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Health Worker Retention and Performance Initiatives: Making Better Strategic Choices

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What Motivates Us to Work?

While this technical brief focuses on issues around health worker motivation, job satisfaction, incentives, retention and performance, we begin by asking you to think about what some of these terms mean to you. Consider the following statement: *Motivation is an internal state and cannot be influenced by external incentives.* Agree or disagree? It turns out that there is considerable variation in responses to the statement. Kohn might agree with it, as he argues that motivation is an internal force or state of being that directly affects productivity (1998). As an internal state of being, it cannot be influenced by (external) incentives. Additionally, the use of incentives may negatively affect motivation and therefore decrease productivity: "Tell people that their income will depend on their productivity or performance rating, and they will focus on the numbers," thereby losing their original motivation to be productive (Kohn, 1993).

Consider the following statement about incentives: *It is effective to pay a bonus for achieving a performance standard.* As you think about what causes you to perform well, do you agree or disagree with this statement? Again, there are a variety of views. Kohn (1998) and Herzberg (2003), leading thinkers on motivation, agree that just because paying people inadequately can be demotivating does not imply that paying people better will be motivating. On the other hand, Luoma believes that motivation can be assisted by the use of incentives, financial or nonfinancial. Instead of distracting employees from their internally motivated work, these incentives produce an additional desire to do the work and therefore act as encouragement rather than a detriment (Luoma, 2006).

Incentives as a term can refer generally to all rewards and punishments, or to a particular form of payment aimed at achieving a specific behavior change (Custers et al., 2008). Some studies and papers use the terms *financial incentive* and *nonfinancial incentive* (Dambisya, 2007) or *pay for performance* (Christianson et al., 2009); in others, the term *motivator* is added into the mix of language (Dieleman et al., 2006). The terms *job satisfaction* and *job performance* present an interesting dilemma: What is the relationship between them?

In this technical brief, we propose a shared approach that is based in part on Herzberg's seminal work on motivation as well as on our own experience and that of others in the international health field. Our intent is to help clarify and align our language and thinking about improving health care in resource-constrained countries. We also wish to acknowledge that much—but not all—of the documentation noted above is extracted from studies in developed countries. While the questions raised are still critical, it will be helpful when more studies have been done in resource-constrained countries, as the metrics to understand and measure what motivates employees may be different.

Toward a Shared Understanding and Approach

Without careful thought, the ways we as human resources for health (HRH) practitioners define or understand health workers' motivation, job satisfaction and performance can at the very least cause confusion and, more seriously, could mean that some interventions are ineffectively designed or applied. There are many retention schemes and pilot activities being implemented in low-resource countries, with a number of researchers trying to document them, and with some serious questions being raised by policy-makers and planners about scaling-up and sustainability. The path forward appears to be somewhat unfocused, and raises the question: Wouldn't it be helpful to have a shared understanding as the basis for a planning and intervention approach to improving retention and performance that HRH practitioners can use?

Put Motivation Theory into Practice

In his original work, Herzberg refers to hygiene issues and motivators. Business experts today more commonly reference Herzberg's work with the terms satisfiers and motivators. We have modified the definitions to fit the health workforce environment (see sidebar on next page).

Applying these descriptions to the health workforce, the essential messages can be summarized as follows:

- ***Message 1***: Satisfiers cannot motivate employees, but can minimize dissatisfaction with the work environment. However, they can *dissatisfy* if they are absent or mishandled.
- ***Message 2:*** Satisfiers are especially important to attract and retain health workers.

For your country of interest, and thinking specifically about HR management and health workers, which of the five satisfiers in the list are absent or mishandled? In many resource-constrained countries, the answer is likely to be all five. This helps explain a number of retention issues, and sheds light on why it is difficult to attract health workers to certain kinds of postings.

All people, everywhere, shall have access to a skilled, motivated and facilitated health worker within a robust health system.

—Vision statement, Global Health Workforce Alliance

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Employee Satisfiers and Motivators

Satisfiers

Organizational/administrative policies: *Perceived as fair and applied equally to all, and easily accessible and transparent in policy and procedures manuals*

Supervision: *Supervisors seen as supportive, possessing good leadership skills and ability to treat all employees fairly*

Compensation: *Perceived as fair and as reasonable as possible given constrained resources; clear policies related to salaries, raises and—where appropriate—other incentives for difficult assignments*

Teamwork: *A reasonable amount of time to interact with coworkers, and there is camaraderie and effective teamwork*

Working conditions: *Perceived as sufficient to do the work professionally (supplies, equipment, facility conditions); work environment brings professional pride*

Motivators

The work itself: *The work feels important and meaningful*

Achievement: *Goals and standards seen as clear and achievable*

Recognition: *Achievements on the job get recognized*

Responsibility: *Employees feel ownership of their work*

Advancement: *Clear career path; good performance and commitment are rewarded with advancement*

- ***Message 3:*** Sufficient satisfiers need to be in place for motivators to work.
- ***Message 4:*** Motivators help make employees more productive, creative and committed.

Which of the five motivators on the list, if applied in existing health facilities, would have the greatest impact on productivity and retention? In most places, the answer is probably all. These five motivators—meaningful work, achievement, recognition, responsibility and advancement—suggest that people care about more than money and self-interest at work. These elements create a positive work environment where one is valued and supported for doing good work and for contributing to a greater good.

- ***Message 5:*** The challenge is to create a motivating environment, and not just a satisfying environment.

These five messages suggest a basic sequence: address satisfiers first. As long as an employee feels that his or her salary, working conditions, living conditions (where appropriate) and the other satisfiers are adequate and within some reasonable norm for the type of job, this will help attract and retain health workers. It will also provide the foundation so that motivators can be used as powerful tools to increase productivity and create a positive environment.

Identify the Main Dissatisfiers and Look for Incremental Improvement

In low-resource countries, recruitment, retention and maldistribution of health workers can be an overwhelming challenge, especially given budget limitations and the magnitude of the problem.

A review of incentive programs in East and Southern Africa (Dambisya, 2007) identifies 16 countries with incentive programs specifically aimed at improving recruitment and retention of staff, especially in rural, remote, hard-to-reach areas. The programs all include a combination of financial and nonfinancial incentives, and a main conclusion of the review is that there is "no 'one size fits all' solution to the health worker crisis," and "no simple prescription for what incentives to use." The review also identifies as a strategic gap the "the long-term 'exit' or 'scale up' strategies for incentives." The financial challenges alone are daunting.

What, then, can one do to be thoughtful and creative about resources and interventions? As HRH practitioners, we can begin by identifying the main dissatisfier(s) for health workers, and for the positions targeted for retention interventions. The second step is to look for incremental improvements that can begin to minimize the dissatisfaction and over time turn the dissatisfier into a satisfier. When actions are taken to make improvements that minimize a dissatisfier, and when they start to make a difference, then the motivators can begin to work.

Let's look at some specific examples. Compensation (salaries, raises and bonuses) is a very important dissatisfier. All 16 countries in the review of incentive programs noted above (Dambisya, 2007) identify enhanced salaries, salary top-ups, etc., as central to their incentive programs. Almost all of the doctors who participated in a South African study stated that "improving their salary was one of the three most important factors in retaining doctors in rural practice, and almost half mentioned it as the most important factor" (Kotzee and Couper, 2006). Recent studies in Tanzania (Yumkella and Swai, 2007), Uganda (Onzubo, 2007) and Mali (Dieleman et al., 2006) also identify low salaries as a major factor that could make workers decide to leave their current job.

Yet many of the same doctors in the South Africa study also stated that salary on its own would not retain them. This finding corroborates with those of other studies that show that topping up of salaries alone may not have the desired impact of retaining health workers (Capacity Project, 2009). The majority of South African doctors listed better accommodation as one of the three most important factors that would influence them to remain in rural areas. For them, aside from low salaries, poor accommodation is a main *dissatisfier*. A question therefore for South African health policy-makers and planners might be: What incremental improvements could be planned to minimize dissatisfaction with accommodation? Compensation, as a satisfier, needs to be addressed to the degree possible, but given resource constraints, it may be more effective to invest in complementary actions—for example, taking small steps to improve accommodation to complement lesser incremental salary increases. Positive changes each year—salary and accommodation—even when small, will indicate to employees that things can and are getting better, and that HRH managers are taking a more strategic approach to addressing health worker concerns.

In the Uganda study cited above (Onzubo, 2007), which looks at the turnover of health professionals in the general hospitals of the West Nile Region, the highest attrition rates came from doctors and enrolled midwives. The most frequent reason for their attrition, in addition to remuneration, was poor relationships between the staff and managers. Doctors and midwifes in the West Nile Region are likely experiencing two dissatisfiers—perceived inadequate compensation and poor supervision and teamwork. In this case, the question for Ugandan policy-makers and planners is: What incremental steps can we take to reduce staff dissatisfaction with hospital managers in order to address compensation concerns and create a culture of good supervision and teamwork?

In the Mali study (Dieleman et al., 2006), health workers complained about their working conditions: 42% mentioned the lack of blood-pressure machines and 28% lacked bandages and delivery kits. In addition, community-level staff complained about poor management; for example, that they were not allowed to take leave, and that rules and regulations were not always clear. The questions for Malian policy-makers and planners might be: Since top-ups and adequate equipment and supplies are all satisfiers, how much of our limited resources should go to salary top-ups versus more blood-pressure machines, bandages

and delivery kits? And for the community-level staff, what incremental steps can be taken to turn their perception of poor management into a perception of fair management?

In Kenya, concern for safety and security in the work environment is a growing dissatisfier. In a rapid assessment in Kenya (Capacity Project, 2009), a specific recommendation is that "measures to ensure the safety and security of staff and their families should be considered in developing HR policies. This would create a sense of appreciation as health workers will feel valued and at ease generally, enabling them to perform well in their daily duties."

A conducive work environment is one that provides a well-maintained building, equipment, medical supplies, adequate staffing and security for staff and their families. In addition to these examples from Mali and Kenya, incentive programs in Angola, Lesotho, Malawi, Mauritius, South Africa, Zambia and Zimbabwe also include improvement of workplace conditions (Dambisya, 2007). Field surveyors in Uganda tell of babies delivered by candlelight, of dentists idle because their tools cannot operate without electricity and of nonfunctioning restrooms. (Hagopian, 2007). At the facility level, even a small budget to get some basic supplies, fix broken floor tiles and paint walls can do a lot over time to improve the environment, and this can have a very positive effect on workers' level of professional pride.

Be Ready with the Motivators

Making strategic choices about satisfiers and bringing about incremental improvements is the first part of the sequence designed to attract employees and help them to stay committed. The other part in the sequence is to be ready with the motivators to improve their level of performance.

Just as it will take time to gradually minimize a dissatisfier, so too will it take time to identify and implement the changes that enable motivators to work. For example, if new health workers say that what most motivates them is growth and learning, then supervisors might phase in new and more difficult tasks. Rural doctors in the South Africa study (Kotzee and Couper, 2006) stated that lack of career progression and continuing medical education led to doctors "leaving for greener pastures." The interventions they recommended included a new policy that time spent working in rural hospitals could form part of the accreditation toward attaining postgraduate specialist degrees, and access to the Internet for distance-based education. Access to distant learning programs is also part of the retention scheme in Zambia (Capacity Project, 2009). In the Mali study (Dieleman et al., 2006), "feeling responsible" was identified by physicians as a significant motivator. The study did not identify specific interventions to address this motivator, but an example could include delegating more decision-making authority to physicians. In the rapid assessment in Kenya, health workers identified receiving supportive feedback as important. They recommended annual appraisals and promotions that clearly reflected performance (Capacity Project, 2009). Performance appraisals are also part of the incentive programs in Mozambique, South Africa and Tanzania (Dambisya, 2007). In these examples, the motivators are recognition and advancement.

Increasing Internet access to help rural doctors with continuing medical education, delegating decision-making authority so physicians and nurses feel responsible, instituting annual appraisals to acknowledge excellence—each of these motivators as they are implemented will be touching something deeper in the people who care about them most.

Find Champions to Focus Strategically on Satisfiers and Motivators: Policy, Budget and Implementation Support

Let's return to an earlier question: What can one do to be thoughtful and creative about resources and interventions to improve recruitment and retention *and* to help staff perform better? Part of the answer, addressed above, is first to identify the main dissatisfier(s) by cadre (and maybe by specific geographical region); second, look for incremental improvements—thinking strategically because everything cannot be fixed at once—that minimize the dissatisfier and over time turn it into a satisfier; third, identify the main motivators (also by cadre, maybe by locality); and fourth, identify incremental actions to enable motivators to work.

Another part of the answer is stronger and more strategic HR leadership capacity within ministries of health. HR management (HRM) professionals are needed to champion this strategic focus on satisfiers and motivators—to formulate the policies, shape the budgets and identify and help implement the targeted incremental improvements. In many countries, HR interventions are not grounded in any sustainable HRM systems. The HR units that manage existing systems, in addition to being poorly staffed and trained, are usually not at a high enough level within the ministry to be involved in key, strategic HRH decisions (Stilwell et al., 2008). In sum, government HRM policies, practices and procedures are bureaucratic, spread across government entities and in need of radical reform in order to permit external funds or technical assistance to be spent or utilized to create meaningful changes (Adano et al., 2008).

The good news is that the importance of HRH planning and management in recruitment and retention is more widely recognized than ever before. The recently formed World Health Organization expert group on retention noted that any efforts to improve rural retention—especially when it comes to scale-up—that do not address weaknesses in HRM systems will eventually fail (WHO, 2009).

Conclusions

Clarity about concepts like motivation and job satisfaction can help decision-makers be more strategic about the best way to address challenges pertaining to recruitment, retention and performance. The shared understanding and approach discussed in this brief could provide ministries, donors and practitioners with a practical way to allocate the funding they do have and plan affordable interventions that can be implemented incrementally over time.

continued

Low Job Satisfaction

1) Identify key dissatisfiers

2) Target specific incremental actions

➞ ***Gradually minimizes the dissatisfier, and over time turns it into a sufficient satisfier***

When actions are taken to make incremental improvements that minimize a dissatisfier, and when they start to make a difference, then the motivators can begin to work.

A Sequence for Incremental Improvement

Low job satisfaction

1) Identify the main dissatisfiers (beyond salary)

2) Target specific incremental actions

➞ ***Gradually minimizes the dissatisfier, and over time turns it into a satisfier***

3) Identify the main motivator(s)—soliciting health worker perceptions is helpful here

4) Target specific incremental actions to enable motivators to work

➞ ***Improved retention and performance***

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Small actions, if well placed, can make a big difference. The words "if well placed" are critical. The key question to ask is, what action—or mutually reinforcing bundle of actions—can be taken to produce which desired result? Beginning first with satisfiers (compensation, better teamwork, accommodation, etc.) is likely to produce gains in attraction and retention, and provide the foundation to improve motivators. Improved motivators (growth and learning, career progression, recognition) in turn will help get the best out of the workers that are in place. Many of these interventions are not particularly high cost—how much does it take to acknowledge and recognize good performance? And what are the different ways to do that?

The views of health workers are very important in determining the right actions to take. Identifying the satisfiers and motivators for health workers in different disciplines and geographical areas means clearly understanding their interests and concerns. Here, the role of trained HRM professionals—to listen, to provide the strategic focus on satisfiers and motivators, to determine and implement well placed actions—is hugely important in meeting the challenge of health worker retention and performance.

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