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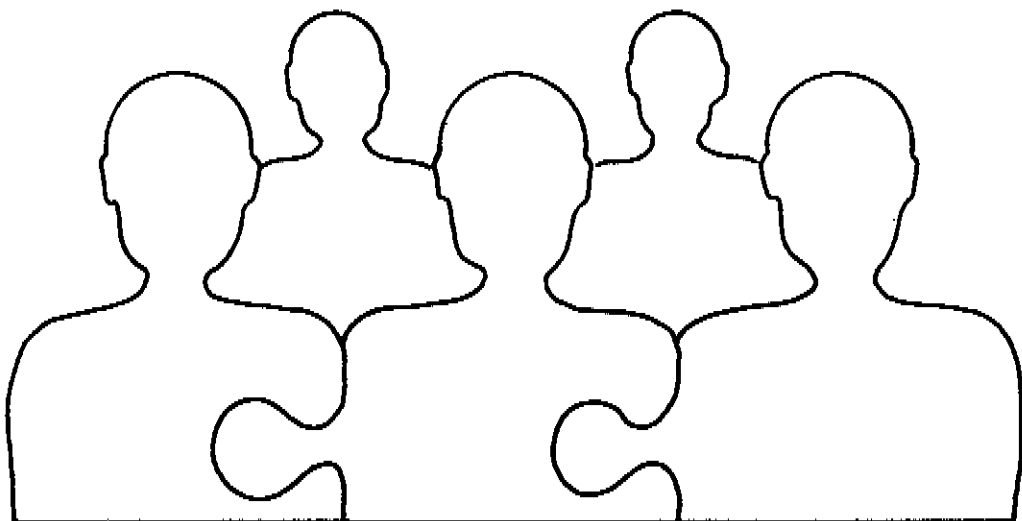
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ENGLISH ONLY

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MOTIVATION AND HEALTH SERVICE PERFORMANCE

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PREFACE

The commitment of the Member States of the World Health Organization to Health for All by the year 2000 has served to provide stimulus not only to reaffirm commitment to achieving an acceptable level of health for their citizens, but also to pay more urgent attention to the way in which the available resources can be used to achieve this goal.

This search for a more effective use of resources has borne fruit in many ways: increased coordination and collaboration between ministries concerned with health, movement away from the classic hospital-based health system to a more community-based care system; recognition that more strenuous efforts need to be made to ensure a strong management infrastructure; and, finally, recognition that motivation and commitment of the workforce in health services and elsewhere in the public sector are essential ingredients in providing effective health care.

Nevertheless, it is clear that Member states will have to engage unremittingly on many different fronts to meet their aspirations for better health for their populations. This book looks at just one area, that of staff motivation and commitment, and explores what can be done to improve this vital aspect of health service operations. The need to address this issue can be argued on straightforward financial grounds: in the health services it is invariably people who account for the major share of annual expenditure. It makes especially good sense to use these people cost-effectively. Moreover, many health service staff are community leaders and their commitment can influence the behaviour pattern of entire communities. If they are highly motivated, the effect will extend far beyond the exercise of their own immediate tasks.

Often, however, it will not be easy to improve staff motivation, nor can results be expected quickly. Many of the factors that impinge on attitude and behaviour are frankly negative in their impact on individual health service staff: salaries are low; housing and accommodation are difficult; career development is uncertain; rewards for performance are minimal; supervision is punitive rather than supportive; and so on. For some of these factors (e.g. salaries), there can be little expectation of much change.

The concepts around increasing staff motivation may well be accepted by many managers, but given the often difficult circumstances in which they operate, they may question whether it is feasible for them to consider achieving significant gains in staff motivation. Against this, there is now good evidence of success in increasing motivation in almost every type of circumstance likely to be encountered. A number of programmes, for example the smallpox education programme, family planning and malaria programmes, have in many countries a laudable record of gaining high staff commitment and sustaining it over long periods. It is not enough to say these are special. They provide a fertile ground of well-tried approaches to improving staff motivation which can be harvested by a wider body of the public sector. Each Member State will need to explore which factors are amenable to change, and which not, within the realities of their national circumstances. This document provides some guidelines for this exploration and for subsequent action.

INTRODUCTION

The purpose of this document is to provide health service managers with an understanding of what can be done, and indeed needs to be done, to improve staff motivation and organizational performance. While motivation has always been a matter of concern, it has steadily become a more significant issue as the pressure for more effective use of resources increases, and, in particular, those represented by the staff themselves. This issue alone may justify increased attention but in the case of health services, it goes further because staff need to be committed and caring in the service they provide to the public.

There is no magic formula that guarantees staff motivation and no simple mechanistic way of determining what is needed to improve staff motivation. The approach taken in this book is to view motivation as part of a "bargain" struck between an individual and the organization. It is largely up to the organization to improve the quality of this bargain through which an increase in motivation might be expected.

The document is structured to systematically develop a basis for the actions an organization and individual managers might take. It is divided into seven chapters:

Chapter 1 describes the needs of people which drive them to behave in certain ways.

Chapter 2 looks at what part of these needs can be met by work.

Chapter 3 examines the most common deficiencies which lead to poor motivation.

Chapter 4 examines what opportunities are open to employers to more nearly meet individuals' needs and improve the bargain between organization and individual.

Chapter 5 goes beyond the issue of motivation to examine how it can be channelled into improved organizational performance.

Chapter 6 sets out more specifically the lines of action that the health service needs to take to change the pattern of motivation and to monitor this change.

Chapter 7 looks at the practical approaches required to ensure that intentions to change actually occur.

There is one annex. It is a work satisfaction questionnaire, and can be used to provide a baseline of information about staff groups from which to develop initiatives for increasing motivation.

The book is not intended to provide detailed descriptions of procedures, many of which are covered in other publications. Rather it is to provide directions for managers in exploring how organizational performance can be raised through better health manpower management. It is intended as the basic building block of training material for administrators and managers concerned with expanding their skills in creating and maintaining more effective organizations.

CHAPTER 1

THE BASIS FOR MOTIVATION

OBJECTIVES

This chapter is intended to provide readers with an understanding of:

- what is meant by motivation,
- how motivation is linked to an individual's psychological needs, and
- what are the determinants of any individual's motivation and attitude.

SUMMARY

The behavioural scientist, A.H. Maslow, has proposed that motivation is governed by an individual's desire to satisfy his or her own psychological needs. These needs can be seen as a series of steps. Each step must be satisfied before the individual reaches out to satisfy the next step.

Maslow produced five steps, beginning with the most basic - a need for physiological survival - and moving through the need for security, social needs and self esteem, culminating in the need for self actualization. Individuals advance through these needs but only as long as more basic needs are not threatened. If they are, Maslow postulated, individuals uniformly revert to satisfying the more basic needs. His work has formed a useful basis for much later research and has been usefully modified rather than overthrown. It helps to categorize the enormous range apparent in individual motivation.

Each individual has a different combination of needs which he or she seeks partly to satisfy through the nature of the work he or she does. These needs develop through innate qualities interacting with the type of upbringing people experience, and their education. There is evidence to suggest that children begin to identify the type of job they will seek in adulthood at an early age. Cultural views on the roles of men and women exercise a powerful influence over these decisions. Within the framework established by upbringing and education, the age of individuals will also strongly influence their particular patterns of needs.

How these needs are met and the weight given to one need over another are not uniform among individuals. The basis for any change in motivation lies in people's perceptions that the consequences of their actions will achieve goals or outcomes that they, as individuals, desire. These goals are never simple.

THE BASIS FOR MOTIVATION

INTRODUCTION

It is perhaps true of most people that they spend very little time thinking of what motivates them or others to behave in the way they do, or to understand what causes them to do some things with more energy than others, or indeed to withdraw from doing anything at all. They respond instinctively to their circumstances and, as will be shown later, in a way which reflects their expectations of life and their view of the social setting in which they live. While the ways in which individuals respond vary, the sequence of needs which generates this response appears to be universal and largely to transcend national and racial boundaries.

WHAT ARE THE FORCES THAT MOTIVATE INDIVIDUALS?

Much research (some of it reviewed in Chapter 2) has gone into trying to categorize the great range of personal needs which motivate us all. The basis proposed here is derived from the hierarchy of categories originally established by Maslow¹ (see Diagram 1.1). This hierarchy has not been overthrown (although modified) by subsequent theorists and, moreover, it appeals to good sense.

Maslow proposed that at the most fundamental level we are totally driven by the need for physiological survival. We must breathe, eat, drink, sleep, exercise, keep warm and so forth; if these needs are denied, they ultimately take precedence over anything else. But once they are satisfied, other needs develop, firstly the need for security. We seek to be physically safe, free from danger, sheltered, assured that we understand our environment, that we have some essential control over it and that we can expect some future. The resistance to transfer shown by young nurses in some developing countries provides ample evidence of this need: they often risk losing the support of their families if they move to a new location, and moreover may have no guarantee of safe housing in the new environment.

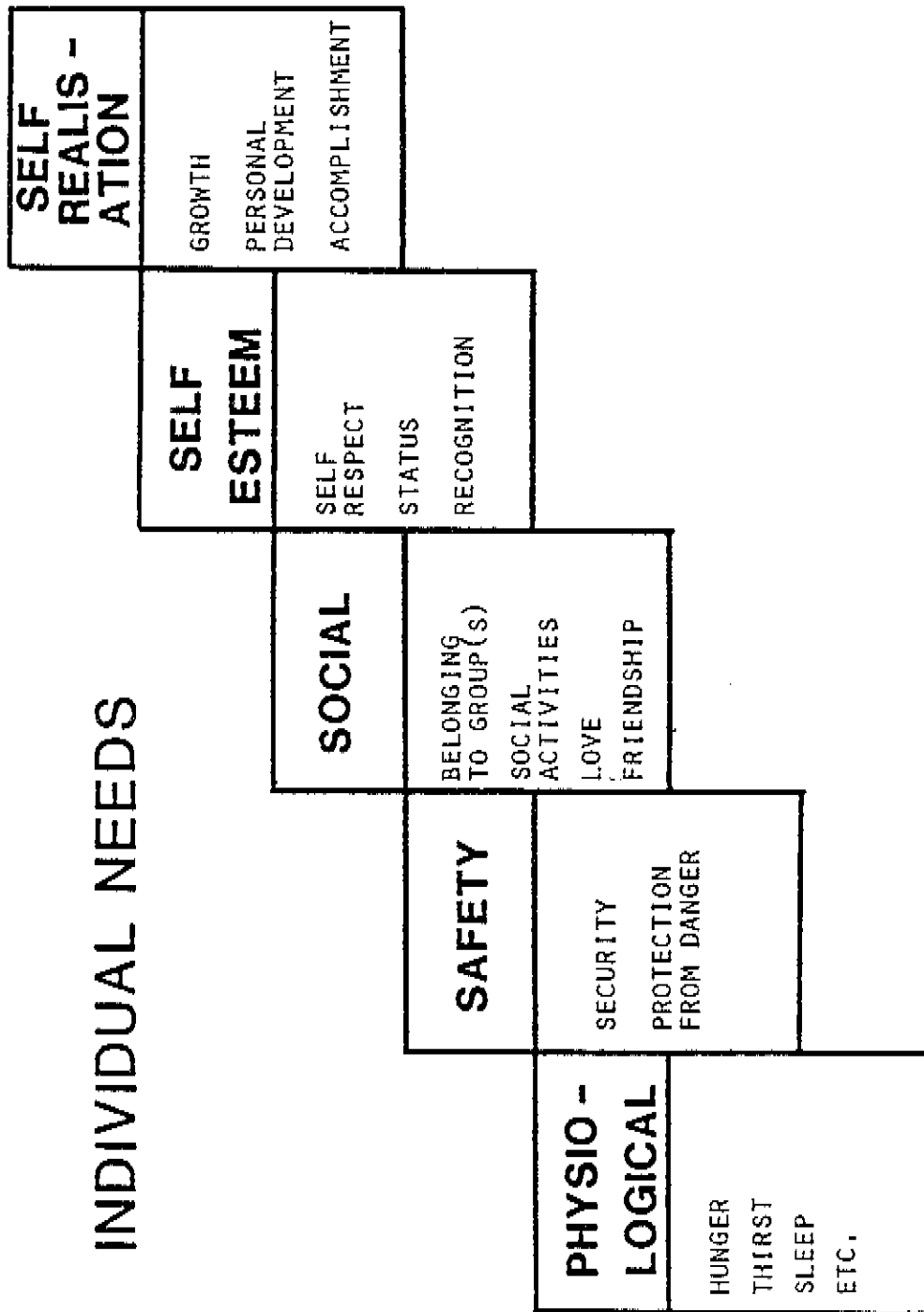
Again, if these security needs are threatened, we are likely to set aside many other needs. Conversely, once we feel fairly secure, we look for further satisfaction. The third group of needs, Maslow suggests, are the social needs. Once assured of existence, we seek companionship, affection, love, sex, the opportunity to care for others and to enjoy their company, and to reproduce.

We all differ in the strength of our physiological needs and still more in the amount of security we need. There is an even greater range of differences in our needs for affection and companionship. But even so, few people are capable of the life of a hermit, and only a very small minority would be likely to deny that appropriate companions contribute greatly to personal happiness.

Maslow also suggests that once social needs are satisfied, we look for self esteem - for feelings of personal competence and for other people's acknowledgement of our competence. We seek some area of personal achievement which will exercise our talents and gain us recognition and the right to some special position in our community. At this point, motivation is even more individualized and particular talents and temperament are unceasingly influential. In this category come all the roles a person may wish to play in a group, from powerful dominance to submissive dependence.

Looking predominantly at life histories in industry and the Western world, Maslow observed a fifth and final group of needs, unlikely to be developed until the previous four were satisfied. These were the needs for self actualization, seeking one's own best development and fulfilling one's personal potential.

Diagram 1.1 Individual needs



NEEDS AND AGE

It is not hard to see that these levels of need are somewhat linked to age. The infant needs survival and security; the small child, while still requiring security, is increasingly concerned with affection; and young people even more concerned with seeking peer friendships and sexual partners. By the time people reach their mid-twenties, many have become concerned with status and are seeking to establish their careers and lifestyles. Then comes the desire for autonomy and freedom to develop one's particular abilities. This is a phase which is most likely to develop once certain career ambitions are achieved, including, for some, retirement from work.

THE HIERARCHY OF NEEDS IN WORKING LIFE

Relating Maslow's ideas to working life, it can be supposed that the individual will look for a job with a salary at least sufficient to live on; that is as secure as possible; and, probably, that offers companionship and/or status and a chance to progress. How much each of these needs matters, even at the outset of a working life, will be greatly affected by the individual's heredity, environment and early training. To what extent these later motivations develop, or can be satisfied, depends greatly on the society in which the individual finds himself. Moreover, circumstances may change at any time and require him to revert to the satisfaction of more basic requirements. A country plunged into war, or faced with famine, forces many of its citizens to address the urgent problem of survival.

Heredity and environment bring differing gifts of health, vigour and physical competence, mental abilities, aptitudes and temperament, all of which are developed, directed or subdued by training in childhood. In the parental home, children learn appropriate work ambitions, what is desirable work, what is worth striving for, who is worth being with, what roles in a family or a community will gain affection and respect.

It is not surprising that motivation has been found to be affected by a person's sex, position in the family, family circumstances, and its attitude toward religious, social and cultural thought in the country.

If one takes position in the family as an example, first-born children tend to accept responsibility and feel an obligation to achieve, while the youngest often have a more easy-going approach. It is not hard to relate this to the likely experiences of the oldest child, and of the baby in the family.

Outside the home, the young person most probably enters the world of education. Educational opportunities are the first major influence outside the family. What is provided, for how long, the quality of instruction and the values instilled with it, will all affect the ways in which the adult sees his or her environment and what he or she perceives to be the opportunities it offers, e.g. education for girls. The controversy over whether to educate boys and girls together or separately, which persists in some western countries, is a case in point.

Thus, the individual's reasons for entering employment will range from necessity to personal advancement to fulfillment. Similarly, reasons for staying in that employment or for leaving differ, and indeed change with time, even for the same individual, since personalities change, family obligations alter, and society's values modify.

HOW DO THE DIFFERENT NEEDS DEVELOP?

By the time people reach adulthood, they have already experienced a great deal of training. Their individual gifts of health, stamina, general appearance, mental and physical abilities and aptitudes will have been recognized or not, developed, permitted or suppressed according to social pressures in family and school, and the standards of care and training which family and school have provided.

They will have learned more or less consciously what are "desirable" sorts of work, what work is "appropriate" for their sex and/or position in society, whether they should be looking for a modest occupation or planning a career, and what responsibilities they should expect to carry. Some studies² have shown that by the age of seven, children are beginning to accept themselves as heading for jobs carrying little authority, being no more than a means of earning money, filling time before marriage, or for a career which will enrich their lives and for which they must train and prepare. Social training will also have taught them how to relate to other people: whether they should submit or take the lead, how to converse and what role to play in any group they join.

It has not been demonstrated that there are appreciable differences between men and women as regards range of abilities, basic needs or desire for achievement(s).³ What variations there are can be linked, to some extent, to differences in reproductive functions and physical strength, but these linkages are far stronger in relation to cultural and social pressures, particularly in attitudes toward women's work.

Whatever the individual's society, his motivation is likely to change through life. London Business School studies⁴ have shown that among the British, personal relationships dominate the concerns of 18-year old male job seekers. By the time they reach their mid-twenties to early thirties, survival and companionship needs, though important, have been overtaken by needs for recognition and status. But the picture changes again with marriage and children. When a man's family is first established, he again becomes concerned with survival and relationships. Moving on into the forties, these needs recede again and recognition and fulfillment become paramount.

CONCLUDING COMMENTS

The basis for any action to improve motivation rests on the ability to satisfy individual psychological needs, both present and in the future. People are motivated when they perceive that the consequences of their actions will be favourable to them, i.e. when they believe that they will achieve goals that they as individuals desire. These goals are never simple, and can be expected to change as life situations change.

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DISCUSSION TOPICS

1. BASIC NEEDS

The material in the preceding chapter confirms that our needs vary, both as between individuals and according to our age. To test this thesis and explore its implications:

- a) if you are aged 35 years or younger, list up to 5 major personal concerns that you or close colleagues of the same grade or function have about your life in general, and about your work in the health services.
- b) if you are 36 or older, draw up a list as in step (a) and also, if possible, record in a separate list, what you can remember was of concern to you or your colleagues when you were between 25 and 30 years old.

Split up into small working groups and summarize the information, with each group collecting and reviewing the information provided by another group.

Are there common themes?

Are there changes between the two age groups?

Is there a relationship between the individual concerns and the basic needs identified in the chapter?

2. JUDGING MOTIVATION

There are no absolute measures by which to judge motivation. Each of us values the way individuals behave in various circumstances in a different way. Nevertheless, it is likely that there are some shared elements in our value systems which identify the motivated person and the non-motivated person. To test this:

List for each of the different types of staff shown below, up to 5 different characteristics that you would ask someone to use in assessing motivation.

District Medical Officer
Health Division Manager
Registered Nurse
Field Worker
Clerical Officer

In small working groups again, summarize the results.

Are there common themes?

Do you use different judgements for different types of staff?

What part of your conclusions could be applied in a general way?

3. IDENTIFYING NEEDS

It has been suggested that individuals will vary in their psychological needs. If motivation of your staff is to be improved, it will be necessary to understand, at the very least, what may be the dominant needs of different types of staff in order to respond in a way that has meaning. It is likely that there will be some commonality of needs for staff of a particular rank, age and sex.

First as individuals and then in small working groups, can you suggest what needs are dominant for the following staff, using Maslow's hierarchy:

Medical Consultant
Experienced and mature Ward Sister
Young Laboratory Technician
Hospital Chief Pharmacist
Health Centre Sweeper/Cleaner

Are there significant differences between the different types of staff?

Are your current service pay and benefits meeting these needs?

Do you think it would make any difference if reward systems more nearly matched psychological needs?

CHAPTER 2

INDIVIDUAL NEEDS AND ORGANIZATIONAL PERFORMANCE

OBJECTIVES

This chapter is intended to provide readers with an understanding of:

- why individual needs and motivation are important to an organization,
- what impact motivation will have on an organization's performance,
- what individual needs can be met at work, and
- implications for staff engagement.

SUMMARY

Jobs can satisfy needs related to survival, security, companionship, status, recognition and esteem. They also provide opportunities for self fulfillment and personal growth. The degree to which an organization can successfully meet the individual needs of those on its staff will determine the overall level of motivation within the organization. Meeting these needs is likely to require effective policies and procedures for deploying, assessing, training and promoting employees. In developing health services, it is also likely to mean increasing the autonomy of peripheral sections of the service.

The need for staff motivation is more evident in health services than in any other public sector activity. The differences in behaviour between poorly-motivated and highly-motivated staff are easy to see, perhaps more clearly in differences in reliability and enthusiasm for work. The problems of a health service dealing with poorly-motivated staff are easily recognized. It is not so easy to find solutions.

Not all bargains struck will be of equal importance to the organization: while poor motivation never helps, it is rarely essential in any organization that all staff be highly motivated. The organization may need to identify and, if necessary, concentrate on those groups of staff whose motivation is at a premium. Such concentration may even, on occasion, be at the cost of other groups.

The opportunity to increase motivation, whether overall or for specific groups of staff, is available to health services, but it is a complex task, demanding both effort and resources. It must also be recognized that if organizational performance is to be improved, measures to maintain motivation need to be integrated with other management functions.

INDIVIDUAL NEEDS AND ORGANIZATIONAL PERFORMANCE

INTRODUCTION

The previous chapter set out the "ground rules" that define the source of an individual's motivation and the way in which the different psychological needs of people can be influenced by their sex, age, family position, education, expectations of life, and their role in society.

In this chapter, the degree to which these individual needs can be met by work is explored. Also examined is the extent to which an organization can benefit from having staff whose motivations are satisfied by the work situation. The purpose of the chapter is to establish what it is in the work situation that will stimulate individuals in terms of commitment and motivation, and to define whether this has any effect on an organization's performance.

WHAT INDIVIDUAL NEEDS CAN A JOB MEET?

Survival

Most obviously, the financial rewards of paid employment can help to meet our survival needs. Only those who are supported in other ways can ignore this element of employment. Anyone who needs money to survive is motivated to stay, even in unsatisfactory employment, if it pays above subsistence level and there is no alternative work.

This is not to deny individual variations even in this basic need. Some people can survive on very little and take little interest in financial rewards. Subsistence is seen differently by different individuals and cadres of staff. The subsistence talked about by the doctor, for example, is different from that described by the night watchman. Others link money with self respect and demand little of a job beyond that it should produce an increasingly large income. Whatever the attitude, however, there is the basic requirement that pay and benefits should, at the very least, meet subsistence requirements.

However subsistence is defined, it is apparent that in some countries this requirement is not being met by the health service for a number of different cadres. Governments are being caught in the trap of expanding services and creating employment at a rate greater than the growth of real national income. In such circumstances, it is not surprising that staff absenteeism (mostly unofficial) is high, and that staff spend much time and energy elsewhere supplementing income to meet their perceived survival needs.

Security

Most jobs offer a degree of physical and emotional security, even in times of social and economic upheaval. The job holder has a role, if only because the organization cannot operate unless people have an idea of the work they are to do, to whom they are to report, where they are to work, and what hours.

Even the most poorly paid job offers a role and some way of contributing and relating to others, which is a major source of personal well-being. One of the major problems experienced by the unemployed is the difficulty of providing themselves with a timed, structured and useful day.

In addition to this level, a job can offer routine, predictability, rules, explanations, standards, and an environment which, however far from perfect, is generally organized and protected by others. The majority of job holders do realize to some extent their needs for a dependent relationship. However "unfair" the duties and rewards, they are unlikely to be as unfair as the distribution of duties and rewards experienced in home and community life. In addition, any injustice is relatively more remediable. Lest we underestimate the value of this function, let us recall the number of women who run demanding households and go out to work "for a rest."

Also, most countries have some legislation pertaining to health and safety at work, often much more stringent than that which applies to domestic situations.

Companionship

Most people, especially women whose family life may be socially narrow, or the increasing number of people who find themselves living alone, would agree that companionship and friendship are major reasons for going to work. Unhappy relationships at work are major reasons for changing employment.¹

The great majority of jobs offer some companionship and most of it, like the physical work environment, is controlled and safe. While we are often concerned about the stresses and strains of relationships at work, this is in part because our expectations are high. In general, we expect to work among competent, cooperative equals, compatible in age and education level, in a way we never demand and do not always achieve in domestic and other environments.

Most work permits a range of relationships, interactions and opportunities to exercise social skills. The active can contribute, the passive can watch the passing scene with the variety of personalities and social entertainment which much work provides. The highly convivial (who at home may exhaust their families) can contribute usefully, perhaps in work such as politics, selling and organization. A basic level of communication skill may be enough to ensure retention of some jobs; a vast range of skills in speaking, presenting, arguing, teaching, training, negotiating, selling, encouraging and persuading may be needed in others. All of these skills must be exercised in relation to any number of people and in any number of situations. Work companions may provide the benefits of working with a skilled team at tasks which could scarcely be completed if working alone.

Finally, companionship at work can provide standards against which to compete, and a way of monitoring personal performance. Even people who do not feel any great need for personal friendships, still seek the stimulus of company at work for one or another of these reasons.

Status, Recognition and Esteem

The work environment provides, for most people, the best opportunity of gaining status and esteem outside their own families. Indeed, it may offer status when private life offers none. There are great differences between individuals in their need for recognition at work, but most people want at least recognition for work well done by those they respect. It can be argued that giving public recognition and status for good work is the most neglected of all methods of improving staff morale. What can be done in this direction is discussed in Chapter 4.

Jobs which carry power over others are also a source of self esteem for many. They may not be jobs which appear at the top of the organizational chart. An apparently low-ranking job may bestow power if it requires the job holder to interpret and administer regulations, to protect or receive information, or to determine who has access to more senior people, or the right to carry out some operation. Examples are the clerk in charge of the filing cabinets, someone with access to the organization's personnel records, or the secretary who decides who can and who cannot see the boss.

Regardless of whether these privileges are exercised selfishly or beneficially for the organization as a whole, they are often sources of self esteem for the job holder. More senior jobs may permit the exercise of considerable personal power, and the hope of attaining such posts feeds the motivation of the more ambitious.

Self Fulfillment and Personal Growth

The forms these final needs may take are as varied as people themselves; and by no means can all of them be fulfilled at work. While some attain the positions of power which enable them to achieve their own ambitions while developing the business,¹ others experience what is called the "mid-life crisis", a growing realization that while some goals have been attained others are probably not attainable or even not desirable after all. The individual begins to feel that he or she must develop in other ways and to experience growing frustration if not able to do so.^{2,3}

Some people want more opportunities to develop their own ideas, some want to return to a student role and learn new subjects or skills. Some simply want more time in which to develop abilities which work has forced them to neglect. Recent changes in the structure of many organizations (usually in the direction of decentralization and the introduction of new technology), and also changes in the types of contracts of employment, have indicated ways in which people might stay in useful employment while still realizing personal ambitions. When this can be done, both the organization and the individual benefit.

In Europe, many major organizations have "hived off" some of their activities, allowing employees to set up independently and supplying them with guaranteed contracts for their first few years of independence, or possibly with facilities or expertise. The privatization of some health services such as hospital catering and cleaning or the Regional Architects and Surveyors Departments are cases in point.

WHAT ARE THE IMPLICATIONS FOR THE ORGANIZATION?

The very act of working in an organization provides most people with the basis for satisfying many fundamental needs. How well these needs are satisfied in practice depends both on the structure of the organization, and its concern to ensure that appropriate bargains are formed and maintained with its staff.

An organization attempting to meet as many of these needs as possible would:

- provide the best financial rewards and personal security it could afford;
- provide an environment that encouraged team work and friendship;
- offer opportunities for status and recognition early in the career;
- offer staff the security and support during the years of childbearing and rearing; with real chances for status and recognition when the family is established;
- ensure opportunities to explore new avenues of endeavour late in the career; and
- continuously review its bargain with the individual to ensure that appropriate needs were being met.

Crucial to these provisions is the capacity to manage the careers of individuals through assessment, training, placement, promotion and the establishment of realistic career structures.

DOES MOTIVATION MATTER?

The previous section suggested that motivation of individuals in the work situation can be influenced by the way in which their needs are met. This is important for the organization. It is all too obvious that the behaviour of poorly-motivated staff is damaging. They are distinguished by poor attendance and bad time keeping, cynicism,

carelessness, apathy, lack of interest, and sometimes, by their aggressive attitude to colleagues and militancy with supervisors. They are under stress themselves and they provoke stress in others, both in the extra work of monitoring and supervision which they require and in the irritation and distress which they cause. If only their motivation could be improved, frustrated seniors say, then how much more could be achieved.

It certainly seems reasonable to suppose that high motivation would indeed improve matters. People who feel committed to their jobs can be expected to work with dedication, to put in fair (and often more than fair) hours, not to be absent, to cooperate with colleagues, to respond cheerfully to orders and, very importantly, to try to succeed at the tasks to which they are assigned.

At managerial level, highly-motivated people have been shown to need less direction and control, to welcome more responsibility, and to seek more feedback on their performance than do their less-motivated colleagues.⁴ The potential benefit to the organization of having highly-motivated employees is obvious.

DOES MOTIVATION IMPROVE ORGANIZATIONAL PERFORMANCE?

It cannot, however, be assumed that if only employee motivation is improved their work performance will also automatically, and in all respects, improve. The evidence is that highly-motivated staff:

- a) come more regularly to work,
- b) work more diligently, and
- c) are more flexible and more willing.

Conversely, there is no evidence that motivation alone will ensure that people work fast or well. People who are highly-motivated do not also automatically work efficiently. They do not necessarily use their time well, or avoid making mistakes. Neither is dedication to one's job any guarantee of commitment to the well being of the whole organization. A doctor who is totally committed to the care of his or her patients may well turn out to be the most extreme opponent of new methods, or redeployment of resources, however desperately the changes are needed for the sake of other patients or staff.

Increased motivation creates the conditions for a more effective workforce. To translate this increased motivation into improved health service performance, it must be matched with effective management practices and supervision.

CONCLUDING COMMENTS

Work can satisfy many important needs which all individuals are likely to have. It is worthwhile for every employing organization to meet these needs as well as possible, and to organize employment contracts and agreements to achieve a mutual sense of fairness in regard to individual needs and local circumstances.

In searching for appropriate bargains with staff, organizations must recognise that everyone assesses the effort required to invest against the results achieved, and the result against the rewards offered for achievement. If the balance seems wrong, the individual becomes dissatisfied and demotivated.

Motivation is a critical element in the success of any organization, and even more so in health services which more than most other organizations depend upon the dedication and commitment of their staff. However, and as stated earlier, by itself motivation is not sufficient to ensure a high level of performance. It must be combined with good standards of management to ensure that human endeavours are employed in the most effective manner.

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DISCUSSION TOPICS

1. INDIVIDUAL NEEDS

The text of this chapter identifies a set of basic needs that each of us has in some combination or other. These are:

SURVIVAL	RECOGNITION
SECURITY	SELF ESTEEM
COMPANIONSHIP	SELF FULFILLMENT
STATUS	PERSONAL GROWTH

- a) Your own organization will satisfy these needs to a greater or lesser extent. Rearrange the list to show in reducing order from best to worst, the extent to which you feel these needs are met by your organization for a cross section of different cadres of staff.
- b) Given the circumstances of your health service and country, identify which of these needs could feasibly and most easily be better met than they are now.
- c) Taking the different cadres of staff identified in your answers to (a), what changes would be feasible in your organization which would enable it to better meet the needs of staff?

2. ADJUSTING THE AGREEMENT

For all staff in your health service, there will be some form of job description and some terms of employment covering working hours, pay and benefits, etc. Many staff will be acting either unofficially, or with official approval, in a way significantly different from that agreed in their contract.

- a) Can you identify the groups of staff in which the major deviations are occurring and what these deviations are?
- b) Using your answers to (a) under Individual Needs above, produce a table which relates these deviations to your assessment of how well the health service is meeting the needs of the relevant staff.

3. REWARDS AND BENEFITS

Over and above the immediate pay and benefits available to all staff, there is often a surprising number of additional rewards and benefits available. The range of options is rarely used in a systematic way to meet the changing needs of staff as presented in the chapter.

- a) Working with a group of colleagues, identify the range of benefits and rewards your health service provides. Make a list of those which are under local control and another list of those under national control.
- b) Identify for each benefit the needs which it could help to satisfy.

CHAPTER 3

CAUSES OF POOR MOTIVATION AND LOW PERFORMANCE

OBJECTIVES

This chapter is intended to provide readers with an understanding of:

- what factors in the workplace help to motivate or demotivate staff,
- the difficulties health services face in motivating staff,
- the needs which health services neglect, and
- what elements in health service organizations promote this neglect.

SUMMARY

Maslow's categorization of human needs has remained useful over time. An important extension by Herzberg has suggested that the needs fall broadly into two groups. If unmet, needs in the first group are sources of dissatisfaction and may lead to individuals' withdrawing from work. But meeting these needs, however satisfactorily, will not encourage individuals to work harder. In the second group are those needs which, if met, stimulate the individual to contribute as much as possible. Herzberg called needs in the first group the "hygiene" factors and in the second group were the "motivators." His conclusions have been supported by various studies.

The fundamental needs identified in the work of both Maslow and Herzberg find their expression in behaviour and attitudes described in the early part of this chapter. Insofar as individual needs remain unsatisfied, this will be demonstrated in behaviour and attitudes which adversely affect work performance.

In many developing countries, both national need and the speed of health service expansion have prevented health services from considering the question of staff motivation. However, these are not the only reasons why the subject has been neglected. Many health service managers are largely uninformed of the needs of their staff. Many organizational structures and systems and styles of management fail to provide conditions for maintaining or improving motivation.

Individuals entering the health service bring potential goodwill and commitment to public service which every health service has some opportunity to sustain and develop. But these opportunities have to be identified and realized.

CAUSES OF POOR MOTIVATION AND LOW PERFORMANCE

INTRODUCTION

In the previous chapter, we sought to establish a basis upon which organizations could seek to build personnel policies, career structures and employee bargains, which would lead to higher motivation among staff. This chapter looks at actual work-related factors that may affect motivation, both positively and negatively. Its focus is motivation rather than satisfaction. Satisfaction refers to people's feelings about their conditions of employment and the rewards they receive. Motivation is concerned with their perception of the relationship between performance and rewards, and the effort they will make to achieve a work goal.¹

WHAT MOTIVATES AND WHAT DEMOTIVATES IN THE WORKPLACE?

Working initially with accountants and engineers, and subsequently with people in a broader range of occupations, Herzberg² found that individuals responded differently in terms of work behaviour when different needs were ignored. He established a group of needs which must be met if the individual is not to become dissatisfied and a second group of needs which, if satisfied, will encourage the individual to work hard.

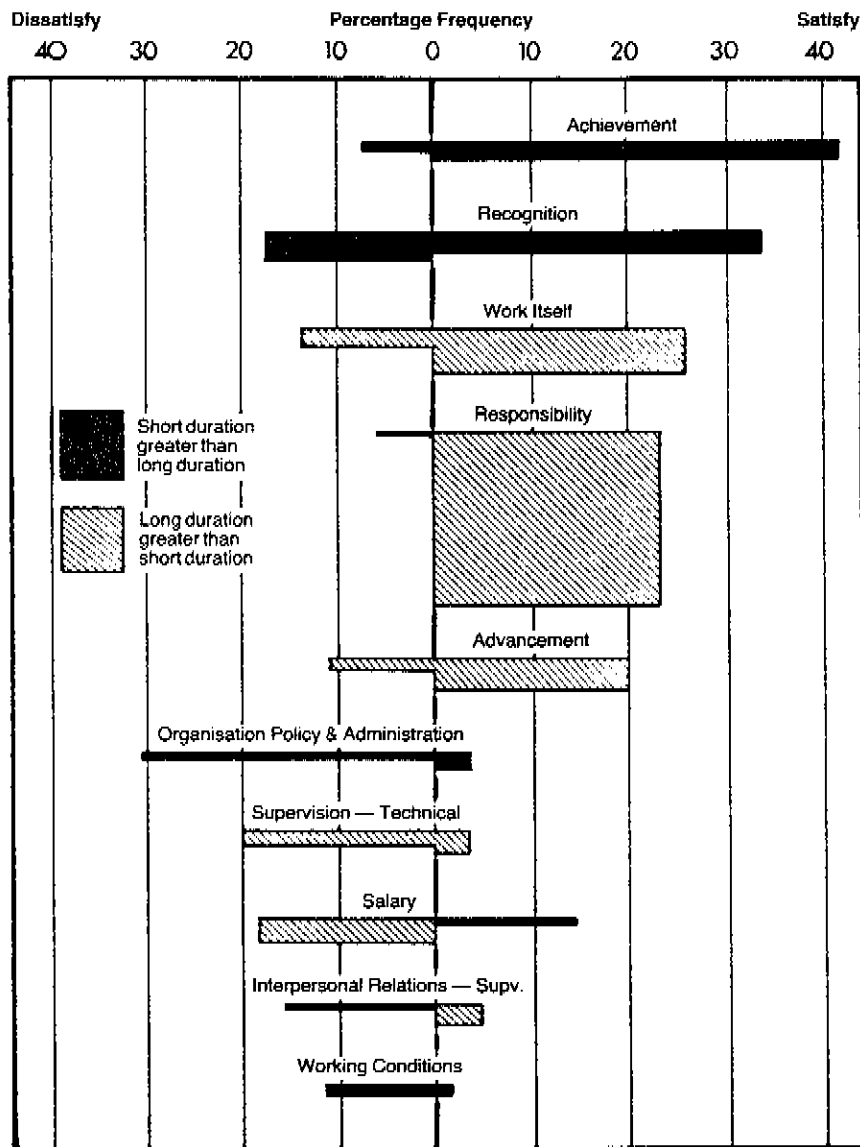
Diagram 3.1, summarizing Herzberg's conclusions, indicates the percentage of people in his studies who mentioned a particular factor, either as a cause of satisfaction at work and enthusiasm for the job, or as a consideration in deciding whether to stay or leave. It shows that these factors are not identical. It also shows that some factors have a long-term and some a short-term effect.

The diagram also shows that the basic needs for survival, security and social relationships have to be met (through provision of adequate working conditions and salary, fair supervision, acceptable colleagues and equitable personnel policies) if the individual is not to become dissatisfied with the job. Herzberg called these the "hygiene" factors.

In the health field, senior nurses have been found to be motivated primarily by social concerns (ability to help others and working relationships), and secondarily concerned about their own security and freedom to make professional decisions (self fulfillment).³ The less-qualified nurses cared more about working relationships and about survival and security (no doubt reflecting their poor salaries). It is scarcely surprising that nursing attracts people with a high need for a socially-rewarding environment, including the opportunity to care for others. An important national study⁴ also demonstrated strong links between nurses' work satisfaction, physical health, length of stay, and the amount of social support and communication they enjoyed.

The significance of different needs of course varies with different people. Those with high needs for survival, security and companionship tend to be found undertaking simple, repetitive and safe "shop floor" work. Very high achievers, by contrast, care relatively little for these things and are very much more concerned with gaining power and opportunities for personal fulfillment.

Diagram 3.1. Comparison of Satisfiers and Dissatisfiers



Source: F. Herzberg et al. The Motivation to Work. John Wiley, 1959.

The drive to work hard and put in extra effort derives from other factors: being able to achieve something personally, being recognized for one's contribution, having responsibility and being able to grow and progress. A summary of these key factors is shown in Diagram 3.2.

Diagram 3.2 Summary of Herzberg's Key Factors

POTENTIAL SATISFIERS (MOTIVATORS)	POTENTIAL DISSATISFIERS (HYGIENE FACTORS)
ACHIEVEMENT	COMPANY POLICY AND ADMINISTRATION
RECOGNITION	SUPERVISION
WORK ITSELF	INTERPERSONAL RELATIONS
RESPONSIBILITY	WORK CONDITIONS
ADVANCEMENT	SALARY
GROWTH	SECURITY

A study of health service managers' dissatisfactions related to their jobs showed that men and women agreed on their top ten frustrations, although they did not put them in the same order. Table 3.1 shows these frustrations in rank order.

Table 3.1 Manager's View of Work Frustrations

TYPE	RANK ORDER	
	Women	Men
Excessive stress	1	10
Inadequate opportunity for rapid advancement	2	5
Too little freedom or independence	3	2
Lack of status	4	6
Lack of recognition of the individual's achievements	5	4
Little opportunity to grow	6	9
Lack of intellectual challenge	7	7
Poor financial rewards	8	3
Little opportunity for innovative work	9	1
Limited opportunity to lead	10	7

For some people, security needs are met by working under strong management with defined standards. In one organization with a strong, disciplined style of management, the happiest workers were those who valued the strict regulations, the high standards of cleanliness, the insistence on time keeping, and the great concern for quality. Less happy were those who valued friendship and social support.

Given this complexity, it is clear that no one employment factor will influence good or poor motivation in any given situation. Nevertheless, we can accept our common needs for survival, security, companionship, status, recognition, esteem, self fulfillment and growth, and look to see to what extent health services meet these needs, and so promote constructive behaviours which are shown by well-motivated staff.

IMPEDIMENTS TO MOTIVATING HEALTH SERVICE STAFF

It has to be said that, in many health services, conditions are often such that large groups of staff suffer strong demotivating forces over extended periods. Poor staff motivation is a far from negligible problem in developed countries. In some developing countries, it is severe. There are four main reasons why this is so:

1. Many new nations are in an initial phase of strong centralized control which limits the ability of health services to respond flexibly to local and individual needs.
2. The phenomenal growth of health services in developing countries has resulted in many managers being able to exercise controls only at the most basic levels.
3. Related to the above, the administrative machinery of the service and the skills of its managers have often failed to develop fast enough to cope with the demands placed on them.
4. Policies in developing countries have frequently focussed on growth rather than on performance, and on scale rather than on quality.

It is only as health services have become more established and mature, and/or under greater pressure to use resources effectively, that their performance has come under scrutiny and, with it, the performance of individual health service employees.

Too often it has been assumed that poor motivation can be remedied in some simplistic way, for example by the provision of more management training, or an increase in salaries. In reality, poor motivation involves almost every aspect of the way in which an organization functions (see discussion of the "7-8" framework in Chapter 5).

WHAT NEEDS DO HEALTH SERVICES FAIL TO MEET?

The Need for Achievement and Success

Pride in oneself and one's work is linked to the opportunity to exercise skills, to achieve goals, and to be recognised as having succeeded. This opportunity has been successfully provided in some health service projects. The smallpox project in particular, but also many family planning projects, have been highly successful both at setting realistic targets toward which individuals can strive, and also at recording and publicising their successes. Elsewhere, in too many sectors of health services:

- targets for performance do not exist;
- job specifications (which define the individual's tasks and responsibilities) are often out-of-date or non-existent;
- goals have never been translated from national level into a workable set of objectives for local units; and,
- reports on progress are used simply to provide statistics and not to recognize achievement.

In short, the health services have failed to provide an environment in which the individual can see what he or she has achieved and others can recognize the achievement.

The need for Companionship, for Identification with the Group, for an Emotional Focus

Most people seek identification with some group, and want to be associated with successful activities. Many large industrial organizations have found to their cost that the apparent benefits of large-scale operations have been offset by deterioration in staff motivation. In centralized production units and bureaucracies, employees have generally lost both their sense of identification with a particular group, and also their sense of contributing usefully.

Health services have considerable opportunities to satisfy these needs which they too often ignore. For example, they can:

1. Set targets for individual or unit achievements

This management technique brings many benefits. It requires recognition of individual contributions, enables people to measure their own performance, and helps to ensure that successful achievements are recognized and rewarded. This method is now being introduced to a limited extent in the British health service, and it has contributed notably to the success of special health campaigns such as family planning projects and disease eradication programmes.

Unfortunately this technique is often neglected, largely through ignorance of the benefits it can bring, and sometimes through lack of understanding of what is involved in setting precise and useful targets. To be useful, targets must be specific, achievable and measureable. Generalized aims such as:

"Improve bed occupancy."

must be replaced by precise statements such as:

"Increase bed occupancy in male acute wards from 65% to 80% within six months (by a given date) without increasing staff hours."

2. Identify roles

This begins with a job description but it goes beyond a written account. It involves recognition of the individual's special contribution to the work of the team, of their range of responsibility and how far it can extend, as well as a definition of the constraints within which they must work. In an operating theatre, for example, roles are identified with precision which is essential to the smooth and safe performance of the task.

A clearly identified role brings status and security, even when given to a humble task. In one hospital, staff shortages in the laundry had resulted in the least experienced staff being moved from one job to another to make up for deficiencies. They were often reprimanded for poor quality work, the result of inexperience and lack of training, and they suffered from low morale and a sense of worthlessness. The situation was remedied by taking a group of staff, training them to a good standard on a range of tasks, and renaming them "The Flying Squad", considered competent to help out anywhere at short notice.

3. Delegate decision making

In too many health services, power is highly centralized and virtually all decisions are taken at the top. Initiative at any lower level is positively discouraged and those who venture to take it risk punishment rather than reward.

Health service decisions, of course, may have serious implications for patients, and those in authority cannot lightly hand over their responsibilities. However, many senior staff are involved with tasks which could be easily delegated. This would have to be carefully planned, and subordinates trained and monitored until their performance was reliable. The result is likely to be a reduced load on senior staff and much more highly motivated teams below them.

The Need for Personal Growth

For many, the reward sought for merit and hard work is career advancement. Unfortunately, health services in general find it difficult to identify meritorious individuals or to reward them appropriately. In many developing countries, such difficulties can seem insurmountable: there may be no adequate or trained supervision, no means of judging an individual's work or worth, no way of comparing their performance

with that of similar workers, and no clear lines of promotion. In these circumstances, the service usually resorts to promotion by seniority alone or simply on the recommendations of senior officers with all the attendant risks of "favouritism". To satisfy the need for personal growth an employee must feel that his employing organization recognises and fairly rewards extra effort.

A sense of injustice, leading to frustration and apathy, is generated by:

- an inability to select between individuals on merit;
- a lack of systematic organizational rewards for merit and hard work;
- an inability to rotate staff in order to provide career opportunities which keep them stimulated and productive;
- career structures which do not allow for "horizontal" job changes;
- financial rigidities which impede the ability of the organization to provide financial rewards to meritorious individuals; and,
- promotion systems which depend more on gaining the attention of senior officers than on performing well.

The Need to Belong to a Successful Team with a Committed Leader

A very simple cause of poor morale and poor team spirit is the lack of good personal leadership. In many health systems, there are plenty of words from senior people reminding staff of the importance of their service to the public, and the need to work with vigour and dedication. However, corresponding action is too often lacking. Health service leaders have to recognize that actions speak louder than words. People work with vigour and dedication not because they are exhorted to do so but, at least in part, because they see these traits in their leaders. If the standards which senior people demand are not demonstrated in their own performance, those lower down quite reasonably conclude that the kind of commitment asked of them is not seriously valued, and need not be attempted. Much of the failure to improve motivation and performance can be attributed to the failure of leaders to apply to themselves the rules they attempt to impose on subordinates.

What can be accomplished when leaders lead by example has been well-demonstrated in the vertical projects (e.g. smallpox) where commitment went from the highest to the lowest. On a smaller scale, one of the authors once worked with a senior officer who, by consistently attending and starting meetings on time, gradually instilled in all his staff a respect for good time-keeping.

The Need for Meaning

Many individuals join a health service because of a strong urge to serve the community and contribute to the common good. But all too often they are assigned roles and tasks of little obvious value. For example:

- it is not made clear how their work relates to the overall aims of the local unit and the greater goals of the health service;
- the quality of their work is rarely assessed;
- little effort is made to recognize those individuals who perform especially well;
- established roles may be summarily changed simply to meet the unplanned changing needs of the management;
- little effort is made to identify an individual's particular contributions and skills.

Often, this results in the individual looking outside of work to give meaning and purpose to life, and the health service loses his or her commitment and energy.

The Need for Autonomy and Control

The centralization of many health services, often combined with an authoritarian culture, produces "top down" management in which the superior hands down orders and the staff are required merely to carry them out. Junior staff are not encouraged to contribute to decision making, nor to realize and use their full abilities. This state of affairs is characterized by:

- lack of local planning or targets to which individuals can link their own work;
- no opportunity to cooperate with management in determining tasks and work goals;
- little or no discussion with management about problems or issues;
- very little systematic help for the individual seeking to improve and develop.

Staff members feel they are nameless and faceless, simply pawns to be moved as the situation dictates. They respond by reducing their involvement to a minimum.

WHY DO THESE PROBLEMS OCCUR?

Four major causes of these difficulties in the health services of developing countries are listed on page 24. But they also occur in the health services of developed countries, and at least part of the reason for this is that health services everywhere are subject to strong social and professional pressures. Public opinion regarding the quality of health care is highly sensitive, and relevant government policies are thus particularly liable to adjustment. Within the service, conflicts may arise between the requirements of the medical practitioners and management's need to make the best possible use of scarce resources.

Often this results in senior staff being preoccupied with these issues, and paying little attention to staff motivation. Not surprisingly, surveys of staff attitudes often show them to differ widely from the attitudes which their seniors presume they hold. The results of one such survey⁵ appear in Table 3.2.

Table 3.2 What do Employees Really Need?

JOB FACTORS	EMPLOYEES' RANKING	SUPERVISORS' EXPECTATION OF RANKING
Feelings of being in on things	2	10
Job security	4	2
Interesting work	6	5
Personal loyalty to employees	8	6
Tactful disciplining	10	7
Good working conditions	9	4
Promotions and growth in the company	7	3
Good wages	5	1
Sympathetic help on personal problems	3	9
Full appreciation of work done	1	8

(1 = most important and 10 = least important)

CONCLUDING FACTORS

The factors in employment which influence motivation have been well-researched and tested in many different work situations. They are undoubtedly complex. There is no single formula that can be applied to stimulate motivation, nor is the environment static. On the other hand, all staff have important needs in common which health services can do much to satisfy, certainly more than is being attempted at present.

There is little doubt that most individuals entering a health service are willing to commit themselves to the service of the public. It is just as apparent that many health services themselves are responsible for reducing motivation. In some cases, this is due to the stresses of development, but more often it is because the factors that influence motivation in a particular setting are not known and, just as importantly, the health service has not set itself the task of systematically fostering high motivation.

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DISCUSSION TOPICS

1. HYGIENE FACTORS

In many organizations, it is likely that certain actions or procedures create a negative impact on individual staff members.

Identify those actions or procedures at national level and local level which you feel have a negative impact on most staff in the service.

Order the list to show those you believe to be the most damaging down to those that are the least damaging.

How does your list compare with the demotivators suggested in the text?

2. DEMOTIVATORS

List for yourself or for your immediate colleagues undertaking similar tasks, those actions or factors which diminish enthusiasm for the job.

3. STAFF NEEDS

Table 3.2 gives a list of employees' needs in priority order.

- a) Reproduce this list, substituting your own set of priority needs.
- b) Compare your list with those of others in your group and identify which needs are given similar priority by most of the group members.

How does this compare with the results of the survey shown in Table 3.2?

CHAPTER 4

THE EMPLOYER'S CONTRIBUTION TO EMPLOYEE MOTIVATION

OBJECTIVES

This chapter is intended to provide readers with an understanding of:

- the working environment needed to stimulate motivation,
- the practical options open to organizations to create this environment, and
- experiences of successful changes in staff motivation inside and outside the health service.

SUMMARY

Opportunities to heighten motivation by changing the working environment are present in every health service. Employers need to be alert to them and aware of the needs of individuals on their staff.

The pay of some employees in some health services is close to subsistence level and makes survival a major issue. It is often difficult to change this situation because of the pressure to expand services, and to take on more staff in the face of tight restrictions on budget growth. Thus, many services turn a blind eye to practices which raise earnings, even though they are expensive and wasteful. More open discussion can produce solutions to this problem which do not require general changes in salary levels.

Nevertheless, it is important to either keep earnings in line with similar work outside the service, or else to provide alternative support. Within the service, "fair" pay will mean equal pay with comparable jobs and some element of merit award for individual effort, together with annual increments for increased experience.

It is important to remember that the need for security is not a single-dimensional need. Besides physical security, other elements of security can be provided by, for example, a clear understanding of the task to be done with clear feedback on the quality of personal performance.

Well-selected work groups will meet needs for companionship. Groups need to be appropriately trained and rewarded. Training, feedback and merit awards can also help to meet needs for status and recognition. Promotion should go to the most deserving and, where promotion prospects are limited, other forms of recognition must be provided.

The need for self fulfillment is unlikely to be met where there is strong centralized control and bureaucratic regulations. A health service must give more autonomy to local units to permit self-fulfillment among its staff. Meeting these needs is worthwhile if it helps to turn individuals from people who work because of external pressures, into people who work because the job fulfills them.

THE EMPLOYER'S CONTRIBUTION TO EMPLOYEE MOTIVATION

INTRODUCTION

This chapter explores what organizations can do, in practical terms, to enhance motivation through greater attention to the working environment and conditions of employment.

Most health services are conservative in their outlook, and continue to maintain policies appropriate to days gone by. The continuing practice of requiring young medical house officers to perform prodigious feats of stamina, with excessive time on duty, is an example of this phenomena. It is probably true that many health services (in both developing and developed countries) have made only limited attempts to improve morale and productivity through changing employment terms and conditions, and upgrading the work environment.

Yet opportunities for such changes are present in all health services, and many of these changes could be made without the introduction of new regulations. What is mainly needed is a willingness on the part of health service management to explore these opportunities and continually seek ways of improving motivation.

WHAT KIND OF ENVIRONMENT IS NEEDED TO STIMULATE MOTIVATION?

As will be apparent from the previous chapters, the specific opportunities for increasing motivation vary from organization to organization. What remains common to all is the need for an environment which addresses individual needs for:

SURVIVAL	RECOGNITION
SECURITY	SELF ESTEEM
COMPANIONSHIP	SELF FULFILLMENT
STATUS	GROWTH

As we have seen, the strength and importance of these needs in any one individual will vary over their working lives. Nevertheless, a number are prevalent among us all. We all need conditions which ensure our survival -- in terms of work, enough pay to live on and, perhaps, provision of essential accommodation. The core of staff motivation is likely to be the provision of adequate pay and physical security. Thereafter, employees seek appropriate companionship, due recognition of their particular contributions, and opportunities to exercise their individual abilities and skills. In general, employers should:

1. Seek to provide the best possible levels of pay and job security, and aim at rewards and conditions at least level with the average pay and perquisites for similar work elsewhere;
2. Promote supervisory styles and practices which will encourage high motivation (see below) and do what they can to establish work teams of people compatible with each other;
3. Put maximum effort into staff selection, placement, and appraisal as the crucial systems for matching individual abilities to job opportunities and ensuring that people continue to feel fairly treated and are given appropriate work and responsibility.
4. Use every means possible to maintain good and open communication with all employees. The appropriate means will vary and could include all or any of the following:

- a) friendly, consultative supervision,
- b) formal joint consultation between management and staff,
- c) regular discussions with trade unions or other staff representatives,
- d) effective appraisal of staff performance,
- e) briefing groups, and
- f) periodic attitude surveys.

Such systems of communication can make management aware of group and individual needs, can give early warning of areas of dissatisfaction, and will demonstrate management's interest in, and concern for, staff well-being.

All health services have incorporated at least some of these systems into their operational policies. But most could usefully develop them further. This is underscored by the fact that many of the problems outlined in a 1950 survey of a group of hospitals, regrettably still remain.¹

WHAT ARE THE PRACTICAL OPTIONS OPEN TO THE ORGANIZATION?

The Pay Problem

Most health staff feel underpaid, particularly in developing countries, where pay is often close to subsistence level, or below it, for lower level staff groups. In most health services, 60% to 70% of the recurrent budget or more is spent on salaries and staff benefits. Thus, even small pay increases massively affect the accounts. Scope is often further limited by pressures to extend the service and provide more employment.

Nevertheless, health services can consider some options:

1. Redistributing the salary budget to the greater advantage of critical cadres of staff;
2. Increasing the number of financially-linked benefits (housing in particular) which may come out of other budget sources;
3. Providing more supporting services which have financial implications, such as free or subsidized travel, child care centres for staff who do not have relatives able to help look after young children, etc.,
4. Creating more opportunity for merit awards (many health services do now give some merit awards, at least at local level) in the form of training or assistance with travelling while on duty or other help which effectively relieves the individual of some expense;
5. Being more explicit at both local and national levels as to the level of service expected in return for the organization's rewards, and being more supportive of staff efforts to generate outside income.

Some of these options are already exercised, but in clandestine ways. Regulations are endlessly manipulated by staff to allow better basic rewards: travel expenses may be raised to staggering levels; absences for extended periods to earn private incomes are overlooked; per diems are inflated; petrol is syphoned off and sold; and so on. While these practices may help meet employees' basic survival needs, the health service loses the energy which staff expend in order to "beat the system". A more open acknowledgement of the need to help when salaries are low would make for fairer rewards and greater general cooperation.

Once survival needs are met, dissatisfactions with pay generally relate to comparisons. One comparison is with external alternatives. The organization needs to be aware of what is being paid for similar work outside; some strong counterbalancing influences must be provided if the pay levels in the service are below what is attainable elsewhere. In many countries (though not all), social recognition of the value of health service work acts, at least partially, as a counterbalance.

The individual also makes comparisons within the service. Staff compare their own efforts and standards with those of comparable colleagues. When large groups are working together, it is important to ensure that jobs of similar difficulty carry similar rewards. This is best achieved by regular job analyses and comparisons of key jobs, but which in practice is often argued out between management and union or staff representatives. Whether in a large group or with only a few colleagues, the individual will compare his or her work and efforts with those of others; and not find it "fair" that one person works hard and the other idles, but both are paid the same amount. Neither will they find it "fair" if a job carrying additional training and responsibility is rewarded at the same rate as another without those requirements. Midwives in Britain have long argued on these grounds that they should receive higher pay than, for example, health visitors.

Bonus or merit schemes can relieve these difficulties, the first usually applying to work with a quantifiable outcome, and the second to work to which accuracy and care of other qualitative factors particularly apply. Merit rating permits a range of payment for particular work within which the individual's pay is determined by effectiveness. The individual must understand why pay has been fixed at a certain level, and must have the opportunity to do better and earn more. Appraisal systems provide a way of ensuring this understanding, and also opportunities for advancement. They have been introduced in some countries, accompanied by target setting and monetary rewards for achievement for health service managers, and in a modified form for consultants and general practitioners. Worldwide, however, few health services operate effective appraisal systems.

Paying a bonus to a group or team for good work has also proved helpful in certain circumstances. For example, it would be appropriate in mounting special campaigns, such as immunization. The evidence is that groups must be small (five to seven people) and able to affect the outcome of their work. In addition, everyone in the group should have a clearly defined role to play which is recognized as necessary for achieving the stipulated target.

Job holders think it is "fair" that they should be paid more this year than last; they expect their incomes to rise steadily. This may be justified insofar as their skills and experience develop, and insofar as the real value of their earnings is eroded by inflation. But inflation index linking, which is quite a usual way of dealing with part of this problem, carries the limitation of all percentage awards - the rich (well-paid) get richer much faster than the poor. As the gap widens, so dissatisfaction increases.

It has to be repeated that people differ greatly in their need for money, both through circumstance and because of their interests and temperament. At one extreme is the person who is happy on a survival income provided he or she is free to undertake interesting work. Health services are blessed that so many people in this category are attracted to caring work. Nevertheless, they may still come to resent exploitation. Health services are also not without staff who value a good income and whose self esteem is related to the size of their earnings. Whatever the individual's needs, the desire to be "fairly" paid in relation to others is more or less universal.²

Security and Structure

Much of our need for security is satisfied by working in a structured environment. We demand variety, too, but most of us mean variety within some form of organization.³ The adventurer who will set forth on journeys of indefinite length into entirely unknown territory is rare.

The structure we demand of work, with differing emphases according to temperament, is that it shall provide the following:

1. A clear objective. We need to know why the organization exists and how our own work contributes to its purpose.

2. A defined job. In many countries today, employees are legally entitled to be given their job descriptions, laying out their duties, responsibilities and conditions of employment.
3. Defined rules and standards for personal conduct and job performance, with relevant and "fair" penalties and rewards, and appropriate supervision.
4. A prospect for personal growth or advancement. This involves knowing the organizational hierarchy, where one's own job is placed, what promotion is possible, and what career development one might expect.
5. Work which suits our abilities, a requirement which involves that the organization provides adequate and competent selection, placement, training and appraisal.
6. Feedback on how we are performing and what we must do to progress, which again demands appropriate appraisal, training and fair promotion procedures, as well as competent supervision.

As anyone who has worked in an organization knows, these demands are difficult to satisfy, very difficult to relate together and exceptionally difficult to harmonize over any period of time. Commercial undertakings may devote considerable resources to the maintenance of these conditions. While health service authorities may argue that they lack the resources for such luxuries, commercial undertakings might well reply that these provisions cannot be categorized as luxuries at all, but as essential elements in maintaining the workforce needed and achieving the objectives. It is unfortunate that personnel management in health services, where it exists at all, is too often at the level of junior management, and concerned more with administration than policy.

A major stumbling block in developing systems to identify individual contributions in the health services is that, too often, national objectives are known at highest levels but are not transmitted down: and are certainly not linked to individual or unit objectives at local level. The option to overcome this particular problem does not require more than sufficient effort and commitment throughout the service.

The above goals stated are worth striving for. If these demands can be met, then a great range of individual needs can be satisfied, in addition to the need for a secure structure. In any event, the procedures required form the essential bases for good management and leadership.

Providing Companionship

For some people, the quality of companionship they enjoy at work is a prime reason for continuing in employment. Studies of motivation indicate that for many people, incompatibility with colleagues is a strong incentive to leave a job. The quality of companionship is particularly important at two levels: for people who are happy in routine tasks provided they can enjoy sociable, friendly relationships; and for teams of skilled people who must trust each other and rely on each other's abilities and integrity to achieve their work objectives. Both these situations appear extensively in health services. In a hospital, basic housekeeping work is an example of the first level, and a theatre operating team an example of the second.

The high level of communication which prevails in harmonious groups gives each member much emotional support, and facilitates the exchange of information, whether personal or technical and professional. Some important studies in the 1950s and 1960s yielded dramatic evidence of how this rich exchange could improve the quality of work performed.⁵

To capitalize on the need for companionship, health services, like other organizations, need to focus more on the management of work groups. This would involve:

1. Stronger emphasis on team learning during basic and post-basic training;

2. Establishing group and institutional objectives on a routine basis;
3. Creating work teams within organizational units;
4. Strengthening the understanding and appreciation of individual staff roles in working groups; and,
5. Rewarding good group performance (see section on merit schemes, page 35).

Meeting the Need for Recognition and Status

Fair selection and promotion are fundamental to granting appropriate recognition of individual talent and effort. For these procedures to work well, the following conditions are necessary:

1. The criteria must be understood. People need to know the abilities required for appointment to a post, and for promotion.
2. Assessment must be based on performance. Whether in selection or promotion, individuals have to be judged in terms of their actual record of achievement in employment, or in other spheres.
3. The opportunity for improvement must exist. An individual whose progress is handicapped through lack of some training or experience needs the opportunity to make good these limitations.

A special need for fair selection arises when trained newcomers are introduced into an organization over the heads of existing staff, an issue of considerable debate in many countries whose nationals wish to return home after work abroad. For them to gain acceptance and be able to operate efficiently, it has to be apparent to everyone from the outset that their contribution will be sufficient to offset the disadvantage of not being familiar with the organization's procedures and personalities.

Promotion opportunities are not always plentiful, and many people who require status and recognition may not be suitable for more senior management posts. It is therefore important to develop alternative ways of meeting these needs for competent staff.

A method much favoured in the public services is the provision of status symbols: office size, furnishings, vehicle use, etc. Such privileges can act as incentives, but only if they are seen to be going to those who clearly deserve them. It also has to be said that however much the individual may enjoy his or her privileges, these distinctions can produce barriers to communication and may be inappropriate for some sections of the caring professions.

The possibly adverse effects of permanent status symbols may be avoided by provision of other types of reward. Sabbatical leave for staff who have satisfactorily completed a certain number of years of service is a valued reward which is common in universities and some private organizations. Greater freedom in decision-making, or a larger budget, are also forms of recognition which need not so obviously distinguish one employee from another, and yet prove to be great sources of personal satisfaction.

Administrators in impoverished health services might comment that all these methods of meeting the need for recognition and status are expensive. There remain other ways of satisfying these needs which cost nothing but time and care. Prompt praise for good work; ensuring that the recognition is generally known; small inexpensive privileges such as occasional time off or flexible adjustment of hours; permission to attend a seminar or training programme; opportunities for visits; or a special project assignment, are all examples.

All these forms of recognition are highly-motivating for many staff. It remains crucial that they should be seen to be allocated fairly as rewards for good work, and for this the supreme requirement is fair and effective supervision.

Self Fulfillment and Personal Growth

Finally, there are those individuals who have met their personal requirements for survival, security, companionship and recognition, and are primarily concerned with self fulfillment and personal growth. Many people experience these needs to some extent. Unfortunately, they are often denied expression at work even though self fulfillment can prove the most powerful motivator of all.

People with strong needs for personal growth need to feel that their work is meaningful; they must feel responsible for the outcome of their work and need to know the results of their activities. They need to see the point of their work and to consider it important; they need to feel committed to attaining a standard. In the right job, they are goal-oriented and prepared to work long and hard for their objectives; they work best if given considerable autonomy for planning their own work and defining and meeting deadlines.

Bureaucracies are not usually structured to support such needs. If they are to be met, some degree of decentralization is likely to be required to allow local adaptation and delegation according to individual abilities. Jobs may need re-designing, and working conditions changed beyond the traditional roles in a health service.

CONCLUDING COMMENTS

A great many measures can be taken by the employer to increase individual motivation. All require careful appreciation of the relationship between the individual and the opportunities the job provides. All have the general aim of moving the individual from a state where he or she feels driven to fulfill responsibilities because of external pressures, to one where personal satisfaction gained from the activity is the motivating factor. Overall, and despite the differences in motivation, this shift appears most likely to occur when:

1. Adequate concern is shown for employee well-being;
2. Accurate information is given regarding career options, opportunities for advancement and the standards which have to be attained;
3. Opportunities for personal initiative are provided, with appropriate rewards;
4. Individuals are encouraged to develop personal career plans and objectives; and
5. Regular appraisal provides accurate feedback on performance and a chance to review and facilitate career planning.

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DISCUSSION TOPICS

1. FINANCIAL REWARDS

The problem of ensuring adequate pay for all staff, as well as financial rewards for superior performance, is common to most bureaucracies. Nevertheless, in most health services there are some formal and some informal schemes available to reward merit.

- a) Identify from experience in your health service, including associated vertical projects, any schemes which have been tried to reward individuals or groups.
- b) Produce a table which shows the merits and disadvantages of each scheme.

Can these schemes be applied nationally or should they be managed locally?

Where do the finances come from to implement the schemes?

2. WORK STRUCTURE

Putting aside financial rewards for work, and just concentrating on the job itself:

- a) List the properties of a job in the health service which you would consider ideal for yourself.
- b) Compare this with a desirable structure of work discussed in the text and comment on any differences.

Do you feel other people in different grades and professions would have similar requirements?

3. ORGANIZATIONAL SUPPORT

In the text, it is argued that satisfaction with work is likely to increase if the organization exhibits certain characteristics as summarized in "Concluding Comments."

- a) Draw up a table with this list down one side and the titles of different types of staff across the top (e.g. doctors, nurses, laboratory technicians, etc.).
- b) Indicate opposite each item in the list whether the organization appears to provide the requirement for the different groups of staff.

Looking at the omissions, which do you think the organization could remedy?

CHAPTER 5

GAINING COMMITMENT TO BETTER PERFORMANCE

OBJECTIVES

This chapter is intended to provide readers with an understanding of:

- accepted measures of organizational performance in health services,
- the relationship between motivation and organizational performance,
- requirements for harnessing together improvements in motivation and performance, and
- processes needed to implement higher levels of motivation and performance.

SUMMARY

Chapter 2 pointed out that changes in motivation lead to different behaviour in individuals, but not necessarily to changes in organizational performance. While this is true, it is also true that without good staff motivation, good organizational performance will not occur, particularly in the health services.

Measures of organizational performance vary depending on the nature of the organization. For many health services, the most common measures have been impact, outcome and output (health services delivery). Increasingly, attention will need to be paid to efficiency and effectiveness, and health service managers need to consider these additional measures if they are to mobilize their resources to best advantage.

Organizational performance is determined by many different factors. In the McKinsey "7-S" framework, seven major variables are identified which have at their centre the "shared values" which incorporate motivation. This framework is used in this book. The various factors in the framework are all highly interdependent, and it is this that makes it impossible to have high organizational performance with low motivation.

The complex relationship between the variables means that no simple formula will ensure improved organizational performance. Nevertheless, it seems that organizations need to display certain qualities to ensure both high motivation and effective performance. These qualities, and the steps which an organization can take to establish them, are discussed in this chapter. The concept of management by objectives is central; it provides a sense of purpose and direction for organization and individual alike.

GAINING COMMITMENT TO BETTER PERFORMANCE

INTRODUCTION

Chapter 2 pointed out that improving motivation mainly ensures that staff:

- come more regularly to work,
- work more diligently, and,
- become more flexible and more willing.

These characteristics are important, but do not by themselves necessarily improve organizational effectiveness. Their contribution is greatly modified by the way in which the organization as a whole is managed and operated. Conversely, of course, it is unlikely that the workforce will be well-motivated if the organization is badly managed in other respects.

WHAT DOES ORGANIZATIONAL PERFORMANCE MEAN?

Measures of organizational performance vary depending on whether the organization is in the public or private sector, is profit-making or not, and so on. For health services, particularly in the developing world, the most commonly used measures of performance are:

Impact, or to what extent do the activities of the health service affect the health of the population?

Outcome, or to what extent do the activities of the health service lead to positive health change?

Output, or what volume and type of health service is delivered?

Some of the typical measures used are changes in mortality, disease incidence and deaths and discharges.

In the past there was little interest in efficiency (i.e. the relationship of inputs to outputs) or effectiveness (i.e. the relationship between input and impact), in the health services. These measures are now receiving more attention as they are seen to be offering major contributions to the provision of the greatest good for the greatest number. Efficiency, productivity and value for money are performance issues that health service managers will increasingly have to consider.

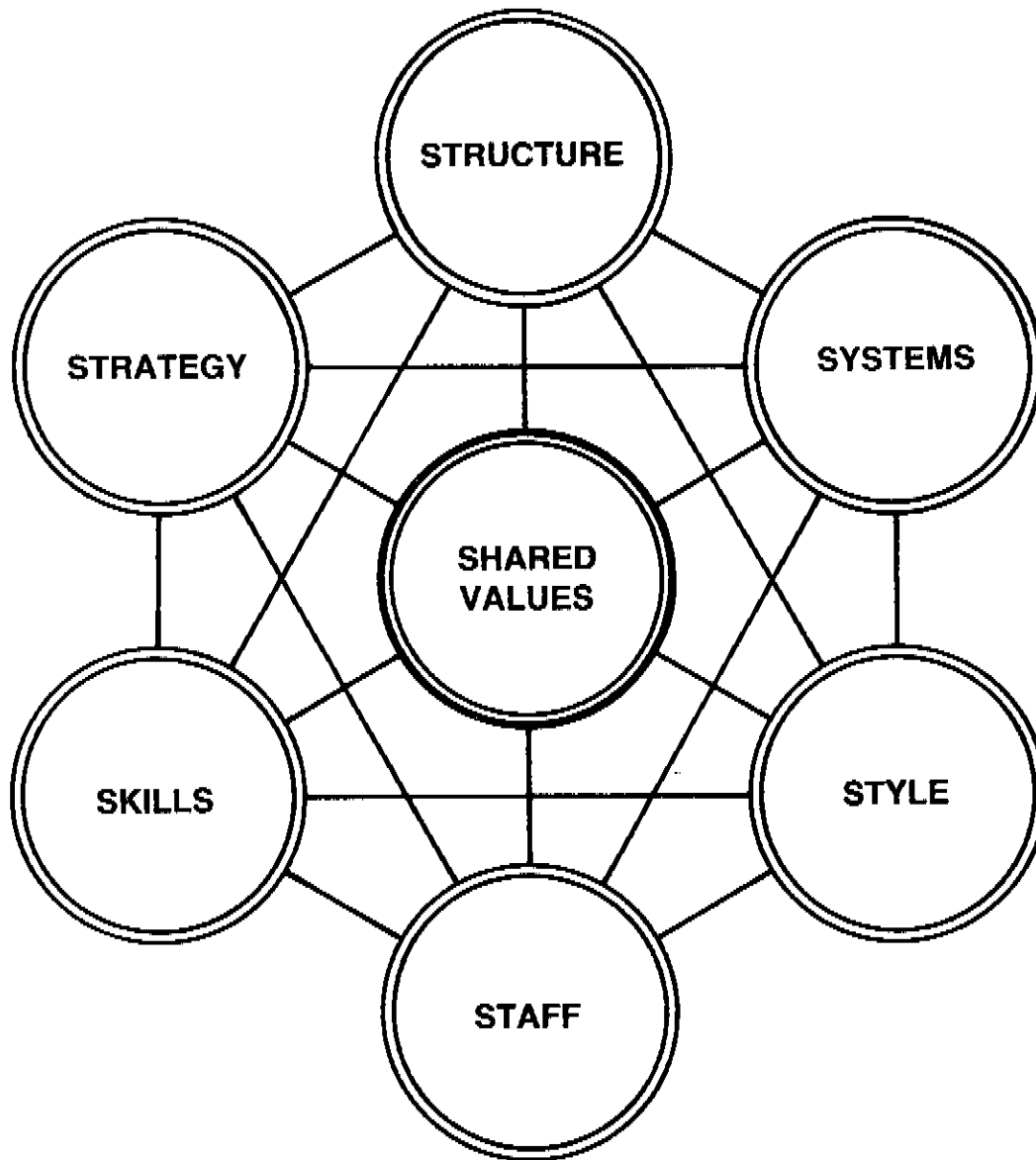
WHAT CAUSES CHANGE IN ORGANIZATIONAL PERFORMANCE?

Organizational performance is determined by the interaction of many different organizational variables. In this document, we use the McKinsey "7-S" framework¹ to identify seven major variables which have an impact on the performance of an organization. Among these variables is "shared values" (see Diagram 5.1) and within this variable comes staff motivation. It is central to the concepts of organizational performance.

In the diagram,

STRUCTURE is the arrangement of functions and posts in an organization. In highly-structured organizations such as Ministries of Health, the structure is well-documented with explicit descriptions of hierarchy, authority, responsibility, function and so on.

Diagram 5.1 Organizational Performance Variables



Source: T.J. Peters and R.H. Waterman Jr. In Search of Excellence.
New York, Harper and Row, 1982.

SYSTEMS indicate the processes within the organization through which individuals and activities are managed, coordinated and directed to achieve the goals of the organization. For example, the personnel system governs the way in which staff are selected, recruited, promoted, transferred, etc.

STRATEGY comprises courses of action to be pursued by the organization to meet its goals and objectives. As an example, primary health care may be defined as a strategy for improving a nation's health profile.

SKILLS covers the sum of individual capabilities within the organization. While in a Ministry of Health the focus may normally be on technical medical skills, it will also have to include administrative and managerial skills.

STAFF stands for the type of people employed by the organization in terms of their expertise and experience, intelligence, abilities and training.

STYLE refers to the way in which powers and responsibilities are distributed within an organization; this may be structuring or supportive.

SHARED VALUES indicates those beliefs, expectations and attitudes about work, the organization, and acceptable work behaviour, which are widely shared by the organization's employees.

WHAT ACTIONS SHOULD HEALTH SERVICES UNDERTAKE?

The variables are all inter-dependent. This results in many processes and pressures which affect the way in which individual employees feel and behave. Theories abound on how motivation (shared values) is differently influenced by changes in any of the variables.² There is no general formula which will ensure across the organization that all staff are equally motivated and contributing to effectiveness. However, there are pointers to the direction in which an organization must move to increase staff motivation and improve organizational effectiveness. Managers may note that:

- public sector managers who are getting the best results are those who emphasize motivation. They do not ignore other tools such as target setting, cost accounting and management information systems (i.e. other organizational variables), but they deliberately focus on strengthening individual commitment and motivation.
- organizations which plan their goals and measure results do better than those which do not.
- people feel better about their jobs when they participate in setting goals for themselves and tracking their own performance.
- resistance to planning and controlling individual performance generally runs high in the public sector, and considerable effort and evidence are needed to help individuals accept target setting.

The health services, like other organizations, need firstly to create opportunities to ensure that motivation improves and, secondly, to ensure that motivation is directed so as to achieve better organizational performance.

HOW CAN HEALTH SERVICES ADDRESS THESE ISSUES?

First and foremost, staff at all levels must be encouraged to contribute to target setting for their own units. In the first instance, this implies a movement for organizations toward more decentralized responsibility and "bottom up" planning. It also requires that planning skills and mechanisms must be developed at all levels of the service. This is already happening in a number of countries, with demonstrable effect on local performance.

However, for many health services, there are difficulties when political pressures force the generation of national targets, which are recognized from the outset as unrealistic. Nevertheless, there are processes within most health services that committed senior staff can use to overcome the difficulties. For instance, they can separate the targets for health impact from targets for service delivery.

Secondly, staff at all levels must know the targets for their units, and how these targets relate to the goals of their division/unit, and to the goals of the organization as a whole. All members of staff need to know how their own work contributes to the whole as a basis for building a sense of common identity. Work plans must become the common language of operational units.

Thirdly, managers and staff alike must be trained to give and to accept greater delegation of authority and responsibility. For many health services, this will involve a conscious change in managerial style and, indeed, in the culture of the organization, starting at the top. It is pointless to expect middle managers, the "engine room" of the organization, to change behaviour if those at the top continue in the old patterns.

Fourthly, individuals need achievable targets established with their involvement and cooperation. This is likely to involve assessing individual achievement in a supportive, non-threatening way. Formal appraisal processes will be needed which can be seen to benefit the individual's personal development, and which will give an opportunity for local recognition of exceptional performance. A method known as Individual Performance Review (IPR) has been introduced into the British National Health Service and is being tested in several other countries. This method meets the requirements for objective setting, performance appraisal and staff development.

Fifthly, individual managers must be trained in leadership and interpersonal skills, and then given freedom to supervise staff in ways that seem to them most likely to ensure motivation and good performance. In many health services, managers are receiving the necessary training, but for many this is not yet supported by the organizational change that will allow them to apply their new skills.

It can be seen that these recommendations for change touch on the style, systems, structure, shared values and skills elements of the performance model in Diagram 5.1. It becomes apparent that no adjustments can be made to any one element of the model without making adjustments elsewhere.

All the propositions mentioned here have been introduced in varying degrees in health services around the world, as well as in other types of organization. The most prominent examples in the developing world come more from successful vertical projects than from the central processes of health ministries, as follows:

In the smallpox eradication project, the involvement of community and staff at all levels was fundamental to its success. It was not at all unusual for team leaders to be advised by local team vehicle drivers on how to best seek out cases and track potential carriers.

Malaria projects generally had a highly developed system of monitoring and target setting which kept staff at all levels in touch with the overall situation, and defined their roles and duties in the current campaign.

Family planning projects have often provided particularly good examples of delegated responsibility, allowing local managers and staff to determine how best to work with local communities. Project managers also spent considerable time and effort in establishing realistic targets with both staff and managers, and in monitoring achievement against those targets.

Finally, experience in the development of primary health care systems has increasingly demonstrated the need for leadership skills among "front line" staff. Health services in many countries are exploring ways of enhancing the necessary interpersonal skills of their staff.

CONCLUDING COMMENTS

The issue of motivation cannot be divorced from that of organizational performance. Improved performance must go hand in hand with improved motivation, even though it is not solely determined by the commitment of the staff. The basis for motivational improvements lies in clarifying the purpose and objectives of the organization, and relating them to individual needs.

The concept of target setting for both organization and individual, which is discussed here, is called "management by objectives". A large body of experience of its practice has been built up in both the public and private sectors.³ Management by objectives is an effective procedure, but only when managers are trained in the necessary skills, when individuals trust their managers, and when the organization is committed to making the procedure work.

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DISCUSSION TOPICS

1. MEASURING PERFORMANCE

In the text, some general measures of performance were identified. They need to be translated into measures specific to the health services.

- a) Suggest measures of performance that you believe would be appropriate at national level and at local level.
- b) Indicate how fast you would expect each measure to produce a significant change if it were implemented.
- c) How would you link these changes to changes in motivation?

2. FACTORS IN PERFORMANCE

The McKinsey "7-S" framework shows how seven variables interact to control organizational performance.

- a) Specify what variables you would choose (they may be different from the ones shown) as affecting the performance of your health service.
- b) Produce a diagram similar to Diagram 5.1 to show which of the variables would be affected by changes in the other variables developed in (a).

3. IMPROVING PERFORMANCE

A number of proposals were made in the text for improving organizational performance.

- a) List which of these have been attempted in your own health service or associated vertical projects.
- b) List other steps which have been attempted.
- c) Identify which of these, in your view, have led to noticeable changes in staff attitude and/or organizational performance.
- d) Specify the criteria you have used, or think should be used, to identify the changes in staff attitudes and performance.

CHAPTER 6

CREATING AND MAINTAINING THE BARGAIN

OBJECTIVES

This chapter is intended to provide readers with an understanding of:

- organizational activities needed to improve and sustain motivation and performance,
- the organizational culture required to stimulate higher levels of motivation and performance,
- how to minimize blocks to the innovative changes needed, and
- the dominant characteristics of health services seeking to improve motivation.

SUMMARY

Earlier chapters have identified the needs of individuals and the opportunity for organizations to meet these needs so as to improve motivation and organizational performance. For many health services, realizing these opportunities will entail a fundamental shift in management style and culture. How this shift might be achieved is examined in this chapter. The change is likely to involve the introduction of:

- revised terms and conditions of service;
- improved personnel and career planning;
- objective selection, promotion and reward procedures;
- the development and use of performance indicators;
- regular job analyses and evaluation;
- formal staff assessment and appraisal;
- effective supervision and staff management;
- a greater emphasis on communication; and,
- the introduction of further development of staff and management training.

All these developments help to foster a concern for improved work performance and improved standards throughout the organization. All help to improve the bargain which can be struck between the individual and the organization.

This chapter explores the implications of introducing this list of changes, resistances to change which are likely to be encountered, and some ways of overcoming these resistances.

CREATING AND MAINTAINING THE BARGAIN

INTRODUCTION

Earlier chapters have pointed first to the needs of individuals and second to the opportunities organizations have for improving motivation and performance by meeting these needs. Clearly, for many health services, if there is to be a beneficial change, changes will be required in the viewpoint of senior managers, and in the focus and purpose of management of the personnel function. In both cases, there will be a need to take positive action with an explicit goal of increasing motivation and performance. What is being called for here, in the first place, is a change in the "culture" of the organization; a difference in the values of all staff; a difference in the way they think of themselves and their organization.

THE WAY FORWARD

There are a number of separate paths to follow. They are linked and, to be realistic, it will be necessary to make initiatives along each path. It will not be possible to proceed along all the paths with equal speed. Recognizing at the same time that health service strategies will need related attention, the specific areas of change are likely to be in:

- terms and conditions of service;
- personnel and career planning;
- selection, promotion and reward procedures;
- performance indicators;
- job analyses and evaluation;
- staff assessment and appraisal;
- supervision and staff management;
- communication; and
- staff and management training.

All health services incorporate some or all of the elements in this list. However, many readers will be conscious of the deficiencies: the transfer budget that does not meet the costs of staff moves; the unfair distribution of personal development opportunities; the out-of-date and irrelevant job specifications; the staff assessments that mean nothing; and many more. These things can be changed, and indeed must be changed, to satisfy more fully the needs of individual members of staff. Through these changes can be developed an organizational culture in which the individual seeks for improvement through a desire for excellence.

WHAT IS A CULTURE OF EXCELLENCE?

There are many variables that lead to an organization's being recognized as exceptional, both internally and externally. It is perhaps easier to make this recognition in the private sector. Nevertheless, all readers of this document know institutions which are recognized to be superior in their performance. Surveys suggest that all excellent organizations share a common set of dominant beliefs¹ which are:

1. A belief in being the "best".
2. A belief in the importance of detail.
3. A belief in the importance of people as individuals.
4. A belief in superior quality and service.

5. A belief that members of the organization should innovate.
6. A belief in the importance of informality to enhance communication.
7. A belief in economic growth and profits (private sector) or
A belief in achieving targets and improving service (public sector).

These beliefs need to be generated in all staff in the organization. The stimulation must come through the behaviour and example of the managers, and through the systems, structure and processes of the organization. As it happens, many of the actions required to build this set of attitudes and beliefs are also an integral part of those needed to improve motivation. This is demonstrated in the later sections of this chapter, when we examine how the bargain between individual and organization is established and maintained.

HOW IS A BETTER BARGAIN CREATED IN PRACTICE?

Terms and Conditions of Service

As have been emphasized in earlier chapters, survival and security needs are dominant concerns. For many health services, there is little scope for changing basic salaries. Some horizontal (upgrading) promotion and accelerated advancement is possible, when ranks are attached to individuals or functions. This certainly has been done. In one case, for example, sanitarians were given promotion to twice the normal rate in an attempt to overcome staffing shortages. However, such an approach is not possible for a very large proportion of the staff; it just raises the overall fraction of the service budget which gets allocated to staff salaries at the cost of other budget headings. If there is more money available, serious thought certainly needs to be given to its distribution to satisfy the survival needs of critical staff. More than this, however, there is a need for flexibility which means, as a first step,

- more autonomy and responsibility for personnel away from the centre of the health service.

With this decentralization comes greater opportunity to meet individual needs. Local managers should be encouraged to take more positive steps which might include:

- a) Helping to find suitable accommodation for staff;
- b) Managing staff needs for, and access to, private work, not simply allowing it to develop randomly and be studiously ignored;
- c) Examining jobs more closely and operating an incremental pay scheme that more "fairly" recognizes differences in the demands of skill and effort between jobs; and
- d) Training appropriate staff in the skills of job analysis and evaluation, so as to apply these skills in matching individuals with jobs more effectively.

Other similar actions are possible. They are positive in nature, but clearly cannot be operated from the centre; they must be locally managed. The centre's function is to guide and motivate local managers to engage in these practices within broad parameters. At the very least, staff will recognize that the organization is trying to improve the bargain.

Personnel and Career Planning

To address both the conditions of employment and other issues, there will be a need to strengthen the organizational framework within which necessary changes can be made. Central to this is the need to develop health personnel planning to:

- a) Better determine the number of staff needed, and to better adjust requirements to supply;
- b) Create career plans which provide as many staff members as possible with some opportunity for growth; and
- c) Develop more realistic recruitment and deployment processes to reach a more satisfactory match of abilities and job needs.

Through these and similar steps, the organization is seeking to create an environment in which, as part of the bargain, staff are presented with sufficient time to do the work required of them, and have the necessary skills, motivation and aptitude to do the job well.

Selection, Promotion and Reward Procedures

Planning by itself is not sufficient; it has to be backed up by selection, promotion and reward procedures which build on the planning. It is in this area that many health services are under social, political and bureaucratic pressures. Political appointments, promotion by seniority alone, and unmerited awards, particularly in training, all work against individual motivation. There is clearly no quick answer to these problems as they involve agencies and individuals outside the control of the health service. Nevertheless, there are actions that can be taken which will start to lead in the right direction. These are:

- a) Provision of more precise descriptions of the skills required in a particular job, and a more precise analysis of candidates' skills;
- b) Provision of additional training to ensure uniform standards where geographic quotas require employment of under-qualified people; and
- c) Development of more objective measures of individual performance for determining promotion and merit awards.

Steps such as these are intended not only to ensure a better match between individuals and job, which is in itself a strong motivator, but also to increase among staff the sense of fairness, and the recognition that rewards reflect ability and effort.

Performance Indicators

It has already been stated that one problem in many health services is that objectives and targets, which are centrally determined, are not communicated to local units. Even when they are, the relationship between individual efforts and organizational goals is rarely made clear. It is essential that these two shortcomings be remedied if other proposed initiatives are to prove effective. In view of this:

- a) National targets must be broken down to institutional, functional and individual objectives, which ultimately must involve a two-way dialogue at all levels of the service.
- b) Performance indicators must be established which have meaning at local as well as at national level. They need to be measures that can be understood by individual staff and local managers, not simply epidemiological or statistical information for national purposes. The indicators used will depend very much on the local situation. The indicators for supervisors, for example, might be quantifiable (such as absenteeism), but might also require an increased use of attitude surveys (for morale) which can be matched against local or national norms.
- c) Greater emphasis needs to be placed on wider and faster communication of performance achievement, within local areas and between areas across the country.

HOW IS THE BARGAIN TO BE MAINTAINED?

Staff Assessment and Appraisal

The establishment of individual goals provides the basis for a more objective appraisal of individual performance and training needs, and for assessing an individual's potential for more demanding work or more senior posts. If a goal-setting approach is to be successful, it will require:

- a) Annual meetings between supervisor and staff member to review past achievements and to set new targets for the future;
- b) Training of appropriate staff in assessment and appraisal techniques to ensure that the process is productive and not punitive; and
- c) Adequate managerial skills in supervisors so that staff members feel sufficiently confident to engage fully in the discussion.

Supervision and Staff Management

The assessment and appraisal processes discussed in the previous section are events which occur at regular intervals. The need for guidance and support continues, however, on a day-to-day basis and this can be provided through the processes of staff supervision and management. The goal-setting discussed earlier provides the necessary vehicle for giving a purpose to supervision and management activities. For this to happen successfully, the following will be required:

- a) More emphasis on training supervisors and managers in interpersonal skills and supervisory techniques;
- b) Increased opportunities for local managers to manipulate resources to achieve targets;
- c) Strengthening the team concept through regular team meetings; and
- d) Encouraging participation by all staff.

The essence must be that supervision and management are seen not just as recording and, too often, punitive processes, but as processes by which staff are being encouraged and supported to meet targets for which they are responsible.

Communication

The issue of communication is perhaps one of the essential themes for improving motivation. It is in this area that health services are often the least proficient. The purposes of communication are for the individual staff member to:

- a) Understand more of the wider arena in which an individual works;
- b) See how he or she compares with others; and
- c) Understand more completely what the organization is doing and why.

For the above to happen, the organization will need to ensure that:

- a) Regular communiqués on its intentions are published;
- b) Bottom-up planning is encouraged, involving staff at all levels;
- c) Performance is recorded regularly; and
- d) Outstanding individuals and institutions are acknowledged publicly and widely.

Staff and Management Training

The developments proposed in the previous section all point to the need to systematize training in line with the achievement of organizational and individual goals. This will require a change in approach to training, in which the emphasis is on:

- a) Building up training programmes on the reported needs of local units;
- b) Increasing the amount of training done locally by non-professional trainers; and
- c) Increased use of post-basic training institutions to provide training materials, and to train local staff to act as trainers and facilitators.

The emphasis here, as in the other steps proposed, is to sharpen the relevance and sense of purpose of the training; to change it from a routine process which may or may not be linked to the work activities of the individual, to a more interactive process based on the individual's current work problems.

The proposed innovations are very wide-ranging. It can be expected that they will meet resistance at all levels, and the innovators will need to be prepared for this.

REMOVING BLOCKS TO INNOVATION

It is clear that increased motivation cannot be achieved in one step, that it is a long and complex process, and that there will never be a stage where the search for a better bargain between organization and individual remains static. Constant adjustment will be needed; for this to occur, change must be acceptable to the staff. To create such a climate of change and reduce the blocks to innovation, the organization must aim for:

- a) Encouragement of a culture of pride. Highlight the achievements of staff through visible awards, through applying an innovation from one area to the problems of another, and through encouraging experienced innovators to serve as "consultants".
- b) Greater access to "power tools" for innovative problem solving. Provide mechanisms (such as a council?, an R&D committee? with direct access to a higher-level steering committee?) for supporting proposed experiments and innovations, especially those involving teams or collaborators across areas.
- c) Improvement of lateral communication. Bring departments, institutions and units together. Encourage cross-fertilization through exchange of people and mobility across areas. Create cross-functional links and perhaps even overlaps. Bring together teams of people from different areas who share responsibility for some aspect of the same type of service.
- d) Reduction of unnecessary layers of hierarchy. Eliminate barriers to resource access. Make it possible for people to go directly after what they need. Push decisional authority downward. Create "diagonal" slices, cutting across the hierarchy to share information and to provide quick intelligence about external and internal affairs.
- e) Increased - and earlier - information about health service plans. Where possible, reduce secretiveness. Avoid surprises. Increase security by making future plans known in advance, making it possible, in turn, for those below to make their plans. Give people at lower levels a chance to contribute to the shape of change before decisions are made at the top. Empower and involve them at an earlier point, e.g. through task forces and problem-solving groups or through open-ended, change-oriented assignments, with more room left for the person to define the approach.

CONCLUDING COMMENTS

A wide range of activities, often new and demanding, is needed before changes in motivation and performance can occur. Before such changes can be made, of course, health service leaders must make a personal commitment to support these innovations. They must believe that times are different, understand that the transforming nature of our era requires a different set of responses. They need a sufficient sense of personal power to feel comfortable about sharing it. They need a commitment to longer-term objectives and long-term measures. They must think in terms of integration rather than segmentation, of making connections between problems, of pulling together ideas across disciplines and viewing issues from many perspectives.

The dominant characteristics of change will be:

- movement away from centralized management;
- enhanced communication;
- clearer and more meaningful targets for individuals;
- increased recognition of outstanding performance;
- more efforts directed toward meeting the living and working requirements of staff;
- stronger links between reporting and subsequent actions; and
- better assessment of individuals and more support in their individual development.

In most health services, additional resources and manpower will be needed to develop and maintain the initiatives outlined in this chapter. Investment - of money, of manpower, of commitment - is required to achieve increased motivation and improved performance. Only through this investment can health services and staff members make the best of the work bargain; and only through this investment can the public obtain the volume and quality of service that they pay for.

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DISCUSSION TOPICS

1. MOTIVATION INITIATIVES

In the early part of the chapter, the areas in which new initiatives will be needed to stimulate motivation are highlighted.

- a) Identify, as individuals and then summarize for the group, any changes that have occurred over the last five years in any of these areas.
- b) Draw up a table which shows, in your view, to which of the basic needs of staff these initiatives have contributed.
- c) Identify which of these initiatives appeared to change staff motivation.

Were the changes achieved in the short term or have they continued to influence behaviour over the longer term?

2. EFFECTIVE ASSESSMENT

A critical requirement for maintaining the bargain between individual and organization is the introduction of staff assessment and appraisal. Some health services already have assessment schemes but find them difficult to implement. Almost none uses them as a vehicle for staff development or renegotiation of the bargain.

- a) Specify what steps you or your organization could take to introduce appraisal as a routine process at all levels of the service which is effective and useful.
- b) Identify what changes in current procedures and management style would be needed to allow this to happen.

What would be needed to make this process feasible?

3. ORGANIZATIONAL BELIEFS

All organizations have a "culture" associated with them. This culture is reflected in the beliefs of staff about the organization.

- a) Can you specify up to ten beliefs you or your colleagues have about your own health service? List in two columns those beliefs which you think contribute to motivation and those you think do not.
- b) In the text of this chapter, a number of beliefs about excellent organizations were presented. Arrange them in some order of priority for your organization and identify an order of difficulty in achieving them.

Is it important for you and your organization to strive for excellence?

CHAPTER 7

MAKING THE CHANGE

OBJECTIVES

This chapter is intended to provide readers with an understanding of:

- characteristics needed by an organization to sustain changes in staff motivation,
- the problems of change in the reality of organizational life,
- the helping and hindering forces to change, and
- the requirements for managing the change process.

SUMMARY

Proposals for change in organizational practice to increase motivation and organizational performance are not sufficient in themselves to realize a sustained impact. The process of change must itself be managed carefully if there is to be any likelihood of success.

The organization must also exhibit characteristics which provide a supportive environment for change to occur. These characteristics are detailed here and elsewhere in the book. For many developing health services, the first priority will be to create this environment as a precursor to addressing issues of motivation and performance.

The change process is complex and presents considerable difficulties for key decision-makers, trying on one hand to cope with the existing situation, while preparing for the new on the other. During the process, many forces are at work, some providing support for it and some resisting it. Some examples of these forces are given in this chapter. It is the responsibility of senior managers to strike a balance which accommodates the existing situation while minimizing resistance and enhancing the elements which support the proposed change. Diagnostic tools are available for assessing how best this can be done, and these are presented in outline form.

Structured and systematic efforts to manage change in organizations have largely been neglected in health services, although exceptions exist around successful national and international health campaigns.

As understanding of those factors which lead to success has increased, so have attempts to manage the change process. The benefits of doing so are now beginning to emerge and provide a key platform for development activities in the future.

MAKING THE CHANGE

INTRODUCTION

The previous chapters have set out what is needed to increase individual motivation and organizational performance. Mechanisms for achieving these objectives have also been proposed. However, by themselves they are not sufficient to ensure successful development. Managers and health service leaders must also engage with the process of change which itself is complex. This chapter examines the problems of generating change and suggests approaches that will increase the likelihood of success.

A SUPPORTIVE ORGANIZATIONAL ENVIRONMENT

Most health services are conservative organizations built up over the years into traditional bureaucratic structures. While considerable innovation takes place in the technical activities of these organizations, little of this has permeated into the management and operational processes. Where innovative changes in management have been proposed and achieved, these have largely been through the creation of separate "vertical" programme infrastructures, such as malaria and smallpox which have been less bound by existing bureaucratic patterns and regulations.

Earlier chapters have suggested that the organization must exhibit a number of characteristics in order to achieve changes in motivation. To summarize, these characteristics are:

- a) The organization's purpose is clear to all employees;
- b) The strategies of the organization are matched by its organizational structure;
- c) The leadership is visible and in contact with all levels of staff;
- d) Decision-making is decentralized to the lowest appropriate level;
- e) There is a wider exchange of information, with all levels of staff encouraged to contribute;
- f) Rewards are linked to individual performance and achievement; and
- g) The organization is prepared to adopt a realistic approach to its activities.

For many health services, the creation of an organization with these characteristics will, in itself, require a considerable change. Nevertheless, unless the organization can move in these directions, however difficult that might be, the chances of significant improvements in motivation and performance are small.

WHAT ARE THE PROBLEMS OF CHANGE?

The idea of change seems straightforward enough. A goal is established for which strategies are devised, and a plan of action created. This should be followed by an implementation process with various adjustments being made on the way. The outcome will be some change and, in the purpose being considered in this document, the change would be in new behaviours and improved performance.

It rarely, if ever, happens like this. In the reality of organizational life, key decision makers are constantly under pressure to cope with the existing situation while preparing for the new. Specifically, they are having to strike a balance between a variety of conflicting forces such as:

- a) The extent to which the organization will accept an experimental approach to change with the likelihood of a large number of failures. The problem is exacerbated for many developing health services since they already plan in an environment of great uncertainty.
- b) The need to exercise clear and firm leadership at the top, but at the same time to encourage staff to try new and innovative approaches.
- c) The imperative to continue to deliver services to the public while diverting resources to manage the change and (perhaps just as importantly) finding managers who can operate as leaders rather than as bureaucrats.
- d) The difficulty of ensuring that the principles of the change are kept in view, despite the large number of interim problems that will occur, in particular those that most directly affect the staff themselves.
- e) The need to sustain commitment and confidence in the change maker in the organization, and yet ensure that the more conservative elements do not undermine progress.

The process of change is taken as being trivial in many organizations. The high level of perceived failure which accompanies many organizational innovations is, at least, in part attributable to a lack of understanding of the complexity of the process. Often too it indicates an unwillingness to supply adequate resources or adequate leadership.

WHAT ARE THE ELEMENTS OF THE CHANGE PROCESS?

As was pointed out in the previous sections, the logical process of identifying goals, creating strategies and plans and implementing them is not what actually occurs. Undoubtedly there must be objectives determined and a plan of action drawn up, but the expectation must be of much greater levels of flexibility in implementation than exist in the routine processes of ministries. This flexibility must allow for variety in the solutions to emerging implementation problems, as well as accommodating the emotional and psychological needs of individuals and groups involved in or affected by the proposed changes.

To effect this change, efforts are required in the following areas:

- a) Managing the transition between the current situation and future objective;
- b) Reducing resistance to change;
- c) Increasing staff commitment to specific changes;
- d) Establishing operating principles for the change process;
- e) Ensuring a shared view of the future among staff;
- f) Sustaining the fundamental purpose of the change; and
- g) Maintaining appropriate links with other agencies and institutions on which the change will have an impact.

Most attention will need to be given to ensuring that the proposed change is well understood, and has significant support in the organization. A second priority must be to ensure that adequate resources are set aside to manage the transition. It is the first of these which is most often neglected, leading to misunderstandings and resistance, and indeed even sabotage, to ensure that the change proposed does not take place.

Throughout this document it has been stated that a fundamental requirement for improved motivation is a more open organization, which moves away from the bureaucratic process of orders from above and reports from below. The basic challenge facing developing health services is to create an open environment with the attendant implications for management structure, and the decentralization of authority and responsibility.

It has to be accepted that any change process will have a high level of uncertainty; it will generate conflict; and it will almost certainly produce new problems and alternatives that were not foreseen in the planning stage. As a generality, it is to be expected that the factors laid out in Table 7.1 will apply to the change process¹.

Table 7.1 Change Factors

CHANGE IS	
Helped by:	Hindered by:
Faith, imagination, vision	Elaborate analysis/forecasting
Leadership	Invariant procedures
Patience and persistence	Expectations of rapidity
Planned flexibility	Tight targets
Stable working teams	Career moves of key people
Release from current work	Change work not recognized
Committed people	Assigned staff
Intense, focussed activities	Organizational distractions
Multidisciplinary work	Specialization
Horizontal trading	Linear hierarchies
Early boundary management	Professional tribes
Open organization	Bureaucratic attitude

PROVIDING A BASE FOR ACTION

We have already set out, in a general way, the types of action necessary to make a successful change in an organization. These recommendations carry no great surprises and would be expected to appeal to "common sense" in experienced managers. Despite this, the culture of many Ministries of Health has not actively encouraged the application of these standard and formalized approaches to change. Nevertheless, they are essential. In practical terms, the precise actions required to provide the base for the change process will need to be determined through a diagnostic analysis² which accompanies the setting of new objectives for motivation and performance. This analysis will encompass:

1. Assessing the range and nature of the problems that will arise as a result or as a part of the change process.
2. Identifying the smallest system of individuals and groups in the organization and its immediate environment that must be involved for the change to occur.

3. Quantifying the extent to which the critical mass of individual elements in the system described in (2) are ready (i.e. willing and motivated) and capable (i.e. with sufficient authority and resources) to make the necessary changes.
4. Analyzing the principal forces for and against the changes proposed (viz. force-field analysis) and determining which of the helping forces can be increased and which of the hindering forces can be reduced.
5. Determining what elements in the system are most vulnerable, accessible and well-linked to provide a core for the development process.
6. Clarifying what will be the first steps in the change process with a short-term scenario which provides direction to the change activators.

Little of this analysis has been done in the past in an explicit way. However, as understanding of the change process increases, the application of this diagnostic tool has also increased. In the major changes now occurring in the British National Health Service, the use of this form of diagnosis, together with the use of trained "change agents" to facilitate the process, is becoming an accepted and effective element of change.

CONCLUDING COMMENTS

Changes in motivation, like most other changes, cannot be achieved through simplistic changes in regulations. The change process is complex and will require significant changes, particularly in the management style of many health services, if the changes are to have real impact on the motivation of individual staff members in the health service.

Organizations operating in such widely diverse cultures as Japan and the United States of America are finding that the fundamental requirements for motivation and change are common and are not culture-specific.³ There is opportunity, then, for health services to draw on experiences from elsewhere to develop their own organizations. For most developing health services, the basic challenge is to create the type of open environment which will support staff involvement and change.

REFERENCES

1. T. Turrill. Change and Innovation: a challenge for the NHS. London, the Institute of Health Services Management, 1986.
2. R. Beckhard. Managing Change in Organizations. Addison-Wesley Publishing, 1985.
3. W.F.G. Mastenbroek. Conflict Management and Organizational Development. John Wiley, 1987.

Characteristics	(1 is low; 6 is high)						Difference
	1	2	3	4	5	6	
8. Communication is relatively open (differences are valued).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9. Collaboration is rewarded when it is in the organization's best interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10. Conflict is managed, not suppressed or avoided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
11. The organization is seen as an open system. Demands of the environment (other systems and sub-systems) are managed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12. Individuality and individuals are valued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
13. Management respects people and treats them as adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
14. An effort is made to inspire people at the very bottom of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
15. There is a "learning" mode of management. Feedback systems for assessing, regulating and responding to plans and actions are built in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
OVERALL RATING							<input type="text"/>

b) How would you rate your organization in terms of effectiveness? Please circle one of the following descriptions:

One of the best, extremely effective

Better than many, very effective

OK, generally gets the job done

Effective in some areas, needs revamping in others

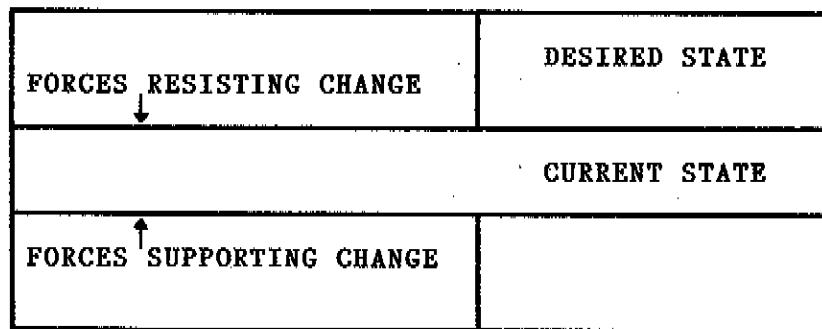
Marginally effective

As a group, review the results of the questionnaire and propose what feasible actions could be taken to improve the characteristics exhibiting the most serious deficiencies. Which improvements would be especially important for change programmes directed at staff motivation and service performance?

2. FORCE-FIELD ANALYSIS

This type of analysis is useful at the diagnostic stage of change management when people's attitudes and reactions are important. Before the change is attempted, there is an equilibrium between the forces supporting change and those resisting it. Force-field analysis involves the identification of these forces, their direction and strength. It provides the basis for exploring how the forces might be modified to shift the equilibrium toward the desired state.

- a) Using a diagram similar to the one shown below, introduce into it the named forces which had a bearing on two recent proposals for change in your organization, one successful and one unsuccessful. Draw arrows pointing into the current state, the length of which represents the strength of a particular force.
- b) Identify for both cases your view of how the forces changed during the attempted development and, in the case of the unsuccessful proposal, what forces would have had to change to achieve success.
- c) Report on the results of your analysis and on your views as to whether an overt exploration of the forces such as found using the force-field analysis would be helpful and practical in your situation.



3. THEORY OF RESISTANCE TO CHANGE

Resistance to change takes many forms and can be expected in any change effort. Change managers need to analyze the type of resistance (perhaps identified in a force-field analysis) in order to find ways to reduce it and gain commitment.

A change formula provides a way of thinking about this problem. The formula is

$$C \text{ occurs when } (ABD) > X$$

- where C = change
- A = level of current dissatisfaction
- B = desirability of the proposed change
- D = practicality (is it risky?)
- X = "cost" of change

Taking the two proposals for change in the previous question, or an entirely new example from your own organization:

- a) Identify how the "costs" of the change would be judged by key forces in the change.
- b) In the case of the unsuccessful development, also identify which of the factors (AB and/or D) was not of sufficient magnitude to lift the benefit of the change above the cost.

Could anything have been done to alter this?

ANNEX 1

MOTIVATION (WORK SATISFACTION) QUESTIONNAIRE

INTRODUCTION

Various studies quoted in this book have pinpointed the reduced performance of poorly-motivated staff. They have also shown that poor motivation is by no means exclusively caused by poor pay or prospects, and that the causes are not always those which are assumed by supervisors and management. Once the real causes have been precisely defined, however, the remedies introduced have generally proved relevant and effective. Accordingly, the following questionnaire has been designed to help supervisors, faced with poorly-motivated staff, to define the causes precisely.

The questionnaire is intended for completion by teams of health service employees and their immediate supervisor(s) rather than by random samples from large categories of staff. Examples might be a team of nurses with their senior nurse; a health team and its chief; or a group responsible for some project, e.g. an immunization drive.

Results from the questionnaire will indicate the degree of importance a particular group attaches to different aspects of its work and the group members' main areas of satisfaction or dissatisfaction. These results can be related to their supervisors' assumptions about their views. When the causes of poor morale are correctly identified, the supervisor can refer to the relevant chapters in this book for ideas for remedying matters.

BACKGROUND TO THE QUESTIONNAIRE

A cross-cultural questionnaire

The questionnaire is derived from a range of studies relating motivation to job satisfaction and performance. Most of these studies have been done in developed countries, principally the USA. Can it be assumed that the same motivation will apply in developing countries?

Indications that this is a reasonable assumption come from the few studies which have been done in developing countries (India, Latin America, Philippines) and also from cross-cultural studies of managerial motivation in multinational organizations. Nevertheless, there are likely to be different emphases in different cultures and there may be some communities for whom parts of the questionnaire are irrelevant.

Variations in individual motivation

The motivation of individuals is known to vary with age, changing circumstances and changing responsibilities. It is also much influenced by cultural and community pressures. In view of these differences can a questionnaire yield valid information?

The assumption that it can is based on the knowledge that despite variations, human motivation does seem capable of categorization in ways which are valid for most people in many societies. Moreover the questionnaire is directed at a group which is in some senses homogenous. All the members will be adults working in a health service. The questions relating to personal circumstances which appear at the beginning of the questionnaire should give some indication of the extent to which different circumstances are influencing replies.

Work motivation

There is reasonable support for the theory that some aspects of work serve to prevent people leaving their jobs (hygiene factors) but do not of themselves promote good work. Other aspects are required to do this. Nevertheless, if hygiene factors are neglected, staff will become disaffected. The questionnaire therefore includes hygiene factors and factors associated with good work.

Predominant among "satisfiers" are elements contributing to feelings of personal worth: being trained, appropriately rewarded, fairly treated, kept informed; belonging to a respected group; being able to contribute; having responsibility for a complete task; being able to set one's own pace of work; having variety and a challenge. Studies which have measured individual satisfaction before and after the experimental adjustment of work to increase these factors uniformly show an average increase in staff satisfaction. The increase never shows 100% satisfaction because of individual differences, etc., but in many studies it is nevertheless marked.

The correlation between increased satisfaction and productivity is less straightforward. Increased satisfaction does appear to improve the quality of work, particularly if that work is intellectually demanding. Productivity also benefits from the retention of willing staff who can be given sustained guidance and training. The correlation between increased satisfaction and reduced absenteeism and labour turnover is very high. To reap full benefits, however, additional measures may be needed, such as:

- a) Precise targets for performance (preferably established by mutual agreement).
- b) Fast and precise feedback on target attainment.
- c) Linked relevant rewards.

USING THE QUESTIONNAIRE

To use the questionnaire, follow these steps:

1. Select an appropriate group and leader.
2. Read the questionnaire through carefully to ensure that the questions are intelligible and relevant to the group you have selected. If any questions are not intelligible, either strike them out or alter the language appropriately. If any question is irrelevant, strike it out.
3. Select an independent person who can be trusted to score the questionnaire carefully. (Scoring guidelines are given later.) If you cannot find such a person, the authors of this document may be able to help. Contact them through the Division of Health Manpower Development, World Health Organization, 1211 Geneva 27, Switzerland.
4. Explain to the group the purpose of the questionnaire. Reassure everyone that there are no right or wrong answers, that no-one is required to give their name, and that scoring will be undertaken independently.
5. If the group is prepared to complete the questionnaire, please give the following instructions:
 - a) To Supervisors: "Please mark the questions to indicate how you think the members of the group you supervise generally feel about their work."
 - b) To Team Members: "Please mark the questions to indicate how you yourself feel about your own work."
6. Give participants the name and address of the scorer and advise them to send their completed questionnaire direct to that person. If this is not possible, supply everyone with a plain envelope in which to put their completed questionnaire. Collect the envelopes and forward them to the scorer.

WORK SATISFACTION QUESTIONNAIRE

Your Job Title and Rank _____ Where You Work _____

Job Title of Your Boss _____ Date of Completing
Questionnaire _____

Personal Data

Sex: Male Female
 Age: 20-29 30-39 40-49 50 plus
 Are You: Living alone In a family Married
 Are You Responsible for Others in Your Family?
 Children Old people Invalids Other

Please tick the box which most applies to you in your present job:				
	Great Satis- faction	Some Satis- faction	Some Dissatis- faction	Great Dissatis- faction
1. Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fringe benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pension: long term financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Safety at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Good equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sufficient resources to do a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Competent colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Having colleagues' respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Belonging to a respected team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Competent supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Caring supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Great Satis- faction	Some Satis- faction	Some Dissatis- faction	Great Dissatis- faction
14. Being rewarded & recognised for good or extra effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Impartial treatment, a fair boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Being kept informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Being given precise work objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Being told about my performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Patients' appreciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Community respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Government support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Setting my own objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Being able to set objectives by discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Career prospects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Varied work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Interesting work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Challenging work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Using my training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Using my ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Planning my own work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Knowing my work is valuable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Knowing I am contributing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Being responsible for results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Patients' recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The three aspects of my job which I value most are:

1. _____
2. _____
3. _____

The three aspects of my job which I dislike most are:

1. _____
2. _____
3. _____

The main reason I work in the Health Service is:

= = =