

Original Article

## Job Satisfaction and Motivation Levels of Midwives/Nurses Working in Family Health Centres: A Survey from Turkey

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### Abstract

**Aim:** The research was conducted to determine job satisfaction and motivation levels of midwives/nurses working in family health centres.

**Methodology:** The sample for this descriptive study consists of 97 midwives/nurses all working in Family Health Centres located in a city centre in Turkey. The data were collected using the Personal Information Form, the Minnesota Satisfaction Scale and the Motivation Sources Inventory.

**Results:** It was found that there was a statistically significant difference between number of years in the profession/job, career breaks, practising the profession voluntarily, personal suitability of the profession, the state of having problems in the working environment and the internal, external, general satisfaction average scores; and between number of years in the profession/job and the total motivation sources inventory average scores ( $p < 0.05$ ). There was a statistically positive significant difference between internal satisfaction and external satisfaction scores ( $r = 0.747$ ;  $p = 0.000$ ), between internal satisfaction and general satisfaction scores ( $r = 0.955$ ;  $p = 0.000$ ), between external satisfaction and general satisfaction scores ( $r = 0.910$ ;  $p = 0.000$ ).

**Conclusions:** Midwives/nurses who worked for 6–10 years, who never stopped working, who do not practise the profession voluntarily, who think this profession is not suitable for them and who have problems in their working environments, have lower internal, external and general satisfaction. The total motivation scores of midwives/nurses who worked for 11 years and more are low. As the internal satisfaction scores of midwives/nurses increase, the external satisfaction scores and general satisfaction scores increase; as their external satisfaction scores increase, their general satisfaction scores also increase.

**Key Words:** Family health centres, midwife/nurse, job satisfaction, motivation, Turkey

## Introduction

Family health centres in Turkey are health care services where family practice services are provided by one or more family physicians and by family health care providers ([ailehekimligi.gov.tr/aile-sal-merkezi.html](http://ailehekimligi.gov.tr/aile-sal-merkezi.html)).

Family practice is a health service concept developed with the idea that each family is a whole and that family members should be examined regardless of age and disease (Oztek, 2009). Midwives/nurses in family health centres are health professionals who are assigned as family health workers and serve with family physicians ([ailehekimligi.gov.tr/aile-sal-merkezi.html](http://ailehekimligi.gov.tr/aile-sal-merkezi.html)).

Job satisfaction is an emotional response developed as a result of the employee's evaluation of the work and the work environment (Ayamolowo et al. 2013; Khamlub et al. 2013). It also expresses a positive or negative attitude towards the profession of the person (Hadizadeh Talasaz et al. 2014). Satisfaction from work is important for a person who spends a third of the day in the work environment (Tekin Kaya and Bilgin 2015). The job satisfaction of the individual is important in terms of performance, life satisfaction, quality of life and motivation of the employees (Atefi et al. 2014; Ayamolowo et al. 2013; Khamlub et al. 2013). Motivation is the sum of the efforts made to motivate one or more people for a certain purpose in a steady manner and people's acting according to their desires and wishes (Negarandeh et al. 2015; Sarwar and Khalid 2015).

One of the occupational groups experiencing problems with job satisfaction and motivation is midwives/nurses. It is because the working environment in the health field causes intense stress in employees (Skinner et al. 2012). Inadequacies in health care and unbalanced distribution of service and personnel can cause stress and burnout in employees and lead to negative physiological and psychological effects. In addition to this, service efficiency is negatively affected by a decrease in work efficiency, being late for work, constant complaints about work, quitting the job and consequently decreased job satisfaction (Edoho et al. 2015; Rouleau et al. 2012; Skinner et al. 2012). Low job satisfaction results in frequent job changes, reduced performance, negative work environment, decrease in loyalty to the profession and the organisation (Edoho et al. 2015;

Hampton and Peterson 2012; Sarwar and Khalid 2015). The quality of comprehensive patient care, communication and patient safety can also be affected negatively and medical errors can occur (Atefi et al. 2014; Atefi et al. 2016; Edoho et al. 2015; Hadizadeh Talasaz et al. 2014; Sacks et al. 2015). In addition, patients' physical and mental health can be affected negatively and fear, anxiety and hopelessness can occur (Edoho et al. 2015). Low job motivation along with job dissatisfaction can cause individuals to fail to reflect their knowledge and skills in their performance and to reduce the quality of care (Negarandeh et al. 2015). When health professionals have high levels of job satisfaction and motivation, they can direct their skills towards organisational goals and their motivation, productivity, quality of service, institutional successes and their job satisfaction increase (Hadizadeh Talasaz et al. 2014; Hampton and Peterson 2012; Sarwar and Khalid 2015).

When the literature is examined, it is observed that the job satisfaction and motivation of midwives/nurses are generally low or moderate. Bodur (2002) found in his study that job satisfaction of midwives was low. Mirmolaei et al. (2005) found that 49% of the midwives in their survey had low job satisfaction and 49% of them had moderate job satisfaction. Tambag et al. (2015) found that job satisfaction of nurses was moderate. Ozturk (2002) found that the motivation levels of nurses was moderate (67%).

Determining the level of job satisfaction and motivation of midwives/nurses and presenting the current situation is one of the important factors that will increase the quality of care and productivity in the health services. Findings can shed light for managers and academics in order to be able to apply practices to increase job satisfaction and motivation of midwives/nurses. This research was conducted to determine the job satisfaction and motivation levels of midwives/nurses working in family health centres.

### Hypotheses of the Study:

**H<sub>1</sub>:** Job satisfaction and motivation of midwives/nurses are low or moderate.

**H<sub>2</sub>:** Some individual and work-related characteristics affect job satisfaction and motivation of midwives/nurses.

**H<sub>3</sub>:** There is a significant relationship between

job satisfaction and motivation of midwives/nurses.

## Methodology

### Design

A descriptive design was used in this study.

### Setting

The study population comprised of 100 midwives/nurses all working in Family Health Centres located in a city centre in the Central Anatolia Region of Turkey, between 01–30 October 2015. There are 24 Family Health Centers in the city centre and each centre has a midwife or nurse serving with each physician. The sampling of the population was planned and 97 people were selected. The participation rate was 98%.

### Data Collection Tools

**Personal Information Form:** The form consists of 18 questions including the descriptive characteristics (age, marital status, gender, etc.) and working conditions of midwives/nurses (working hours, choice of profession and suitability to oneself, etc.) (Ozturk 2002; Aydın 2007).

**Minnesota Satisfaction Scale (MSS):** The scale was developed by Weiss, Dawis, England and Lofquist (1967) and a validity-reliability study was conducted by Baycan (1985) in Turkey. This 5 point Likert scale consists of twenty items. Every item in the scale is evaluated from "I am not satisfied with my job at all" to "I am very satisfied with my job" and scored as 1, 2, 3, 4, 5 respectively. The scale has two sub-dimensions which are internal and external satisfaction. Internal satisfaction is fulfilled by the characteristics of the job. The lowest score is 12, the highest score is 60. External satisfaction is the satisfaction affected by the characteristics of the work environment. The lowest score is 8, the highest score is 40. General satisfaction is obtained from the sum of all items including the internal and external satisfaction factors. The lowest score is 20 and the highest score is 100. As internal, external and total scores increase, job satisfaction increases.

In the validity and reliability study, Cronbach's alpha coefficient was 0.88 (Baycan, 1985) for the whole scale and, similarly, in our study, it was found to be 0.88.

**Motivation Sources Inventory:** This was developed by Barbuto and Scholl (1998) as a 78-item inventory. The inventory got its final shape of 30 items as a result of studies conducted and it has a 7-point Likert type.

The validity and reliability study in Turkey was carried out by Ozturk (2002). Every item in the inventory is ranked 1, 2, 3, 4, 5, 6, 7 respectively from "I absolutely disagree" to "I strongly agree". The score for low satisfaction is 109 and below, a score of between 109 and 157 shows moderate motivation, a score of 157 and above shows a high level of motivation. In the study of validity and reliability, Cronbach's alpha coefficient was 0.84 (Ozturk 2002) for the whole inventory and it was 0.88 in our study.

### Data Collection

In order to receive reliable answers from the midwives/nurses working in Family Health Centers and to make sure the forms were filled out completely, information was given about the research topic and purpose, and the informed consent form was read out. Forms were given to the midwives/nurses who agreed to participate in the study and were collected after they were filled out. Forms took 15–20 minutes to fill.

### Statistical Analyses

Data obtained from the study were evaluated using SPSS (14.0) program. In the evaluation of the data, number and percentage distribution, t test, Kruskal Wallis analysis, Mann-Whitney U test, Spearman correlation analysis and One-Way Anova test were used. Significance level was taken as  $p < 0.05$ .

### Ethics

Ethical committee approval (decision no: 2014-12/16) was obtained from the Ethics Committee and written permission was obtained from the Public Health Directorate prior to the research.

The midwives/nurses who agreed to participate in the study were informed that the decision to participate in the study was completely their own, that they should not write their names on the questionnaire, that the collected information would be confidential, and that the data obtained from the study would only be used in the scope of the research. The study was conducted in accordance with the Helsinki Declaration Principles.

## Results

### *Descriptive characteristics of midwives/nurses*

The average age of midwives/nurses was  $31.89 \pm 7.02$  (min-max: 19–50), 63.9% were between 19–34 ages, 99% were women, 74.2% were midwives, 81.4% were married and 75.3% had children and 36.1% had undergraduate degrees. 37.1% of the participants were working for 11 years or more, 73.2% of them never stopped working. 38.1% of midwives/nurses work with 1–15 individuals per day (Table 1).

43.3% of the midwives/nurses stated that they chose their own occupation, 87.6% stated they conducted their professions voluntarily, 66% stated their jobs were suitable for them, and 40.2% stated that they had problems in their working lives (Table 2). These problems are the family practice system (17.5%), excessive workload (15.5%), not showing up to appointments (10.3%), low salary (5.2%), no appreciation and no employee rights (4.1%).

### *Job satisfaction and motivation of midwives/nurses*

Internal satisfaction average score was  $41.48 \pm 7.34$  (min:25-max:60), external satisfaction average score was  $24.81 \pm 5.24$  (min:14-max:40) and the general satisfaction average score was  $66.29 \pm 11.78$ . The total motivation sources inventory average score was  $121.11 \pm 31.31$  (min:36-max:210) (Table 3).

It was found that there was a statistically significant difference between number of years in the profession/job, career breaks, practising the profession voluntarily, personal suitability of the profession, the state of having problems in the working environment and the internal, external, general satisfaction average scores ( $p < 0.05$ ). The midwives/nurses who had worked for 6–10 years more so who worked 0–5 years, the ones who never stopped working more so who did were found to have lower internal, external and general satisfaction scores. The midwives/nurses who did not conduct their professions voluntarily more so who did and the ones who thought their professions were not suitable for them more so who did were found to have lower internal, external and general satisfaction scores. In addition, the internal, external and general satisfaction scores of the midwives/nurses who stated that they had problems in their working

lives were found to be lower than those who did not have problems (Table 4).

A statistically significant difference ( $p < 0.05$ ) was found between number of years in the profession/job of midwives/nurses and the total motivation sources inventory average scores. The total motivation scores of midwives/nurses who had worked for 11 years and more were found to be lower than those who had worked between 0–5 years (Table 4).

There was a positive statistically significant difference between internal satisfaction and external satisfaction scores ( $r = 0.747$ ;  $p = 0.000$ ), between internal satisfaction and general satisfaction scores ( $r = 0.955$ ;  $p = 0.000$ ), between external satisfaction and general satisfaction scores ( $r = 0.910$ ;  $p = 0.000$ ). As the internal satisfaction scores of midwives/nurses increase, the external satisfaction scores and general satisfaction scores increase; as their external satisfaction scores increase, their general satisfaction scores also increase. There was no statistically significant difference between internal, external, general satisfaction scores and total motivation scores ( $p > 0.05$ ) (Table 5).

There was no statistically significant difference between age, gender, profession, marital status, having a child status, number of children, educational status, daily number of people given care, decision of choosing the profession of midwives/nurses and internal, external, general satisfaction, motivation sources inventory scores ( $p > 0.05$ ).

## Discussion

In this study, the internal, external and general satisfaction of midwives/nurses were found to be moderate. When national and international studies were examined, these findings were found to be consistent with the findings of previous studies (Bodur 2002; Edoho et al. 2015; Hadizadeh Talasaz et al. 2014; Jalal et al. 2014; Kaya and Balkaya 2013; Mirmolae et al. 2005; Rouleau et al. 2012; Tekin Kaya and Bilgin, 2015; Skinner 2012). Unlike our study findings, Ayamolowo et al. (2013) found that 29.8% of nurses working in the field of primary health care had moderate job satisfaction, 67.1% had low job satisfaction, and Curtis and Glacken (2014) found that public health nurses had low job satisfaction.

**Table1. Descriptive characteristics of midwives/nurses (n = 97)**

<b>Characteristics</b>	<b>n (%)</b>
<b>Age</b>	
19–34	62 (63.9)
35–50	35 (36.1)
<b>Gender</b>	
Female	96 (99.0)
Male	1 (1.0)
<b>Profession</b>	
Midwife	72 (74.2)
Nurse	25 (25.8)
<b>Marital status</b>	
Married	79 (81.4)
Single	18 (18.6)
<b>Having a child</b>	
Yes	73 (75.3)
No	24 (24.7)
<b>Number of children</b>	
No child	24 (24.7)
One	26 (26.8)
Two and more	47 (48.5)
<b>Educational status</b>	
Vocational school of health	29 (29.9)
Associate degree	30 (30.9)
Bachelor's degree	35 (36.1)
Graduate degree	3 (3.1)
<b>Working years</b>	
0–5 years	23 (23.7)
6–10 years	38 (39.2)
11 years and more	36 (37.1)
<b>Having had/taken a career break</b>	
Yes	26 (26.8)
No	71 (73.2)
<b>Daily number of people given care</b>	
1–15 people	37 (38.1)
16–30 people	34 (35.1)
31 and more people	26 (26.8)

**Table 2. Opinions of midwives/nurses towards the profession (n = 97)**

<b>Opinions towards the profession</b>	<b>n (%)</b>
<b><i>Decision making for the choice of the profession</i></b>	
Oneself	42 (43.3)
His/her family	18 (18.6)
Oneself and family	28 (28.9)
Environmental effect/by chance	9 (9.3)
<b><i>Exercising the profession voluntarily</i></b>	
Yes	85 (87.6)
No	12 (12.4)
<b><i>Suitability of the profession</i></b>	
Very suitable	22 (22.7)
Suitable	64 (66.0)
Not suitable	11 (11.3)
<b><i>Having problems in working life</i></b>	
Yes	39 (40.2)
No	58 (59.8)

**Table 3. Job satisfaction and motivation sources inventory average scores of midwives/nurses (n = 97)**

<b>Scales</b>	<b><math>\bar{x} \pm SD</math> (min–max)</b>
<b>Internal satisfaction</b>	41.48 $\pm$ 7.34 (25–60)
<b>External satisfaction</b>	24.81 $\pm$ 5.24 (14–40)
<b>General satisfaction</b>	66.29 $\pm$ 11.78 (39–100)
<b>Total motivation sources inventory</b>	121.11 $\pm$ 31.31 (36–210)

**Table 4. Midwives/nurses opinions towards the profession and their job satisfaction and motivation sources inventory average scores (n = 97)**

	Job satisfaction			Total motivation $\bar{x} \pm SD$
	Internal satisfaction $\bar{x} \pm SD$	External satisfaction $\bar{x} \pm SD$	General satisfaction $\bar{x} \pm SD$	
<b>Working years</b>				
0–5 years	45.17 ± 7.40	26.91 ± 4.66	72.08 ± 11.34	134.04 ± 26.63
6–10 years	39.39 ± 6.78	23.52 ± 5.04	62.92 ± 10.96	121.4737 ± 29.64
11 years and more	41.33 ± 7.15	24.83 ± 5.49	66.16 ± 11.78	112.47 ± 33.57
p	<b>p = 0.012*</b>	<b>p = 0.028*</b>	<b>p = 0.007*</b>	<b>p = 0.025*</b>
KW**	KW = 8.856	KW = 7.120	KW = 10.031	KW = 7.353
<b>Having had/taken a career break</b>				
Yes	43.80 ± 6.89	27.15 ± 5.43	70.96 ± 11.45	127.92 ± 27.71
No	40.63 ± 7.36	23.95 ± 4.94	64.59 ± 11.52	118.61 ± 32.35
p	<b>p = 0.047*</b>	<b>p = 0.009*</b>	<b>p = 0.016*</b>	p = 0.225
U***	U = 680.000	U = 601.500	U = 627.000	U = 774.000
<b>Exercising the profession voluntarily</b>				
Yes	42.75 ± 6.64	25.48 ± 4.86	68.23 ± 10.67	122.25 ± 30.88
No	32.50 ± 5.79	20.08 ± 5.63	52.58 ± 10.42	113.00 ± 34.50
p	<b>p = 0.000*</b>	<b>p = 0.002*</b>	<b>p = 0.000*</b>	p = 0.332
U***	U = 124.500	U = 228.000	U = 147.000	U = 421.500
<b>Suitability of the profession</b>				
Very suitable	45.45 ± 6.65	27.68 ± 5.10	74.13 ± 11.04	126.95 ± 35.46
Suitable	41.25 ± 6.31	24.70 ± 4.81	65.95 ± 10.23	119.93 ± 28.17
Not suitable	32.90 ± 6.17	19.72 ± 4.07	52.63 ± 8.77	116.27 ± 40.72
p	<b>p = 0.000*</b>	<b>p = 0.000*</b>	<b>p = 0.000*</b>	p = 0.802
KW**	KW = 23.937	KW = 15.701	KW = 22.711	KW = 0.440
<b>Having a problem</b>				
Yes	39.46 ± 7.90	22.48 ± 5.23	61.94 ± 12.24	118.97 ± 29.96
No	42.84 ± 6.67	26.37 ± 4.67	69.22 ± 10.60	122.55 ± 32.36
p	<b>p = 0.025*</b>	<b>p = 0.000</b>	<b>p = 0.002</b>	p = 0.584
t****	t = -2.272	t = -3.830	t = -3.112	t = -0.550

\* p &lt; 0.05 \*\* Kruskal Wallis test \*\*\* Mann Whitney U test \*\*\*\* Independent-Samples t test

**Table 5. The relationship between job satisfaction and motivation sources inventory scores of midwives/nurses (n = 97)**

Scales		Internal Satisfaction	External Satisfaction	General Satisfaction	Total Motivation
<b>Internal satisfaction</b>	r**	<b>1</b>	<b>0.747</b>	<b>0.955</b>	0.128
	p		0.000*	0.000*	0.213
<b>External satisfaction</b>	r**		<b>1</b>	<b>0.910</b>	0.069
	p			0.000*	0.504
<b>General satisfaction</b>	r**			<b>1</b>	0.110
	p				0.283
<b>Total Motivation</b>	r**				<b>1</b>
	p				

\* p < 0.05 \*\* Spearman correlation

In our study, the total motivation levels of midwives/nurses were found to be moderate. The appreciation of midwives/nurses by others can be an important motivational factor (Kantek et al. 2015). In our country, the authority and expertise of midwives/nurses in making clinical decisions is not taken into consideration sufficiently, and because they think they are less appreciated, their level of motivation may decrease. There are also other studies in the literature that show a moderate level of motivation for nurses and midwives (Negarandeh et al. 2015; Karabulut and Cetinkaya 2011; Toode et al. 2015). In Ozturk's study (2002), the finding that 67% of the nurses had moderate motivation is similar to our study. However, the finding that only 18% of nurses have moderate level motivation by Jaiswal et al. (2014) differs from our study findings.

Internal, external and general satisfaction scores of midwives/nurses who worked for 6–10 years are low and those who worked for 11 years or more have low motivation scores. Accordingly, as the number of work years increases, job satisfaction and motivation decrease. The fact that midwives/nurses are young and newly graduated can be a factor in increasing their job satisfaction and motivation. In Ozturk's (2002) study, the fact that nurses aged 18–25 have higher internal motivation supports our study. That increasing work years lead to a decrease in job satisfaction and motivation can be explained by marriage, having children, having trouble with

child care, increasing responsibilities in family life and inability to get the necessary satisfaction and motivation from work.

When national and international studies are examined, as opposed to our study findings, studies claiming that job satisfaction increases as number of years in the profession/job increase have been found (Aydın 2007; Khamlub et al. 2013; Tekin Kaya and Bilgin 2015; and Karaca Saydam 2015). Saini and Singh (2005) found that while there was no statistically significant difference, job satisfaction (60.3%) was higher for employees who worked for 11 years or more. In the literature, there are also studies that show no significant difference between working years and job satisfaction scores (Erbil and Bostan 2004; UCuk and Guler 2016).

In the literature, there are also studies in accordance with our study findings showing that the level of motivation decreases as number of years in the profession/job increase (Karabulut and Cetinkaya 2011; Ozturk 2002). Kantek et al. (2015) found that motivational factors such as rewards, status and authority, independent study, counselling, promotion opportunities and physical environment are higher in nurses with less than 5 years of working life. In another study, it was found that motivation gets better as the number of working years increases, unlike our study findings (Doganlı and Demirci 2014).



The internal, external and general satisfaction scores of the midwives/nurses who never stopped working were found to be low. When the individual moves away from the working environment, he or she may feel better both physically and spiritually. This finding can be explained by the relaxation and strengthening of the individual when s/he is away from the stressful, tense and exhausting working environment for a while. In another study, in contrast to our study findings, there were no significant differences between having a break from working life and job satisfaction scores (UCuk and Guler 2016).

The internal, external, and general satisfaction scores of midwives/nurses who do not voluntarily do their job and indicate that the profession is not suitable for them are low. Correspondingly, UCuk and Guler (2016) stated that the job satisfaction of midwives who voluntarily do their jobs and indicate that the profession is suitable for them is significantly high and, Kaya and Balkaya (2013) also stated that the job satisfaction of nurses who find the job suitable for them and who are satisfied with the institution and unit in which they are working is significantly high. Tambag et al. (2015) also found that job satisfaction of nurses who were satisfied with the unit in which they were working was higher. These findings are in parallel with our findings.

The internal, external and general satisfaction scores of midwives/nurses who indicate that they have problems in their working lives are low. Midwives/nurses stated that they have problems such as the family practice system, excessive workload, patients not coming to appointments, low salary, not being appreciated and lack of employee rights. Midwives/nurses have started to be called family health workers since the family practice system came into being in Turkey in recent years (Oztek 2009). This may have contributed to the reduction in the satisfaction of midwives/nurses. In addition, factors such as excessive workload and fewer break times, communication problems, lack of support and social relations among employees, professional status, not being able to make independent decisions and reduced appreciation may cause stress and additional workload in the work environment (Curtis and Glacken 2014; Yavuzyilmaz et al. 2007). These problems can cause midwives/nurses to lead away from the purpose of the care and cause job dissatisfaction.

In some studies, it was found that the job satisfaction of nurses who stated that they had problems in the working environment was low (Tambag et al. 2015; Tekin Kaya and Bilgin 2015). Yavuzyilmaz et al. (2007) found that the job satisfaction of the employees who were not satisfied with the working conditions in family health centres was low. In a study by Sacks et al. (2015), it was determined that community health nurses wanted more education, more guidance and supervision, fair wages and an opportunity to advance their careers. These findings are parallel to our study results.

As the internal satisfaction scores of midwives/nurses increase, external satisfaction scores and general satisfaction scores increase, as their external satisfaction scores increase, general satisfaction scores increase, too. Internal satisfaction is the satisfaction gained by the characteristics of the job. It is composed of items related to the internal qualities of the job such as success, recognition, appreciation, the job itself, job responsibility, promotion and promotion opportunities. External satisfaction is the satisfaction affected by the characteristics of the job environment. It is composed of items related to the job environment such as institutional policy, management and supervision type, working conditions and wages (Baycan, 1985). In this context, satisfaction obtained from internal satisfaction positively affects external satisfaction, resulting in an increase in general satisfaction. The finding of Polyviou et al. (2014) that there is a positive relationship between job satisfaction and motivation of nurses working in Cyprus is parallel to our findings.

## Conclusion

Midwives/nurses who worked for 6–10 years, who never stopped working, who do not practise professions voluntarily, who think this profession is not suitable for them and who have problems in their working environments have lower internal, external and general satisfaction. The total motivations of midwives/nurses who worked for 11 years and more are low. As the internal satisfaction scores of midwives/nurses increase, external satisfaction scores and general satisfaction scores increase; as their external satisfaction scores increase, their general satisfaction scores increase, too. In the light of these findings obtained from the research, to provide the individuals with services during their education that will help them choose the right

profession in line with their knowledge, skills and interests, to support the achievements of the midwives/nurses to increase their job satisfaction and motivation, to appreciate them in the positive acts they do by written and verbal affirmations, to give promotions when merited and to support them to participate in activities that will strengthen their interpersonal relations are recommended.

### Study Limitations

The result of this study relates to the sample group on which the study was conducted, it cannot be generalised. Another limitation of the study is the limited number of midwives and nurses working in the family health centres in the region where the study was conducted.

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