	RC	
Female	1.378 (0.403-4.713)	0.609
Educational level		
Diploma	RC	
BSC	1.978 (0.499-5.803)	0.332
Critical care	3.821 (0.097-3.516)	0.117
Emergency	0	0.999
Public health	0	0.999
Number years		
0-5	RC	
6-10	1.614 (0.449-5.803)	0.463
11-15	0.583 (0.097-3.516)	0.556
16-20	0	0.999
Duration worked at current ward		
<1	RC	
1-2	1.205 (0.158-9.18)	0.857
2-3	2.801(0.455-17.224)	0.266
3-4	1.69 (0.214-13.336)	0.619
>5	1.842 (0.251-13.514)	0.548

*** p< 0.05 is significant, RC= Reference Category**

4.7 Service Related Factors Influencing Nurses Performance at the Accident Centre

In-Service Training was significantly associated with the performance of nurses. From the result in Table 4.7, the factor which actually influences the performance of nurses was necessary training is given to ensure job effectiveness. Hence exposed participants those given necessary training to ensure job effectiveness were 6 times more likely to perform better at the Accident centre than those unexposed (those not given necessary training to ensure job effectiveness) given by (p = 0.034; OR = 5.844; 95% CI: 1.137, 30.019).

Motivation was significantly associated with the performance of nurses. From the result in Table 4.7, the factor which actually influences the performance of nurses was remuneration in accordance with your job responsibility. Hence exposed participants that given remuneration in accordance with their job responsibility were 2 times more likely to perform better at the Accident centre than those unexposed (those not given remuneration in accordance with your job responsibility) given by (p = 0.029; OR = 2.117; 95% CI: 0.992,4.276).

Monitoring & Evaluation was significantly associated with the performance of nurses. From the result in Table 4.7, the factor which actually influences the performance of nurses were opportunities to make inputs into staffing policies and procedures. Hence exposed participants those given opportunities to make inputs into staffing policies and procedures were 4 times more likely to perform better at the Accident centre than those unexposed (those not given opportunities to make inputs into staffing policies and procedures) given by (p = 0.028, OR = 4.423; 95% CI: 1.176,16.633). Another factor of Monitoring and Evaluation which influences the performance of nurses was allocated staff in my unit is sufficient to cover the current workload. Hence exposed participants those who consider allocated staff in their unit is sufficient

to cover the current workload were 4 times more likely to perform better at the Accident centre than those unexposed (those who do not consider allocated staff in their unit is sufficient to cover the current workload) given by (p = 0.032; OR = 4.474; 95% CI: 1.142,17.533).

Table 4.7: Binary Logistics Regression with Odds Dependent variable: Performance of Nurses

Service Related Factors	Odds Ratio (95% Conf. Interval)	p-value
Advancement in Organization	0.33(0.102-1.069)	0.065
Educational Opportunity	0.56(0.142-2.215)	0.409
Job Training	5.844(1.137-30.019)	0.034*
Job refresher	2.68(0.85-8.446)	0.092
Training for skills gaps	0.451(0.133-1.533)	0.202
Training for incompetent nurses	2.45(0.751-7.992)	0.137
Competitive remuneration	1.466(0.377-5.706)	0.581
Remuneration with experience	0.212(0.038-1.196)	0.079
Remuneration to job responsibility	2.117(0.992-4.276)	0.029*
Fringe benefits	0.656(0.154-2.785)	0.567
Satisfaction with fringe benefits	0.804(0.288-2.242)	0.676
Career advancement	0.615(0.227-1.665)	0.339
Hardworking recognized	0.54(0.218-1.336)	0.183
Objectives Assessment	4.423(1.176-16.633)	0.028*
Performance standards clear	1.852(0.59-5.809)	0.291
Constructive feedback	0.521(0.143-1.902)	0.324
Feedback throughout the year	1.695(0.661-4.347)	0.272
Prompt action	3.228(0.97-10.743)	0.056
Managers/supervisors inspires	4.474(1.142-17.533)	0.032*
Comments on the results	1.285(0.49-3.366)	0.61

* p< 0.05 is significant

4.8 Working Environment Factors Influencing Nurses Performance at the Accident Centre

Working Environment was significantly associated with the performance of nurses. From the result in Table 4.7, the factor which actually influences the performance of nurses was lighting. Hence exposed participants (lighting) were 3 times more likely to performance better at the Accident centre than those unexposed (no lighting) given by (p = 0.009; OR 3.058; 95% CI: 1.007, 4.495). Another factor of a working environment which influences the performance of nurses was rest and changing room. Hence exposed participants (rest and changing room) were 5 times more likely to perform better at the Accident centre than those unexposed (no rest and changing room) given by (p = 0.004; OR = 5.983; 95% CI: 1.763, 20.308)

Table 4.8: Binary Logistics Regression with Odds Dependent variable: Performance of Nurses

Working Environment	Odds Ratio (95% Conf. Interval)	p-value
Lighting		
No	RC	
Yes	3.058(1.007-4.495)	0.009*
Overcrowding		
No	RC	
Yes	0.379(0.124-1.16)	0.089
Ventilation		
No	RC	
Yes	0.408(0.127-1.31)	0.132
Instrument and other work tools well positioned		
No	RC	
Yes	1.175(0.379-3.646)	0.78
Rest and changing room		
No	RC	
Yes	5.983(1.763-20.308)	0.004*

*** p< 0.05 is significant, RC= Reference Category**

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter is in two segments. It presents the discussion in relation to the objectives of the study and limitations (challenges) of the study.

5.2 Individual/Demographic Factors

From the studies, majority (52.7%) of the respondents composed more than half of the study respondents aged 30 – 39 and a greater number of them were females, represented by 69.1%. A similar study carried out in 2012 in Limpopo province in South Africa (Makunyane, 2012) revealed that 92% of the respondents of the professional nurses were females. Majority of the study participants highest educational qualification attained was a Diploma in Nursing, represented by 37.3%. A similar study conducted in Jimma University, Ethiopia in 2015 showed that the majority of the respondents' highest qualification was diploma in nursing (54.4%). With regards to the number of years as registered nurses, most were between 6 – 10yrs represented by 39.1%. On the type of clinical ward, respondents are currently allocated, most represented by 20.9%, were in the intensive care unit, and the number of years participants have been working in their current ward was 5 years and longer. This is similar to findings in Namibia which shows that majority of their respondents were females age ranging from 30 – 39yrs with highest educational qualification being diploma in nursing (WHO, 2002). The association between individual/demographic factors and whether or not the demographic factors affect the performance indicate that, age, gender, educational qualification, number of years one has been a registered nurse, clinical ward, number of years one has been working, does not influence

performance. However, according to Hong, Alison, While & Barribal (2006), in Midland China, nurses educational level is a factor that influences performance.

5.3 Service Related Factors and performance

The study found that service related factors, indeed influence nurses performance. These factors include in-service training, categories of motivation/remuneration, monitoring and evaluation, appraisal, workshops, staff patient ratio, pressure from work load and availability of logistics A study done by Chin (2008) revealed that nurses in china performed poorly as result of the lack of opportunities for career progression, overwhelmed by the sheer volume, scope of their work. Majority of the respondents said that appraisal results are not used, whiles less number of professional nurses said that the results of the appraisal system was used for promotion. It was also revealed that majority of professional nurses said that appraisal are not reviewed. Though it has a very crucial role in enhancing performance as indicated by Martinez (2003), performance appraisal results are not used as intended. Hicks and Adams (2003) point out the significance of benefits and incentives. As far as they are concerned, benefits and incentives contribute to the ability to retain the right number and combination of health professionals. In-Service Training was significantly associated with the performance of nurses. From the result in Table 4.7, the factor which actually influences the performance of nurses was necessary training is given to ensure job effectiveness. Hence exposed participants those given necessary training to ensure job effectiveness were 6 times more likely to perform better at the Accident centre than those unexposed (those not given necessary training to ensure job effectiveness).

The performance appraisal tool (Check list) used in assessing the level of performance of nurses at the accident centre revealed that, nurses who have been working for a duration less than two

years seem inexperienced and will need monitoring, training, supervision and workshops to enhance their performance. Though these professional nurses are taught in school the anatomy and physiology of human bones, the skills required in managing patients with varying degrees of injuries to the human bones require certain in-depth knowledge in caring and nursing patients' injuries to their bones and spinal cords. For instance patient who have been operated on and have their bones held together with metals require special skills in handling them. It is unethical to have professional nurses who have less than two years' working experience being left without super vision in caring for such patients.

Motivation was significantly associated with the performance of nurses. From the result in Table 4.7, the factor which actually influences the performance of nurses was remuneration in accordance with your job responsibility. Hence exposed participants that given remuneration in accordance with their job responsibility were 2 times more likely to perform better at the Accident centre than those unexposed (those not given remuneration in accordance with your job responsibility).

Monitoring & Evaluation was significantly associated with the performance of nurses. From the result in Table 4.7, the factor which actually influences the performance of nurses were opportunities to make inputs into staffing policies and procedures. Hence exposed participants those given opportunities to make inputs into staffing policies and procedures were 4 times more likely to perform better at the Accident centre than those unexposed (those not given opportunities to make inputs into staffing policies and procedures) given by (p = 0.028; OR = 4.423; 95% CI: 1.176,16.633). Another factor of Monitoring and Evaluation which influences the performance of nurses was allocated staff in my unit is sufficient to cover the current workload. Hence exposed participants those who consider allocated staff in their unit is sufficient

to cover the current workload were 4 times more likely to perform better at the Accident centre than those unexposed (those who do not consider allocated staff in their unit is sufficient to cover the current workload) given by (p = 0.032; OR = 4.474; 95% CI: 1.142,17.533).

5.4 Working Environment

A constructive work environment make the staff feel good about coming to work. Such an environment offers the needed motivation that sustains them during their shift period. Personnel are passionate and excited about reporting to work on a daily basis once the work environment is a constructive one. The work environment comprises the setting, amenities, and interaction amongst employees and managers. This statement was reinforced by Ayse & Gurses (2008) who arrived at the same conclusion that a positive physical environment contributed to the performance of nurses in the United States of America.

Workspace and environment include issues related to ventilation, lightening, work tools, equipment, materials, rest and changing rooms, as well as a clean and safe environment.

Most health care surroundings are lit by daylight permeating the windows (natural light) and electric light sources (artificial light). It is surprising to note that the impact of light, artificial or natural on task performance in health care settings has not been closely looked at. Persistent exposure to artificial light (particularly fluorescent tube light) is commonly reported by nurses to be particularly a very draining characteristic of work on the nursing unit. A study of 141 nurses in turkey discovered that nurses that were exposed to natural day light for a minimum of three hours each day barely complained of feeling stressed and were more contented at work. Moreover looking out at natural light can advance health outcomes and reduce situations of anxiety, and improve sleep and circadian rest activity rhythms. Working Environment was

significantly associated with the performance of nurses. From the result in Table 4.7, the factor which actually influences the performance of nurses was lighting. Hence exposed participants (lighting) were 3 times more likely to perform better at the Accident centre than those unexposed (no lighting) given by (p = 0.009; OR = 3.058; 95% CI: 1.007, 4.495). Another factor of a working environment which influences the performance of nurses was rest and changing room. Hence exposed participants (rest and changing room) were 5 times more likely to perform better at the Accident centre than those unexposed (no rest and changing room) given by (p = 0.004; OR = 5.983; 95% CI: 1.763, 20.308).

5.5 Limitations of the study

The findings of this study are one way or another restricted or limited because; it did not acquire situation based observational information on nurses' performance but relied on self-report. This could result in over reporting or under reporting on nurses' performance. Some form of biases may occur, since some may report on socially satisfactory responses than what they really do.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The study aimed at determining factors influencing nurses' performance, this was done by determining how individual or demographic factors, service related factors and working environmental factors influence nurses performance.

There was no direct relationship between any of the individual factors on the performance of nurses.

In-service training had a significant relationship with the performance of nurses. Motivation has a significant relationship with the performance of nurses.

Monitoring and evaluation had a significant relationship with the performance of nurses. The kind of in-service training, motivation and monitoring and evaluation in place influence the performance of the nurse at the accident centre.

There was evidence of significance between the working environments on the performance of participants. So, the working environment influences the work performance of nurses.

6.2 Recommendation

1. The hospital management should regularly carry out performance appraisal to help in training, promotion, and identifying health gaps in the health system.

2. Appraisal results should be regularly reviewed and constructive feedback on performance appraisal results should be provided on regular basis.

3. Prompt action should be taken when performance falls below acceptable standards.

4. Objectives to be achieved in appraisal should be made known to the individual staff.

5. Staff should be given opportunity to make comments or input, on the results of their performance.

6. There should be a good balance between people who supervise work and people who do the work.

7. Adequate and well ventilated working environment should all the time be ensured.

8. Provision for change and rest room should be made available.

9. The allocated staff in the unit should be sufficient to cover the current workload.

10. Frequent and periodic workshops should be organized to enhance nurse's performance.

11. Incompetent nurses should be identified and provided with the needed training.

12. Fringe benefits and remuneration should be made known to the staff.

13. Hard working nurses should be recognized and motivated.

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APPENDIX

Appendix I: Informed consent form for respondents.

General information

This study seeks to assess factors influencing nurses performance at the Accident Centre of the Korle Bu Teaching Hospital. The study is a descriptive cross-sectional study and participants will be professional nurses. They will help find out the individual, service related and work environmental factors that influence nurses performance.

Duration of study.

The study is anticipated to start in May 2018 with data collection, processing and coding, data analysis, report writing in August 2018.

Risk and benefits

This study is non-invasive and will not cause any form of discomfort to participating clients. The results will be used to inform policy on quality of care and maintaining safety standards to staffs which will lead to the improvement of services provided by hospital.

Right to refuse

Participation in this study is voluntary and declining to answer any question or discontinue answering questions has no negative consequence on respondents.

Anonymity and confidentiality

All data collected will be handled with strict confidentiality and will be used purely for research purposes. Your responses will not be shared with parties not involved with the study. Data analysis will be done at the aggregate level to ensure anonymity.

Background

The principal investigator is JULIET DZISAH, a student of the School of Public Health, University of Ghana, Legon, undertaking a study on factors influencing nurses performance at the Accident Centre of the Korle Bu Teaching Hospital. This study is solely for academic purposes and requirement for the award of Master of Public Health. The project is under the supervision of Dr. Dzodzomenyo of the School of Public Health, University of Ghana, Legon.

Institutional Affiliation

Department of Biological, Environmental, Occupational Health Sciences (BEOH), School of Public Health, College of Health Sciences, University of Ghana, Legon.

Costs and/or Payments to Subject for Participation in Research

There will be no costs for participating in this research and there will be no payments awarded for participating in this research.

For further clarification concerning the research, you may contact Dr. Dzodzomenyo (+233208376845) of the Department of Biological, Environmental and Occupational Health Sciences; School of Public Health, University of Ghana and Mr. Nortey (0277743365), Member of the Korle Bu Teaching Hospital ethical committee.

Appendix 1 consent form

SCHOOL OF PUBLIC HEALTH-UNIVERSITY OF GHANA-LEGON

FACTORS INFLUENCING NURSES PERFORMANCE AT THE ACCIDENT CENTRE OF THE KORLE BU TEACHING HOSPITAL

Dear Respondent,

My name is JULIET DZISAH and I am student at the **School of Public Health, University of Ghana, Legon.** I am conducting a research on the topic: **Factors influencing nurses performance at the Accident Centre**. As part of the study I would be very grateful of you could support this effort by giving 30 – 45 minutes of your time by completing the questionnaire below. This exercise is for academic purpose and as such all response shall be confidential and used for intended purpose only. Please note that participation is not voluntary and there's no right or wrong answer to the statement so honesty in your response is necessary. Your name will not be indicated on the questionnaire. If you don't understand any question you can seek for clarification or not respond. Above all, you can decide to withdraw at any time during the interview.

Please indicate your acceptance by signing.

Signature / thumbprint ..... Thank you for co-operating.

Kindly contact Juliet Dzisah for any further explanation on **0249250685** (julietdzisah@gmail.com)

PARTICIPANT CONSENT

I have been given adequate information on the purpose, procedure and risk and benefits of this study. I have had the opportunity to ask questions and have been given the answers to my satisfaction. I know that I can refuse to participate without any penalty. I also understand that information collected will be treated confidential and used for intended purpose only

Appendix 2: Performance Measurement Tool

PERFORMANCE MEASUREMENT TOOL (APPRAISAL CHECKLIST)

Unit

Duration on Current Ward

No.	Competency	Yes	No
1	I have previously worked or is currently working in an orthopaedic unit.		
2	I can provide orthopaedic nursing care.		
3	I have a good working knowledge of the aspects of the human anatomy and physiology that orthopaedics focuses on.		
4	I am updated about the common musculoskeletal disorders and know how to assess the difference between normal and abnormal.		
5	I am capable of providing effective nursing intervention when dealing with patients with common musculo skeletal disorders.		
6	I am able to teach the patient and their care givers about the use of common orthopaedic aids.		
7	I am able to teach how to use orthopaedic equipment as per what is expected of me.		
8	I know how to appropriately assist the physician in treating orthopaedic related ailments.		
9	I am familiar with my job description in regards to the various kinds of casts and splints.		
10	I can comfortably set up, apply or assist in the application and monitoring of manual, skin or skeletal traction.		
11	I know the principles of fracture assessment and management as per my job description.		
12	I know about the different orthopaedic casts and can comfortably take care of orthopaedic patients with casts.		
13	I know how to assess a patient with a cast.		
14	I am able to effectively and safely cut a cast as ordered by a physician.		
15	I can teach the patient and their care givers about the care and the warning signs to look for after cast application.		
16	I can effectively document and report on a variety of casts.		
17	I am familiar with the common orthopaedic investigations and appreciate the consequent nursing implications.		
18	I am able to teach and explain the place and importance of diagnostic tests, procedures and the importance of after care.		
19	I know about the purpose and care of the various forms of traction and fixation.		
20	I understand the principles of traction and can apply it when necessary.		
21	I am familiar with the various forms of traction and their application.		
22	I am able to assess and provide the necessary care and intervention for patients with traction or fixation.		
23	I can teach the patient and their care givers about the safety procedures concerning traction and fixation.		
24	I know about the common types of braces and splints and I am able to effectively use them.		
25	I know how to assess a patient with a splint or brace and able provide the necessary interventions when needed.		
26	I can teach splint or brace application and care to the patient and their care givers.		

Appendix 3: Questionnaire

QUESTIONAIRE FOR PROFESSIONAL NURSES

Section A: Individual (Personal) factors

Kindly take time to patiently read through and answer the following questions to the best of your ability. Do well to indicate your answers by circling only one answer for this category.

1. How old are you?

20 years or lower	1
20-29 years	2
30-39 years	3
40-49 years	4
50-59 years	5
60- over	6

2. Are you male or female?

Male	1
Female	2

3. Which of these is your highest professional qualification?

Diploma in nursing	1
BS nursing	2
Critical care	3
Emergency nursing	4
Public health nursing	5

4. How long have you been working as a registered nurse?

0-5 years	1
6-10 years	2
11-15 years	3
16-20 years	4
21-years or longer	5

5. Which ward are you currently working?

Casualty reception	1
Resuscitation unit	2
Intensive care unit	3
Male ward	4
Female ward	5
Amenity ward	6
Accident Centre theatre	7
Casualty theatre	8

6. How long have you been working there?

Less than a year	1
1-2 years	2
2-3 years	3
3-4 years	4
5 years and longer	5

Section B: Service related factors
Skills development, Performance Appraisal & Incentives

Kindly mark your answer with a tick (√) in the appropriate box in accordance with the guidelines below;

1.Strongly disagree
2.Disagree
3.Uncertain
4.Agree
5.Strongly agree

	Questions	1	2	3	4	5
7.	Opportunities for advancing in the organization exist					
8.	Good opportunities for continuing education are available					
9.	The necessary training is given to ensue job effectiveness					
10.	Job specific refresher courses are available					
11.	In-service training adequately addresses the skill gaps					
12.	Incompetent nurses are identified and provided with needed training					

	Questions	1	2	3	4	5
13.	Your remuneration is competitive compared to other similar organizations					
14.	Remuneration is in accordance with your experience					
15.	Remuneration is in accordance with your job responsibility					
16.	Fringe benefits are known to you					
17.	You are satisfied with your fringe benefits.					
18.	Opportunities exist for career advancement					
19.	Hardworking nurses are recognised					

20. How is performance reviewed for various staff? (Choose one)

A formal system of regular appraisals with reviews of past performance, setting of objectives	1
Informal, but regular reviews involving discussions about past performance and agreed actions for the future	2
Informal, ad hoc reviews undertaken especially when there	3
Not reviewed	4

21. Do you think the results of the performance appraisal is used or not? If yes How? (Choose one)

Training	1
Promotion	2
Demotion	3
Rotation	4
Not used	5

Kindly mark your answer with a tick (√) in the appropriate box in accordance with the guidelines below;

1.Strongly disagree
2.Disagree
3.Uncertain
4.Agree
5.Strongly agree

	Questions	1	2	3	4	5
22.	Objectives to be achieved are known by individuals to be assessed.					
23.	Performance standards expected from staff are clear and understood by all					
24.	Constructive feedback on performance appraisal results is provided on a regular basis					
25.	Feedback of how staff is performing is provided throughout the year					
26.	Prompt action is taken when performance falls below acceptable standards					
27.	My managers/supervisors inspires me to do my best					
28.	Staff are given opportunity to make comments on the results of their performance					

	Questions	1	2	3	4	5
29.	You get opportunities to make inputs into staffing policies and procedures					
30.	Opportunities exist for a flexible work schedule					
31.	The overall work schedule is fair					
32.	Overtime work is acceptable					
33.	There is a good balance between people who supervise work and people who do work					
34.	The allocated staff in my unit is sufficient to cover the current workload					
35.	Care and support of staff in the form of counselling at the workplace is available					

Section C: Work Environmental Factors

Kindly mark your answer with a tick (√) in the appropriate box in accordance with the guidelines below, the questions below are focused on your working environment;

1. Yes
2. No

	Questions	1	2
36.	Is there a good lighting system		
37.	Is the working area spacious to carry out nursing interventions		
38.	Is there adequate ventilation		
49	Are instrument and other work tools well positioned		
40.	Is there a rest and changing room		