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

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ABSTRACT

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

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1. Introduction and rationale

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

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

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

1.1. *Leadership, power and motivation*

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

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

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

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

2. Problem statement

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

3. Research objectives

The objectives of the study were to:

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

The null hypothesis to be tested was

- There is no significant difference in the perceptions among male and female respondents with regard to the need to acquire power.

4. Research method and design

- Design

A quantitative, exploratory and descriptive design study was undertaken about the motivational needs of the PHC nurses. The researcher used a descriptive design to gain more information about acquiring motivation. A typical descriptive design occurs when the researcher wishes to provide authentic information about a specific phenomenon or about the frequency of the phenomenon (Jooste, 2010, pp. 539–540).

- Population and sampling

Thirteen primary health care clinics were included in a survey. The accessible population comprised all professional PHC nurses (N = 30) working at these primary health care clinics in a mine setting in Rustenburg. The accessible population served as the inclusive sample of the study. De Vos, Strydom, Fouche, and Delport (2010:194) refer to a sample as comprising elements of the population considered for actual inclusion in a study. A high response rate of 100% confirmed the sample as representative (Fox & Bayat, 2007, p. 61).

- Data collection method

Burns and Grove (2010:42) define data collection as the precise, systematic gathering of information relevant to the research purpose, specific objectives and questions of a study. Data in this study was collected by using a structured questionnaire. The data collection method served to gather information, opinions and reactions of people about the research topic (Jooste, 2010, p. 559).

A suitable venue was booked ahead of time for handing the structured questionnaires to PHC nurses Respondents. The researcher created a friendly environment to establish a relationship of trust with the respondents. Pre-testing of the instrument was conducted with five PHC nurses working at a mine clinic setting not included in the main study.

The respondents were requested to respond on each item according to the extent to which it corresponded to their need for motivation on a 7-point Likert scale, ranging from 1 given for the most negative response and 7 for the most positive one (De Vos et al. 2010, p. 168). The advantage of using a structured questionnaire was that the researcher found it easy and inexpensive to administer owing to the vicinity where the respondents were working. It took approximately 30–40 min to complete the questionnaire. Section 1 covered the biographical and demographical details of the participants; i.e. age, gender, position at the clinic, academic qualification and the number of years of clinical experience as a PHC nurse. Section 2 covered the three concepts that were used to measure acquired motivation, i.e. achievement, power and affiliation. Each of the concepts comprised between 9 and 14 items. This paper focuses on the 14 items on the concept of power.

- Data analysis

In this study, data was summarised by means of descriptive statistics, including frequency distribution tables, graphic presentations, measures of central tendency and standard deviations, as well as inferential statistics, using a non-parametric test to determine significant differences. A statistician from the University of Johannesburg assisted with analysing the data, by using the Statistical Package for Social Sciences (SPSS) Program Version 20.0. The Kolmogorov–Smirnov was used to determine whether the responses were normally distributed. The Shapiro-Wilkinson test of normality was used to test the difference in the means between male and female respondents and their need for motivation (Shapiro & Wilk, 1965). The Mann–Whitney test compared the mean ranks. A p-value of less than 0.05 ($p < 0.05$) is indicative of a significant difference between the groups.

5. Ethical considerations

Permission to conduct the research was obtained from the Ethics Committee of the University of Johannesburg; ethical clearance number AEC 53/01–2010. The hospital manager was approached with a letter of consent which requested permission to conduct research at the clinics; indicating the nature, purpose and objectives of the study. Permission was obtained and a meeting arranged with the nurse manager in charge of the PHC clinics located at the main hospital in 2011. No inherent risks were apparent for the respondents in the study. Their privacy was respected during the study, and all information collected during the study was kept strictly confidential. Data gathered would be kept under lock and key in a safe place for at least two years after the results had been published, after which it would be destroyed. The researcher obtained voluntary informed consent before the questionnaires were distributed. Respondents were treated fairly to facilitate the data collection process and to minimise their possible withdrawal from the study (Burns & Grove, 2010, p. 190). They had the right to withdraw from the study at any stage of the research without fear of exposure or embarrassment (Jooste, 2010, p. 507).

6. Reliability and validity

Validity was ensured by a thorough literature review, from which the instrument was developed, to ensure content validity. To ensure face validity, the researcher asked five experts in the particular PHC field to evaluate the measuring instrument. They expressed their opinion whether the measuring instrument measured what it was supposed to measure.

The reliability of the research instrument used for this study was tested by firstly pre-testing the questionnaire with 5 PHC nurses in a similar setting and then obtaining the

coefficient alpha (α) in the main study. The internal reliability of the items was clarified by computing the Cronbach's alpha (α) and a minimum alpha of 0.70 is considered acceptable for a newly developed instrument (Burns & Grove, 2010, p. 374). A factor analysis indicated high Cronbach alphas (α) on the three concepts of motivation (Table 1) (see Table 2).

7. Discussion of results

The research question posed was: "To what extent do you need to acquire motivation as a leader?"

8. Ages of respondents

The findings indicated that the ages of respondents were distributed between 20 and 60 years of age (Fig. 1). According to SANC (2010), it is of concern that the age group of <30 years only comprised 4% of the total workforce; by implication, it is indicating an ageing population of nurses in the profession. A proportionally large percentage of respondents (n = 25, 83.3%) were aged between 31 and 50 years.

9. Gender status of respondents

The expected gender distribution of the 30 (100.0%) respondents was predominantly female (n = 22, 73.3%) while 8 (26.7%) were male (Fig. 2).

10. Results

In most of the items about the need to acquire power, most of the respondents indicated that they *always* needed power in the primary health care setting.

10.1. *Acknowledgement*

Nurses have an opportunity for personal development and recognition through rewards and status (Jooste, 2009, p. 165).

10.1.1. *The opportunity to be in charge of the clinic*

This item yielded the highest mean value ($\bar{x}$ 6.43; SD 0.858) related to the opportunity to be in charge of the clinic. A normal distribution of responses around the mean value (SD 0.858) resulted. The majority of 27 (90.0%) of the 30 (100.0%) respondents revealed that, they *usually* to *always* needed the opportunity to be in charge of the clinic. The results indicated a strong negative skewness of responses. Only two (6.7%) of the 30 (100.0%) respondents responded with a *neutral* response. Podesta (2012, p. 1) indicates that the willingness to teach, to support other people, to be a positive role model, to be ready to serve, and to lead when necessary are actions showing the desire to be in charge.

Table 1 – Factor analysis – Reliability statistics.

Factors	Cronbach's alpha	Number of items
Achievement	0.864	11
Power	0.900	14
Affiliation	0.903	8

10.1.2. *Acknowledgement of outstanding performance by the supervisor*

Nearly two thirds (n = 19; 63.3%) of the 30 (100.0%) respondents indicated that they *always* needed to be acknowledged by the supervisor for outstanding performance ($\bar{x}$ 6.43; SD 0.858). Respectively, six (20.0%) and four (13.3%) respondents indicated that they *usually* and *sometimes* needed to be acknowledged by the supervisor for outstanding performance. Recognition confirms that work is valued (Harrison, 2012, p. 1).

10.1.3. *Ideas are part of the decision-making process at the clinic*

The responses revealed a reasonably normal distribution ($\bar{x}$ 6.41; SD 0.867) around the mean value. More than half (n = 17, 58.6%) of the 29 (100.0%) respondents responded that they *always* needed their ideas to be considered as part of the decision-making process at the clinic, while nine (31.0%) of the 29 (100.0%) respondents indicated that they *usually* needed their ideas to be part of the decision making process. Jooste (2009:224) suggests that in an empowering environment, authority is delegated to promote independent decision making and recognition of members of staff for decisions well executed and achieved, which in turn boosts their motivation.

10.1.4. *Direct sub-ordinates by means of role modelling*

The importance of having access to a good role model in order to observe and practise skills has a tremendous influence on the clinical learning environment and the development of lower categories of nurses' competence and confidence (Donaldson, McCallum, & Lafferty, 2010, p. 649). A narrow distribution of responses (SD 0.669) was found around the mean value of 6.37, indicating that respondents were more in agreement about being directed by a role model. The majority of 27 (90.0%) of the 30 (100.0%) respondents revealed that they *usually* to *always* needed to direct subordinates by being role models in their clinic settings.

10.2. *Organisational responsibility*

Organisational responsibility of the clinic refers to the orderly structuring of functions or responsibilities in order to ensure the smooth running of activities. It involves the establishment of order at the clinic. The work should be organised and divided in a logical manner (Muller, 2010, p. 119).

10.2.1. *Organising resources at the clinic*

The responses indicated a reasonably normal distribution of responses ($\bar{x}$ 6.37; SD 0.765) around the mean value (SD 0.765) where the majority of 27 (90.0%) of the 30 (100.0%) respondents revealed that they *usually* to *always* needed to organise resources at the clinic. Organisation at the clinic involves the establishment of order in the unit, work and resources that are organised and divided in a logical manner, allocation of

Table 2 – Descriptive statistics on about the need to acquire power.

The need to acquire power	Never				Scale of need for power								Always		Total number of respondents		$\bar{x}$	SD
Items to what extent do you need to:	1 Never		2 Rarely		3 Infrequently		4 Neutral		5 Sometimes		6 Usually		7 Always					
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%		
Acknowledgement																		
Have the opportunity to be in charge of the clinic. (Item15)	0	0.0%	0	0.0%	0	0.0%	2	6.7%	1	3.3%	9	30.0%	18	60.0%	30	100.0%	6.43	0.858
Be acknowledged by my supervisor for my outstanding competencies. (Item 19)	0	0.0%	0	0.0%	0	0.0%	1	3.3%	4	13.3%	6	20.0%	19	63.3%	30	100.0%	6.43	0.858
Ensure that my ideas are part of the decision making process at my clinic. (Item 26)	0	0.0%	0	0.0%	0	0.0%	2	6.9%	1	3.4%	9	31.0%	17	58.6%	29	100.0%	6.41	0.867
Direct sub-ordinates by means of role modelling, e.g. self-development. (Item 13)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	10.0%	13	43.3%	14	46.7%	30	100.0%	6.37	0.669
Organisational responsibility																		
Have the responsibility to organise resources at the clinic.(Item 17)	0	0.0%	0	0.0%	0	0.0%	1	3.3%	2	6.7%	12	40.0%	15	50.0%	30	100.0%	6.37	0.765
Organise educational opportunities, e.g. attendance of symposiums. (Item 25)	0	0.0%	0	0.0%	0	0.0%	2	6.7%	2	6.7%	9	30.0%	17	56.7%	30	100.0%	6.37	0.890
Exercise control over medicine and dry stock (Item 16)	0	0.0%	0	0.0%	0	0.0%	1	3.3%	3	10.0%	11	36.7%	15	50.0%	30	100.0%	6.33	0.802
Managerial responsibility																		
Be trained in managerial skills to become a good manager as well as a good leader.(Item 14)	0	0.0%	0	0.0%	0	0.0%	2	6.7%	2	6.7%	11	36.7%	15	50.0%	30	100.0%	6.30	0.877
Have the authority to make decisions with regard to the skills mix at my clinic. (Item23)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	13.3%	13	43.3%	13	43.3%	30	100.0%	6.30	0.702
Strategic planning																		
Plan my work around routines at the clinic. (Item18)	0	0.0%	0	0.0%	0	0.0%	1	3.3%	5	16.7%	9	30.0%	15	50.0%	30	100.0%	6.27	0.868
Attend meetings of a professional nature, e.g. strategic planning meeting for the clinics. (Item 22)	0	0.0%	0	0.0%	1	3.3%	1	3.3%	6	20.0%	7	23.3%	15	50.0%	30	100.0%	6.13	1.074
Promotion and support																		
Be recognised for possible promotion opportunities. (Item 21)	0	0.0%	1	3.3%	0	0.0%	2	6.7%	4	13.3%	8	26.7%	15	50.0%	30	100.0%	6.07	1.337
Be acknowledged for excellent work performance, e.g. by being promoted. (Item 20)	0	0.0%	1	3.3%	1	3.3%	2	6.7%	3	10.0%	7	23.3%	16	53.3%	30	100.0%	6.03	1.450
Create support structures for professional nurses, e.g. de-briefing sessions. (Item 24)	0	0.0%	0	0.0%	1	3.3%	3	10.0%	4	13.3%	8	26.7%	14	46.7%	30	100.0%	6.03	1.159

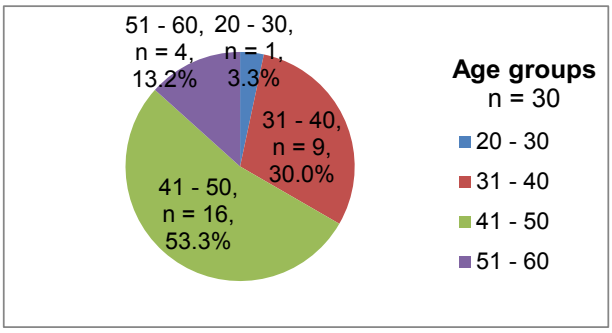

Fig. 1 – Ages distribution of respondents in years (n = 30).

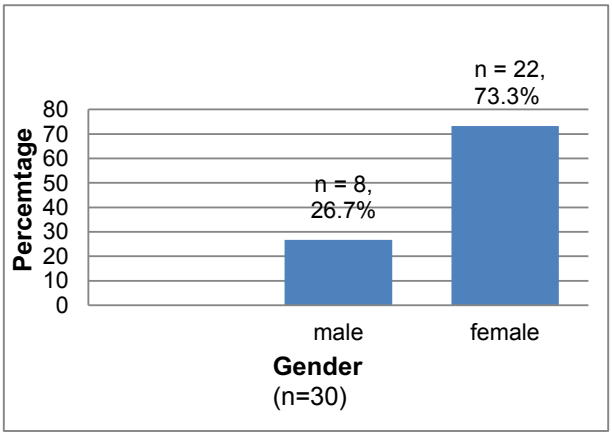

Fig. 2 – Gender status of respondents (n = 30).

responsibilities by way of job description and a duty list (Muller, 2010, p. 134).

10.2.2. Organising educational opportunities

More than half (n = 17, 56.7%) of the 30 (100.0%) respondents indicated that they *always* needed to organise educational opportunities at their clinics ($\bar{x}$ 6.37; SD 0.890). However, nine (30.0%) respondents said that they *usually* needed to organise educational opportunities, and two (6.7%) respondents indicated that they *sometimes* needed to organise educational opportunities at their clinics. By allowing the implementation of in-service training at the clinic, managers prepare PHC nurses for carrying out other new related responsibilities that focus not only on clinical knowledge and skills, but also on management's knowledge and skills that are based on scientific principles (Booyens & Bezuidenhout, 2013, p. 384).

10.2.3. Exercise control over medication and dry stock

Half (n = 15; 50.0%) of the 30 (100.0%) respondents replied that they *always* needed to exercise control of medication and dry stock at the clinics ($\bar{x}$ 6.33; SD 0.802). More than a third, namely eleven (36.7%) of the respondents, indicated that they *usually* needed to have control of medication and stock. According to SANC (1984:R2418), the control of medication and dry stock requires accountable and safe use of medication ranging from ordering to storage, and prescribing drugs included in the PHC essential drug list (schedule 1 to 4 drugs only).

10.3. *Management responsibility*

10.3.1. Training on managerial skills to become a good manager and leader

Half (n = 15; 50.0%) of the 30 (100.0%) respondents indicated that they *always* needed to be trained in managerial skills to become a good manager and leader ($\bar{x}$ 6.30; SD 0.877). Eleven (36.7%) of the respondents indicated that they *usually* needed training to become good managers and leaders. Jooste (2011, p. 6) indicates that to meet the current health care demands, an ample supply of dynamic nurse leaders who practise an acceptable form of leadership needs to be produced while the nursing profession in South Africa is experiencing a leadership crisis.

10.3.2. Regarding the authority to make decisions with regard to the skills mix at the clinic

The majority of 26 (86.6%) of the 30 (100.0%) revealed that they *usually to always* needed the authority to make decisions with regard to the skills mix at the clinic ($\bar{x}$ 6.30; SD 0.702). It showed a strong negative skewness of responses. Skill mixing is an important part of workforce planning, and forms a crucial part of delivering cost-effectiveness and appropriate care to all patients. A poorly planned nursing skills mix can have a huge impact on service delivery at the clinics (Odell, 2015).

10.4. *Strategic planning*

Strategic planning is important for enabling an environment for nursing service, to improve the skills and competency levels of nurses, to deliver quality nursing care, and to develop the responsiveness of nursing staff to service delivery needs (Department of Health 2008:12).

10.4.1. Plan work around routine at the clinic

Half (n = 15; 50.0%) of the 30 (100.0%) respondents said that they *always* needed to plan their work around the routine at the clinic ($\bar{x}$ 6.27; SD 0.868). On the other hand, nine (30.0%) of the respondents indicated that they *usually* needed to plan their work, while five (16.7%) of the 30 (100.0%) respondents indicated that they *sometimes* needed to plan routine work. In nursing practice, the process of delegation can be achieved by assessing the abilities of members of staff, delegation of duties, and professional accountability and liability (Muller, 2010, p. 137).

10.4.2. Attend meetings of a professional nature

Muller (2010:207) suggests that it is advisable to hold a meeting at least once a month to discuss general matters at the clinic and to maintain group cohesion. Half (n = 15; 50.0%) of the 30 (100.0%) respondents indicated that they *always* needed to attend meetings of a professional nature at the clinics. The responses were widely spread (SD > 1.00) around the mean value ($\bar{x}$ 6.13; SD 1.074). To a lesser extent, seven (23.3%) respondents indicated that they *usually* needed to attend meetings.

10.5. *Promotion and support*

According to the Department of Health (2008:15), decisions should be taken to implement leadership programmes for

nurses; including mentoring and coaching programmes, succession planning, recognition, and rewards for experience and excellence.

10.5.1. *Recognised for possible promotional opportunities*
Half (n = 15; 50.0%) of the 30 (100.0%) respondents indicated that they *always* needed to be recognised for possible promotional opportunities ($\bar{x}$ 6.07; SD 1.337). Respectively, four (13.3%) and eight (26.7%) of the 30 (100.0%) respondents indicated that they *sometimes* or *usually* needed to be recognised for promotional opportunities.

10.5.2. *Recognition of excellent work performance*
More than half (n = 16; 53.3%) of the 30 (100.0%) respondents indicated that they *always* needed recognition for excellent work performance ($\bar{x}$ 6.03; SD 1.450). However, ten (33.3%) of the respondents indicated that they either *sometimes* or *usually* needed recognition for excellent work performance. Harrison (2012:1) agrees that the implementation of an acknowledgement system at a clinic could promote a feeling of motivation to staff members in their work.

10.5.3. *Create a support structure for professional nurses*
The relationship between the nurses and supervisors is the single most crucial factor in creating a positive supportive work environment (Henderson et al., 2010, p. 177; Henderson, Cooke, Creedy, & Walker, 2012, p. 299; Henderson & Eaton, 2013, p. 197). Nearly half (n = 14, 46.7%) of the 30 (100.0%) respondents responded that they *always* needed a support structure for professional nurses ($\bar{x}$ 6.03; SD 1.159). On the other hand, twelve (40.0%) of the respondents reported that they only *sometimes or usually* needed structural support to be created at the clinic. A supportive relationship which is formed between members of staff and managers, helps to prevent problems in busy, stressful practice settings (Du Plessis, 2004, p. 68).

10.6. *Significant differences in relation to the need to acquire power with regard to gender*

The purpose of the box and whisker plot is to illustrate the distribution of responses of male (n = 8) and female (n = 22) respondents about the concept of power. The median (line in the box) indicates the middle value of the distribution or the average value (Burns & Grove, 2010, p. 472), while the ends of the vertical lines (whiskers) indicate the minimum and maximum data values.

Fifty per cent of the responses of male respondents ranged from 6.4 to 6.9 and female respondents from 5.7 to 7.0. The findings indicated that female respondents had a wider range of responses around the mean value ($\bar{x}$ = 6.22; SD 0.67), while their male counterparts had a SD of 0.587 around a mean value of ($\bar{x}$ = 6.43). The male respondents revealed a slightly higher mean value in the group ($\bar{x}$ 6.43; SD 0.587), and female respondents had a lower average mean value than their male counterparts. This phenomenon is indicated by the low desire to hold positions of power. It is further explored by using the *Kolmogorov–Smirnov test* in Table 4.8. The *Kolmogorov–Smirnov test* (Table 3) indicates the normality of the distribution of responses for males and females PHC nurses about the need to acquire power by showing a *p*-value. If the p-value is greater than or equal to 0.05 it indicates a normal distribution of responses, revealing equal amounts of responses either agreeing or disagreeing with the items on the need to acquire power. A *p*-value of less than 0.05 indicates that the variable does not conform to normality.

If the distribution of responses is not normal, it indicates significant differences between the two groups that are being tested. In this case, the Sig. values (0.200 males; 0.200 females) were interpreted as not having a normal distribution since p > 0.05. The *Kolmogorov–Smirnov test* was interpreted as not having a normal distribution of power responses for male and female PHC nurses respectively. Therefore, it was necessary to perform a *Mann–Whitney test* to determine the significant differences between the groups.

A *Mann–Whitney U* test (Table 3) was conducted to evaluate the hypothesis that female respondents would score lower than their male counterparts on the need to acquire power. The results of the test revealed that there was no statistically significant difference between male (n = 8; mean rank 17.94) and female (n = 22; mean rank 14.61) respondents: z = −0.924, significant level of $p = 0.356$ and the $p < 0.05$ on their response to items about the need to acquire power.

11. Discussion

The age distribution of respondents showed that most of the PHC nurses could be characterised as of a mature age. It implied that there was a mature workforce among the PHCs and it confirmed a general shortage of younger nurses in South Africa (Wildschut & Mgqolozana, 2010, p. 133).

The results indicated that higher mean values were obtained in items on power in relation to the aspects of acknowledgement, organisational responsibility, managerial responsibility, and strategic planning than the aspect of promotion and support. The findings indicated that participants to a larger extent needed to acquire acknowledgement in the workplace as opposed to being promoted and supported. The particular items that revealed participants' need for more power were the opportunity to be in charge of the clinic, being acknowledged by the supervisor for outstanding competencies and ensuring that their ideas were part of the decision making process at the clinic. It seemed that participants to a lesser extent needed to acquire power by being promoted and having supportive structures at the workplace. In their research, McClelland and Burnham (2003, p. 125) found that the need for power is important because it indicates the desire of an individual to influence other people. The findings indicated that responsiveness for possible promotional opportunities needs to be recognised. Nurse managers ought to be mindful that it serves as an indicator to strongly encourage and identify staff members who are interested in promotional opportunities for development, and to be clear about what opportunities may be possible at the clinic. The opportunity of career advancement raises morale, skills levels, commitment, and job satisfaction (Jooste, 2009, p. 106).

Female respondents did not agree with the items about the need to acquire power to the same extent as their male counterparts. This phenomenon can be attributed to the domination of women by men, since it has been the most

Table 3 – Significant differences between gender of respondents and need for power.

Gender	n	Mean rank	Standard deviation	Kolmogorov–Smirnov test			Shapiro–Wilk test			Mann–Whitney test	
				Statistics	df	Sig.	Statistics	df	Sig.	Z	Sig. p-value
Male	8	17.94	0.587	0.210	8	0.200*	0.863	8	0.128	−0.924	0.356
Female	22	14.61	670	0.133	22	0.200*	0.915	22	0.060		

* Not having a normal distribution since p > 0.05.

fundamental and widespread form of power asymmetry in societies (Ftancis, 2004, p. 3).

The widest distribution of responses of participants was recorded for the aspects of having a need to acquire promotion and support, namely being acknowledged for excellent work performance (SD 1.450), and being recognised for possible promotion opportunities (SD 1.337). On the other hand, a more narrow distribution of responses was found for the need to have the responsibility to organise resources at the clinic (SD 0.765) and having the authority to make decisions with regard to the skills mix at the clinic (SD 0.702).

For the purpose of creating healthy clinical working environments and encouraging nursing staff for leadership and management roles, the issues of morale and motivation need to become primary concerns for nurse managers in the clinic setting (Stapleton et al., 2007:812).

Significant differences between gender and qualifications were not found in relation to the need to acquire power.

11.1. *Recommendations*

Recognition of nurses' work should be a strategic exercise for management. Nurse managers, as part of their staff performance appraisals, should continually look for opportunities to recognise or praise employees for good ideas and work well done (Tyilana, 2005, p. 94. These could be through giving the opportunity to be in charge of the clinic in order to demonstrate their competencies and leadership style or acknowledging nurses for outstanding competencies by publically announcing their successes.

Nurse managers should ensure expansion and enrichment of tasks by arranging training opportunities and by giving PHC nurses more creative responsibilities along with authority. Managerial responsibilities can be delegated to nurses by training them in managerial skills to become good managers as well as good leaders. Nurses need to be involved in strategic planning in the workplace by planning their work in the framework of routines at the clinic.

To improve the performance of members of staff, the focus needs to be placed on professional competency by means of clinical guidelines, continual education, and clinical peer review to guide PHC nurses in their management of clients. It involves creating a positive work environment, communicating positively and openly during clinic meetings, and creating positive emotional states which will positively contribute to the results of performance appraisal (Martin, 2007, p. 18). Feedback that is based on set objectives should be given to nurses about their performance.

In the clinical environment, standards of excellence can also be promoted by establishing effective leadership. Such leadership has a vision and clearly indicates the path to be followed. It solidly and clearly structures tasks with the purpose of leading to high productivity and acceptable standards, support and appreciation of the nursing staff by management (Booyens & Bezuidenhout, 2013).

11.2. *Limitations of the study*

Due to the small sample of 30 PHC nurses, and the fact that the study was restricted to selected mine PHC clinics, the results could not be generalised to other clinic settings. The study was conducted in one region of the platinum mine group and therefore included all professional nurses in this region as the sample for the study. The small number of (n = 8; 26.7%) male participants could have had an effect on the findings, since the male participants might have perceived different needs to the needs of their female counterparts. In testing the hypothesis it should be noted that less males than females partook in the study. The recommendations for enhancing motivational needs of PHC nurses were not tested empirically and remained suggestions until the recommendations got tested.

13. Conclusions

Nurses need to acquire acknowledgement in the workplace as opposed to being promoted and supported. Nurses also need to acquire organisational responsibility by assuming the responsibility to organise resources at the clinic and to acquire managerial responsibility, namely to be trained in managerial skills to become good manager and good leaders. They need to play a role in strategic planning to plan their work around routines at the clinic and to be promoted and supported by being recognised for possible promotion opportunities.

Author's contributions

Prof K.J. (University of the Western Cape) was the supervisor that wrote the manuscript, based on the results of the master studies of M.H. (Masters student, University of Johannesburg).

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