

“NURSES' MOTIVATION IN INDIA : INTRINSIC AND EXTRINSIC MOTIVATION, ‘WHAT DO YOU LOOK FOR IN A JOB?’ AN EMPIRICAL STUDY”

MS. RAVINDER KAUR,
RESEARCH SCHOLAR,
AMITY BUSINESS SCHOOL, NOIDA

The nurses' crisis has numerous dimensions. There are inadequate numbers of workers, poorly distributed with an unplanned brain drain (domestically and internationally). With respect to existing human resources, the low level of nurses' motivation has often been identified as a central problem in health service delivery. For example, the results from a survey undertaken by the Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation, GTZ) among representatives of ministries of health and GTZ staff from 29 countries showed that low motivation is seen as the second most important health workforce problem after staff shortages. From the perspective of health professionals, the challenges include lack of equipment, frequent shortages of supplies and a mounting workload - all these exacerbated in small and rural facilities. Furthermore, despite decentralization efforts, key functions of human resource management (recruitment, overall staff distribution, remuneration, promotion and transfers) remain highly centralized.

A study in South Africa on the effects of a newly introduced, so-called "rural allowance" showed the limited impact on retention and motivation (Reid S, Durban: Health Systems Trust; 2004). Similarly, analyzing the role of wages in nurses migration, (Vujicic et al) conclude that what they call non-wage instruments may be more effective in reducing migration flows, as portrayed in a (WHO report- 2003). The study of (Kingma M), while undertaken in developed countries, also provides important insights on the limited effect of financial incentives on nurses and instead points at the relevance of non-financial incentives for nurses' job satisfaction and self-esteem. In their

study on health workers' motivation and performance in Benin, (Alihonou et al) suggest introducing non-financial incentives while also improving structural conditions. (Stilwell) shows, by reference to Zimbabwe, that nurses based in remote areas, despite lack of financial incentives and hard working conditions, frequently exhibited a high level of motivation to perform well.

Low motivation has a negative impact on the performance of individual nurse, facilities and the health system as a whole. Moreover, it adds to the push factors for migration of nurse, both from rural areas to the cities and out of the country (WHO-2003, JLI press -2004). It is therefore an important goal of human resources management in the health sector to strengthen the motivation of nurses. Many nurses' are de-motivated and frustrated precisely because they are unable to satisfy their professional conscience and impeded in the pursuit of their vocation due to lack of means and supplies at work and due to inadequate or inappropriately applied human resources management (HRM) tools.

Motivation can be defined as "the willingness to exert and maintain an effort towards organizational goals" (Franco LM, Benett S, Kanfer R). Motivation develops in each individual as a result of the interaction between individual, organizational and cultural determinants. Some of these factors are of more distal nature, such as cultural norms and values and individual personality, hence they lie outside the scope of human resources management.

(Kanfer) identifies two aspects of the internal motivation process: The "will-do" aspect concerns the establishment of congruence between personal goals and the goals of the organization (goal setting). Questions that characterize this psychological process are: "What is the personal value of devoting more of my resources to the job?" or "What is the personal value of achieving higher job performance?" The "can-do" aspect concerns motivational effectiveness, the extent of individual resources that are mobilized to accomplish adopted goals (goal achievement). The related question is: "How likely is it to achieve the desired level of job performance?"

Despite interest in the issue of human resources for

health, human resource management and the question of what can be done to strengthen nurses' motivation in developing countries has so far not received as much attention as the subject merits. In addition to the above problems, there is an ever-higher demand for the availability and retention of health workers.

One way to do this is to offer incentives. The World Health Organization (WHO) defines incentives as "all rewards and punishments that providers face as a consequence of the organizations' in which they work, the institution under which they operate and the specific interventions they provide" (WHO, 2000: p 61). (Buchan) use the objective(s) of the incentive as the definition: "An incentive refers to one particular form of payment that is intended to achieve some specific change in behaviour." Incentives serve as motivation for the nurses' to perform better - and stay in the job - through better job satisfaction (Zurn, Dolea and Stilwell, 2004). Enhanced motivation leads to improved performance, while increased job satisfaction leads to reduced turnover (greater retention). Nurses' are internally motivated by :

Valence - how they perceive the importance of their work;

Self-efficacy - their perceived chances of success in their tasks; and

Personal expectancy - their expectations of personal reward.

Although motivation is an internal state consisting of perceived task importance, self-efficacy and expected personal reward, it is possible to influence it with external changes in the workplace. The workplace climate plays a role in job satisfaction, correlating highly with retention because workers who are satisfied with their jobs remain in their jobs (Luoma, 2006).

An exit study on 40,000 nurses in 11 European countries showed a relationship between job satisfaction and the intention to leave the profession: the lower their job satisfaction, the more likely nurses were to leave (Hasselhorn, Tackenberg and Muller, 2003). Indeed, facilities that are able to

attract and retain staff tend to be those that offer the nurses' high levels of job satisfaction (Zurn et al, 2004). Incentives systems are the most widely used external influences on motivation (Louma, 2006). Beyond worker motivation, incentives are used to attract and retain health professionals to areas of the greatest need, such as rural or remote areas with poor infrastructure and poor populations. Incentives are used to overcome inequities in supply of and access to health services, such as rural allowances (South Africa) and mountain allowances (Lesotho).

METHODOLOGY OF RESEARCH

Before prospective respondents agreed to participate in the study, the interviewer informed them about the overall subject of the questions: their experiences and views of certain HRM tools and needs around their work environment. The Design of the research study is as follows :

The type of research adopted is Descriptive. Descriptive research is used to gather descriptive information nurses' classifications, nurses motivation levels etc. The research study is quantitative in nature. Mathematical analysis is used to generalize the statements. The type of questionnaire used is structured and formal. The types of questions used are straight forward and limited probing in nature. Time Dimension is cross - sectional, information was obtained from 520 samples of respondents from the target population in senior nurse and junior nurse from the 4 units of Apollo Hospitals Group. The type of analysis is statistical analysis. The hypothesis is tested using Spearman rank order correlation. The research technique used is survey method. The primary data needed for the study has been collected through questionnaire and the contact method used was person administered survey.

The target population for the 4 units of Apollo hospitals Group for 4 units; Delhi, Hyderabad, Pune and Kolkata is 2200 nurses. Sample consisted of 520 nurses' working with Apollo hospitals Group from units like Delhi, Hyderabad, Pune and Kolkata included

employees from two hierarchical levels i.e. Senior and junior nurses working in organizations. The size of sample was determined using formula for sample for small population.

Total Sample (N- 520)			
Delhi (N- 130)	Hyderabad (N- 130)	Pune (N- 130)	Kolkata (N- 130)
Sr. Nurse (N- 65)	Sr. Nurse (N- 65)	Sr. Nurse (N- 65)	Sr. Nurse (N- 65)
Jr. Nurse (N-65)	Jr. Nurse (N-65)	Jr. Nurse (N-65)	Jr. Nurse (N-65)

The actual research question on the role and relevance of non-financial monetary factors affecting motivation levels was not unveiled in order to avoid "socially desired behaviour" responses. The field work material was coded and quantitative data was analyzed with SPSS software.

ORGANIZATIONAL SITES

The study design entailed structured qualitative questionnaire with nurses from the 4 units of Apollo Hospital. The selection of nurses was the result of a random sampling process. In each unit 130 nurses were carried out and the total sample size was of 520 nurses'. Results from these questionnaires by respondents were backed up with information from focus group discussions/interviews with senior nursing staff of the hospital.

MEASURES

The study used "Measures Intrinsic and extrinsic Motivation: What do you look for in a Job?"

Udai Pareek (1968a, 1968b) identified and was used specifically for healthcare workers working in hospitals. The instrument contains 14 items in the questionnaire, seven related to intrinsic and seven to extrinsic motivation.

TABLE 1 :

FACTORS	N	Min	Ma	Mean	Std Deviation
Job security.	520	1	14	3.77	3.29
Adequate salary.	520	1	14	4.96	4.10
Fringe benefits (perks etc.).	520	1	14	8.95	3.92
Comfortable working conditions.	520	1	14	5.27	3.35
Sound company policies and practices.	520	1	14	8.98	3.55
Considerate and sympathetic supervisor.	520	1	14	9.79	3.35
Restricted hours of work.	520	1	14	9.43	3.44
Opportunities for promotion.	520	1	14	7.10	3.54
Interesting work.	520	1	14	5.34	3.33
Respect and recognition.	520	1	14	6.06	3.21
Responsibility and independence.	520	1	14	7.36	3.30
Doing something worthwhile.	520	1	14	8.95	3.55
Technically competent supervisor.	520	1	14	9.68	3.24
Pay according to ability and competence.	520	1	14	9.23	3.85

TEST PERFORMED - Non parametric correlation test was performed.

TABLE 2

Correlation			Jr. Nurse	Sr. Nurse
Spearsman rho	Jr. nurse	Correlation coefficient	1.000	0.789
		Sig. (2 tailed)	.	.001
		N	14	14
	Sr. nurse	Correlation coefficient	0.789	1.000
		Sig. (2 tailed)	.001	.
		N	14	14

PURPOSE

To study if there any correlation exists between the senior and the junior nurses ranking for non monetary motivations while selecting a job.

Ho - there is no correlation between senior and the junior nurses ranking for non monetary while

NULL HYPOTHESIS

TABLE 3 :

Factors	N	Ranking By Jr. Nurse	Ranking By Sr. Nurse
Job security.	520	3.65	3.88
Adequate salary.	520	5.13	4.79
Fringe benefits (perks etc.).	520	9.57	8.34
Comfortable working conditions.	520	7.47	6.37
Sound company policies and practices.	520	5.29	5.25
Considerate and sympathetic supervisor.	520	5.14	5.55
Restricted hours of work.	520	9.30	8.66
Opportunities for promotion.	520	5.28	6.29
Interesting work.	520	7.26	7.46
Respect and recognition.	520	8.85	9.05
Responsibility and independence.	520	9.15	10.42
Doing something worthwhile.	520	9.14	9.92
Technically competent supervisor.	520	9.19	9.68
Pay according to ability and competence.	520	9.66	8.81

that they look into while selecting a job.

RESULTS AND CONCLUSION

Data were collected from 520 nursing employees altogether, there were 130 employees equally drawn from the four units of Apollo Hospital, which included Delhi, Hyderabad, Pune and Kolkata. From each of these four units sixty five (senior and junior nurses) were selected for this study. In order to examine the pattern of intrinsic and extrinsic motivation levels were analyzed. The scores of nurses belonging to the organizations working at two hierarchical levels namely Senior Nurses and Junior Nurses for fourteen items are shown in Table 1. The nurses are strongly guided by their professional conscience and similar aspects related to professional ethos overall, relating to the "will-do" component of motivation. Many health workers appear to be de-motivated and frustrated precisely because they are unable to satisfy their professional conscience and impeded in pursuing their vocation due to lack of means and supplies and due to inadequate or inappropriately applied HR tools. These appeared to negatively affect the "can-do" component of motivation. Due to the extent of the problems at hand, they also affect the "will-do" component of motivation.

In conclusion, efforts to strengthen nurse motivation

must protect, promote and build upon the professional ethos of nurses. This entails appreciating their professionalism and addressing health workers' professional goals such as recognition, career development and further qualification. It must be the aim of HR to develop the work environment so that nurses are enabled to meet personal and organizational goals. This requires strengthening nurses' self-efficacy by offering training and supervision, but also by ensuring the availability of essential means, materials and supplies as well as equipment and the provision of adequate working conditions that enable them to carry out their work appropriately and effectively.

The findings confirm our starting point that non-financial incentives and HR tools do play an important role when it comes to increasing motivation of health staff. The findings suggest that HR tools have the dual task to promote nurses' professional ethos and commitment, and to strengthen their perception of self-efficacy.

REFERENCES

Adams O, Hicks V. Pay and non-pay incentives, performance and motivation. Prepared for WHO's December 2000 Global Health Workforce Strategy Group Geneva 2001.

Aitken JM, Kemp J. HIV/AIDS, Equity And Health Sector Personnel in Southern Africa EQUINET Discussion Paper Number 12. Harare: EQUINET and OXFAM GB; 2003.

Alihonou E, Soudé T, Hounyé F. La Motivation et La Performance du Personnel de Santé au Bénin. New York : United Nations Children's Fund; 1998.

Bennett S, Gzirishvili D, Kanfer R. An In-Depth Analysis of the Determinants and Consequences of Worker Motivation in Two Hospitals in Tbilisi, Georgia Major Applied Research 5, Working Paper 9. Bethesda, Maryland: Partnership for Health Reform Project ; 2000.

Buchan J. What differences does ("good") HRM make? Human Resources for Health. 2004;2:6. doi: 10.1186/1478-4491-2-6. [PMC free article] [PubMed] [Cross Ref].

Dielemann M, Viet Cuong P, Vu Anh L, Martineau T. Identifying factors for job motivation of rural health workers in North Viet Nam. Human Resources for Health. 2003;1:1-10. doi : 10.1186/1478-4491-1-1.[PMC free article] [PubMed] [Cross Ref].

Dolea C, Adams O. Motivation of health care workers: review of theories and empirical evidence. Cah Sociol Demogr Med. 2005;45: 135-161. [PubMed].

Franco LM, Bennett S, Kanfer R, Stubblebine P. Health Worker Motivation in Jordan and Georgia: A Synthesis of the Results Major Applied Research 5, Technical Paper 3. Bethesda, Maryland : Partnership for Health Reform Project; 2000.

Franco L, Kanfer R, Milburn L, Qarrain R, Stubblebine P. Motivational Determinants of Health Worker Motivation in Jordan: A 360 Degree Assessment in Two Hospitals Major Applied Research 5 Working Paper 6. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc; 2000.

Mutizwa-Mangiza D. The Impact of Health Sector Reform on Public Sector Health Worker Motivation in Zimbabwe Major Applied Research 5, Working Paper 4. Bethesda, Maryland : Partnership for Health Reform Project; 1998.

Kingma M. Economic incentive in community nursing: attraction, rejection or indifference? Human Resources for Health. 2003;1:2. doi : 10.1186/1478-4491-1-2. [PMC free article] [PubMed] [Cross Ref].

Joint Learning Initiative (JLI) Human Resources for Health: Overcoming the Crisis. Cambridge, MA: Harvard University Press; 2004.

Franco LM, Bennett S, Kanfer R. Health sector reform and public sector health worker motivation: a conceptual framework. Social Science and Medicine. 2002;54:1255-1266. doi: 10.1016/S0277-9536(01) 00094-6. [PubMed] [Cross Ref].

Haselhorn HM, Tackenberg P and Muller BH (2003) 'Working conditions and intent to leave the professions among nursing staff in Europe : NEXT - nurses' exit study,'National Institute for Working Life, Stockholm, Sweden. www.next.uni-wuppertal.de/download/NEXTStrasbourg09102004.pdf

Herzberg F, Mausner B, Snyderman B. The Motivation to Work. New York : Wiley; 1959.

Kanfer R. Measuring Health Worker Motivation in Developing Countries Major Applied Research 5, Working Paper 1. Bethesda, Maryland: Partnership for Health Reform Project; 1999.

Lesotho Ministry of Health and Social Welfare (MoHSW) and the World Bank (2001). 'Strengthening Lesotho's Healthcare System,' MoHSW, Maseru. www.wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2000/02/03/000094946_00011405343115/Rendered/PDF/multi_page.pdf.

Luoma M (2006) Increasing the motivation of health care workers. The Capacity Project, Technical Brief 7, September. www.capacityproject.org/images/stories/files/techbrief_7.pdf

Pangu K. Health workers motivation in decentralized settings: waiting for better times? Studies in Health Services Organisation and Policy. 2000;16:21-31.

Reid S. Monitoring the Effect of the New Rural Allowance for Health Professions. Durban: Health Systems Trust; 2004.

Stilwell B. Unpublished paper/internal report for the Department of Organization of Health Care Delivery. Geneva : World Health Organization;

2001. Health worker motivation in Zimbabwe.

Schmidt-Ehry B, Seidel W. Human resources development. In : GTZ, editor. The District Health System Experience and Prospects in Africa Manual for Public Health Practitioners. Eschborn: GTZ; 2003. pp. 121-144.

Udai Pareek (1968a, 1968b). Training and Instruments in HRD and OD. Second edition:2002,Publisher - Tata McGraw- Hill.

USAID The Health Sector Human Resource Crisis in Africa An Issues Paper. Washington DC: USAID Bureau for Africa; 2003.

Vujcic M, Zurn P, Diallo K, Adams O, Dal Poz M. The role of wages in the migration of health care professionals from developing countries. Human Resources for Health. 2004;2:3. doi:10.1186/1478-4491-2-3. [PMC free article] [PubMed] [Cross Ref].

World Health Organization Migration of Health Professionals in Six Countries : A Synthesis Report. Brazzaville : World Health Organization Regional Office for Africa; 2003.

World Health Organisation (2000) The World Health Report 2000 - Health Systems: Improving Performance, World Health Organisation: Geneva. www.who.int/ (accessed 18 January 2007).

World Health Organisation (2006) The World Health Report 2006 - Working Together for Health, World Health Organisation: Geneva. www.who.int/ (accessed 11 January 2007).

World Health Organisation (2006) World Health Day 2006 : Toolkit. World Health Organisation: Geneva (accessed 11 January 2007).

World Health Organisation, Africa Region (2004) 'WHO Country Cooperation Strategy: Kingdom of Lesotho 2004-2007.' www.whoafro.int.

World Health Organisation, Africa Region (2006) The Health of the People: African Regional Health Report 2006. WHO: Geneva www.whoafro.int

World Health Organisation, African Regional Office (2006) Heroes for health. www.who.int/features/2006/heroes/africa/en/index.html; accessed 6 January 2007.

World Health Organisation, Africa Region (2006). 'Health worker motivation in Uganda,' African Regional Health Report 2006. www.whoafro.int, accessed 21 May 2007.

World Health Organisation, Africa Region (2006). 'Health worker motivation in Uganda,'(Video) African Regional Health Report 2006. www.whoafro.int/broadcast/hrh_bestpractices/Uganda.mw; accessed 21 May 2007.

World Health Organisation and Ministry of Health, Uganda (2002). 'The effects of abolition of cost-sharing in Uganda,' Kampala, World Health Organization and Ministry of Health.

World Bank World Development Report 2004 : Making Services Work for Poor People Washington, DC. 2003.

World Health Organization Working Together for Health The World Health Report 2006 Geneva. 2006.

Zurn P, Dal Poz M, Stilwell B and Adams O (2002) 'Imbalances in the health workforce : briefing paper,'World Health Organisation: Geneva.

Zurn P, Dolea C and Stilwell B (2004) 'Nurse Retention and recruitment: developing a motivated workforce,' Issue Paper 4, World Health Organization : Geneva. www.icn.ch/global/Issue4Retention.pdf