

Perceptions on the motivational practices of transformational leaders in implementing a cervical programme in primary health care clinics

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Abstract

Transformational leadership involves the creation of motivational practices that encourage behaviour based on a set of shared values. These practices enhance growth, development, commitment, goal achievement, and enjoyment. During support visits in the Ekurhuleni Health District, a lack of motivation was observed in transformational leadership among facility managers at Primary Health Care (PHC) Clinics to adapt the Cervical Cancer Screening Programme in accordance with relevant health care legislation. A comparative study design was followed in order to explore and describe the perceptions of professional nurses and facility managers on motivational practices in transformational leadership exercised by the facility managers while implementing the programme at PHC Clinics. Total sampling included facility managers (n = 34) while simple random sampling for professional nurses (n = 62) was followed. The method of data collection was a survey using a similar, self-administered, structured questionnaire. Descriptive and inferential statistics were employed. Validity and reliability were ensured and ethical considerations taken into account during the research process. The Cronbach's alpha test was applied to the full sample to test the reliability of the instrument (> 0.70). Facility managers had the highest mean scores and significant differences between the two groups indicated moderate to large effect sizes. Motivational aspects under scrutiny related to encouragement, provision of information, coaching and staff development, job creativity and allocation, quality improvement, performance appraisal, and adequate supplies of resources.

Keywords: Leadership, motivation, self-direction, professional nurse, facility manager.

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Introduction

Thomson (2007) describes transformational leadership as an approach that encourages responsible thinking that facilitates good judgement to address a problem or challenge in an organisation. In the context of South Africa, one of the challenges in the health care environment is to make health care services more accessible to the population. On a primary health care (PHC) level, nurses at clinics should take the lead through motivational practices in making services more accessible. Primary health care is essential health care based on practical,

scientifically sound, and socially acceptable methods and technology that are universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination.

The South African legislative document, the White Paper on the Transformation of Public Service (1995) identified challenges and constraints that needed to be addressed, including that PHC needed to be transformed in order not to compromise the ability of the democratically elected South African Government to achieve its major goals of reconstruction and development, nation building, and community empowerment. This process required transformational leaders who influenced their followers to deliver the Cervical Cancer Screening Programme (CCSP) Service (White Paper on the Transformation of Public Service, 1995).

The Department of Health of South Africa developed and released national guidelines on CCSP in 2000 (Bomela & Stevens, 2009). This policy was supported by the above-mentioned legislation to promote transformation of health services to ensure accessibility to and the implementation of cervical cancer screening services at PHC clinics. To implement this policy, it was expected that leaders should transform the current CCSP at the PHC clinics in order to be congruent to the South African Constitution (1996).

Cervical cancer screening is one domain of the reproductive health services that must be accessible to women in the target population of women 30 years and older. However, at PHC clinics there are many challenges to implementing a CCSP. Transformational leadership is a process that could address these challenges by changing and transforming individuals and that encourages people to change in order to improve or to be led (Hall, Johnson, Wysocki & Kepner, 2008). According to McGuire and Kennerly (2006), transformational leaders have a significant impact on the work environment and organisational commitment. They stimulate the followers' commitment to shared vision and goals. This corresponds with Gardner and Olson (2010) who view effective leadership as the ability to involve followers in the process of accomplishing a goal within some large system or environment, such as cervical cancer screening.

There are various CCSPs worldwide and some of these programmes indicate a relatively high success rate. In 2003, the National Health Service (NHS) in the UK started offering screening at different intervals that were age-dependent (Patnick, 2009). In South Africa, the programme is contextually different and in the National Guidelines for the CCSP, the Department of Health proposes three free Pap smears for women of 30 years and older that should be taken at 10 year intervals (Bomela & Stevens, 2009). In this study, it was assumed that the facility managers of primary health care clinics were to exercise motivational skills in order to stimulate the professional nurses' commitment to attain the set goals for screening women in the

target population for cervical cancer. According to Section 30(1) of the Nursing Act 33 (2005), a professional nurse is a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.

Transformational leadership and motivational practices

Transformational leadership has the potential to empower other people to change and to realise their full potential. It fosters organisational improvement and effectiveness in the followers, in particular vision building and individual support. Transformational leadership enables followers to be more creative, productive, and cohesive within the organisation. It has a foundation to move followers beyond what is expected (Cox, 2010). Leaders who hope to motivate must reflect the vision, mission, and culture of the organisation they lead. The example they set will be the one that other people follow (Baltoni, 2005). Motivation is the activation or energising of goal-orientated behaviour. Motivation could either be intrinsic or extrinsic. Intrinsic motivation comes from rewards inherent to a task or activity itself; for example leadership, team work, training, increased capability, and accomplishment of a goal. It comes from wanting to do something that is in the interest of people, as well as of the organisation (Baltoni, 2005). Extrinsic motivation comes from outside the performer, for example money or coercion (Bainbridge, 2014). Transformational leaders are to engage followers in problem-solving thinking with the aim of producing results that are more likely to provide the organisation with a competitive advantage (McGuire & Kennerly, 2006). On the other hand, Visagie and Linde (2010) describe a transformational leader as one who articulates the vision and direction of the organisation to the followers in such a way that it increases each individual's commitment to perform at his or her highest potential.

According to Price (2006), transformational leadership raises leaders and followers to higher levels of motivation. Transformational leadership involves the creation of a motivating climate that enhances growth, development, commitment, goal achievement, enjoyment, and encourages behaviour based on a set of shared values and beliefs (Vinger & Cilliers, 2006). Followers want to work with leaders who present the model of other-orientated, service-driven leadership that demonstrates the concept of service over self and who care about other people and their work (Jooste, 2009). Leaders need to discover what actually motivates employees. They need to create an atmosphere that allows and encourages employees to be motivated. According to Javitch (2009), leaders should praise an employee for a job well done and involve him or her in discussions about ways to create a more satisfying career path, including promotion based on actual outcomes. Expectations for task accomplishment need to be clearly spelt out to followers in order to keep them

motivated. Followers need to be provided with adequate opportunity to succeed. In this way, transformational leaders will be able to keep their followers motivated. Wynn (2010) also emphasises ways in which managers could motivate employees.

Lack of transformation towards accessibility of the Cervical Cancer Screening Programme

Despite the cervical cancer screening policy guidelines provided by the Department of Health to the clinics in Ekurhuleni, the CCSP has not been implemented in the Eastern Service Delivery Region (ESDR) of Gauteng, as has been expected. In the period 2000 - 2010, only 37% of women of 30 years and older have accessed these services and have had their Pap smears taken in the ESDR.

During support visits in the ESDR, it was observed a lack of transformational leadership among facility managers at CCSP clinics to transform the CCSP in accordance with relevant health care legislation, since some facilities did not even have the cervical cancer screening policy guidelines. From the problems with regard to the implementation of the CCSP at PHC clinics, it was observed that these problems could be related to poor motivation and a lack of transformational leadership at the clinics. Thomson (2007) indicates that transformational leaders should stimulate their followers to go beyond their self-interest through altering their morale, values, and ideals and should motivate them to perform above expectations. The purpose of the study was to compare the perceptions of professional nurses and facility managers on motivational practices in transformational leadership exercised by facility managers while implementing the Cervical Cancer Screening Programme (CCSP) at a PHC clinic.

Methodology

Research design

A quantitative, explorative, descriptive and comparative research design was followed. A distant and non-interactive position was adopted with the research respondents with the purpose of preventing bias (Burns & Grove, 2005). The explorative design was followed to *explore* the transformational leadership style of the facility manager while implementing a CCSP in a PHC setting. A *descriptive* study design was followed to obtain more information about characteristics within the particular field of study and to provide knowledge that could be used for future research in the area of transformational leadership at PHC clinics (Burns & Grove, 2005). The *comparative* design examined the differences among variables between professional nurses and the facility managers.

Population and sample

A research population is known as a well-defined collection of individuals known to have similar characteristics. The population comprised two groups, namely facility managers (N = 34) and professional nurses (N = 250) working at PHC clinics in the ESDR of the Ekurhuleni Health District. The method of obtaining a representative sampling of *facility managers* was total sampling. The purpose was to include all facility managers (n = 34) at the 32 fixed PHC clinics. A simple random sampling was followed for *professional nurses*. The names of professional nurses who were on duty on the day were written down. They were placed in a container, shuffled them well and then drew out one at a time until the desired sample had been obtained (Burns & Grove, 2005). As a result, the sample comprised 62 professional nurses.

Procedure for data gathering

In 2012, self-administered questionnaires were distributed with the aim of conducting a survey. The items in the questionnaire were compiled from a literature review that addressed transformational leadership with a specific focus on motivation. The questionnaire was divided in a biographical section and a section on motivational aspects (40 items) with a focus on encouragement, provision of information, coaching and staff development, job creativity and allocation, performance appraisal, and adequate supplies of resources.

As a pre-test, five experts in the field of nursing management completed the instrument in order to expose areas for improvement and to identify whether each and every one of the respondents understood what was asked of them (Mateo & Kirchhoff, 2009). From their responses, it was established that the questionnaire was easy to understand. It took 10 - 25 minutes for them to complete the questionnaire. An appointment was secured with the management at the facilities, and the researcher was available to respondents while they were completing the questionnaires to answer and clarify all issues they had (Burns & Grove, 2005). Respondents selected the answers that reflected their judgement on a 5-point Likert scale. Questionnaires were returned in a sealed envelope.

Data analysis

Data were analysed with the assistance of a statistician at the university and by using the SPSS Version 18 (2010) statistical software package. The total number of responses varied on the items. The descriptive data analysis determined the association between the mean values (\bar{x}) of the responses of facility managers and the ones of professional nurses. The standard deviation (SD) indicated the extent to which scores differed from around a measure of central tendency (O'Connor, 2011). Inferential data analysis allowed for the use of information obtained from a small

group (sample) to make judgements about a larger group (parametric). A t-test assessed whether the means of the two groups were statistically different from each other (Trochim, 2006) and the effect size calculations were done; these calculations showed significant results. The t-test yielded the p-value which, when equal to or less than 0.05, meant that there was a significant difference in the mean scores on the dependent variable for each of the two groups (Skinner, Patel, Thomas & Miller, 2011). The effect size estimates the strength of an apparent relationship, rather than assigning a significance level that reflects whether the relationship could be due to chance (Ferguson, 2009). For the purpose of this study, the effect size interpretation was as follows: 0.01 = small effect; 0.06 = moderate effect, and 0.14 = large effect.

Validity and reliability

The tool contained items that were representative of the content domain which ensured content validity (LoBiondo-Wood & Haber, 2006). Face validity as a subtype of content validity through pre-testing of the instrument by five experts verified that the instrument gave the impression that it was measuring the concept accurately. External validity was ensured by the extent to which study findings could be used at similar clinics in the Gauteng Region (Burns & Grove, 2005). Equivalence of the instrument was determined, since the same tool was used for the two groups to rate the same phenomenon (Mateo & Kirchhoff, 2009). The Cronbach's alpha test was applied to the full sample and a high reliability coefficient of 0.97 was obtained. This suggested that there was a strong internal consistency in the way the respondents answered the questions.

Ethical considerations

Permission to conduct the research study was obtained from the Academic Ethics Committee (Ethics clearance number: AEC27/02-2010) and from the Higher Degree Committee of a Faculty of Health Sciences at a university in Johannesburg. A research ethics clearance certificate was obtained from the Ekurhuleni Health District before the research was conducted (Research project number 25/2010). Prospective respondents were given the opportunity to choose whether or not to participate in the research before they were requested to provide written informed consent (Hek & Moule, 2006). Every respondent had a fair chance of being selected to take part in the study and had the right to withdraw from the study at any time without penalty (LoBiondo-Wood & Haber, 2006). Confidentiality was ensured, since nobody used or disclosed the data to anybody other than the supervisors and the statistician that. Anonymity was addressed as code numbers were allocated on the questionnaires instead of using the respondents' names. The undertaking was given to keep all data gathered in a locked place (LoBiondo-Wood & Haber, 2006) for five years after the results were published, after which it would be destroyed.

Results

Respondents

The respondents' age distribution was grouped into the five categories of 20 - 30 years; 31 - 40 years; 41 - 50 years; 51 - 60 years and more than 60 years (Table 1).

Table 1: Age distribution of the participants

Respondent group	Age group	(n)	(%)
Facility Manager	20 - 30 years	2	5.9
	31 - 40 years	5	14.7
	41 - 50 years	14	41.2
	51 - 60 years	10	29.4
	> 60 years	3	8.8
	Total	34	100.0
Professional nurse	20 - 30 years	2	3.2
	31 - 40 years	27	43.5
	41 - 50 years	15	24.2
	51 - 60 years	14	22.6
	> 60 years	4	6.5
	Total	62	100.0

The majority of facility managers were between the ages 41 and 50 years ($n = 14$, 41.2%) and thus older than the majority of professional nurses who were between the ages 31 and 40 years ($n = 27$, 43.5%). The findings indicate that the aging pool of facility managers could warrant the Human Resources Plan (2009) of the National Department of Health to make provision for the supply of professional nurses and mentoring of young emerging professional nurses to prepare them for future management positions.

The higher percentage (78.8%) of the 34 (100.0%) facility managers were in the category of chief professional nurses, while a higher percentage (69.4%) of the 62 (100.0%) professional nurses were in the entry level of the category of professional nurses; the positions of all the respondents ($n = 95$, 100.0%) at the facilities were classified into three ranks; namely the professional nurse, senior professional nurse, and the chief professional nurse (Table 2).

Table 2: Respondents' position within facilities

Category nurses	Facility managers n %	Professional nurses n %	Total n %
Professional nurses	3 9.1	43 69.4	46 48.4
Senior professional	4 12.1	12 19.4	16 16.8
Chief professional	26 78.8	7 11.3	33 34.7
Total	33 100.0	62 100.0*	95 100.0*

*Due to statistical calculations, totals do not add up to 100%

In the public service, a professional nurse may be promoted to senior professional nurse, who may rise to being a chief professional nurse, and finally become an assistant director (Govender & Appel, 2006). It seems that the large majority, namely 43 (69.4%) of the 62 (100.0%) professional nurses, could still be promoted to senior professional nurses before they can become chief professional nurses.

The respondents' years of experience at a PHC clinic, in terms of years in the position as a facility manager or a professional nurse, were classified into three categories. Only 16.1% of the 62 (100.0%) professional nurses had more than 20 years' experience at a PHC facility. Similarly 15.2% had between 11-20 years of experienced and 69.7% had less than eleven years of experience.

Mokoka, Oosthuizen and Ehlers (2010) emphasise that managerial positions require experience. The group of professional nurses, who had been in the service for more than 20 years, could be targeted for mentoring in order to prepare them for management positions as facility managers to transform the implementation of a Cervical Cancer Screening Programme at the PHC clinics.

Results

Responses on items with a difference between the mean values of facility managers and professional nurses of ≤ 0.4 was regarded as a *similar response*, > 0.4 and ≤ 1.0 as a *moderate difference* in response; and > 1.0 as a *large difference* in response. A mean value of > 4.0 was viewed as a *positive response*, ≤ 4.0 and ≥ 3.0 as an *intermediate response* and < 3.0 as a *negative response* to an item.

Presence of encouragement

Encouragement is a process of focusing on an individual's resources in order to build that person's self-esteem, self-confidence, and feelings of worth. Successful encouragement is a felt emotional experience that translates into cognitive decisions (Li, Lin, Lai, Eckstein & Mullener, 2011). Figure 1 illustrates a *similar positive* mean value of (\bar{x} 4.47, SD 0.825) for the responses of the facility managers and a mean value of (\bar{x} 4.32, SD 0.805) for the responses of the professional nurses, on asking women when last they had a Pap smear. Facility managers had a *similar positive* mean value, but lower standard deviation (\bar{x} 4.40, SD 0.960) than that of professional nurses (\bar{x} 4.03, SD 1.016) on encouraging health promoters to conduct health talks on cervical cancer screening for patients in the waiting area. *Similar intermediate responses* were obtained on the facility managers' reinforced mechanisms for transporting specimens to cytology laboratories to reduce the turnaround time (facility managers [\bar{x} 3.85] and professional nurses [\bar{x} 3.72]).

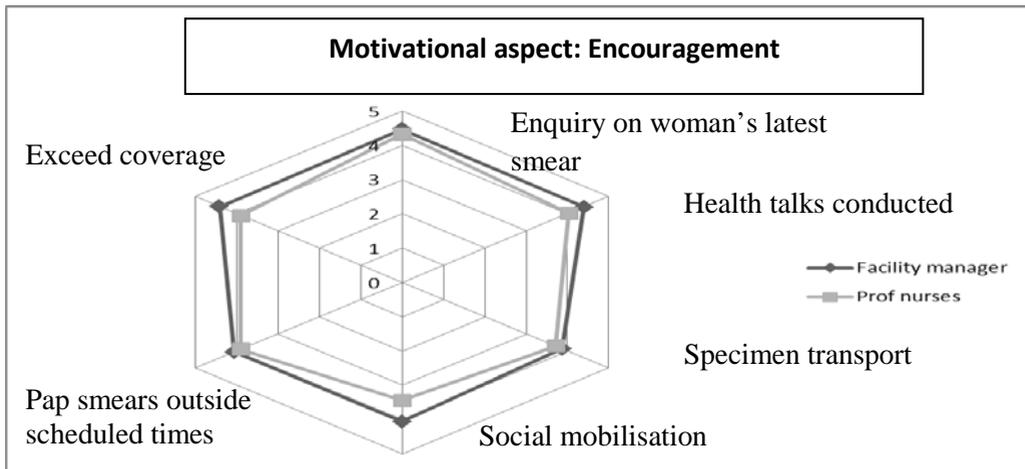


Figure 1: Mean values of responses to encouragement items

The facility managers had a *similar intermediate* mean value (\bar{x} 3.85) as the professional nurses who answered the same question (\bar{x} 3.72) about whether the facility manager reinforced mechanisms for transporting specimens to cytology laboratories to reduce the turnaround time. The mean value of facility managers (\bar{x} 4.06, SD 1.176) indicated that facility managers *agreed to a very large extent* that they encouraged health promoters to embark on social mobilisation to inform women aged 30 years and older about the availability of the screening programme. The two groups had *moderate differences*, since the professional nurses had an intermediate response (\bar{x} 3.44, SD 1.210) compared to their counterparts who responded more positively (\bar{x} 4.06, SD 1.176) to encouraging health promoters to embark on social mobilisation to inform women aged 30 years and older about the availability of the cervical cancer screening service.

Facility managers had a *similar response* (\bar{x} 4.00, SD 1.144) as professional nurses (\bar{x} 3.90, SD 1.060) (both ≤ 0.4) in relation to PHC services that should be available and accessible to women who are working and could only go for cervical cancer screening outside scheduled clinic hours. The two groups had *moderate differences in responses*. Facility managers indicated a *positive* mean value (\bar{x} 4.42, SD 0.867) while the professional nurses (\bar{x} 3.90, SD 0.961) had *intermediate* response to the question whether facility managers encouraged professional nurses to exceed the cervical cancer screening coverage planned.

The two groups had *moderate differences* on items related to the presence of encouragement by the facility manager (Table 3).

Provision of information

Provision of information or communication is a process during which meaning is assigned and conveyed in an attempt to create a shared understanding. It is the process that human beings use to send and receive information amongst each other. It is said to be complete once the receiver has understood the message of the sender (Rajani, 2009).

Figure 2 indicates *moderate intermediate responses*, since the mean value of the facility managers' responses was higher (\bar{x} 3.97) than that of the professional nurses (\bar{x} 3.38) to the issue whether they communicated the National Guidelines for Cervical Cancer Screening to new staff members during orientation.

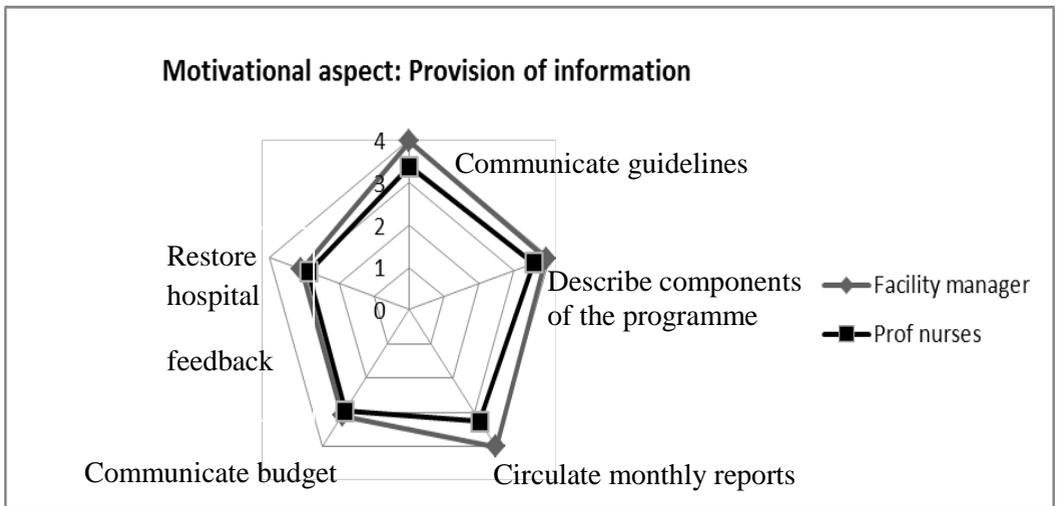


Figure 2: Mean values of responses to provision of information items

Moderate responses were obtained, since the facility managers' responses were more positive (\bar{x} 3.91, SD 1.071) than the *intermediate response* of the professional nurses (\bar{x} 3.56, SD 1.140). The mean value of the responses of facility managers was also higher (\bar{x} 4.00, SD 1.101) than that of the professional nurses (\bar{x} 3.26, SD 1.305) about calculating monthly reports for feedback about the progress of the facility.

The two groups had *similar responses* to the question on whether the facility manager communicated the available budget for the programme to professional nurses in order for them to understand what equipment can be ordered at a given time, with professional nurses having more *negative responses* (\bar{x} 2.97, SD 1.284) than the *intermediate responses* of facility managers (\bar{x} 3.09, 1.627).

Similar responses, with regard to whether the facility manager restored feedback mechanisms at hospitals to notify professional nurses at the clinics about management of referred clients were obtained. The mean value of the facility managers' responses was higher (\bar{x} 3.09, SD 1.627) than the mean value of the professional nurses (\bar{x} 2.87, SD 1.310) whether the facility manager restored feedback mechanisms at hospitals to notify professional nurses at the clinics about management of referred clients. The two groups had *moderate differences* on items related to provision of information (Table 3).

Table 3: Motivational aspects independent sample test

Motivational aspects	Equality of variance		t	df	p-value	Effect size
	F	Sig				
Encourage health promoters to embark on social mobilisation to inform women aged 30 years and older on the availability of the screening service.	.731	.395	2.436	94	.017	0.059392
Encourage professional nurses to exceed the cervical cancer screening coverage planned.	.048	.826	2.602	92	.011	0.06719
Communicate the national guidelines for cervical cancer screening during orientation of new staff members.	9.969	.002	2.350	92	.021	0.064995
Circulate cervical screening coverage monthly reports to nurses to provide them with feedback about the progress of the facility.	3.313	.072	2.810	94	.006	0.077504
Arrange training for professional nurses on the latest procedure in taking Pap smears.	2.027	.158	2,701	94	.008	0.07203
Coach professional nurses on how to interpret the Pap smear results.	.528	.469	2.985	94	.004	0.086591
Persuade professional nurses to attend cervical cancer screening in-service training to improve their smear technique.	4.929	.029	4.364	84.666	.000	0.168455
Coach professional nurses to develop strengths in smear technique to take smears that have adequate cell component.	1.576	.212	3.148	94	.002	0.095356
Discuss the Pap smear results with the professional nurses.	4.677	.033	3.681	79.102	.000	0.125995
Designate nursing assistance to remind women who missed their appointments to come for their Pap smears.	.160	.690	2.492	89	.015	0.061959
Supervise these follow-ups by reviewing clinic registers in which clients who had Pap smears done are recorded.	.256	.614	2.745	94	.007	0.074232
Discuss clear targets with professional nurses of women to be screened by each professional nurse every month.	6.039	.016	2.357	85.447	.021	0.055813
Rotate professional nurses to attend the monthly cervical cancer screening meetings.	.274	.602	2.031	94	.045	0.042027
Promote intellectual stimulation by allowing professional nurses to provide solutions where there are problems in implementing the Cervical Cancer Screening Programme.	1.780	.185	2.338	93	.022	0.054959
Debate best times when Pap smears will be provided.	2.809	.097	2.021	90	.046	0.04165
Ensure that the agreed upon clinic visiting hours for women to come for Pap smears are communicated to women.	.164	.687	1.862	92	.066	0.035578
Allow professional nurses to be innovative in improving cervical cancer screening coverage.	.685	.410	2.774	91	.007	0.075658

Motivational aspects	Equality of variance		t	df	p-value	Effect size
	F	Sig				
Execute appropriate action where professional nurses omitted to provide the service to women in the target population.	4.738	.032	2.630	87.364	.010	0.068532
Monitor the number of Pap smears currently done per month and correct the identified gaps.	2.899	.092	2.509	94	.014	0.062783
Facilitate the process of acquiring cervical cancer screening consumables, such as smear slides.	6.072	.016	3.156	91.341	.002	.095516
Increase the number of professional nurses trained to take Pap smears.	6.573	.012	4.241	86.750	.000	0.160602

Coaching and staff development

Coaching is a process that enables learning and development to occur and thus performance to improve. It achieves a balance between fulfilling organisational goals and objectives, while taking into account the personal developmental needs of individual employees. The person is not exposed to the reactions of others. A professional development programme should be developed for all clinic staff (Jooste, 2009). In terms of responses to coaching and staff development, the facility managers’ mean values were higher than the mean value of the professional nurses (Figure 3).

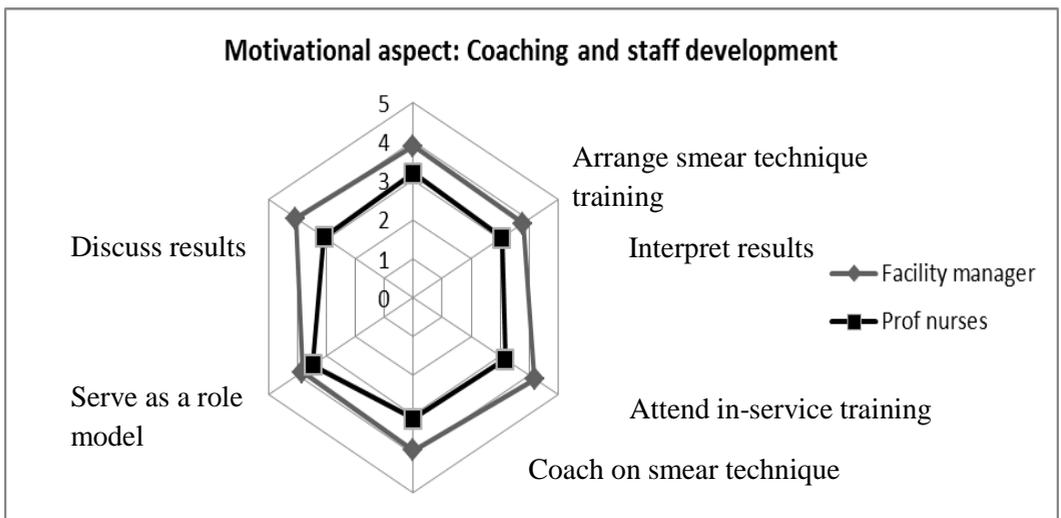


Figure 3: Mean values of responses to coaching and staff development items

The two groups had moderate intermediate responses to the item whether the facility manager arranged training for professional nurses on the most recent procedure in undertaking Pap smears. The mean value of the facility managers’ responses (\bar{x} 3.88, SD 1.122) to arranging smear technique training was higher

than that of professional nurses (\bar{x} 3.18, SD 1.274). There seemed to be *similar responses* from the two groups of respondents, since the majority of the 34 (100.0%) facility managers and of the 62 (100.0%) professional nurses *agreed to a large extent* with the item about the facility manager who was coaching professional nurses on how to interpret the Pap smear results. The facility managers' responses had a higher mean value (\bar{x} 4.18, SD 0.968), than that of the professional nurses (\bar{x} 3.16, SD 1.283), indicating *large positive responses* of facility managers and *intermediate responses* from professional nurses to whether the facility manager persuaded professional nurses to attend cervical cancer screening in-service trainings to improve their smear technique. According to Perloff (2003) cited in Cherry (2014), persuasion is a process of convincing other people to change either their attitudes or behaviour with regard to an issue through the transmission of a message in an atmosphere of free choice.

Moderate intermediate responses were obtained to the facility manager coaching, since the mean value of the facility managers' responses was higher at (\bar{x} 3.91, SD 1.055) than that of the professional nurses (\bar{x} 3.11, SD 1.256) to the item whether facility managers coached professional nurses to develop their smear technique in order to take smears that have adequate cell components. The two groups had *similar intermediate responses* to the issue whether the facility manager served as a role model in taking adequate smears herself (facility managers [\bar{x} 3.82], professional nurses [\bar{x} 3.46]).

Moderate responses were obtained, since the mean value of the facility managers' responses was higher (\bar{x} 4.06, SD 1.153) than that of professional nurses (\bar{x} 3.08, SD 1.382) to the item whether managers discussed the Pap smear results with professional nurses.

There was a significant difference ($p \leq 0.05$) (value of 0.000 and an effect size of 0.168455) between the responses of facility managers and professional nurses with regard to the facility managers who persuaded professional nurses to attend cervical cancer screening in-service training to improve their smear technique.

A significant difference occurred between the responses of facility managers and professional nurses with regard to facility managers who discussed the Pap smear results with the professional nurses. This item yielded a p-value of 0.000 and an effect size of 0.125995.

Job creation and allocation

Job creation and allocation allow work to be distributed for organisational effectiveness and enable every member of an organisation to play a part (Jooste,

2009). Figure 4 shows the mean scores of the responses of facility managers and professional nurses to the motivational aspects of job creation and allocation.

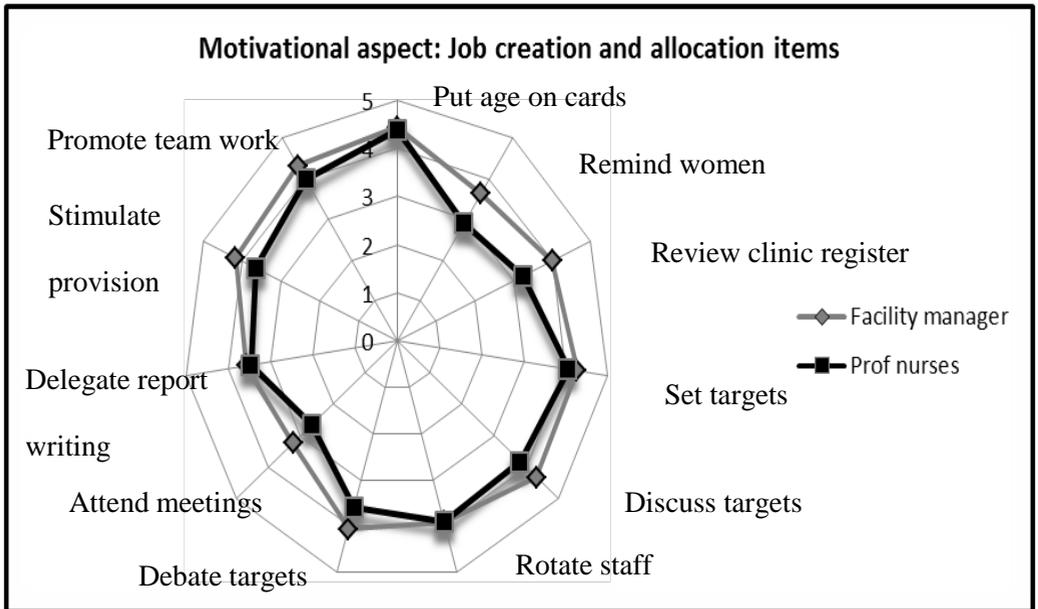


Figure 4: Mean values of responses to job creation and allocation items

Similar positive responses (facility managers [\bar{x} 4.44, SD 0.860] and professional nurses [\bar{x} 4.39, SD 0.797]) was obtained to the item whether the facility manager ensured that clerks recorded the women’s ages in the files when admitting them. The two groups had moderate intermediate responses from facility managers (\bar{x} 3.64, SD 1.410) than negative responses from professional nurses (\bar{x} 2.90, SD 1.334) to the item whether the facility manager designated nursing assistance to remind women who missed their appointments to come for their Pap smears. Moderate, positive responses were obtain from facility managers (\bar{x} 4.00, SD 1.255) and intermediate responses from professional nurses (\bar{x} 3.24, SD 1.314) to the issue of the facility manager who supervised the follow-ups by reviewing clinic registers in which clients, who had Pap smears done, are recorded.

The responses indicated similar positive responses (facility managers [\bar{x} 4.26, SD 0.864] and professional nurses [\bar{x} 4.05, SD 0.990]) to the item about the facility manager who involved professional nurses in setting targets in terms of the proportion of the target group that should be screened monthly. More moderate positive responses from facility managers (\bar{x} 4.06, SD 1.072) than the intermediate responses from professional nurses (\bar{x} 3.61) were obtained to the item whether

facility managers debated with professional nurses the targets to be met by the team in relation to the cervical cancer screening coverage.

The mean value of the facility managers' responses was higher (\bar{x} 4.32, SD 0.878) than their counterparts (\bar{x} 3.82, SD 1.181), indicating *moderate positive responses* from facility managers compared to *intermediate responses* from professional nurses about the facility manager who discussed clear targets with professional nurses of women to be screened by every professional nurse during a month. The mean values of the facility managers (\bar{x} 3.91, SD 1.288) and professional nurses (\bar{x} 3.90, SD 1.251) were similar, indicating *similar intermediate responses* to the item about the facility manager who devised a rotational roster for professional nurses to enable them to practise taking Pap smears. More *intermediate responses* from facility managers (\bar{x} 3.24, SD 1.327) than the *negative responses* from professional nurses (\bar{x} 2.65, SD 1.380) were obtained to the issue whether the facility manager rotated professional nurses to attend the monthly cervical cancer screening meetings.

The mean values of responses were nearly the same for facility managers (\bar{x} 3.58, SD 1.277) and professional nurses (\bar{x} 3.48, SD 1.217), indicating *intermediate responses* to the item about the facility manager who delegated the cervical cancer screening coverage report writing among the professional nurses to enable them to take ownership of the programme. More *positive responses* from the facility managers (\bar{x} 4.18, SD 0.936) than *intermediate responses* from professional nurses (\bar{x} 3.66, SD 1.094) were obtained to the question whether the facility manager promoted intellectual stimulation by allowing professional nurses to provide solutions where problems exist in implementing the Cervical Cancer Screening Programme. *Similar* and more *positive responses* were obtained from facility managers (\bar{x} 4.32, SD 0.843) and *intermediate responses* from professional nurses (\bar{x} 3.98, SD 0.991) to the issue of the facility manager who promoted team work among professional nurses and health promoters in implementing the Cervical Cancer Screening Programme.

There were no *large differences* between the responses of two groups to the items related to job creativity and allocation of staff.

Quality improvement

Quality health care means getting the right care to the right patient at the right time every time (Clancy, 2009). In this study, it refers to the provision of the Cervical Cancer Screening Programme to all women aged 30 years and older at 10-year intervals. Figure 5 outlines the mean values of responses to quality improvement.

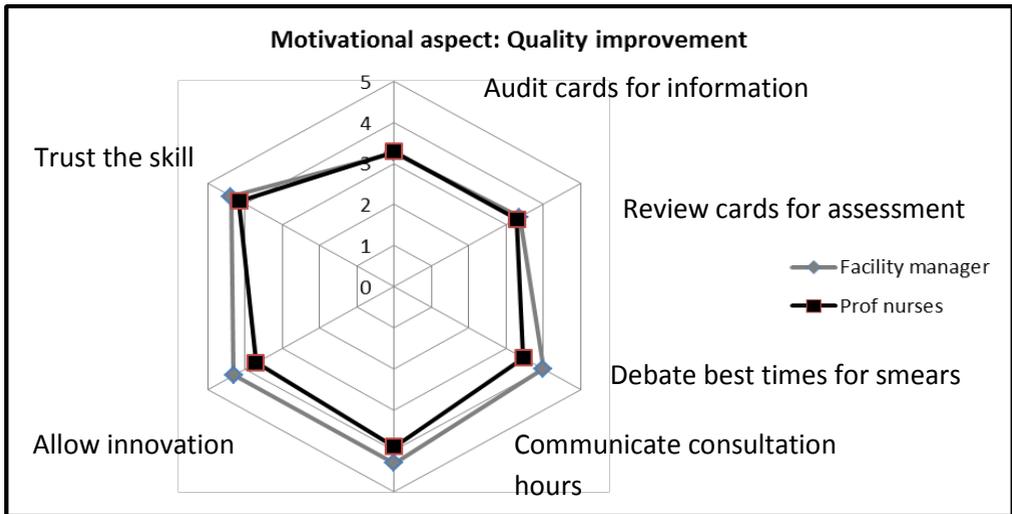


Figure 5: Mean values of responses to quality improvement items

Figure 5 reflects that the mean value of professional nurses' responses (\bar{x} 3.29, SD 1.311) was similar to that of facility managers (\bar{x} 3.26, SD 1.053), indicating *similar intermediate responses* to the question whether the facility manager carried out occasional investigations on information given to women in the consulting rooms by asking women whether they were informed about the programme when they leave the rooms. The mean value of professional nurses' responses (\bar{x} 3.29, SD 1.220) was also similar to that of the facility managers (\bar{x} 3.27, SD 1.257) to the issue of the facility manager who conducted patient card reviews to examine the assessment provided for women in the target population, and whether it included taking a Pap smear.

Moderate intermediate responses (facility managers [\bar{x} 4.00, SD 1.146] and professional nurses [\bar{x} 3.47, SD 1.223]) were found in the item about the facility manager who debated the best times for Pap smears to be provided. The mean value of the responses of professional nurses was, therefore, lower than that of facility managers. The mean value (\bar{x} 4.30, SD 0.951) of the responses of facility managers was slightly higher than that of professional nurses (\bar{x} 3.89, SD 1.082), indicating *moderate responses* to the question whether the facility manager ensured that the agreed upon clinic visiting hours for women to come for Pap smears are communicated to them. *Moderate responses* were found to the issue whether the facility manager allowed professional nurses to be innovative in improving cervical cancer screening coverage, with the facility managers responding more *positively* (\bar{x} 4.30, SD 0.883) than professional nurses who had *intermediate responses* (\bar{x} 3.70, SD 1.062). The responses of the facility managers were distributed near the mean value. *Positive responses* (facility managers [\bar{x} 4.38, SD 0.697] and

professional nurses [\bar{x} 4.15, SD 0.872]) to the item about the facility manager who trusted the professional nurses' skills in taking Pap smears were obtained.

The responses of the two groups had *no large differences* to the items related to quality improvement by the facility manager.

Performance appraisal

Performance appraisal is a formal system used to review an employee's current or past performance relative to set performance standards in order to inform the employee about his/her progress towards meeting the set goals. This form of communication assists to correct behaviour and would lead to job enrichment and job satisfaction (Jooste, 2009).

The mean values of the responses to performance appraisal of facility managers and professional nurses are illustrated in Figure 6.

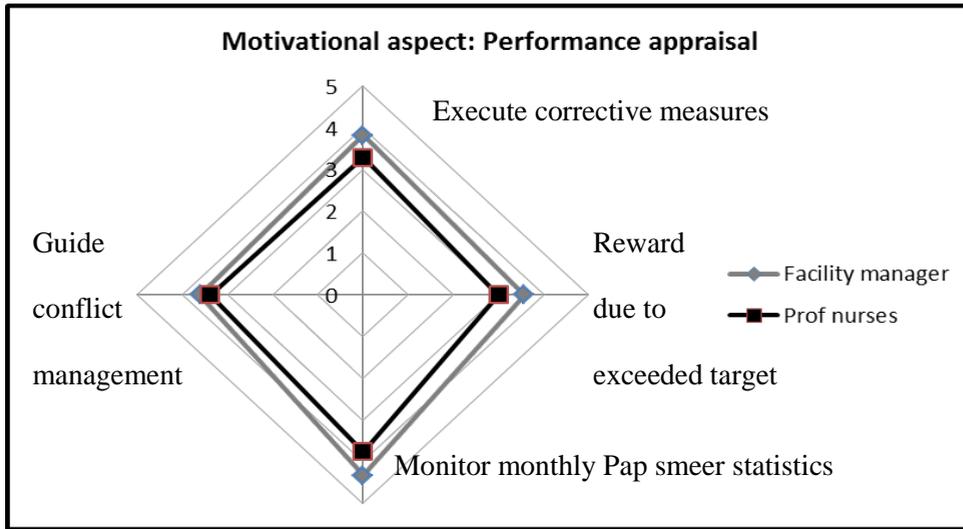


Figure 6: Mean values of responses to performance appraisal items

Moderate intermediate responses (facility managers [\bar{x} 3.82, SD 1.171] and professional nurses [\bar{x} 3.28, SD 0.834]) were obtained to the item whether the facility manager executed corrective measures when professional nurses omitted to provide the service to women in the target population. Facility managers (\bar{x} 3.56, SD 1.353) and professional nurses (\bar{x} 3.00, SD 1.402) indicated *moderate intermediate responses* to the issue about the facility manager who rewarded professional nurses when the number of women screened exceeded the target initially set. The mean value of the responses of facility managers was higher than that of the professional nurses. *Moderate and more positive responses* of facility

managers (\bar{x} 4.32, SD 0.912) than the *intermediate responses* of professional nurses (\bar{x} 3.76, SD 1.126) were obtained to the question about the facility manager who monitored the number of Pap smears at that moment being done per month and corrected the identified gaps.

Intermediate responses were obtained from facility managers (\bar{x} 3.61, SD 1.091) and professional nurses (\bar{x} 3.38, SD 0.952) to the item of the facility manager who guided professional nurses in dealing with conflict while implementing the Cervical Cancer Screening Programme.

The responses of the two groups had no *large differences* to items on performance appraisal.

Adequate supplies of resources

In adequate supplies of resources, attention should be given to acquiring consumables and increasing the number of nurses trained in taking Pap smears. Staff training in Pap smears is important for the Cervical Cancer Screening Programme to be successful (National Department of Health, 2000).

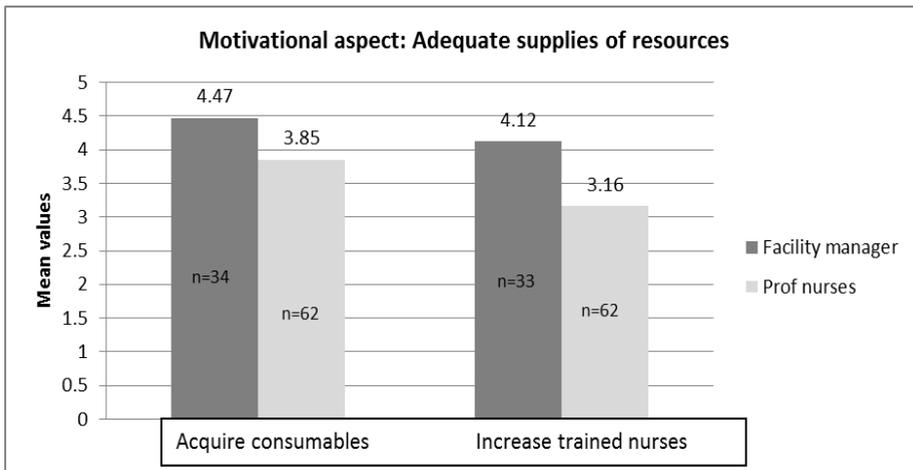


Figure 7: Mean values of responses to adequate supplies of resources

The discussion on adequate supplies of resources only showed *moderate positive responses* from facility managers (\bar{x} 4.47, SD .748) and *intermediate responses* from professional nurses (\bar{x} 3.85, SD 1.157) with regard to the facility manager who facilitated the process of acquiring cervical cancer screening consumables, such as smear slides, and with regard to the facility manager who increased the number of professional nurses trained to take Pap smears (facility managers [\bar{x} 4.12, SD 0.893] and professional nurses [\bar{x} 3.16, SD 1.296]).

A statistical difference with a large effect size was found, which related to facility managers increasing the number of professional nurses trained to take Pap smears. This item had a p-value of 0.000 and an effect size of 0.160602.

Discussion

From the descriptive statistics it was evident that facility managers had higher mean scores than professional nurses on most items. The inferential statistics (Table 3) indicated significant differences in the responses of the two groups with a moderate to large effect size. The findings reflected significant differences between the two groups with regard to the facility manager exercising their role in discussing Pap smear results with the professional nurses; increasing the number of professional nurses trained to take Pap smears, and persuading professional nurses to attend cervical cancer screening in-service trainings to improve their smear technique. In the majority of responses, facility managers perceived themselves as transformational leaders in implementing the Cervical Cancer Screening Programme; their counterparts, the professional nurses, differed in opinion.

The age distribution illustrates the aging pool of facility managers of whom many will be retiring within a ten-year period. It is recommended that experienced professional nurses, who are in senior and chief professional nurses' ranks, should be mentored to prepare them for filling the posts of facility manager that would be vacated in the short and medium term. Professional nurses should be encouraged to further their education because a managerial position requires specific qualifications.

The manager should motivate followers on a daily basis to implement the CCSP in the interest of the clients. Encouragement leads to heightened courage, which results in people being willing to learn. Encouragement enables individuals to believe that they have value and are capable of doing something valuable, and that they (professional nurses) can contribute as equals within an organisation (PHC clinic). Encouraged individuals (professional nurses / clinic staff) increase their ability to improve actions, heighten their contributions, and embrace rather than react defensively to life experiences (Ferguson & Page, 2006). Reward is important because it recognises employees who contribute to meeting organisational goals or who improve the efficiency of an organisation. Rewards may be monetary and non-monetary.

The manager should provide adequate information to professional nurses to keep them properly informed. As a leader, she should engage her followers (professional nurses) in open, two-way communication in order to persuade them and to solicit their support. This action would assist professional nurses to understand the importance of providing the service of cervical screening to women coming to the PHC clinic. Communicating the National Cervical Cancer Screening Policy Guidelines to professional nurses would enable them to know what is expected of

them. They would, consequently, perform their jobs accordingly. The professional nurses and the manager would then have the same understanding of what is expected (Kondrat, 2009).

The facility manager has the role of coaching professional nurses in the screening programme. Coaching is an interactive process that assists individuals and organisations to develop more rapidly and produce more satisfying results. This develops the follower's learning and improves his/her performance. Transformative leaders should coach and develop the staff on the CCSP to be implemented. It is important to persuade nurses to attend in-service training because it would keep their knowledge current about the latest developments in nursing practice.

In-service training improves the competency of nurses in all aspects relating to their tasks (Norushe, Van Rooyen & Strumpher, 2004). An appropriate Pap smear technique allows attainment of the correct results that would minimise false negative results. Coaching would enable the manager to develop the competencies of the staff members. The manager would be able to provide support and feedback and to help restructuring the followers' roles and approaches to their work and future. The manager should also use coaching to encourage followers to make their own decisions in a supportive environment.

A Pap smear can detect abnormal cervical changes before they become cancerous. Abnormal results sometimes require follow-up where the patient may be called back for further treatment. Discussing these results with staff members would facilitate identification of patients who need to be called back for further management.

Promoting job creativity at a clinic could ensure fair task allocation. The facility manager should ensure creativity and allocation of tasks in order to witness the successful implementation of the Cervical Cancer Screening Programme. As a leader, the facility manager should provide support, encouragement, coaching, delegation, advice, and feedback in order to gain the cooperation of the professional nurses as followers when they are delegated to embark on tasks, such as the provision of an effective cervical cancer screening programme. Nurses should be motivated towards quality improvement in the CCSP. The manager should ensure quality improvement by setting standards that include the targets to be screened, monitoring the performance of followers using the prescribed tools, evaluating the followers' work against the set standards, and taking appropriate remedial actions where required. Furthermore, the manager should create a climate that is conducive to optimal functioning in order to focus the efforts of the followers (Vinger & Cilliers, 2006). Appraising performance should be seen as a way of communicating to employees their progress towards meeting the goals they have set for themselves, with a view of accomplishing the more general goals of the organisation.

The provision of the right equipment for screening should be ensured; such as vaginal speculum, smear glasses, wooden spatula, and brushes for taking smears; in sufficient quantities to meet the anticipated monthly workload and to ensure infection prevention.

Recommendations

Based on the findings of this study the nurse manager should:

- Provide in-service training on the importance of implementing the cervical cancer screening programme by addressing the topics of setting the cervical cancer screening targets, method of taking Pap smears, interpretation of Pap smear results, and the referral system.
- Encourage professional nurses to determine the clinic targets that should be reached, with regard to women to be screened each month that is based on the catchment area; prompt them to monitor the number of Pap smears taken on a monthly basis by producing reports that are discussed monthly.
- Publicly recognise the positive impact on operations of the solutions employees devise for problems by sending letters to all team members thanking them for their participation.
- Encourage improvement of the identified gaps, for example, when the number of Pap smears taken is lower than the target set then professional nurses are encouraged to screen more women, thereafter recognise a team accomplishment by designating that team as consultants to other teams.
- Provide non- monetary rewards for the best performing professional nurses who exceed their targets by, for example, posting a thank you note on an employee's door, acknowledging the individual's achievements by using her name when preparing a status report or providing gift certificates to employees who reach and exceed the targets set, or establishing a place to display the photo of the best performing employee for the month.
- Provide information and interpretation of the Cervical Cancer Screening Guidelines during in-service trainings and orientation programmes for professional nurses. These staff development sessions should serve as motivational sessions to encourage them to support the programme.
- Offer sincere recognition of the information shared in the reports, especially to encourage higher levels of performance.
- Inculcate self-confidence in professional nurses by strengthening the smear technique through in-service training.
- Coach professional nurses on the cost implications of obtaining inadequate smears that relate to wasting the women's time because they would have to come back for the repeat smear and payment of the repeat smear.

- Rotate professional nurses to attend the reproductive health meetings where discussions include implementation of the Cervical Cancer Screening Programme.

Limitations of the study

The study was only conducted in the Eastern Service Delivery Region due to high costs of a more extensive survey. The results can, therefore, not be generalised to the whole Ekurhuleni Health District. Another limitation is that the women visiting the PHC clinic were not asked for their view of the service provided at the ESDR. This would also rate the management of the PHC clinic.

Conclusion

The transformational leader must be able to provide personal development for followers. In CCSPs, for example, professional nurses must be trained on the smear technique, be orientated on the cervical cancer screening policy guideline, and be trained on how to work out targets of women to be screened. The transformational leader must motivate followers to be more committed to the organisation. The transformational leader must be a change agent who transforms followers to unlearn the practices that become barriers to implementing the CCSP. Professional nurses at the facilities have to be involved throughout this process in order to encourage them to own the programme (Kawonga, Moodley, Bradley & Hoffmann, 2004).

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