RELATIONSHIP BETWEEN CAREER STAGNATION AND SELF-EFFICACY AMONG NURSES WHO HAVE SERVED FOR MORE THAN FIVE YEARS IN HOMABAY COUNTY.

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NOVEMBER 2018

DECLARATION

I declare that this project is my original work and has not been presented anywhere for purposes of academics, or any other research proceeding.

Signature…………………………… Date …………………………….

CARREN ANYANGO ONYANGO

C50/84603/2016

I confirm that this project as presented is the students' original work. This proposal has been submitted for the review with my approval as university supervisors.

Signature …………………………… Date …………………………….

Dr. Charles Kimamo

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DEDICATION

This work is dedicated to my children, brothers and sisters for the support they have given me in my educational pursuit. Thank you and God bless you abundantly.

ACKNOWLEDGEMENT

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ABBREVIATIONS AND ACRONYMS

ANA   America Nurses Association

APA   American Psychological Association

BP   British Psychological Society

CME   Continuous Medical Education

CV   Confounding Variable

DV   Dependent Variables

IV   Independent Variables

SCHMT   Sub County Health Management Team

DEFINITION OF TERMS

Career

A lifelong vocation that involves continual acquisition of knowledge, skills and abilities in a systematic order to make meaning in a person's life.

Career development

"continuous lifelong process of developmental experiences that focuses on seeking, obtaining and processing information about self, occupational and educational alternatives, life styles and role options" (Hansen, 1976).

Career Stagnation

Involuntary temporary end of ones' career development

Self-esteem

A person's perception of self.

Self-efficacy

A belief that a person can accomplish tasks when the right efforts and behaviour are undertaken by the very person.

Nursing

A career involves protection, promotion, and optimization health, prevention of illness and injuries, elimination of suffering through the diagnosis and treatment of human response, advocacy in the care of individual, families, communities and population (ANA 2010)

ABSTRACT

Career stagnation widens the gap between current performance and future expected performance. The general objective of this study was to determine the relationship between career stagnation and self-efficacy among nurses who have served for more than five years in Homa Bay County. This objective was supported with specific objectives; to identify the cause of career stagnation among nurses, to determine the effects of career stagnation on the nurses' self-efficacy and to establish the correlation between self-efficacy and self-esteem; the study adopted a descriptive design to study the target population- nurses with more than five years of experience. Simple random sampling procedure was used to sample 70 nurses (10% of 702) who participated with a response rate of 100%. Data was collected using a questionnaire, cleaned, coded and analysed using SPSS version 20. The results obtained were presented in the form of charts, tables and graphs. The study revealed that a significant percentage (33%) of the nurses less often reviewed their individual career plan, Majority (69%) of the nurses did not pursue job opportunities. Majority (63%) of the nurses were hardly motivated and inspired to carry out their tasks/duties. The level of motivation was reported to drop as the years of experience advanced. Majority (74%) of nurses did not attend any event outside their profession Most (90%) of the nurses did not attend a course in the past six months. The relationship between the variables was tested using Chi-Square test of Independence, the findings revealed that the P-Value was more than the significant value of 0.05. No statistical evidence to assert any relationship between career stagnation and self- efficacy, self-efficacy and self-esteem among nurses.

CHAPTER ONE: INTRODUCTION

1.1 Background

Career development is an important aspect in the life of a person. Career is developed to seek employment formally and informally which can turn into a source of satisfaction/dissatisfaction. Introduction of new technologies requires continuous career development to remain relevant to the job market. When growth in career is not realized over a period, career stagnation is experienced. Career stagnation affects the morale of the employee as well as reduces the performance of the individual worker affecting negatively the institutional/organizational performance (Schunk 1991). It intensively reduces learning opportunities, mastery experience and assertiveness hence low self-efficacy and self-esteem. Low self-efficacy culminates into redundancy where the level of performance is reduced at the work place and in personal life (Bandura 1982).

Several reasons why perceived self-efficacy tends to enhance performance outcomes were identified by Bandura (1982), in his search he noted;

> ....people who judge themselves ineffective in coping with environmental demands tend to generate high emotional arousal, become excessively pre-occupied with personal deficiencies, and cognize potential difficulties as more formidable than they really are. Such self-referent concerns undermine effective use of the competencies people possess…self-judged efficacy determines how much effort people will expend and how long they will persist in the face of obstacles and aversive experiences.... In the face of difficulties, people who entertain serious doubts about their capacities slacken their efforts or give up altogether…. (pp. 25-26).

Career development increases performance, paves ways for new appointments and promotion keeping one motivated and relevant in the job market. Nursing as a profession, has evolved, many studies have been done to inform the profession of the

knowledge gaps that has contributed to development and improvement of strategies, policies, machineries and drugs. The evolvement requires continuous trainings and acquisition of skills to remain effective in health service provision. Learning and frequent updates on nursing related issues for sustainability of high quality services and effective nursing staff can't be overlooked.

According to Nightingale (1859) the mother of nursing, she insinuated that nursing requires three important aspects/domains: Devotion, Obedience and education. Devotion enables the nurse to remain committed to achievement of the nursing goal, Obedience enabled the nurse to operate within the professional ethics and standards while Education enabled the nurse to keep abreast with the evolution and remain effective, efficient and relevant to the health sector. Career stagnation affects the three domains and impacts on the nurses' self-efficacy. Failure to acquire new skills and knowledge and lack of frequent refreshment on relevant nursing issues may lead to career stagnation and low self-efficacy, costing the health sector the public confidence in their health service provision. This study seeks to establish the root causes of career stagnation, the relationship it has with self -efficacy of the nurses, effects it has on the service delivery and the effect it has on the health of the nurse. The study was conducted in Homabay County.

1.2 Statement of the Problem

Nursing is a noble, humanitarian profession and saving lives is the ultimate goal. During passing out, nurses take oath that at all time they will save lives and remain professional (ANA 2010). They get into service full of enthusiasm to deliver their service to the public but after a while professional negligence is observed and reported. Their

enthusiasm to deliver services is markedly reduced; the public raises complaints concerning the quality of services they deliver. Some of the public concerns are: Long waiting, mismanagement of patients, nursing procedures left for caretakers/relatives who visit, conducting procedures without consent from clients and denial of information, Kenyatta Hospital prepared a wrong patient for brain surgery (Merab, 2018), which is a mark of a serious professional negligence among others.

What would make a high achiever be redundant in the nursing profession? Successful and continuous practice in the field of choice should culminate to high self-efficacy therefore a nurse who has been in service for long time is expected possess high levels of self-efficacy.

Many studied have been done on career stagnation and self-efficacy in isolation but the relationship of the two have not been studied. From the literature reviewed and especially the internet there seems to be no study done on career stagnation and self-efficacy in the world and in Kenya. However, several studies have been conducted on career and self-efficacy related topics

1.3 Study objectives.

The study objective was to determine the relationship between career stagnation and self-efficacy among the nurses who have served for more than five years in Homa Bay County.

The specific objectives were:

1. To identify the cause of career stagnation among nurses;

2. To determine the effects of career stagnation on the nurses' self-efficacy.

3. To establish the correlation between self-efficacy and self-esteem;

1.4 Research Questions

1. What are the causes of career stagnation amongst nurses who have served for more than five years?

2. What are the effects of career stagnation on the nurses' self-efficacy?

3. Is there significant relationship between nurses' self-esteem and self-efficacy?

1.5 Hypothesis

HI- There is no significant relationship between career stagnation and self-efficacy.

H2- There is no significant relationship between a nurse's self-esteem and self-efficacy.

1.6 Purpose of the study

This study intended to add to the body of knowledge on the relationship of career stagnation and nurses' self-efficacy.

1.7 Significance of the study

The main focus of this study is to ascertain the causes of career stagnation and the relationship it has with the nurses' self -efficacy. The outcome of the study can be used by other researchers to develop other related studies whose outcomes may further add to the body of knowledge. The study will benefit the policy makers, human resource managers, quality assurance teams within the ministry of health to review their policies and evaluate their programs to be accommodative.

1.8 Scope and limitation of the study.

The study was done in eight sub counties in Homabay County namely Rangwe, Mbita, Homabay Town, Ndhiwa, Karachuonyo North, Kabondo, Kasipul, and Suba. Participants of the study was nurses who have served for more than five years and sub county Public Health nurses/ Deputy Public Health nurses. The study sought to establish the relationship between career stagnation and self-efficacy among nurses who have served for more than five years. Although the research will entail face-to-face interviews, the information may be skewed. The survey will highlight information of career stagnation and efficacy of nurses who have served for more than five years whom may fear releasing information due to fear of victimization of the respondents.

1.9 Assumption of the study

Assumptions are the basics in research that are somewhat out of the researcher's control, without them, there is no research problem (Leady and Ormrod, 2010). This study assumed that the participants of the study answered the questions correctly, factually and honestly because confidentiality and anonymity of their content were explained to the participants and observed throughout the study. A Pilot study was performed to enable the researcher verify the authenticity, reliability and validity of the research instruments to answer the research problem. This study also assumed that the sample population was a representative of the population under the study the researcher made inference to.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter focuses on literature review, theoretical and conceptual framework that shall guide the study. The literature review considered previous studies done on nursing, career stagnation, self-efficacy and the relationship between self –efficacy and the relationship of self-efficacy and performance.

2.2 Related studies

From the literature reviewed and especially the internet there seems to be no study done on career stagnation and self-efficacy in the world and in Kenya. However, several studies have been conducted on career and self-efficacy related topics. Some relevant and related studies and their outcomes are discussed below;

A study by Abele and Spurk (2009b) indicates that occupational self-efficacy immediately after graduation is a significant predictor of professional status, remuneration, and career satisfaction up to seven years after graduation. The longitudinal study asserts that self-efficacy beliefs culminate into positive outcomes at the early career phase.

Kakui (2014) conducted a study on effects of career development on employees' performance in the public sector among staff of national cereals and produce board in Kenya. The study revealed that on job training influenced the performance of the employees by enabling them acquire the key knowledge and skills for the job specification hence development of high motivation.

De Fatima Goulao (2014) conducted a survey study to examine the relationship between academic self-efficacy of an adult learner in an online learning context and their academic accomplishment. The number of students who participated in the study were 63, Data on self-efficacy and academic achievement was collected by use of questionnaire and total grades at the end of the semester respectively. Data analysis indicated significant relationship between self-efficacy and performance.

Several studies have reached an agreement that self-efficacy is related to the efforts put on tasks and performance, persistence, resilience in the face of failure, effective problem solving and self-control. (Bandura, 1986; Gist and Mitchell, 1992; Hysong and Quinones, 1997; Prussia, Anderson and Manz, 1998; Stajkovic and Luthans, 1998)

2.3 Career progression in nursing

Nurses and midwives continue to develop through post basic education, mentoring, and other career development activities. Approaches and programs are increasingly developed and effectively implemented to enable the nurses and midwives can build on their qualifications and experience to become more effective and efficient in their profession. (ANA, 2010c). According to Nightingale the mother of nursing, she indicated that nursing requires three important aspects; Devotion, Obedience and education (Nightingale, 1859). Devotion enables the nurse to remain committed to achievement of the nursing goal, Obedience enabled the nurse to operate within the professional ethics and standards while education enabled the nurse to keep abreast with the evolution and remain effective, efficient and relevant to the health sector. Career stagnation affects the three domains and impacts on the nurses' self-efficacy.

2.4 Career development

Defined as "continuous lifelong process of developmental experiences that focuses on seeking, obtaining and processing information about self, occupational and educational alternatives, life styles and role options" (Hansen, 1976). In the course of career development, people come to understand themselves as they relate to the world of work and their responsibility in it. The process enables an individual fashion a work identity and a sense of belonging is achieved. Holland theory of vocational type states that occupational achievements, stability and satisfaction depends on congruence between one's personality and job environment. (Holland, 1997). Any form of incongruence has a negative effect on both the employer and employee. Figure 2.1 illustrates different factors that enhances career development for nurses impacting greatly on their performance
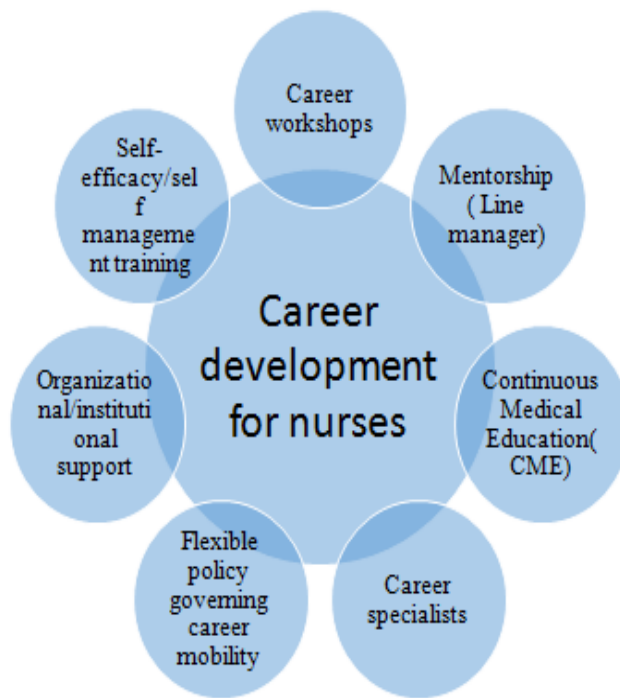
Figure 2.1: Web of different sources of career support for nurses (Source: Author)

2.5 Career Stagnation

Career stagnation is caused by individual factors, organizational factors and or both the factors. Individual factors are varied and may be as a result of self-efficacy issues, goal issues, lack of opportunities, feelings of boredom with the career and burn outs. Organizational factors are: discrimination, too much expectations with very little support, stereotyping, lack of mentorship, rigid policies governing mobility, harassment/ bullying/ mobbing. Interpersonal factors are dual career issues; an individual's career should agree with his/her social environment (Abele, Volmer and Spurk 2011). The morale of the employee is affected by career stagnation thereby reducing the organizational productivity and negatively impacting on the employees' quality of life. An Organization that does not have appropriate career planning and

career development initiatives likely faces high attrition rate affecting their plans and programs causing a lot of havoc for both the employer and employee.

2.6 Self-efficacy

Self-efficacy beliefs provide the foundation for human motivation, wellbeing and personal achievement which impacts on the body's physiological and psychological response to stress. The stronger the self-efficacy belief the braver the people are in managing the stressful circumstances linked to their day to day role. Lent (2005) defined self-efficacy as "a dynamic set of beliefs that are linked to particular performance domains and activities". Expectations of self-efficacy influence the initiation, implementation and maintenance of a specific behaviour in response to hindrances and difficulties. Social cognitive theory asserts that Self efficacy expectations are shaped by five primary information sources or learning experiences; Personal performance, accomplishment, vicarious learning, social persuasion and psychological and affective states. According to Lent (2005), personal performance achievements have the most influence on the status of self-efficacy.

Social Cognitive theory states that self-efficacy empowers individual to exercise management for thoughts, feelings and actions. Self-efficacy beliefs are influential predictors of human behaviour (Bandura, 1982). Initiation of coping behaviour, amount of efforts required, sustainability of the efforts and the level of perseverance needed to achieve the behaviour was determined by the level and strength of self-efficacy (Bandura, 1982).

When self-efficacy is greater than the ability to perform a given task, psychological damage is likely and when the self-efficacy is significantly very low, inability to grow and expand skills is experienced. Self-efficacy beliefs and outcomes expectations in turn shapes people's interest, goals, action and attachments. This are also influenced by contextual factors like job opportunity, access to training opportunities and financial resources, (Lent, 2005).

People with low self-efficacy perceive themselves as failures. They seem to be out of control of their lives therefore they give up and leave their lives to fate. People look for occupations with capabilities they think they possess or can develop and resign or quit jobs when they realize they do not have and/or cannot develop the specific capabilities for the job. When they cannot develop the skills yet decide to stay on the job they become redundant and suffer low self-esteem (Lent, 2005).

Several reasons why perceived self-efficacy tends to enhance performance outcomes were identified by Bandura (1982), as noted earlier:

> …. people who judge themselves ineffective in coping with environmental demands tend to generate high emotional arousal, become excessively preoccupied with personal deficiencies, and cognize potential difficulties as more formidable than they really are. Such self-referent concerns undermine effective use of the competencies people possess…self-judged efficacy determines how much effort people will spend and how long they will persist in the face of obstacles and aversive experiences. In the face of difficulties, people who entertain serious doubts about their capacities slacken their efforts or give up altogether, whereas those who have a strong sense of efficacy exert greater effort to master the challenges…. (pp. 25-26).

Efficacy beliefs has got strong influence on the manner to which people think, influence the course of action a person intends to undertake, goals to set and commit self to achieve the goals. At a comparable level of ability, self-efficacious persons are more likely to experience successful outcomes.

2.7 Self esteem

Self-esteem is a judgement of self-worth, determining behaviour and performance therefore is fundamental human motive. Self-esteem motive is also known as self-maintenance motive (Teaser and Campbell, 1983). These motives desire to protect and enhance feelings of self-worth, anything hindering the desire experienced produces psychological distress.

Branden (1969) claimed that beliefs in one's capacity to change one's own situation is a major defining factor in the level of self-esteem. For the long serving staff, self-efficacy is associated with the ability to change one's situation, whereas, self-esteem measures self-worth, self-efficacy measures behaviour (Wenzel, 1993).

2.8 Theoretical Framework

The theoretical framework explains the direction of the research and roots in theoretical constructs. Theoretical and Conceptual make research findings more meaningful acceptable to theoretical constructs in the research field and guarantees generalizability. They assist in stimulating the research while ensuring the expansion of knowledge by providing both direction and impetus to the research inquiry. Theoretical framework is the blue print of the research (Grant and Osanloo, 2014)

2.8.1 Self-efficacy theory

Self-efficacy theory and social cognitive theory were developed by Albert Bandura. He asserts in self -efficacy theory, that human beings carry out tasks depending on the level of perceived personal capability to attempt and achieve a specific task.

Self-efficacy theory is a theory as well as a construct of social cognitive theory. Self-efficacy theory indicates that people will pursue what they what they believe they can achieve. However, people who have high self-efficacy believe they can achieve even difficult tasks. They perceive challenges as opportunity for growth and not threats to be avoided (Bandura, 1994)

A person with high self–efficacy aspires to succeed and becomes resilient until a given task is accomplished successfully. A person with low self-efficacy expects failure hence will not attempt or be resilient in challenging activities (Kear, 2000).

The theory asserts that perception of efficacy is influenced by four factors; Mastery experience, Vicarious experience, verbal persuasion, and somatic and emotional state (Bandura, 1994, 1997; Pajares,2002).

2.8.1.1 Mastery experience

Mastery experience is realised when a person attempts a task and is successful. It is the best way of enhancing self-efficacy because people will always engage in similar activities they have been successful in. It is on the basis of mastery experience that training programs are developed and administered.

2.8.1.2 Vicarious Experience

It is the observation of success or failure in others believed to be similar to oneself (modelling). The more one interacts /associates with the person the more their belief is influenced the more they adopt the behaviour they admire.

Observing someone like you being successful in what you admire to achieve increases self-efficacy. However, observing someone like you fail to achieve a given task lowers self-efficacy. The extent to which vicarious experience affect self-efficacy is related to how much resemblance the model is (Bandura, 1994).

2.8.1.3 Verbal persuasion

People are more likely to carry out tasks if they are verbally persuaded to do. When others verbally support the achievement or mastery of tasks, a person's belief in self is enhanced that he is capable of accomplishing the task.

2.8.1.4 Somatic and emotional state

Physical and emotional states that occur when someone contemplates of carrying out a task, provides clues as to the possibility of success or failure. Anxiety, stress, fear and stress negatively impacts on self-efficacy and can lead to self-belief of failure or inability to perform the task (Pajares, 2002). Stressful situation generates emotional arousal, which in turn affects a persons perceived self-efficacy in coping with the situation (Bandura and Adam 1997). Emotional arousal or stress impacts on the self-efficacy hence influence the decision people make.
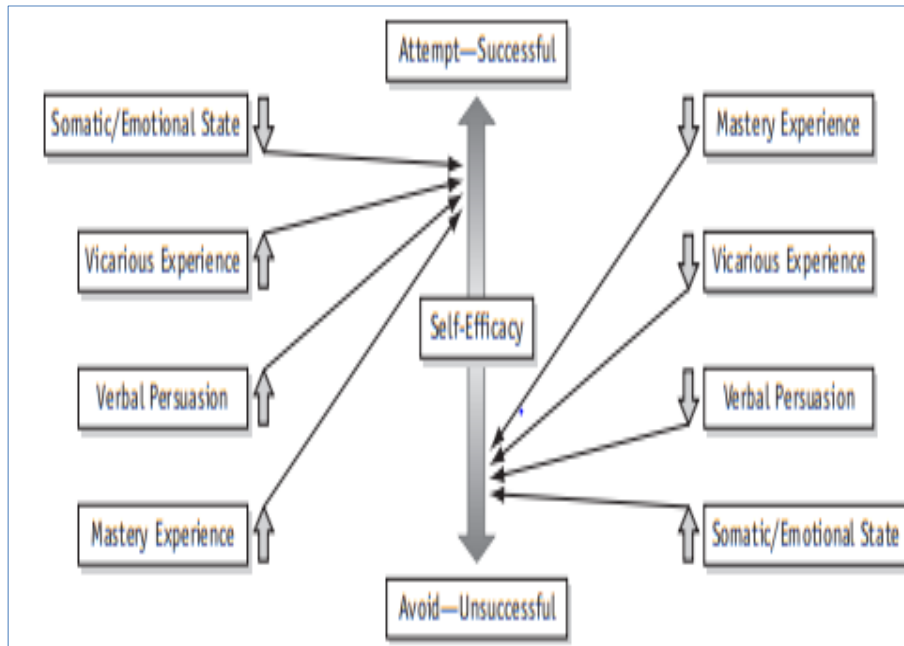
Figure 2.2: Self-efficacy theory (Pajare 2002)

Figure 2.2 illustrates factors that affect perception of self -efficacy and the impact the levels of the factors have on self -efficacy. For instance, when vicarious experience, verbal persuasion, mastery experience levels are high and somatic/emotional state levels low, self- efficacy is perceived to be high hence tasks are successfully attempted.

2.9 Conceptual Framework

A conceptual framework is a diagrammatical or graphical representation of relationship between variables, concepts and/or key factors in the study whose purpose is to aid the reader to determine the proposed relationship (Miles and Huberman, 1994). Figure 3 shows the conceptual framework depicting the relationship of the variables in the study.

2.9.1 Variables

Variables are identified events which change in value (Coolican, 1999). There are three types of variables that are important in this study namely;

2.9.1.1 Independent variables (IV)

The independent variable in this study is career stagnation, it is operationally defined and its level affects self-efficacy of the population under the study-nurses. The following have been identified to affect the independent variable: Lack of promotion, Poor pay, Work demands, Professional negligence, Ill health, Job related stress, Structural factors such as policy of the organization and employee's factors such right person for wrong job.

2.9.1.2 Dependent variables (DV)

The dependent variable is the self-efficacy of the nurses. This variable depends on the status of career stagnation of individual nurse. The following have been identified to affect dependant variable: Personal attributes, burnouts, lateness, poor patients-nurse relationship, Failure to meet targets and Lack of motivation

2.9.1.3 Confounding Variables (CV)

These variables are not under study but are likely to have an effect on the dependent variable and independent variable. The following have been identified to have a likelihood of affecting the self-efficacy of the nurses; Age, Education levels, experience and Gender.
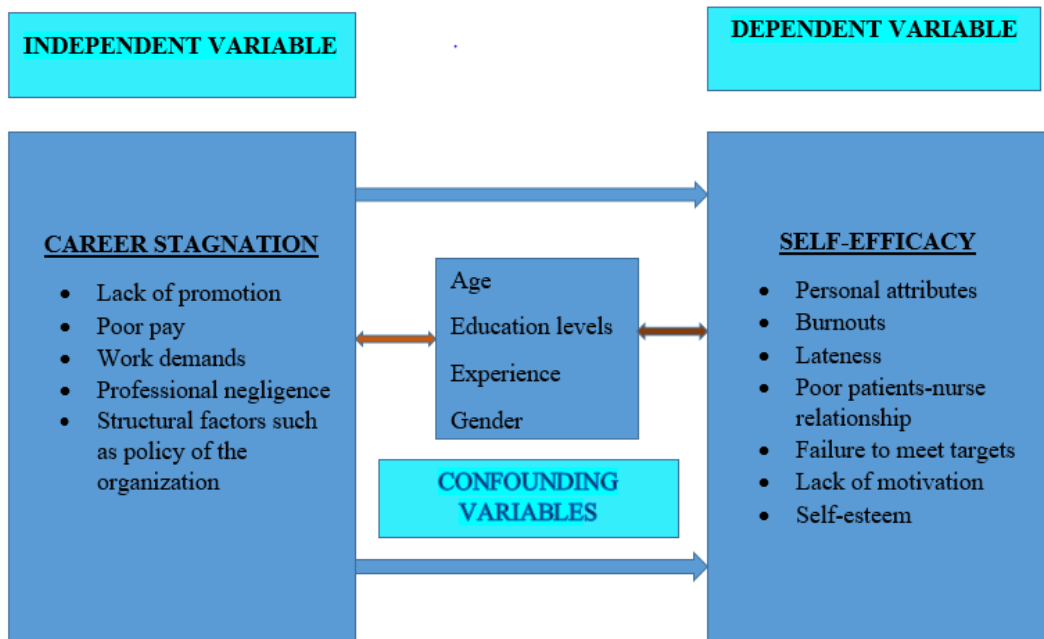
Figure 2.3: Conceptual framework (Source- Author)

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

Research methodology is a systematic way of solving research, (Kothari, 2007). This chapter focuses on the entire process of research and the rationale of chosen techniques and procedures in the study. It begins with a description of design of the research and its foundation in the study. The population and the sample of the study is discussed besides methods and procedures used in data collection, data processing, data analysis, data interpretation and report writing.

3.2 Research design

A research design is the conceptual structure within which research is carried out. (Kothari, 2007). This study shall adopt descriptive survey study design. Descriptive survey is a research design which seeks to establish respondent's perspective or experiences on specific subject in a predetermined structured manner (Gay,1993). Descriptive survey design is a method of collecting information by interviewing or administering questionnaires to the sampled population. This design offers descriptions and explanations, it also identifies and predicts relationships between variables of the study (Mugenda and Mugenda,1996). Descriptive survey design is appropriate for this study because enabled the researcher to adopt both qualitative and quantitative approaches to data collection. By extension, through descriptive survey research design, the researcher was in a position to analyse data using both qualitative and quantitative techniques.

3.3 Location of the Study

The study was conducted in Homa Bay County in western Kenya (formerly in Nyanza Province), along the South shore of Lake Victoria's Winam Gulf. Homa Bay County institutes eight sub-counties ; Rangwe, Mbita, Ndhiwa Homabay Town, Karachuonyo, Kabondo, Kasipul, and Suba. Homa Bay town is the headquarters of Homabay County. Homa Bay County is accessible by road from Nairobi through Kisii town, a 380 km journey, From Kampala in Uganda through Kisumu (Kenya) by road is about 400km, by water through Bukoba-Mbita point, jinja and Musoma and by air through an airstrip located 5 km south east of Homa Bay.

3.4 Target Population

The target population are nurses working within Homabay sub County who have been in service for more than five years. There are 878 nurses, 702 have been in service for more than five years (MOH- HR office Homabay).

3.5 Sampling Techniques

Simple random sampling also known as probability sampling or representative sampling procedure was used to sample the population of interest –Nurses in Homa Bay County who had served for more than five years. This procedure gave the population under study an equal chance to be selected to participate in the research. A total of 70 nurses (10% of 702) participated in the study. In each sub-county, nine questionnaires were randomly issued to the target population. The following criteria was used in selection of the sample: Willingness to participate in the research, a nurse of any cadre and those who have been in service for not less than five years.

A list of the target population was drawn per sub-county, entered in excel and random numbers were computer generated. A list of randomly computer generated numbers were developed with contact details of the sample. The sample was then contacted and questionnaires issued.

3.6 Research instruments

Questionnaires was used for the study. (see appendix). The questionnaire had both structured and unstructured questions. The questionnaire was tailor made due to the fact that there is no global or all-purpose measure for perceived self-efficacy for nurses. The structuring of questions is in reference to the work that had earlier been done by other researchers and Psychologists: Schwarzer and Jerusalem, 1995; Blascovich, Jim and Tomaka. 1993 and Owens, Timothy J., 2001;

The questionnaire is in five sections: Part A: Demographic information, Part B: Career stagnation assessment, Part C; Self-esteem assessment, Part D: Self-efficacy assessment and Part E: work performance assessment.

3.7 Piloting of Research Instruments/ Validity and reliability

Data reliability happen when data is satisfactorily complete and accurate for its purpose to achieve the anticipated objectives. Reliable data must therefore be competent, sufficient and relevant. For this study, the following was employed to ensure that the data collected met the threshold for analysis:

- A pilot study was undertaken to pre-test the questionnaire. The outcome of the pilot study, necessitated editing of the questionnaire in the light of the results.

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- A sample size of ten percent of the population being studied was used to identify the respondent.

- During data collection, data cleaning was done to ensure that all the entries were made in the questionnaire in the right format.

- Post data cleaning was done to certify that the entries were done right and followed the right sequence.

The Alpha coefficient was used to evaluate the internal consistency and reliability of the answers in the questions in the questionnaire on the same topic that needed to be correlated. The alpha coefficient obtained was 0.879 higher than the limit value of 0.70 which indicates a good ability of the items of the questionnaire to evaluate the same latent factors in the study.

3.8 Data Collection Techniques

Three research assistants was recruited and trained on the methodology and sample frame to assist in data collection. Each one of them was responsible for administration and collection of the questionnaires in two sub counties as per the schedule (see appendix). The enumerators will ensure that all the questions have been responded to before collection. There are eight sub-counties in Homabay County namely: Rangwe, Mbita, Homabay Town, Ndhiwa, Karachuonyo North, Kabondo, Kasipul, and Suba. This activity took three weeks.

3.9 Data Analysis

Data processing was an essential aspect in the study to ensure that all relevant data are obtained for making contemplated comparisons and analysis. The following operations was undertaken to process data:

3.9.1 Data Cleaning

According to Kothari, (2004), cleaning of data is a process of examining the collected raw data to detect errors and omissions, and have them corrected when possible. Complete questionnaire was scrutinized for errors and completeness. Data was cleaned to ensure consistency, accuracy, uniformity and arrange them to facilitate coding and tabulation. The field assistants ensured the questionnaire forms were duly filled and information captured in the right format.

3.9.2 Coding

Numerals were assigned to answers to have the responses put into a limited categories or classes appropriate to the research problems. During cording the following was observed: Every data item had a class- exhaustiveness, Specific answers were placed in a cell in a specific category set– exclusiveness and every class was defined in terms of only one specific concept – unidimensionality. The coded items were keyed into SPSS version for data analysis.

3.9.3 Classification

Large volumes of raw data were expected; this data therefore was reduced to homogeneous group to get meaningful relationship. The data was arranged based on common characteristics in classes or groups.

3.9.4 Tabulation

It is the process of arrangement of data in concise and logical order. A process of summarizing the raw data and displaying the same in compact form for further analysis. The data is arranged in rows and columns. Tabulation conserves space and minimizes explanatory and descriptive statements facilitates the process of comparison, summation of items and detection of errors and omissions providing basis of various statistical computations.

Both qualitative and quantitative approaches were applied to process and analyse the data. Quantitative analysis begins with listing and coding open ended data for analysis by Statistical Package Social Sciences (SPSS). Raw data was cleaned, verified and used to generate frequency distributions with percentage counts. In qualitative dimension, data was listed and organized followed by data description and interpretation.

3.9.5 Test of independence

The Chi-square test of independence was used to ascertain the relationship between two nominal variables: career stagnation and self-efficacy. The frequency of each category of the variable was tested across categories of the second nominal variables.

3.10 Ethical Considerations

This study was conducted in line with the ethical standards spelt out by American Psychological Association (APA), British Psychological Society (BPS) and Local Health Management Committee Research Review Board. In compliance with the rules governing ethical research in Kenya, all the materials required to apply for the Research and Ethical Clearance from the relevant agency were prepared. Ethical clearance was obtained prior to implementation of the assessment.

Confidentiality and Privacy of the participants and their data was maintained at all level/stages of this study. Participants were taken through their roles and the purpose of the study before they participated in the study. The participants were allowed to participate voluntarily and allowed to opt out at any stage of the study.

CHAPTER FOUR: DATA ANALYSIS AND DISCUSSION OF RESULTS

4.0 Introduction

This chapter examines the findings obtained from the statistical analysis. The chapter explores the general characteristics of the population under study, that is nurses level of career stagnation, level of self-efficacy and self- esteem as per the objective of the study. Results are then compared with the existing findings in the literature reviewed.

4.1 Demographics

Out of the population of 702, 10% was targeted and a questionnaire administered to them. A total of 70 issued and received back. The questionnaire return rate was therefore 100%. The 70 questionnaires were analysed using Statistical Package for Social Sciences (SPSS) software to produce descriptive statistics (frequencies and percentages), as well as inferential statistics (correlations and regression analyses) and variances. The results produced are illustrated in the form of tables and charts.

4.1.1 Age gender and number of years employed as a nurse

The study obtained data pertaining to the age and the number of years that the respondents had worked. This information is presented in Figure 4.1.

Figure 4.1: Age group and number of years in employment
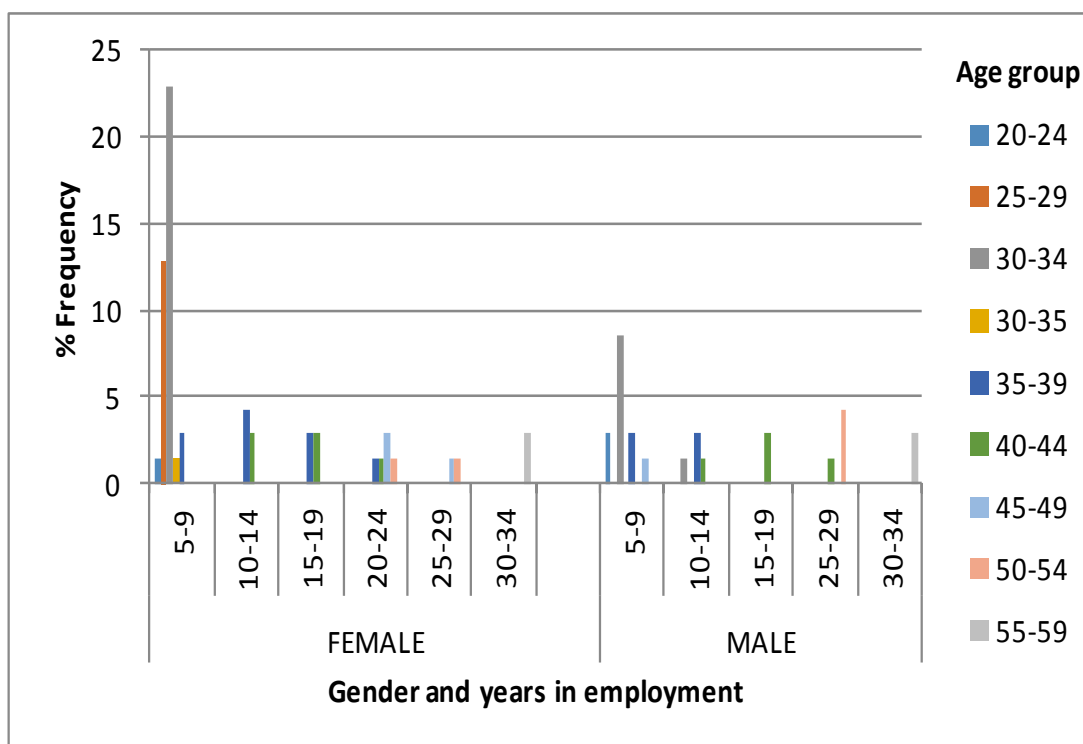
The percentage of male and female who participated in the survey were 33% and 67% respectively. A significant number (21% and 13%) of female of age group 30-34 and 25-29 respectively had worked for 5 to 9 years. A smaller percentage of male (9%) between the age group of 30-34 had worked for a period of 5-9 years. Consequently, majority of the nurses in Homa Bay County are young people, ranging between the ages 30-34 years of age. From figure 4.1, only a fewer (5.7%) of the elderly are between age 55-59 years of age.

4.1.2 Years of experience and qualification

The study also sought out to determine the relationship between years of experience and qualifications. The results are presented in figure 4.2

Figure 4.2: Nurse Qualifications
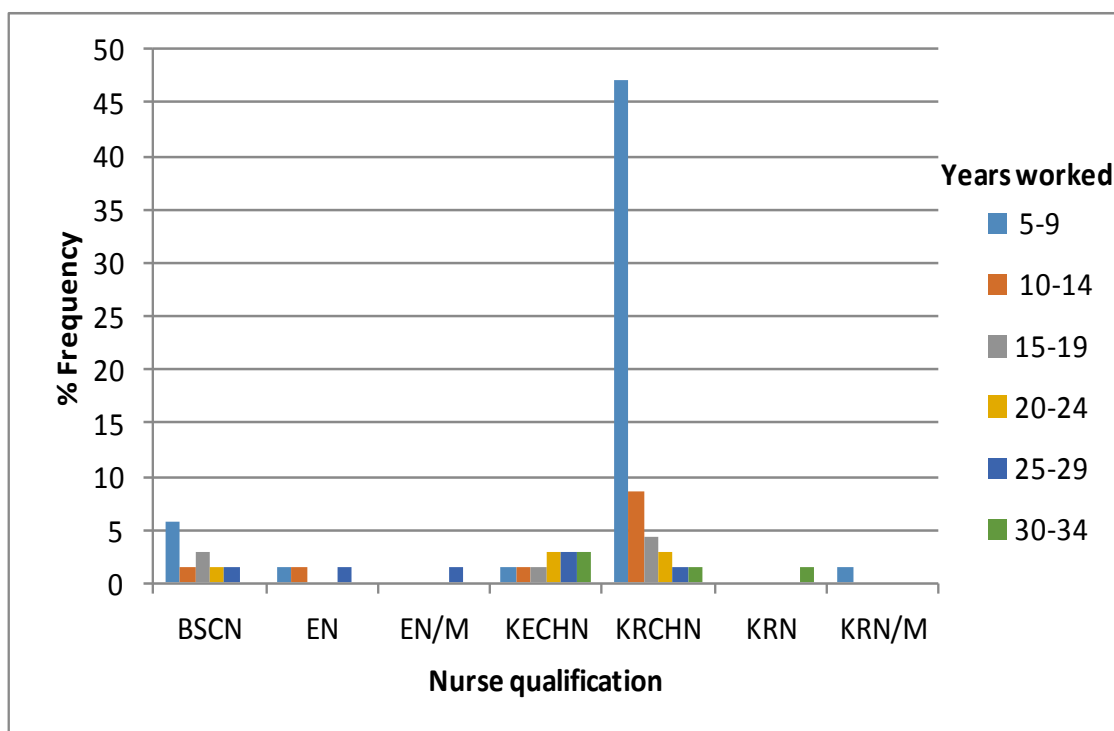
According to the findings, 47% and 9% of nurses who had worked between 5-9 and 10-14 years had qualifications in KRCHN. Only 1.5% of nurses who had worked between 30-34 and 5-9 years had qualifications in KRN and KRN/M respectively. Consequently, majority (65.7%) of nurses in Homa Bay are KRCHN.

4.1.3. Nurses attending professional courses taking not less than six months and graduated.

The study looked at the uptake of professional courses among the nurses. The results are shown in the figure 4.3.

Figure 4.3: Nurses attending professional courses
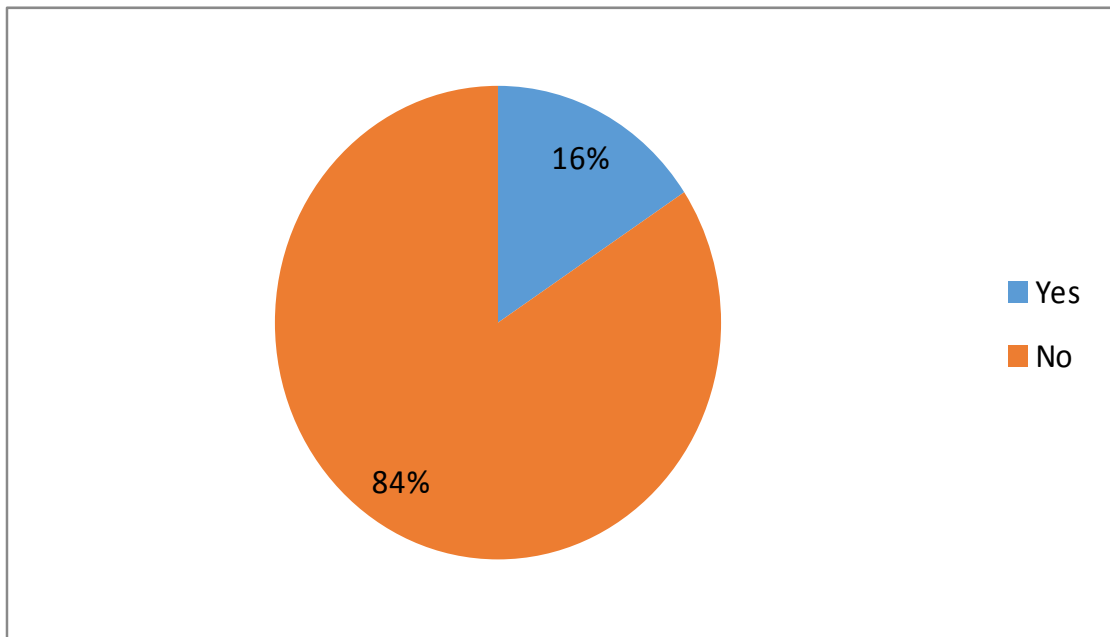
In the past five years, only 16% of nurses attended professional courses of not less than 6 months and graduated. The remaining 84% had not attempted any professional course and graduated. This result shows high levels of stagnation in the profession. Further analysis showed that out of the 16% who had attended some professional course majority (54.5%) were KRCHN.

4.1.4. Nurses attending professional courses against number of years of experience

The study sought out to determine course attendance and years of experience. The results are as below in Figure 4.4.

Figure 4.4: Nurses attending professional courses against number of years of experience
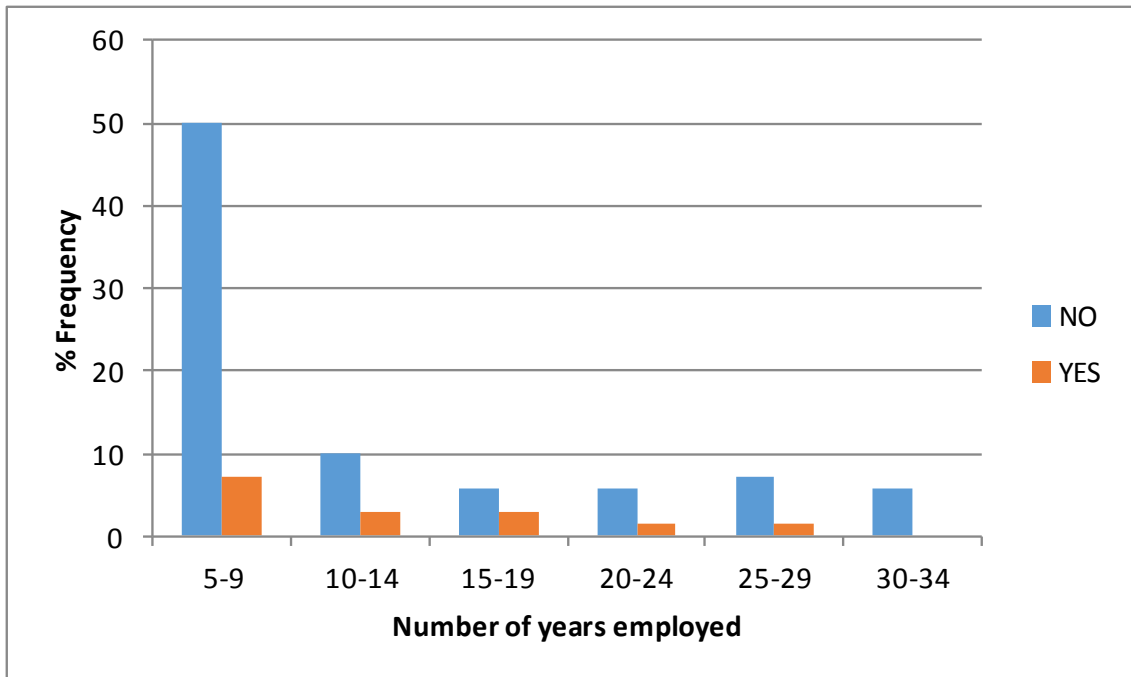
Of the nurses who attended professional courses, 7% were nurses who had worked between 5-9 years. However, nurses who had worked between 30-34 years did not attend any professional course. From the graph it is eminent that as the years of experience advances, attendance of professional courses decreases and finally ceases at 30-34 years of experience.

4.1.5. Professional courses attended by the nurses

This study identified the professional courses attended by the nurses in the last six months and graduated. The result is shown in Figure 4.5.

Figure 4.5: Professional courses attended in the past 5 years
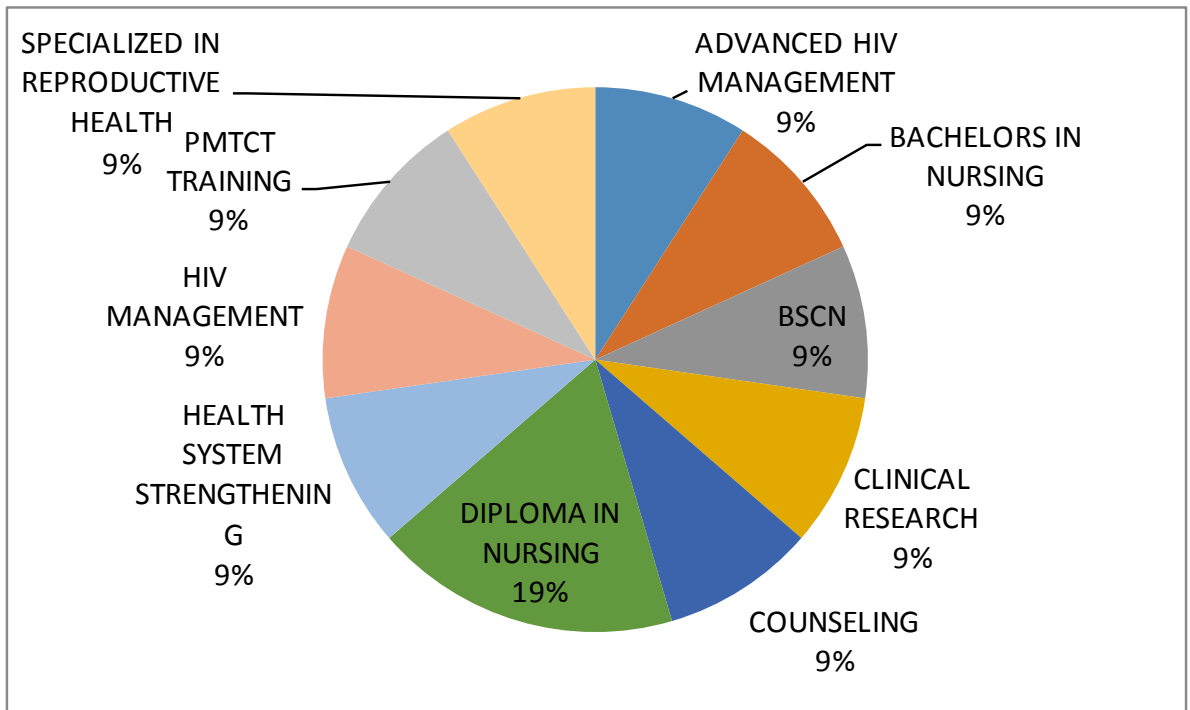
Of the nurse who attended professional courses, 19% attained diploma in nursing, while 9% attended other respective courses.

4.2. Career stagnation

The study obtained data to asses and analyse elements, causes and levels of career stagnation among nurses who had worked for more than five years. The study revealed that most nurses had stagnated career wise as demonstrated in the figures below.

4.2.1 Review of individual Career plan.

This study sought out to determine how often the nurses reviewed their career plan. The outcome is stated in the figure 4.6.

Figure 4.6: Review of individual career plan
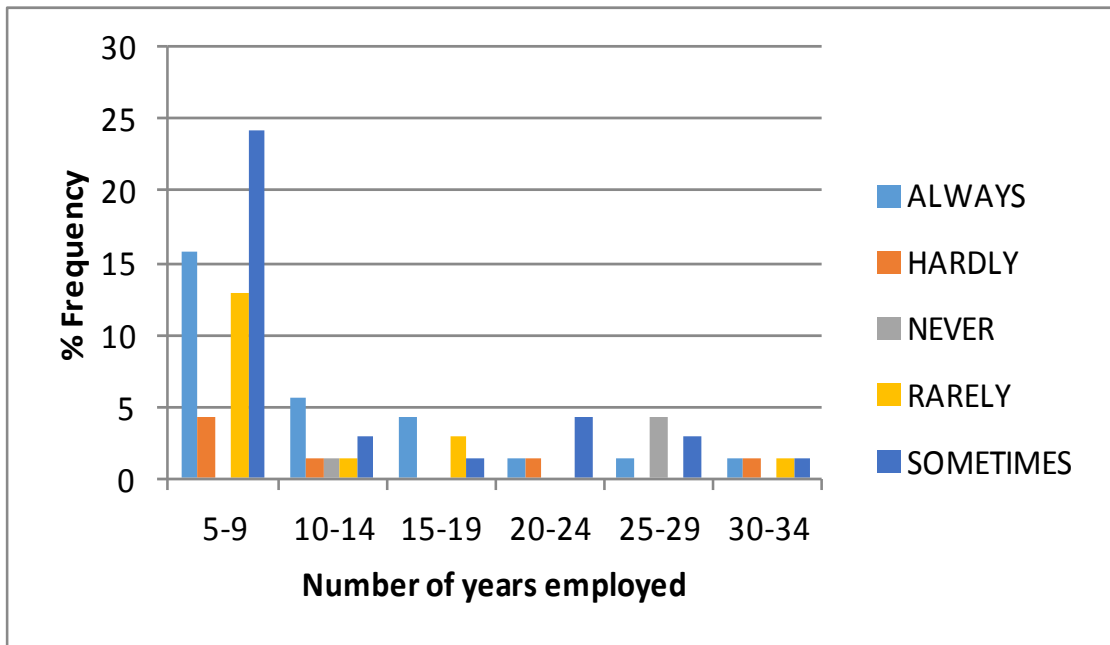
The study revealed that 16%, 12% and 24% of nurses who worked between 5-9 years always, rarely and sometimes reviewed their individual career plans respectively. However, only 1.4% of nurses who worked between 30-34 years always, hardly, rarely and sometimes reviewed their individual career plans.

Overall, 30%, 9%, 6%, 19% and 37% of the nurses always, hardly, never, rarely and sometimes reviewed their career plans respectively. 67% of the nurses frequently reviewed their career plan while 33% of nurses hardly, rarely and never reviewed their career plans.

4.2.2 Nurses involvement in voluntary community work.

This study obtained data pertaining nurses' involvement in voluntary community work.

The results are demonstrated in Figure 4.7**.**

Figure 4.7: Involvement in voluntary community work
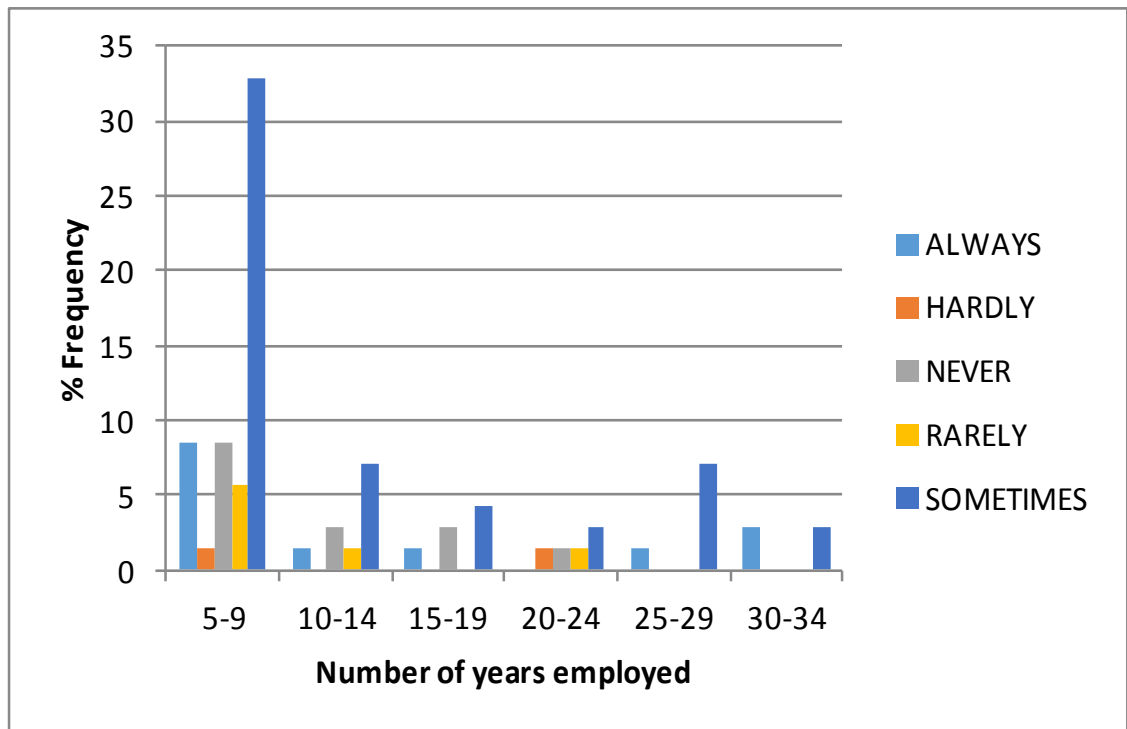
In this study, 33% and 9% and of nurses who worked between 5-9 years always and never, got involved in voluntary community work. Only 3% of nurses who worked between 30-34 years always and sometimes conducted voluntary community work. Overall, 16%, 3%,9% and 57% of nurses always, never, hardly, rarely and sometimes conducted voluntary community work respectively.

4.2.3. Pursuance of job opportunities

This study collected data to determine how many job opportunities the nurses have pursued in the last six months. The results are demonstrated in the figure 4.8.

Figure 4.8: Job opportunities pursued
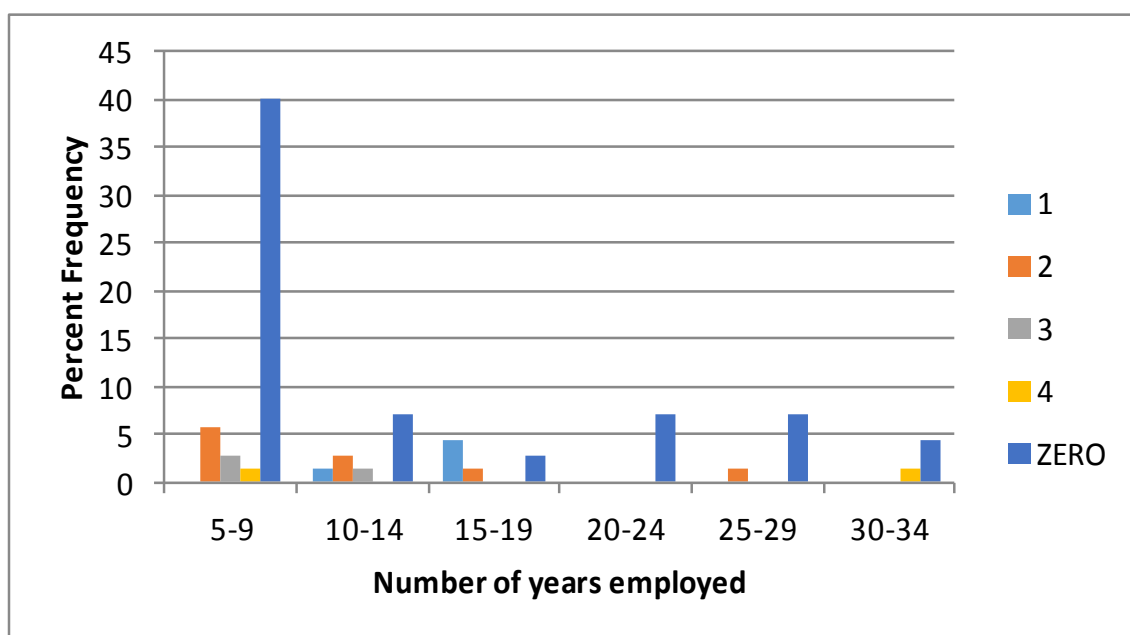
The study revealed that 40% of nurses who worked between 5-9 years did not apply for any job opportunities. However, 7% of nurses who worked between 10-14 years, 20-24 years and 25-29 years never applied for job opportunities. Overall, 69% of nurses did not pursue job opportunities in the last six months.

4.2.4. Nurses motivation and inspiration to carry out their duties.

The study sought out to determine how often the nurses are motivated and inspired to carry out their duties. The results are illustrated in the in figure 4.9.

Figure 4.9: Nurse Motivation and inspiration to carry out duties
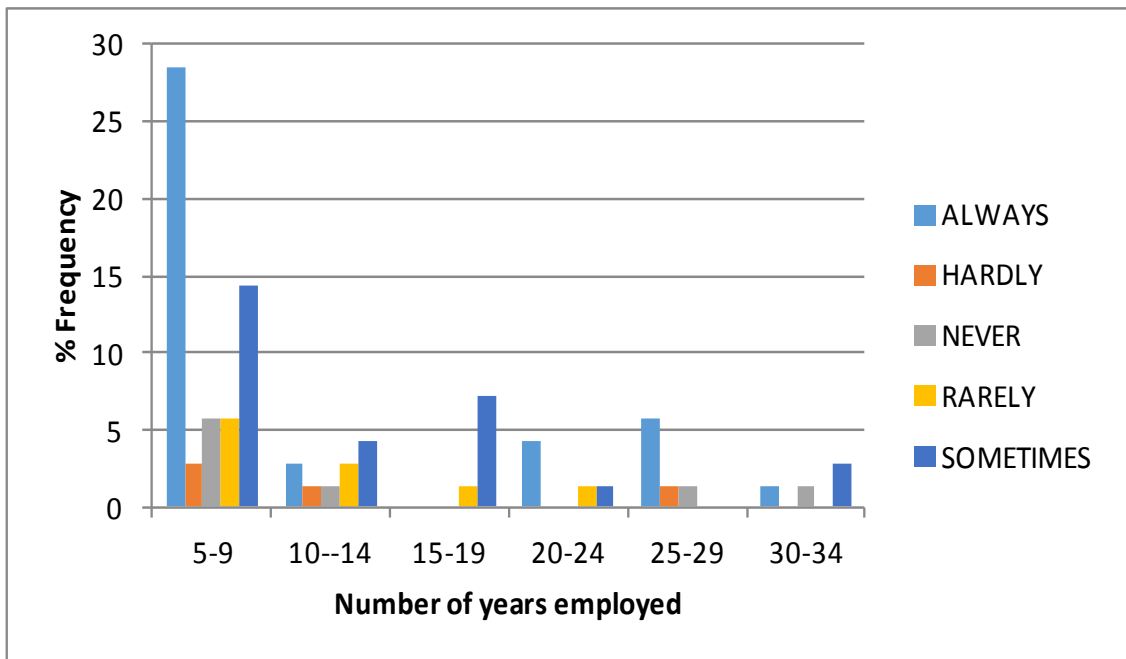
The study revealed that 29% and 14% of nurses were always and sometimes motivated and inspired to carry out their duties respectively. However, 43% and 10% of the nurses were less frequently and never motivated to conduct their activities respectively. From the study we can conclude that the level of motivation and inspiration to carry out their duties declines as the years of experience advances.

4.2.5. Reasons for different levels of motivation

This study also found out reasons for different levels of motivation. The findings are demonstrated in figure 4.10.

Figure 4.10: Reasons for different levels of motivation
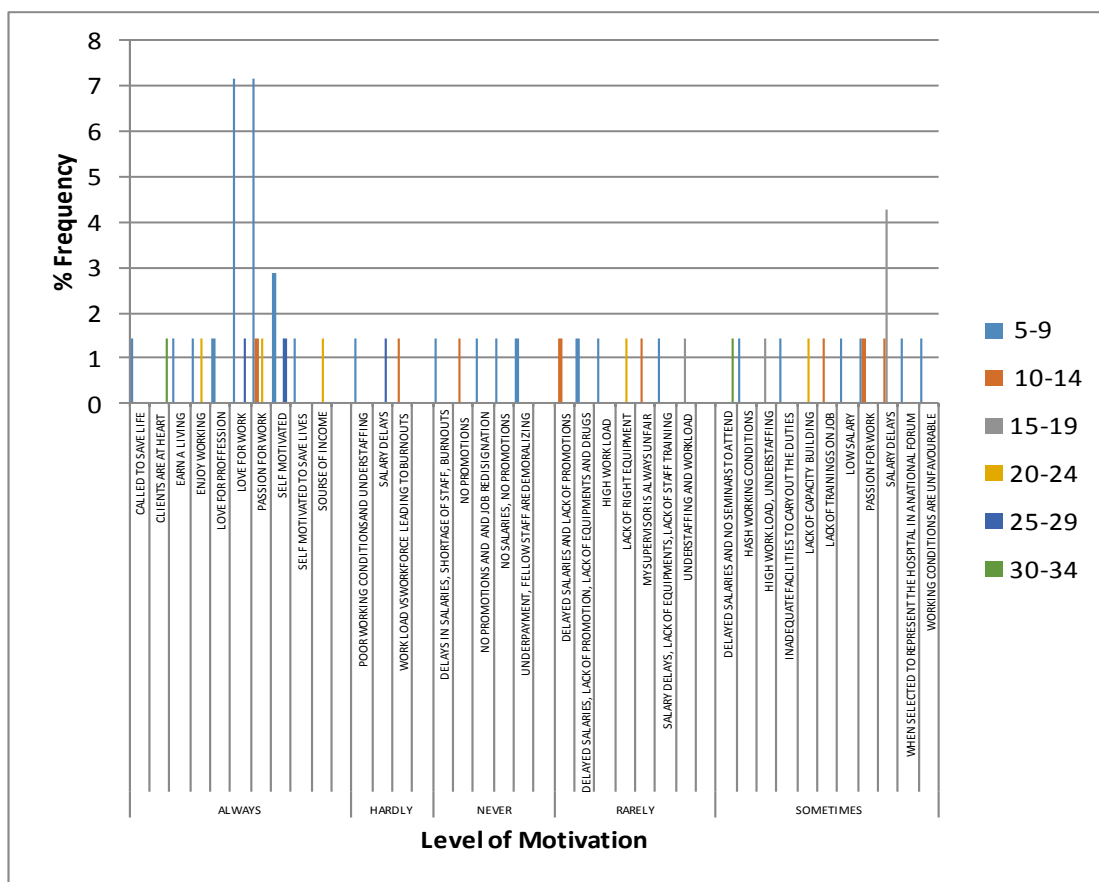
Less than half (43%) of nurses who always felt motivated had a calling to save lives, earned a living, enjoyed working, loved the profession and their job, were self-motivated while 11% were rarely motivated due to delayed salaries, shortage of staff, harsh working conditions, high workloads, lack of equipment and staff trainings, unfair treatment by superiors and understaffing, consequently the demotivating factors also caused career stagnation.

4.2.6. Professional events attended outside the nursing industry/profession.

The study assessed the professional events attended by the nurses outside their professional industry in the past one year. The results are demonstrated in figure 4.11.

Figure 4.11: Professional events attended outside the industry/profession in the past one year
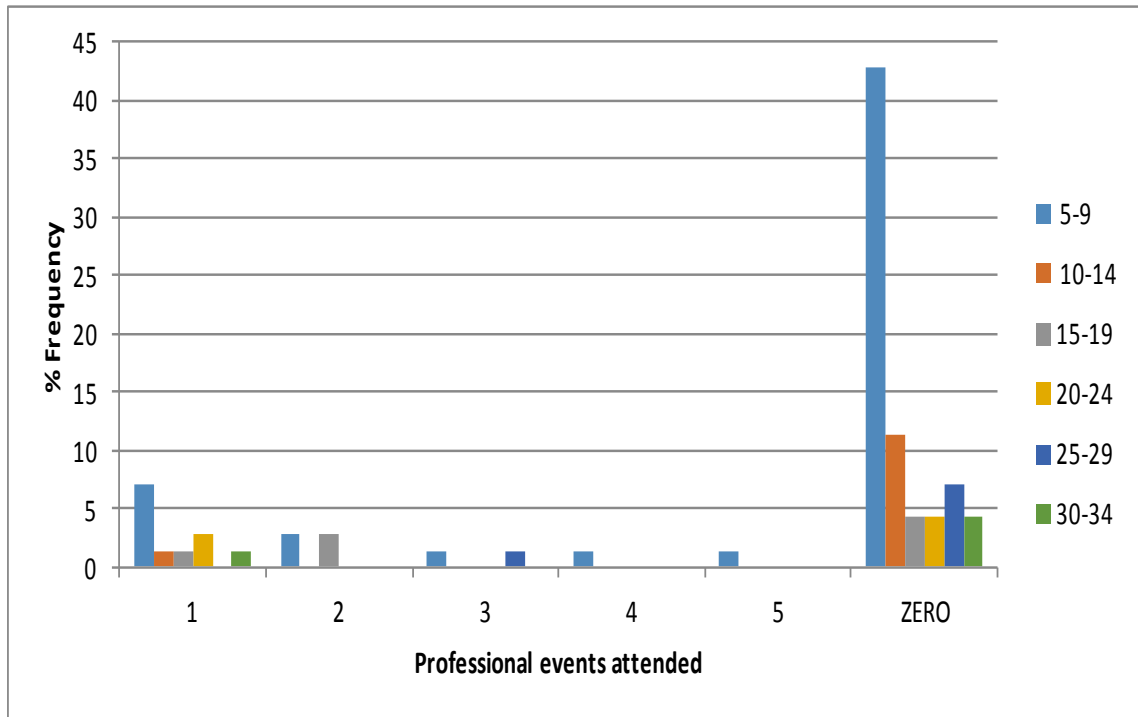
Majority (74%) of nurses did not attend any events outside their profession. A few (13%) of nurses who worked between 5-9 years attended events outside their profession, while only 1.4% of nurses who worked between 30-34 years attended events outside their profession. The events attended included:

- Adherence counseling

- Distribution of health packs to adolescent girls

- Farming seminar organized by One Acre Fund

- Free medical camp

- Entrepreneurship, religious training, community public health

- Leadership development,

- Mosquito net distribution

- National nurses conferences

- National union summit

- "Malezi bora" (Better nurturing) campaign, polio campaign, adolescent and HIV symposiums, and World AIDS Day

- Research studies

- Teaching

- Tree planting.

4.2.7. Courses enrolled for in the past one year.

This Study assessed the number courses the nurses enrolled for in the last one year. The results are demonstrated in figure 4.12.

Figure 4.12: Enrolment for a course in the past 1 year
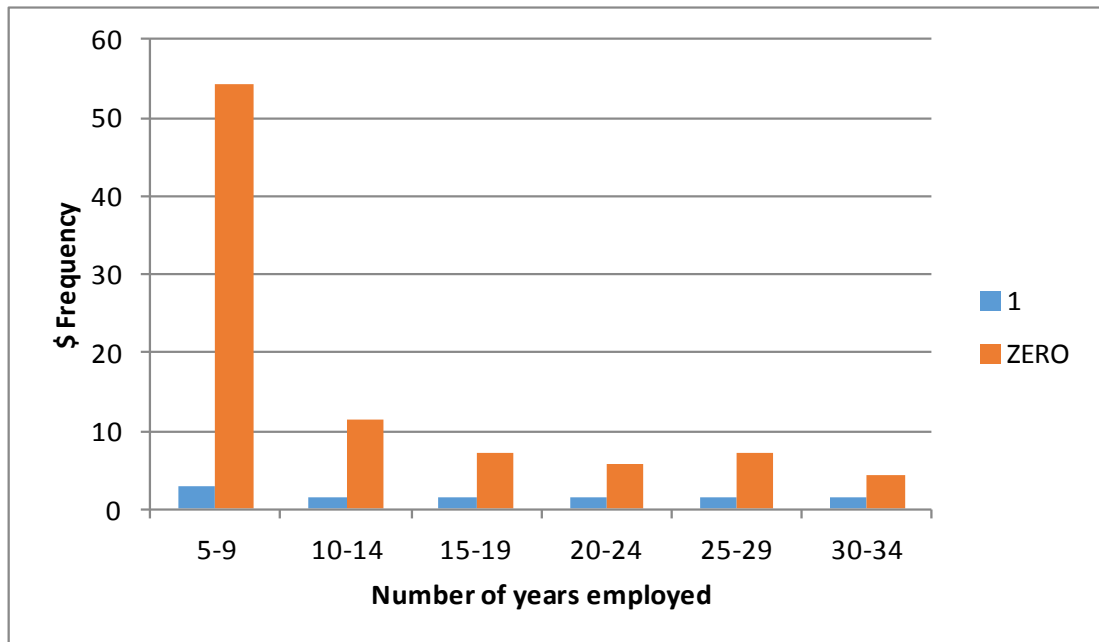
Majority (90%) of nurses did not enrol for a course in the past one year. A few (3%) of nurses who worked between 5-9 years enrolled for a course. A few (1.4%) of nurses

who worked between 10-14 years, 15-19 years, 20-24 years, 25-29 years and 30-34 years enrolled for a course in the past one year.

The courses that the nurses enrolled for are;

- Advanced nursing in leadership and management

- Bachelor of Science in nursing

- Computer Studies

- Masters in Health Financing

- Upgrading to KRCHN

Table 4.1: Analysis of Variance

A one-way ANOVA was conducted to assess variance in the respondent's pooled data.

Response	Always	Hardly	Never	Rarely	Sometimes
Review of individual plan	15.7143	4.28571	0	12.8571	24.2857
	5.7143	1.42857	1.42857	1.4286	2.8571
	4.2857	0	0	2.8571	1.4286
	1.4286	1.42857	0	0	4.2857
	1.4286	0	4.28571	0	2.8571
	1.4286	1.42857	0	1.4286	1.4286
	15.7143	4.28571	0	12.8571	24.2857
	5.7143	1.42857	1.42857	1.4286	2.8571
Voluntary community work	4.2857	0	0	2.8571	1.4286
	8.5714	1.42857	8.57143	5.7143	32.8571
	1.4286	0	2.85714	1.4286	7.1429
	1.4286	0	2.85714	0	4.2857
	0	1.42857	1.42857	1.4286	2.8571
	1.4286	0	0	0	7.1429
	2.8571	0	0	0	2.8571
Motivated/inspired to carry out duties	28.5714	2.85714	5.71429	5.7143	14.2857
	2.8571	1.42857	1.42857	2.8571	4.2857
	0	0	0	1.4286	7.1429
	4.2857	0	0	1.4286	1.4286
	5.7143	1.42857	1.42857	0	0
	1.4286	0	1.42857	0	2.8571

A one-way ANOVA was conducted to test whether review of individual plan, conducting voluntary community work and motivation/inspiration to carry out duties was significantly different amongst the respondents in the pooled data set at P<0.05. The test revealed that $F_{(2,117)} = 1.16$, p=0.317, therefore, none of the responses was significantly different.

4.3. Relationship between career stagnation and self-efficacy

This study obtained data to determine the relationship between career stagnation and self-efficacy, the effect one has on the other. This data was analysed using Chi-square test of independence as shown in the tables below.

4.3.1 Job opportunities pursued versus feelings about accomplishment of tasks.

This study assessed the number of jobs opportunities the nurses have pursued in past Six months vs the feelings about accomplishment of tasks. The results are discussed in the table 4.2.

Table 4.2: Job opportunities pursued versus feelings about accomplishment of tasks

(Chi-Square Tests)

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.654[a]	12	.261
Likelihood Ratio	15.676	12	.207
Linear-by-Linear Association	.460	1	.498
N of Valid Cases	70		

Chi-Square p-value of 0.261 is greater than 0.05 hence we have adequate statistical evidence to state that there is no relationship between career stagnation and self-efficacy. Hence we can conclude that the significance of anything or anyone at work place does not hinder their pursuance of job opportunities/ tasks assigned. Career stagnation therefore does not affect self –efficacy.

4.3.2 Number of courses enrolled for versus being knowledgeable and skilful to pursue unforeseen situation in nursing.

The study collected data to assess the relationship between enrolling for a course versus ability to handle unforeseen situations in nursing with the knowledge and skills the nurses have. This information is presented in Table 4.3.

Table 4.3: Number of courses enrolled for versus being knowledgeable and skilful to pursue unforeseen situation in nursing.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.445[a]	16	.713
Likelihood Ratio	15.343	16	.500
Linear-by-Linear Association	.087	1	.769
N of Valid Cases	70		

Chi-square p-value of 0.731 is greater than the significance value of 0.05, hence we fail to reject that there is no significance in relationship between career stagnation and self-efficacy, hence we can conclude that those who fail to enrol for courses still feel they have adequate skill and knowledge to handle unforeseen situations in nursing.

4.4. Relationship between career stagnation and self-esteem

This study obtained data to determine the relationship between career stagnation and self-esteem, the effect one has on the other. This data was analysed using Chi-square test of independence as shown in the tables below.

4.4.1 Review of individual career plan frequency versus feelings about self

The study sought out to determine the how the frequency of review of individual career plan related to how the nurses feel about self. The results is as shown in the table 4.4.

Table 4.4: Review of individual career plan frequency versus feelings about self

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.945[a]	16	.145
Likelihood Ratio	24.593	16	.077
Linear-by-Linear Association	2.094	1	.148
N of Valid Cases	70		

Chi-Square p-value of 0.145 is greater than the significance value of 0.05, therefore there is no adequate statistical evidence to reject that there is no significance relationship between career stagnation and self-esteem, and hence we conclude that how nurses review their individual career Plan does not affect how they feel about self.

4.5. Relationship between self-efficacy and self-esteem

This study obtained data to determine the relationship between self-efficacy and self-esteem, the effect one has on the other. This data was analysed using Chi-square test of independence as shown in the tables below.

4.5.1. How to manage self if opposed in line of duty versus how overwhelmed they feel when criticized.

The study sought out to determine how the nurses manage themselves when opposed in line of duty versus how overwhelmed they feel when they are criticized. The results are illustrated in the table 4.5.

Table 4.5: How to manage self if opposed in line of duty versus how overwhelmed they feel when criticized

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.854[a]	12	.380
Likelihood Ratio	14.565	12	.266
Linear-by-Linear Association	.029	1	.866
N of Valid Cases	70		

A Chi-square p-value of 0.380 is greater than significance value of 0.05, therefore there is no adequate statistical evidence to reject that there is no significant relationship between nurse self-esteem and self-efficacy, hence we can conclude that criticism in line of duty does not course overwhelming feeling to the nurses.

4.5.2 Sticking to aims and achieving goals versus ability to mount to anything or anyone significant

The study assessed the relationship between sticking to aims and achieving goals versus ability to mount to anything or anyone significant. The results are illustrated in table 4.6.

Table 4.6. Sticking to aims and achieving goals versus ability to mount to anything or anyone significant

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.029[a]	9	.737
Likelihood Ratio	7.068	9	.630
Linear-by-Linear Association	.082	1	.774
N of Valid Cases	70		

Chi-Square p-value of 0.737 is greater than the significance value 0.05, therefore there is no adequate statistical evidence to reject that there is no significant relationship between self-efficacy and self-esteem hence we can conclude that sticking to the aims and achievement of goals has no relationship with ability to mount to anything or anyone significant.

4.5.3 Ability to solve most problems when efforts are invested versus feelings of discouragement when not appreciated for the work done.

The study determined the relationship between the ability of nurses to solve most problems when they invest the necessary efforts versus feelings of discouragement when not appreciated for the work they have done. The results are shown in table 4.7.

Table 4.7: Ability to solve most problems when efforts are invested versus feelings of discouragement when not appreciated for the work done.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.732[a]	8	.164
Likelihood Ratio	12.589	8	.127
Linear-by-Linear Association	.869	1	.351
N of Valid Cases	70		

Chi-square p-value of 0.164 is greater than the significance level of 0.05, hence there is no significance level to reject that there is no significant relationship between self-esteem and self-efficacy hence we can conclude that nurses who are able to solve problems if they invest necessary efforts indeed do not feel discouraged when not appreciated for the work they have done.

4.5.4 Free expression of matters related to the care of patients versus feeling In0.

sulted and hurt over a long time when ideas are rejected.

The study sought out to determine the relationship between free expressions of matters related to the care of patients versus feeling insulted and hurt over a long time when ideas are rejected. The results are shown in table 4.8.

Table 4.8: Free expression of matters related to the care of patients versus feeling insulted and hurt over a long time when ideas are rejected.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.756ᵃ	4	.101
Likelihood Ratio	6.464	4	.167
Linear-by-Linear Association	.179	1	.673
N of Valid Cases	76		

Chi-Square p-value of 0.101 is greater than the significance value of 0.05 therefore we have no adequate statistical evidence to reject that there is no significant relationship between self-efficacy and self-self-esteem hence we can conclude that nurses who are able to express freely on matters related to care of their patients indeed do not feel insulted when someone reject their ideas hence can't hurt them for long period of time.

4.5.5 Absence of a supervisor versus messing up everything touched

The study collected data to determine the relationship between absence of a supervisor and nurses messing up everything they touch. The findings are as below in table 4.9.

Table 4.9: Absence of a supervisor versus messing up everything touched.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.674[a]	3	.129
Likelihood Ratio	4.393	3	.222
Linear-by-Linear Association	1.014	1	.314
N of Valid Cases	70		

Chi-Square p-value of 0.129 is greater than the significance value of 0.05, hence we lack adequate statistical evidence to reject the null hypothesis that there is no significant relationship between self-efficacy and self-esteem, therefore we conclude that in the absence of the supervisor, nurses can never mess up everything they touch in their work place.

CHAPTER FIVE: SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents discussions, conclusions and recommendations drawn from reviews of the findings discussed in the previous chapter. The chapter begins with a summary of the objectives including the methodology employed in the study, followed by interpretation of results based on research questions and hypothesis. The Chapter concludes with recommendations for further research.

5.2 Summary

The main objective of this study was to determine the relationship between career stagnation and self-efficacy among the nurses who have served for more than five years. The main objective was guided by the following specific objective: To identify the cause of career stagnation among nurses, to determine the effects of career stagnation on the nurses self-efficacy and to establish the correlation between self-efficacy and self-esteem.

The study adopted a descriptive design, The population under study were nurses within Homa Bay county who had served for more than five years. A representative sample of this population was drawn based on the population characteristics. A sample size of 70 was drawn, a total of 70 questionnaires were issued to the sample and collected with a return rate of 100%. Analysis was done using SPSS Version 20. The results of the analysis was displayed through graphs, tables and charts.

The first specific objective of this study focused on identifying the causes of career stagnation among nurses in Homa Bay. The finding showed that the causes of career stagnation were to delayed salaries interfering with individual planning, shortage of staff limiting time for course attendance, harsh working conditions, high workloads, lack of equipment, drugs and staff trainings, unfair treatment by superiors, understaffing, rigid policies inhibiting promotions and upward career morbidity.

The second specific objective was to determine the effects of career stagnation on the nurses' self-efficacy, the findings revealed that career stagnation had no effect on the nurse's self- efficacy however, each variable was independent.

The third specific objective was to establish the correlation between self-efficacy and self-esteem. The study revealed that there was no statistical evidence on the relationship between self -efficacy and self- esteem, each of the variable was independent.

The hypotheses: H1- There is no significant relationship between Career stagnation and self-efficacy and H2- There is no significant relationship between a nurse's self-esteem and self-efficacy were analysed in the study. The findings revealed no statistical evidence to reject the above hypothesis.

5.3 Discussion

Discussion involves interpretation of results and findings of the research in reference to the objective, specific objectives and hypotheses of the study. The study comprehensively determines the relationship between career stagnation and self-efficacy among nurses who have served for more than five years in Homa Bay County.

5.3.1 Causes of career stagnation.

The study revealed that a significant percentage (33%) of the nurses less often reviewed their individual career plan, hence, made their work a routine without future plans of upward career morbidity. Majority (69%) of the nurses did not pursue job opportunities in the last six months, they remained in a status quo. Majority (63%) of the nurses were hardly motivated and inspired to carry out their tasks/duties. The level of motivation was reported to drop as the years of experience advanced. Reasons for lack of motivation were delayed salaries interfering with individual planning, shortage of staff limiting time for course attendance, harsh working conditions, high workloads, lack of equipment, drugs and staff trainings, unfair treatment by superiors, understaffing, rigid policies inhibiting promotions and upward career morbidity. The demotivation factors also caused career stagnation. Majority (74%) of nurses did not attend any event outside their profession due to demotivation. Most (90%) of the nurses did not attend a course in the past six months.

This study agrees with the study Kakui (2014) conducted on effects of career development on employees' performance in the public sector among staff of national cereals and produce board in Kenya. The study revealed that on job training influenced the performance of the employees by enabling them acquire the key knowledge and skills for the job specification hence development of high motivation. Assessment of level of carer stagnation revealed that 84% of the nurses had stagnated career wise.

5.3.2. Effects of career stagnation on the nurses' self-efficacy

This study sought out to determine the effect of career stagnation on nurses' self-efficacy. Variables in career stagnation were compared with variables in self efficacy to establish if there was any relationship;

Job opportunities pursued versus feelings about accomplishment of tasks was assessed and analysed using Chi-Square test of independence, p-value of 0.261 was obtained and found to be greater than the significant value of 0.05 hence a conclusion was derived, there was adequate statistical evidence to state that there is no relationship between career stagnation and self-efficacy. Hence we conclude that the significance of anything or anyone at work place does not hinder their pursuance to job opportunities/ tasks assigned.

Number of courses enrolled for versus being knowledgeable and skilful to pursue unforeseen situation in nursing a p-value of 0.731was obtained ad found to be greater than the significance value of 0.05, hence we fail to reject that there is no significance in relationship between career stagnation and self-efficacy, hence we can conclude that those who fail to enrol for courses still feel they have adequate skill and knowledge to handle unforeseen situations in nursing.

Ability to solve most problems when efforts are invested versus feelings of discouragement when not appreciated for the work done was assessed and analysed, p-value of 0.164 greater than the significance level of 0.05 was obtained , hence there is no significance level to reject that there is no significant relationship between self-

esteem and self-efficacy hence we can conclude that nurses who are able to solve problems if they invest necessary efforts indeed do not feel discouraged when not appreciated for the work they have done.

Career stagnation therefore does not affect self –efficacy. The study revealed that career stagnation did not have any effect on the nurses' self- efficacy. The two variables are independent and does not have effect on the other as per the findings in this study.

5.3.3 Correlation between self-efficacy and self-esteem.

This study assessed the correlation between self-efficacy and self-esteem. The data was analysed using A Chi-square test of independence. Variables in Self-efficacy were compared with variables in self-esteem to establish if there was any relationship: How to manage self if opposed in line of duty versus how overwhelmed they feel when criticized was assessed and analysed, p-value of 0.380 was obtained and found to be greater than significance value of 0.05, therefore there was no adequate statistical evidence to reject that there is no significant relationship between nurse self-esteem and self-efficacy, hence we conclude that criticism in line of duty does not course overwhelming feeling to the nurses.

Sticking to aims and achieving goals versus ability to mount to anything or anyone significant was assessed and analysed p-value of 0.737 greater than the significance value 0.05was obtained, therefore there is no adequate statistical evidence to reject that there is no significant relationship between self-efficacy and self-esteem hence we can

conclude that sticking to the aims and achievement of goals has no relationship with ability to mount to anything or anyone significant.

5.4 Conclusion

The following conclusion was therefore derived from the study; The effect of career stagnation on self-efficacy was not established in this study. There was no statistical evidence to assert any relationship between career stagnation and self- efficacy and finally, there is no statistical evidence to insinuate that there was a relationship between self-efficacy and self-esteem.

5.5 Recommendations

The study identified gaps in the nursing career hence suggested the following recommendations to be considered by the ministry of Health Homa Bay county.

1. Address the delay in salaries in order to enhance motivation of nurses

2. Develop capacity building plan for the nurses

3. Review policies on staff promotion to minimize career stagnation

4. Address shortage of staff to reduce nurse burn-out.

5.6 Suggestions for further researches

1. This study considered the relationship between career stagnation and self- efficacy. Researchers can consider studying the relationship between career stagnation and work performance.

2. Researchers can also study the effects of health systems approach on nurses' performance.

3. This study was concerned with internal personality factors namely self-efficacy and self- esteem. Research can address external factors that could affect job performance.

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR PARTICIPANTS

My name is Carren Anyango Onyango pursuing Masters in Organizational /industrial Psychology at University of Nairobi.

This study assesses the effects of career stagnation on self-efficacy and how it impacts on the performance of the nurses who have served for more than five years.

You are requested to assist in providing relevant information related to this project based on the topical questions here below. The information that you provide was treated with utmost confidentiality and used only for the purpose of reporting about this programme. Kindly provide the relevant information as per the description below. Your honest responses was highly appreciated.

CRITERIA

Must be a practicing nurse of any carder

Have served for not less than five years as a qualified nurse.

Willing to take part in the study

<u>INSTRUCTIONS</u>

The questionnaire is divided into four section as described below. Each section requires that you give right and honest description of yourself according to your own understanding.

PART A: Demography,

PART B: Career stagnation

PART C; Self-esteem

PART D: Self-efficacy

PART E: Work performance

SECTION A

Instructions: Shade what described you best

1. **Which age group do you belong?**

o   20-24 years old

o   25-29 years old

o   30-34 years old

o   35-39 years old

o   40-44 years old

o   45-49 years old

o   50-54 years old

o   55-59 years old

2. **What is your sex?**

o   Male

o   Female

3. **How long Have you worked as a nurse?**

o   5-9 years

- 10-14 years

- 15-19 years

- 20-24 years

- 20-29 years

- 30-34 years

4. What is your qualification?

- EN

- EN/M

- KECHN

- KRN

- KRN/M

- KRCHN

- BSCN

- MSCN

- Any other_____

5. In the past five years have you done any professional course (course taking not less than six months) and graduated

- Yes

- No

If yes which one (s)?

_____

_____

_____

_____

_____

_____

_____

_____

SECTION B

Instructions: Shade what described you best

1. **How often do you review your individual career Plan?**

o Never

o Hardly

o Rarely

o Sometimes

o Always

2. **At your free time do you get involved in voluntary community work?**

o Hardly

o Always

o Never

o Rarely

o Sometimes

3. **In the past six months how many job opportunities have you pursued?**

o Zero

o 1

o   2

o   3

o   4

o   5

4. Do you feel motivated or inspired to carry out your duties?

o   Never

o   Hardly

o   Rarely

o   Sometimes

o   Always

Why do you think so?

_____

_____

_____

5. In the past one year how many professional events have you attended outside your industry/profession?

o   Zero

o   1

o   2

o   3

o   4

o   5

If Yes, which one (s)?

_____

_____

_____

_____

_____

6. **In the past one year have you enrolled for a course?**

o   Zero

o   1

o   2

o   3

o   4

o   5

If yes, which one and how have you utilized the skills?

_____

_____

_____

_____

SECTION C

Instructions: Shade what described you best

1. **In the absence of my supervisor, I can always manage the unit very well.**

   o Not at all true

   o Hardly true

   o Moderately true

   o Exactly true

2. **If someone opposes me I can find means and ways of getting around it**

   o Not at all true

   o Hardly true

   o Moderately true

   o Exactly true

3. **It is easy for me to stick to my aims and achieve my goals**

   o Not at all true

   o Hardly true

   o Moderately true

   o Exactly true

4. **I can express myself freely on matters related to the care of my patients.**

   o Not at all true

   o Hardly true

   o Moderately true

   o Exactly true

5. **I am knowledgeable and have skills hence can handle unforeseen situation in my profession.**

o Not at all true

o Hardly true

o Moderately true

o Exactly true

6. **I can solve most problems if I invest the necessary effort**

o Not at all true

o Hardly true

o Moderately true

o Exactly true

7. **I can remain calm when under pressure of work because I can rely on my own coping abilities.**

o Not at all true

o Hardly true

o Moderately true

o Exactly true

8. **When I am confronted with a challenging scenario in the course of duty, I can usually find several solution**

o Not at all true

o Hardly true

o Moderately true

o Exactly true

9. **In the absence of the right equipment to carry out a procedure, I can always find a way to be innovative.**

o Not at all true

o Hardly true

o Moderately true

o Exactly true

10. **I can always handle whatever emergency that comes my way**

o Not at all true

o Hardly true

o Moderately true

o Exactly true

<div align="right">(Schwarzer and Jerusalem, 1995)</div>

SECTION D

Instructions: Shade what described you best

1. **I mess up everything I touch**

o Always

o Most of the time

o Sometimes

o Rarely

o Never

2. **I feel overwhelmed when someone criticize me**

o Always

o Most of the time

o Sometimes

o Rarely

o Never

3. **I feel I am not as good in any work as my colleagues**

o Always

o Most of the time

o Sometimes

o Rarely

o Never

4. **I will never amount to anything or anyone significant**

o Always

o Most of the time

o Sometimes

o Rarely

o Never

5. **I think I am a failure**

o Always

o Most of the time

o Sometimes

o Rarely

o Never

6. **When with people I feel so inferior**

o Always

o Most of the time

o Sometimes

o Rarely

o Never

7. How I feel about myself is important than others opinion of me

o Always

o Most of the time

o Sometimes

o Rarely

o Never

8. I go out of my way to please others

o Always

o Most of the time

o Sometimes

o Rarely

o Never

9. When someone rejects my ideas I feel insulted and hurt over a long period.

o Always

o Most of the time

o Sometimes

o Rarely

o Never

10. I feel so discouraged when I am not appreciated for the work I have done.

o Always

o Most of the time

o Sometimes

o Rarely

o Never

(Blascovich, Jim and Tomaka. 1993 and Owens, Timothy J., 2001).

SECTION E

Instructions: Shade what described you best.

1. How many times a month do you report late for duty for one reason or another?

o Zero

o 1

o 2

o 3

o 4

o 5

o 6

o 7

o 8

o 9

o 10

o **More than 10**

Is your answer above as a result of feeling boredom with your work?_____

2. **In the last six months how much of your work targets have you achieved at work?**

o 0-25%

o 25-50%

o 50-75%

o 75-100%

3. **How do you feel when you are about to go to work**

o Lazy

o Tired

o Annoyed

o Enthusiastic

o Motivated

4. **I Complete assignments in a thorough, accurate, and timely manner that achieves expected outcomes;**

o Never

o Hardly

o Sometimes

o Most of the time

o Always

5. **I Establish and maintain effective relationships with patients/clients and gains their trust and respect; goes above and beyond to anticipate patients' needs and respond accordingly**

o Never

o Hardly

o Sometimes

o Most of the time

o Always

6. **At work place;**

o I prefer being alone

o Doing duties alone without anyone coming in

o Hardy involve anyone in what I do

o Sometimes I involve people in what I do

o Always involve people on what I do

7. **I effectively communicate and influence others in order to meet organizational goals;**

o Never

o Hardly

o Sometimes

o Most of the time

o Always

8. I share information openly, relate well to all kinds of people; speak well and write effectively

- o Never

- o Hardly

- o Sometimes

- o Most of the time

- o Always

APPENDIX II: INTERVIEW SCHEDULE

Interview Schedule	
Sub county	**Dates of interview**
Rangwe	23rd and 24th Oct 2018
Ndhiwa	23rd and 24th Oct 2018
Homabay Town	23rd and 24th Oct 2018
Rachuonyo North	23rd and 24th Oct 2018
Mbita	23rd and 24th Oct 2018
Suba	23rd and 24th Oct 2018
Kabondo	23rd and 24th Oct 2018
Kasipul	23rd and 24th Oct 2018

APPENDIX III: WORK PLAN AND BUDGET

Work Plan **ACTIVITY**	**RESOURCES**	**COST-KSH**	**OUTPUT**	**TIME FRAME**		
				MONTH 1 **Sep-18**	**MONTH 2** **Oct-18**	**MONTH 3** **Nov-18**
Recruite 3 field assistants	advertisement	1000	3 field assistants recruited			
	interview	3000				
	logistics	2000				
Train the field assistants	stationary	1000	3 field officers trained			
	logistics	5000				
Visit The Director of Health in Kisumu County	logistics	2000	The Director of health visited and a permission to carry on with the study sought.			
Sensitize the SCHMT on the study	logistics	10,000	6 SCHMT sensitized			
Identification of the Sample/sampling	logistics	50000	10% of the nurses sampled			

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Distribution of the questionnaire/KII	logistics	30000	100 questionnaire distributed			
Collection of the questionnaire/FGD	logistics	30000	100 questionnaire collected			
Process Data	stationary	50,000	The three stages of data process completed			
Analyse Data	stationary	10,000	Data from the 100 participants analysed			
Feedback to The CHMT and SCHMT	logistics	5000	Feedback given to the CHMT and the 6 SCHMT			
report writing and submission	stationary	10,000	Final report written and submitted			

APPENDIX IV: RESEARCH PERMIT

THIS IS TO CERTIFY THAT:
MS. CARREN ANYANGO ONYANGO
of UNIVERSITY OF NAIROBI, 0-40100
KISUMU,has been permitted to conduct
research in *Homabay County*

on the topic: *RELATIONSHIP BETWEEN*
CAREER STAGNATION AND
SELF-EFFICACY AMONG LONG SERVING
NURSES IN HOMABAY COUNTY

for the period ending:
30th October,2019

Permit No : NACOSTI/P/18/85898/26226
Date Of Issue : 1st November,2018
Fee Recieved :Ksh 1000

....
Applicant's
Signature

....
Director General
National Commission for Science,
Technology & Innovation

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is guided by the Science,
Technology and Innovation (Research Licensing) Regulations, 2014.

CONDITIONS

1. The License is valid for the proposed research, location and specified period.
2. The License and any rights thereunder are non-transferable.
3. The Licensee shall inform the County Governor before commencement of the research.
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
5. The License does not give authority to transfer research materials.
6. NACOSTI may monitor and evaluate the licensed research project.
7. The Licensee shall submit one hard copy and upload a soft copy of their final report within one year of completion of the research.
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice.

National Commission for Science, Technology and innovation
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TEL: 020 400 7000, 0713 788787, 0735 404245
Email: dg@nacosti.go.ke, registry@nacosti.go.ke
Website: www.nacosti.go.ke

REPUBLIC OF KENYA

NACOSTI

National Commission for Science,
Technology and Innovation

RESEARCH LICENSE

Serial No.A 21590

CONDITIONS: see back page

APPENDIX V: RESEARCH AUTHORIZATION
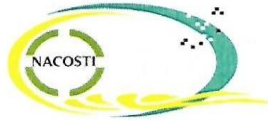
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P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/18/85898/26226**   Date: **1st November, 2018**

Carren Anyango Onyango
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on **"*Relationship between career stagnation and self-efficacy among long serving nurses in Homa Bay County*"** I am pleased to inform you that you have been authorized to undertake research in **Homa Bay County** for the period ending **30th October, 2019.**

You are advised to report to **the County Commissioner and the County Director of Education, Homa Bay County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Homa Bay County.

The County Director of Education
Homa Bay County.

APPENDIX VI: RESEARCH AUTHORIZATION FROM THE COUNTY

MINISTRY OF HEALTH

Telegrams: "MOH" Homa Bay
Telephone: 21039
When replying please quote

MINISTRY OF HEALTH,
HOMA BAY COUNTY,
P.O. BOX 52,
HOMABAY.

REF:MOH/RA/VOL.2 (72)

5th October 2018

Caren Anyango Onyango
C50/84603/2016,

RE: AUTHORITY TO CONDUCT RESEARCH

Following your request to collect data on your study entitled "Relationship between career stagnation and self-efficacy among Long Serving Nurses" in Homa Bay County has been approved with effect from 5th October 2018 for a period of two weeks.

You will be required to adhere to the hospital's norms and regulations, and involve both the County Health Management Team and hospital's staff during the research period. You are also expected to communicate your findings to the hospital's management plus the Directors' office at the end of the research period.

Wish you all the best in your research.

Dr. Gordon Okomo
County Director of Health
HOMABAY