

MOTIVATION LEVELS AMONG NURSES WORKING AT BUTARE UNIVERSITY TEACHING HOSPITAL, RWANDA

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ABSTRACT

The purpose of this study was to explore factors influencing the motivation levels of nurses working at Butare University Teaching Hospital (BUTH) in Rwanda. A quantitative, exploratory and descriptive research design was used to explore these factors, and non-probability convenience sampling was used to include the most readily available persons as respondents. A convenient sample of 106 nurses was chosen.

The findings of the study showed that the nurses at this hospital had a moderate level of motivation. They were unmotivated as a result of dissatisfaction with remuneration; opportunities for growth and promotion; working conditions; recognition, rewards and appreciation; as well as benefits and allowances.

The findings from the study can be utilised to improve nurses' income, job promotion, and working conditions in order to increase their motivation levels, and thereby improve their productivity, quality of patient care, and staff retention. Since nurses were partly motivated, healthcare organisations should maximise the nurses' contributions to improve health and social outcomes, at both individual and organisational levels.

KEYWORDS: demotivation of nurses, nurses' job satisfaction, Rwandan nurses

INTRODUCTION

Nurses need to be motivated to accomplish their tasks, provide quality care and contribute to the development of the nursing profession (Engin & Com, 2006). Factors such as nurses' workload, salaries, benefits, bonuses, autonomy in the workplace, nurse-physician relationships, nursing leadership styles, reward systems, opportunities for growth and development, recognition and appreciation for good work, have been reported to

contribute to nurses' levels of motivation (Barker, 2006). Lack of motivation can lead to dissatisfaction among workers, lack of pride in their work, not feeling part of the hospital, intention to quit the hospital and/or nursing profession, and increased work stress levels. The perceived lack of control over factors that affect practice standards can lead to dissatisfaction, frustration and demoralisation (Roseanne & Daniel, 2006).

BACKGROUND INFORMATION

In a study of nurses in five countries (the United States [US], Canada, England, Scotland and Germany), Aiken, Clarke, Sloane, Sochalski, Busse and Clarke (2002) found that with the exception of Germany, a high proportion of registered nurses were dissatisfied with their jobs. More than 40% of nurses working in hospitals in the US reportedly lacked motivation. Compared with other groups of workers in the US, demotivation was higher among nurses (Aiken et al., 2002). The World Health Organization's (WHO) statistics show that the total number of nurses working in the health care field in the US has decreased from 2 669 603 in the year 2000 to 2 262 020 in the year 2001, a decline of 407 583 (15.3%) nurses within one year (WHO, 2006).

In South Africa, many nurses leave the nursing profession or the public sector for better paid jobs in the private sector, which offers better benefits for permanently employed nurses (Tonny, 2007). In her study conducted in Limpopo, South Africa, Peterson (2005) found that extrinsic factors (58%) such as working conditions, supervision, management styles and salaries negatively affected the employees' levels of job satisfaction. Most of these respondents were dissatisfied with their interactions with their supervisors. They were also dissatisfied with their remuneration and unhappy with the working conditions at the hospitals. They indicated that the organisational climate was not conducive to high levels of motivation. These extrinsic factors could contribute to job dissatisfaction.

In Rwanda, especially at Butare University Teaching Hospital (BUTH), there is a significant turnover rate amongst nurses. A study conducted by Nkomeje (2008) reported that nurses were moderately motivated and satisfied with their job at King Faisal Hospital (KFH), and Uwayezu (2008) reported that nurses changed their employment status because they were demotivated. Further to that, nurses did not have opportunities to advance to higher levels.

According to Zofi and Meltzer (2007), personal reasons inspire individuals to work, and almost everyone works for pay. Whether it is called salary, benefits, bonus, inkind compensation, or anything else, the fact is that people work to support themselves and their families. Informal payments reportedly have a negative impact on equity and quality of care. However, these might help to increase health workers' motivation and retention levels (Mbindyo, Blaauw, Gilson & English, 2009). The research done by Nilsson and Stomberg (2008), as well as by Roseanne Daniel (2008), revealed that opportunities for

growth, working conditions and supervision help to increase nurses' motivation. Fringe benefits, allowances and salaries also contribute to nurses' motivation levels (Barker, 2006; Mbindyo et al., 2009; Pillay, 2009). Therefore, if specific satisfiers and dissatisfiers were identified, perhaps such factors could be altered to contribute to the number of satisfiers and, thus, to nurses' overall levels of motivation (May, 2008). To enhance motivation levels among workers, managers need to maximise their own levels of motivation.

The different actions that can promote nurses' motivation, which have been revealed by many studies, include: increasing salaries; giving opportunities for education, training and professional development; enhancing working and living conditions; improving social recognition; improving benefits and allowances; developing decentralised structures; enhancing interpersonal relationships, communication and feedback; improving job descriptions, criteria for promotion and career progression; using a reward system; and improving supervision and management (Brown, 2009; Herminia, Deboran & Murphy, 2009; Jooste, 2003; Roseanne & Daniel, 2006; Vilma & Egle, 2007).

PROBLEM STATEMENT

At BUTH, there is a high turnover rate of nurses. In 2007, out of 213 nurses working at BUTH, 4.7% (n = 10) resigned; in 2008, out of a total number of 203 nurses, 6.4% (n = 13) resigned; in 2009, out of 203 nurses, 7.9% (n = 16) resigned; and in the first three months of 2010, two out of a total of 174 nurses resigned. During 2010, when this study was conducted, there were 172 nurses at BUTH (2010), indicating a decrease of 41 (19.2%) in the total number of nurses over a four-year period. This indicates that nurses who had left BUTH had not been replaced. If this trend should continue, the quality of healthcare services at BUTH might be compromised.

PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of this study was to identify the motivation levels among nurses using the different criteria raised by previous studies, namely: motivation in relation to: organisational commitment; intention to leave; management and supervision; compensation, and motivation of co-workers.

The objectives of this study were to: identify the different factors that contribute to nurses' motivation at BUTH; explore the extent to which nurses working at BUTH are motivated; and determine the different options for improving nurses' motivation at BUTH.

RESEARCH METHODOLOGY

For this study a non-experimental, quantitative research design was adopted. In order to understand the phenomenon under investigation, the research approach used was exploratory and descriptive in nature to explore the factors contributing to nurses' motivation.

Research setting

The study was carried out at BUTH in Rwanda. The mission of this hospital is to provide quality health care in accordance with international norms; to develop the competencies of health professionals; to contribute to the development of human resources; to conduct high level research; and to provide technical support to the health system. BUTH was established in 1928 as a hospital. It became a university hospital in 1966 and in 2000 it became a university teaching hospital. This hospital is located at Mamba, Huye District, in the southern province of Rwanda, and serves the provinces of Butare, Gikongoro and Cyangungu, with a total population of 1 823 138 persons. The hospital has 500 beds, but during 2009, the number of actual functional beds was 418, and the bed occupancy rate was 67%.

Population and sample

The target population of this study comprised all nurses (n = 172), both male and female, working at BUTH during 2010. The sample consisted of 106 nurses working at BUTH. The sample size was arrived at using the Raosoft sample size calculator. The criteria for inclusion in the study were: being a nurse (enrolled or registered); having worked at BUTH for at least six months; having completed initial nurse training; being present at the hospital during the data collection period; and voluntarily consenting to participate in the study.

Data collection instrument

In the present study, data were collected using questionnaires. The questions were developed by the researchers according to the research objectives, the research questions, the literature review, as well as the theoretical framework of the study developed using Herzberg's Theory of Motivation. The researchers added open-ended questions to give respondents a chance to explain their responses in relation to certain issues, rather than limiting them to predetermined response categories only.

Data collection procedure

Formal approval from the hospital to conduct the study was obtained. The researcher met the participants during their tea time and lunch breaks in order to introduce the purpose of the study and to request them to participate in the study. The data collection was done at the hospital premises, adhering to strict ethical considerations. The researcher used this occasion to inform participants about their rights, and assure them of anonymity and confidentiality in relation to the study. Each participant was then provided with a copy of the questionnaire to fill in, and the first author collected the completed questionnaires during the participants' working shifts.

Data analysis

The questionnaires were numbered and coded to facilitate data capturing and auditing. All variables were analysed using the SPSS program, version 15.0. A statistician assisted with statistical analysis. Descriptive statistics were used to describe and summarise the data. Frequencies and cross tabulations were calculated and presented in tables and graphs.

Validity and reliability

There are various approaches to validation of an instrument, such as content validity, criterion-related validity and construct validity (Polit & Beck, 2004). Content validity was ensured by developing the questionnaire with research objectives as a point of departure. Furthermore, the research supervisor assisted in formulating and evaluating the questionnaire, and content validity was also checked by an expert in the school of nursing.

According to Burns and Grove (2007), for the instrument to be reliable, it must yield the same measure when used on more than one occasion. A pre-test was done by requesting five nurses to complete the questionnaire. Findings of the pre-test indicated that some questionnaire items were difficult to understand, so the researcher made changes to these items to make them more easily understood by the nurses.

Ethical considerations

Prior to data collection, ethical approval was obtained from the Ethics Committee of the University of KwaZulu-Natal and permission to conduct research was obtained from the authorities at BUTH. Strict ethical standards and procedures were adhered to. The anonymity of the participants was ensured by not having any identification on the data collection tool so that information could not be traced back to individuals. Confidentiality was guaranteed by storing data in a safe and locked place, and only the researcher

and research supervisor had access to the raw data. Participation in this study was voluntary and details about the aim and objectives of the study were explained to the participants. Written informed consent was obtained. The participants were free to withdraw from the research at any stage without incurring any consequences whatsoever.

RESEARCH RESULTS

During the data collection phase, 106 questionnaires were distributed and the response rate was 100% because one researcher distributed and collected the questionnaires.

Demographic data

The demographic characteristics of respondents are illustrated in table 1.

Table 1: Demographic characteristics of the respondents (n = 106)

Demographic data	Frequency	Percentage
Age	Under 25 years	7
	25–35 years	78
	36–45 years	16
	46 years and older	5
Gender	Male	38
	Female	68
Marital status	Single	52
	Married	54
	Divorced	00
	Widowed	00
Level of education	Enrolled nurse	39
	Registered nurse	67

Table 1 shows that 73.6% (n = 78) of respondents were between the ages of 25 and 35 years; 64.2% (n = 68) were female; and 50.9% (n = 54) were married; while 63.2% (n = 67) were registered nurses.

Table 2: Motivating factors to stay at BUTH (n = 106)

Motivating factors to stay at BUTH?		Frequency	Percent
Remuneration/pay	Yes	46	43.4
	No	60	56.6
Opportunities for growth	Yes	59	55.7
	No	47	44.3
Work itself	Yes	10	9.4
	No	96	90.6
Supervision and management	Yes	15	14.2
	No	91	85.8
Recognition, reward and appreciation	Yes	23	21.7
	No	83	78.3
Working conditions	Yes	31	29.2
	No	75	70.8
Fringe benefits and allowances	Yes	17	16.0
	No	89	84.0
Families	Yes	7	6.6
	No	98	92.5
Nothing motivates me to stay at BUTH	Yes	15	14.2
	No	91	85.8

In table 2, there are different factors which can motivate the nurses to stay at BUTH. Of the respondents, 43.4% (n = 46) were motivated to stay by remuneration, while 56.6% (n = 60) of respondents were not.

Of the respondents, 55.7% (n = 59) agreed that opportunities for growth motivated them to stay at BUTH, while 44.3% (n = 47) disagreed. Of all the respondents, 90.6% (n = 96) disagreed that the work itself motivated them to stay at BUTH, while 9.4% (n = 10) of respondents felt it was a major motivating factor. Although 14.2% (n = 15) of the respondents confirmed that supervision and management motivated them to stay at BUTH, the majority 90.6% (n = 96) disagreed.

Most respondents 78.3% (n = 83) disagreed that recognition, reward, and appreciation motivated them to stay at BUTH, while 21.7% (n = 23) agreed that it was a significant motivating factor. Of the 106 respondents, 70.8% (n = 75) did not feel that working conditions motivated them to stay at BUTH, while only 29.2% (n = 31) of felt this way.

The majority of the respondents 84% (n = 89) disagreed that fringe benefits and allowances motivated them to stay at BUTH, while 16% (n = 17) agreed that it was an important factor. Of the 106 respondents, 92.5% (n = 98) disagreed that family reasons motivated them to stay at BUTH, while only 6.6% (n = 7) agreed. Of all the respondents, 14.2% (n = 15) reported that nothing motivated them to stay at BUTH.

According to table 2, the principal factors mentioned by the respondents which motivated nurses to stay at BUTH were: remuneration and pay; opportunities for growth; working conditions; and recognition, reward, and appreciation.

Table 3: Factors nurses believed could promote their motivation at BUTH (n = 106)

What factors do you believe can promote nurses' motivation at BUTH?		Frequency	Percent
Increase salaries	Yes	58	54.7
	No	48	45.3
Education, training, and professional development opportunities	Yes	68	64.2
	No	38	35.8
Working and living conditions	Yes	47	44.3
	No	59	55.7
Benefits and allowances	Yes	27	25.5
	No	79	74.5
Social recognition	Yes	39	36.8
	No	67	63.2
Job description, criteria for promotion and career progression	Yes	87	82.1
	No	19	17.9
Reward system	Yes	88	83.0
	No	18	17.0
Supervision and management	Yes	17	16.0
	No	89	84.0
Interpersonal relationships, communication, and feedback.	Yes	86	81.1
	No	20	16.9
Decentralised structure	Yes	81	76.4
	No	25	23.6

Of the respondents, 54.7% (n = 58) were of the opinion that increasing salaries could promote nurses' motivation to continue working at BUTH, while 45.3% (n = 48) disagreed. As many as 64.2% (n = 68) of the respondents believed that education, training, and professional development opportunities could promote nurses' motivation to continue working at BUTH, while 35.8% (n = 38) disagreed.

Of the 106 participants, 55.7% (n = 59) disagreed that working and living conditions could promote nurses' motivation levels at BUTH, while 44, 3% (n = 47) agreed. Most respondents (74.5%; n = 79) disagreed that benefits and allowances could promote nurses' motivation levels at BUTH, while only 25.5% (n = 27) agreed.

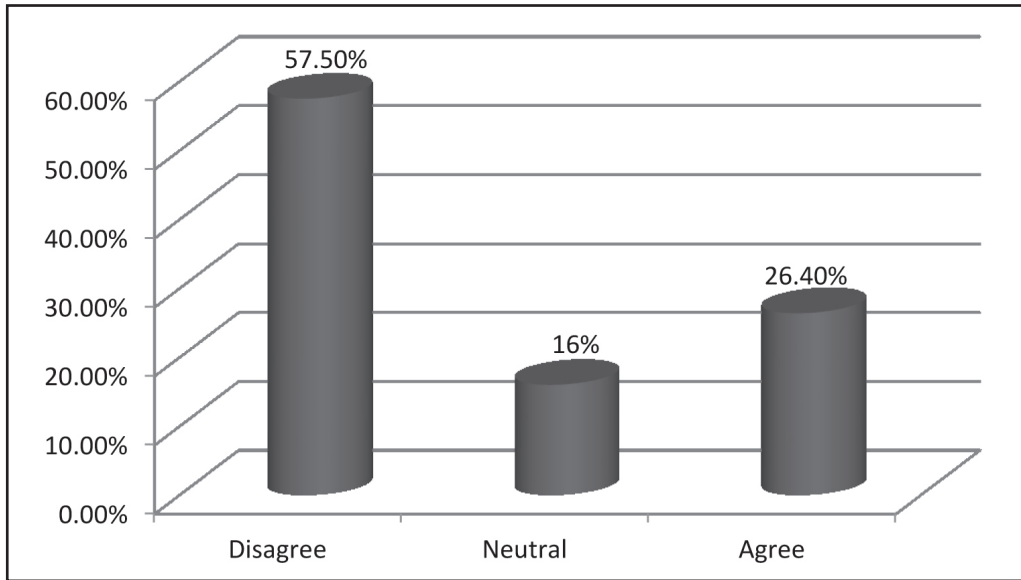


Figure 1: Concerns about the future of the hospital

Although 63.2% ($n = 67$) of the respondents believed that social recognition could not stimulate nurses' motivation at BUTH, 36.8% ($n = 39$) considered this to be a possibility. Out of 106 respondents, 83% ($n = 88$) agreed that a reward system could promote nurses' motivation at BUTH, while 17% ($n = 18$) disagreed. As many as 84% ($n = 89$) of the respondents disagreed that supervision and management could promote nurses' motivation at BUTH, while 16% ($n = 17$) agreed.

Most respondents (81.1%; $n = 86$) agreed that interpersonal relationships, communication and feedback could promote nurses' motivation at BUTH, while 18.9% ($n = 20$) disagreed. Also, 76.4% ($n = 81$) of the respondents believed that decentralised structures could promote nurses' motivation, while 23.6% ($n = 25$) disagreed that this would be the case.

Out of 106 respondents, 57.5% ($n = 65$) disagreed that the future of the hospital concerned them, 16% ($n = 17$) were neutral, while 26.4% ($n = 28$) agreed that this concerned them, as shown in figure 1.

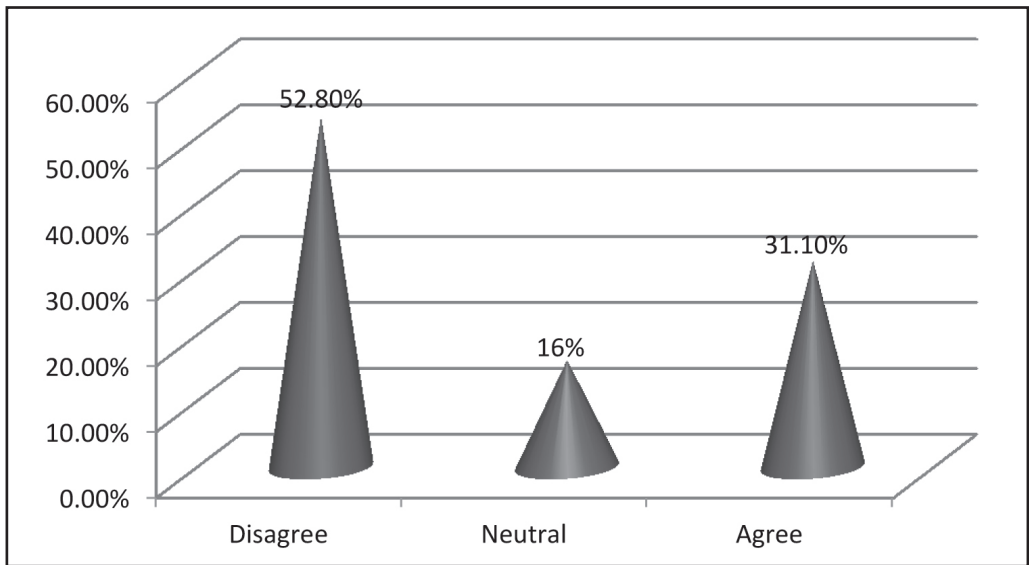


Figure 2: Nurses’ plans to quit their jobs at BUTH

Figure 2 shows that 52.8% (n = 56) of the respondents did not have plans to quit their jobs at BUTH, whereas 31.1% (n = 33) reportedly had such plans, while 16% (n = 17) were neutral without any definite plans to quit or to remain at BUTH.

DISCUSSION OF FINDINGS

According to the results, the majority of the respondents (73.6%) were between the ages of 25 and 35 years, 50.9% were married, and 63.2% were registered nurses. The results indicated that factors such as remuneration, opportunities for growth, working conditions, recognition, rewards, appreciation, and benefits and allowances could contribute to nurses’ levels of motivation at BUTH. A number of researchers are of the opinion that nurses’ motivation is closely related to the presence of opportunities for promotion, salary increases, working conditions and supervision (Collins, Jones, McDonnell, Read, Jones & Cameron, 2000; Moyes & Redd, 2008; Murrells, Robinson & Griffiths, 2008). Other studies (AL-Hussami & Momani, 2008; Gieter, Cooman, Pepermans, Caersis, Bois & Jegers, 2006; Moyes & Redd, 2008) revealed that fringe benefits and allowances; as well as recognition and rewards increase nurses’ motivation levels. This study has also shown that 31.1% of respondents were planning to quit this hospital and 40.6% of respondents were not proud to work at BUTH. Alan and Mohammad’s (2009) study showed that some nurses in the hospital concerned intended leaving in future, because of their low levels of motivation. Leshabari, Muhondwa, Eystace, Mwangu and Mbembati (2008) argued that low motivation levels among workers is a major cause of

nurses' quitting of rural areas for cities, or even leaving the country altogether. Another indicator that the nurses at BUTH were moderately motivated was that the majority of respondents agreed that overall, they found their work stressful. Research findings indicate that there is a relationship between lack of motivation and stress. Miller, Miller and Smith (2010) argued that when people feel stressed, it could indicate lower levels of motivation. Different options for promoting nurses' levels of motivation at BUTH had been suggested by many researchers, such as payment for overtime hours; increasing salaries; giving opportunities for education, training and professional development; enhancing working and living conditions; improving social recognition, benefits and allowances; developing decentralised structures; enhancing interpersonal relationships, communication and feedback; improving job descriptions, criteria for promotion, and career progressions; improving reward systems; and improving supervision and management (Barker, 2008; Jooste, 2003; May, 2008).

RECOMMENDATIONS

Recommendations are made based on the study's findings to improve nurses' motivation levels. They are separated into those made for the institution and those made for further research.

Recommendations for the institution

Hospital managers should set criteria for promotion, introduce a mechanism for a reward system in recognition of a job well done, and address the issue of unpaid overtime.

Hospital managers should improve the working conditions of nurses by decreasing the workload, and making the necessary equipment available.

Caring for the staff should be included in the organisation's strategic plan as a key focus area in order that their most valuable asset, their human resources, are retained and will feel valued.

Hospital administration must include clearly defined policies relating to nursing procedures and personnel issues.

Further research

Further research should address the following topics or areas: leadership behaviours that increase nurses' motivation levels at BUTH; factors that develop, encourage, and promote nurses' retention rates at BUTH; the relationship between nurses' motiva-

tion levels and job performance at BUTH; and strategies to improve motivation levels among healthcare workers at BUTH.

LIMITATIONS OF THE STUDY

The study was limited to BUTH in Rwanda, therefore, the findings cannot be generalised to other institutions in Rwanda.

The quantitative approach was used while a qualitative approach could further explore nurses' levels of motivation and the factors influencing such motivation levels.

The study provides research findings about areas which have not been sufficiently researched at this hospital. Although these results might not benefit the respondents, the findings could contribute to the motivation of nurses at BUTH. In addition these findings confirmed the results of previous studies discussed in the literature review and other studies done in the field in other geographical areas.

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