Nurses’ Attitudes Towards Their Job in Outpatient HIV Facilities in Namibia: A Qualitative Descriptive Study

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Research

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Abstract

Background

Nurse attitudes such as job satisfaction and burnout affect nurses’ ability to do their job well. Positive nurse attitudes have been associated with better patient outcomes, while negative job attitudes have been associated with increased nurse turnover and negative patient outcomes. The Job Demand Resource Model theorized that job attitude mediates the relationship between a job’s demands and resources and organizational outcomes. In Namibia’s outlying located hospitals, health centers and clinics, nurses are key prescribers and managers of antiretroviral therapy. It is vital to understand nurses’ job attitudes, factors that contribute to nurses’ job attitudes and how nurses perceive the impact of their job attitudes, in order to best understand how policy makers can empower nurses to do their jobs well. This paper seeks to examine: 1) factors that contribute to nurses’ job attitudes, and 2) how nurses’ job attitudes affect their ability to do their jobs well.

Methods

This study is a qualitative descriptive study of 18 semi-structured interviews with nurses working in outlying located hospitals, health centers, and clinics in northern Namibia. Interviews were analyzed using directed content analysis, with codes derived from the Job Demand Resource Model.

Results

Job factors that influence job attitudes included support from coworkers, workload, access to material resources, access to information, and patient rapport. Personal resilience factors included spirituality and emotional awareness. Patient outcomes were reported to shape nurses’ job attitudes by increasing the drive to learn more at work, improve patients’ satisfaction, decrease mistakes, decrease peer conflicts, increase the drive to coach patients on medication adherence, increase focus while at work, and decrease missed nursing care.

Conclusions

This study’s finding support the importance of investing in factors that promote positive nurse attitudes such as making investments when feasible in human resources (improving support form coworkers), providing material resources, facilitating positive patient relations, and supporting nurses by providing opportunities to increase their knowledge. This study also highlights the importance of nurse resilience against negative job attitudes, coming from intrinsic factors amongst nurses helping them to deal with stress at work.
Background

Namibia faces severe shortages of health workers, especially nurses, relative to the care delivery demands of the nation’s population (1). Of particular concern, is the shortage of health workers needed to address the country’s HIV epidemic. In 2018, 11.8% of Namibia’s population between the ages of 15-49 reported as living with HIV (2), and some regions having prevalence as high as 22.3% (3). Starting in 2015, Namibian nurses’ role in HIV services grew substantially due to a program called the Nurse-Initiated Management of Antiretroviral Therapy (NIMART).

To address the nursing shortage, Namibia needs to retain its current workforce and ensure that its nursing workforce is performing to its full capacity. Extensive prior research has demonstrated that nurse retention and performance are influenced by their job attitude, which are defined as beliefs about, feelings toward, and attachment to one’s job (4-7). Nurses’ attitudes are also conceptualized as job satisfaction, job engagement, work motivation, and burnout (8-11). Past research highlights that several factors increase positive nurse job attitudes such as higher nurse salaries (12, 13), positive relationships with clients and colleagues (12, 14, 15) (14, 16, 17) and lower workloads (18-21). Individual nurse personality traits may also impact job engagement (22). The purpose of this study was to understand Namibia nurses’ job attitudes as a first step towards optimizing retention and performance.

Theoretical Approach

The Job Demands Resources (JD-R) Model suggests that the relationship between job demands/resources and organizational outcomes is mediated by job attitudes (23). These Job Factors are various job-related physical, psychological, social, and organizational factors that affect an individual’s ability to achieve work-related goals. The achievement of those goals then contributes to organizational outcomes (23). The JD-R Model conceptualizes job attitudes as including two constructs: (1) job motivation, or an employee’s engagement, energy, and satisfaction arising from their work and (2) job strain or job-related anxiety, exhaustion, or dissatisfaction that arises from an individual’s job (23-25). This paper combined those two constructs together as a spectrum of job attitudes. JD-R theory proposes that worker’s job motivation and/or strain can positively or negatively mediate the relationship between job demands/resources and organizational outcomes (23). The theory further posits that a worker’s personal factors may prevent negative job attitudes even in times of high job demands (26, 27). [need to define personal resources and psychological capital]

There are very few studies about Namibian nurses’ job attitudes. One study of nurses’ job attitudes at state hospitals in Namibia found that nurses had high level of work engagement despite stressful working conditions (28), and that only 55% of nurses reported that they were motivated at work (29). No studies have used the JD-R Model to guide research to understand what impacts nurses’ attitudes and what is the impact of nurses’ attitudes.

Methods
The aim of this qualitative descriptive study is to 1) describe Namibian nurses’ attitudes toward their jobs, 2) identify the factors that contribute to Namibian nurses’ job attitudes, and 3) examine how Namibian nurses’ job attitudes affect their ability to do their jobs. A better understanding of nurses’ job attitudes in providing HIV services will inform policy makers about how to empower nurses to do their jobs well both in Namibia and similar settings globally. Guided by the JD-R Model, this qualitative descriptive study used semi-structured interviews with Namibian nurses’ to understand their experience and perspectives of working in outpatient HIV health service settings.

Setting

This study was set at 73 hospitals, health centers and clinics that provide HIV health services in regions of northern Namibia with a high HIV burden. The setting was chosen as these were the facilities in which IntraHealth International, a partner global health organization for this project, had been working in to complete their project entitled “USAID HIV Clinical Services Technical Assistance Project,” which aimed to enhance health worker’s abilities to deliver high-quality HIV services.

Sample

Nurses in charge and health administrators at each facility were contacted after IRB Approval to seek help in informing nurses of the study prior to contact. The PI approached eligible nurses to invite them to participate. Nurses were eligible to participate if they were ENs or RNs working in HIV services or ART clinics at facilities that used IntraHealth's UTAP project. Purposeful sampling was used to sample two types of Namibian nurses, registered nurses (RNs) and enrolled nurses (ENs), as they both provide HIV services for the goal of getting broad representation. However, due to who was available and interested in participation our final sample reflected 11 RNs and 7 ENs. We broke our sample up into the north-central and the northeast areas and purposefully sampled as a 2:1 ratio between those two areas, as we have more facilities in the north central but still sought representation from each of these two areas. Finally, we purposefully sampled nurses between two categories of hospitals and health centers/ clinics together.

While there is no exact sample size for qualitative interviews, adequacy and comprehensiveness of interviews were evaluated on an ongoing basis throughout data collection to ensure data saturation, and purposeful sampling, as was done, also ensured representative samples (30).

Research Ethics

Institution Review Board (IRB) approval was obtained from the University of North Carolina at Chapel Hill and the Namibian Ministry of Health and Social Services (MoHSS). All health facility and individual nurses’ identities remained confidential. Participation was voluntary and verbal consent was obtained prior to data collection to ensure anonymity. All interviews were completed in confidential and private locations. Data was de-identified upon transcription.

Data Collection
Nurses who agreed to participate were interviewed in person in the facilities where they worked. All interviews were conducted in English, as English is the official language in Namibia and is used in most official transactions in public and private health facilities. Interviews were recorded and saved on a secure password protected server at UNC. They were downloaded, transcribed, and, ultimately, deleted from the server after transcription was completed and data review and analysis had begun. Data collection continued until no new themes or codes were identified. Demographic data was collected to describe the sample in order for finding to be relatable to other similar setting (31, 32). A semi-structured interview guide was developed by the PI with the purpose of asking questions about nurses’ job and their feelings and attitudes towards their job. Some example of questions were “How do you feel about your job?”, “What aspects of your job give you a sense of accomplishment or frustration?” and “What characteristics of the workplace support you to be able to do your job well?” Semi-structured interviews were used to allow for content to emerge from the participant nurses (33). Two pilot interviews with Namibian nurses at an HIV service clinic were conducted to refine the interview guide prior to the beginning of data collection. Interviews lasted 45 minutes each. Interviews were audio recorded and then transcribed and de-identified.

**Data Analysis**

Demographic data were descriptively analyzed to ensure transferability of results to other settings (31, 32). Directed content analysis guided code development from the JD-R Model (25, 33). An initial codebook was derived from the JD-R Model and additional codes were developed inductively when appropriate. Two coders analyzed the data, using Atlas.ti to reduce bias (34). Codes were sorted into themes to achieve meaningful interpretation of code (33, 35). Table 1 indicates the codes used. After all codes and themes were clearly defined, relationships between codes were noted (33). Relationships were determined based on the words of the participants, as nurses described what factors contribute to their job attitudes and how their job attitudes impacted their work. At each stage of data analysis, the two coders met to resolve any conflicts that occurred about codes, themes, or relationships. If consensus was not achieved, a third coder would have been asked to read the transcripts to assist in the final decision (34), however two coders were able to reach consensus. To ensure dependability, an audit trail of all work was saved including raw data, data synthesis and process notes (31).

**Table 1 Codebook Aligning Research Aims with the JD-R Model**
### Research Aim

| Code                  | Description                                                                                                                                 |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Positive job attitudes| Positive job attitudes are an employee's engagement, energy, and satisfaction that arise from their work (23) and a positive state of vigor, dedication, and absorption about one's job (24). |
| Negative job attitudes| Negative job attitudes are defined as job-related anxiety, exhaustion, and dissatisfaction that arise from one's job (23).                         |

### Factors that contribute to nurses' job attitudes

| Job factors | Job factors are both job resources and job demands. Resources are physical, psychological, social, and organizational aspects of their jobs that help individuals do their work and achieve work-related goals. Demands are various physical, psychological, social, organizational aspects of jobs that help individuals do their work and achieve work-related goals (23). |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Personal factors | Any other personal factor (i.e., not a job resource or demand) or psychological capital of a nurses that nurses describe as having an impact on their job attitudes (26, 27). |

### How nurses' job attitudes shape nurses' perceptions of job performance and their ability to do their jobs well

| Outcomes | Because this project focuses on nurses’ attitudes that shape their job performance, outcomes represents nurses’ perceptions of job performance and their perceptions of their ability to do their jobs well. |

## Results

Table 2 summarizes demographic results from the descriptive analysis of the final sample of 18 nurses. Notably, 50% (N=9) of all nurses had only completed their nursing education within the last three years, and 44.4% (N=5) of nurses had less than one-year of experience at their current facility. The majority of nurses (72.2%, n=13) had received NIMART training.

### Table 2 Description of Nurse Sample
| Demographic Information                              | % of Nurses |
|------------------------------------------------------|-------------|
| **Gender**                                           |             |
| Female                                               | 66.7% (n=12) |
| Male                                                 | 33.3% (n=6)  |
| **Nursing licensure**                                |             |
| RN                                                   | 61.1% (n=11) |
| EN                                                   | 38.9% (n=7)  |
| **University attendance**                            |             |
| Attended university                                  | 55.6% (n=10) |
| Did not attend university                            | 44.4% (n=8)  |
| **Health Professional Council of Namibia registration** |         |
| Registered                                           | 100% (n=18) |
| Not registered                                       | 0 (n=0)     |
| **Facility type**                                    |             |
| Hospital                                             | 33.3% (n=6)  |
| Health center/clinic                                 | 66.7% (n=12) |
| **Area of Namibia**                                  |             |
| Northeast                                            | 33.3% (n=6)  |
| Northwest                                            | 66.6% (n=12) |
| **NIMART Trained**                                   |             |
| Yes                                                  | 72.2% (n=13) |
| No                                                   | 27.8 (n=5)   |
| **Year in which completed nursing education**        |             |
| 2016–2019                                            | 50% (n=9)    |
| 2010–2015                                            | 22.2% (n=4)  |
| Before 2010                                          | 27.8% (n=5)  |
| **Years of nursing experience**                      |             |
| ≤1                                                   | 22.2% (n=4)  |
| 2–5                                                  | 27.8% (n=5)  |
Nurses' Descriptions of Their Job Attitudes

Nurses identified both positive and negative job attitudes that they experienced at work. Nurse' perceptions of positive job attitudes were categorized into the following themes: motivation (n=17, 94%), satisfaction (n=17, 94%), pride (n=16, 89%), and empowerment (n=7, 39%).

Negative job attitudes were described by three themes: frustration (n=15, 83%), burnout (n=10, 56%), and dissatisfaction (n=7, 39%).

Factors that Contribute to Job Attitudes

Nurses perceived that both job factors and personal factors affected their attitudes towards their job. In addition, once the code of outcomes were reviewed, it became clear that patient outcomes impacted nurses' attitudes and also affected nurses' attitudes toward their jobs. This section will outline three categories: job factors, personal factors, and outcomes that contribute to nurses' job attitudes.

Job Factors. Job Factors that contributed to nurses’ attitudes are reflected in the following themes: coworkers, workload, access to information, patient rapport, and material resources. Each of these are described below. Table 3 outlines a list of all factors that affected nurses’ attitudes toward their jobs with descriptions from the interviews.

Table 3 Job Factors That Affected Nurses’ Job Attitudes
| Theme               | Description                                                                                                                                 |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| **Coworkers**       | · Mentorship from nurse mentors or physicians versus conflict with mentors                                                             |
|                     | · Teamwork versus conflict with peers                                                                                                  |
|                     | · Recognition and appreciation from leadership, mentors, or government                                                                     |
|                     | · Nurse staffing versus insufficient nurse staffing                                                                                     |
|                     | · Trained staffed versus burden on senior nurses to train new nurses                                                                    |
|                     | · No physicians, pharmacists, or revenue collectors at clinics                                                                             |
| **Workload**        | · High numbers of patients                                                                                                               |
|                     | · High number of tasks to perform                                                                                                        |
|                     | · Nurses being expected to be available for emergency cases at all times of day                                                          |
|                     | · Integration of services (HIV, TB, primary care, immunization, antenatal)                                                                  |
|                     | · Extending work hours way past scheduled work time without additional compensation                                                        |
| **Access to information** | · NIMART training helps with ART medications and other complicated aspects of HIV services                                        |
|                     | · Guidelines help with ART medications and other complicated aspects of HIV services                                                     |
|                     | · ART and HIV services are unique and require nurses to need specialized knowledge                                                        |
|                     | · Integration of services required nurses to have a large general body of diverse clinical knowledge                                      |
| **Patient relations** | · Positive patient rapport                                                                                                               |
|                     | · Nurses receiving appreciation from patients                                                                                             |
|                     | · The respect and status of the nursing profession in the community                                                                      |
|                     | · Patients’ expressing dissatisfaction about care received                                                                               |
|                     | · Lack of patient adherence to medications and care plan                                                                                 |
|                     | · Patient missed follow-up appointment or coming at unscheduled times                                                                      |
| **Material resources** | · Housing/accommodation provided at the facility                                                                                          |
|                     | · Accessible clean water                                                                                                                 |
|                     | · Having a physical copy of nurses’ job description on site                                                                              |
|                     | · Cars/transport                                                                                                                          |
· Medicines, vaccines, and other supplies
· Infrastructure of health facilities make it difficult to maintain patient confidentiality
· Network for phone services
· Thermometer, blood pressure cuff, or stethoscope for each nurse in each room
· Guidelines for each nurses’ room or lack of updated guidelines all together
· Staff kitchen for breaks
· On-site working toilet
· Waiting room for patients
· Facilities were dusty

**Co-Workers.** All nurses (n=18, 100%) expressed support from co-workers contributed to their positive job attitudes, with co-workers defined as the availability of nurses and other health professions, appropriately trained, who are able to work together as a team to provide care to patients. Most nurses (n=16, 89%) also described lack of support from coworkers as a factor contributing to their negative job attitudes.

Nurses described teamwork, mentorship, and recognition from organizational leaders as important elements of this theme. Nurses described that through teamwork, all workers were able to share workloads, and that less experienced nurses who did not know how to care for a patient could ask more experienced team members. Mentorship from nurse and physician mentors helped nurses provide high quality care, solve problems, and improve at their jobs. Nurses also expressed more positive job attitudes when they received recognition and praise for their work efforts from organizational leaders, administration, or governmental entities. Each facet of support from coworkers, teamwork, mentorship, and recognition from leaders positively impacted nurses’ attitudes toward their jobs.

Several nurses also described the burden of lack of staff and lack of trained staff, which negatively impacted their job attitudes. Although strong teamwork and strong mentorship were described by nurses as positively impacting their attitudes toward their jobs, nurses who described a lack of teamwork and conflicts with peers or mentors elicited a more negative attitude toward their jobs. One nurse described how a lack of staff at a facility led to greater frustration at work by expressing:

“To be alone [at the health facility], that makes me sometimes feel frustrated, feel exhausted all in once, oneness, all program, it becomes the very toughest challenge. And people think that this is just something that you do right and you give medicine but it requires thinking. And I don’t like getting tired psychologically, it affects me badly. It’s just the workload itself.” (Participant 3, EN, <1 Year of Nursing Experience)
**Workload.** All nurses (n=18) described high workload defined as nurses’ perception of busyness at work or the amount of work they had. High workload was associated with negative job attitudes. Nurses described high workload due to high volumes of patients, too many tasks to be done, the need to be available 24/7 in case of patient emergencies, staying late past 5pm until sometimes midnight and the increased burden brought about by the recent integration of HIV services with general primary care. After integration of services, a nurse described how busy the workload has been:

“Quite busy. We are always busy here in the clinic. ... But when integration came, we're forced to do things beyond our scope of practice, like... We're also doing antenatal care visit. We are doing postnatal, we are doing immunization, we’re immunizing babies. We are also seeing general patients. That’s why the day is quite busy.” (Participant 13, EN, 2-5 Years of Nursing Experience)

**Access to Information.** Access to information was defined as job resources that improved nurses’ knowledge needed to do their jobs. Fifteen nurses (83%) identified having information as improving their job attitudes, while 11 nurses (61%) identified lack of information as worsening their job attitudes.

The main knowledge resources identified were training opportunities, including NIMART, and practice guidelines, which were booklets that outline care plan policies. Nurses stated these training were essential since HIV care is complex and goes above and beyond basic nursing training. Nurses reported that NIMART training increased their knowledge about caring for HIV patients, which improved their job empowerment and job satisfaction. One nurse described how going to trainings, like NIMART, enabled them to do a better job after the trainings:

What I find...motivate[ional] at work, what motivates [me] more is, for example, when we go attend the workshop and I get more knowledge or I get experience that I was not having, then it motivates me to work very hard. (Participant 12, RN, 2-5 Years of Nursing Experience)

However, without these training nurses, especially junior nurses, stated they had to rely on senior trained nurses with the knowledge to help them. This lack of knowledge resources negatively impacted nurses’ job attitudes. Even nurses who had received NIMART training expressed frustration when the ART guidelines were updated, and their trainings became outdated.

**Patient Rapport.** Patient rapport was expressed as the nurse’s relationship with the patients or communities the nurse served, and positive rapport was described with more positive job attitudes (n=12, 67%), and negative rapport was described with negative job attitudes (n=10, 56%).

Nurses had positive attitudes when they had longstanding relationships with patients, when patients thanked or appreciated them and when the community respected their status as a nurse.

When patients treat nurses poorly, nurses experienced negative job attitudes. Nurses described patients complaining, patients not adhering to medications, patients not returning for scheduled appointments, patients arriving at the facility intoxicated, and actual or threatened violence towards staff as being
associated with negative attitudes toward their jobs. One nurse described the negative emotions that they take home with them when patients have treated them poorly:

And the patients they can say bad words to a nurse. And you did not do anything, for them they just want you to be fast. They can start talking a lot of things outside, that, “This nurse is slow, she's what... “ swearing to you. Then at the end of the day when you go home or I go home, I feel that I was having a bad day. (Participant 12, RN, 6-10 Years of Nursing Experience)

**Material Resources.** Material resources defined as physical equipment or infrastructure resources were associated with positive job attitudes when available, (n=11, 61%) and negative job attitudes when unavailable (n=15, 84%).

These material resources included housing accommodations, access to clean water at the health facility, the facility infrastructure and room layout, and access to a car, transportation, medications, medical, communication technologies (phones and network access), safety equipment, and water. Nurses described the lack of material resources as being frustrating, especially when it prevented them from doing their jobs:

What frustrates me at work is the shortage of resources that we may have, ...that can hinder the performance of certain procedures. It frustrates me and many others that if you have to perform a certain procedure and the resources are not available. Yes, it may frustrate me, yes. (Participant 17, RN, 2-5 Years of Nursing Experience)

**Personal Factors.** The results of this analysis indicate that nurses’ personal factors of ability to be emotionally aware of and resilient to work stressors and the nurses’ spirituality positively impacted job attitudes. In all cases, personal factors that impact nurses’ job attitudes evoked more positive feelings from nurses about their jobs than negative ones, thereby highlighting nurses’ reliance on coping mechanisms to deal with stressors at work

**Resilience and Emotional Awareness.** Sixty-seven percent (n=12) of nurses described an ability to be aware of their own negative emotions and having control over them as a way to remain positive at work. They described their ability to depersonalize professional matters to avoid the negative internalization of job stressors that would impede their ability to do their work. One nurse stated:

I just tell myself, “Okay...” It’s like I've got control... I've got these self-regulating feelings that I have inside me that tells me that I should not take professional works too personal. But it's just like, I take every challenge as a learning opportunity, that's how I take my profession. (Participant 4, RN, 2-5 Years of Nursing Experience)

**Spirituality.** Twenty-eight percent (n=5) of nurses described their spirituality as allowing them to maintain hope, acceptance and positive attitudes despite stressors at work. In Namibia the primary religion is Christianity [36] and all spiritual references were Christian oriented.
Outcomes That Affected Job Attitudes. While the JD-R proposes that job attitudes impact outcomes, an interesting discovery in this study was nurses’ reports that patient outcomes affected their job attitudes (n=16, 89%). When patients were improving, their viral loads were suppressing, and patients were more adherent with their medications, nurses described experiencing positive attitudes about their jobs, while worse patient outcomes worsened nurses’ job attitudes. One nurse described how she felt increased motivation when patients’ viral loads became suppressed:

So, and then the fact that most of the people, like the ARV [antiretroviral]s, the aim is actually to suppress the viral load. Now most of them, they are suppressed. That motivates me, that makes me like, “Wow, we are doing the job well and they are doing well too.” (Participant 8, RN, >10 Years of Nursing Experience)

Nurses’ Job Attitudes Impact on their Ability to Do Their Job Well

The final aim of this paper was to explore nurses’ perceptions of how their job attitudes affected their job performance and ability to do their jobs well. Job performance were organized into the two themes of positive and negative outcomes related to nurses’ job attitudes. Nurses described how positive job attitudes improved their job performance (n=12, 67%), whereas negative job attitudes had the opposite effect (n=9, 50%). Table 4 outlines specific outcomes the nurses described.

Table 4 Nurses’ Attitudes Impact on Outcomes

| Nurses say positive job attitudes... | · increased their drive to learn more knowledge |
|                                      | · improved patient satisfaction                |
|                                      | · decreased their mistakes at work             |
|                                      | · decreased conflict with peers                |
|                                      | · increased their drive to coach patient about medication adherence |
|                                      | · decreased their rush to complete work        |
|                                      | · increased their focus at work                |
|                                      | · decreased missed nursing care                |
| Nurses say negative job attitudes... | · increase nurses’ mistakes                    |
|                                      | · decrease in work productivity                |
|                                      | · increase perception of nurses’ needing to rush at work |
|                                      | · decrease in nurses’ ability to concentrate at their job |

Discussion
This study explored nurses’ perceptions of their job attitudes, the factors that contributed to their job attitudes, and the ways that their job attitudes affected their ability to do their jobs well through the lenses of the JD-R Model (23). Study findings highlighted factors that impacted job attitudes, and the impact of nurses’ job attitudes on organizational outcomes.

**Nurses’ Perceptions of Their Job Attitudes**

Nurses in this study described both positive and negative attitudes. This aligned with past research on Namibian nurses’ job attitudes as a mix of positive and negative attitudes, with one study reporting high nurse engagement despite high stress level (28), and the other study reporting many nurses feeling unmotivated at work (29). Further research is needed to understand how nurses describe their job attitudes.

**Factors That Contribute to Nurses’ Attitudes**

The JD-R proposes that the main contributors to job attitudes are job and personal factors (i.e., job demands and job resources) (23, 26, 27). The job factor of coworker support often was described by nurses as having coworkers available from proper staffing. This aligned with patient nurse staffing research which showed that outpatient perceived nurse staffing adequacy has been associated with lower burnout (20, 36) and increased job satisfaction (15, 16).

Nurses also emphasized the importance of knowledge, information and trainings. Nurses who specifically took part in NIMART training described feeling empowered and able to work independently with their patients. These findings were an important job factor finding as NIMART training was relatively new to Namibia and was well received by nurses as making them empowered and improving their abilities to do their jobs well.

The personal factors of resiliency and spirituality that impacted nurses job attitudes also aligned with past research. Lower levels of resiliency in nurses has been associated with higher rates of personal mental health disorders such as posttraumatic stress disorder, anxiety, depression, and increased burnout (37). Previous research results also support the importance of spirituality in nurses as past work indicates that fostering spirituality at work increased nurses’ resilience (38). Future research on predictors of nurses’ job attitudes should include the constructs of both job factors and personal factors without negating either one.

Our findings showed that job attitudes and organizational outcomes had a bidirectional relationship. The JD-R proposes that worker’s job attitudes are a predictor of organizational outcomes (23), however this study added that organizational outcomes also predict nurses’ job attitudes. Similar to our findings, a cross-sectional survey of 114 nurses across six units of a hospital reported that nurses who witnessed death or suffering in patients also reported higher levels of nurse burnout (39). This bidirectional relationship between nurses’ job attitudes and patient outcomes needs to be explored through future
research to better understand how improvements in patient outcomes can be used to promote positive attitudes among nurses about their jobs.

**How Nurses’ Job Attitudes Affect Their Ability to Do Their Jobs**

This study indicates that nurses perceived that their positive job attitudes influenced positive organizational outcomes. This was aligned with past research about nurse attitudes in outpatient settings indicating that higher levels of nurses’ job satisfaction was associated with lower levels of nurse turnover (5-7) and patient falls (40). These findings have implications for health policy as they indicate a need to invest in job and personal factors that promote positive job attitudes, so nurses can do their jobs well.

**Limitations**

The major limitations of this study pertain to the sampling process. While attempts were made to evenly represent ENs and RNs, logistical challenges prevented this and RNs were overrepresented compared with the original sampling goal. In addition, 50% of nurses in the sample had graduated from their nursing programs within the previous three years. There answers varied greatly by years of experience, with junior nurses describing access to senior nurses for support as a job resource; whereas senior nurses described the constant need to support junior nurses as a job demand. Further research should take years of experience nursing into account when exploring factors that impact nurses’ job attitudes.

**Conclusions And Recommendations**

Namibian nurses working in outpatient settings that deliver HIV services expressed both positive and negative job attitudes about their work. These attitudes were impacted by several job related and personal factors as well as patient outcomes. Nurses perceived that job attitudes impacted job performance. To understand the interventions needed to promote positive nurse job attitudes, further research is needed on ways to increase positive job factors, such as making investments in human resources (improving support from coworkers), providing material resources, facilitating positive patient relations, and supporting nurses by providing opportunities to increase their knowledge, especially training on ART prescribing. A primary recommendation is to further investigate resiliency among Namibian nurses, both what it represents and how it can be promoted. While this work was done in Namibia its findings are generalizable to many other outpatient health service settings around the world staffed by nurses. Thus, continued research on the nursing workforce globally needs to address factors that influence nurses’ job attitudes in outpatient health service settings in order to develop and implement interventions to promote positive job attitudes to assure the highest quality health services to populations all around the world.

**List Of Abbreviations**

Enrolled nurses-ENs
Declarations

Ethics Approval and Consent to Participate

The ethics committees at the University of North Carolina at Chapel Hill and the Namibian Ministry of Health and Social Services approved this work prior to the state of data collection. Participation for this project was voluntary and informed verbal consent was obtained from all participants. Confidentiality of all participants was retained throughout the project.

Consent for Publication

Not Applicable

Availability of Data and Materials

The interview data is not open to the public to make sure participant identity remains confidential. The dataset may be available from the corresponding author upon reasonable request if the person goes through ethical review committees.

Competing Interests

Alasia Ledford- Hillman Scholar in Nursing Innovation- no competing interests to declare.

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Authors’ Contributions

GA-Participated in research design, data collection, data analysis and writing this paper.

JL-Guided research design and analysis through qualitative expertise.

HA and AL- Participated in data analysis and editorial revision of draft papers.
PM- Guided research design and interpretation of results.

RB & FT- provided country expertise to guide interpretation of results and provide revision of draft papers.

CJ- Guided research design, data collection, data analysis and writing of this paper.

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