

## Increasing the Motivation of Health Care Workers

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### Why Is Motivation Important?

To support good performance, health care workers need clear job expectations, up-to-date knowledge and skills, adequate equipment and supplies, constructive feedback and a caring supervisor (Luoma and Crigler, 2002). Workers also need motivation, especially when some of the other factors that support good performance are lacking. Indeed, highly motivated individuals can often overcome obstacles such as poor working conditions, personal safety concerns and inadequate equipment. Given the current challenges related to human resources for health (HRH) in most developing countries (Joint Learning Initiative, 2004), helping workers to be as productive as possible in the face of such obstacles can be an important outcome of increased motivation.

### What Do We Mean by Motivation?

Even asking “what do we mean by motivation?” seems obtuse; why, everyone knows what we mean by motivation. Just ask anyone. In fact, ask ten people and see how many different answers you get. As human resources professionals who wish to engage in the serious study of health care worker motivation, we’re immediately hamstrung by lay terminology. Because the study of workplace motivation is still a relatively new science, our terminology lacks precision. In any case, the concept of motivation is a transitive one. When we talk about a worker being motivated, we mean motivated to *do something*.

Workplace motivation is generally defined by modern researchers as the tendency to initiate and sustain effort toward a goal (Clark and Estes, 2002). Even this more precise definition suggests that we know motivation only by its outward, behavioral signs. Think about the people you work with. Which ones would you say are highly motivated? How do you know? It’s probably by how hard you notice them working. However, motivation is an internal state that we can’t directly observe or measure. If you met 20 people for the first time, all of them seated quietly listening to a symphony, could you tell which ones would be motivated workers? Surely not. Hence our challenge as HRH professionals.

Moreover, one cannot directly motivate others. We can’t reach inside and push the motivation button. An organization or individual can, however, create the conditions within which internal motivation can flourish.

### The Three Components of Motivation

Modern research recognizes three main components of internal motivation, or three main factors that will make one motivated to initiate and sustain effort at work. They are:

1. Our perceived importance of the work (called *Valance*)
2. Our perceived chances for success (called *Self-Efficacy*)
3. Our expectation for personal reward (called *Expectancy*).

**Valance**, or perceived task importance, refers to the value someone places on the work, or tasks, that they are being asked to perform. If one believes that the value of one’s work is extremely high, one may endure great hardships, for low pay, in order to achieve a goal. The examples of firefighters, emergency medical technicians and missionaries come to mind. To these workers, the importance of achieving their goals—saving lives or saving souls—drives them to work tirelessly even in the face of many failures (Vroom, 1964).

**Self-Efficacy** refers to the extent to which we believe we can be successful at our work. If we think we have no chance of success, we are unlikely to be highly motivated to initiate and sustain a particular task. For example, taking on the management of a project that is under-funded, under-staffed and given too short a timeline for the expected results is not a position many of us would happily accept. The term “set up for failure” springs from the condition of low self-efficacy. In other cases, our beliefs about self-efficacy stem from perceptions about our own attributes. For instance, a person may pass up an opportunity to take up the violin because of a feeling that they are “not musical.” (Bandura, 1997, 1994, 1986, 1997; Locke et al., 1984).

**Expectancy** is our anticipation of what will happen to us if the work goal is reached. Will anyone

*“There is more nonsense, superstition and plain self-deception about the subject of motivation than about any other topic.”*

—Thomas F. Gilbert

notice? Will anyone care? Will we be rewarded? In all cases, work tasks involve some effort on the part of workers. Workers expect something in return. Motivation is likely to suffer when workers think that nobody will notice their hard efforts or when they see workers whose productivity is low receiving rewards equal to those who try harder. (Vroom, 1964; Lawler, 1990, 1971)

**The interaction of the three motivation factors:** As Harold Stolovich noted during his presentation at USAID’s Performance Improvement Day workshop in 1999, a very high value of one motivation factor can offset the absence or weakness of other factors. In most cases, however, these factors interact and play off one another. If any of them is completely absent, employees will usually be unmotivated to initiate effort toward a goal. For example, let’s consider a group of clinic nurses who are asked, in addition to their regular duties, to take on voluntary counseling and testing (VCT) for HIV. As nurses, surely their perceived importance of VCT is high. After training they may also believe their chances to excel at VCT are strong. But, as in many cases where such additional tasks are added, the nurses receive no increase in salary, no additional benefits and are not even recognized for the extra work. Indeed, their reward is simply harder work and longer hours. How motivated might we expect the nurses to be to perform well in VCT?

work, emigrating to higher-paying countries or exiting from the health care field entirely, retention is rightly receiving much attention as a primary front in the battle to maintain and increase provider-to-patient ratios. Some recent studies on applying pay and other direct incentives toward improving retention have produced mixed results (Perry, 2006). The best methods for improving workplace climate, job satisfaction and thereby retention are not yet well known. It is clear, however, that motivation to improve performance and the tendency to stay in a job are controlled by different mechanisms.

**The Evidence about Motivating Workers**

According to Richard Clark’s presentation at the International Society for Performance Improvement’s annual conference in 2000, we can have some effect on workers’ perceived importance of a task and their self-efficacy, principally through education and verbal persuasion. For example:

**To increase perceived importance of the task:** We can communicate what we know about the impact of the work and how clients, the community or society at-large will benefit. For instance, we might point out that implementing VCT in the health worker’s community will have the effect of saving more than 100 lives over the next year.

**To enhance self-efficacy:** To increase a worker’s belief that they can succeed at a task, we can point out where they have been successful at similar tasks or show how people like them have been successful at the task in question. For example, to persuade a nurse about her likelihood of success at VCT we might point out that she has been very successful at family planning counseling and that there are similarities between family planning counseling and VCT.

In both of these examples, improved motivation depends heavily on the persuasiveness of the arguments, or the worker’s history with similar efforts at persuasion in the past.

**To increase expectancy of reward:** Of the three main motivational factors, expectancy is by far the easiest to impact. In numerous studies, incentive systems have been shown to improve and sustain performance. The kinds of rewards offered via incentive systems can be tangible or intangible. Examples of tangible rewards include money, prizes, increased benefits such as time off and additional training. Intangible rewards include formal recognition systems and praise from supervisors, peers and clients.

Management Action	Internal State	Workplace Result
Incentives	Motivation	Improved Performance
Workplace Climate	Job Satisfaction	Retention

**Motivation and Job Satisfaction**

It is very important to understand that there is a difference between motivation to perform well and job satisfaction. Indeed, a well-developed body of literature shows that the correlation between job satisfaction and performance is inconsistent (Lawler, 1971; Lopez, 1982). In her article *On the Dubious Wisdom of Expecting Job Satisfaction to Correlate with Performance*, Cynthia Fisher (1980) concludes that job satisfaction is controlled by overall workplace climate, while improved performance is predicated more by “job facets that seem to be related to the particular situation.”

If we care about keeping health care workers in their posts, however, then we should care very much about job satisfaction: nothing correlates more highly with retention (Cangliosi, 1998; Irvine and Evans, 1995). With large portions of the public health workforce in developing countries leaving for the greener pastures of private-sector

Data show that in order to be most effective, incentive systems should be applied:

- Openly and transparently: each worker should understand the performance required for any kind of reward
- Fairly and consistently: the rules should apply to all workers without favoritism
- Contingent on reaching a well-understood work goal (Clark and Estes, 2002).

Applying incentives fairly, transparently and consistently depends on our ability to measure what we're rewarding. In industrial settings, measuring performance and productivity is often straightforward: we can count the number of items produced. In health care, especially in developing countries, figuring out what to measure and how to measure it can be the hardest part of designing incentives. General productivity measures have been used as well as more specific performance measures. Examples of general productivity measures include hours worked, patients seen per day, cases treated and immunizations delivered (Mahoney, 2005). More specific performance measures depend on each particular situation. Some examples include adhering to clinical counseling guidelines, ensuring supply stocks, making supervision rounds and promoting condoms (Fort, 2002).

Incentives can be applied to individuals or teams with equal ease and effectiveness (Clark and Estes, 2002; Nordstrom et al., 1990; Luoma, 2005). However, incentives can sometimes affect performance in unexpected or unwanted ways. When teamwork is crucial for success, it might be counter-productive to apply individual incentives (Crowell and Anderson, 1982); doing so might cause unwanted competition among team members that would adversely affect team performance. If strong incentives are applied for providers to simply increase the number of patients they see in a day, clinical quality may suffer. When rewards are offered for completing clinical reports on time, providers may neglect seeing clients in order to finish their reports.

### What Works in Developing Countries?

While the volume of research concerning workplace motivation is vast, there have been very few carefully controlled or rigorously researched studies on motivating health care workers in developing countries. Researchers have often resorted to prospective surveys that ask workers what might motivate them to better performance (Bennett et al., 2000). Not surprisingly, in their responses to such surveys workers typically say that higher salary, additional staff and more

pleasant working conditions would improve their performance. However, we know from research in developed countries that these factors do not necessarily correlate with improved worker motivation and performance. The findings from studies in developing countries include the following:

- In Haiti, a program has provided rewards to organizations that meet or exceed health outcome targets. In many of the organizations, the rewards "trickled down" to individual workers in the form of bonuses or recognition (Eichler et al., 2001).
- A survey of reward systems in developing countries (Mendonca and Kanungo, 1994) suggests that they be group-based rather than targeted at individuals, and that recognition should emphasize positive effects on the community.
- In Kyrgyzstan, public posting of performance data paired with supervisory recognition improved provider performance in counseling on sexually transmitted infections (Luoma, 2005).

### Conclusion

While much further study is needed on motivation for health care workers in developing countries, some points are clear from the available evidence:

- Motivation is an internal state, consisting of three components: perceived task importance, self-efficacy and expectancy of personal reward.
- Enhanced motivation leads to improved performance, while increased job satisfaction leads to reduced turnover (greater retention).
- While motivation is an internal state, it is possible to influence it with external changes in the workplace.
- Of the available methods of improving motivation, incentive systems are the most reliable.
- In order to be effective, incentive systems should be open and transparent, fair and consistent and applied contingent on reaching a goal.
- There are low-cost methods of providing incentives, such as recognition systems, reallocation of existing budgets and posting of performance data.

As we apply what we know about motivation in developing country settings, we may well find a "unified description of the basic nature of motivation and its impact on human functioning and competence" (Ford, 1992).

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