

Table 6: Items on management style; performance; attitude of nurses towards their profession

Items	Disagree/ Strongly Disagree n (%)	Uncertain n(%)	Agree/ Strongly Agree n(%)
Management style			
I am afraid to express my ideas	90 (34.7)	37 (14.3)	132 (51)
I trust and respect my supervisor	37 (14.3)	32 (12.4)	190 (73.4)
My supervisor inspires me to do my best	94 (36.3)	36 (13.9)	129 (49.8)
Senior managers are open to new ideas & suggestions	110 (42.5)	45 (17.4)	104 (40.2)
During changes mgt 1st informs those to be affected	98 (37.8)	52 (20.1)	109 (42.1)
If I have idea for improving our work my supervisor listens to me	77 (29.7)	41 (15.8)	141 (54.4)
My supervisor gives me timely feedback that helps me improve	128 (49.4)	35 (13.5)	96 (37.1)
Performance			
People in this organization put more energy on identifying mistakes than do things right	142 (54.8)	34 (13.1)	83 (32)
The way things are organized around here makes it hard for people to do their best	143 (55.2)	32 (12.4)	84 (32.4)
Judgment about my work is fair	81 (31.3)	59 (22.8)	119 (45.9)
I feel my work contributes to the organization	28 (10.8)	35 (13.5)	196 (75.7)
My manager emphasize my +ve contribution when reviewing my performance	97 (37.5)	42 (16.2)	120 (46.3)
I am given enough authority to allow me do my job effectively	34 (13.1)	30 (11.6)	195 (75.3)
Attitude of nurses towards the profession			
I joined the profession due to lack of options	115 (44.4)	29 (11.2)	115 (44.4)
I would advise my daughter/son to join the nursing profession	133 (51.4)	29 (11.2)	97 (37.5)

Table 7: Demographic factors affecting performance

Variables	Mean (SD)	P-value	P-trend	Post Hoc
Age				
≤ 30 years	19.55 (3.55)	0.002	<0.001	A3>A2, A1
31 to 50 years	20.41 (3.55)			
≥ 51 years	21.76 (3.81)			
Gender				
Female	20.17 (3.84)	0.888		
Male	20.25 (3.22)			
Educational Status				
Certificate	20.61 (3.24)	0.363		
Diploma	19.91 (3.88)			
Degree	20.02 (3.68)			
Experience in health care (years)				
< 5 years	18.87 (3.58)	<0.00	<0.00	E3, E2>E1
5 to 10 years	20.88 (3.30)			
> 10 years	20.96 (3.72)			

E1= Experience less than 5 years, E2= Experience 5-10 years, E3= Experience > 10 years

A1= Age in years<30, A2= Age in years 31-50, A3= Older than 50,

M=maternity, CH=community hospital HC=Health Center, HS= Health Station

Variables that were significant at bivariate analysis were selected for multivariate analysis to control the confounding effect of the variables among each other (Table 8). At multivariate model, both total years of experience ($p=0.022$) and health care setting ($p<0.001$) were found to significantly influence the performance but not age ($p=0.157$). The percent of variability in performance explained by the knowledge of health care setting and total years of experience were 7.6% and 3.0% respectively. Moreover, the total variance explained by the three variables was 13.4% ($R^2=0.134$).

Correlation among the dimensions of perception on performance

The possible correlation of the mission and goals, reward and recognition, commitment and satisfaction, management style, performance, and attitude was investigated using Pearson correlation coefficients (Table 9). The result reveals that mission and goals was significantly correlated with reward and recognition ($r=0.30, p<0.001$), commitment and satisfaction ($r=0.39, p<0.001$), management style ($r=0.27, p<0.001$), performance ($r=0.37, p<0.001$) but not with attitude ($r=0.03, p=0.617$).

Path analysis of relationship of management style and performance

The process in which performance might be affected by management style through the mediation effect of commitment and satisfaction was also investigated using Baron and Kenny procedure. In order to test the mediating effects, a three-

step regression suggested by Baron and Kenny (1986) was used. The three steps are: (1) the management style affects the commitment and satisfaction; (2) the commitment and satisfaction affects the performance; and (3) after including the mediating variable into the second regression equation of the previous step, the relationship between management style and performance has to significantly diminish.

Hayes PROCESS macro - a macro attached by Hayes to SPSS (Hayes, 2012), was used for mediation analysis using Baron and Kenny procedure. PROCESS uses a path analytical framework to estimate direct and indirect effects in mediator models. In order to estimate the reliability of the associated serial indirect effect (i.e, the total effect minus the direct effect), 5,000 iterations were used to obtain bias-corrected and accelerated bootstrap 95% confidence intervals. The variables that were controlled during the mediation analysis in the model were age, gender, qualification, level of education and years of experience. In the model examining commitment and satisfaction as a potential mediator of the relation between management style and performance of the nurses, the total effect of management style on performance was positive and significant ($\beta_c = 0.351, 95\% \text{ CI: } 0.282-0.420, p\text{-value}<0.001$). This effect was significantly mediated by commitment and satisfaction ($\beta_a * \beta_b = 0.076, \text{ Bootstrapped } 95\% \text{ CI} = 0.043-0.117$). The fact that the confidence interval excluded zero, indicates a significant indirect effect of management style on performance of the nurses via commitment and satisfaction. On the other hand, the direct effect of management style became significant ($\beta_{c'} = 0.275, 95\% \text{ CI: } 0.204-0.346, p\text{-value}<0.001$) after controlling the effect of commitment and satisfaction in their relationships, thus suggesting partial mediation, following the stipulations of Baron and Kenny (1986). Furthermore, the standardized effect size for the indirect effect was 0.115 (Bootstrapped 95%CI: 0.066–0.173), indicating that performance increases

Table 8: Multivariate analysis

Variables	p-value	Partial Eta Squared
Age	0.157	0.015
Total years of experience	0.022	0.03

R Squared = .158 (Adjusted R Squared = .134)

Table 9: Correlation among the perception dimensions of the health workers

Perception	Mission & goals	Reward & recognition	Commitment & satisfaction	Management style	Performance	Attitude
Mission & goals	1	0.30***	0.39***	0.27***	0.37***	-0.03
Reward & recognition		1	0.37***	0.56***	0.35***	0.40***
Commitment and satisfaction			1	0.39***	0.48***	0.32***
Management style				1	0.54***	0.48***
Performance					1	0.17**
Attitude						1

***. Correlation is significant at less than 0.001 level, ** Correlation is significant at less than 0.01 level.

Reward and recognition was also found to be significantly correlated with commitment and satisfaction ($r=0.37, p<0.001$), management style ($r=0.56, p<0.001$), performance ($r=0.35, p<0.001$), and attitude ($r=0.40, p<0.001$). Commitment and satisfaction was also correlated with management style ($r=0.39, p<0.001$), performance ($r=0.48, p<0.001$), and attitude ($r=0.32, p<0.001$). Management style was significantly correlated with performance ($r=0.54, p<0.001$) and attitude ($r=0.48, p<0.001$). Finally, performance was correlated with attitude ($r=0.17, p=0.005$).

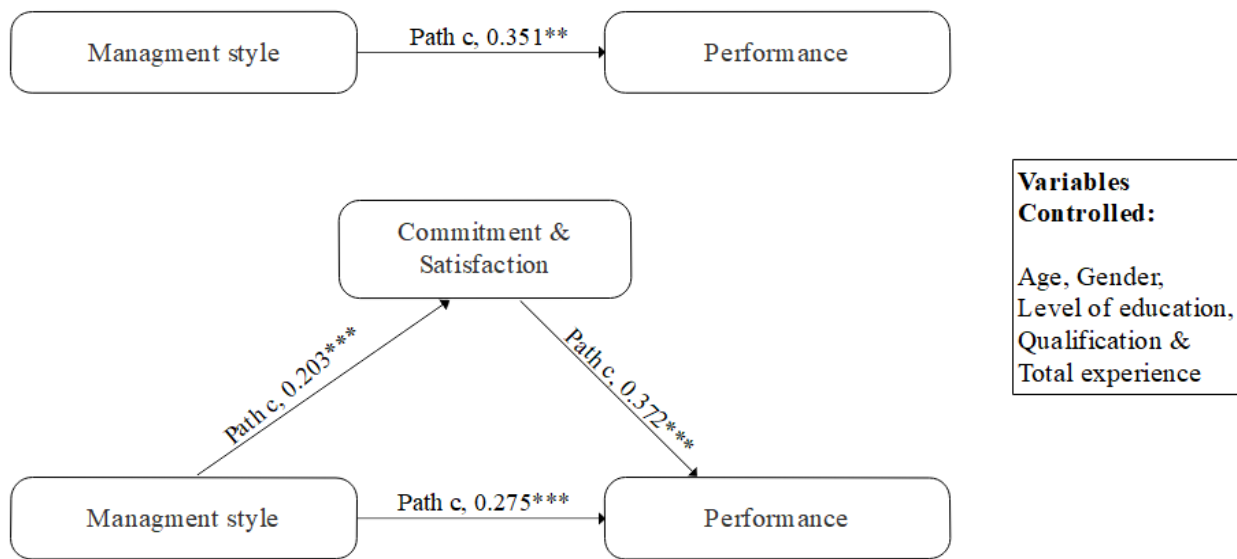


Figure 2: Path analysis of the relationship of management style and performance through commitment and satisfaction.

Table 10: Commitment and satisfaction as mediator in the relationship of management style and performance.

Path	Coef.	Predictor variable	Outcome Variable	Potential Mediator	Variables controlled	β(SE)	p-value
Depressive symptom as a potential mediator							
A		MS	C&S		Socio-demographics	0.203(0.030)	<0.001
B		C&S	P		Socio-demographics, MS	0.372(0.070)	<0.001
C		MS	P		Socio-demographics	0.351(0.035)	<0.001
c'		MS	P	C&S	Socio-demographics, C&S	0.275(0.036)	<0.001

MS=Management style, C&S=Commitment and satisfaction, P=Performance, Socio-demographics=Age, gender, Qualification, Level of education, and Total experience.

by almost 0.115 SDs for every 1-SD increase in management style indirectly via commitment and satisfaction. Path-analytic results for predicting Performance are presented in Figure 2.

Discussion

This study was conducted under the main objective of assessing the factors that potentially affect the performance of nurses and are discussed in this section with a broad aspect.

Knowledge base and skill

In this dimension, the responses on majority of the items was encouraging as the score was either good or excellent. Similar studies conducted in African countries, Namibia and Ethiopia, also found out that nurses indicated that their knowledge and skills were satisfactory [11]. Meanwhile, almost one fourth of the respondents admitted that their knowledge and skills on supervision of nursing care, supervising student nurses, and providing in service training was either poor or very poor. Most of the study sites are teaching areas where the medical and health sciences students are attached for their clinical practice and finding such a performance level needs a curious attention.

Performance Appraisal and Utilization

Performance management is generally absent or limited in national health systems in developing countries [25]. In congruent with this, in this study, it was reported that performance appraisal is hardly practiced, and if there it is not properly utilized. Similar studies conducted in a neighbouring country Ethiopia and another African country, Namibia reported similar findings in which performance appraisal is poorly utilized [11, 26]. Rafferty (2005) stresses the importance of feedback on the outcomes of performance appraisal by stating that it is the means by which staff can be informed about their performance outcome and it should be discussed with them [27].

Salary, benefit, and recognition

Employee motivation holds a critical key to organizational success. When healthcare workers are motivated and subsequently satisfied with their jobs, it leads to patient satisfaction and, ultimately, organizational effectiveness. This part contains professional nurses' responses regarding aspects related to remuneration, benefits and recognition that may affect the performance of nurses. Meanwhile, in this

current study, the majority of respondents expressed their dissatisfaction regarding their remuneration and they believe that their remuneration doesn't correspond with their work experience and the job responsibility that they carry. Similar findings were reported in a previously conducted national study which found out that two third of the respondents were dissatisfied with their monthly salary [28]. Moreover, a similar a study conducted in different parts of Ethiopia came up with similar findings in which health care workers were dissatisfied with the payment, promotion, and fringe benefits [26, 29]. Similar findings were also reported in another African studies [11]. Failure to recognize nurses' accomplishments and providing them with rewards is determined as one of the main factors for nurses' poor performance [17]. Majority of the respondents in this study stated said that fringe benefits are not known to them and that they are not satisfied with such benefits which might have affected their performance level. Therefore, health facilities need to work on the recognition and reward of professional performance.

Staffing and work schedule

Staff scheduling is aimed at assigning the available nurses to do the tasks effectively and it should be done as much as possible so that it will cater healthcare workers' duty preferences [30]. Some of the main reasons for staff attrition and burnout are work schedule and heavy work load, thus managers should optimize methods used to set work schedules to be supportive and flexible so as to accommodate individual preferences as much as possible [17]. Majority of the respondents in this current study agreed that opportunities exist for flexible work schedule and that the overall work schedule is fair. Similar studies reported differently in which the nurses' work schedule to be unfair and that it doesn't meet job needs or expectations [11, 29]. One of the underlying and confounding factors that affect performance negatively is the unparalleled shortage of health professionals, and this is become more obvious in nurse professionals as their work is more loaded than any other profession [17, 31]. In this current study, 51% of the respondents stated that staff number in their respective units is not enough to cover the current work load. On the other hand, this shows an improvement in the last two years as the score on this item from a previously conducted study was 69.1%, which could be associated with the assignment of new staff members in the areas of study. This is congruent with the other similar studies [11, 28, 32].

Staff development

The staff development package in an organization is designed to ensure that staff knowledge and skills are developed, strengthened and kept up to standard to ensure excellent care of patients. In this current study, nurses were asked whether there are opportunities for advancing in the organization existed and only 23.2% responded that there is. This result is almost similar to the findings of Ghirmay et

al, (2016), a previously conducted national study, in which it was 24.6%. In congruent with the above findings, similar results were reported in the Ethiopian older study in which 34.1 agreed with the item [32]. Moreover, another similar Ethiopian study by Sinidu (2014), stated that only less than 3% were satisfied with the opportunity for training opportunities [33]. On the other hand, more than 30% of the respondents from this current study agreed that there are opportunities for continuing education, as opposed to Ghirmay et al, (2016) of finding which is only 14%. Such a discrepancy could be explained by the increased educational opportunities since after this study. In contrast to this, in studies done in Ethiopia, 42.5% and 44.1% respectively have the opinion that continuous education opportunities exist [11, 32]. This seems that the problem is universal in Africa. According to Munjaja (2005), career progression systems for nurses in Africa have not been well developed and have also lacked adequate numbers of experienced mentors, preceptors and role models [31]. This constitutes an area of frustration for many nurses in Africa; progression to higher qualification and career status is only achieved after many difficulties. From all these, one could conclude that upgrading programs should be strengthened further, and more effort should be spent on the advancement of nurses in every corner of the profession.

Workplace and environment

The items of the dimension, workplace and environment are related to physical conditions such as equipment and materials, work tools, as well as physical layout such as clean free from hazard, conducive environment and adequate space. Safety is a major issue in a medical profession and more than half of the nurses agreed that their workplace is free from hazards and infection control strategy guidelines are available. Such reports were similar with the previously conducted national study [28]. However, it was described that antiseptic hand solutions are poorly available. In contrast to these, the reports from a studies conducted in Ethiopia stated that non-conductive and unsafe are some of the factors that result in poor job satisfaction which in turn results in poor performance [26, 33].

Regarding the equipment availability, though materials and instruments are available and generally in good working condition, there is insufficiency. In situations where there is shortage of materials and instruments it is unrealistic to expect nurses to perform superbly. Ghirmay et al. (2016), identified a strong association between adequacy of materials and equipment and performance of nurses. Therefore, it is high time that the ministry of health to avail medical equipments and supplies to increase job satisfaction and performance of nurses and to enhance the quality of care.

Mission and Goals

Mission statement of an organization is the roadmap of an organizational process. It is from this that specific goals

and objectives are derived and the health workers expected to meet. It is therefore imperative that mission and goals of an organization should be explicit and understood by the implementers. People who are aware of the mission and goals of an organization have strong identification with the organization, are committed and remain longer in the organization than those who do not. In this study, nurses were asked if they were clear about the objectives they need to achieve and whether the organizational mission is understood by all. To these two interrelated questions, majority of nurses responded that they are clear with the objectives they need to achieve and the organizational mission are understood by all.

Fort & Voltero (2004), mentioned that factors that are closely related to the level of performance include clear goals and objectives [34]. In support of this, in this current study, the results reveal that mission and goals was significantly correlated with performance ($r=0.37, p<0.001$). Moreover, the dimension, mission and goal was significantly related with reward and recognition ($r=0.30, p<0.001$), commitment and satisfaction ($r=0.39, p<0.001$), and management style ($r=0.27, p<0.001$). From all these results, it can be concluded that being clear with the mission and goals of an organization elates the feeling of ownership and improves the commitment & satisfaction of the nurses enhancing and their confidence and performance. The findings on this dimension was relatively low in the other referenced studies [11, 32].

Reward and recognition

Recognition for doing a good job receiving a competitive pay and feeling of achievement are external and internal motivators expected to result in improvement of performance. Studies stated that not feeling respected and valued for contributions and capabilities, not receiving recognition or rewards for accomplishments are some of the factors that affect performance negatively [17, 33]. In this study, majority of the nurses responded that the work they do gives them a sense of achievement, which is very good as this is an internal reward which is long lasting as compared to external reward as a motivator [25, 35]. Similar findings were reported from a Pakistani's study [36]. Nurses having such a sense of achievement is noble, because as an internal reward it lasts longer as compared to external rewards [35]. Furthermore, Jones, (2007), suggests that awards for group or individual efforts; appropriate endorsements; exposure to new developments through meetings and conferences are some of the motivators that ultimately help improve performance [37]. Reward and recognition also affect nurses' performance as it was confirmed in this study by the significant ($r=0.35, p<0.001$) relationship among them. Moreover, reward and recognition was also found to be significantly correlated with commitment and satisfaction, management style, and attitude. From all these it is safe to conclude that, for the nurses in the study area, a program that combines monetary

and non-monetary reward systems and activities that satisfies intrinsic, self-actualizing needs are potent motivators of nursing practice and have a major role in the enhancement of nurses' performance.

Commitment and satisfaction

The importance of job satisfaction to an organization in terms of its positive relationship with individual performance is well documented [17, 33, 37, 38]. It is therefore very essential that majority of nurses in this study responded to the affirmative that doing their nursing job makes them feel good and that they are proud to tell people where they work. This is similar to the findings of Naeem & Khanzada (2018). As Jones (2007), put it the heart of motivation for employees is to believe that their work is meaningful and satisfying. The intrinsic needs or motivators are growth, advancement, responsibility, the work itself, providing a stimulating work environment, and inspiring optimism. When one looks on these suggestions and compare the nurses' responses in this study, it is imperative that what is keeping them going is the fulfilment of the intrinsic needs. The strong correlation ($p<0.001$) identified between commitment and satisfaction and performance in this study supported and signified all the above mentioned views of different researchers.

Management style

Leadership style is defined as the manner and approach of providing direction, implementing plans, and motivating people. Leadership style is considered by many researchers as an important variable in influencing functions of health workers [39]. The findings in this current study concur with the preceding literature which highlights that management style has a positive association with employee performance. Nurses were asked whether they trust and respect their supervisor, and around three quarter of them responded positive. Furthermore, the nurses were asked whether their supervisor inspires them to do their best and almost half of them agreed to this statement. But to the statement that managers are open to new ideas and suggestions the affirmative response was less than half. All these findings are almost similar to the findings of Naeem & Khanzada (2018), and Dhaifallah (2015). Hazelburg (2003), which stated that one of the basic needs that motivate subordinates to perform better is positive relationship with managers. Poor communication with management results in dissatisfaction and burnout [17]. The effect of utilizing proper system of management has been very effective as demonstrated in this study, whereby, management style was significantly correlated with performance ($r=0.54, p<0.001$). Similarly, a study conducted in Jordan by Alawneh et al, (2015), and Dhaifallah, (2015), found out that employees' job satisfaction mediated the effect between leadership styles and health care providers' performance.

Performance

The most important function of any organization is to enhance employee's performance so that it could improve the quality of health care it provides. Job performance of an employee increases with greater job satisfaction and commitment. In turn, increasing employee performance will positively influence the organization's performance and ultimately, the quality of services. Furthermore, when employees are contented with their work, they are likely to perform better and also to perform decision making and problem solving more effectively. Performance is enhanced when employees become dedicated to their assignments [3, 36, 40, 41]. In congruent with these statements, in this current study, more than three fourth of the nurses responded that they feel their work contributes to the organizations performance and that they are given enough authority to allow them to do their job effectively. Findings from Ghirmay et al, (2016) and Dhaifallah, (2015) are similar to the findings of this study. It has additionally been reported that increasing organizational commitment leads to decreasing workforce turnover and consequently, increasing employee performance [17, 31, 42]. The performance of the entire organization is very tightly linked to each individual's performance. The higher the level of employee performance, the better the overall organizational effectiveness will be. In this current study, performance was significantly related to mission and goals, reward and recognition commitment and satisfaction and management style.

Demographic factors affecting performance

Demographic variables were also scrutinized to look for any significant association and it showed that as the age in years increased, the view on performance score also increased. This finding is similar to the Eritrean finding of Ghirmay et al, (2016), which identified that performance was shown to increase with an increasing age of health care providers. Similarly, a study conducted in Ethiopia, age of the respondents was significantly associated with job performance [29]. Another association found was the total years of experience whereby those with more than 5 years of experience have significantly higher performance scores (p value and p trend <0.001). This finding is similar to the finding of Al- Ahmadi, 2009, whereby job performance is positively related to some personal factors, including years of experience [3]. At last the association identified in this research from the demographic variables is that people who are assigned in health stations and health centers have significantly higher view on their performance (p value and p trend <0.001). At multivariate analysis, both total years of experience ($p=0.022$) and health care setting ($p<0.001$) were found to significantly influence the performance but not age ($p=0.157$).

Limitations

All measures of performance may not have been dealt with and measures were based on self-reports, it would have been holistic if patients' views were incorporated. Moreover, the study is conducted in one geographical location which prevents making inferences of nurses in other locations of the country.

Conclusions

Performance was significantly related to mission and goals, reward and recognition commitment and satisfaction as well as management style. Therefore, it is suggested that re-establishment of performance appraisal system, nonmonetary reward systems, and salary scale that addresses years of experience plus the responsibility the nurses carry, increasing number of graduating nurses and assigning heads of health facilities based on their management background instead of based on seniority only are expected to improve the performance of nurses.

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Authors' contributions

TH: Study conception and design of the study, acquisition, analysis and interpretation of data; SA: revising the manuscript critically for important intellectual content; HA: revising the manuscript critically for important intellectual content; YMA: revising the manuscript critically for important intellectual content, drafting and submission of manuscript. All authors read and approved the final manuscript.

Data availability statement

The datasets generated and/or analysed during the current study are available from the authors on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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