

**FACTORS AFFECTING THE NURSES WORKING MORALE AT SOKOINE
REGIONAL REFERRAL HOSPITAL IN LINDI REGION, TANZANIA**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER IN HUMAN RESOURCE
MANAGEMENT OF THE OPEN UNIVERSITY OF TANZANIA**

2015

CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by The Open University of Tanzania a dissertation entitled: “**Factors Affecting the Nurses Working Morale at Sokoine Regional Referral Hospital in Lindi Region, Tanzania**” submitted in partial fulfillment for the requirement of degree of Master in Human Resource Management of the Open University of Tanzania.

.....

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.....

Date

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DECLARATION

I **Amos Ndege**, do hereby declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

.....

Signature

.....

Date

DEDICATION

This dissertation is dedicated to my beloved parents, M & Mrs. Jonhson Ndege Aduogo for their support since I was young up to this stage and for their warm and lovely assistance during the course of my study at The Open University of Tanzania. May the Almighty God bless them.

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ABSTRACT

The main success fulcrum of the health service provision largely depends on nurses as they are more than 60% of the entire health workers and provide more than 80% of direct patient care both in the hospitals and health units. At Sokoine Lindi Regional Referral Hospital there are only 92 nurses but the real need is 305. The aim of this research was therefore, to determine the factors that affecting working morale of nurses in performing their duties at Sokoine Lindi Regional Referral Hospital. Data were collected by using interview, questionnaire, focus group discussion and secondary data collection techniques. A total number of 69 respondents were consulted where factors such as organizational management style (24.4%), delaying in allowances payment (23.2%), inappropriate payment of allowances (13.7%), work load (11.3%), lack of work done appreciation (7.7%), inadequate working tools (7.7%), lack of team work among indigenous nurses and those from other regions (5.4%), life hardship in Lindi Region (4.2%) and poor work environment at this hospital (2.4%) have been found to be problem to the nurses at this hospital. Researcher recommends the following strategies to be done to nurses so as to enhance their working morale; timely payment of allowances, equal opportunity for training, recognition of their good performance, changing of the available hospital management team, availability of working equipment's and gears at time, increasing their number, eradication of segregation by indigenous nurses toward those from other regions, appropriate payment of their required allowances, good interrelationship between them and their management, timely upgrading them, establishment of housing and friendly working environment.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AMOs	Assistant Medical Officers
ARVs	Anti Retro Viral
CHOP	Comprehensive Hospital Operational Plan
CTC	Counseling and Testing Clinics
DH	District Hospital
EN	Enrolled Nurses
FGD	Focus Group Discussion
HC	Health Center
Hrs	Hours
HIV	Human Immune Virus
HR	Human Resource
MDGs	Millennium Development Goals
MA	Medical Attendant
MDG	Millennium Development Goals
MOHSW	Ministry of Health and Social Welfare
NSGRP	National Strategy for Economic Growth and Reduction of Poverty
NCAA	Ngorongoro Conservation Area Authority
OUT	Open University of Tanzania
PCCB	Prevention and Combating of Corruption Bureau
RAS	Regional Administrative Secretary
RN	Registered Nurses

RMO	Regional Medical Officer
SRRHMT	Sokoine Regional Referral Hospital Management Team
TANESCO	Tanzania Electric Supply Company
TANNA	Tanzania National Nursing Association
TNMC	Tanzania Nurses and Midwives Council
URT	United Republic of Tanzania
VCT	Voluntary Counseling Testing
WHO	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

1.0 Introduction

This chapter discusses the factors that affect morale and job performance of nurses toward their duties in Tanzania particularly at Sokoine Lindi Regional Referral Hospital. The chapter explains background of the problem of the study, research problem and objective of the study as well as significance of the study. Also limitation of this study has been elaborated within this chapter.

1.2 Background of the problem

The President of The United Republic of Tanzania, His Excellency Jakaya Mrisho Kikwete in his speech during Tanzania National Nursing Association (TANNA) annual general meeting held in Arusha on 12/5/2014 once said *“Nursing practice is a crucial aspect in a provision of health services in Tanzania. The absence of nurses leads to poor or inadequate health provision. I know that nurses are more than 60% of the entire health workers and provide more than 80% of direct patient care both in the hospitals and health units like dispensaries, Health Centers, Hospitals, Counselling and Testing Clinics (CTC) and community based organizations on health matters”*.

The role that nurses play in the provision of health services cannot be overemphasized. Nurses care for individuals, communities and the country. Some of their major responsibilities include the promotion of health and prevention of diseases and alleviate suffering. They do this by identifying health problems in the community which leads to disease such as problems of water supply, nutritional problems,

improper refuse disposal and other unhealthy behaviours of the people. To mitigate these problems, the Nurses usually provide primary preventive measures through health education to the community. Examples of such measures include education and encouraging community to use safe water, to build and use latrines properly, childhood immunization and to improve their living standard (Katunzi, 2007).

According to The Ministry of Health and Social Welfare (MOHSW, 2009) annual Health Statistical Tables and Figures, the size of the health workforce both health professionals and other health workers including Nurses has declined in absolute numbers and relative to the size of the population. In 2006, MOHSW estimated that there was 29,000 staff working in government health facilities where there was an estimated 65 per cent shortage. To expand the number of facilities to meet its development plan, MOHSW estimated that an additional 144,700 workers would have to be trained and employed to work in the government sector between the years 2007 and 2017.

Nurses have the expertise for giving nursing care and assisting the physicians in carrying out therapeutic regimen. This argument is supported by Kwesigabo *et al.*, (2012) in their Journal of Public Health Policy by saying that although *Medical Doctors serve in some of the District hospital in Tanzania, many are run by Assistant Medical Officers (AMOs) that is the clinical officers with a further 2 years clinical training, supported by clinical officers as well as enrolled and registered Nurses.* Such expertise includes assisting the patients in order to identify their needs and problems, planning and implementing measures in the form of giving meals, positioning the patients comfortably participating in ward rounds and administering

medicines. These including other treatments as prescribed by the Doctor and in emergencies when the Doctor is not present the Nurses may prescribe some simple therapeutic regimen. All of these roles including teaching duties and coordination of health services in various settings show the significant role of Nurses in the health arena. The level of nursing performance in the provision of health services in different health settings is very critical.

However, as the Tanzanian population increased from 34,569,232 to 44,929,002 according to the population census covering the period of year 2002 to October, 2012. The limited health facilities have remained at constant levels and in most cases there have been overstretching of these facilities to cope with the emerging health challenges. The numbers of facilities in the country, both public and private, as counted in 2006 by MOHSW totalled 4,679 dispensaries, 481 health centers and 219 hospitals. The government intends to continue speeding up system expansions with construction of 5,853 new health care facilities between the years 2007 and 2017.

According to The Ministry of Health and Social Welfare (MOHSW, 2008) Human Resource for Health Strategic Plan 2008–2013, public health programs are led nationally by MOHSW frequently as vertical programs. For example, the National AIDS Control Program, Reproductive and Child Health program, TB and Leprosy Control program, School Health program, and several others. District Health Management Teams coordinate and supervise health service delivery in their respective Districts. The team is normally led by the District medical officer who is typically a medical Doctor with a master's degree in public health and includes a Nurse, an environmental health officer, a records officer, dentist and pharmacist. The

team is responsible for supervising priority programs including maternal and child care, HIV or AIDS prevention and treatment, TB prevention, surveillance and control of disease and enforcement of environmental and occupational health regulations.

Due to the high demand of the Nurses in the country, it is therefore important to identify factors that have impacted on Nurses working conditions since they offer their services in different health care settings both in the hospital and in the community. Their morale for duty has a significant impact on the performance in relation to caring for the patients and the more effective the health care service the greater and healthier the population will be. The healthier population would be making significant contribution in developing different sectors of the economy of the country.

The aim of this research paper therefore is to identify how the performance of Nurses could be affected by their morale and the working conditions in various health settings. Effective nursing is a great help in the building of a healthy and strong nation worldwide.

1.3 Research Problem

As the population of the country expands, there is an increasing need for affordable and accessible care in the health sector particularly medical-nursing care for patients both within and outside the hospitals. There are acute shortages of Nurses in the hospitals in Tanzania. These shortages together with numerous changes in the health care system such as cost sharing arrangements and care within as well as outside the hospitals have impacted negatively the health services delivered in the Tanzania

hospitals. “*Mtanzania News Paper ISSN 0856-5678 No. 7675*” dated 18th Desember, 2014 once reported that there is inadequacy of 56% of health workers including Nurses in Tanzania. This was a report by the Chief Executive Officer of Mkapa Foundation Dr. Hellen Senkoro who explained that this causes the mother’s death of about 8,000 annually countrywide (See Appendix 4A). Also in “*Mwananchi News Paper ISSN 0856-7573 No. 5314* ” dated 10th February, 2015, the Deputy Minister for Ministry of Health and Social Welfare Honourable Dr. Kebwe Stephen reported that there is inadequacy of 52% of health workers including Nurses in Tanzania (See Appendix 4G).

The case of Sokoine Regional Referral Hospital in Lindi Region involves not only international emigration of Nurses but also movement to other Regions of Tanzania as most of them dislike to work as Nurses at this Lindi Regional Hospital. Records from this hospital show that in the year 2014/2015 there were only 92 out of 305 needed Nurses. Thus, there is a shortage of 213 Nurses at this Regional hospital. This is a problem which needs to be solved immediately so as to rescue the concerned population from poor health services as this problem contributes to low working morale for Nurses.

There is possibly a negative impact on the delivery of patient care services and level of performance by Nurses due to the lack of enough staff. Taking together population growth, too few health workers and their poor morale, lack of equipments and medical supplies and the increasing health burdens from chronic and emerging diseases have overwhelmed the capacity of the health system (Kwesigabo *et al.*, 2012).

Therefore, it is important to determine the factors that affect the level of morale and performance for Nurses so as to re-orientate the job to meet their needs as employees as well as assets for the hospital organization. It is also important to identify monetary and non monetary tools of motivation that have greater impact on their performances. When these are incorporated in their job and job environment, their morale could be boosted for further effective performance and remain working in the country in order to improve the health of the people which will increase their socio-economic productivity and hence the economy of the national at large.

1.4 Objective of the Study

1.4.1 General objective

To determine the factors affecting working morale of Nurses in performing their duties

1.4.2 Specific objectives

- (i) To identify the factors affecting working morale of Nurses at Sokoine Lindi Regional Referral Hospital in Tanzania.
- (ii) To establish strategies for enhancing motivation of Nurses in different health service settings.
- (iii) To come up with the ways which may lead to the retention of Nurses at Sokoine Lindi Regional Referral Hospital.

1.5 Research Questions

- (i) What are the factors affecting working morale of Nurses in the hospital?

- (ii) Which strategies can increase working morale of Nurses in order to enhance effective performance in providing quality health services?
- (iii) Which are the ways that may lead to the retention of Nurses at Sokoine Lindi Regional Referral Hospital?

1.6 Significance of the study

Quality health services affect the life of every member of the society. Determining the factors that affect the level of motivation and performance of Nurses in the chosen hospital will help to design strategies as how to improve the performance. In any case, identifying factors for enhancing motivation is a sure way to help in the improvement of health delivery services in the chosen area. This could consequently benefit the community as a whole especially it is expected to be of great importance to the following parties:

- (i) Ministry of Health: The President of the United Republic of Tanzania issued a Notice on assignment of Ministerial responsibilities (Instrument) vide Government Notice No. 494 of 17th December, 2010. In that Instrument, the President has created a Ministry of Health and Social Welfare (MOHSW) which is mandated for formulation of health and social welfare policies, monitoring and evaluating their implementation as well as ensuring that all Tanzanians access quality health and social welfare services. Therefore, the Ministry of Health and Social Welfare as the principal coordinator for the health service delivery in the country is expected by the researcher to benefit

from the findings of this research from the identification of motivational issues that could raise the quality of health care services throughout the country.

(ii) Policy Markers: Policy makers could benefit by designing how to retain the employed health workers including Nurses by the formulation of policy strategies based on this research. This could also include other sectors in the country.

(iii) Nurses: By determining causative factors for morale among Nurses it would be possible to spot light factors surrounding their work which needs improvement so as to make them more effective and retainable. This will give them the impetus to cope with new trends and issues emerging in the health sector concerning the provision of medical care and health services delivery challenges in the community.

(iv) Patients: Patients would be the ultimate beneficiaries since with improved performance of Nurses due to increased levels of morale could enhance accessibility and quality of medical care and health services to them. This might also accelerate the quick recovery from sicknesses and so become productive to improve the economy of the country in general.

(v) Hospitals: The concerned hospital is expected to benefit from the increasing efficiency of their individual staff since nursing services will be timely and improved. The time lag and inadequate responses to emergency situations such

as attending pregnant women and accident cases could most likely diminish as Nurses retained and become comfortable with their work. All these would greatly augment the efforts of other medical experts especially the Doctors and the hospital administration in general.

(vi) Media Institutions: The media institutions such as Televisions, Radios, Newspapers and others are expected to inform the public about the morale issues on Nurses services and factors affecting their working morale and retention in the country.

(vii) Libraries: Libraries could have the copy of this research finding for public awareness. All the interested parties could visit these libraries for getting information from this research.

(viii) Future Researchers: This research is expected to be a benchmark or reference for future studies on motivation issues concerning Nurses and other employees in other similar setting organizations in Tanzania and elsewhere.

1.7 Limitations of the study

The main problem experienced by the researcher was the refusal of some respondents particularly Nurses to be interviewed instead they wanted to be provided with only questionnaire so as to fill at their own time. This is a reason which led to the usage of questionnaire which was not proposed earlier to collect data from Nurses. Some respondents were not willing to cooperate even after they were shown a letter that gave permission to the researcher to conduct the study. The process of collecting the

questionnaire proved to be challenging because some respondents failed to complete the questionnaire on time and the researcher spent a considerable amount of time visiting the selected respondents to follow up the collection of the questionnaires. However despite of all these drawbacks, an adequate number of questionnaires were returned to make the study valid.

1.8 Chapter's Summary

This chapter has clearly outlined the background of the problem and draws a real picture of the problem under the study. The chapter also explained the objectives and questions which have been used as well as significance of the study.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Overview

This chapter defines all the concepts which have been used in this report, review all supporting theories or theoretical analysis, empirical analysis of studies and conceptual framework.

2.2 Operational definitions of key terms

In this part, key terms are operationally defined as being used in this study of which includes Nurses, Nursing, Nursing Practice, Registered Nurses, Enrolled Nurses, Morale, Job Performance and Motivation.

- (i) Nurse: A person who is trained in the scientific basis of nursing and meets certain standards of educational and clinical competence and therefore is authorized by a licence to practise as an enrolled or a registered Nurse.
- (ii) Nursing: To provide health service that is essential to or helpful in the promotion, maintenance and restoration of health and wellbeing.
- (iii) Nursing Practice: Means assisting individuals or groups of persons to maintain optimal health throughout the life process by assessing their health status, establishing nursing diagnosis, planning and implementing a strategy of care to accomplish defined goals and evaluating responses for care and treatment and shall include provision of nursing care, administration, supervision and teaching.

- (iv) Registered Nurse: A person who has been trained as a Nurse for not less than three years and passed professional examinations that allow her/him to practice most areas of Nursing normally a Diploma course.
- (v) Enrolled Nurse: A person who has been trained as a Nurse for not less than two years and passed professional examinations that allow her/him to practice most areas of nursing normally a certificate course.
- (vi) Morale: Amount of confidence and cheerfulness that a group of people have.
- (vii) Job Performance: Is the sum total of a worker's execution of assigned tasks. Grouping, assigning, analyzing and evaluating a worker's job performance generally involve human resource expertise.
- (viii) Motivation: Is internal and external factors that stimulate desire and energy in people to be continually interested and committed to a job, role or subject or to make an effort to attain a goal.

2.3 Literature Review

A number of researches on motivation have been carried out not only in Tanzania but word wide. For instance Kiruja *et al.*, (2013) in Kenya contributing on the motivation of public servants observed that good management of human resources is a prerequisite for the achievement of improved performance in any organization.

Mwangi (1990) also revealed that among the incentives affecting extension workers in Africa and Kenya in particular are housing, transportation, pay, health insurance and subsistence allowances. A motive is a reason for doing something. Motivation is concerned with the factors that influence people to behave in certain ways. Katunzi (2007) from Arnold *et al.*, (1991), listed three components of motivation as direction of what a person is trying to do effort on how hard a person is trying and persistence on how long a person keeps on trying.

Motivating other people is about getting them to move in the direction you want them to go in order to achieve results. Motivating one's self is about setting the direction independently and then taking a course of action which will ensure that you get there. Motivation can be described as goal directed behavior and people are motivated when they expect that a course of action is likely to lead to the attainment of a goal and a valued reward which satisfies their needs.

The organization as a whole can provide the context within which high levels of motivation can be achieved by providing incentives and rewards, satisfying work and opportunities for learning and growth. But managers still have a major part to play in using their motivating skills to get people to give their best and to make good use of the motivational processes provided by the organization.

There are a number of changes in the health care system which are affecting the public's access to quality care and resulting in a public health crisis. Organizational literature has also focused heavily on Intrinsic and Extrinsic motivators and how they contribute to overall employee's quality of work life. Monetary compensation, stock

options, benefits, training and educational opportunities, relationships with co-workers and other tangible incentives are examples of extrinsic motivators (Anderson & Pulich, 2000: Adrica, 2000, Hilliard, 2001: O'Connell, 2001: Timmreck, 2001).

Employees are inspired and motivated by intrinsic motivators. Organizations should view these intrinsic factors as critical and attempt to maximize their value as a means of retaining their workforce O'Connell (2001). Recognition and achievement are especially significant intrinsic motivators, yet hospitals may still depend too much on extrinsic motivators to motivate and retain top performing employees.

Though external motivators will always require attention, the focus today should increasingly be on intrinsic motivators because they have the capacity to instil self esteem, confidence and a positive attitude that can promote growth within the individual and subsequently, within the organization as whole. Intrinsic motivators are more effective than monetary as a whole. Employees ultimately want the reward system to give them a reason to remain at their current place of employment (Hilliard, 2001). When intrinsic motivators are present, the psychological impact for employees is significant. A sense of choice, a sense of progress, a sense of meaningfulness, and a sense of competence have all been considered psychological benefits of intrinsic motivations (Accel-Team 2010).

In his Masters Dissertation at Open University of Tanzania (OUT) about motivation among Health Care Workers in Tanzania: a case of Public and Private Hospitals, Iswante (2008) assessed the role of both financial and non – financial incentives for motivation to health workers – Doctors and Nurses. The researcher concluded that, it

must be the aim of Human Resource Management or Quality Assurance Management to develop the work environment so that the health workers are enabled to meet their personal and the organizational goals. Health workers should be recognized of their work done and helped to develop their career and further qualifications.

According to Wyss (2004), despite the goal put forward by the government of Tanzania since independence to reach people living in rural areas and despite having structured health facilities to serve villagers, most of the health workforce is concentrated in urban areas where there are hospitals. Many factors such as career plans, salary levels, recruitment and appointment procedures and retention measures influence where the health workers choose to work. Individual worker preferences often do not match population health needs. Looking at Doctors specifically a 2006 year survey found that 52 per cent of all Doctors work in the Dar es Salaam Region. This survey found that Dar es Salaam had 25 Doctors for every 100,000 people compared to the national average of 3.5 Doctors per 100,000 people. In 14 out of 26 Regions, there was only one Doctor or fewer per 100,000 people.

Moshi (2009) in his Masters Dissertation at Open University of Tanzania assessed changes in motivation of Ngorongoro Conservation Area Authority (NCAA). This research elaborated that the NCAA reviewed its service scheme in 2004 through improving salary structures with increased pay and promotion based on education and merits to its workers. As a result the study found that only about 59.1% of the NCAA employees were at least motivated before the 2004 changes and up to now 88% have been motivated as a result of this 2004 reviewed scheme of services. Organizations

therefore, should perform from time to time participatory reviews to the schemes of service and implement the suggested changes thereafter.

Anderson and Pulich (2000) suggested that employees are attracted to an environment where they are trusted, respected and feel that they are making a contribution to the organization. Employees want to feel free to challenge the status quo and offer recommendations for change. In addition, workers seek opportunities for professional growth and development, recognition and a good rapport with their supervisors.

Employees are likely to be satisfied with their jobs and quality of work life when they enjoy their work, like the people they work with and have a realistic opportunity to advance in the organization. Focusing on employee involvement and eliciting the expertise of employee knowledge may assist organizations in improving decision-making and productivity and, ultimately, increasing the quality of work life within its staff (Champion-Hughes, 2001).

Friedrich (2001) documented five major reasons for turnover among Nurse, including: dissatisfaction with workplace environment, lack of recognition, job-related stress and anxiety, personal commitments and the lack of opportunities to advance within their career. For Nurse, job satisfaction and quality of work life are comprised of a combination of extrinsic and intrinsic motivators. Nurses still derive great satisfaction from patient care activities but they also need to feel valued and noticed within the wider scope of their work relationship and activities. Nurses cite a variety of elements they deem critical to their work environment: relationship with peers, autonomy, decision making and effective communication with the organization.

Andrica (2000) outlined possible guidelines to promote Nurses satisfaction by administrators and human resource departments. She noted that empowering employees to make decisions regarding the organization, maintaining good training and development opportunities and utilizing effective reward programs to promote appreciation are all methods that an organization can take advantage of heighten worker satisfaction. Her focus was primarily on extrinsic motivators although she moved beyond a narrow focus to include items that also coincide with the items employees consistently say they value.

Mæstad (2009) suggested encouraging staff members to ask questions, providing the necessary tools for Nurses to advance, fostering a positive work environment, rewarding and recognizing excellent performance as techniques for addressing nursing personnel's self-actualization needs.

For the organization to attract and retain productive employees and achieve its stated goal of high quality of service delivery, it is imperative that the employer understands and appreciates the nature of the tasks performed by its staff, the work load and operating conditions. The employer must then actively search for ways to motivate the organization personnel and get the most out of them.

According to Armstrong (2003), there are two types of motivation as originally identified by Herzberg (1966).

- a) Intrinsic motivation is the sum total of the self generated factors that influence a person to behave in a particular fashion. These factors include the

responsibility of feeling that work is important and having control over one's own resources. It is an autonomy of freedom to act, scope to use and develop skills and abilities, interesting and challenging work and opportunities for advancement.

- b) Extrinsic motivation is what gets done by others to motivate people. This includes rewards, such as increased pay, praise or promotions and punishments such as disciplinary action, withholding pay or criticisms.

Armstrong (2003) said that, other factors which have been found to influence employee motivation are money, tactful discipline, job security, appreciation, promotion, sympathetic help, work conditions, interesting work, loyalty from the organization, and feeling of being "*In on things*" (i.e. involved in decision making). They concluded that it is very difficult to judge because depending on individual values and beliefs, not all are motivated by the same things to the same degree.

Tarimo (1990) noted that the performance of an organization's staff is an equation of their ability to do the job, that is what they can do multiplied by the effort that they are willing to put into the job multiplied by the amount that the organization helps them to achieve their tasks. He further said that motivation can have several effects such as directing behavior towards goals, lead to increased effort and energy, increase in initiation of and persistence in activities, enhance cognitive processing, determine what consequences are reinforcing and lead to improved performance.

According to Lehmann (2008), human behavior is motivated by basic biological factors particularly the need for quality and enough food as well as shelter. Social

factors also motivate people to cope with the environment and thus, influence their performance. In organizations motivation is necessary if objectives are to be achieved. Thus, a large part of a Manager's task is getting things done through people and therefore must try to understand people's motivation.

Stoner, Freeman and Gilbert (2006), advocated basic assumption about motivation level as follows: First, motivation is commonly assumed to be a good thing which makes an individual to effectively use knowledge and skills to increase production or to provide quality services. Secondly, motivation is one of several functions that go into a person's performance integrality. It is the resources to the individuals which enable them to behave according to the kind and strength of the motivation.

Organizational management can keep their employee satisfied and therefore, retain them through application of good management planning and implementation. Satisfaction of the human needs such as food, shelter and clothing plays a integral motivational role. A study by Rutayebesmwa (2009) about the role of Motivations in Retention of Employee at Bank of Tanzania (BOT) Mwanza branch depicted that apart from food, shelter and clothing other factors for low rate turnover in BOT included also job satisfaction among the employees, participative management, comparatively higher pay, reasonable degree of social interaction, interesting and varied tasks, reasonable degree of autonomy, good company image, equitable payment system and equal opportunity for promotion.

Furthermore, Pallangyo (2010) came up with the view that a good working environment is the most important factor contributing to low labour turnover at the

Ethics Secretariat Section which is situated at the Tanzania President Office. Other factors include job satisfaction, management and leadership style, professional recognition, employee expectations and job position. This research shows that factors such as lack of monetary incentives have little to do with labour turn over.

According to Mtweve (2004), managers often assume that employees respond primarily to salary, cash awards, bonuses or working environment. However, research studies have shown that although money is important as a motivator, it is not the only “reward” that people seek and that managers can use. In motivating minimum – Wage employees, managers often look at other types of rewards that serve the function of helping motivate employee performance. One may ask the following question “what are some other types of rewards that managers can use? Many Companies use employee recognition programs such as employee of the month, quarterly employee performance awards ceremonies, or other celebration of employees’ accomplishment.

According to Maslow (1954), people are wanting animals. They always want more and what they want depends on what they already have. He suggested that human needs are arranged in a series of levels, a hierarchy of importance. According to Maslow human needs are classified into five categories starting from the lower to higher in a pyramided ascending order. This is an appropriate form of illustration as it implies a thinning out of needs as people progress up in the hierarchy. They include the following:

- a) Physiological needs – These include homeostatic needs such as satisfaction of hunger and thirst, the need for oxygen and to maintain temperature regulation, clothing, shelter, sex and relief from pain.
- b) Safety needs – These include safety and security, freedom from pain or threat of physical attack, protection from danger or deprivation, the need for predictability and orderliness.
- c) Social/Love needs – These include affection, sense of belonging, social activities, friendship and both giving and receiving love.
- d) Esteem/Ego need – These include both self-respect and the esteem of others. Self respect involves the desire for confidence, strength, independence, freedom and achievement. Esteem of others involves reputation, attention and appreciation.
- e) Self actualization needs – This is the realization of one's full potential. Maslow sees this as "what humans can be, they must be or becoming everything that one is capable of becoming." Self-actualization needs are not necessarily a creative urge and may take many forms which vary widely from one individual to another. These can be summarized by Figure 1 which follows hereunder:

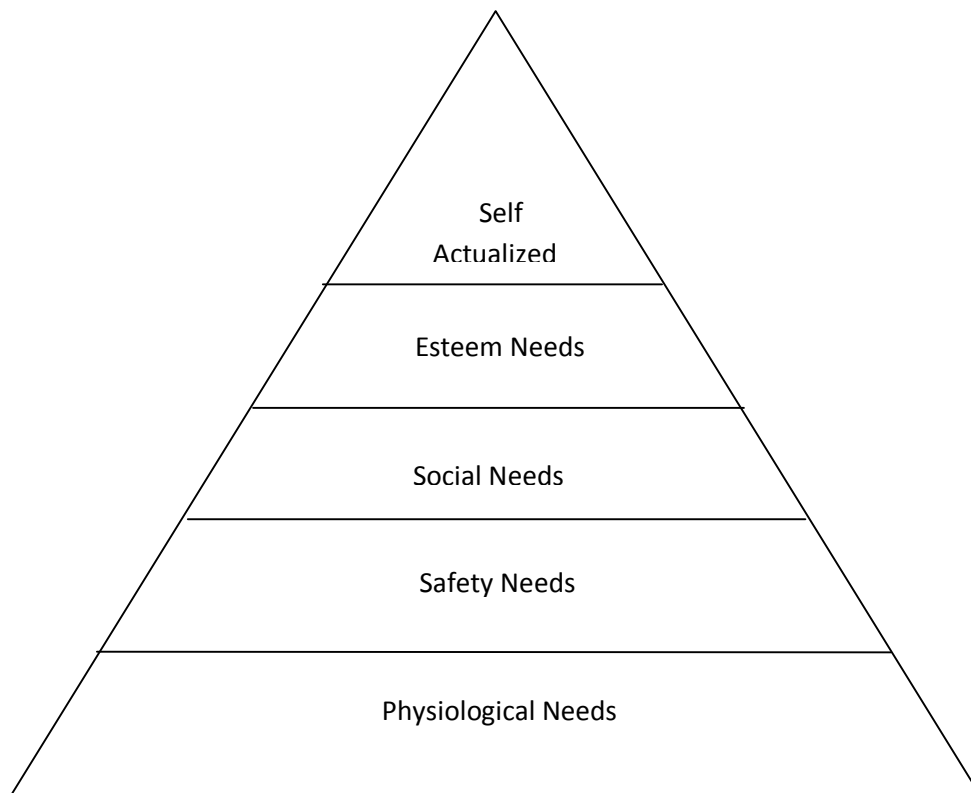


Figure 1.1 : The Triangle of Abraham Maslow's Hierarchical Order of Needs

Source: Abraham Maslow, 1954

Maslow asserts that a satisfied need is no longer a motivator since only unsatisfied need can motivate a person. However, Maslow also makes it clear that the hierarchy is not necessarily a fixed order. At times there are other exceptions to the order. For example; there will be reversal of the hierarchy where to some people self esteem may seem more important than love. For some creative people the drive for creativity and self actualization may arise despite lack of satisfaction of more basic needs. Some people who have been deprived of love in their childhood may experience the permanent loss of love needs.

A need which has continued to be satisfied over a long period of time may be undervalued, for example, people who have never suffered from chronic hunger may

tend to underestimate its effects and regard food as rather an unimportant thing. People with high ideals or values may become martyrs and give up everything else for the sake of their beliefs.

Based on Maslow's theory, the manager in any organization must direct attention to the next higher level needs that seek satisfaction. However, there are a number of problems in relating Maslow's theory to the work situation. These include:

- a) People do not necessarily satisfy their needs, especially higher level of needs just through the work situation. They satisfy them through other area of their life as well e.g. leisure activities. Therefore, the manager would need to have complete understanding of people's private and social life, not just their behaviour at work.
- b) There is doubt about the time which elapses between the satisfaction of a lower-level need and the emergence of higher level need.
- c) Individual difference means that people place different values on the same need. For example, some people prefer what they might see as the comparative safety of working in a bureaucratic organization to a more highly paid and higher status position but less job security in a different organization.
- d) Some rewards or outcomes at work satisfy more than one need. Higher salary or promotion for example, can be applied to all levels of the hierarchy.
- e) Even for people within the same level of hierarchy, the motivating factors will not be the same. There are many different ways in which people may seek satisfaction of, for example, their esteem needs.

- f) Maslow viewed satisfaction as the main motivational outcome of behaviour, but job satisfaction does not necessarily lead to improved work performance.

Despite criticisms and doubts about its work related limitations, the theory has had a significant impact on management approaches to motivation and design of organization to meet individual needs. It is a convenient framework for viewing the different needs and expectations that people have, where they are in the hierarchy and the different motivators that might be applied to people at different levels.

According to Mc Clelland (1961), the need to achieve is a primary motivating factor. Other important needs, he suggested, are the needs for power and affiliation. Achievement oriented people were said to prefer tasks for which they had sole responsibility, avoid risk and monitor continuously the effects of their actions. Need achievers as Mc Clelland called them, worked extremely hard and constantly sought to improve their performances. Power seekers conversely were motivated by the prospects of controlling subordinates. Affiliators wanted pleasant relationships with colleagues and to help other individuals. Arguably, individuals with high achievement needs often make good entrepreneurs running their own businesses or managers of self contained units within large organizations or companies.

According to Vroom (1964), an individual's behaviour is affected by three things namely: what the person wants to happen, his or her estimate of the probability of the things happening and how strongly the person believes that the event will satisfy a

need. The implications that emerge from Vroom's theory are that the management should make clear to employees what exactly it expects from new working practices, second workers should be able to see a connection between their efforts and the rewards these efforts generate. Third, rewards should satisfy worker's needs and fourth, complicated reward schemes, for example complex bonus schemes are unlikely to increase employee's efforts because workers cannot relate harder work to higher wages.

The relationship between effort and performance was further investigated by Porter and Lawler (1968), who stated that two factors determine the amount of effort put into job. The extent to which the psychological and monetary rewards obtained from doing the job fulfill the worker's needs for security, esteem, independence and personal self development. The worker's expectation that putting a great deal of effort into the job will lead to the achievement of satisfying rewards. Thus, the more attractive an employee considers a particular reward and the higher the probability that the exertion of effort will lead to that reward, then the more effort the individual can put into his or her work.

Herzberg (1966) propounded a theory of motivation at work which divides the factors of work environment into two classes: motivators or satisfiers on the one hand and hygienic factors or maintenance factors on the other. He further developed his theory by analyzing the answers to two basic questions he and his collaborators put to engineers and accountants. That is, what events at work have resulted in a marked increase in their job satisfaction and what events at work had resulted in a marked reduction in their job satisfaction?. The replies showed that in general, the experiences which were regarded as exceptionally satisfying were not the opposite of those which

were exceptionally dissatisfying. He concluded from his analysis that the elements in a job which produced satisfaction were: achievement, recognition, responsibility promotion prospects and work itself. He called these the motivators or satisfiers. The elements whose absence or in-adequacy in a job produced dissatisfaction were pay, relations to others, type of supervision, company policy, physical working environmental conditions and Fringe benefits. Herzberg called these hygiene factors or maintenance factors.

Adams, (1965) in the Equity theory of motivation asserts that an employee's own assessment of whether he or she is fairly treated is a major factor influencing motivation. Workers are assumed to compare their personal reward/effort situations with those of colleagues and to feel aggrieved if they believe they are relatively under rewarded. If returns are regarded as equal to those of other employees; proportionate to the effort expended by the individual, a state of distributive justice is said to exist. On the other hand, "Cognitive dissonance" occurs whereby the individual perceives the reward/effort relationship as inconsistent and out of balance. Consequently the worker feels uncomfortable and discontented and his or her effort may diminish.

Problems with equity theory include the subjectively that employees typically apply to the assessment of their own and other worker's contributions to an organization. These include the difficulty of accurately measuring inputs to and rewards from jobs and the fact that group pressures can override equity considerations.

In reviewing the literature, it is apparent that an overlap exists between extrinsic factors, intrinsic factors and quality of work life factors. An employee's motivation to

work consists of all the drives, forces and influences conscious or unconscious that causes the employee to want to achieve certain aims. Managers need to know about the factors that create motivation in order to be able to induce employees to work harder, faster, more efficiently and with greater enthusiasm.

Much research has sought to discover the sources of motivation at work but the theory of motivation at work is tentative and no definite conclusions can be advanced. According to Sagimo (2002) people will only continue to motivate themselves if the motivating work environment is maintained and they receive appropriate reward for motivated work performance.

Managers should view motivation as a management function performed to boost employee performance in the organization. Motivated workers exert greater effort than their less motivated counterparts: thus a highly motivated workforce leads to higher productivity. Human beings are needy personages whose desires are manifested in various ways. These needs vary through time with each individual. Every personality brings into the organization idiosyncratic needs which translate into wants in the organization. These “wants” include professional development, the need for security and the need for a good working environment.

2.4 This Study Research Gap

This study focused on identifying the factors affecting the Nurses working Morale at Sokoine Hospital in Lindi Region – Tanzania. Although some of the issues surrounding the Nurse’s inner drive morale for their job have been studied and findings reported in various empirical literatures, insight on how the various factors or

determinants of their morale for work are linked to their age, skills and knowledge as well as place of work, morale and environmental conditions are limited.

The main success fulcrum of the health services provision largely depends on Nurses in the hospitals. They represent a large category of health workers and provide 80% of direct patient care both in the hospitals and health units like dispensaries, Counseling and Testing Clinics (CTC) and community based organizations on health matters. Nurses spend 85% of their time attending to patients in the course of their work Katunzi (2007). These implied that their original predisposition to offer services is of great significance to quality of health services as well as the recovery rates for patients in different health settings or health environment. Thus, there is a need for identifying the factors affecting the Nurse working morale in Tanzania.

2.5 Conceptual Framework

Conceptual Framework can be defined as a set of broad ideas and principles taken from relevant field of enquiry and used to structure a subsequent presentation (Katunzi, 2007 from Reichel *et al.*, 1978). When clearly articulated, a conceptual framework has potential usefulness as a tool to assist a researcher to make meaning of subsequent findings. The determinants or all factors that affect the level of morale and retention of Nurses form the basis for conceptualizing the various inter-relationships of various factors and the subsequent outcomes with the context of motivation framework.

The framework in this research study assumes a generalized dependency relationship between morale and the factors that affect it. Motivation of the Nurse is taken as the

depended variable and the factors affecting motivation both Intrinsic and Extrinsic are taken as independent variables.

$$Y = f(x_1, x_2, x_3, x_4, x_5, x_6, x_7, x_8, x_9, E)$$

Within this framework the argument is that independent factors of $x_1 + x_2 + \dots + E$, in which ever form influences motivation of the Nurses either by increasing the levels or decreasing the levels of motivation. In its most generalized form therefore, the interrelationship is conceptualized using generalized mathematical function for relating the dependent variable of motivation with more than one independent variable.

Hence

$$Y = a + a_1x_1 + a_2x_2 + a_3x_3 + a_4x_4 + a_5x_5 + a_6x_6 + a_7x_7 + a_8x_8 + a_9x_9 + E$$

Where $a - a_9$ = Coefficient or degree to which the specific independent variable influences the dependent variable.

Y = Level of motivation of the Nurses

X_1 = Organization management style

X_2 = Delaying in Nurses allowance payment

X_3 = Inappropriate payment of Nurses allowances

X_4 = Work load as a result of inadequate workforce

X_5 = Lack of work done appreciation or recognition

X_6 = Inadequate working tools

X_7 = Lack of team work among indigenous Nurses and others

X_8 = Hardship life in Lindi Region and absence of other sources of income

X_9 = Poor working environment

E = The error term ie. Other factors

Diagrammatically it can be depicted as follows hereunder:

Independent Variables

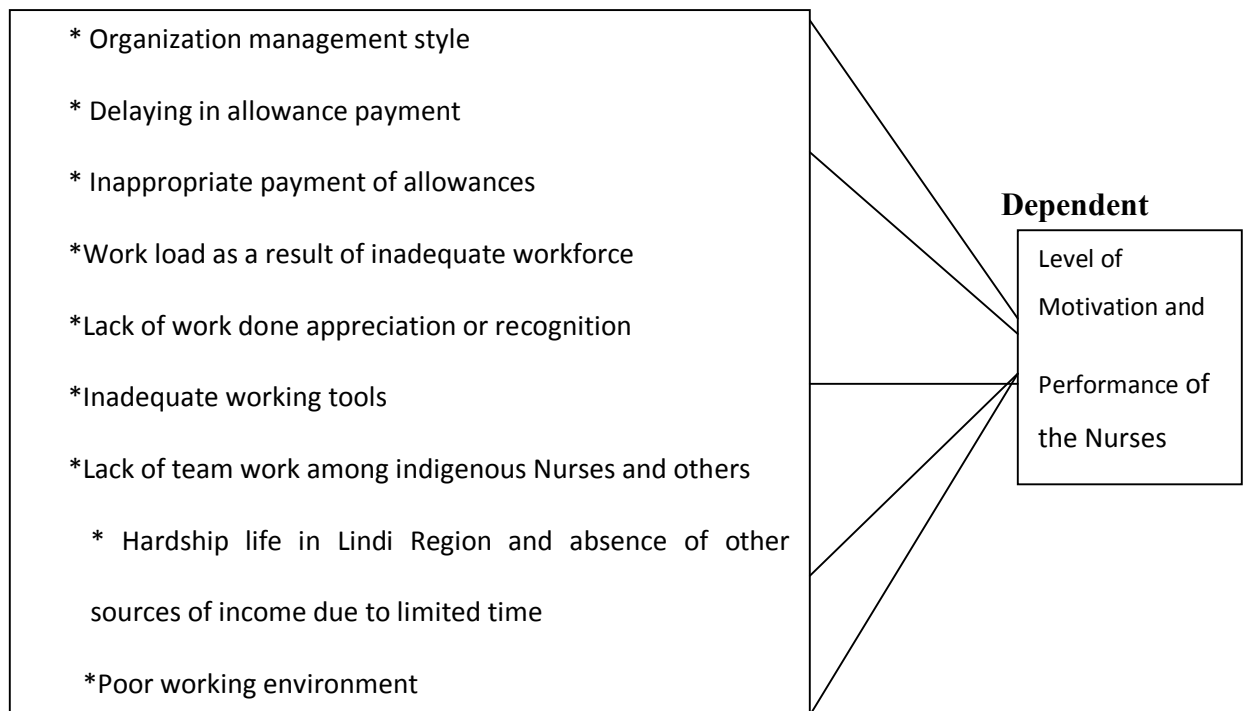


Figure 2.1 : Conceptual Framework of the Nurses working Morale

Source: This Study, 2015

These independent variables were tested on the dependent variable where the dependent variable was contextualized according to sex, age, level of skills and

position as well as working duration within the hospital. The interrelationships were then cross tabulated to establish their significances.

2.6 Chapter's summary

This chapter has clearly defined all key terms used in this report as well as explaining supporting theories of the problem under the study. General factors that affect morale and job performance of the Nurses to perform their duties were also explained. The chapter also highlighted the empirical studies related to the problem under the study as well as drawing out the conceptual framework based on the factors that affect morale and job performance of the Nurses in performing their duties.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the methodology of which the researcher used in conducting the study. It covers the design of the study, surveyed population, area of research or survey, sampling design and procedures, variables and measurement procedures. It also explains methods of data collection, data analysis and ethics issues which have been adhered and observed in the course of conducting this study.

3.2 Design of the study

A Research design can be thought as the structure of research. Research design is the plan that shows the approach and strategy of investigation aim at obtaining relevant data which fulfil the research objectives and answers to the questions (Kothari, 2004). In this study two methods of data collection have been used namely quantitative methods and qualitative methods. In qualitative method data collected have been described using words of say the motives and perceptions while in quantitative method structured questionnaire and interview tools have been used to find out the quantity of say facilities available and have been done deductively in data analysis.

The quantitative methods have been employed in the study purposively to establish factors determining the level of morale among the Nurses at Sokoine Regional Referral Hospital – Lindi while qualitative methods have been used to capture participant opinions, perceptions and reactions towards the level of morale among the Nurses at Sokoine Regional Referral Hospital.

3.4 Location of the study area

The study has been conducted at Sokoine Regional Referral Hospital in Lindi Region of which is at the southern part of Tanzania. Sokoine Hospital is the Regional Referral serving Regional population of six Councils namely Lindi Municipal, Lindi, Nachingwea, Ruangwa, Liwale and Kilwa Districts Councils

The hospital also serves nearby Regions of Mtwara and Ruvuma particularly those from Tunduru District as well as far as patients from the nearby country in Northern Mozambique.

The researcher has selected Sokoine Regional Hospital because it is in Lindi Region which is one of those Regions in Tanzania where the government and non government workers do not prefer to work due to difference perceptions among them including life hardship.

The Hospital provides general medical services both curative and preventive, but also provides specialized services in various hospital departments like Obstetric and Gynaecology, Paediatrics and Internal medicine. Lindi Region is in the South – East part of Tanzania Mainland and is among of the Coastal Regions. It lies between latitudes $7^{\circ} 55^1$ South and 10° South and longitudes $36^{\circ} 51^1$ East and 40° East. It has a common border with Morogoro and Ruvuma Regions in the West and Pwani Region in the North. It also shares borders with Mtwara Region in the South and India Ocean in the East.



Figure 3.1 : A sketch Map of Lindi Region showing the administrative area

Source: Tanzania National Website

The Region has a total area of 67,000 square kilometers of which 18,000 square kilometer are under the famous Selous Game Reserve in Liwale District. The Region's area is 7.1% of the Tanzania Mainland.

3.4 Population of Lindi Region

The projected population of Lindi Region was estimated to be 978,655 by the National Bureau of Statistic (Census of 2002) after ten year as from 2002 to 2012 of these 274,215 equivalents to 28% living in urban and 704,440 equivalents to 72% living in rural area. The average size of the household is 3.8 and whereby the female: male ratio is 100:92. The life expectancy in Lindi at Birth for female is 60.7 and Male 57.3.

According to the United Republic of Tanzania Population and Housing Census 2012, Lindi Region has a total population of 864,652 where 414,507 are male and 450,145 are female. This population size of Lindi Region comprises of its six Councils of Kilwa, Lindi Rural, Nachingwea, Liwale, Ruangwa and Lindi Municipal Councils. Regional population density is 13 while inter censal average annual growth rate is 0.9 and this is summarized in Map 2 and Table 1 which follow hereunder;

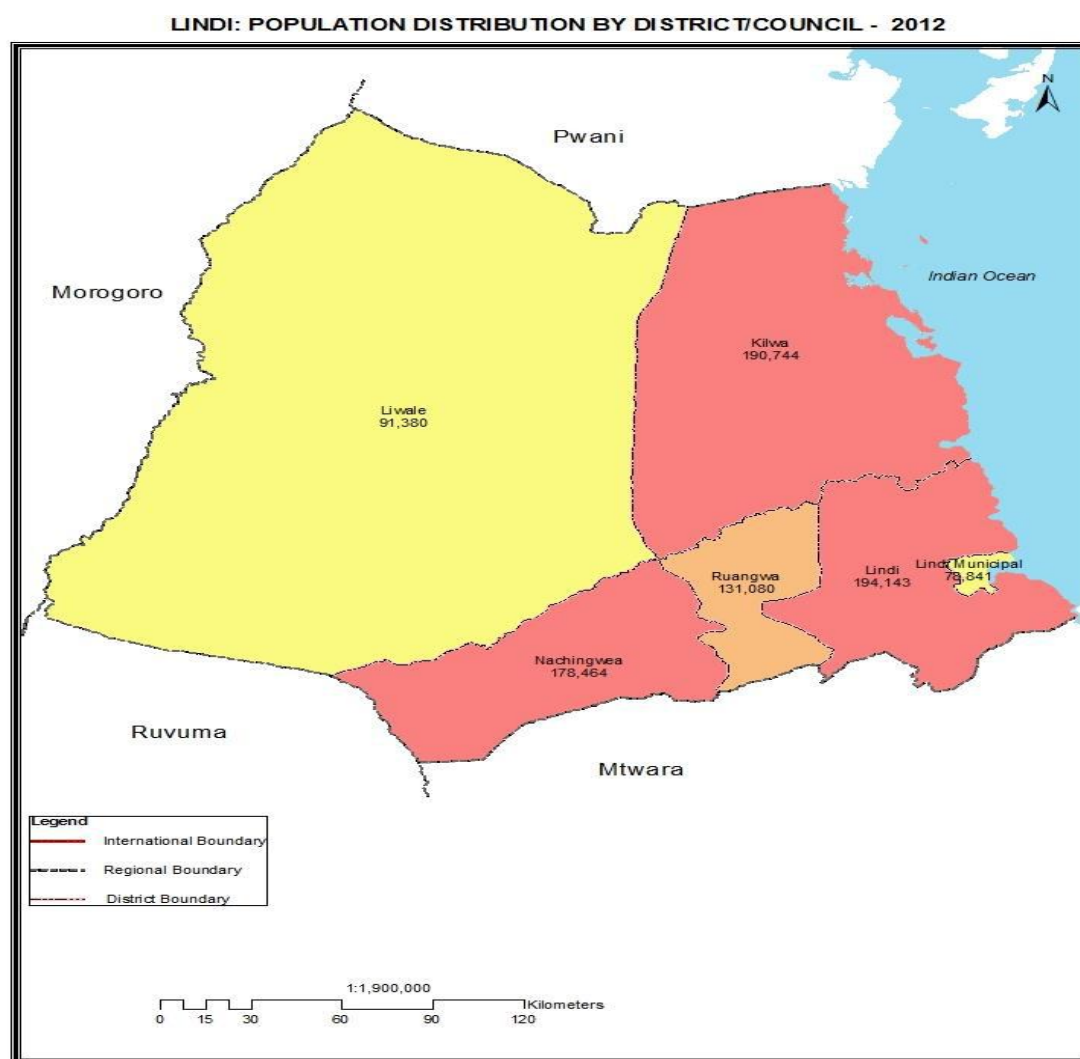


Figure 3.1 : Lindi Region Population Distribution by District/Council – 2012
Source: <http://www.tanzania.go.tz/census/census/Region/Lindi.htm>, 2015

Table 1 : Population of Lindi Region by Sex, Average Household Size and Sex Ratio

	District or Council	Population or Number		Total Population	Average Household Size	Sex Ratio
		Male	Female			
1	Kilwa District Council	91,661	99,083	190,744	4.4	93
2	Lindi District Council	91,647	102,496	194,143	3.7	89
3	Nachingwea District Council	86,382	92,068	178,464	3.7	94
4	Liwale District Council	44,027	47,353	91,380	4.3	93
5	Ruangwa District Council	63,265	67,815	131,080	3.5	93
6	Lindi Municipal Council	37,525	41,316	78,841	3.5	91
TOTAL		414,507	450,145	864,652	3.8	92

Source: <http://www.tanzania.go.tz/census/census/Region/Lindi.htm>, 2015

3.5 Population of the study area

Population is the number of total units out of which a sample of a study is selected (Kothari, 2004). Therefore, the population from which the sample is selected first must be defined prior to sample selection for research and ideally researchers would generalize results to the absolute population.

The population of this study comprises of the Regional Administrative Secretary (RAS), Regional Medical Officer (RMO), Medical Officer in Charge, Human Resource (HR) Officers, Administrative Officers, Health Secretary, Matron/Patron and the mostly targeted Nurse.

3.6 Sampling design techniques and procedures

Sampling is the process of obtaining information about an entire population by examining only part of it. This is when the researcher selects only a few items from the universe for this study purpose, on the assumption that the sample data will enable the researcher estimate the population parameters. In the case of this study, the researcher used Simple randomly sampling and Purposive Sampling. The researcher decided on which elements or items should be included or excluded in the sample. It is here where the researcher deliberately includes or excludes some of the elements with the argument that the major criterion for the inclusion is the possession of experience and expertise about the problem under study.

3.6.1 Simple random sampling technique

This sampling method has been used to obtain respondents from among of the existing registered Nurses and enrolled Nurses. All have been given equal chance to be selected as a sample and this was done to avoid any bias and it helped the researcher to obtain correct information for the study.

3.6.2 Purposive sampling

This is the selection of participants who have knowledge or experience of the area being investigated. This technique has been used to select respondents from the high

administrative rank such as Regional Administrative Secretary (RAS), Regional Medical Officer (RMO), Human Resource Officers, Matrons, Patrons, Medical Officer in charge, Administration Officers and the hospital health secretary who are responsible and knowledgeable with the daily work of Nurses at Sokoine Regional Hospital in Lindi Region.

3.6.3 Sample size

A sample size of 71 respondents were targeted for the study which comprised of 1 Regional Administrative Secretary (RAS), 1 Regional Medical Officer (RMO), 1 Medical Officer in Charge, 2 Human Resource (HR) Officers, 3 Administrative Officers, 1 Health Secretary, 2 Matron/Patron and 60 Nurses as shown in Table 1 that follow hereunder;

Table 2 : Sample of the respondents

Sample of respondents	Number of respondents	Sampling Technique	Tools used in this study
RAS	1	Purposive	Questionnaire
RMO	1	Purposive	Questionnaire and interview
Medical Officer in Charge	1	Purposive	Questionnaire and interview
HR Officers	2	Purposive	Questionnaire
Administrative Officers	3	Purposive	Questionnaire and Focus Group Discussion (FGD)
Health Secretary	1	Purposive	Questionnaire
Matron/Patron	2	Purposive	Questionnaire and interview
Nurses	60	Random	Participant Observation, Interview, Questionnaire and Focus Group Discussion (FGD)

Source: This Study, 2015

3.6.4 Participant observation

Participant observation is an important method of data collection. This method allows the researcher to come closer to the respondents and make them feel comfortable enough within the presence of the researcher so as to observe and record about their

lives. Importantly, it allows the researcher not only to collect data but also analyze them through practical experience. Actually this method facilitates other techniques of collecting qualitative data (Huberman, 1994).

Furthermore, Kombo (2006) contended that Participant Observation means the investigator becomes an active functioning member of the culture. An investigator participates in any activity appropriate to the status which is assumed. This participation helps to reduce reactivity. Respondents become more comfortable with researcher. It gives a researcher an intuitive understanding of what is happening in a culture. However, it can be time consuming. Researcher of this study used four weeks daily observing punctuality and how Nurses perform their daily activities at Sokoine Regional Referral Hospital – Lindi. This observation took place at all three shifts of these Nurses according to the hospital management arrangement of from 8:00 A.M to 3:00 P.M, 3:00 P.M to 8:00 P.M and 8:00 P.M to 8:00A.M.

3.6.5 Questionnaire

Questionnaire is an instrument of data collection that consists of set of predetermined and structured questions given to the respondents to respond in writing. This method is quite popular, particularly in case of big enquiries. It consist of number of questions typed and printed in a definite order on a form or set of forms. Therefore, questions have been prepared by the researcher and distributed to the respondents.

Furthermore, questions on questionnaires are argued to be simple and straightforward and do not allow for searching of new issues (Shipton, 2001). Additionally, the

questions aimed in obtaining respondents perception of the factors affecting Nurses working morale contained both closed and open ended questions. The questionnaires were distributed according to numbers of respondents included in the sample and were returned with answers after being filled by the respondents.

3.6.6 Interview

Interview in data collection involves verbal presentation and responses done through either personal contact or if possible through telephone and under this respect the researcher intends to use semi structured interview.

Semi-structured interviews are used for the collection of qualitative data which allow respondents to talk about their perspectives on a particular subject (Saunders *et al.*, 2007). Advantage of this method is that it is simple, efficient and practical way of getting data about things that cannot be easily observed. It has high validity as respondents are able to talk about things in detail and depth. However, limitations of using Semi structured interview include the skill and ability of the researcher to think of questions during the interview and articulacy of the respondent.

3.6.7 Focus Group Discussion

Focus group discussion took place after conducting interview with the selected participants to the research. The researcher used open-ended questions prepared by the researcher using the questions that have been arising during the interview. Only the selected Nurses to the research were consulted for the FGD to probe further into their morale and their working environmental conditions at the hospital.

3.6.8 Primary data

These are data that are collected from first-hand-experience of the researcher. Primary data have not been published yet and is more reliable, authentic and objective. Therefore it is like the eyewitness testimony at a trial. No one has tarnished it or spun it by adding his/her own opinion or bias so it can form the basis of objective conclusions. Under this study, primary data were collected from respondents included in the sample from Sokoine Regional Referral Hospital – Lindi.

3.6.9 Secondary data

Secondary data are those which have already been collected by someone else and had passed through the statistical process (Kothari, 2004). It involves the collection and analysis of information from a diverse source of documents and published materials and information from internet sources (Kombo and Tromp, 2006). For the case of this study, the documentary data that have been used included written materials, journal articles, books and other records relevant to this research.

3.6.10 Data analysis

The key activities in data analysis are editing, coding, classification and tabulation of collected raw data (Adam and Kamuzora, 2008). Data collected in the field of study are analyzed and presented in a way that enables the researcher to answer research questions and meet the study objectives. Thus, in the quest of meeting this criteria the data collected has been analyzed both qualitatively and quantitatively in order to show relationships between variables investigated under the study. The spreadsheets program has been used to analyze information by frequencies and in percentages. Therefore, the researcher applied a hand calculator in calculation activities (add,

multiply and divide) during data analysis. Further to that the Microsoft Excel and SPSS package version 20 has been used in construction of charts and Tables in data presentation.

3.6.11 Research ethics

This study observed and adhered to five major ethical issues towards survey participants listed by de Vaus (2002), namely voluntary participation, informed consent, no exposure to harm, confidentiality and anonymity and privacy.

To ensure that respondents were confident with the principles of confidentiality, anonymity and no exposure to harm, questionnaires and other data collection tools were designed in such way that the names of respondents were not recorded.

3.6.12 Chapter's summary

A generalized conceptual model for relating dependency between exogenous and endogenous variables was used to establish the relationships between the level of motivation of Nurses and the factors that influenced it. Descriptive analyses were used to determine the relationships and to complement the quantitative analyses.

Therefore, this chapter has clearly explained all stages of which the researcher used in collecting and analysing data so as to come up with good findings and recommendation of this study.

The chapter has also explained the ethical issues that have been followed by the researcher on the course of conducting this study. The raw data collected was well organized in various levels from raw data to information, from information to facts and from facts to knowledge. The knowledge expressed together with some statistical degree of confidence. The data also were analyzed using both qualitative and quantitative in order to induce deductions and inferences and then presented using both descriptive and statistical techniques.

CHAPTER FOUR

4.0 RESULTS AND DISCUSSION

4.1 Results

4.2 Introduction

This section presents findings and observation which are based on the study area, objectives and the research questions. These findings are based on data gathered from a survey questionnaire, Observations and largely from key informant interviews conducted among Nurses of Sokoine Lindi Regional Referral Hospital. The chapter has three main parts which include introduction, primary data which include the study findings of socio-demographic profile of the study population of the Nurse's categories, gender, age, education, working experience and marital status. Knowledge of Nurses and their leaders or management team on the factors affecting the level of morale and job performance of Nurses at Sokoine Lindi Regional Referral Hospital are presented in this chapter. The last section dealt with discussion of the research findings presented by respondents.

4.2.1 Referral System and Catchment Area of Sokoine Regional Referral Hospital

As it has been said elsewhere in this research report, Sokoine Regional Referral Hospital serves Regional population of six Councils namely Lindi Municipal, Lindi District, Nachingwea District, Ruangwa District, Liwale District and Kilwa District Councils. These councils have various dispensaries, health centers and hospitals which depend at this Regional hospital as their referral arena. The hospital also serves

nearby Regions of Mtwara and Ruvuma particularly those from Tunduru District as well as far as patients from Northern Mozambique.

There is a Management Team at this Regional Hospital known as Sokoine Regional Referral Hospital Management Team (SRRHMT). This team has developed a Comprehensive Hospital Operational Plan for this Hospital known as a Comprehensive Hospital Operational Plan (CHOP) for the year 2014-2015.

Table 3 and Figure 3 hereunder show the referral system prevailing at this Regional hospital including distance from the concerned health center to this hospital, number of beds available, number of vehicles available, transport time from the said health centers and catchment population as it has been prepared by the Hospital Management Team;

Table 3 : Sokoine Regional Hospital Referral system documentary data

Level (Dispensary, Health Center (HC), Council Hospital)	Name of Unit	Distance in kms	Number of beds	Vehicle	Transport time by ambulance	Catchment population
Council Hospital	Kinyonga	200	94	1	1.30 hrs	184,270
Council Hospital	Kipatimu	290	58	1	2 hrs	5,304
Council Hospital	Ruangwa	120	65	1	1.30 hrs	149,634
Council Hospital	Nyangao	45	220	1	30 min	19,181
Council Hospital	Mnero	210	56	1	2 hrs	6,814
Council Hospital	Nachingwea	190	179	1	1.30 hrs	195,754
Council Hospital	Majimaji	189	132	1	1.30 hrs	4,539
Council Hospital	Liwale	306	146	1	4 hrs	90,778
Health Center	Town HC	2	11	1	5 min	68,043
Health Center	Pangaboi	30	20	1	30 min	7,485
Health Center	Rutamba	30	18	1	30 min	11,213
Health Center	Kitomanga	35	31	1	40 min	4,971
Health Center	Nyangamara	45	12	1	1hr	3,669

Source: Sokoine Lindi Regional Referral Hospital Team, 2014

Sketch of the referral system

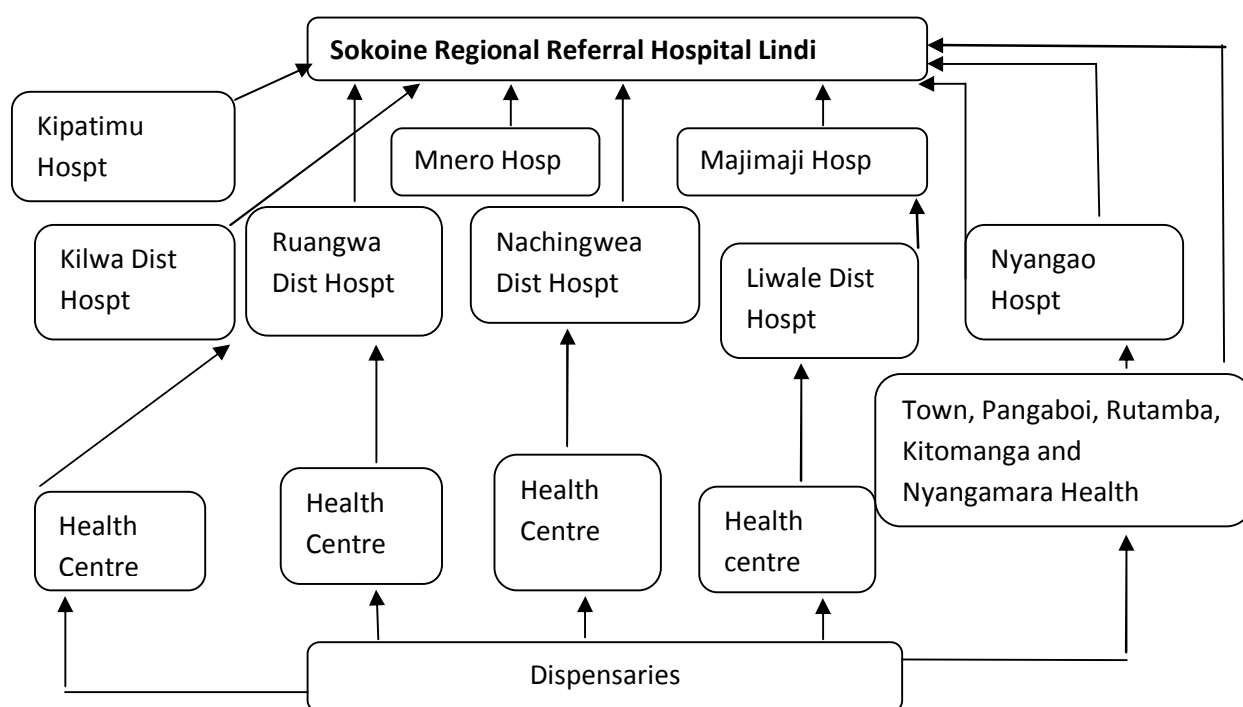


Figure 4.1 : The Sketch of Sokoine Regional Hospital Referral System as narrated in Table 3.

Source: Sokoine Lindi Regional Referral Hospital Team, 2014

Table 4 hereunder shows the summary by the Hospital Management Team through Comprehensive Hospital Operational Plan (CHOP) about various critical issues concerned with Sokoine Lindi Regional Referral Hospital.

Table 4 : Summary of Sokoine Lindi Region Hospital data for four years (2011-2014) trend

Reference data	Year			
	2011	2012	2013	2014
HR & Referral cases in the hospital	941,884	978,655	978,655	992,403
Number of beds	184	194	200	200
Total staff	210	223	249	257
Number of Specialist Doctor	1	0	0	1
Number of Medical Doctors	5	3	8	11
<i>Number of Registered Nurses</i>	<i>34</i>	<i>37</i>	<i>40</i>	<i>42</i>
<i>Number of Enrolled Nurses</i>	<i>42</i>	<i>39</i>	<i>44</i>	<i>50</i>
Total cost-sharing revenue	111,691,892	159,788,980	213,467,046	238,274,500
Number of VCT cases/year	521	673	721	716
Number of lab. test/year	54273	50305	33632	48905
Number of X-ray/year	3226	144	2486	3193
Number of Ultra Sound examination/year	887	627	629	708

Source: Sokoine Lindi Regional Referral Hospital Team, 2014

The following are snapshot of summaries of the major problems identified in each subcategory by this Comprehensive Hospital Operational Plan (CHOP), 2014/2015;

4.2.1.1 Primary health problems

Acute Respiratory infections, Complications of Pregnancy, Neonatal sepsis, Malaria, HIV/AIDS, Tuberculosis, Diarrheal diseases, Skin diseases, Anemia and Non communicable diseases.

4.2.1.2 Secondary health problems

The prevailing poor environmental and sanitation practices, inadequate water supply, Malnutrition, Poverty, Illiteracy and Cultural and taboos.

4.2.1.3 HR, Infrastructure and Facilities problems

Shortage of medical equipment and instruments, Poor Hospital records keeping, Shortage of medicines and supplies, Poor infrastructure of Hospital, Poor communication and transportation, Low quality of health care services, Inadequate managerial skills and Shortage of trained and skilled personnel of all cadres.

4.2.2 Extra probing

The findings depicted from secondary data show that the number of Nurses available at Sokoine Regional Referral Hospital is just 92 in year 2014/1015 and that among these the Registered Nurses (RN) were 42 and the rest 50 were Enrolled Nurses (EN). The required number of Nurses at Sokoine Referral Hospital is 305 whereby the missing number is 213. Among these 213 required Nurses, the number of RN is 126 and EN is 87.

The required ratio of saving patient is that one Nurse to serve three to six patients only. This is to say the standard requirement of saving patient at hospitals in Tanzania

and worldwide is of one Nurse to serve not more than six patients only when is on duty as they have three shifts a day. The ratio prevailing at Sokoine Regional Referral Hospital is of 1/50. This means one Nurse at Sokoine Regional Referral Hospital serves 50 patients when is on duty as they have three shifts a day. This ratio takes place at Sokoine Regional Referral Hospital simply because of the usage of Medical Attendants (MA) as Nurses even though they are not real Nurses.

The use of Medical Attendants (MA) at Sokoine Regional Referral Hospital is necessary because the number of both RN and EN is too small to serve the patients at the Hospital. These Medical Attendants are sometimes termed as Nurse Assistants as they do almost the same task as EN and RN even though not permitted to do so by either TNMC or TANNA as they are members of neither TNMC nor TANNA. Otherwise the ratio could be of 1/80 and above as many posted Nurses dislike to work at Lindi Region Sokoine Regional Referral Hospital in particular. The government tries to post new Nurses at this hospital so as to increase their number but some of them do not like to work in Lindi Region due to various reasons as they have been discussed in this chapter.

Nurses and Midwives in Tanzania are all governed by one statutory body – the Tanzania Nurses and Midwifery Council (TNMC) which is located within the Ministry of Health and Social Welfare (MOHSW). The regulatory framework includes student selection criteria, accreditation of programmes, graduation requirements and licensing of providers.

Within MOHSW, the midwife/Nurses training section and the continuing education section of TNMC have specific roles. The training section formulates and reviews midwifery/nursing training policy, guidelines and curricula. Under this role are responsibilities for implementation and evaluation of curricula and programmes for midwifery and nursing professionals, coordination of training programmes, student recruitment, and support of training institutions. The continuing education section includes formulating and reviewing policy guidelines for continuing education and distance learning, monitoring and evaluating policy guidelines and coordinating continuing education for health workers. More recently, in Tanzania and other East African countries, the nursing and midwifery professions have been calling for improved career structures, including post basic Bachelor's degree preparation for practice.

In Tanzania, there is also a Tanzania National Nursing Association (TANNA) which was found in 29/11/1979 and is the National Professional Organization of Enrolled and Registered Nurses. The association has 29 branches across the country and over 3,500 members working to advance the profession and practice of nursing. TANNA aims to be a strong national association which provides support to Nurses and allows Nurses to speak with a powerful and unified voice. Up to year 2014/2015 only 92 members of TANNA are at Sokoine Regional Referral Hospital as Nurses. This is according to the Sokoine Regional Referral Hospital Matron through personal communication.

Table 5 : Number of Nurses at Sokoine Lindi Regional Hospital for the year 2014/2015

S/No.	CATEGORY	FEMALE	MALE	TOTAL	NEEDED	MISSING
1	Registered Nurses (RN)	34	08	42	168	126
2	Enrolled Nurses (EN)	48	02	50	137	87
3	Medical Attendants (MA)	53	10	63	131	68
TOTAL NUMBER		135	20	155	436	155

Source: Sokoine Lindi Regional Referral Hospital Team, 2014

From the Table 5 above, the number of Nurses at Sokoine Regional Referral Hospital seems to be 155 but this is not true as those 63 Medical Attendants are not real Nurses. The number of Nurses needed, missing and available since the year 2011 to date is known by the hospital management team but their sex category is not properly set except for the year 2014/2015 as shown in Table 4 and 5 above.

4.2.3 Nurses Category according to Tanzania Nurses and Midwifery Council and Tanzania National Nursing Association

At Sokoine Regional Referral Hospital, Nurses are of three categories of RN, EN and MA. But according to TNMC and TANNA, Nurses are categorized into only two groups of RN and EN as these two are the only qualified Nurses. In most cases RN are Diploma holders while EN are Certificate holders as their minimal qualification. Up to the year 2014/2015 at Sokoine Regional Referral Hospital there are only 42 RN and

50 EN which gives a total of 92 qualified Nurses at this Regional Referral Hospital as shown in Table 6

Table 6 : Number of Nurses by Category for the year 2014/2015 at Sokoine Regional Hospital

S/No.	CATEGORY	Registered Nurses (RN)	Enrolled Nurses (EN)
1	FEMALE	34	48
2	MALE	08	02
TOTAL NUMBER		42	50
Percentage		45.7%	54.3%

Source: Sokoine Lindi Regional Referral Hospital Team, 2014

Table 6 shows that the number of registered Nurses (RN) comprises only 45.7% while the number of enrolled Nurses (EN) are more than RN by 8.6% which comprises 54.3%.

4.3 Demographics Characteristics of the Respondents (Nurses $n=58$)

This part goes deeply in the research results concentrating on the respondent's person profile regarding categorization according to TNMC and TANNA, sex, age, education, marital status and duration of work with the hospital.

4.3.1 Respondents Category according to Tanzania Nurses and Midwifery Council and Tanzania National Nursing Association

The researcher to this study succeeded to consult only 58 Nurses as respondents out of 60 who were targeted. This was due to various unavoidable reasons which made them to be out of their work place during data collection period, this included some of them

to be at maternity leave, annual leave and sick leave. This is because more than 89% of Sokoine Regional Referral Hospital Nurses are female (See Table 8) while the total number of Nurses at this hospital is only 92 (See Table 4 and Table 5). To these 58 respondents, RN were 27 (46.6%) while EN were 31 (53.4%) as shown in Table 7.

Table 7 : Category of Respondents

S/N	Category	Number of Respondents	% of Respondents
1	Registered Nurses (RN)	27	46.6
2	Enrolled Nurses (EN)	31	53.4
TOTAL NUMBER		58	100

Source: Sokoine Lindi Regional Referral Hospital Team, 2014

Table 7 shows that the percentage of respondents comprised of 46.6% RN and 54.3% EN

4.2.2 Gender distribution of the respondents

The main aim of looking on gender distribution is based on the roles and relationship between men and women in the specific societies and cultures. Gender perspective created unique social roles and relation between women and men (URT, 2003). The role of male and female differ from one society to another but they should have equal status in employment and work process. However from this study, it shows that women have participated in high level compared to men and this also indicates that women have dominated nursing practices in many health provision arenas in Tanzania

and Sokoine Lindi Regional Referral Hospital in particular. The study receives a positive response of **58** respondents out of **60** targeted respondents – Nurses. Table 8 shows the percentage of female respondent was 89.7% while that of male was 10.3%.

Table 8 : Respondents Gender Distribution

Sex	Number of Respondents	% of Respondents
Female	52	89.7
Male	06	10.3
Total	58	100

Table 8 shows that the percentage of respondents comprised of 89.7% female and only 10.3% men. This illustrates how this Regional hospital is dominated by females than males.

4.3.3 Education Status of Respondents

The study area was Lindi Municipal of which is considered as urban area. The respondents of this study have different education levels, whereby all of them attended secondary school education and then attended Certificate, followed by the Diploma and Degree. It seems that the status of education among respondents is high as per Tanzania education system. Therefore, the awareness on the concept of the factors that affect their morale and job performance toward their duties was good and encouraging one.

Table 9 : Education Status of Respondents

Education	Number of Respondents	% of Respondents
Certificate	31	53.4
Diploma	25	43.1
Degree	02	03.5
Total	58	100

Table 9 shows that the percentage of respondents comprised of 53.4% certificate holders, 43.1% diploma holders and only 3.5% degree holders. This illustrates how this Regional hospital is dominated by certificate holders than those with higher level education. The number of degree holders is too small as they do not work at this Regional hospital.

4.3.4 Respondents marital status

Usually, communities have arrangements and beliefs related to family throughout the world. There are many arrangements for regulating mating and reproduction, caring for and bringing up children and meeting personal needs. This situation is also found in the study area where there are groups of individuals of single hood, married, divorced, separated, and widowed. All of these groups have the direct impacts to the knowledge about factors that affect morale and job performance of Nurses toward their duties.

Table 10 : Distribution of Respondents by their Marital Status

Marital Status	Number of Respondents	% of Respondents
Single	29	50
Married	18	31
Widowed	06	10.3
Divorced	04	07
Separated	01	1.7
Total	58	100

Source: Field Data, 2014

Table 10 shows that the percentage of respondents comprised of 50% single, 31% married, 10.3% widowed, 7% divorced and only 1.7% separated one. This illustrates how this Regional hospital is dominated by single family than the married. From Focus Group Discussion (FGD), the study found that married females have their partners either in Lindi or Dar es Salaam. Those having their partners in Dar es Salaam are in a trial to shift to Dar es Salaam so as to live together.

4.3.5 Age distribution of the respondents

Age distribution of the respondents is categorized into four groups starting with the age between (i) 18-24, (ii) 25-34, (iii) 35-44 and last group is (iv) 45+ years. Majority of the respondents were those ranging from 45 years and above, followed by 25-34 years, followed by 35-44 years and few respondents are found in the group of 18-24 year which made a total of 58 respondents who positively participated in this study. Table 11 and Figure 4.7 show the distribution of age of respondents.

Table 11 : Categories of Age of the Respondents

Age group	Number of Respondents	% of Respondents
18-24	11	19
25-34	15	25.9
35-44	14	24.1
45+	18	31
Total	58	100

Source: Field Data, 2014

Table 11 shows that the percentage of respondents are those ranging from 45 years and above, representing 18 (31%), followed by 25-34 years 15 (25.9%), followed by age 35-44 years represents 14 (24.1%) and few respondents are found in the group of 18-24 years represents 11 (19%). This illustrates how this Regional hospital is dominated by aged Nurses compare to those bellow 24 years old.

4.3.6 Respondents Duration with Hospital

Duration or period of the respondents working with the hospital is categorized into five groups starting with (i) Less than a year, (ii) 1 – 5 years, (iii) 6 – 10 years, (iv) 11 – 15 years and (iv) Over 16 years. Majority of the respondents were those who worked with this hospital for less than a year and more than 16 years, followed by those worked for 1 – 5 years and 11 - 15 years. A few respondents were found in the group of those who worked with the hospital for 6 – 10 years the sum of which made a total of 58 respondents who positively participated in this study. Table 12 and Figure 4.8 show the distribution of these respondents.

Table 12 : Categories of Working Age of the Respondents

Work Duration group	Number of Respondents	% of Respondents
Less than a year	15	25.9
1 – 5 years	10	17.2
6 – 10 years	08	13.8
11 – 15 years	10	17.2
Over 16 years	15	25.9
Total	58	100

Source: Field Data, 2014

Table 12 shows that the percentages of respondents who worked for less than a year and those worked more than 16 years at this Regional hospital were the same as all were with the percentage of 25.9%. Those Nurses worked at this hospital for less than a year were just newly employed who can change their intention of working for long time at this hospital if factors affecting their working morale not properly managed. Those who worked at this hospital for more than 16 years are the ones who tolerated all of the problems affecting their working morale and job performance.

4.4 Factors that Affect Morale and Job Performance of Nurses toward their duties

Through Participant Observation, Interview, Questionnaire and Focus Group Discussion (FGD) the researcher used to collect primary data from the participants as data collection tools about the factors that affect the morale and job performance of Nurses toward their duties. The respondents were free to come up with various factors

as per his/her knowledge about the subject matter. The mostly repeated factors by these 58 respondents are hereby arranged accordingly in table 13.

Figure 4.2 listed factors with higher percentage responses as follows; management style and segregation of Nurses 41 (24.4%),delaying in allowance payment39 (23.2%),inappropriate payment of allowances23 (13.7%),work load as a result of inadequate workforce - Nurses19 (11.3%),lack of good work done appreciation or recognition13 (7.7%),inadequate working tools/gear13(7.7%),lack of team work among indigenous Nurses and others9 (5.4%),life hardship in Lindi Region7 (4.2%) andpoor work environment4 (2.4%).

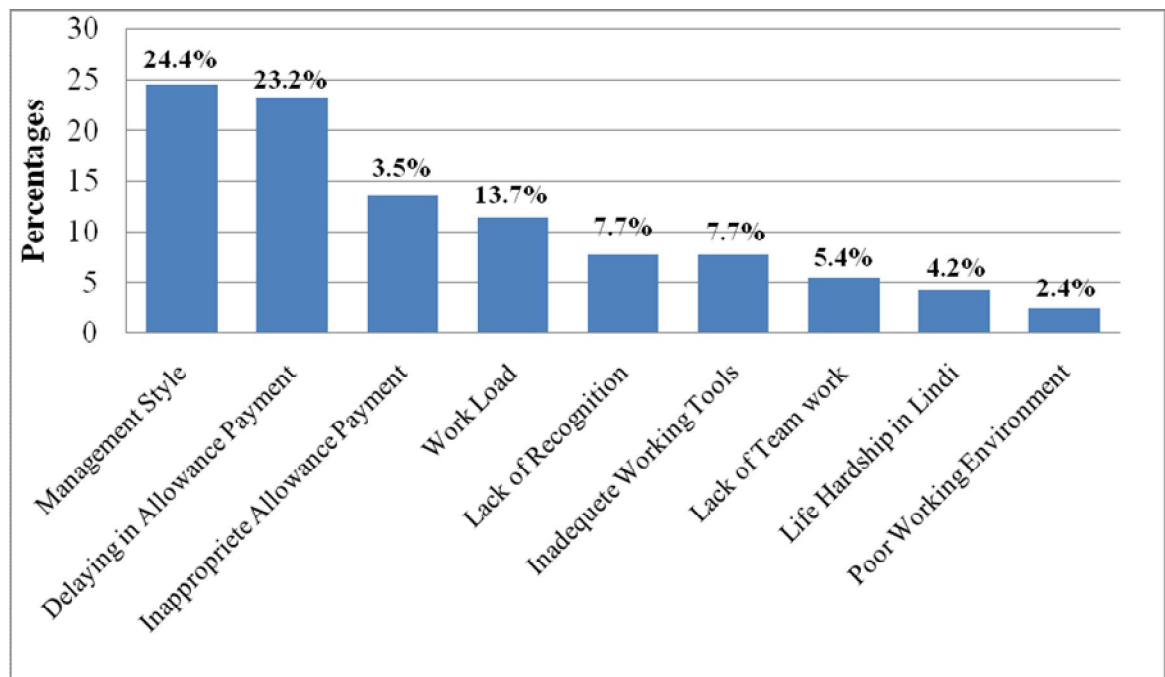


Figure 4.2 : Factors affecting working Morale and Job Performance of Nurses
Source: Field Data, 2014

4.5 The Research Findings from Special Group ($n=11$)

This special group comprised of 1 Regional Administrative Secretary (RAS), 1 Regional Medical Officer (RMO), 1 Sokoine Regional Referral Hospital Medical Officer in Charge, 2 Human Resource (HR) Officers, 3 Administrative Officers, 1 Health Secretary and 2 Matrons. The aim of having this group separate was to check if they knew their roles, if Sokoine Regional Referral Hospital has a strategic plan, motivation for workers, timely payment of allowances for workers and to come up with factors that affect morale and job performance of the Nurses toward their duties at Sokoine Regional Referral Hospital.

Lastly was to ask them to come up with factors which they think may make the workers including the Nurses to be attracted to work comfortably at Sokoine Regional Referral Hospital. The research tools applied to collect these peoples' views were interview guided questions, questionnaire and Focus Group Discussion (FGD). Sampling technique used to collect data from these respondents was purposive one. Hereunder are some of questions applied to this special group so as to come up with factors affecting Nurses working morale and the possible ways to be used to attract and retain Nurses at this Regional hospital.

4.5.1 Is Sokoine Regional Referral Hospital having a strategic plan?

The study then turned to the special group to test if Sokoine Regional Referral Hospital has a strategic plan. The purpose of this question was to find out if this Regional hospital is systematically managed and organized. All 11 respondents said that the hospital has strategic plan.

4.5.2 Is there any motivation to Sokoine Lindi Regional Hospital employees including Nurse?

The question was set to test if Sokoine Regional Referral Hospital has any motivation. The purpose of this question was to find out if the Regional hospital management team takes time to encourage workers through motivation of any kind. All 11 respondents said that the hospital has motivation such as allowance payment, training, recognition, advancement from one position to another and job security.

4.5.3 Do you think prompt and timely payment of claims is also a motivation to Nurses?

The question was directed to this special group to test if prompt and timely payment of claims is also a motivation to Nurses as workers. The purpose of this question was to find out if the Regional hospital management team knows the daily cry of Nurses - delaying in allowance payment as one of the factors affecting the Nurse working morale in most cases. All 11 respondents said that the prompt and timely payment of claims is also a motivation to Nurses.

4.5.4 Are Nurses at Sokoine Regional Referral Hospital get prompt and timely payment of their claims?

This question was directed to the special group to test if this hospital makes prompt and timely payment to the Nurses as workers. All of these 11 respondents including RAS and RMO said that there is no prompt and timely payment to Nurse at this hospital because of delaying in receiving their money from the Central Government.

4.5.5 What motivation can Sokoine Regional Referral Hospital provide so that Nurses can like their job, do it more comfortably so as to increase job performance?

This question was directed to this special group to test their knowledge on factors which can be applied so as to increase Nurses working morale. The purpose of this question was to answer research question number two which asks that ‘which ways can increase the morale of Nurses in order to enhance effective performance in providing quality health services?’. All of these 11 respondents come up with various factors as these respondents were free as per their knowledge about the subject matter. The mostly repeated factors by these 11 respondents are hereby arranged in Figure 4.3:

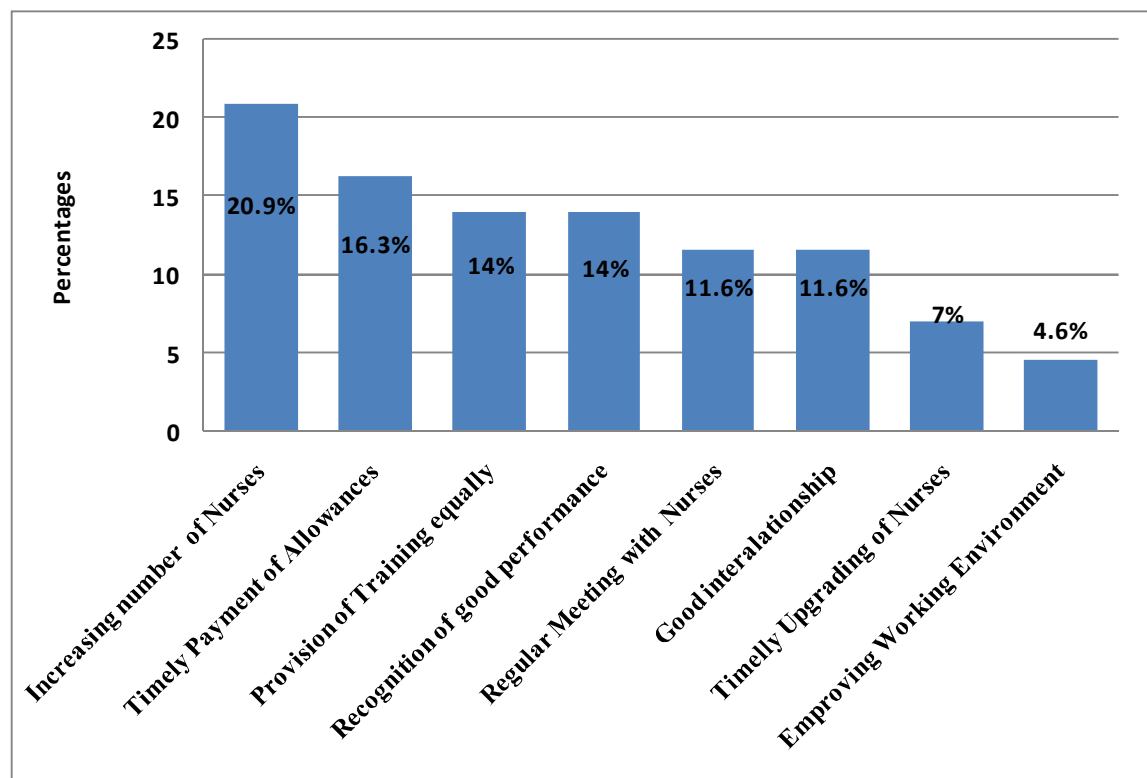


Figure 4.3 : Motivation Sokoine Regional Hospital can give the Nurses to enhance their working Morale?

Source: Field Data, 2014

4.5.2 What should be done to enable Sokoine Regional Referral Hospital to be attractive so as to retain workers including Nurses?

Lastly the question was directed to this special group to find their knowledge on factors which can be applied to this hospital so as to attract Nurses to work at this Regional hospital. The purpose of this question was to answer research question number three which asks that ‘What are the ways for reducing the exodus of Nurses at Sokoine Regional Referral Hospital – Lindi?’ All of these 11 respondents come up with various factors as they were free as per their knowledge about the subject matter. The mostly repeated factors by these 11 respondents are hereby arranged accordingly and shown on Figure 4.4 hereunder as follows;

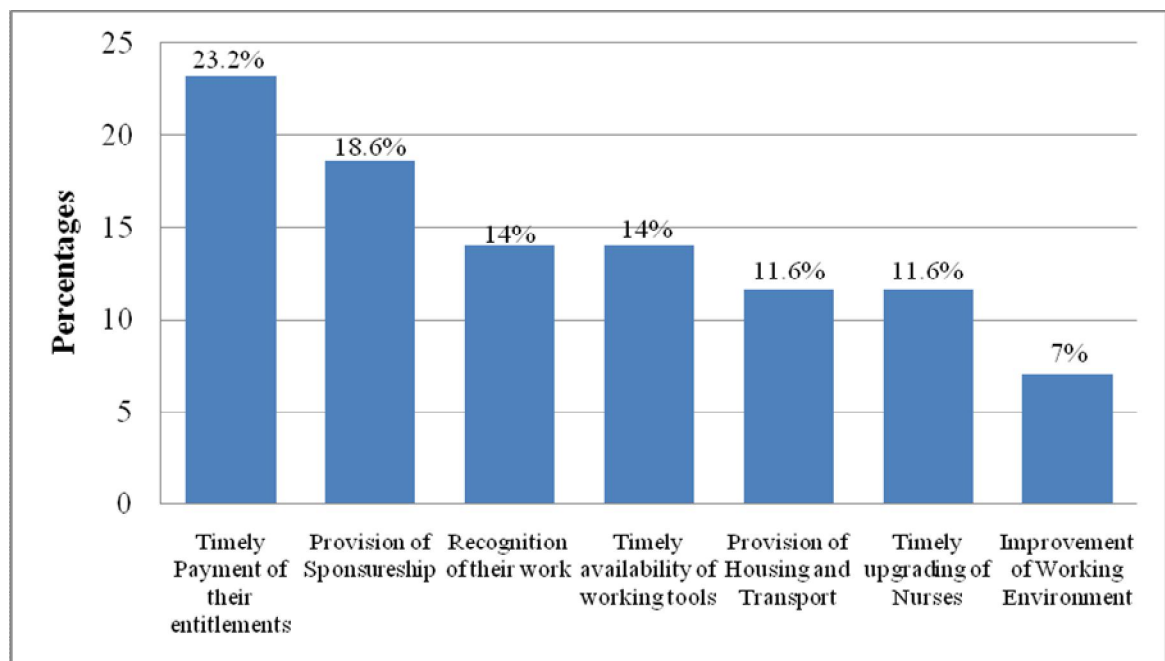


Figure 4.4 : Working Morale Strategies for Sokoine Regional Hospital in order to be attractive and retain the Nurses

Source: Field Data, 2014

4.6 Respondents Opinions on the strategies for enhancing Morale and Retention of Nurses at Sokoine Hospital

Participants of this research came up with various factors which may be considered by management team and employer for enhancing motivation and morale of Nurses in different health service settings, reduce their exodus and lead to their retention so as to increase their job performance. The total number of respondents was 69; as Nurses were 58 and Special Group were 11 Respondents. Their views represented on Figure 4.5:

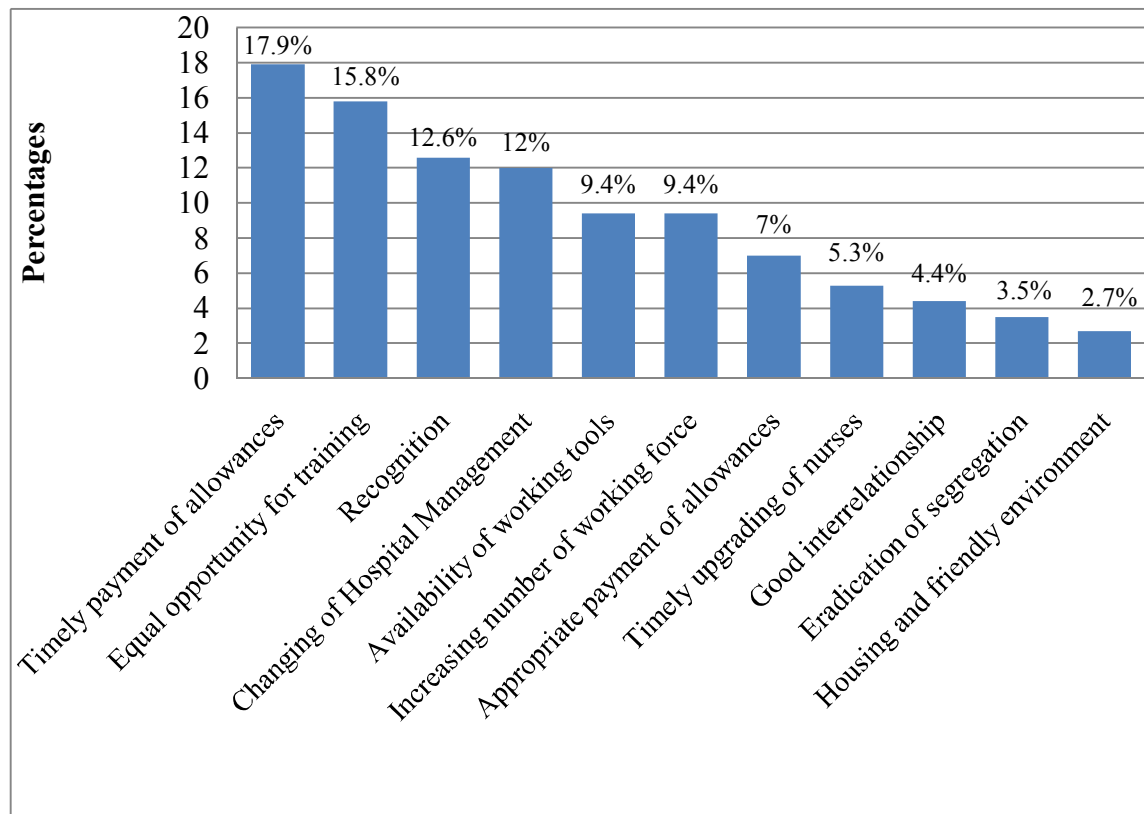


Figure 4.5 : Respondents opinions on the strategies for enhancing morale, retention and reduce exodus of Nurses at Sokoine Hospital

Source: Field Data, 2014

4.7 Discussion

4.7.1 The knowledge of factors that affect morale and job performance of Nurses toward their duties

This section presents the discussion of the study findings/results. The study noted that all of the 69 consulted research respondents; that is 58 Nurses and 11 special group had great awareness on the factors that affecting the morale and job performance of Nurses toward their duties.

Table 13 : Percentages of respondents according to tools used in collecting data

TOOL	NUMBER OF RESPONDENTS	PERCENTAGES
Questionnaire	11 Special Group 16 Nurses 27	31.4
Interview	3 Special Group 42 Nurses 45	52.3
Focus Group Discussion	7 RN 7 EN 14	16.3
TOTAL	86	100

Source: Field Data, 2014

Table 13 shows that the percentage of respondents interviewed was 52.3%, those who filled questionnaire were 31.4% while 16.3% were of those involved in Focus Group Discussion. This illustrates how this Regional hospital is dominated by certificate holders than those with higher level education. The number of degree holders is too small as they do not work at this Regional hospital.

All of 11 special group members were provided by questionnaire forms to fill. Questionnaires were distributed according to numbers of respondents included in the sample and were collected by the researcher after being filled by respondents. Also 21 Nurses were provided with questionnaire forms as they requested even though only 16 of them were properly filled. Interview was conducted with RMO, the hospital medical in charge and one matron while 42 Nurses were also interviewed. Focus Group Discussion was conducted by only 14 Nurses a group which consisted of 7 RN and 7 EN with two different discussions. Discussion with RN took place as first cluster and that of EN took place as the second cluster.

4.7.2 Discussion with respondents about factors that affect Nurses working morale and job performance toward their duties

The respondents who were 11 special group members and 58 Nurses were set free to come up with various factors as per their knowledge about the subject matter. About 9 major points were brought up. The most repeated factors by these 69 respondents were as follow:

4.7.2.1 Organizational management style including segregation of Nurses to attend training and career development

This point was viewed out as a key problem facing many Nurses at this Regional hospital. 41 respondents out of 58 which is about 70.7% of these 58 respondents said that there is an open segregation which is done by hospital management team during selection of Nurses to attend training and career development. This has been illustrated in Table 13 and Figure 4.9. There are special Nurses who are selected repeatedly to attend these programmes while others are not selected even once. Also the management team uses a few Nurses as its whistle blower something which mislead issues and therefore makes many Nurses not to be listened of their views as their views seem to be false always.

During FGD, all of the seven EN consulted said this is a major problem which make many Nurses not like to work at this hospital. One EN once said in Swahili “*hawa viongozi wana watu wao ambao kila nafasi ya semina au masomo yoyote ikitokea wanapewa nafasi kwenda na tunaombaa uchunguzi wa jambo hili ufanyike*”. This meant “*these leaders have their people whom they select wherever there is seminar or career development opportunity and we ask further investigation concerning this issue*”. Katunzi (2007) found the Hospital Management as one of problems at Sengerema District Hospital as 42.2% of respondents explained it. This study found that the management is not transparent to Nurses. Just like the previous studies carried by Barnes (1998) which found that opportunities for professional growth was vital. The findings of this study were also similar to the report by “*Mwananchi News Paper ISSN 0856-7573 No. 5317*” dated 13/02/2015. This News Paper reported that Nurses at

Mara Regional Referral Hospital rioted and then locked the Hospital offices due to poor management style which they believed was not participative and transparent. Also the Hospital Management Team was segregative in selection of the Nurses to attend seminar (See Appendix 4H). Thus, the management style used in organization should be those that encouraged participation, consultation, discussion and involvement of everybody as stipulated in the Ethics Law Section 18. This would evoke team building and team spirit around the services provided.

4.7.2.2 Delaying in Nurses allowance payments

This was the second factor explained by Nurses as a problem in their daily work performance. Nurses deserve to be paid various allowances as per their job description including, night calls, extra duties, housing and uniform allowances. One of the factors affecting the Nurses working morale at Sokoine Regional Referral Hospital in Lindi Region is delaying of their allowance payments as 39 respondents out of 58 which is about 67% of these Nurses explained about this problem. They explained that there is a special form which a Nurse ought to fill to claim his/her monthly allowances. They said that one can fill it in February and payment takes place in June which is delayed for about 4 months something reduces their working morale.

During FGD, all of 14 Nurses were discovered to be victim of this problem. Some were recorded saying that uniform allowance is paid in instalment of thirty thousand per year even though each Nurse deserves to be paid three hundred thousand Tanzanian shillings as uniform allowance annually. The Hospital Management Team also agreed with this delaying in Nurses allowance payment as one of the factors affecting Nurses working morale and job performance at this Regional hospital. They

saw it as a national calamity as it is a general cry of government workers in many sectors. This delay is done by Central Government. The findings of this study were also similar to the report by “*Mwananchi News Paper ISSN 0856-7573 No. 5317*” dated 13/02/2015 and “*Mtanzania News Paper ISSN 0856-5678 No. 7730*” dated 12/02/2015 where Nurses at Mara Regional Referral Hospital rioted and then locked the Hospital offices due to various reasons including delaying in uniform and extra duty allowances payments (See Appendixes 4H and 4J).

Despite of the fact that there is fund inadequacy in Tanzanian Government, Nurses ought to be paid their stipulated allowances at time so as to increase their working morale as this is one of their daily cry. Payment of extra duty, night, uniform, call and rent allowances to Nurses should be given priority by the Government authority concern with government hospitals Sokoine Regional Referral Hospital in Lindi Region in particular. Friedrich (2001), also have recommended that the first line managers should keep Nurses satisfied with their jobs through updating what is to take place at a time and their daily needs. Thus, their stipulated allowances should be paid at a time.

4.7.2.3 Inappropriate payment of allowances

This was a third factor explained by Nurses as a problem in their daily work performance. As the Nurses deserve to be paid various allowances as per their job description including call, night, extra duty, housing and uniform allowances, they explained that after filling the said allowance claim form, the numbers of days or hours to be paid allowances were reduced without notification or consultation of the

allowance claim-nant - Nurse. 23 respondents out of 58 which is about 39.7% said about this problem as one of the factors affecting the Nurses working morale at Sokoine Regional Referral Hospital and that this is done by the hospital management team.

They added that it always happen that a hospital leader (*the name reserved*) collect more than two hundred thousand Tanzania shillings a month as extra duty allowance while that leader does not have any extra duty done. But a Nurse who deserves to be paid thirty thousand Tanzanian shillings only as his/her entire claims of all monthly allowances is just paid fifteen thousand Tanzanian shillings only without notification or information after filling allowance claim form. “*Mtanzania News Paper ISSN 0856-5678 No. 7730*”dated 12/02/2015 also elaborated that Nurses at Mara Regional Referral Hospital locked the Hospital offices due to various reasons including their leaders to pay for themselves allowances while Nurses were not paid appropriately (See Appendixes 4J). Kwesigabo et al., (2012), elaborated health challenges in Tanzania through their Journal of Public Health Policy and concluded that health workers are not paid adequate allowances and that the paid allowances are not paid at a time something which discourages workers to perform their best.

4.7.2.4 Work load as a result of inadequate workforce of the Nurses

Among 58 Nurses consulted to discuss about the factors affecting the Nurses working morale at Sokoine Regional Referral Hospital, 19 of them which is about 32.8% said that they worked sometimes for 16 hours consecutively simply because there is a huge shortage of Nurses in this Regional hospital. From the findings as shown in Table 13 and Figure 4.9, it was clear that the workload for Nurses had greatly increased. This

meant that a Nurse had less time to spend on individual patients while it is acknowledged that the patient to Nurses ratio should almost be 1:6. There were cases found where a Nurse may attend the patients in the entire ward. This implied that a Nurse worked overtime.

These findings appeared to be consistent with the results of the study of Nurses by Carand Kazanowski (1994) who reported that job dissatisfaction can result when Nurses are overworked due to high workloads. Compounding the shrinking nursing force is the realization that the public is at risk when they enter the health care system. Blendon *et al.*, (2002) maintain that 5.3% of physicians and 65% of the public have the nursing shortage to be a leading cause of medical errors. News Paper “*Habari Leo* ISSN 1

821-570X No. 02893” dated 21/11/2014 also site about inadequacy of Nurses at Nguruka Health Center at Uvinza District in Kigoma Region where the night shift watchman assisted in health provision as a Nurse so as to rescue life of mothers and children at this government health center (See FZ). This was also supported by the Deputy Minister for Ministry of Health and Social Welfare Honourable Dr. Kebwe Stephen who reported that there is inadequacy of 52% of health workers including Nurses in Tanzania. This was reported in “*Mwananchi News Paper* ISSN 0856-7573 No. 5314” dated 10th February, 2015 (See Appendix 4G).

Furthermore, “*Mwananchi News Paper* ISSN 0856-7573 No. 5260” dated 17/12/2014” also has observed inadequacy of Nurses at Bukombe District in Geita Region where there is a need of 247 health workers equal to 43%. At this District

hospital there are only 333 health workers where 198 are working at urban areas while only 135 are working at rural areas (See Appendix 4C).

It was therefore felt that an increase in the number of Nurses would greatly lead to reduction of overtime work, fatigue for work and flexible working hours. All these are important for improving the morale of Nurses for work. Increased workload over and extended time led to high job turn over on the part of Nurses. Some of the ways which could be used to overcome the problems resulting from work overload from Nurses included the use of stress education and management strategies such as team building strategies so that their work at any one time should involve team efforts. The systems for work in the hospitals should enhance social and peer support as well as ensuring shifts in working hours and job rotation.

4.7.2.5 Lack of work done appreciation or recognition

Even though the management team of Sokoine Regional Referral Hospital elaborated that this hospital has a strategic plan and motivation to workers including Nurses. The consulted 58 Nurses, 13 of them which is about 22.4% said that there is neither recognition nor appreciation to the good performers except during Workers Day in 1st May each year where only few are rewarded. Some said that if a Nurse has done wrong it become publicly known almost to the entire hospital members, but when one does a wonderful work nobody appreciate or recognize it publicly. To these respondents, this is one of the factors affecting the Nurses working morale at Sokoine Regional Referral Hospital in Lindi Region. Low level of recognition for work done was found to be one of the causes of low morale as same of Nurses had been in their present positions for many years. Barnes (1998) also emphasized that opportunities for

professional growth, recognition for accomplishments and realistic workloads must be addressed to increase satisfaction. It seems reasonable to assume that given a realistic amount of work, individuals are able to carry out their job functions in a way that allows them to feel a sense of achievement and work accomplishment.

There is no laid down procedures for acknowledging or recognizing the efforts that were being done by Nurses at the Regional hospital. This is in spite of the fact that Nurses spent 85% of their time being with the patients. To ensure recognition, there were suggestions for merit awards, hardship or responsibility allowances, recognition of number of years working efforts through promotion or public award recognition. If recognition is strategized, it might be one way of re-kindling the spirit for work among the Nurses in Tanzania Sokoine Lindi Region Referral Hospital i particular.

4.7.2.6 Inadequate working tools/gears

This hospital is regarded as a referral one, but still lacking some crucial working tools including Oxygen Cylinder, O₂ Catheter, Feeding Tubes and protection gears such as Gloves and Syringes. These have been elaborated by the consulted 13 respondents out of 58 which is about 22.4% of these 58 consulted Nurses. The Hospital Management Team also recognized this as one of problems facing this Regional Hospital. Inadequate working tools and gears discourage working morale of the Nurses as they always want to do their best for their patients so as to avoid wrong doings as a means of being free from being publicly known to the hospital members and in the broadcasting news.

This is also supported by “*Mwananchi News Paper*” dated 04/02/2015 which reported about inadequacy of tools and gears for treatment of pregnant women at Msanda Muungano Health Center in Sumbawanga Region where there is a shortage of medicine, Feeding Tubes and protection gears such as Gloves and Syringes (See Appendix 4D). Also “*Mwananchi News Paper ISSN 0856-7573 No.5314*” dated 10/02/2015 also note inadequacy of beds for mothers and their new born kids at Nyanganga Dispensary – Uvinza District in Kigoma Region. There is only one old bed to accommodate the newly born kids whereby their mothers just slip on floor (See Appendix 4E). The Government of Tanzania is hereby advised to make sure that both working tools and gears are always available at health provision arena as these are the key equipments used to rescue life of patients. Tanzania is faced by scarcity of the said equipment as it has been elaborated by the Secretary General Ministry of Health and Social Welfare Dr. Donald Mbando when received the donated health equipments from World Health Organization (WHO) costing US Dollar 700,000/= (See Appendix 4F). Such donations may reduce inadequacy of working tools/gears in Tanzania health provision arena including hospitals, health centers and dispensaries.

4.7.2.7 Lack of team work among indigenous Nurses and others

The use of Focus Group Discussion (FGD) by the researcher was also a helpful to fulfil the research objectives and questions. Five (5) out of nine (9) respondents to this point were consulted through FGD so as to know how indigenous Nurses are related to those Nurses coming from outside Lindi Region. This was due to the reason that 9 out of 58 respondents as illustrated in Table 13 and Figure 4.9 which is about 15.5% came up with this point and after their identification, it was clearly known that they

are not Lindi Region indigenous as they are from other Regions of Tanzania. Their key point was that many of the indigenous are not competent in their work as Nurses and when one challenge them they seem to feel inferior and therefore they see others as threat to their work and employment. Also some of them their qualifications are questionable. This makes them to dislike their fellow from other Region of Tanzania. Some of them once recorded saying in Swahili language “*kwa kweli kuna ubaguzi toka kwa manesi wazawa dhidi ya manesi wa kutoka mikoa mingine. Unakuta wanajitenga na kufanya mambo yao bila kutushirikisha sisi watu wa kuja huku wakituteta kila mara bila sababu za msingi*”. This means “*in reality there is a segregation of indigeneous Nurses towards those from outside Lindi Region. You can find them conducting their activities without consulting those Nurses from outside Lindi Region where at the same time dislike us without known reasons*”.

Perhaps this is a new phenomenon in research arena as it seems not to be reported by other researchers elsewhere in Tanzania. The consultation about what other researchers said about this problem is still done. The Sokoine Regional Referral Hospital management team ought to check this problem widely so as to avoid exodus of non Lindi Region Nurses working at this hospital as a result of this regionalization.

4.7.2.8 Hardship life in Lindi Region and absence of other sources of income

The respondents were set free to come up with various factors as per their knowledge about the subject matter and about 09 major points were brought up. Seven (7) out of these 58 respondents which is about 12% came up with this point as one of the factors affecting the Nurses working morale at Sokoine Regional Referral Hospital. They said that they have been working in various Regions of Tanzania and found that one of the

Region which there is a life hardship is Lindi as food price is higher than other Regions, there is no opportunity to do other jobs for acquiring extra income from outside your employment, there are just few ‘Hiace’ popularly known as ‘daladala’ which carry passengers from one point to another as other Regions or municipalities something which forces the use of motorcycles which are too expensive compare to ‘daladala’. Some were recorded saying that there is no part time jobs in Lindi which can be done during off-shift compare to other Regions like Dar es Salaam, Mwanza, Arusha and Morogoro.

During FGD many Nurses said in Swahili “*bora kufanya kazi Mikoa ya kilimo na biashara kama Rukwa, Mbeya, Kagera au Shinyanga ambapo unaweza kuwekeza katika kilimo huku ukiendelea na kazi au kununua na kuuza mazao maana bei ni nafuu na kuna mzunguko wa hela*”. This meant “*it is better to work in Regions like Rukwa, Mbeya, Kagera or Shinyanga where one can invest in agriculture and business while continue working because the price is low and there is money circulation in these Regions*”. Being the case, there is a need of introducing hardship allowance policy by the Government authority concerned in those Regions which are regarded as hardship life zones Lindi Region in particular. This may attract workers to work comfortably at these Regions if and only if they received the said hardship allowance.

4.7.2.9 Poor working environment

Among the eleven key points introduced by these 58 Nurses as factors affecting their working morale at Sokoine Regional Referral Hospital, this was the only one elaborated with few Nurses who were just 4 leading to 6.9% of the entire respondents

- Nurses. They said that there is scarcity of water supply at the hospital, TANESCO cuts their electric power regularly without notification to the public, absence of housing for the Nurses and that some of the hospital buildings are too old something which make them to be uncomfortable at their work place. Water supply is from public main and its supply is inadequate something which makes some of crucial health provision to be difficult at a time of water absence. To these four Nurses at Sokoine Regional Referral Hospital, good working conditions further meant having means to acquire things like mobile phones, transport to and from work, furnished housing as well as house allowances, loan schemes, free treatment for their spouses and family members. Likewise “*Mwananchi News Paper* dated 04/02/2015” reported inadequacy of buildings for treatments of patients and workers, electric power at Msanda Muungano Health Center in Sumbawanga Region (See Appendix 4D). Good working environment to the health services providers including Nurses is so crucial not only to them but also to their customers – patients. There is a need of improving working environment through participative approach. Nurses should be involved in such plan.

4.7.3 Chapter’s summary

In this chapter, the discussion about research findings in relation with research problem, conceptual framework and research questions has been discussed. The eleven factors affecting the Nurses working morale and job performance at Sokoine Regional Referral Hospital has been elaborated as they have been identified by the consulted research respondents.

In the presentation, the researcher provided demographic characteristics of the respondents in terms of their category according to Tanzania National Nursing Association (TANNA) and Tanzania Nurses and Midwives Council (TNMC), sex distribution, age group, level of their education and training obtained. The researcher indulged on respondent's activities carried by tracing their positional categories which include Registered Nurses (RN), Enrolled Nurses (EN) and Medical Attendant (MA) so as to identify the real Nurses as per TANNA and TNMC. Their experiences in their field were also identified by the researcher. Thereafter, data was analyzed, interpreted and discussed in the line of researcher objectives and finally, the research findings were recorded for inference.

The provision of quality health care and Medical services is one of the major goals set by the government of Tanzania under The National Strategy for Economic Growth and Reduction of Poverty (NSGRP III) and the Millennium Development Goals (MDG 2000). This is because the strides in economic growth of the country would depend on the health conditions of the population. The main success fulcrum of the health service provision largely depends on Nurses as they are more than 60% of the entire health workers and provide more than 80% of direct patient care both in the hospitals and health units. What are the Factors Affecting the Nurses Working Morale at Sokoine Regional Referral Hospital in Lindi Region in Tanzania?. The aim of this research was therefore to determine the factors that affecting the morale and job performance of Nurses in performing their duties at Sokoine Lindi Regional Referral Hospital.

CHAPTER FIVE

5.0 CONCLUSIONS AND RECOMENDATIONS

5.1 Introduction

This chapter summarizes the main findings and draw conclusions of the study according to the research objectives. The chapter based on research results gives the recommendations as well as areas for further research.

5.2 Conclusion

The main success fulcrum of the health service provision largely depends on the Nurses. Their duties are crucial aspect in the provision of health services in Tanzania. The absence of Nurses leads to poor or inadequate health provision. They are more than 60% of the entire health workers and provide more than 80% of direct patient care both in the hospitals and health units in Tanzania.

The main objective of this study was to identify factors affecting working morale of Nurses in performing their duties. It was therefore important to identify the factors that have impacted on Nurses working conditions since they offer their services in different health care setting both in the hospital and in the community. Their morale for duty has a significant impact on the performance in relation to caring for the patients and the more effective the health care service the greater and healthier the population will be. The healthier population would be making significant contribution in developing different sectors of the economy of the country.

1. The first specific objective of this study was to identify factors affecting working morale of Nurses at Sokoine Lindi Regional Referral Hospital in Tanzania. The results showed that there was significant relationship between the various key factors for motivation and the level of performance among Nurses in health settings. Organizational management style including segregation of Nurses to attend training and career development (24.4%), delaying in their allowances payment (23.2%), inappropriate payment of their allowances (13.7%), work load as a result of their inadequacy (11.3%), lack of work done appreciation or recognition to their good performance (7.7%), inadequate working tools and gears (7.7%), lack of team work among indigenous Nurses and those from other regions (5.4%), life hardship in Lindi Region (4.2%) and poor work environment at this hospital (2.4%) were found to have significant influence on the level of motivation among Nurses in the study site which affected their job performance.
2. The second specific objective of this study was to establish strategies for enhancing motivation of Nurses in different health service settings. The implications of these results hinges on measures that would be taken to encourage reasonable management style, timely allowance payment, appropriate payment of allowances, increasing number of workforce, good performers appreciation and recognition, increasing working tools/gear, team work among indigenous Nurses and others and improvement of friendly working environment. If these implemented it would then be possible for the Nurses to give of their best in providing quality health and medical care to

patients in health settings and hence good and quality health service provision to different communities as well as the country as a whole.

3. The third specific objective of this study was to come up with the ways which may lead to the retention of Nurses at Sokoine Lindi Regional Referral Hospital – Lindi. Timely payment of allowances, equal opportunity for training, recognition either orally or by writings, changing of hospital management team, availability of working equipments at time, increasing number of working force - Nurses, eradication of segregation by indigenous Nurses, appropriate payment of allowances, good interrelationship between management and work force - Nurses, timely upgrading of Nurses, housing and friendly environment were some of the major means recognized by the researcher during data collection.

It is therefore imperative that the factors affecting their working morale above and other conditions that affected their work are regularly reviewed from time to time to ensure their effectiveness and readiness for work of providing quality health care to the individual patients and community as a whole. Otherwise, if factors affecting Nurses working morale and job performance not worked upon, the death of patients including mother and child will continue increasing as it has been contended in “*Mtanzania News Paper ISSN 0856-5678 No. 7668*” dated 12/12/2014 by RMO Pwani Region Dr. Beatrice Bylugaba that 625 children died in year 2012 and 777 died in year 2014 regional wide as a result of low working morale among the Nurses at this Region (See Appendix 4K).

5.3 Recommendation

Based on the findings of this study, the following recommendations can be drawn:

- (i) Despite of the fact that there is inadequacy of funds in Tanzanian Government, Nurses ought to be paid their stipulated allowances timely so as to increase their working morale as this is one of their daily cry. Payment of extra duty, night, uniform, call and rent allowances to Nurse should be given priority by the authority concern with government hospitals Sokoine Regional Referral Hospital in Lindi Region in particular.
- (ii) The management of The Ministry of Health and Social Welfare – MOHSW ought to have a check on the issues of inappropriate allowance payments at the hospitals especially Sokoine Regional Referral Hospital in Lindi Region in particular. This is due to the cry of the 23 respondents out of 58 which is about 40% of these 58 Nurses on the hospital management team. It seems to be a misuse of the hospital funds by the management team where at the same time some of the Nurses are paid inadequate allowances.
- (iii) The management style was a big issue which need improvement as it was introduced by 41 respondents out of 58 which is about 71% as a factor affecting the Nurses working morale at Sokoine Regional Referral Hospital. Thus, this indicates the need for improvement in management style for the purposes of enriching and making their work more interesting and rewarding.
- (iv) It is an opinion of the researcher that the Nurses should be recognized and appreciated for their good performance as this process does not need a lot of funds. Word of mouth like ‘well done’, employee of the month and others should be applied so as to encourage good performance at the hospital.

Recognition should also be enhanced through promotion to higher grades and positions, merit awards or long service awards for job well done over long period of offering their services. To ensure recognition there are suggestions for merit awards, hardship or responsibility allowances, recognition of number of years working efforts through promotion or public award recognition. If recognition is realized might be one way of re-kindling the spirit for work among the Nurses.

- (v) The motivation of Nurses is so needed at this Regional hospital and it implies training them so that they could improve on their services and handling of patients. The enrolled Nurses particularly need more skills, knowledge and training so as to cope with the emerging complexities in the provision of health services. Registered Nurses equally need re-orientation through career development. This should be done carefully and equally so as to eradicate the great feeling of some Nurses that there is segregation in selecting those to attend training as Table 13 and Figure 4.9 illustrate this Nurses cry.
- (vi) Work load is also a problem at this hospital as Nurses are few in number and therefore being forced to work overtime while at the same time crying of inadequate allowance payments and delays in paying these inadequate allowances. It is therefore felt that an increase in the number of the Nurses would greatly lead to reduction of overtime work, fatigue for work and flexible working hours. All these are important for improving the morale of the Nurses for work. Some of the ways which could be used to overcome the problems resulting from work overload from the Nurses included the use of stress education and management strategies such as team building strategies so that

their work at any one time should involve team efforts. The systems for work in the hospitals should enhance social and peer support as well as ensuring shifts in working hours and job rotation

(vii) The congenial or pleasant working environment was found to play a very significant role in motivating the Nurses for work. Good working conditions meant good working relations with the administration as well as relationships among Nurses themselves and other staff. Many thought that the working conditions would enable them to realize maximum efficiency for their work if the following were present:

- a) Adequate supplies of work facilities such as protective gears.
- b) Establishment of staff clubs for social needs.
- c) Team work spirit as well as good cooperation at formal and informal levels.

(viii) Finally, it would be advisable that the information presented in this study be put in good use not only for the present, but also for future human resource development particularly on matters related to factors that affect the morale and job performance of Nurses toward their duties in general. Policies should be established so as to identify problems facing Nurses at their work place in Tanzania national wide and help Nurses to face the said problems.

5.4 Areas for Further Study

This study covered only one hospital (Sokoine Regional Referral Hospital) in Lindi Region and confined to a certain category of lower cadre's staff - Nurses, it is therefore a broader study may be conducted in future to include higher cadre's staff –

Doctors from this hospital and others hospitals in Tanzania so as to have a wider understanding of the factors affecting the health workers working morale at health provision arenas. Then through analysis of the identified factors would help in drawing up national wide strategies and policies that could be used in recruiting and retaining public employees in the health provision arenas and other sectors of the nation as the whole. Lastly there is a need for further study to identify the job descriptions and the duties of the Medical Attendants (MA) as per TNMC and TANNA Regulation and Policies as they perform the same tasks as RN and EN at this Sokoine Regional Referral Hospital.

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APPENDICES

Appendix 2 A : A letter to RAS, RMO, Administrative Officers, HR, Matrons, Medical Officer in charge and Hospital Health Secretary.....

Introduction

Dear participant,

I am a student of the Open University of Tanzania (OUT) who is pursuing a Masters degree of Human Resource Management (MHRM). For the time being I am conducting a research project to understand the FACTORS AFFECTING THE NURSES WORKING MORALE AT SOKOINE REGIONAL REFERRAL HOSPITAL IN LINDI REGION.

This letter comes to you so as to ask for your participation in completing the attached questionnaire which would not take more than 15 minutes of your time to complete.

Please note that, the researcher (a person who gave you this questionnaire) is expecting to collect the completed questionnaire within 10 days from the date/day he gave you.

Further to that be assured that your response will be held strictly confidential, your participation is voluntary and you may withdraw anytime. However your participation will add value to this study and thus your positive response is highly appreciated. No need of writing your name within this paper.

Thanks in advance for your participation!

Yours sincerely,

.....

Amos Ndege

RESEACHER

Dr. Irene Aurelia Tarimo

RESEARCH SUPERVISOR

Appendix 2 B : A Questionnaire to RAS, RMO, Administrative Officers, HR, Matrons, Medical Officer in charge and the Hospital Health Secretary

Questionnaire for Regional Administrative Secretary (RAS), Regional Medical Officer (RMO), Administrative Officers, Human Resource Officers, Matrons/Patrons, Medical Officer in charge and the Hospital Health Secretary

Section 1: Background information

1. Respondent's position.....
2. Gender.....
3. Department.....
4. Age.....
5. Year employed in your current position.....

Section 2: Motivation in the Sokoine Regional Referral Hospital – Lindi

6. Is Sokoine Regional Referral Hospital having a strategic plan? (*Tick your answer*)

Yes	
No	
I don't know	

If your answer is 'yes' or 'no' in question 6 please tick the correct answer in the box below:

Yes	-Because it has a vision, mission statement and values -It sets goals and gives us the tactics and strategies to meet the set goals. -General it carries out its plan in a skillful way to compete in the market -Others (Specify).....	
No	-It has no vision or mission statement. -Plans are not executed in a skillful way. It doesn't care whether	

	goals are met or not -Others (Specify).....	
I don't know	I don't know	

7. Is the main/are the main objectives of the organization (mission/vision etc) communicated and understood by all employees (including nurses)?

Yes	
No	
I don't know	

8. Are there performance standards set in each department?

Yes	
No	
I don't know	

9. Is there any motivation to Sokoine Lindi Regional Hospital employees (including nurses)?

Yes	
No	
I don't know	

10. If **yes** to Question 9 above, what kind of motivation is there? (please tick from the list below:)

- (a) Recognition (Recognition for achievement e.g. certificate of appraisal, Employees performance awards like employee of the Month, quarterly etc) ()
- (b) work itself (working environment, work system and procedures etc) ()
- (c) bonus (e.g. 5% to 10% of any business brought by staff) ()
- (d) responsibility (assignment of responsibilities to employees) ()
- (e) advancement (from one position to another) ()
- (f) pay (money) ()

- (g) training ()
- (h) incentives(e.g. When bereaved by a parent, son etc) ()
- (i) security (job security, staff insurance schemes PPF etc) ()
- (j) allowances.(e.g. housing allowance, lunch allowance, overtime) ()
- (k) Others (Specify).....

.....

11. Does the key motivator/s you ticked above help in enforcing or stimulating work morale and hence improving job performance?

Yes	
No	
I don't know	

12. If yes to Question 11 above to what extent (you can approximate)

- (a) 20% () (b) 40% () (c) 60% () (d) (e)
- 80% () (f) 100% ()

13. Which among the above (in question 11) key motivators may be used well to improve performance and hence perform well in health business? Please explain your

answer.....

.....

...

14. What key motivator/s not highlighted in question 10 above you think most appropriate to increase/stimulate nurse's work more so as to improve their job performance? Please explain

.....

.....

.....

.....

15. Do you think prompt and timely payment of claims is also a motivation to nurses as workers?

Yes	
No	
I don't know	

16. Are nurses at Sokoine Regional Referral Hospital get prompt and timely payment of their claims as workers?

Yes	
No	
I don't know	

17. If **yes** to question 15 above how prompt and timely claims payment motivates Nurses. Please tick the correct answer below:

- (a) Appreciation by paid claimant is a motivation return to employee to do more in his/her work.
- (b) Exceeding clients expectation by prompt and timely claims payment leads to happily paid claimant who ends up becoming repeat business or inform their colleagues of the good services and thus more business which in return motivated the employee to work more
- (c) Delay in claims payment creates enmity between employees and customers hence employees start hating their jobs and decrease work morale..
- (d) Insurance is based on principal of utmost good faith and indemnity if you do not pay timely claims where is the peace of mind you have promised your client. The employees become demotivated by this fact.
- (e) All (a) to (d) are correct answers
- (f) I don't know.

18. Leaving apart factors like competition, privatization, cultural behavior etc. what do you think is the reason from motivation point of view of the drop/dwindle in the job performance of Sokoine Regional Referral Hospital Nurses
-

.....

.....

.....

19. Do you think motivation to employees (including nurses) at Sokoine Regional Referral Hospital is well managed?

Yes	
No	
I don't know	

If **Yes** or **No** please explain

.....

.....

.....

.....

20. What motivation can Sokoine Regional Referral Hospital do to nurses so that they can like more their job and do it more comfortably and accelerate their work morale to do the job?.....

.....

.....

.....

.....

.....

21. How is the rewarding system managed at the Sokoine Regional Referral Hospital?

.....

.....

.....

22. Are you happy with the rewarding management system available?..... .If **no/yes**, explain

.....

.....

 23. What are measures to be taken to improve the rewarding system in your organization?

.....

 24. Is Sokoine Regional Referral Hospital providing training for updating/upgrading nurse's skill competencies?

.....

 25. To what extent do you think the following factors mentioned bellow can motivate the level of morale and performance for nurses so as to re-orientate the job to meet their needs as employees as well as assets for the Sokoine hospital?

Key:

HM = Highly Motivated

D = De-motivated

M = Motivated

HD = Highly De-motivated

Issue	HM	M	D	HD
Salary received for work done				
Rate of salary increments offered				
Availability of working tools at work				
Good working conditions				
Quality and quantity of special services e.g. tea and lunch				
Safety of working conditions				
Company benefits offered to them				
Assurance of job security				
Cohesiveness of Officers when supervising (Good management)				

Professional associations with the organization				
Recognition for work well done				
Recognition their job title				
Status of their job compared to other work				
Recognition their level of education				
Feedback process				
Level of challenge posed by their job				
Their achievements at work				
Career advancement				
Training opportunities				
Allowances. (E.g. housing allowance, overtime allowance etc)				
Incentives (e.g. When bereaved by a parent, son etc)				
Advancement (from one position to another)				
Bonus payment				

25. What should be done to enable Sokoine Regional Referral Hospital to be attractive so as to retain workers including nurses?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Thank you for your corporation

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Appendix 2 C : A letter to Nurses at Sokoine Regional Referral Hospital

Mpendwa Mshiriki

Mimi ni mwanafunzi wa shahada ya uzamili ya rasilimali watu katika Chuo Kikuu Huria cha Tanzania ambaye kwa sasa niko katika kuandaa andiko la tasnifu yangu ili kuweza kuhitimu masomo hayo ambayo yanahusisha kufanya utafiti.

Utafiti wangu umejikita katika kuangalia **“Sababu zinazopelekea Manesi eidha kufanya au kutofanya kazi zao kwa hari kubwa katika Hospitali ya mkoa wa Lindi – Sokoine “(Factors Affecting the Nurses Working Morale at Sokoine Regional Referral Hospital in Lindi Region)”**.

Pamoja na barua hii niko hapa kukuoji maswali kadhaa kama utaniruhusu. Vile vile nimeambatanisha dodoso lenye maswali kuhusiana na utafiti huo kama hautakuwa tayari kuojiwa kwa muda huu kutokana na sababu yoyote uliyonayo. Hivyo ninakuomba ujaze majibu ya maswali yaliyoko katika dodoso hilo kwa kadri yalivyoulizwa kulingana na uelewa wako na usiandike jina lako popote katika dodoso hili.

Aidha taarifa utakazotoa zitakuwa siri kwa mtafiti/watafiti tu na kwamba taarifa hizo zitatumika kwa lengo la kukamilisha utafiti huu ambao ni kwa ajili ya masuala ya kitaaluma tu na siyo vinginevyo.

Natanguliza shukrani zangu za dhati kwa ushirikiano wako.

Wako,

.....

Amos Ndege

Dr. Irene Aurelia Tarimo

MTAFITI

MSIMAMIZI WA UTAFITI

Appendix 2D : English Questionnaire Guide to Nurses at Sokoine Regional Referral Hospital

Interview Guidance for Nurses

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

PART ONE: BIO DATA

(Remember not to write your name in this paper)

Put ☐ V to the true answer and explain whenever necessary

1. What is your present position?

Registered Nurse ☐ Enrolled Nurse ☐ Medical Attendant ☐

2. What is your Gender: F ☐ M ☐

3. What is your marital status?

Single ☐ Married ☐ Divorced ☐

Widowed ☐ Separated ☐

4. What is your age group?

18-24 ☐ 25-34 ☐

35-44 ☐ 45+ ☐

5. Year of graduation?

Less than a year ☐ 1 - 5 years ago ☐ 11 – 15 years ago ☐

6-10 years ago ☐ Over 16 years ☐

6. Qualification Earned? (Tick the highest level reached)

Secondary Education ☐ Certificate ☐ Advanced Diploma ☐

Ordinary Diploma ☐ 1st Degree ☐ Others

(specify).....

**PART TWO: PAY, INCENTIVES, FACILITIES, GOAL SETTINGS,
MANAGEMENT AND AUTHORITY FOR WORK**

11. Since employed at this hospital have you been offered the opportunity for career development?

Yes ☐

No ☐

If **YES**, did it include any of the following possibilities?

Short courses ☐

upgrading courses ☐

Seminars ☐

Workshops ☐

Others (please list) _____

12. Are you working willingly and enthusiastically for your organization/hospital?

Yes ☐

No ☐

13(a) If **Yes** to question No. 12 above, what makes you morewilling and enthusiastic in your work as a nurse?

13 (b) If **No** to question No. 12 above, what makes you **less** willing and enthusiastic about your work as a nurse?

14. How does the organization show its appreciation for your work?

They don't ☐ Pay allowance ☐
☐ Give gifts ☐ Give thanks ☐
 Others (state appropriately)

15. What are the non-monetary remuneration offered by your organization?

Loan and Loan guarantees ☐ Lunch ☐
 Transport ☐ Recognition ☐
 Tea and Coffee ☐ Sponsorship for further studies ☐
 Free treatment ☐ Others (mention) _____

16. How adequate are the supplies and facilities that enable you to work effectively and efficiently in your workplace?

Most adequate ☐ Less adequate ☐
 Very adequate ☐ Inadequate ☐ Adequate ☐

17. From the list below, tick the Management style used in your organization.

Dictatorship ☐Consultative ☐Manipulative ☐Lazier fair ☐Coercive ☐

Others (please explain)

18. To what extent do you have authority over the responsibilities and tasks assigned to you?

Greatest authority ☐Less Authority ☐Great authority ☐No Authority ☐Moderate authority ☐

19. What do you think as problems which make some of Nurses not to like to work at this Regional Hospital?

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

20. What do you think could be done to attract Nurses to like to work at this Regional Hospital?

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

21. What do you think could be done to make you better enriching and interesting in order to improve your job performance and then to make you not plan to leave this Hospital?

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

22. Indicate the extent to which you are motivated by the issues listed below at your work place;

Keys;

HM = Highly Motivated

D = De-motivated

M = Motivated

HD = Highly De-motivated

Issue	HM	M	D	HD
Salary received for work done				
Rate of salary increments offered				
Availability of working tools at work				
Working conditions				
Quality and quantity of special services e.g. tea and lunch				
Safety of working conditions				
Company benefits offered to you				
Assurance of job security				
Cohesiveness of officers when supervising				
Professional associations with the organization				
Recognition for work well done				
Your job title				
Status of your job compared to other work				
Your level of education				
Feedback process				
Level of challenge posed by your job				
Your achievements at work				
Career advancement				
Training opportunities				

Thank you very much for your cooperation

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Appendix 2E : Kiswahili' Questionnaire Guide to Nurses at Sokoine Regional Hospita

DODOSO NAMBA_____TAREHE_____

Weka alama ya (V) au toa maelezo panapostahili (*Usiandike Jina lako popote*)

SEHEMU YA KWANZA: TAARIFA BINAFSI

1. Taja wadhifa wako wa sasa(daraja);

i) Registered Nurse () ii) Enrolled Nurse () iii) Medical Attendant ()

2. Taja jinsi yako i) Me () ii) Ke ()

3. Taja kiwango chako cha juu cha elimu mpaka sasa.

i) Elimu ya sekondari () ii) Cheti ()

iii) Diploma () ii) Shahada ya kwanza ()

iv) Nyingine nje ya hapo juu, itaje.....

4. Umehitimu kiwango cha elimu tajwa hapo juu lini?

i) Chini ya mwaka 1 uliopita () ii) Mwaka 1 - 5 ()

iii) Miaka 6 -10 () iv) Miaka 11 - 15 () v) Miaka 16+ ()

5. Ipi hadhi ya mahusiano yako kindoa?

i) Hujaoa/Hujaolewa () ii) Umeoa/Umeolewa () iii) Mgane/ Mjane ()

iv) Umeachana na mwenzi wako () v) Umetengana na mwenzi wako ()

6. Uko katika umri wa rika gani kati ya makundi haya?

i) 18-24 () ii) 25-34 ()

iii) 35-44 () iv) 45+ ()

7. Umefanya kazi kwa muda gani kwa nafasi uliyonayo kwa sasa?

i) Chini ya mwaka 1 () ii) Mwaka 1 - 5 ()

iii) Miaka 6 -10 () iv) Miaka 11 - 15 () v) Miaka 16+ ()

8. Kiwango chako cha mshahara kwa sasa ni kipi?

i) TGS C () ii) TGS D () iii) TGS E ()
iv) TGS F () v) TGS A () ii) TGS G ()

9. Je kazi yako ya sasa ndiyo uliyoisomea? i) Ndiyo () ii) Hapana ()

10. Kama jibu lako katika swali la 9 hapo juu ni **hapana** ni kwa nini umehamua kufanya kazi katika fani nyingine?

i) Hakuna nafasi katika kazi niliyoisoma ()
ii) Mshahara mzuri katika hii nafasi ninayoifanyia kazi ()
iii) Nimepewa nafasi hii bila uchaguzi wangu ()

iv) Kama kuna sababu nyingine

elezea.....

11. Je tangu ujiunge na hospitali hii umewahi kuendelezwa ki masomo na mwajiri wako? i) Ndiyo () ii) Hapana ()

12. Kama jibu lako katika swali la 11 hapo juu ni **ndiyo** je masomo hayo yalikuwa ya aina gani?;

i) 'Course' fupi () ii) 'Workshop' () ii) Semina ()
iii) Kujiendeleza katika fani yangu ()

iv) Kama kuna masomo mengine

elezea.....

SEHEMU YA PILI: KAZI NA MAJUKUMU YA KAZINI

13. Je unafanya kazi yako katika Hospitali hii kwa utashi, kwa kuridhika na kwa furaha? i) Ndiyo () ii) Hapana ()

14. Kama jibu lako katika swali la 13 hapo juu ni **ndiyo** je mambo yapi yanakupelekea kufanya kazi yako kwa utashi, kwa kuridhika na kwa furaha?

15. Kama jibu lako katika swali la 13 hapo juu ni**hapana** je mambo yapi yanakupelekea kutofanya kazi yako kwa utashi, kwa kuridhika na kwa furaha?

16. Ni kwa namna gani Ofisi yako au mwajiri wako anajali utumishi wako?

- i) Kwa kutoa shukrani () ii) Kwa kulipa ‘Allowances’ ()
- iii) Kwa kutoa zawadi () iv) Hakuna kujali ()
- v) Kama kuna njia nyingine elezea.....

17. Ni kwa namna gani unakubaliana na kuridhika na maslai yako kazini?

- i) Ni mazuri sana () ii) Ni mazuri kiasi ()
- iii) Ni madogo sana () iv) Ni madogo v) Hayatoshelezi ()

18. Ni mambo au vitu gani tofauti na fedha unapatiwa na Ofisi au mwajiri wako?

- i) Mikopo () ii) barua ya pongezi () iii) Zawadi ()
- iv) Matibabu ya bure () v) Malipo ya masomo () vi) Mlo kazini ()
- vii) Kama kuna mambo mengine elezea.....

19. Ni kwa namna gani vitendea kazi vinapatikana ili kukuwezesha kufanya kazi ukiwa kazini?

- i) Kwa uhakika sana () ii) Kwa uhakika ()

iii) Ni hafifu () iv) Ni hafifu sana () v) Kwa kucheleweshwa ()

20. Ni aina gani ya utawala wa rasilimali watu upo katika Ofisi yako?

i) Wa kidikteta () ii) Wa kushirikisha watu () iii) Wa kimabavu ()

vii) Kama kuna nyingine

elezea.....

21. Ni kwa namna gani matarajio yako binafsi yanakubaliana/endana na malengo ya Ofisi yako?

i) Vizuri sana () ii) Vizuri () iii) Kidogo sana ()

iv) Ni kidogo v) Hayaendani ()

22. Je una uhuru kiasi gani juu ya kufanya kazi zako katika Ofisi yako?

i) Mkubwa sana () ii) Mkubwa () iii) Mdogo ()

iv) Mdogo sana () vii) Kama kuna nyingine

elezea.....

SEHEMU YA TATU: MAONI NA MAPENDEKEZO

23. Je unafikiri ni sababu zipi zinazopelekea baadhi ya Manesi kutopenda kufanya kazi katika Hospitali ya Mkoa wa Lindi – Sokoine?

24. Je unafikiri ni njia zipi zitumike ili kuvutia Manesi au watumishi wengine kupenda kufanya kazi katika Hospitali ya Mkoa wa Lindi – Sokoine kwa muda mrefu bila kutaka kuhama?

Sababu za kuzingatiwa;	NS	N	S	SK	HK
Mshahara unaoupata kutokana na kazi					
Ongezeko la mshahara wako kila mwaka					
Uwepo wa vitendea kazi kazini					
Mazingira mazuri ya kazi					
Uwepo wa motisha kazini kama chai, chakula nk.					
Usalama wa mazingira ya kazi					
Malipo ya muda wa ziada kazini					
Kuhakikishiwa usalama kazini					
Uongozi wenye kujali watumishi					
Uhuru wa kujiunga na vyama vya wafanya kazi					
Kutambulika kwa kazi zilizofanywa kwa ufanisi na kwa ubora					
Kutambulika kwa umuhimu wa nafasi yako kazini					
Kutambulika kwa thamani ya kazi yako ikilinganishwa na zingine					
Kutambulika kwa kiwango chako cha elimu					
Mrejesho wa taarifa					
Kutambulika kwa changamoto ya kazi yako					
Mafanikio yako kazini					
Kuendelezwa ki fani kwa wakati					
Uwepo wa mafunzo ya muda mfupi					
Ushirikishwaji katika maoni na mapendekezo					
Kusaidiwa katika matukio ya dharura (ruhusa, misiba, ugonjwa etc)					

ASANTE KWA USHIRIKIANO

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Appendix 4A : Mtanzania News Paper dated 18/12/2014

(CCM) kimewatupia lawama watendaji wa Serikali, licha ya ushindi mkubwa kilioupata katika uchaguzi wa Serikali za Mitaa. Kwa mujibu wa chama hicho, watendaji wengi wa Serikali, wamechangia kwa kiasi kikubwa kupoteza baadhi ya mitaa, vijiji na vitongoji vilivyochukuliwa na vyama vya upinzani.

Kauli hiyo imetolewa na

ISSN 0856-5678 NO. 7675

'Tanzania yakabiliwa na uhaba watumishi

NA ESTHER MBUSSI, DAR ES SALAAM

TANZANIA inakabiliwa na uhaba wa wafanyakazi wa huduma ya afya kwa asilimia 56 mijini na vijijini.

Hali hiyo inadaiwa kuchangia kwa ongezeko la vifo vinavyotokana na uzazi ambapo kinamama 8,000 hufariki dunia kila mwaka kutokana na matatizo ya uzazi.

Ofisa Mtendaji Mkuu wa Taasisi ya Mkapa (Mkapa Foundation), Dk. Ellen Senkoro, alisema hayo jana mbele ya waandishi wa habari baada ya kupokea msaada wa kompyuta zenye thamani ya Sh milioni 15, zilizotolewa na Kampuni ya Computer Connections.

Alisema kutokana na uhaba huo wa watumishi wa afya, taasisi yake imeamua kupeleka watumishi hao katika wilaya 15 nchini ikiwa ni mradi wake wa miaka mitano ambao tayari umeanza kazi tangu Januari mwaka jana na utamalizika mwaka 2017.

"Hali katika wilaya zetu huko vijijini si nzuri, kinamama wajawazito 8,000 hufariki dunia kila mwaka kutokana na uzazi na hali ya Ukimwi naye imangazeka katika kila

waandishi wa habari kuhusu tathmini ya uchaguzi huo.

Alisema watendaji wa Jiji la Tanga, hasa baadhi ya wasimamizi, wametumika kulihujumu chama hicho katika baadhi ya mitaa.

Kapande alisema utaratibu wa kutokuwapo wino, baada ya mtu kupiga kura umechangia kiasi kikubwa uchaguzi huo

mara moja.

"Katika Kata ya Mwarongo kulikuwa na hujuma kubwa, tuliwakamata wananchi wakiwa na karatasi za kupigia kura, huku wagombea wa nafasi ya uenyekiti wakitumika kama mawakala," alisema Kapande. Alisema dosari nyingine iliyokuwapo ni idadi ya watu waliogandikisha

kata 24 za wilaya yali imeshinda 17, huku zikinyakuliwa na upi

Hata hivyo, Mwe Umoja wa Vijana (U Wilaya ya Tanga, Sa Perembo, alisema m hayo yametokana na wa Serikali kushinda kusimamia ilani ya c hicho.

18/12/2014.

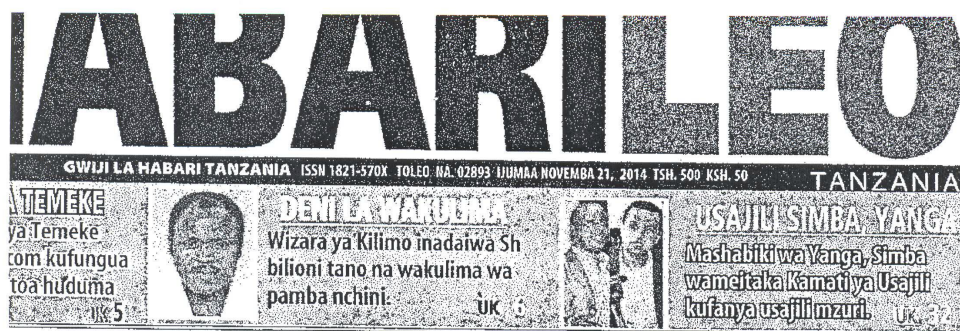


Naibu Waziri wa Viwanda na Biashara, Janet Mmbene, akizungumza na mmoja wa wafanyakazi wa nondo cha MMI Steel baada ya kukitembelea eneo la Mikocheni, Dar es Salaam juzi. Picha na Hum

Mbunge awakingia kifua wakaz

hoo wanaishi kihalali katika wamekuwa wakiisi

Appendix 4B1 : Habari Leo News Paper dated 21/11/2014



ta la Escrow kisa Bunge

acharuka kutaka lijadiliwe HABARI UK.2
a busara, Ndugai 'tutatenda haki'



Mlinzi wa usiku ahudumia kliniki ya wajawazito

Na Fadhili Abdallah, Kigoma

KITUO cha Afya Nguruka wilaya ya Uvinza mkoani Kigoma kinakabiliwa na upungufu mkubwa wa watumishi hali iliyofanya mlinzi wa usiku katika kituo hicho, Boaz Selelo Kiganamo kutumika kama mtoto huduma katika kliniki ya baba, mama na mtoto.

Hali hiyo inatokana na ongezeko kubwa la akiramaa wajawazito wanaohudhuria kliniki sambamba na kuwahi kituo cha afya wakati wa kujitungua ikiwa ni matokeo ya kampeni inayojulikana kama Thamini uhai okoa malisha ya mama na mtoto inayoendesha na Shirika la World Lung Foundation.

Mganga Mfawidhi wa Kituo cha Afya Nguruka, Staford Chamgeni amekiri kuwepo ongezeko kubwa la akiramaa wajawazito na watoto wanaohudhuria kwenye kituo na kubainisha kwamba ongezeko halilingani na ikama ya watumishi waliopo.

"Kwa kweli kwa sasa idadi ya kina mama wajawazito ni kubwa na hiyo imefanya tukabiliwe na mziro mzito wa kuwahudumia na ndiyo maana hata watumishi wa idara nyingire wanalazimika kufanya kazi ya kusaidia katika Idara ya Kliniki," alisema Mganga huyo Mfawidhi.

Akizungumzia hali hiyo mlinzi huyo alisema kuwa baada ya kucaliza zamu yake ya ulirozi usiku analazimika kusaidia kufanya kazi kwenye kliniki ya baba, mama na mtoto kutokana na upungufu mkubwa wa watumishi uliopo kwani wahudumu waliopo wame-

Appendix 4B2

HABARILEO LJUMAA NOVEMBA 21, 2014

APPENDIX 4B

Sakata la Escrow

Kabiwe Zitto, kabla ya kuwasilishwa bungeni.

Wa kwanza kumshauri Naibu Spika alikuwa Kafulila aliyesema kuwa suala hilo ni mthani kwa Bunge, na ili nchi isiingie katika machafuko, ripoti hiyo haina budi kuwasilishwa ndani ya Bunge.

"Bunge ndicho chombo chenye mamlaka ya mwisho katika nchi, watu watatupima kama tunatosha kuisimamia Setikali kwa jinsi tutavyoshughulikia suala hili. Bunge lazima lileshe miwe, hatuwezi kuwalinga watu wachache. Hiki ni kipimo cha uhalali wetu," alisema.

Bulaya alisema Bunge lazima lileshe miwe, na kwamba "CCM haiwezi kukubali kuchafuliwa na watu wachache, kila mtu ale kwa urefu wa kamba yake. Ujangili, dawa za kulevya, Escrow marufuku."

Naye Mbunge wa Longido, Michael Laizer (CCM), licha ya kukini kuwa miongoni mwa waliotafahamu vyema suala hilo, lakini alisema ni busara likajadiliwa na Bunge. "Mini silielewi vizuri, lakini ni jambo kubwa linaloumiza vichwa. Kuna miongoni mwa mungu, kuna orodha inatajwa ya wezi, hawajulikani ni kina nani, wengine wamo humo ndani. Naibu Spika tusifiche wezi, kila kitu kiwekwe waziwazi, tuelewe, wengine wanapiga siasa. Ije ripoti haraka, waliokula tuwaseme, halitupi raha," alisema Laizer.

Mbunge wa Iringa Mjini, Mlungaji Peter Msiwa (Chadema), alisema ni vyema ripoti ikavasilishwa ili kujua mwizi ni nani na kila mtu abebe msalaba wake. "Huu ndio wasaa wa ukweli, wasaa wa uamuzi. Hapa kuna watu waliitana tumbili na mwingine mwizi. Sasa ni wakati mwafaka kujua mwizi ni nani na tumbili ni nani," alisema Msiwa.

Naye James Lembeli wa Jimbo la Kahama (CCM), alisema kama Operesheni Tokomeza ilikwenda na baadhi ya mawaziri, kuna kigugumizi gani katika Escrow.

"Kila mtu atahukumiwa kwa matero yake,

kama ni mtego basi uteguliwe. Historia itakukumbuka Naibu Spika kwa jinsi utakavyoshughulikia suala hili," alisema.

Mbunge wa Kuteuliwa, James Mbatia (NC-CR-Mageuzi), alisema lazima kuwapo na uadilifu na uaminifu, hivyo waliohusika na sakata hilo waende na maji, ndi itulie.

Mbunge wa Singida Mashariki, Tundu Lissu (Chadema), akizungumza kwa niaba ya Kambi Rasmi ya Upinzani, alisema Mahakama haiwezi kulifundisha kazi Bunge wala kudielekeza nini cha kufanya kwani haina mandaka hayo.

"Kama Bunge la Tisa linakumbukwa kwa jinsi lilivyoshughulikia na suala la Richmond, Bunge hili litakumbukwa kwa suala hili la Escrow. Ripoti ilewe hapa, wa kusuka na kunyoo tumjue," alisema Lissu.

Akizungumzia maendeleo ya kazi yao, Zitto ambaye ni Mbunge wa Kigoma Kaskazini, alisema wako tayari kuwasilisha ripoti yao bungeni.

"Sisi hata kesho (leo) tunaweza kuwasilisha bungeni. Jana tunewahoji CAG, Takukuru na TRA na wamemaliza kazi yetu. Rasimu ya kwanza inaandaliwa leo (jana) na kesho iraweza kuingia bungeni, tukajadili hili ili itishe," alisema Zitto.

Hata hivyo, Waziri Mkuu Pinda alisema si kazi ya Mahakama kuficha uozo, lakini ni muhimu kila mhimili wa Dola ukatenda mambo kwa mujibu wa Katiba. "Hata mimi nataka yajadiliwe yaishe, lakini tutumie busara kubwa ili kuondoa mwingiliano na chombo kingine cha maamuzi kama inavyotakiwa," alisema.

Akilitimisha majadala wake, Naibu Spika Ndugai alifanya rejeo la kauli ya aliyekuwa Spika wa Bunge la Tisa, Samuel Sitta alisema; "tukiwa viongozi hatuwezi kutengeneza umoja katika uozo." Ndugai alisema kwa kutazama hali ya wabunge ilivyokuwa jana wakati wa kumshauri, aliahidi kuwa "tutatenda haki katika jambo hili."

Mlinzi wa usiku ahudumia kliniki

Inatoka Uk. 1

kuwa wakikabiliwa na mzigo mkubwa wa watu wanaofika kupata huduma kituoni hapo.

Kwa upande wake Maria Josephat, Mutuguzi katika Kituo cha Afya Ngurika alisema kuwa ongezeko kubwa la akinamama wawazito wanaofika kituoni hapo kupata huduma linewalazimu kufanya kazi masaa mengi ili kuendana na hali hiyo.

Hata hivyo, alisema kuwa licha ya hali hiyo wamekuwa wakikabiliwa na tatizo la kutopata malipo yao ya kufanya kazi saa za ziada kwa wakati na pengine kutopata kabisa na kwamba pande na hilo hawajakata tamaa katika kuwahudumia akinamama hao.

Kwa sasa kwa mujibu wa takwimu zilizotolewa kituoni hapo zinaonesha kuwa zaidi ya akinamama wawazito 200 hufika kujifunga kituoni hapo kwa mwizi kuanzia Septemba mwaka huu kutoka akinamama kati ya 80 na 130 waliokuwa wakijifunga kwa mwizi kabla ya zoezi hilo la hamaasishaji.

Akieleza mafanikio yaliyopatikana kutokana na kampeni hiyo, Anna Zakaria, Muuguzi Mkuu katika chumba cha upasuaji kituoni hapo alisema kuwa kufuatia kampeni hiyo kumekuwa na mafanikio katika kupunguza idadi ya akinamama wawazito kwa njia ya upasuaji kutoka akinamama saba hadi 10 na kufika akinamama 3 hadi 5.

Mganga Mkuu wa Wilaya ya Uvinza, Albert Muzwi amekini kuwepo kwa upungufu mkubwa wa watumishi kwenye vituo vya utafiti huduma na kwamba kwa sasa kliniki za baba, mama na mtoto zinakuwa na ongezeko kubwa ambalo hufindani na idadi ya watumishi waliopo.

Mumwi alisema kuwa kutokana na hali hiyo Halmashauri imekuwa ikitoa posho ya kufanya kazi saa za ziada ingawa bado hata Kiasi kinachotengwa hakitostelezi idadi ya watoto wanaopaswa kulipwa.

Familia yagombea urais

LUSAKA, Zambia

VITA ya kuusaka urais nchini Zambia imeingia katika hatua nyingine baada ya ndugu watatu wa familia ya aliyekuwa Rais wa nchi hiyo, Michael Sata akiwemo mjanje wake, Christine Kaseba, kuchukua foru kutogombea nafasi hiyo katika uchaguzi mdogo kupitia chama tawala.

Mjane huyo ameungana na mtoto wa kiume wa marehemu Sata, aitwaye Muienga Sata (47) ambaye pia ni Meya wa Jiji la Lusaka na binamu yake, Miles Sampa (44) ambao wote wakithibitisha kuwania nafasi hiyo ambapo uchaguzi umepangwa kufanywa Januari 20, mwaka 2015.

Kwa mujibu wa kituo cha radio binafsi cha Phoenix, mjane huyo, Kaseba alisema bado anaomboleza kifo cha mumewe ambaye alizikwa mwishoni mwa wiki iliyopita, na kwamba kitendo cha kuona kazi alizoanzisha mumewe hazikukamilika, zinaiuniza nafsi yake hivyo kuamua kuwania urais.

wanasema mimi ni kijana mdogo nitaamrisha na wengine, lakini nasema aliyeweza kuniamrisha ni njomba wangu pekee marehemu Michael Sata," alisema Sampa ambaye kitaaluma ni mchuni.

Hadi sasa watu saba wameshajitokeza kuwania nafasi hiyo ya urais. Kifo cha Rais Michael Sata kilitokea jijini London, Uingereza Oktoba 29, kwa ugonjwa ambao haukuwekwa wazi, na alikuwa akiwa na umri wa miaka 77. Enzi za utawala wake alijulikana kwa jina la utani kama King Cobra.

Sata aliingia madarakani tangu mwaka 2011, na kifo chake kimefanya makamu wake, Guy Scott kuchukua nafasi yake kwa muda hadi hapo uchaguzi mkuu utakapofanyika mapema Januari mwakani.

Mzozo kambi ya upinzani

Wakati wagombea wa urais kwa upande wa chama tawala wakiongezeka kutoka familia moja, upande wa upinzani nchini humo umeingia kwenye mzozo ambapo wili iliyopita, aliyekuwa Rais

SIKU YA TAKWIMU

SIKU YA TAKWIMU

8 NOVEMBA, 2014

Ka ni maadhimisho ya SIKU YA

mu ya Siku ya Takwimu Afrika

mu Huria kwa Uwajibikaji na

wa Watatu wote"

ho hwayo yatafaanyika Dar es

ikutano wa Karimjee kuanzia

asubuhi.

Appendix 4C : A letter to Nurses at Sokoine Regional Referral Hospital

APPENDIX 4C

MWANANCHI MWANANCHI.CO.TZ JUMATANO, DESEMBER 17, 2014

ISSN 0856-7573 MD 5260



UBUNIFU

Wananchi waki-
ishangaa baiskeli
iliyopambwa kwa
mwamvuli wenye
umbo la helikop-
ta ukiwa na rangi
za bendera ya
Chadema katika
viwanja vya Ofisi
ya Halmashauri
ya Wilaya ya
Geita, iliyokuwa
ikiendeshwa
na Laurent
Msilanga, Picha
na Jovither
Kaijage

Walia na uhaba wa watumishi

Mganga Mkuu wa Wilaya ya Bukombe, Honoratha Rutatinisibwa asema wapo katika wakati mgumu.

Ernest Magashi, Mwananchi

Bukombe. Halmashauri ya Wilaya ya Bukombe, Mkoa wa Geita inakabiliwa na upungufu wa watumishi wa idara ya afya, hali inayokwaza huduma kwa

wagonjwa.

Akiwasilisha taarifa ya Idara ya Afya kwa Mkuu wa Mkoa wa Geita, Fatma Mwassa, Mganga Mkuu wa Wilaya ya Bukombe, Honoratha Rutatinisibwa alisema wanakabiliwa na upungufu wa watumishi 247 sawa na asilimia 43.

Dk Rutatinisibwa alisema watumishi wa idara ya afya ni 333, kati yao 198 wapo wilay-

ani, 86 katika vituo vya afya na 49 zahanati.

Aliomba Serikali kuwapa kipaumbele kwa kuwa wapo katika wakati mgumu kikazi.

Licha ya changamoto hizo, Dk Rutatinisibwa alisema wamefanikiwa kuongeza chumba cha upasuaji wa dharura katika Kituo cha Afya cha Kata ya Uyovu.

Alisema hatua hiyo imepunguza gharama za mafuta, matengenezo ya gari la wagonjwa na msongamano.

Awali, Mkurugenzi Mtendaji wa Wilaya ya Bukombe,

James Ihunyo alisema wana tatizo la ukosefu wa umeme unaosababisha athari kubwa kwa idara ya afya hasa chumba cha upasuaji, kwani halmashauri imekuwa ikitumia gharama kubwa za kuendesha jenereta.

Mkuu wa Mkoa wa Geita, Mwassa alisema Serikali itashughulikia changamoto zinazokabili halmashauri hiyo, huku akitoa pongezi kwa mkuu wa wilaya, mkurugenzi na watumishi kwa kutumia teknolojia ya kisasa kuwasilisha taarifa zao.

PLAINTIFF

WT

JMT

CANT

ICANI ISLAMIC

ONE 1st agent
in person or by
BRIEF 2015 AT
no are directed to
if your address
in that day before
a notice
1 day of

JAMHURI YA MUUNGANO WA TANZANIA
BARAZA LA ARDHI NA NYUMBA WILAYA
MOROGORO
YAH: MAOMBI NA 74/2014
VITALIS YULI MLETA MAOMBI

DHIDI YA
1. NGUYA KOSTA WAJIBU MAOMBI
2. MATEO KOSTA
WITO KUTWA SHAURINI

KWA
1. NGUYA KOSTA
2. MATEO KOSTA

Popote mipo mnaarifiwa mika Baraza la Ardhi na Nyumba la Wilaya ya Morogoro. Tarehe 13/12/2015 wenyewe binafsi au wawakilishi wenu bila kukosa, ambapo matokeo yamepatikana kutawa. Endapo hali hushuhurika, Maombi yatatajwa na kusikizwa upande mmoja dhidi yenu na kutolewa msamizi.

Imesantawi leo Tarehe 15 mwezi Desemba, Mwaka 2014.

MWENYEKITI
BARAZA LA ARDHI NA NYUMBA (W)
MOROGORO

JAMHURI YA MUUNGANO WA TANZANIA
MAHAKAMA YA HAKIMU MKAZI
MOROGORO
SHAURI LA MADAI NA 34/2014

MAINES RICHARD MWAKILIMA MDAI
DHIDI YA
ERNEST THEOBALD MALLA MDAIWA

TANGAZO

Mdaiwa tajwa hapo juu unatakiwa kufika mbele ya mahakama hii tarehe 13/01/2015 saa 2:30 Asubuhi bila kukosa.

Mdaiwa usipofika mahakamani siku hiyo shauri litatajwa na kuendelea kusikizwa upande mmoja bila wewe kuwepo mahakamani na kutolewa uamuzi.

Amni hii imetolewa na kutiwa saini na muhuri wa mahakama hii leo tarehe 12 mwezi 12 mwaka 2014.

HAKIMU MKAZI
MOROGORO

NAFASI YA KAZI (PART TIME)

Kampuni ya Cassandra Lingerie Ltd, inatangaza nafasi ya kazi ya Mhasibu, mwenye sifa na vigezo vifuatavyo:
- Awe na taaluma katika fani ya Uhasibu (ngazi ya Shahada) .
- Awe na uzoefu usiopungua miaka 3

NB: Nafasi husika ni "part time" (ajira ya muda)

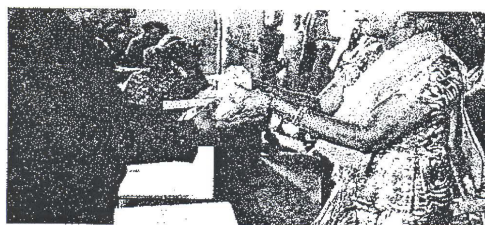
Maombi yatumwe kwa anuani zifuatazo:

nambucassandra@gmail.com, md@cassandra.co.tz

Kwa maelezo zaidi wasiliana nasi kwa namba:

+255 658411887, +255 754 411887

Appendix 4D : Mwananchi News Paper dated 04/02/2015



AFYA

Wajawazito wajifungua kwa mwanga wa kibatari

Ni katika kituo cha afya, Mganga Mfawidhi, Charles Apolinary aishauri Serikali ikishushe hadhi.

Mussa Mwangoka, Mwananchi.

Sumbawanga. Kituo cha Afya cha Msanda Muungano kilichopo wilayani Sumbawanga Mkoa wa Rukwa, kinalazimika kutumia chumba kidogo, mwanga wa kibatari na mshumaa nyakati za usiku kwa ajili ya wajawazito kujifungua.

Kutokana na hali hiyo, Mganga Mfawidhi wa kituo hicho, Charles Apolinary ameishauri Serikali kukishusha hadhi kwa kutokidhi mahitaji.

Dk Apolinary alisema hayo juzi alipozungumza na viongozi wa Jumuiya ya Umoja wa Wanawake wa Tanzania CCM (UWT) Wilaya ya Sumbawanga waliotembelea kituoni hapo katika kusherehekea miaka 38 ya chama hicho.

Alisema kituo hicho kina ukosefu wa nishati ya ume hali inayoleta usumbufu wakati wa kutoa huduma za afya.

Dk Apolinary alisema ukosefu wa dawa kwa mie-

zi kadhaa pia umekuwa kero kwa wagonjwa ambao huenda kituoni hapo kwa ajili ya kupima, lakini dawa humunua katika maduka binafsi.

"Ni aibu kituo hakina hata dawa za kutuliza maumivu na bado unaita ni kituo cha afya? Kwa nini wasikishushe hadhi kiwe zahanati, kwa kuwa kuna zahanati nyingine dawa zipo.

"Hapa changamoto ni nyingi, kuna tatizo la upungufu wa nyumba za watumishi, zilizopo ni mbili," alisema Dk Apolinary.

Alisema wajawazito wanaotakiwa kujifungua kwa upasuaji hupewa rufaa kutokana na kituo hicho kutotoa huduma hiyo.

Mwenyekiti wa UWT, Sumbawanga, Scolastica Malocha alisikitishwa na ukosefu wa vifaa tiba na dawa katika kituo hicho.

Hata hivyo, alisema atazilishisha taarifa hizo kwa uongozi wa Halmashauri ya Wilaya ili kuhakikisha kituo hicho kinafanya kazi kwa hadhi yake.

"Nimeona kuna haja ya kuongeza majengo, hata haya yaliyopo yaliyengwa na Mfuko wa Maendeleo ya Jamii (Tasaf) awamu ya kwanza na havatoshi

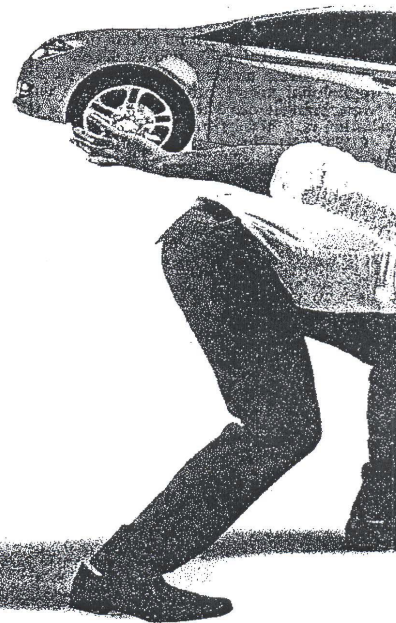
APPENDIX 4D

Miratibu Elimu Kata ya Mvomero, Malonga Dilukwili alisema hayo jana alipozungumza na walimu, maofisa watendaji wa vijiji na madiwani kwenye mafunzo ya ufuatiliaji wa matumizi ya

wakijitolea kufundisha laki wanawatolea maneno ya vit wataondoka. Sasa kwa m elimu itapanda maeneo ya alihoji Dilukwili.

MWANANCHI NEWS PAPER
04/02/2015.

Tunakupunguzia mzigo w
Insurance Premium Final
rahisi zaidi



Kulinda usalama wako wa kifedha ni moja ya lengo kuu kwetu CBA Bank. Ndiyo maana tunakusadia jukumu la kulipa kiasi chote cha bima kisha utatulipa sisi katika kiwango kidogo cha riba na vigezo rahisi.

Kwa maelezo zaidi niga *255 788 281 526 au tembelea tawi loru lililo karibu yako

Appendix 4E : Mwananchi News Paper dated 10/02/2015

aka hospitalini hapo huanamkia huduma mbovu zinazotolewa pamoja na watoa huduma kuomba rushwa, kuuza kadi za kliniki za wajawazito na watoto wachanga.

Katika ibada hiyo, aliwataka watoa huduma wakiwamo madaktari kutoa huduma kwa haki na kutambua kwamba kazi hiyo wameisomea ili kuokoa maisha ya watu na ujuzi wao unatoka kwa Mungu.

"Madaktari tunaomba mtoe huduma bila kuomba rushwa... Taaluma yenu inatoka kwa Mungu. Bila Mungu msingekuwa na ujuzi huo... Kuomba rushwa kwa mgonjwa ni kosa kubwa mno... Ni kuchezea maisha ya mtu," alisema Padri Masolwa. Kauli ya padri huyo ilipokelewa kwa shangwe na waumini zaidi ya 200 waliohudhuria ibada hiyo, huku baadhi yao wakisikika kwa kusema "Padri amesema ukweli hospitali yetu hii... kwa rushwa imekithiri... na kama huna hela unafiwa na mgonjwa." Waumini wa kanisa hilo kutoka Parokia za Jimbo la Geita za Nyankumbu na Mwatulole waliungana kwa pamoja kuwaomba

wagunjwa katika hospitalini hiyo pamoja na kutoa michango yao ya fedha, sabuni, mafuta na sukari kwa ajili ya wagonjwa waliolazwa hospitalini hapo.

Mwaka 2010, Mkuu wa Kanisa la Kiinjili la Kilutheri, (KKKT) Askofu Alex Malasusa aliwahi kuishambulia Hospitali ya Rufaa ya KCMC Moshi kwa kukithiri kwa rushwa na kuwataka watumishi wa hospitali hiyo kuacha kupokea rushwa kutoka kwa wagonjwa.

Mwishoni mwa mwaka jana, wauguzi wawili wa Hospitali ya Nyamagana mkoani Mwanza walifikishwa katika Mahakama ya Hakimu mkazi Mwanza, wakikabiliwa na shitaka la kuomba na kupokea rushwa kutoka kwa mama wawili wawazito.

Wauguzi hao Joyce Monga na Marystella Wilfred wamesomewa mashitaka yao na mwanasheria wa Taasisi ya Kupambana na Kuzuia Rushwa (Takukuru) Lenin Njau, mbele ya hakimu mkazi Abeisiza Kalegeya ambaye amedai kuwa wauguzi hao waliomba na kupokea rushwa toka kwa Bahati Mwakyambiki na Rukia John.

MWOTO
huyo kweli
niliambi-
dhiwa,
niliagizwa
niliifikisha
Bariadi,
nichunge
asiteremke
njiani, ndi-
cho niliicho-
fanya."
Kondakta
basi la
Mombasa
Raha,
Yohana

APPENDIX 4E
10/02/2015

155N 0856-7573 NO. 5314

4BE: UTENGENEZAJI

Kijiji cha Nyangoto wilayani Tarime mkoani Mara akiangalia kiwanda cha kutengeneza pombe haramu kilichopo kijini hapo juzi. Picha na Mpiga Picha wetu



Shinyanga. Mwanafunzi wa kidato cha kwanza (15) aliyedaiwa kubakwa na kusababishiwa mau-mivu makali na askari anayedaiwa kuwa wa Kikosi cha Kutuliza Ghasia (FFU) Shinyanga, amepotea katika mazingira ya kutatanisha.

Kupotea kwa mwanafunzi huyo kumedaiwa kuwa kumelenga kuharibu ushahidi wa kesi ya ubakaji inayomkabili mshtakiwa huyo anayetuhumiwa kufanya uhalifu huo usiku wa kuamkia Januari 6, katika eneo la Ndembezi Manispaa ya Shinyanga.

Wakizungumza mjini Shinyanga, wazazi wa mwanafunzi huyo walisema wanalituhumu Jesi la Polisi Shinyanga kwa kumficha mwanafunzi huyo ili kuharibu ushahidi wa kesi ya ubakaji.

Mkuu wa Dawati la Jinsia mkoani hapa, Pili Misungwi alisema mwanafunzi huyo kwa sasa yupo katika mikononi salama wilayani Bariadi ambako alisafirishwa na kondakta wa basi la Kampuni ya Mombasa Raha aliyekabidhiwa kumsafirisha.

Konda wa gari hilo alipohojiwa alikiri kukabidhiwa binti huyo.

KIGOMA

Vichanga vyalazwa kitanda kimoja, mama zao chini

Diana Rubanguka, Mwananchi.

Kigoma. Wanawake wawazito katika Kijiji cha Nyanganga kilichopo wilayani Uvinza mkoani hapa, wanalazimika kulala chini baada ya kujifungua kwa kukosa vitanda vya kupumzikia katika zahanati ya kijiji hicho.

Ulazima huo umetokana na uwepo wa kitanda kimoja cha mbao chakavu kilichopo katika zahanati hiyo ambacho hutumika kuwalaza vichanga wanaozaliwa kwa siku.

Muuguzi wa zahanati hiyo, Mwatatu Mustafa alikiri kuwapo kwa tatizo hilo na kusema wazazi hutandika kanga chini baada ya kujifungua kutokana na ukosefu wa vitanda na magodoro na kwamba alilikuta tangu mwaka 2009.

Alisema, tatizo hilo limedumu kutokana na mganga wakituo hicho kushindwa kufika katika vikao vya kijiji kubainisha adha hiyo pamoja na kuvuja kwa nyumba za wauguzi na hulazimika kuweka beseni vitandani pindi mvua ikinyeshapo.

Nao wazazi waliokutwa kituoni hapo kwa nyakati tofauti wamekiri kulala chini ili kulinda afya za watoto wao wachanga kwa kuwalaza kitanda kimoja.

Appendix 4F : Mwananchi News Paper dated 29/11/2014

MWANANCHI
MWANANCHI.CO.TZ JUMAMOSI, NOVEMBA 29, 2014

APPENDIX 4F

Wang'ara tuzo za kilimo

Adam Hiucha wa The n, Patty Magubira na Ubwani, wote kutoka

tuzo hizo, yika katika sehemu andishi wa magazeti i (Radio na Runinga), ilikabidhiwa tuzo zao diti mstaafu wa TAHA, an Ngalo. i wengine waliopata iho wanavyowakilisha abano ni Charles

Ngereza (The Guardian), Eliya Mbonea (Raia Tanzania) na Mark Nkwame wa Daily News.

Kwa upande wa runinga na radio, washindi walikuwa ni Ramadhani Mvungi (Star Tv), Jamila Omari (Chanel Ten) na Mwanaidi Mkwizu wa ITV.

Awali, Mkurugenzi Mtendaji wa TAHA, Jackline Mkindi aliwaeleza wajumbe wa mkutano mkuu wa chama hicho kuwa waandishi hao ni miongoni mwa waliosaidia kukuza sekta ya kilimo cha

matunda, mbogamboga, maua na viungo kwa kipindi cha miaka kumi kuanzia mwaka 2004.

Kwa upande wao, Ubwani, Magubira, Ngereza na Hiucha, licha ya kuishukuru TAHA kwa kutambua mchangowao wakukuza kilimo cha maua, mbogamboga, viungo na matunda kupitia taaluma yao ya habari, walikiomba chama hicho kuongeza zawadi kwa washindi ikiwemo fedha taslimu badala ya ngao pekee.



laji Mkuu wa Kampuni ya Mwananchi Communications Limited (MCL), Bakari Machumu, akizungumza ilisha mada katika Jumuiwa la Wanataaluma waliosoma Chuo Kikuu cha Sokoine cha Kilimo (SUA). nu mkuu wa chuo hicho (Taaluma), Profesa Gabriel Mbassa. Picha na Hamida Shariff

ADA

kutoa huduma za kisheria
e magerezeni, hospitalini

TLS itaadhimisha miaka 60 tangu kuanzishwa kwake.

Florence Majani, Mwananchi

Watanania walio katika mahabusu na hospitali mbalimbali nchini, sasa watapata ufumbuzi wa changamoto za kisheria

kufuatilia kulipwa fidia au hata bima ya afa," alisema.

Pamoja na kutembelea hospitali, Rwechungura alisema kuwa TLS itawatembelea hata mahabusu ili kuwasaidia namna ya kupata dhamana kwani alisema kuwa wapo ambao hawajui kama dhamana ni haki ya kila mtu.

WHO yakabidhi
vifaa tiba, magari
Wizara ya Afya

Florence Majani, Mwananchi

Wakati taifa likiwa katika wimbi la uhaba wa dawa, Shirika la Afya Ulimwenguni (WHO), limetoka msaada wa vifaa tiba vyenye thamani ya zaidi ya Dola 700,000 za Marekani.

Akikabidhi vifaa hivyo jana katika ofisi za Wizara ya Afya, Mwakilishi Mkazi wa WHO Tanzania, Dk Rutaro Chatora alisema kuwa utoaji wa vifaa hivyo ni wajibu wa WHO katika kumaliza changamoto za afya katika hospitali nchini.

Alisema kuwa vifaa hivyo vinatarajiwa kusaidia sekta ya afya kwa jumla sanjari na kupunguza vifo vya wajawazito, watoto na masuala yoyote ya dharura.

WHO ilikabidhi magari manne aina ya Toyota, majokofu 400 ya kutunzia chanjo, mashine 12 za kuchemshia vifaa vya hospitali, mitungi 25 ya gesi, vifaa 20 vya kuondoa vumbi na kudhibiti mbu.

Akipokea vifaa hivyo, Katibu Mkuu Wizara ya Afya, Dk Donald Mbanda alisema kuwa msaada huo umekuja wakati mwafaka, ambapo hospitali zina uhaba wa dawa na vifaa tiba.

Wanawake sasa
wachangamkia
elimu

Kalunde Jamal, Mwananchi

Dar es Salaam. Taasisi ya Elimu ya Watu Wazima na Mafunzo Endelevu imesema mwamko wa kujiendeleva kielimu kwa wanawake umeongezeka, ukilinganisha na miaka ya nyuma.

Kaimu Mkurugenzi wa taasisi hiyo, Dk Fidelice Mafumiko alibainisha hayo wakati wa mahafali ya 50 ya taasisi hiyo yaliyofanyika jana jijini Dar es Salaam.

Mafumiko alisema kuwa mahafali ya mwaka huu yanajumuisha wahitimu 547, kati yao wanawake wakiwa ni 317 sawa na asilimia 58

Appendix 4G : Mwananchi News Paper dated 10/02/2015

APPENDIX 4G

MIKOANI **MWANANCHI**

MWANANCHI CD T2 JUMANNE, FEBRUARI 10, 2015

ISSN 0856-7573 No. 5314

<Polisi yawadaka wahamiaji haramu

Moshi. Polisi mkoani Kilimanjaro wanawashikilia raia 11 kutoka Ethiopia kwa tuhuma za kuingia nchini kinyume cha sheria. Kamanda wa Polisi mkoani humo, Godfrey Kamwela alisema watu hao walikamatwa Jumamosi katika Kijiji cha Soko. Kamwela alisema bado wanawashikilia kwa mahojiano kabla ya kuwafikisha mahakamani kujibu kosa la kuingia nchini bila kibali. **Wakati huo huo,** Martha August (55), mkazi wa Kijiji cha Mbahe amefariki dunia baada ya kupigwa na kitu kizito usoni Jumamosi usiku alipokuwa akirejea nyumbani kutokea kwenye sherehe. **(Rehema Matowo).**

kuwa jana, ika umtilia sherha Joseph

APPENDIX 4G

IEO

mebeba dagaa jana, tayari kuwauzia wateja katika Soko jijini Dar es Salaam. Picha na Said Khamis



Naibu waziri alia na uhaba wa watumishi wa afya

Filbert Rweyemamu, Mwananchi

Arusha. Naibu Waziri wa Afya a Ustawi wa Jamii, Dk Kebwe Stephen amesema sekta ya afya inakabiliwa na tatizo la uhaba wa watumishi kwa asilimia 52, hatua ambayo Serikali na wadau wengine wanaifanyia kazi ili kuhakikisha jamii inanufaika na taaluma hiyo muhimu.

Dk Kebwe alitoa kauli hiyo jana jijini hapa alipokuwa aki-fungua mkutano wa siku tano wa wadau wa afya wa ndani na wa nchi za Ghana, Botswana na Marekani unaojadili namna ya kuongeza idadi ya wakunga na wauguzi katika maeneo ya vijijini. Alisema Serikali katika mwaka wa fedha 2015/16 inakusudia kujiri watumishi 9,345 ambao sehemu kubwa itapelekwa kwenye mikoa tisa ya Kanda ya Ziwa na ya Katavi, Rukwa na Kigoma, lengo likiwa ni kupunguza tatizo hilo.

"Utafiti uliofanyika umeonyesha moja ya mafanikio ya kuwafanya wafanyakazi kufanya kazi maeneo ya vijijini ni kupata makazi bora,"

"Kwa hatua hii napenda kuushukuru Mfuko wa Dunia kupitia Benjamin Mkapa Foundation kwa nyumba bora ambazo wamezijenega maeneo mengi nchini, zime-wapa moyo watumishi kuendelea na kazi zao," alisema Dk Kebwe.

Aliongeza kuwa utaratibu wa kutoa mafunzo kwa wauguzi na wakunga katika kiwango cha shahada utasaidia pia kupunguza tatizo la vifo vya watoto wa chini ya miaka mitano katika maeneo ya vijijini.

Awali, Mkuu wa Chuo Kikuu Kishiriki cha Tiba cha Kilimanjaro Christian Medical Center (KCMC), Profesa Egbert Kessy alisema taaluma ya uuguzi ni muhimu kwa ajili ya kutosheleza mahitaji makubwa katika maeneo mengi vijijini ambako kuna watu wengi.

Alisema kutolewa kwa mafunzo hayo, kutasaidia kuwawezesha wauguzi wengi kutoa huduma bora ambazo wananchi wengi wamekuwa wakizikosa kwa muda mrefu kutokana na uhaba wao na baadhi yao kutokuwa na sifa ya kufanya kazi hiyo ya utoaji wa tiba.

LA KUTOJUA KUSOMA

da atoa maagizo kuhusu KKK

o huo
i tu, bali
watoto

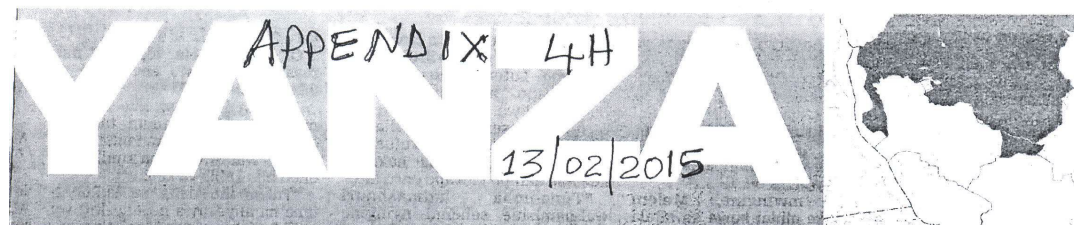
Pinda alitoa agizo hilo
juzi alipokuwa akizindua
mpango huo katika Chuo

shule," alisema Pinda.
Aliongeza kuwa, "Mpango
huu ni mzuri kama utasi-

dika.
Kwa upande wake, Kam-
ishna wa Elimu wa Wizara

MKUU

Appendix 4H : Mwananchi News Paper dated 13/02/2015



ISSN 0856-7573 NO. 5317

MAPUMZIKO POPOTE

Mkazi wa Mwanza akiwa amejipumzisha juu ya mti katika eneo la Kemondo Jijini humo Jana. Picha na Michael Jamson



MARA

Wauguzi watia kufuli ofisi za utaw

Ni katika Hospitali ya Rufaa ya Mkoa wa Mara, wadai kutoshirikishwa katika uamuzi unaohusu haki zao

Florence Focus, Mwananchi

Musoma. Wauguzi na watumishi wa Hospitali ya Rufaa ya Mkoa wa Mara, wamefunga milango kwa kufuli kwenye ofisi za viongozi wa hospitali hiyo kwa madai ya kunyanyasa wafanyakazi na kuwabagua.

Mwenyekiti wa Chama cha Wafanyakazi wa Serikali Kuu na Afya (Tughe), hospitalini hapo, Anthony Rugemarila alisema jana kuwa uamuzi wa kufunga ofisi hizo ulifikiwa juzi jioni kwenye mkutano wa watumishi na Katibu wa Tughe Mkoa, Sara Rwezaura.

"Inakera kuona wagonjwa wanapoteza maisha kwa kukosa dawa muhimu, ilhali uwezo wa kuwa nazo upo," alisema Rugemarila.

Alisema pia wamekuwa hawashirikishwi katika kufanya uamuzi unaohusu haki zao, wauguzi hawa kipi fedha za muda wa ziada kazini bila maelezo na kutopewa usafiri nyakati za usiku.

Rugemarila alisema kuna baadhi ya watumishi uhudhuria zaidi ya semina tatu kwa mwezi, huku wengine wakikosa nafasi hiyo.

Mwandalizi Mfawidhi Msaidizi wa hospitali hiyo, Plautila Msigwa alisema ofisi hizo zilifungwa jana saa 1.30 asubuhi wakati wakiwa kwenye kikao cha kupeana taarifa.

Alisema viongozi wengine wote

lakini ilishindikana.

Alisema licha ya yeye kuwapo kwenye kikao hicho kama mwakilishi wa viongozi, watumishi hawakuridhika, hivyo walifikia uamuzi wa kufunga ofisi na kwamba huduma kwa wagonjwa zinaendelea kama kawaida.

Katibu Tawala Mkoa wa Mara, Benedict Ole Kuyan alisema uongozi wa mkoa uliwaamrisha watumishi na wauguzi wa hospitali hiyo kufungua ofisi hizo ili utekelezaji uendelee.

"Hawa watumishi tulikutana nao wiki moja iliyopita tukawashauri waandike malalamiko yao yote kwa kufuata taratibu za utumishi na sheria, ili tuyafanyie kazi, lakini wao wametegwa hadi katibu wa Tughe aliyekuwa anatembelea matawi vake kutoa elimu alipofika."

"Seri kati, guzi hawi za ka tumi kuwa asiye avae kawz saba vyen hone unika"

Appendix 4J : Mwananchi News Paper dated 12/02/2015



Mmiliki wa Mabasi ya Adventure, Hamad Khalfan (kushoto), akipokea mfano wa ufunguo wa Mabasi manne mapya kutoka kwa Ofisa Uendeshiji Mkuu wa Kampuni ya Jolly Enterprise Ltd, Rahul Khana, aliyoyanunua kwa ajili ya safari za Mkoa wa Kigoma jijini Dar es Salaam jana. Na Mwigapicha Wetu.

12/02/2015

Wauguzi mkoani Mara wagoma, wafunga ofisi

NA SHOMARI BINDA, MUSOMA

WAUGUZI wa Hospitali ya Rufaa ya Mkoa wa Mara, wamefunga ofisi za Mganga Mkuu wa Mkoa wa Mara, Samson Winani na viongozi wengine wakishinikiza kuboreshewa masilahi yao.

Akizungumzia mgomo huo, Mwenyekiti wa Chama cha Wafanyakazi wa Serikali Kuu na Afya (TUGHE) tawi la hospitali hiyo, Anton Rugemalira, alisema uamuzi uliochukuliwa na wauguzi hao siyo wa Tughe bali ni wafanyakazi wenyewe kudai kuthaminiwa.

Alisema madai ya wauguzi hao kiasi cha kufikia kufunga ofisi ya Mganga Mkuu, Mganga Mfawidhi, Katibu wa hospitali, Matroni na Mhasibu unatokana na majibu mabaya, dharau kwa wauguzi hivyo wameamua kufunga ofisi kwa ajili ya kutetea masilahi yao.

Rugemalira alisema wauguzi hao wamekuwa na uvumilivu kwa muda

mrefu juu ya vitendo wanavyofanyiwa na viongozi wao katika kudai masilahi ambayo ni malipo yao muda wa kazi wa ziada, lakini viongozi hao wamekuwa wakiwasumbua na kushindwa kuwalipa huku wao wakijilipa malipo.

"Hatujui uamuzi huu utafikia wapi lakini huduma za hospitalini zinaendelea bali wao hawataki kufanya kazi na viongozi kwa kuwa wamekuwa chanzo kikubwa cha kufikia hatua ya kutukanwa na wagonjwa baada ya dawa kukosekana ofisini na hata kushindwa kushughulikia uchakavu wa sare za wauguzi," alisema mwenyekiti huyo.

Akizungumza kwa njia ya simu jana, Mganga Mkuu wa Hospitali ya Mkoa wa Mara, Samson Winani, alikiri kupata taarifa hizo za kufungwa kwa ofisi yake lakini alisema yupo safarini nje ya Mkoa wa Mara.

"Mimi nipo safari nje ya mkoa, siwezi kuzungumzia lolote ila nimetaarifiwa kuwapo kwa jambo hilo, nadhani watafutuni walopo huko watawaeleza," alisema.

Usafiri wa mabasi Kigoma waimarishwa

NA MWANDISHI WETU, DAR ES SALAAM

MKOA wa Kigoma ambao kwa muda mrefu umekuwa na changamoto kubwa za usafiri, hatimaye utaondokana na hali hiyo baada ya Kampuni ya Usafirishaji ya Adventure Connection, kuingiza mabasi mapya ya kisasa kwa ajili ya kubeba abiria kati ya Dar es Salaam na mkoa huo.

Mabasi hayo mapya yajulikanyo kama King Long yanatengenezwa China na kusambazwa nchini na Kampuni ya Quality Group.

Akizungumza katika makabidhiano

Dar es Salaam jana, mmiliki wa Kampuni ya Adventure Connection, Hamad Khalfani, alisema tatizo la usafiri wenye uhakika kati ya Kigoma na Dar es Salaam sasa utakuwa historia.

Kigoma umekuwa na tatizo la kuwepo kwa mabasi ya kisasa yenye uhakika wa kufika kwa wakati katika eneo husika.

Alisema kwa muda mrefu usafiri wa Kigoma na Dar es Salaam ulitegemea zaidi treni kutokana na ubovu wa barabara ambazo hivi sasa zimeimarishwa kwa kiasi kikubwa.

APPENDIX 4J
Dedicated to provide
ISSN 0856-5678 NO. 7730
MTANZANIA
TANC
KUONGEZA MUDA
TAARIFA ZA WAN

Mfuko wa Taifa wa Bima y wanachama wake kuwa kutokana vyama vya wafanyakazi, unaong wanachama na za wategemezi w Katika kipindi hiki cha muda wa kuzingatia yafuatayo:-

- Kujaza fomu maalum ya u inaidhinishwa na mwajir kwa mwajiri wake au Ofi
- Fomu za uhakiki wa taarif baadhi ya Vituo vya hud Ofisi zote za NHIF,
- Mwanachama mchangiaji (Pasport size) yake moja kitambulisho hai cha bim mwezi wa karibuni. Kwa kuambatanisha picha (pas wake pamoja na nakala y
- Ofisi zote za NHIF nchi siku zote za juma ambap asubuhi hadi saa 10.30 j kuanzia saa 2.30 asubuhi l
- Zoezi hili la uhakil vitambulisho vya wanac wa awali wa mwanacham

NHIF inawahimiza wanacham nyongeza kuhakiki taarifa. Kuml muda baada ya tarehe 28 Febr atakayeshindwa kuhakiki taarif za matibabu popote nchini kwa haijahakikiwa.

Ukisikia tangazo hili tafad

Imetolewa na Mfuko w

Appendix K : Mwananchi News Paper dated 12/12/2014

APPENDIX 4K MTANZANIA 12/12/2014
 RUVUMA ISSN 0856-5678 NO. 7668

Shirika la watawa lawapiga msasa wa

NA AMON MTEGA

SHIRIKA la Watawa wa Maria Emakrata (DMI) la mkoani Ruvuma limetoa elimu kwa wanawake mkoani hapa ili waweze kutambua haki zao za msingi katika jamii.

Akitoa elimu hiyo jana wakati wa maadhimisho ya Siku ya Wanawake Duniani, Mwanasheria wa Kujitegemea, Wilgis Komba, alisema wanawake wengi nchini hawajui haki zao za msingi na kwamba hali hiyo inawafanya waendele

kubaguliwa.

"Pindi mwanamume anapofariki wanawake huwa hawarithishwi mali kama wanavyorithi wanaume na jambo hili ni ubaguzi wa hali ya juu," alisema.

Akiizungumzia masuala ya ndoa, Komba

alisema kuna haja wanandoa kuheshimiana na kuthaminiana kwa kuwa ndiyo njia pekee ya kudumisha uhusiano wao.

"Baadhi ya ndoa huwa na migogoro kwa sababu wanandoa wengi wamekuwa na tabia ya kutothaminiana na kushindwa kufanya

PWANI

Watoto wazidi kupoteza maisha Pwani

NA GUSTAPHU HAULE

VIFO vya watoto wachanga na wajawazito katika Mkoa wa Pwani vimezidi kuongezeka, imeelezwa.

Mganga Mkuu Mkoa wa Pwani, Beatrice Byalugaba, alisema vifo hivyo vinasababishwa na uzembe walionao wafanyakazi wa vituo vya afya na zahanati katika mkoa huo.

Byalugaba aliyasema hayo hivi karibuni mkoani hapa, alipokuwa akitoa taarifa za idara yake katika kikao cha Kamati ya Ushauri ya Mkoa wa Pwani.

"Idadi ya vifo vya watoto wachanga kwa Mkoa wa Pwani bado ni kubwa, kwani mwaka 2012, watoto 625 walifariki, mwaka 2013 jumla ya watoto 777 walipoteza maisha na mwaka huu wa 2014 watoto wachanga

waliofariki wameshafikia 664.

"Kwa upande wa wajawazito, vifo hivyo vimekuwa vikiongezeka kila mwaka, kwani mwaka 2012 vilikuwa 70, mwaka 2013 vilikuwa 75 na mwaka 2014 vimeongezeka hadi kufikia 85.

"Kimsingi baadhi ya vifo hivi vinachangwa na uzembe wa watumishi na ili kuondokana navyo, lazima wajitume kwa sababu wajibu wao ni kuokoa maisha ya watu," alisema.

Kuhusu idadi ya watumishi, alisema wapo wa kutosha katika vituo vya afya, ingawa kuna upungufu katika Hospitali ya Tumbi.

Pamoja na hayo, alisema kuna haja Serikali ikapeleka dawa za kutosha hospitalini kwa kuwa hiyo ndiyo njia pekee ya kukabiliana na maradhi yanayowasumbua wananchi.



Kituo cha mabasi cha Babati mkoani Manyara kikiwa mvua zinazoendelea kunyesha kama kilivyokutwa ju

TANGA

Meya ataka wananchi wahamasishwe uchaguzi S/Mitaa

NA AMINA OMARI

MEYA wa Jiji la Tanga, Omari Guledi, amewataka madiwani wa kata zote zilizoko katika Halmashauri ya Jiji la Tanga kuwahimiza wananchi wajitokeze kwa wingi siku ya uchaguzi wa viongozi wa Serikali za Mitaa unaotarajiwa

kwa ajili ya kuwachagua viongozi wanaowataka.

"Pamoja na kwamba maandalizi ya uchaguzi yameshakamilika, bado kuna changamoto ya mwikio mdogo wa wananchi kuhusu uchaguzi huu.

"Yaani hata wakati wa kujiandikisha kwenye daftari la kudumu, wananchi hawakuitokeza

DAR ES SALAAM

REPSSI yahimiza haki za

NA MWANDISHI WETU

MKURUGENZI Mkazi wa Shirika linaloshughulika na masuala ya saikolojia litwalo REPSSI Tanzania, Peter. Massesa, amesema kuna haja wadau wa masuala ya watoto wawe na kawaida ya kukutana mara kwa mara ili kujadili changamoto zinazowakabili watoto hao.

Amesema kwamba, kama

watoto mgun kupu za pa ya ki ujuml "K wawe amba namn hizo."