

For Policymakers

References for

International

Development

Health Policies,

Incentives,

Financing,

Organization

and Management

Health Worker Motivation and Health Sector Reform

It is becoming increasingly important that policymakers be aware of health worker motivation and its impact on health sector performance. Health care delivery is highly labor-intensive, and service quality, efficiency, and equity are all directly mediated by workers' willingness to apply themselves to their tasks. While resource availability and worker competencies are essential, decision makers should know that they are not sufficient in themselves to ensure desired worker performance. Worker performance is also dependent on workers' level of motivation stimulating them to come to work regularly, work diligently, and be flexible and willing to carry out the necessary tasks.

Even in a stable work environment, what motivates individual workers fluctuates over time. Health sector reform adds additional destabilization to the work environment through its efforts to improve national policies, programs, and practices by altering health sector priorities, laws, regulations, organizational structure, and financing arrangements. There are multiple channels through which health sector reforms are likely to impact upon health worker motivation, even if they were not specifically designed to do so. Moreover reforms that have tried to improve working environments and incentives have not always had the anticipated impact on health system effectiveness. Workers have often displayed 'unexpected' behavior patterns which have sometimes subverted health sector reform goals.

Low levels of work motivation plague public health systems in many countries, at all income levels, yet surprisingly very little attention has been paid to this topic. While a few studies have explored particular aspects of the motivation question, such as staff retention or satisfaction, there are virtually no developing country studies examining health worker motivation in a comprehensive



manner, and it is questionable how applicable industrialized country findings are in very different contexts.

Given this vacuum of information, this primer aims to:

- ▲ Provide a conceptual framework to help policymakers anticipate and plan for the effects of health sector reform on health worker motivation;
- ▲ Summarize selected country experiences of the impact of health sector reform upon health worker motivation;
- ▲ Set out a number of basic rules which policymakers should take into account when developing and implementing reform policies so as to promote worker motivation.

Worker Motivation and Health Care

There are multiple channels through which health sector reforms are likely to impact upon worker motivation, even if they were not specifically designed to do so.



This issue of the *PHR Primer for Policymakers* pulls together the most up-to-date information on health worker motivation. However, this is a relatively new area—at least in terms of international recognition of its importance—and data on the determinants of worker motivation in developing countries are scarce.

Motivation in the work context can be defined as an individual’s degree of willingness to exert and maintain an effort towards organizational goals. It is an internal psychological process and a transactional process: work motivation is the result of the interactions between individuals and their work environment, mediated by the broader societal context. While the focus of this primer is health workers directly involved in service delivery within the public health care sector, many of the points also apply to private sector health workers, and workers involved in health sector management.

Determinants of Health Worker Motivation

Figure 1 below presents a simplified version of the conceptual framework, which is explained in more depth in the following sections. The figure also indicates the multiple channels through which health sector reform may affect health worker motivation.

There are three levels of factors influencing the motivation of health workers namely, the individual level, the organizational level, and broader cultural and client influences. It is not possible to observe directly how these various factors influence worker motivation as motivation is an internal psychological process. However, the effect of these various influences can be seen indirectly as worker motivation will affect worker performance. Worker motivation will directly affect all

aspects of performance from basic measures such as attendance, to more complex measures such as willingness to learn new skills or follow new treatment protocols, or adopt new methods of planning and organizing service delivery.

Figure 1 also represents a feedback loop. Workers frequently receive formal and informal feedback on their performance via a variety of channels including feedback from supervisors, co-workers, directly from clients, and from bodies representing broader community interests (such as village health committees). The nature of this feedback again affects motivational processes.

Worker motivation is inextricably linked to health sector reform. On the one hand health sector reform will affect motivation via the various levels of determinants identified in Figure 1:

- ▲ Sector reforms frequently affect organizational determinants of motivation. For example, decentralization affects lines of accountability, and generally requires reform of organizational systems. Resource allocation reform may affect the level of resources available.
- ▲ Health sector reforms commonly require training and the development of new capabilities in the workforce. This in turn may affect how workers perceive their own efficacy and thus their motivation.
- ▲ Health sector reforms sometimes attempt to change the role of the community and clients and provide them with a more effective means to offer feedback on the performance of health care providers, such as the development of hospital boards.

The content of the health sector reform program is only one aspect of its influence on worker motivation. The manner in which the reform is designed, communicated, and introduced will also impact on health worker motivation.

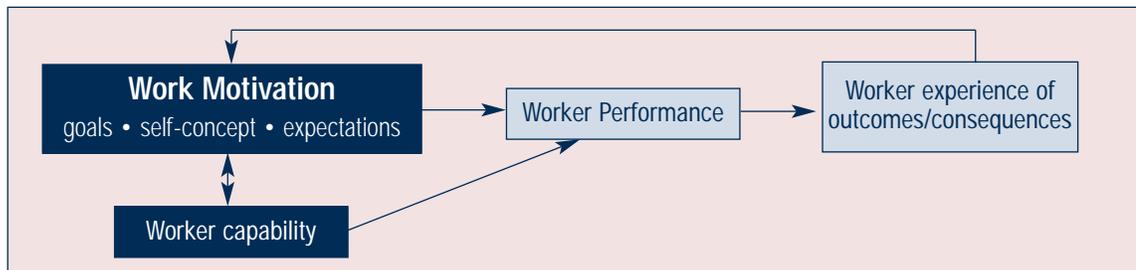
On the other hand, worker motivation directly impacts worker performance which in turn impacts on the same results as health sector reform is trying to achieve, namely the quality, equity, and efficiency of health care delivery.

Policymakers ignore these complex inter-relationships at their peril. Failure to think about how proposed health sector reforms will affect worker motivation may lead to quite unanticipated results in terms of worker performance and behavior, which may in turn prevent the achievement of broader health sector reform goals. By describing in detail the various channels through which

Figure 1: Influences on Health Worker Motivation



Figure 2: The Internal Work Motivation Process



motivation is influenced, the conceptual framework can help policymakers plan both the design and implementation processes of health sector reform better, so that adverse effects on worker motivation are minimized and worker motivation supports reforms.

The following three sections of this primer examine each of the three levels of motivational determinants (individual, organizational, and cultural and client). In this way the entire conceptual framework is built up and presented in Figure 4.

Individual Determinants of Work Motivation

There are two dimensions to work motivation at the individual level. First, there needs to be an alignment between the goals of the individual and the goals of the organization, this is sometimes referred to as the “will do” component of motivation. Second, workers need to perceive that they can carry out their tasks, sometimes referred to as the “can do” component of motivation. Deficits in either the “can do” or “will do” portions of the internal motivation process have direct implications for worker performance in terms of quality and productivity, as well as for worker satisfaction.

As identified above in Figure 2, at the individual level, workers’ individual goals, self-concept, and expectations and experience of outcomes are important determinants of work motivation. The capability of workers directly affects their ability to perform a certain task, but it is also important in affecting the perceived ‘can do’ component of motivation. These determinants coupled with the physical resources available to carry out the task, result in a specific level of worker performance. A worker’s performance leads to certain outcomes (in terms, for example, of the quality of care provided), these in turn generate particular consequences for workers (such as positive feedback from supervisors and clients) which feed back into worker motivation.

▲ **Goals:** Individuals differ greatly in terms of the goals and values they hold with respect to

their work. A distinction is normally made between lower-level needs, related to satisfaction of basic survival needs (e.g., safety, job security), and higher-level goals related to fulfillment and self-satisfaction (e.g., sense of competence, fairness). Although individuals are generally posited to hold both lower- and higher-level goals, environmental factors will greatly affect which of these categories are most salient at any given time. In particular, it is commonly argued that it is difficult to produce positive motivation if lower-level needs are not met. For example, if salaries are not paid in a timely fashion, health workers are likely to become more concerned with getting paid and less willing to exert effort at their job.

- ▲ **Self-concept:** workers’ self-esteem and how effective they think they are, are important in determining their interest and persistence in performing difficult work assignments. Health workers who feel that they are effective and knowledgeable about their work are more likely to accept difficult organizational objectives and to persist at the task longer in the face of obstacles than persons with a poorer self-concept. Self-concept may be positively or negatively affected by external factors, such as training and feedback from supervisors.
- ▲ **Expectations:** The internal process of motivation involves the individual making a judgment about the extent to which effort on their part will bring them positive consequences. Individuals’ judgments about whether to adopt organizational goals depends on both the individuals’ expectations about whether they can perform the task and whether the performance desired by the organization has value to the individual. These expectations develop as a result of both internal and external factors. For example, health workers may perceive an organizational reward to be inadequate (e.g., a bonus less than expected), and so

US Evidence on Goals, Motives and Values in the Health Sector

Empirical analysis of the nursing profession in the US appears to support the notion that primary motivators tend to be intrinsic factors (such as job satisfaction, recognition) rather than extrinsic factors (such as pay). For example, Tumutly *et al* (1995) classified more than 50% of the nurses they surveyed as being 'morally committed' to the job compared to 12% who were committed to their employer only because of the material benefits they gained from the relationship. Another study found that recognition, the work itself, and responsibility were the major motivating factors in the nursing profession. (Rantz *et al* 1996)

reduce their work effort even though the organization provides an incentive for performance. Similarly, an individual may demonstrate high work motivation in the absence of organizational rewards if he/she perceives successful performance as highly intrinsically rewarding, such as when health workers devote substantial time to accomplish group tasks that provide the worker with valued social benefits.

In industrialized countries a number of studies have explored the importance of different goals and values to health workers (*see* "US Evidence on Goals, Motives and Values in the Health Sector"), however there is only very limited and patchy evidence from developing countries. While evidence on which goals and values are most important to health workers in developing countries is lacking, the conceptual framework suggests a number of important general points. First, work motivation is not a function of external factors alone, but rather influenced by the interaction of these factors with unique personal factors, hence the results of the internal motivation process will differ across individuals in the same environment. In addition, due to the contribution of changing environmental factors, an individual's work motivation may also fluctuate over time or across situations.

Organizational factors

The role of an organization in motivating its workers is to outline and communicate organizational goals, provide the processes and resources to accomplish these goals, ensure feedback on performance, and develop staff skills. Figure 3 highlights the several channels by which organizational factors affect worker motivation:

- ▲ Efforts to improve worker capability
- ▲ Provision of resources and processes
- ▲ Feedback or consequences related to worker performance
- ▲ More indirect aspects such as work culture.

This section briefly summarizes the manner in which organizational structures including human resource management policies, and organizational culture impact on health worker motivation.

Organizational structures, processes and resources

Organizational structures, processes, and resources provide the day-to-day context in which health workers carry out their tasks. The internal structures of organizations reflect reporting hierarchies, level of worker autonomy, clarity of organizational goals, relative status of different workers and delegation of responsibility and authority. The processes determine how work gets accomplished and the level of resources necessary to accomplish them.

Organizational management structures and processes influence whether the organization has a clear mission, articulated goals, and norms and standards for worker behavior. A strong sense of organizational mission appears to be one of the key factors motivating workers and explaining organizational effectiveness. When norms and standards, and associated processes are clear, it is possible for workers to understand how they can assist in reaching the goals.

Communication processes within the organization will determine how well information about the organization, its goals, norms and standards are communicated to the worker.

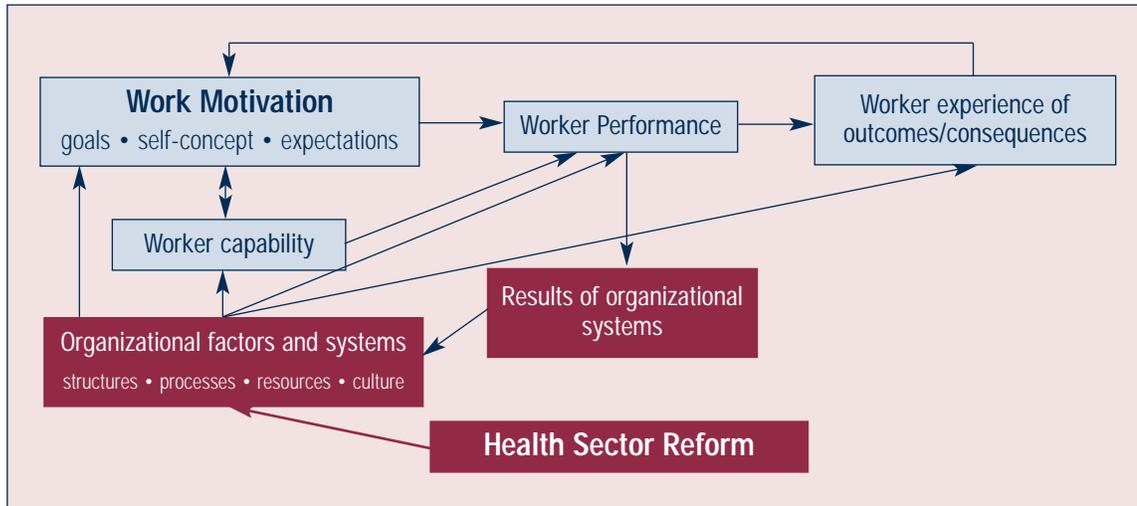
Organizational support structures and processes shape workers' perception about the possibility of accomplishing tasks. Ability to perform is not dependent only upon the worker's own skills but also upon system-wide support: giving sufficient authority and autonomy to complete the task of:

- ▲ Ensuring clarity about the roles and responsibilities of the different individuals involved;
- ▲ Providing clear, efficient service delivery, support and management processes; and
- ▲ Furnishing adequate resources (such as drugs, supplies and equipment) to carry out organizational processes.

Information systems about organizational and individual performance determine the type of feedback received by the worker, and who provides this feedback.

The human resource management system is a particularly key system in terms of motivating workers. It incorporates "*activities that mobilize and motivate people and that allow them to*

Figure 3: Influence of Organizational Factors and Systems on Work Motivation



develop and reach fulfillment in and through work aimed at the achievement of health goals” (WHO 1989). The core functions of human resource management include: hiring staff, structuring work, rewarding staff, controlling staff, training staff, staff participation, and staff exit. Human resource management has a number of tools at its disposal which facilitate the “will do” and the “can do” components of work motivation:

Will do:

- ▲ Job definition and job descriptions—human resources management can help ensure that workers are aware of organizational goals, and of the role which they are expected to play in achieving these goals.
- ▲ Various packages of incentives, such as salaries, bonuses, promotions, performance-related pay—human resources management can link performance to reward.

Can do:

- ▲ Recruitment procedures can ensure a fit between the tasks required of individuals and the skills and knowledge which they bring to bear on these tasks.
- ▲ Staff development can enhance worker knowledge and skills, making the worker better able to perform the tasks expected of them and increasing their effectiveness.
- ▲ Supervision and performance assessment processes provide feedback to workers on performance.

In many developing countries regular procedures for recruitment and promotion are often not transparent, job descriptions not available, and dismissal procedures overwhelmingly

cumbersome. This area has recently been recognized as one needing much greater attention, and a number of national and international activities are now focusing upon improving human resource management (Martinez and Martineau 1996). When basic human resource management systems are not functioning the scope to use more sophisticated incentive schemes to motivate workers appears limited.

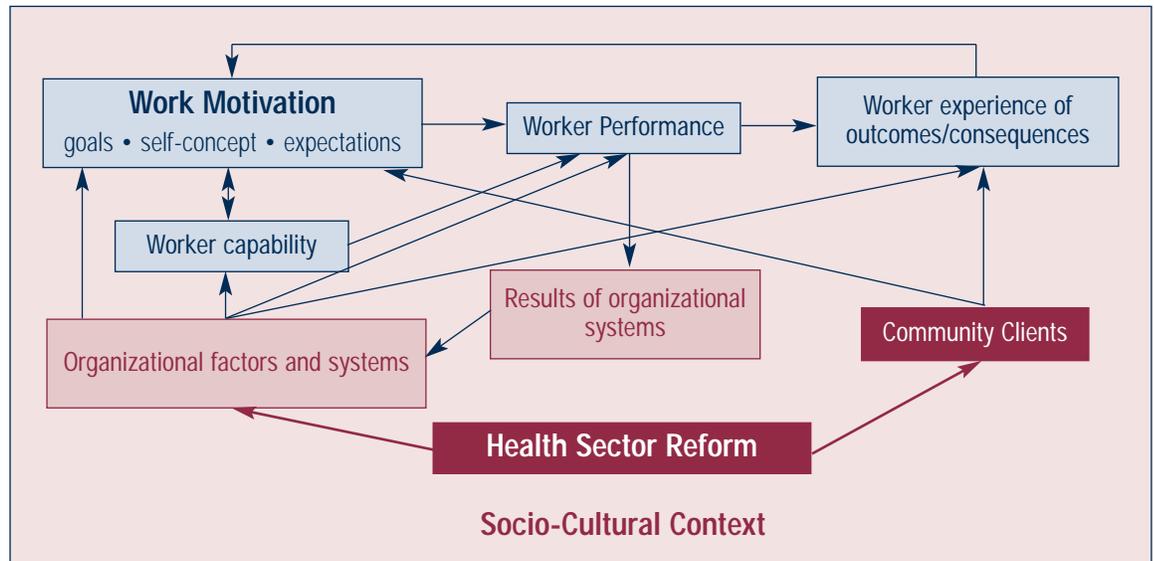
Organizational culture

Organizational culture is the least concrete aspect of organizational factors, yet, its impact on organizational functioning and work motivation is well recognized. It can be defined as: “a shared set of norms and behavioral expectations characterizing a corporate identity” (Grindle 1997).

Some organizations have created a culture through specific and concerted efforts of management, with the intention of motivating individuals within the organization to pursue organizational goals. However, every organization has its own specific organizational culture. Some organizations might value independent decision making and entrepreneurial spirit that can lead to greater innovation, other organizations might place more value on collaborative approaches. Organizational culture can be developed or reinforced by looking for certain personality types in new hires, and through organizational ‘rituals’ such as meetings or social events.

In a public health care system, there are multiple organizations. Where there are strong and charismatic leaders, a more uniform organizational culture might permeate throughout a health care system. However, organizational culture will vary considerably among individual organizational units (such as different hospitals and health centers). It

Figure 4: Influence of Cultural and Client Factors on Work Motivation



is common to find the performance of one particular health care unit considerably better and staff motivation considerably higher than another health care unit, which operates with similar structures and levels of resources.

In the public health care sector there may also be separate sub-cultures associated with the nursing profession and the medical profession. These sub-cultures are often developed during basic training and can be very strong. In some countries, the very fact of being a public sector worker (or civil servant), particularly at more senior levels, is thought to encourage a set of attitudes and values commonly referred to as a ‘public sector ethos’.

Broader Cultural and Client Influences

The final level of the conceptual framework emphasizes the importance of the broader societal context, particularly relationships between health care workers and the communities that they serve and the relevance of societal values related to work. Clients influence worker motivation through their expectations for how services should be delivered, the interactions workers have with individual clients, and formal and informal client feedback on health worker performance. Figure 4 presents the complete conceptual framework, and shows the direct links of community and clients to the internal motivational process. The broader cultural influence is more pervasive, affecting health reforms, communities, organizations, and the individual worker, and is shown as a backdrop to all other factors.

Culture can be defined as “*all the patterns of thinking, feeling and acting that are shared by*

the members of a society or other bounded social group” (Schwartz 1997). Culture has at its heart shared values which contribute to a type of “mental programming” carried out by family, neighborhood, school, and the community. Several analysts have suggested key differences between developing country and industrialized country cultures, such as the degree to which individuals find meaning through social relationships, or through their own uniqueness and individual action.

Cultural characteristics will influence organizational structure, decision making processes, acceptable levels of autonomy, and organizational culture. Organizations with internal cultures not in alignment with the broader societal culture may encounter difficulties in their functioning. Broader cultural values translate into specific types of work behaviors. Kanungo and Mendonca (1994) argue that cultures differ in the degree to which they emphasize the collective, hierarchy, and harmony. In countries which value these dimensions, workers are likely to prefer to be passive and moralistic (rather than pragmatic), and authoritarian. While research has explored the work values held in different cultures, only a handful of studies have contemplated these issues in a health sector-specific manner.

In service organizations, societal culture also affects workers through their interactions with their clients. Social embeddedness of workers, or the extent to which they identify with and feel part of the community which they serve, affects their motivation to provide good service and their desire to be appreciated by their clients. In instances where there is a social relationship between patient and provider, providers may be motivated to provide more polite and empathetic treatment. Client expectations also affect worker behavior.

For example, although ministry of health (MOH) protocols may support organizational goals of cost-effective treatment that is affordable for the government, clients may expect and value certain types of treatment, such as multiple drug therapy or injections of vitamins. When such a situation occurs, public sector health workers experience a conflict, and the outcome (in terms of their behavior) will depend on individual worker values and their degree of social embeddedness.

The Effects of Health Sector Reform

Health sector reform influences worker motivation through its effects on organizational structures and community/client roles. Many components of health sector reform should be conducive to higher levels of motivation among workers:

- ▲ **Organizational mission:** Organizational reform in the context of health sector reform often aims at creating a narrower and clearer organizational mission. For example, in Zambia, the MOH was effectively divided into two separate organizational structures: one responsible for policymaking, coordination and regulatory functions, and a second, new Central Board of Health that would oversee implementation functions. If effectively communicated to workers, then clearer goal definition may lead to a stronger sense of mission and improved motivation.
- ▲ **Autonomy:** Because public sector health delivery organizations are often embedded in cumbersome centralized bureaucracies which control human resource management systems and set (implicit and explicit) norms for organizational structure and processes, many reforms seek to endow greater autonomy to decentralized units. For example, the establishment of autonomous hospitals is aimed at freeing organizations from such structures and giving these organizations responsibility to adopt more rational structures making the work environment more conducive to task achievement, and allowing workers to perceive that they can achieve specified goals.
- ▲ **Feedback:** Many health sector reforms try to extend authority for providing feedback to agents situated closer to the health worker. For example, decentralization often transfers more authority for human resource decisions (such as promotions, and salary increments) to local administrative units, which should be better informed (than distant public service commissions), about worker performance.

Cultural Values and Health Worker Motivation: Evidence from Nepal

A study of health workers in Nepal described a separate informal set of values and objectives parallel to those formally espoused by the Nepalese bureaucracy. Through in-depth interviews and participant observation it was found that many health workers viewed the primary purpose of the District Public Health Office as the creation of incomes for its staff, not the delivery of services. This goal reflected two additional values: positions were seen as salaries and not work, and the main duty of staff was perceived to be to account for the budget. (Aitken 1994)

The Importance of Health Worker Embeddedness

Health care workers in a successful project in Northeast Brazil were found to be more concerned about gaining the respect of their clients than their supervisors. "When agents talked about why they liked their jobs, the subject of respect from clients and from 'my community' often dominated their conversation... Agents saw their clients not only as subjects whose behavior they wanted to change, but as people from whom they actually wanted and needed respect." (Tendler and Freedheim 1994)

- ▲ **Resources:** Many reforms focus on increasing the availability of complementary resources such as medicines and other supplies. Schemes to raise extra resources (such as user fees or health insurance schemes), or to improve efficiency with which existing resources are managed (e.g., re-structuring drug supply and procurement systems) may be initiated. By increasing the availability of essential resources that are needed by health workers to do their job effectively, such reforms may positively affect motivation.
- ▲ **Organizational reforms:** By reforming human resource management system such as strengthening performance monitoring, and staff selection and promotion procedures, a stronger link can be created between staff performance and reward.
- ▲ **Reinforcing links to communities:** Making service providers more accountable to their communities has been attempted through the establishment of district health boards and hospital boards, and by empowering village health committees. These new or reinvigorated organizational structures may create an alternative feedback loop, but their effectiveness also depends upon the nature of social relations between health staff and the communities that they serve.



Unanticipated Effects

Although in principle many health sector reforms should lead to positive effects on motivation, in practice this has not always been the case. There have been many instances where reforms have negatively affected worker motivation. In turn, unanticipated and adverse reactions from health workers have sometimes prevented reform programs from achieving their stated objectives. The conceptual framework presented above helps explain why this might occur. Negative effects on workers' motivation may arise where there is conflict between the new values embodied in the reform, and workers' own values. Health sector reform can have far-reaching effects on organizational culture by changing the role of specific leaders, or the relative power of various sub-groups, or by changing organizational goals. For example:

- ▲ Reform programs which place an excessive emphasis upon financial incentives may diminish the sense of public sector ethos amongst workers.
- ▲ Certain reforms promoting alternative forms of decentralization (such as devolution, purchaser-provider splits, or establishing autonomous facilities) may transfer responsibility for human resource management to decentralized units (such as local government). This may make workers feel less closely linked to a professional cadre and diminish their sense of professionalism and/or sense of job security, leading to lower motivation.
- ▲ Reforms promoting competition between providers might conflict with individual worker's beliefs about the need for a collaborative work environment. Similarly, the introduction of fees may conflict with workers' beliefs about free access to health care services. Such conflicts will make it difficult for workers to commit to new organizational goals.

Often a key thrust of reform programs is to create a stronger link between performance and reward both at the individual and organizational level. However, this may conflict with values present in many developing country societies which emphasize the importance of seniority, age, and experience. Implementation of merit-based promotion systems may lead to uneasiness among workers if younger people are promoted to higher positions than more senior employees. If the cultural values are very strong this may paralyze

the organization. On the other hand cultural values in some developing countries emphasize collective rather than individual action. In such a cultural context, reforms engendering a performance orientation amongst a group or team of workers may be found very acceptable.

While reforms may be designed to lead to organizational structures more conducive to worker motivation, the transition process itself may also have significant, and possibly negative, effects upon worker motivation. Without adequate transparency and communication, individual workers may not understand the new organizational goals. Decentralization of human resource management may create considerable uncertainty for health workers and lead to de-moralization unless there is not careful planning, extensive consultation, and communication.

To avoid the potentially negative effects of health sector reform on health worker motivation, policymakers need to examine carefully how the values embodied in reforms relate to the values which workers currently espouse. Moreover it is critical that the objectives of reform and new organizational objectives (for example how revenues for fees might be used to improve quality) are clearly communicated. Such measures may mitigate problems arising from incompatible values, but where a fundamental shift in organizational goals and values is envisaged there is still likely to be an uneasy transition process.

Country experiences with Reform and Health Worker Motivation

Kazakhstan

After the collapse of the Soviet regime, Kazakhstan undertook a radical program of reform to restructure the health sector, making primary care the centerpiece of the health reform agenda. The reforms included the creation of independent family group practices financed on a capitation basis directly from the MOH, allowing free choice of primary care providers through open enrollment, and creating a non-governmental primary care physician association. This program has had remarkable success in improving motivation among primary health care workers. Part of this success can be explained by the multiple strategies which were planned and adopted, including:

- ▲ Communicating and preparing providers and communities for changes

- ▲ Providing stronger financial incentives for performance
- ▲ Ensuring strong feedback mechanisms from the community to care providers
- ▲ Implementing an improved management information system so that the MOH could provide feedback to family group practices
- ▲ Training for primary care providers
- ▲ Engendering a stronger sense of professionalism among primary care providers
- ▲ Enhancing autonomy of primary care units
- ▲ Implementing more competitive hiring processes and facilitating the firing of staff.

In particular, the fact that reforms addressed both financial incentives and workers' sense of professional has contributed to their success. Improved worker motivation has in turn contributed to increased attention to quality, more rational and creative use of resources, and stronger commitment of physicians' personal time and resources to improve services for patients.

Zimbabwe

From a situation in the mid-1980s where the public sector health workforce in Zimbabwe was viewed as being both capable and highly motivated, there has been a long and continuous decline to the current situation. Poor motivation in the workforce is now manifested in high staff turnover rates, high vacancy rates, and undesirable behaviors such as absenteeism, theft, and indifferent performance. In the context of the economic structural reform program and civil service reform, the government implemented a health sector reform program including financial reforms, management strengthening, liberalisation, and regulation of the private sector, and decentralization. While this program of reform was not designed to address deteriorating health worker motivation, many aspects of the program had the potential to do so. Unfortunately, this potential was never fulfilled and in some respects reforms have made health worker motivation even worse. For example, health workers have been anxious about the proposed decentralization process which will put most cadres of health workers under rural district councils. The fact that doctors' salaries will continue to be paid from central funds has exacerbated existing feelings of unequal treatment for different cadres. Moves to implement performance-based rewards systems met with resistance as health workers claimed that patronage permeated the health care system and would result in unfair performance evaluations. Greater communication and consultation over the reform program may have ensured greater alignment on the part of health workers with the goals

of the reform program, but broader environmental factors, notably the lack of political commitment to reform, worked against this. Furthermore, in the Zimbabwean context, where government salaries do not cover basic needs of health workers, the single most important factor adversely affecting health worker motivation is poor remuneration. It seems that this fundamental problem must be addressed prior to others.

Chile

Chile is unusual in the degree to which public sector health workers are politicized, and the extent to which they are able to wield influence over policy formulation through concerted labor action. The democratic governments in power since 1990 have failed to bring about consensus on fundamental reforms of health care system structure. In large part this is due to health worker opposition resulting in a series of labor disputes. Government however has implemented a number of reform measures designed to increase health worker motivation and create a stronger performance orientation and client responsiveness among health care workers. These reforms include:

- ▲ Restructuring of physician contracts and remuneration so as to aid retention of highly qualified doctors and create a stronger performance orientation
- ▲ Introduction of performance-based incentives amongst other cadres of health worker
- ▲ Attempts to increase hospital autonomy
- ▲ Development of performance agreements for provincial health services and hospitals
- ▲ Establishment of hospital councils to enhance accountability to clients
- ▲ Introduction of a patient bill of rights under the national insurance fund (FONASA).

To date these reforms have had mixed results, but important lessons have been learned from the reform process. First, the lack of political commitment to reform has prevented health workers from 'buying in' to the reform process, and the uncertainty around reform has adversely affected health worker motivation. Second, many of the reforms have been resisted because health workers have perceived them as enhancing the role of the private sector, whereas the government's key objective has been to increase quality of care and responsiveness to consumers. In order to progress with reforms a greater ideological alignment between these two groups needs to be achieved, which can only be done through more effective communication about the purpose and objectives of reforms, and improved consultation with, and involvement of, trade unions in the reform process.

Implications for Policymakers

At the core of the motivation question is the extent to which individual health worker goals are in alignment with the goals of the employing organization. Policymakers need to assess how well organizational structures and processes facilitate clear communication of organizational goals, provide timely feedback on performance to health care workers, and ensure that higher levels of desired performance are met with greater reward.

The issues of congruence and fit suggest that there is no universal blueprint for how to design reforms that promote worker motivation. Substantial problems have been associated with “importing” organizational structures and mechanisms which reflect common industrialized countries’ organizational values (such as openness or worker participation), but which are incompatible with local cultural traditions. Each country must analyze its particular constellation of organizational structures and cultures, as well as broader societal culture, to determine how best to approach the design and implementation of health sector reform. However there are a number of specific lessons about how better goal congruence can be achieved:

▲ **Multiple factors influencing motivation:**

Health sector reform does influence worker motivation via a number of channels. Reform programs focusing only on a very limited number of channels have often resulted in little improvement in worker motivation, or even reductions in motivation due to unanticipated influences. A package of interventions is needed. Equally important is the need to ensure that all incentives work in the same direction. For example, health workers may be reluctant to follow exemptions policies if their facility suffers financially as a direct consequence. Certain balancing or regulatory measures may be necessary to counteract potential negative effects of new incentives. For example, financial incentives to conduct outreach work may lead to an excessive focus on such work and neglect of facility-based services, unless supervisors adequately monitor the volume and quantity of facility-based versus outreach services.

▲ **Financial incentives:** While financial incentives are important determinants of work motivation, it is evident that they alone cannot, and have not, resolved all work motivation problems. Moreover, excessive focus upon financial incentives in the public sector has led to negative consequences. In Canada, workers began to view financial rewards as

more important than other types of reward (e.g., praise from supervisors or appreciation by the community). Many workers also mentioned experiencing a conflict between their own notion of public sector values and messages about working for financial gain (Giacomini *et al* 1996). Other interventions such as improved job design, feedback, and improving workers’ sense of pride in their work may also be important, but far less costly interventions.

▲ **Communication and leadership:** Health sector reform sometimes entails quite radical reforms of organizational structures, processes, and culture. To health workers accustomed to a particular way of working, reforms often seem strange and threatening. Clear communication of the objectives and rationale of reform are necessary to help bring about goal alignment between health workers and the broader organization, and will help prevent de-motivation by reassuring and reducing levels of uncertainty. Design of reforms needs to include design of the transition process, including communication and change management strategies.

▲ **Values:** Health sector reforms are rarely confined to changing organizational structures. The thrust of the reform is often more far-reaching, and aimed at changing values within an organization. In such circumstances, even with effective communication, it may not be feasible to generate commitment among all health workers without adequate recognition and examination of implicit and explicit values associated with the reform. When health workers feel that the values associated with a reform program are not values to which they personally can subscribe, there is likely to be a disaffection with the reform process and a concomitant lack of motivation. Presently, there are no straightforward and well-tested ways to examine workers’ values.

▲ **Differential impacts:** Work motivation is an individual and a transactional process. Public sector health worker motivation is not uniform. Different cadres may have differing determinants of motivation. In addition, the organizational context in which the worker is situated will mediate the impact of reforms. Reforms will affect hospital workers and workers in primary care settings differently. Reforms, particularly during the transition period, may create uncertainty about employment conditions and introduce, what workers

perceive to be, unfair treatment of different groups of employees. Policymakers need to be aware of these differential impacts: communication strategies should target different groups of workers. The more that reforms are seen to treat different groups of health workers in an equitable manner, the more likely they are to be acceptable.

Policy and Operations Research

This primer has sought to highlight the scarcity of basic information about the determinants of health worker motivation in developing and transitional country contexts and the effect of health worker motivation upon worker performance. Although many tools for measuring worker motivation have been developed and applied in industrialized countries, these have not yet been applied in developing countries. PHR is completing research in Georgia and Jordan to pilot an approach to evaluating the determinants and consequences of health worker motivation. The studies have two principle aims:

- ▲ To analyze the determinants and consequences of health worker motivation in specific country contexts.
- ▲ To develop an operational tool which could be used by health care organizations in developing countries to identify and analyze particular problems regarding health worker motivation, and to formulate interventions to address identified problems.

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