CONTRIBUTIONS OF LEVEL OF EDUCATION AND INCENTIVES TO THE ATTITUDE OF NURSES TOWARDS THE IMPLEMENTATION OF NURSING PROCESS IN FEDERAL MEDICAL CENTRE OWERRI, IMO STATE.

MBAEZE I.C., PhD.
DEPARTMENT OF PSYCHOLOGY IMO STATE UNIVERSITY, OWERRI
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Abstract
The study investigated the contributions of level of education and incentives to the attitude of nurses towards the implementation of nursing process. Two hypotheses were postulated and tested. One hundred and twenty participants were employed through simple random sampling. A self-structured Likert Scale questionnaire was used as an instrument for data collection. Questionnaires were distributed to the participants after introduction and establishment of rapport, and filled under the supervision of the researcher. A cross-sectional survey design and statistics of 2 x 2 analysis of variance were employed in the study. Data was tested at .05 level of significance. Findings of the study indicated that nurses with high education scored higher than the colleagues with basic nursing education at 0 .038 level of significance. Findings also revealed that nurses on the higher incentive cadre scored slightly higher than their colleagues on the lower incentive cadre at 0 .921 level of significance. Implications and recommendations of the study were made.

Introduction

Nursing process is described as a modified scientific method of clinical judgment used by nurses in client care. Nursing process is a theory of how nurses organize the care of individuals, families and communities. (Herdman et al 2009). Doenges & Morehouse (2003) explained that nursing process has been in use for over 25 years as a systematic approach to nursing practice. They further stated that nursing process is an efficient and effective method of organizing nursing knowledge and clinical decision making in providing planned care which has been undergoing constant re-evaluation and revision, but the concept within the process still remains central to nursing practice.

Nursing process was initially an adopted form of problem solving technique based on theory used by the nurses every day to help patients improve their health and assist doctors in treating patients.

Nursing process is used in clinical practice worldwide to deliver quality individualized care to patients.

The Nursing and Midwifery Council of Nigeria in 1982 in order to bring the quality of nursing care to an enviable position reviewed Nursing Education Curriculum and fully integrated the nursing process concept to ensure that newly qualified nurses will be able to utilize nursing process in patient care.

Nursing process is supported by theories and philosophies as pointed out by Wikipedia (2009).

Its primary aim is to know the health status and problems of patients/clients which may be actual or potential.

It is made up of series of stages that are used to achieve the objective-the health improvement of patients.

Nursing knowledge is used throughout the process to formulate changes in approach to the patients changing condition. During the process, the nurse communicates with the feeling and gain the result of implemented care from the patients. The use of nursing process can stop at any stage as deemed necessary or can be repeated as needed.

The phases of nursing process as identified by Kozier, Erb, Berman & Snyder (2004) are:

1.   Assessment of the patients' needs
2.   Diagnosis of human response needs that nurses can deal with
3.   Planning of patients care
4.   Implementation of care
5.   Evaluation of implemented care

These five stages are not discrete entities but overlapping continuing sub- processes. These

five stages are the care of nursing actions in which quality nursing care is delivered to patients Quan (2007).

Nurses of Federal Medical Centre, Owerri like every other health institutions require an enabling environment for implementation of nursing process. This involves availability of qualified manpower (human resource), equipment and materials for work, opportunities for training and retraining of staff, motivation of workers using appropriate incentives, effective leadership and supervision, good interpersonal relationship among nurses and between nurses and other professionals. An enabling environment can lead to job satisfaction which is portrayed in the attitude of workers.

It is therefore important that the manager knows the attitude of employees in the interest of the organization (Incentive and rewards.htm).

Nurse's level of education is established by the Basic Nursing Education and enhanced by continuing education at degree, masters and higher levels in colleges and universities. Denis (2008). Continuing education is also obtained through seminars and workshops.

Most nurses of Federal Medical Centre Owerri regardless of their educational level and professional status possess basic education, the curriculum of which contains the essential tool of nursing care called nursing process.

The older nurses of Federal Medical Centre Owerri possess minimal knowledge of nursing process because it was not included in their basic nursing education curriculum. This has given rise to lack of interest and inability to supervise and direct the younger nurses on the implementation of nursing process.

However, most ambitious nurses who have become holders of B.Sc, M.Sc and higher educational levels through continuing education programmers have encountered nursing process in their course and are relevant in the process (Quan, 2005).

A Registered Midwife in the medical center has no knowledge of nursing process and cannot make real attempt to use it in the care of patients.

The Community Health Extension Worker (CI-IEW) cannot apply nursing process in nursing care. A dental nurse employed into the medical center is not a Registered Nurse and therefore has no knowledge of nursing process. The above croup of nurses has been deployed as bedside nurses but their little experience on the job has not made them efficient in the implementation of nursing process. This is because they lack the Basic Nursing Education.

The American Nurses Association (ANA) stated that the amount of knowledge required to implement nursing process in the care of patients cannot be obtained simply through experience on the unit or at the bedside. That is to say that higher educational level obtained through continuing education upgrades nurses competency in the use of nursing process in clinical-based practice.

The competence of nurses obtained through acquisition of knowledge and skills promotes positive attitude towards the implementation of nursing process. The use of incentives can positively influence nurse's attitude towards implementation of nursing process in Federal Medical Centre, Owerri.

Motivation of nurses is very important in improving the care planning systems that would further promote consistency in the use of nursing process to improve the quality of nursing care.

For Federal Medical Centre, Owerri to achieve a successful implementation of nursing process, management should have a thorough understanding of what motivates the nurses to perform efficiently and reward them accordingly.

This is confirmed by Lawler (2003) who stated that the success and survival of any organization is determined by the way the workers are remunerated. The use of incentives to motivate nurses must be adequate and appropriate. Incentives should neither be overused nor underused. No wonder Ubeku (1975) opined that productivity suffers a lag if incentives are poorly or inappropriately used.

Nurse's incentives could be monetary or non-monetary.

There is need to rediscover the strengths and weaknesses of the level of education and incentives in the attitude of nurses towards the implementation of nursing process in Federal Medical Centre, Owerri.

The study will assist management in the organization to engage in staff welfare development in order to better the commitment of nurses to the use of nursing process which will aid in improved productivity of the nurses and the organization as a whole.

The study will throw more light into the effectiveness of the use of incentives in motivating nurses in Federal Medical Centre, Owerri.

It will help management to know the likely incentives to put in place in motivating nurses.

The study will make management understand the need for training and retraining of nurses through continuing education programmers, seminars and workshops.

Statement of Problem

In Federal Medical Centre Owerri, management made available stationeries including nursing care format for implementation of nursing process. Despite all efforts of management to improve the implementation of nursing process in the care of patients, the researcher in the course of her clinical posting observed that most nurses in Federal Medical Centre, Owerri are yet to implement nursing process in the care of patients. The nursing staff of the hospital often express difficulty in implementing nursing process, the resultant lack of quality care and subsequent complications of patients' health prompted the researchers to investigate on the contributions of level of education and incentives to the attitude of nurses towards the implementation of nursing process in Federal Medical Centre, Owerri, and how it becomes relevant to the health care development plans in the interest of the patients/clients, nurses and the profession as well.

Purpose of Study

The purpose of study is to investigate the contributions of level of education and incentives to the attitude of nurses towards the implementation of nursing process in Federal Medical Centre, Owerri.

Literature Review
Theoretical Review
Theories of Motivation

The theories of motivation are classified into two groups; content and process theories; Igusi (2009).

The content theories explore what motivate people, that is, arouses and energizes behavior, what specific rewards people want, and what incentives are most powerful. Examples of these theories include Abraham Maslow's Hierarchy of needs theory. Hertzberg's two — factor theory, McClelland need for achievement theory etc.

The process theories give a generalized explanation through which need deficiencies are translated into behavior. Examples are Vrooms Expectancy. Theory, Adam's Equity Theory, Goal Setting Theory e.t.c.

Abraham Maslow's Hierarchy of Needs Theory (1963)

The most well-known need theory is the hierarchy of human needs developed by psychologist Abraham Maslow, Maslow (1954). Influenced by human relations schools of thought, Maslow suggested that people have innate desires which they strive to satisfy. Maslow believed that these needs are arranged in a hierarchy of importance with the most basic needs at the base of the hierarchy ladder. When the basic need is unsatisfied or deprived, that need is unsatisfied or deprived, that need continues to dominate a person's behavior and he will strive to gratify that need. When one of the most basic needs is satisfied it ceases to direct behavior and another need next to the satisfied one is activated and then it becomes motivating.

The three sets of needs at the bottom of the hierarchy are called deficiency needs (lower order needs) because they must be satisfied for the individual to be fundamentally comfortable. The other two sets of needs are called growth needs ('higher order needs) because they focus on

Personal growth and development. According to Maslow (1970), every individual has the following five basic needs in an ascending hierarchical order.

1. **Physiological Needs**: These are the most basic in the hierarchy and the most important influence of human behavior. Examples of such needs include food, water, sex, rest, sleep, shelter and other bodily needs which are necessary for maintaining the body state of homeostasis.

2. **Safety/security needs:** These are needs for safety, protection from environmental hazards through clothing, shelter, security from crime and job, freedom from worry and anxiety.

3. **Belongingness/Love needs:** These needs are primarily social and include need for love and affection and the need to be accepted by peers and social groups. Maslow believes that the principal source of maladjustment lies in frustration of needs at this stage.

4. **Esteem Needs:** These are the needs for a positive self-image, self-respect and the need to be respected by others, anatomy, achievement, strength, competence, confidence in the face of the world, status, recognition and good reputation.

5. **Self-actualization Needs:** This involves realizing our full potentials and becoming all that we can become. Individual differences are more evident at the level of self-actualization.

Evaluation

Although Maslow's need hierarchy seems understood, there is little evidence to support the components of the theory. Wahba and Bridwell (1976) reviewed the research literature on need hierarchy and found that research results do not always support Maslow's model because according to them, need structures are more unstable and varied than the theory would lead us to believe.

Schwartz (1983) maintains that the primary contribution of the theory seems to be in providing a general framework for categorizing needs. Other critics of the theory argued that lower level needs as categorized by Maslow are not constant and since their satisfaction is said to be a pre-requisite for the activities of higher levels will consequently be complex and non-constant.

A very significant limitation to Maslow s theory is his methodology. Maslow formulated the characteristics of self –actualized individual from undertaking a qualitative method called biographic analysis. He looked at the biographies of 18 people he identified as being self-actualized. From this source he developed a list of qualities that seemed characteristic of this specific group of people as opposed to humanity in general. Some of these qualities are:

- They perceive reality efficiently and can tolerate uncertainty.
- Accept themselves and others for what they are.
- Problem centered. (not self-centered).
- Able to look at life objectively.
- Highly creative.
- Resistant to enculturation but not purposely unconventional.

From the scientific perspective there are some problems with this approach.

First, it could be argued that biographical analysis as a method is extremely subjective as it is based entirely on the opinion of the researcher. Personal opinion is always prone to bias which reduces the validity of any data obtained.

Another criticism concerning Maslow's assumptions is that the lower needs must be satisfied before a person can achieve their potential and self-actualize. This is not the case and Maslow's hierarchy of needs in some aspects has been falsified.

Through examining cultures in which large number of people live in poverty (such as India) it is clear that people are still capable of higher order needs such as love and belongingness. However, this could not occur as according to Maslow, people who have difficulty achieving very basic physiological needs such as food, shelter etc. are not capable of meeting higher growth needs.

The next area of contention is whether a need ceases to motivate behavior once it has been

satisfied. Maslow's view in this respect is that once a need has been satisfied, it is no longer a motivator, and that such as satisfied need becomes unimportant in the current dynamics of the individual. Maslow (1970).

Maslow s position in this issue appears contradictory to the generally held belief that a satisfied worker should be better motivated to work. If Maslow's model is to operate validity, a company with a high employee satisfaction quotient will then be expected to record a decline in productivity as the workers will no longer be motivated.

Maslow's need theory also failed to recognize the existence of individual differences among people in the satisfaction of their various needs. For instance, some people may have a higher need for the job safety of beaurocratic organizations like government ministries while others may have a higher need for the more financially rewarding, more comparative and consequently riskier job in finance institutions (e.g. banks). The two people described above started from different levels of need ladder. While one emphasized safety as his major concern with a job that satisfied the basic physiological needs. The implication of this is that the basic needs are of different importance to different individuals. Lower cadre managers of small firms ha e been observed to possess less need fulfillment deficiencies than their counterparts in large companies (Porter, 1963).

In addition it will be misleading to solely depend on the need hierarchy theory in the formulation of practical predictions of motivational situations at work. As Maslow (1970') himself points out, "not all behavior is determined by basic needs but all behavior is determined".

Employees and people in general want to feel like they are individuals and that they can distinguish themselves by doing an exceptional or outstanding job. This concept would relate to the level of "ego" in Maslow's theory on the hierarchy of needs which deals with independence, achievement, freedom, status, recognition and self- esteem. By acknowledging excellence and well performed activities of the employees, managers can determine the type of recognition required. The level of appreciation from recognition rises if there is honest and well deserved recognition because "if employees believe that you are a fair, honest and caring boss, most of them will remain loyal and respond in kind" Wycombe (2002).

Manifest Needs Theory (Murray, 1938)

Manifest needs theory was developed by Murray in 1938 (Murray, 1938). According to this theory, human behavior is determined, directed and sustained by a number of human needs, not only the five needs identified by Abraham Maslow. Murray believes that these needs are not instinctive as put forward by Maslow rather they are learned by people as they go about their day to day lives. According to Murray, when appropriate environmental cues for a given need is present, then that need becomes active or manifest, but when the cues are absent, the need is inactive or latent. According to him, need can be activated at a given time regardless of its position in the hierarchy.

Among the needs suggested by Murray as determinants of behavior in the work setting, the three most frequently studied manifest needs, are:

1.   Need for Achievement (n.Ach)
2.   Need for Affiliation (n,Aff)
3.   Need for Power (n.Pow)

Need for Achievement

The need for Achievement is a learned need most frequently associated with the work of David McClelland. McClelland (1961). The need arises from the individual's desire to accomplish challenging goals through their own efforts; to be successful in competitive situations, and the desire to have feedback regarding their efforts and performances.

The main objective of this theory is to understand characteristics of higher need achievers, outcomes associated with high need achievement and methods of increasing the need for achievement People with

High need for achievement tend to set moderately difficult goals, make moderately risky

Decisions, want immediate feedback, become pre-occupied with their task and assume personal responsibility. Moorhead & Griffin (1995).

Organizations can raise the achievement needs of their employees by creating the proper work environment that permits employees a measure of independence, increasing responsibility and autonomy, gradually making tasks more challenging, and rewarding high performance. According to McClelland, proper training could greatly boost an individual's need for achievement.

Need for Affiliation (N.AFF)

People high in need for affiliation desire the approval of others, and often conform to the wishes of those around them if they value friendship of those people, avoid conflict and confrontation. Individuals with such desires often want to form positive relationship with others; they try to project favorable images of themselves and also people especially in their work environment. Work organizations can create opportunities that enhance satisfaction of this need such as assigning such individuals to tasks with much of interpersonal contacts.

Need for Power (N.POW)

This learned need is the desire to center the resources in one's environment (McClelland, 1976). People high in need for power strive to control their environment including people and material resources to benefit either themselves (personalized power) or others (socialized power).

Workers high in need of power may attempt to persuade others to take their suggestions and abide by their wishes.

Implications for Management

People with different needs are motivated differently.

High need for Achievement

High achievers should be given challenging projects with researchable goals. They should be provided frequent feedback. While money is not an important motivator it is an effective form of feedback.

High need for Affiliation

Employees with a high need for affiliation perform best in a cooperative environment.

High need for Power

Management should provide power seekers the opportunity to manage others.

McClelland learned needs theory repeat the point that a person's needs can be strengthened or weakened with experience (reinforcement) and social influences. The lesson here is that managers can strengthen or weaken employees' need for achievement, power and affiliation, such as by supporting an achievement oriented culture, rewarding those who demonstrate achievement-orientation, and hiring co-workers who develop a strong achievement orientation in their upbringing. McClelland theory allows for the shaping of a person's needs; training programs can be used to modify one's need profile.

Evaluation

Moorhead and Griffin (1995) study identified three conditions that make people high need for power successful. Firstly, they must seek power for the betterment of the organization rather than for their own interests. Secondly, they must have fairly low need for affiliation since their quest for plover may alienate other members of the workforce. Thirdly, they need plenty of self-control so that they can curb their desire for power when it threatens.

David McClelland's acquired needs theory has its disadvantages and activisms from other theorists. Erickson proposes that the need to achieve is a behavior that is only acquired and developed during early childhood, therefore if it is not mastered a: an early stage it cannot be achieved in adult life. French R & Rayner, C (2009). However on the other hand McClelland argues that the need to achieve is a behavior and it can be done through training in adulthood Ref, R (2009).

Other critics have disagreed that the influencing attributes of entrepreneurs are dominant. High needs for achievement individuals are continuously competing with standards of excellence. Further, they are involved with tasks of moderate difficulty.

The argument that need for achievement is the dominant motive disposition for entrepreneurs may be in conflict with other researches (Lagan Fox & Roth, 1995).

Thematic Apperception Tests was also criticized by organizations due to the length of the examination and the complexity in conducting it.

Frederick Herzberg two Factors Theory

In the late 50s, Herzberg, Mansmer & Synderman conducted a study of the job attitudes of two hundred engineers and accountants. During structured interviews, emp1oees were asked to recall times when they felt especially satisfied and motivated by their job and times when they felt particularly dissatisfied and unmotivated. Herzberg asked them to describe what they think caused the good and bad feelings. In recall of satisfying situations, Herzberg et al described such experiences which related to the content of the job itself as achievement, recognition, advancement and growth; while the recall of dissatisf5iing situations featured such experiences which were external to the work itself as company policies, supervision, and interpersonal relations, working conditions, relations with supervisors, peers, subordinates, status and salary.

From their research findings, Herzberg et al concluded that motivation at work came from two sets of factors — the satisfying factors or satisfiers (motivators) and the dissatisfying factors or dissatisfies (hygiene factors) or maintenance factors. Herzberg (1972) is of the opinion that the two sets of factors are not opposite but separate concepts. Therefore motivators, at best, result in satisfaction and at worst result in zero level of satisfaction not dissatisfaction. Hygiene factors on the other hand create a zero level of satisfaction at best and result in dissatisfaction at worst. This implies that hygiene factors lay the foundation for motivators to take off but do not in themselves motivate workers or lead to workers' satisfaction.

Herzberg model is of the view that high salary to a worker is not a motivator. Herzberg believed that no matter how high a worker's salary is, or how good his working conditions, he will not be motivated to produce unless the job itself is rewarding to him. Conversely, Herzberg also believed that a rewarding job with poor or low salary and poor working conditions will still cause dissatisfaction.

Evaluation

Solomon (1970) discovered supportive findings in 17 out of 20 studies. Ho ever, researcher for example Vroom (1964) queried the validity of Herzberg theory since he could not confirm other peoples findings using other methods.

Herzberg's research was based on interview technique called critical incident technique. One good thing with this approach is that respondents generally associated good times in their Jobs with things under personal control or for which they could give themselves credit. Bad times, on the other hand, were more often associated with factors in the environment, under the control of management. He concluded those jobs satisfiers are related to job content and job dissatisfies are allied to job context. Herzberg labeled satisfiers motivators and called dissatisfies hygiene factors.

Herzberg categorizes Maslow's basic needs as hygiene factors and the two top needs in the hierarchy as motivators. Thus it is easier to actually apply Herzberg's theory coupled with Maslow's hierarchy of needs. This serves to strengthen Herzberg's theory as it simplifies its application as a strategy to motivate employees. By identifying the needs in Maslow's hierarchy, the hygiene and motivating factors can be obtained and subsequently fulfilled.

After review of about forty critical studies of the two-factor theory, House & Widgor (1967) were of the view that the theory was an over simplification of a very complex relationships between motivation, satisfaction and job performance. They concluded that since the findings appear to be contingent on the methodology used in arriving at the theory, the two-factor theory of motivation cannot therefore withstand empirical scrutiny.

A major criticism on the reliability of Hertzberg's methodology came from an empirical investigation of the methodology and the two-factor theory by Hinton (1968) Hinton compared sets of data from the same subjects at six weeks interval, employing

replications of Herzberg's story-content analysis twice. Hinton's result showed more significant differences between motivator/motivator and hygiene/hygiene sequence comparisons than between motivator/hygiene comparisons.

Despite criticisms labeled against two-factor theory of motivation, many supporters of this theory (for instance, Whitest & Winslow, 1967) believe that the critics of the theory misinterpreted the results of findings on the theory and even misinterpreted the theory itself. Whitest & Winslow felt that the critics use measures of overall job satisfaction in the evaluation of the theory instead of acknowledging the theory's distinction of satisfaction and dissatisfaction as very separate concepts vis-à-vis workers motivation.

McCormick & Tiffin (1977) felt that in as much as the validity and general applicability of Herzberg's two factor postulate could be justifiably queried, credit should be conceded to Herzberg for helping in instigating research and enquiry into the area of job satisfaction. First, for many management practitioners, the theory serves as a basis for the design of jobs in order to provide more interesting and absorbing work conditions. This theory stimulated research in the role of job enrichment or enlargement or work motivation. In order words, the early work in job enrichment used as its spring hoard Herzberg's two-factor theory.

Secondly, this theory created an interest in what has been termed intrinsic motivation, McCormick & Ilgen (1982). Those practitioners concerned with intrinsic motivation recognize that the feature of a job itself can provide an environment in which an individual can gain satisfaction from doing a job, without receiving any external reinforcements such as pay, praise or recognition. It is said that individuals are motivated to do the job because of the intrinsic characteristics of the job themselves. Consequently, Herzberg's categorization of the aspect of the job into intrinsic job content factors and extrinsic job context factors is a positive contribution to the study of human work motivation.

Herzberg's theory can be applied by managers to motivate employees.
By identifying the hygiene factors, managers can fulfill the basic needs of employees and remove any element dissatisfaction arising from the job environment, they are in a better mode to be motivated by fulfilling their esteem and self-actualization needs. This includes a sense of achievement when they have performed their jobs satisfactorily. Therefore, managers can fulfil this need by improving the job content.

Adams Equity Theory (1963)
The theory defines equity as the belief that we are being treated fairly in relation to others and inequity as the belief that we are being treated unfairly in relation to others.

According to equity theory an employee compares his pay and other job outcomes to those of other employees with a similar job or similar qualification. Comparisons with other subordinates or with employees in different organizations may also occur. Employees will perceive his job outcomes to be equitable only if they are in the ratio to his job inputs.

Inputs are those acquired and inherent attributes of the worker. They include the workers educational qualification, level of intellectual empowerment, experience and the training the worker has received that are relevant to the job, skills the worker had acquired, age, sex, social status and seniority. However, any of the above mentioned attributes is an input only if its possessor recognizes its relevance as such, irrespective of the perceptions of the other party (the non-possessor).

Outputs are represented by pay, fringe benefits, rewards intrinsic to the job, status, symbols and other factors the individual perceives to have and that depends on their job relationship.

Outcome becomes an outcome if the employer or both the employer and the employee recognize the outcomes as relevant to the exchange of his input. When an employee feels that inequity exists. a state of tension develops within the individual and which then propels the person to resolve by appropriately adjusting his work

behavior, that is to say that when an employee perceives that he/she is not being well paid, he/she may try to reduce inequity by putting less effort. Overpaid workers on the other hand also feel tension of inequity which they may decide to reduce by putting more effort.

Evaluation

Criticism has been directed towards both assumptions and practical application of equity theory. Scholars have questioned the simplicity of the model, arguing that a number of demographic and psychological variables affect people's perceptions of fairness and interactions with others.

Furthermore, much of the research supporting the basic propositions of equity theory has been conducted in laboratory settings, and this has questionable applicability to real world situations (Huseman, Hatfield & Miles, 1967).

Critics have also argued that people might perceive equity/inequity not only in terms of the specific inputs and outcomes of a relationship, but also in terms overarching system that determines those inputs and outputs. Thus in business setting one might feel that his or compensation is equitable to other employees but one might view the entire compensation system as unfair Carrel & Dittrich (1976).

In areas of under-payment, findings tend to support the prediction of equity theory that when workers are underpaid in relation to their inputs they will reduce their level of productivity to be in line with the outcome. For instance Pinder (1984) supports the equity theory that underpayment creates more state of disequilibrium than overpayment.

It is observed that some people are more sensitive than others to perceptions of equity. That is some people feel more contented with their pay without making reference to other people in the same organization while others feel insatiable no matter how you increase their pay.

Equity judgments are complex. Inputs and outputs may be determined by an integration of several factors, each of which may itself require prior integration. A lot more field-based research

therefore needs to be done on it in order to arrive at more conclusive findings which possess greater external validity. For instance, while Adams (1963) model suggests that P will feel equity if others are in similar plight with him, Pitrehard (1968) opined that feelings of inequity arose first and foremost when P's input is perceived by him to be in variance with his outcome.

Another area of interest in research findings is that when P is overcompensated in relation to 0, P may reduce inequity by increasing output so as to justify the over-compensation. This may apply in developed countries (e.g. United States of America where rewards correlate positively with hard work. But in some developing nations e.g. Nigeria it would appear at first sight that rather than choosing to increase productivity, an overcompensated P may choose to psychologically distort the input/output ratio and feel that he is not actually overcompensated.

Implications for Managers

People measure the totals of their inputs and outcomes. This means a working mother may accept lower monetary compensation in return for more flexible working hours. Different employees ascribe personal to inputs and outcomes. Thus two employees of equal experience and qualification performing the same work for the same pay ma-v have quite different perceptions of fairness of the deal.

Incentive Theory of Motivation

The incentive theory of motivation suggests that behavior is motivated by a desire for reinforcement or incentives. According to this view, people are pulled towards behavior that offer positive incentives and pushed away from behaviors associated with negative incentives. In other words, differences in behavior from one person to another or from one situation to another can be traced to the incentives available and the value a person places on those incentives at the time. Bernstein (2011).

Incentive theories proposed that behavior is motivated by the pull of external goals such as rewards, money or recognition. It is easy to think

Of many situations in which a particular goal such as promotion at work can serve as external incentive that helps activate particular behaviors. (Hockenberry & Hockenbury, 2003).

In contrast with other theories that suggest that we are pushed into action by internal drives such as instinct theory and drive-reduction theory of motivation, incentive theory of motivation instead suggests that we are pulled into action by outside incentives.

Like in operant conditioning where behaviors are performed in order to either gain reinforcement or avoid punishment, incentive theory states that your actions are directed towards gaining rewards. There is controversy concerning how and for how long motivators change behavior. For instance, some data suggest that intrinsic motivation is diminished when extrinsic motivation is given- a process known as over justification effect. If extrinsic incentives are used to stimulate behaviors that the individual already finds motivation (even without external reinforcement), intrinsic motivation for that behavior may decrease over time. In those cases, extrinsic motivators can backfire; instead of serving as an incentive for the desired behavior, they undermine a previously held intrinsic motivation. This can lead to extinguishing the intrinsic motivation and creating a dependence on extrinsic rewards for continued performance. Deci et al (1999).

Obviously not all incentives are created equal and the rewards that you find motivating might not be enough to inspire another person to take action

Important observations about incentive theory are:

- Incentives can be used to get people to engage in certain behaviors, but they can also be used to get people to stop performing certain actions.
- Incentives only become powerful if the individual places importance on the reward.
- Rewards have to be obtainable in order to be motivating. For example a student may not be motivated to earn a top grade in an examination if the assignment is so difficult that is, not realistically achievable.

Vroom's Expectancy Theory

Vroom's expectancy theory of motivation has been variously referred to as Valence Instrumentality Expectancy (VIE) theory, expectancy theory, instrumentality theory or valency- expectancy theory.

The theory suggests that a person's motivation to perform in a particular way will be influenced by his expectancies about trying to perform in that way; His expectancies about the outcomes involved.

The major concepts of VIE theory are instrumentality, valence and expectancy.

Instrumentality

This refers to the individual's perceived relationship between the inputs in his work and the outcomes.

Workers expect some consequences of their behavior and these expectations in turn affect their work behavior. An example is the perceived relationship between hard work and promotion.

Valence (value)

Valence refers to the individual's anticipated value for a particular outcome.

The outcome of a particular behavior has a particular power to motivate which arise from individuals to individual. If a worker perceives a relationship between hard work and promotion, for him to strive hard will depend on whether he values the promotion cry nor.

Expectancy

This refers to an individual's probability of attaining the desired outcome. Poodle's expectation of how difficult it will be to perform successfully will affect their decisions about behavior.

Evaluation

Mitchell (1974) acknowledged that expectancy theory has been tested by many different researchers in a variety of settings and using a variety of methods. Several studies have supported various parts of the theory. For example expectancy and valence have been found to be associated with effort and performance in the workplace. Campbell & Richard, 1976). Research

Has also confirmed expectancy theory's claims people will not engage in motivated behavior unless they:
1.   Value the expected rewards
2.   Believe their efforts will lead to performance.
3.   Believe that their performance will lead to the desired outcome.

For instance, pay, Praise, Promotion and the like. The theory recognizes that human beings are rational in their thoughts and deeds that enable them choose their course of action in the workplace. However, with VIE theory it is not easy to distinguish between acts and outcomes. Some outcomes e.g. feeling of achievement) can serve as means toward end.

There is yet to be sufficient classification of the meaning of effort in order to obtain operationalization's of the variable that possesses adequate construct validity. The theory is yet to offer a clear explanation of a precise way in which 'effort' can he adequately conceptualized Campbell & Pritchard, 1983). The theory needs to offer explanations on the effort-performance and performance- outcome relationships.

Implications

Managers should communicate how employees' goals such as promotion, more pay. Recognition etc. can be earned in terms of what behavioral patterns are known to the employees. Such patterns should form the basis for administering rewards. Otherwise problems will occur in terms of workers lack of confidence in organizational policy and the result may be detrimental to good working environment.

Ida Jean Orlando's Nursing Process Theory

Ida Jean Orlando describes in her nursing process theory principles of an effective interaction with patient that led to effective intervention and most likely to positive outcomes (Parker & Smith 2010). Orlando's nursing process focuses on improvement in the patient's behavior by actions that are based on patients need found through effective interaction with the patient (Parker & Smith, 2010). According to Orlando, it is not

Enough that a nurse does what she thinks is best for the patient's own good. Planning care and carrying out interventions without seeking understanding with the patient is not professional Orlando 1990).

According to Orlando, when a person is not able to meet the needs that he has, he becomes distressed and is in need of nursing care. Accordingly, the persons that are able to meet their own needs are not distressed, and do not need nursing care. If a patient has ineffective skills to express his or her needs and/or a nurse interprets the patient behavior incorrectly, it can cause distress to the patient. That is why the nurse assesses the patient.

Orlando remains that no matter how accurate or inaccurate the nurse's perception might be, once expressed to the patient, it opens a situation for communication which it is easier for the patient to express his own view, Orlando, (1990).

Orlando highlights that it is crucial not only to meet the patient's needs but first of all find out what those needs are carried out before identifying if those interventions give benefits to the patients, nursing is not highly professional.

Although all the nursing activities would be planned for the person's own good, what the patient himself thinks that he needs can be entirely opposite what the nurse assumes, Orlando (1990).

When a nurse starts giving care for a patient an action process begins. This process where the acts in a nurse — patient contact is called the nursing process, where both the nurse and the patient have their own thoughts, feelings and opinions from the arousal opinions from the actual situations.

Orlando explains that there are two variables and types of action processes in nursing process: deliberative and automatic ones Scheming (2006). Deliberative nursing process is a term that Orlando uses for a process where there is on-going validation of nurses actions together with the patient. Basically, the process consists of four steps which comprise patient action, nurse reaction, nurse-patient validation and nurse action.

Scheming (2006). The perception of both nurse and patient need to be available in order for them to act as reliable base for the actions. During the process of care, the observations from patient's behavior, both verbal and non-verbal help the nurse to access the level of the patient's distress and the need for help. After this assessment the nurse performs actions to relieve the patient of distress. After this specific action, the nurse observes the patient's behavior again to evaluate the outcomes. If the distress is still evident, the process begins again. Orlando's nursing process is then describing a continuous reflective cycle where patient's role in his own care is crucial.

Automatic nursing process term describes a process where the nurse's response to the need for help is done according only to the perceptions of the nurse, leaving the role of the patient quite passive in his own care. Automatic nursing process actions are not necessarily wrong or inappropriate but a nurse using deliberative nursing process in cooperation with the patient is more likely to reach positive outcomes, since the nurse is checking with the patient if the nurses own views and feelings are correct ones when it comes to patient's behavior and whether the nurse's actions were suitable and relieving in that certain situation. The steps of nursing process are not independent of one another; instead they are extremely interactive since connections between different steps are needed to answer the patient's needs. Chablis, (2007).

Evaluation

Scheming (2006) mentioned several researchers that have used Orlando's nursing process discipline as theoretical framework and found it useful.

Anderson. Mertz & Leonard (1995) found that Orlando's theory promoted stress reduction during admission to surgery.

Dumas & Johnson (1972) found correlance with reduced post-operative complications. Piensche (1973) with suitability of care enhanced with emphatic approach. Wolfer & Visintainer (1975) found deliberative nursing actions being as stress reductive with children and their parents.

According to Reid (1992) with use of nursing process, increased empathy occurred while taking care of cancer patients. Schmieding (2006), Peterson & Brew DCC emphasize that following nursing process and becoming professional in it is not easy, it takes time, needs practice situations, critical thinking skills and often support from a supervisor.

Implications

Implementation of nursing process enables the nurse to maintain high level of individual competence by unifying and directing nursing practice in a consistent logical manner. Effective implementation of nursing process enables the nurse to plan care, based on a sound assessment of patient's need that will be individualized and directed towards patient centered goals.

Management should organize for training and retraining program that would enable the practicing nurses modify their attitude toward implementation of nursing process.

Agency Theory

An agency relationship occurs whenever one party (the principal) hires another person (the agent who possesses specialized knowledge and skills. Proponents of the agency theory assume that each party acts in its own self-interest and this gives rise to one of the problems of agency theory because the interest of the two may coincide. Where the agent has a high level of autonomy and independence, the risk of moral hazard may increase. This happens when the agents participate in activities that are not in the interest of the principal, such as using work time and organizational resources for personal gain. Given this agency problem, the principals develop mechanisms to minimize the moral hazard. This might include a system of rules introduced to monitor the behavior of agents (such as having to provide certain types of information regularly to the principal) or the introduction of the incentives. This incentive mechanisms is based on rewarding specific output that are of interest to the principal (such as profit or growth in market share) while the first is geared towards supervising the input or behavior of the agent.

Principal's e.g. health care organizations or systems may prefer to use incentive regimes in certain circumstances. For example where information on the agents' activities is very limited or difficult to interpret or too time consuming to gather or where it is virtually impossible to observe and evaluate their activities, it is more likely that the principal may rely on the incentive system that tracks outcomes.

Evaluation

A common critique of agency theory is the incapability of the prescriptions in curbing managerial opportunistic behavior and improving performance, Daily et al (2003). The fact is that among the empirical tests of agency theory and performance, no consistent trend can be viewed. This in itself makes agency theory irrelevant for prescribing tools to control the presumed conflict of interest, yet logic can be found everywhere. (Daily et al 2003, Zajac et al 2004).

Donaldson (1990) concurs with the fact that agency theory offers little more than devise from looking at known data patterns and has no capability in providing future oriented guidance. Rather agency theory has led an effect on the way the firm and individuals are perceived and thought about as example the usage of incentive compensation system has become more practiced but may have as a consequence that the agent will purse higher levels of risk, than beneficial, Brennan (1994).

Implication

Aligning managerial interest with that of shareholder may seemingly make sense, however, the usage of outcome based incentive packages and a shareholder aligned board as prescribed by agency theory may lead to increased risk levels John et al (2000).

Empirical Reviews

Adevemo Florence (2013) conducted a study to determine the factors affecting the use of nursing process in health institutions in Ogbomosho town Oyo State. The researcher used 95 correspondents, 45 from mission hospitals, 10

from primary health care and 40 from government hospital. His findings reveal that the knowledge factors has the highest predictive percentage of 85, followed by institutional factors of 40% and the least being the attitude factors which is 32%.

Itah (2005) identified in her studies that strategies for successful implementation (are based on the concept of staff development, embracing, continuing education and in- service training which aim at acquiring new knowledge and skills in nursing and other related areas, hence this gives room for effective implementation of nursing process. he also recommended much workshop especially with areas of 'scientific rationale' which helps to increase the knowledge and skills of nurses about nursing process.

In the study done by Laryea (2004) in Ghana cited by Umunna (2006) noted that despite good theoretical knowledge about the studied nursing personnel, there are still obstacles to implementation of nursing process due to inadequate staff especially during afternoon and night shifts, too much work load as a result of poor staffing. The author also stated that individualized care plans were time consuming and difficult to implement, low level of commitment, poor motivation and lack of role models among senior nurses are factors that militate against nursing process implementation.

In two major studies, Hunter and his colleagues Hunter & Hunter, 1984; Schmidt & Hunger, 1998) founded that cognitive ability was strongly related to job performance and was an important contributor to success on virtually every job. Further, Hunter suggests that cognitive ability facilitates the learning of oh-relevant knowledge and thereby promotes stronger performance as well.

Johnson & Elder (2000) found in a longitudinal study that compared with higher school graduates, those who have college degrees tend to attach greater importance to altruistic rewards e.g. (helping others) and social rewards (e.g. developing good relationship with others). Rose (2005) and William, (1984,) found similar results in cross- sectional studies.

Brenner (1982) compared individuals with different levels of education - 8 years or less. 9 - 11 years, 12 years, 1 — 3 years of college, 4 years of college, some graduate with master's degree and PHD in terms of their achievement motivation.

This study suggests that as level of education increased, achievement orientation increased as well. Conversely, values acquired through education such as responsibility and moral integrity) should be negatively related to counterproductive performance. For example, college educated individuals tend to display a greater adherence to rules regarding attendance and protection of organizational property (Kenovsky & Organ, 1996).

Researchers have found that years of education were positively related to conscientiousness, even when controlling for other socio-demographic variables. (Dudley et al 2006; Goldberg et al 1998).

In a study by Patricia (2009) in America titled 'Educating Nursing', she observed that today's nurses are undereducated to meet practice demands across settings. She recommended that nurses should enter the field armed with needed knowledge to excel at their job because health care is a changing field with constant new development, nursing process inclusive.

A study conducted in four African countries including Nigeria found that nurses generally agree on the benefits of nursing process but it is not commonly used in practice. The constraints identified by the study included its time consuming nature, failure of nurse leaders to motivate staff and negative attitude. Sabona et.al (2005).

In a study to assess the role of work motivation on employee performance, a quantitative survey was carried out among students of Umea Business School who are assumed to be future employers. The survey was intended to get their responses on what they feel is (are) best factors that could motivate them as future employees among at least often motivational factors. The analysis from the empirical findings shows that job satisfaction was the most ranked factor for both sub-groups that made up the sample survey. However a study from previous researches used in this study

showed that different results could be obtained from different groups of already working employees.

In a study to explain the impact of the motivation level among the employee performance with the mediating of the training needed in the Pakistani Universities respondents of the universities of about 118 suggest that the impact of the human resource need like promotion, motivation, level of employee training and employee performance. In the model, motivation is taken as an independent variable and training taken as a mediating variable and employee performance as a dependent variable. Alfa is about 0.684 which shows that dependent variable is reliable on the independent variable. The variables are maximum reliable on each other.

According to recent survey study nurses and hospital leaders have mixed attitude towards performance-based incentive as a way to improve outcomes and lower costs. Although survey respondents held generally favorable views about incentive programmers as a means of improving the safety and quality of care, they expressed concern that such programmers would increase the burden and blames for nurses without corresponding improvement in staffing levels, work environment, salaries or turnover Stubenrauch, J. (2011).

The question of whether nursing performance should be linked with incentives evoked some strong emotions. On the whole, people thought it was a reasonable ideal to pursue. "I thought I was going to find much more opposition to it", Kurzman said. But she also noted that a small number of respondent- predominantly staff nurses (Nursing Officer II) had the most negative reaction to the idea.

Those people said, "Hei listen, I already get paid to deliver high quality. To suggest that more money is going to change what I do is frankly insulting".

They were morally opposed to the idea. To ensure favorable outcome while protecting, nurses from negative consequences of incentive programmers, the researchers made several recommendation-

invest in education, infrastructure, information and decision.

— support technology and additional staff, strengthen collaborative team-work, empower nurses to take leadership roles on policy development and implementation and assess costs and benefits, Stubenrauch (2011).

An empirical study was carried out within the workforce of credit West Bank, Cyprus to identify the impact of monetary and non-monetary, motivation on employee performance.

A qualitative data was collected from 134 respondents by means of structured questionnaire. The non-monetary motivation variable discussed include recognition, challenging work, advancement and opportunities, job autonomy, authority, job security, prestigious job titles and responsibility. The monetary motivation variables discussed include fringe benefits, salary, bonuses, pensions, profit sharing and performance pay.

Results show that 50% of the respondents would prefer the organization to recognize them for performance with higher position. 24% of the employee would prefer nothing, both or all of the above (20%) indicated cash reward while 6% would prefer to be recognized for performance with more responsibility. The importance of agency theory can be seen in relation to development in health care in U.S.A.

A large scale study of U. S. senior level hospital administrators (Lambert & Larker, 1995) in the context of a change in the reimbursement of Medicare costs found that both monitoring the activities of the administrators and using bonuses were important to improve hospital efficiency and performance. Hospitals that were inefficient at the time of the change, a retrospective to a prospective method of reimbursement tended to offer higher bonuses as a percentage of the base salary.

According to the researchers (Lambert & Larker, 1995), hospitals with a relative financial position most adversely affected by the regulatory change seem to have bonus contracts in an attempt to

Motivate the administrators to improve operating efficiency and performance.

The results also show that hospitals were less likely to use bonus based compensation contracts if the hospitals activities were closely monitored (by the Board of Directors or the State).

Survey conducted suggests that growth opportunities and challenges have a positive effect on a person's motivation in the workplace. Majority of people surveyed rank growth opportunities higher than pay when it comes to job motivation Herzberg (1987). Most of the people in the survey answered that they would take a high profile job with more responsibilities but without any pay increase if given the opportunity. This behavior suggests that people prefer recognition associated with the job. Also the behavior in choosing the job with more responsibilities suggests that people are not afraid of challenges associated with the job when they are presented in the right context). Studies have shown that satisfied workers are more productive (Schermerhorn et al 2003). A survey conducted also indicated that a majority of respondents consider the opportunity for growth to be more of a factor in job motivation than pay.

In a longitudinal study, the positive effect of human capital investments (education and work experience) on individual's career earning may be more observable in the long run. Quinines et al (1995). For instance, college graduates may not be able to apply what they have learned in school to the work setting during the stressful transition Ng & Feldman (2007). Once they become fully comfortable with the work environment, the beneficial effects of education on work productivity might become more observable. "We suggest that the process of human capital acquisition evokes a number of cognitive and emotional changes in individuals that may help explain more precisely why and how human capital is related to career success".

For instance, educational level can enhance cognitive ability, increased job relevance knowledge and promote development of strong work ethic, all of which can strengthen job relevance in turn. Ng et al (2005).

In a research to determine the importance of certain factors in motivating employees in Nigeria. The study sought to describe the ranked importance of the following factors (a) job security, (b) training and retraining (c) interesting work (d) good working conditions (e) good wages (f) promotions and growth in the organization (g) full appreciation of work done. The 15 companies selected from Oyo; Iwara, Osun and Ogun States of Nigeria are mid-sized companies that are involved in educational consultancy, hotel and catering services and manufacturing. Data were collected through a self-structured questionnaire delivered to the employees of the companies. Findings of study suggest that good working condition, training and retraining of workers, good wages and key factors to employee's motivation.

Hypotheses
1.   There will be no statistically significant contribution of level education to the attitude of nurses towards the implementation of nursing process.
2.   There will be no statistically significant contribution of incentives to the attitude of nurses towards the implementation of nursing process.

Methods
Participants
This study employed four (4) wards selected through balloting from the eight (8) clinical wards of Federal Medical Centre. Owerri. Imo State with the total of three hundred (300) Nurses that is 74 Medical, 76 Surgical, 72 Paediatrics, 78 Accident & Emergency. In each ward, the researcher randomly selected thirty (30) Registered Nurses with at least a Principal Nursing officer professional's status making up one hundred and twenty (120) Nurses (respondents) for the study. The participants were within the age range of 3l to 50 years with a mean age of 33 years old.

Instrument
A self-structured Likert Scale questionnaire named "Nursing Process" was used as an instrument for data collection. The instrument contained twenty

five (25) items arranged in six (6) sections, scored in a three point Likert scale from disagreed (1) to strongly agreed (3). The six (6) sections are labelled A — F.
Section A (1 — 4): Demographic data.
Section B (5 — 8): Questions on assessment of knowledge.
— Nursing process is — a systematic method of providing individualized care. Section C (9 — 12): Questions on assessment of attitude.
— Nurses do-not make real attempts to know their patients and their problems from nursing perspective.
Section D (13 — 16): Questions on educational level.
— Determines nurses' knowledge base and skill in the implementation of nursing process.
Section E (17— 19): Questions on incentives.
— Changes behavior and attitude and improves clinical outcomes.
Section F (20 — 25): Questions on suggested ways of improving nurses' implementation of nursing process.
— Proper incentives and remuneration.
After development of the instrument, preliminary copies of the instrument were given to two lecturers in the psychology and nursing departments who are experts in the field. They vetted the instrument for relevance and content validity. The suggestions of the experts were incorporated in the final draft.
Reliability of the instrument was tested using twenty (20) nurses with similar characteristics to the respondents understudy in the same selected wards at Imo State Specialist Hospital, New Owerri.
A Cranach Alpha reliability of 0.88 was obtained which means the scale was reliable. A norm of 30 was also obtained. The respondents whose scores are above the norm indicate high contribution of educational level and incentives while scores be1o the norm indicates low contribution level.

Procedure
The researcher armed with identification letter from the Head of Psychology Department, Imo

State University Owerri went to the office of the Medical Director, Federal Medical Centre, Owerri seeking permission to conduct the research study in the center.

Approval letter was delivered through the Nursing Department of the center and the researcher proceeded on the study. After introduction and establishment of rapport, one hundred and twenty (120) questionnaires were distributed to the randomly selected thirty (30) registered nurses in each ward by hand. Necessary explanations were also provided to ensure proper completion of the items. The questionnaires were filled under the supervision of the researcher. The completed copies were collected from the subjects after completion. One hundred of the questionnaires were properly filled which gives a response of 83.3%. Data collection lasted for ten days. The researcher thanked the participants for their consent and patience.

Design/Statistics

The design is a cross-sectional survey because a section of the large population was studied. The statistics adopted is 2 x 2 Analysis of Variance (ANOVA) because there are two independent variables, both with two levels each.

Results

Table 1: **Summary of Means and Standard Deviation for Education and Incentive on Nurses' Attitude towards the Implementation of the Nursing Process.**

	Mean	Standard Deviation	N
Basic nursing education	48.97	3.79	67
High nursing education	50.88	5.20	33
ACNO	49.29	4.74	48
CNO	49.88	4.03	52

Table 2: Summary table of two-way ANOVA for Education and Incentive on Nurses' attitude towards the Implementation of the Nursing Process

Source	Type III Sum of Squares	Df	Mean square	F	Sig.
Education	82.594	1	82.594	4.415	.038[sig]
Incentive	187	1	187	.010	.921[NS]
Education X Incentive	13.749	1	13.749	.735	.393[NS]
Error	1796.130	96	18.710		
Total	247910.000	100			

Note: [sig] = Significant, [NS] = Not significant

Table 1 & 2 above show the results of a between-groups of variance conducted to explore the influence of education, and incentive on nurses' attitude towards the implementation of the nursing process.

The results showed a statistically significant main effect for education (F(1,96) = 4.415, p<.05) at the 95% confidence interval. A look at the means on Table 1 show that nurses with higher nursing education (M = 50.88) scored significantly higher than their colleagues with low nursing education (M = 48.97) on attitude towards the implementation of the nursing process. This result implies that nurses' level of education significantly influences their attitude towards the implementation of the nursing process.

However, no significant main effect was found for level of incentive on attitude towards the implementation of the nursing process [F(1, 96) = .187, p>. 05), at the 95% confidence interval. The means, as shown in Table 1 indicate that nurses on the CNO incentive cadre (M = 49.88) scored slightly higher on their attitude towards the implementation of the nursing process than nurses in the ACNO incentive level (M = 49.29). The results imply that the nurses' incentive level does not significantly influence their attitude towards the implementation of the nursing process.

Finally, the result of the interaction effect between education and incentive on attitude towards the implementation of the nursing process did not yield a significant main effect [F(1, 96) = .735, p<.05). This implies that both factors jointly do not influence nurses' attitude towards the implementation of the nursing process.

Discussions

The first result showed that nurses with high nursing education scored higher than their colleagues with basic nursing education on attitude towards the implementation of nursing process. This indicates that nurses' level of education influences their attitude towards the implementation of nursing process. This is in support of Hunter & Hunter (1994) who in his studies found that cognitive ability was strongly related to job performance and was an important contribution to the success in job performance. He further suggests that cognitive ability facilitates the learning of job relevant knowledge and thereby promotes stronger performance as well.

In contrast with Hungers result Callahan, 2006 identified in his study that adequate staffing was the most important element in nursing practice as the availability of adequate staffing allows nurses time to implement nursing intervention on the clients. According to him, enough staffing would be able to cut across all the shifts so as to reduce too much work load on an individual with increased number of patients.

The second result of the study showed that nurses on the CNO incentive cadre scored slightly higher on their attitude towards the implementation of nursing process than nurses in the ACNO incentive cadre. This entails that nurse's incentive level has no significant effect on their attitude towards the implementation of nursing process. This disproves Bernstein, (2011) who stated the differences in behavior from one person to the other or from one situation to another can be traced to the incentives available and the value a person places on the incentives at that time.

In study carried out by Stubenrauch (2011), the question of whether nurse's performance should be linked with incentives evoked some strong

emotions and mixed feelings. On the whole, people though it was a reasonable idea to pursue, but it was noted that a small number of respondents — predominantly staff nurses had the most negative reaction to the idea. They said, "Hei Listen, I already get paid to deliver high quality. To suggest that more money is going to change what I do is frankly insulting". They were morally opposed to the idea. To ensure favorable outcome while protecting nurses from negative consequences of incentive outcome, the researcher made several recommendations.

Invest in education, infrastructure, information and decision – support technology strengthen collaborative team work, empower nurses to take leadership roles on policy development and implementation and asses cost benefits.

Orlando (2010) advocates that nurse should he knowledgeable enough to able to accomplish nursing process when there is need for help.

Implications of the Study

The result of the findings on contributions of level of education showed that level of education significantly influences the attitude of nurses towards the implementation of nursing process. It implies that knowledge and skills in the implementation of nursing process is enhanced by nurse's education.

Knowledge and skill build up the nurses' confidence and interest in the implementation, hence positive outcomes.

Nurses should be educated to meet practice demands across settings. Nurses should enter the field aimed with needed knowledge to excel in their job because health care is a changing field with constant new development.

Findings on the contributions of incentives imply that nurses' incentive level does not motivate their behavior towards the implementation of nursing process. This is because irrespective of incentive level the study showed no significant different between the attitudes of nurses. Incentives might give them job satisfaction but would not produce the desired effect. There is still need for acquisition of knowledge and skills through higher education for efficient implementation of nursing

process. This also implies that there are nurses who are dedicated and intrinsically motivated to perform well regardless of incentives.

Suggestions for Further Studies

This study needs to be expanded by other researchers. Subsequent researchers on this study should try to increase the population.

Other researchers should try to cover at least two government hospitals in Lnc State and see if result from findings will differ.

The researcher supports further studies on:
— Concept and practice of nursing process among community nurses.
— Prevalence of priority setting in nursing process.

Significance of the Study

This study identified that nurses' educational level is a factor in their attitude towards the implementation of nursing process.

The study also revealed that incentives have no significant contribution in the attitude of nurses towards implementation of nursing process.

Recommendations

Based on the findings of this study the researcher recommends that:

- Level of education should be considered in the employment of nurses.
- The institution should encourage nurses' development through continual education and regular workshops/seminars on nursing process to broaden the knowledge of nurses.
- Nurses should be motivated financially, morally and otherwise by management and government since they can give their best regardless of incentives.
- The institution needs to employ more registered nurses who possess the knowledge base of what it takes to understand nursing process in order to improve on the quality of nursing care.
- Adequate supervision by management and Head of Nursing Services Department is required for effective implementation of nursing process.

Summary/Conclusion

This study looked at the contribution of the level of education and incentives to the attitude of nurses towards the implementation of nursing process. The study involved one hundred and twenty (120) nurses selected from eight (8) clinical wards of Federal Medical Centre Owerri.

The analysis carried out on the data collected showed that nurse's level education significantly influences the attitude of nurses towards the implementation of nursing process.

There is also no significant contribution of incentives to the attitude of nurses towards the implementation of nursing process.

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