

RECOMMENDATIONS TO IMPROVE PHYSICIANS' MOTIVATION IN LAHORE, PAKISTAN: PHYSICIANS' PERSPECTIVE

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ABSTRACT: *Health systems are dynamic and multifaceted. Therefore, their improvement requires the input of many stakeholders. Decision makers depend on recommendations from health economists, managers and public health researchers, among others. Another crucial stakeholder is health care providers (HCP). Health care providers are at the forefront of health services and often act as the critical link between patients and health systems. In developing countries, the input of HCPs is important, particularly since health systems and infrastructure may be weak, fractured and disconnected from those that they serve. Here, we solicited the recommendations of physicians to improve their motivation. The willingness of HCPs to suggest and implement these changes is highly dependent on their motivation. Additionally, these recommendations are a good indicator of the existing gaps or problems in health systems, which is also of importance for decision makers. A sample of 360 physicians (equal males and females) was selected by stratified random sampling from primary, secondary and tertiary health care facilities in the Lahore district of Pakistan. A semi-structured, pretested questionnaire was used. We included 12 recommendations taken from the literature and local experts' and physicians' opinions to include in this module of the questionnaire. Physicians were asked to mark and rank the three most important recommendations they would suggest to improve their overall motivation. Response scales ranged from 1- Ineffective to 4- Very effective. Physicians reported the improvement in salary and remuneration systems as the most important recommendation to increase their motivation (78.6%). This was relatively more important to male physicians as compared to female physicians, possibly because males are generally responsible for the financial support of their families in this region. The improvement of physical working conditions was the second most important recommendation selected by physicians from nearly all health facilities (48.2%). This finding was relatively more obvious in public setups, especially among female physicians. Better training and professional experience was the third most important recommendation (32.2%), particularly among those working in primary and secondary setups. This emphasizes the gap in training, supervision and higher qualification opportunities available in these settings. Incentives other than salary such as transportation, housing and childcare assistance (25.7%) were also reported as an important recommendation relatively more often among females, possibly due to their family and childcare obligations. The creation of a fair recognition and rewards system for good performance (25.1%) was likewise important for physicians but more common in tertiary setups. The non-financial incentives of recognition and appreciation of good performance may, in certain situations, be relatively more important. The recommendations of physicians in this study highlighted some critical issues in the existing health system in Pakistan. Salaries, working conditions and other non-financial incentives were reported the most frequently. However, improvements in working conditions and incentives such as the provision of childcare, implementation of recognition and rewards systems and improvement of supervision can be undertaken even at district or local levels. Managers, administrators and policy makers need to be attuned and willing to tackle these issues.*

Keywords: Health workers, Motivation, Recommendations, Developing countries

1. INTRODUCTION:

Human resources are considered as “the heart of the health system in any country” [1, 2]. They are “the most important aspect of health care systems” [3] and arguably “a critical component in health policies” [4]. There is a consensus that despite their importance, human resource has been a neglected component of health-system development in low-income countries [5]. In the years to come health care providers will face increasing pressures to provide cost-effective, quality health care built around the needs of patients and their communities [6]. The volume of quality work expected from otherwise competent staff are not always forthcoming [7, 8]. The provision of functioning equipment, medical supplies, drugs and adequate funding for programme implementation are not enough to guarantee high-quality care services without the involvement of motivated staff. Success in achieving Millennium Development Goals, particularly those related to quality of care and human resource crisis, will not just depend on faster economic growth and the flow of resources, but on the ability and motivation of HCP to translate those resources into quality services.

In the struggle against various global health crises, less attention has been paid to the people who actually deliver health care. In addition, human resource shortage and low staff motivation have also been found critical predominantly in developing countries [9]. Exploring recommendations to improve health care worker motivation at the lowest possible level in primary setups to those in tertiary care hospitals may assist to better respond to future needs with a clear, evidence-based vision. It may be difficult to understand how to fulfil every provider's needs and motivational determinants but it is possible to identify common factors. Quality improvement is a continuous process and if the provider's motivation determinants are identified, the process of quality of care will be improved. Literature related to health care providers in the context of motivation is markedly scarce in Asia [10]. The scope of this study was to explore the experiences of health workers working in the health care facilities in Lahore district, Pakistan, in terms of their motivation to work, satisfaction and frustration, and to identify areas for sustainable improvement to the services they provide. The study included private tertiary setup health care workers who

mostly work only in private setups and those in the public sector in order to have a better understanding in both sectors and to make recommendations for provider's motivation and quality of care improvement. This study did not include private primary and secondary setups due to the lack in accessibility of information and regulation procedures.

2. MATERIALS AND METHODS:

The larger study consisted of three parts. The description and results of some part of the study has been published [11] while other sections of the study will be submitted for publication at a later date. The scope of presented results in this article relates to important recommendations to improve motivation in physicians' perspective. This part of the study had two sections; First section with potential interventions list, which might improve motivation to work at health facility and how effective each statement could be in physicians' opinion, mark by placing the number that best corresponds to their answer, using the Likert scale. Scale ranged from 1- Ineffective to 4- Very effective. In second section physicians were asked to report three most important recommendations from the list in their perception. Potential interventions list was made after thorough relevant literature review that initially identified 16 interventions. Later to limit bias and incorporate technical and local opinions, human resource experts and physicians were consulted for feedback and list was then revised to have 14 interventions (13 from the given list with one additional intervention suggestion). Pretesting with 30 physicians in non-study health facilities with similar settings in Lahore to evaluate and improve the list was done. Pretesting helped to ensure that all relevant recommendations were included. Following the pre-test stage, two experts, each from the field of human resource management, hospital management and psychometrics, reviewed the final list. To involve the study population perspective two local physicians (one male and one female) also gave their feedback. They were individually asked to judge the recommendations for suitability, simplicity, consistency and comprehensiveness. They were also asked about the list as a whole in terms of appearance, sequence and completion time that lead to final list of 12 interventions (11 from the given list with one additional intervention suggestion). The objective was the identification and removal of unclear, overlapping, and irrelevant recommendations.

For the survey, a stratified random sample of 360 physicians was selected from total of 1406 physicians working in study health facilities. Equal numbers of male and female participants were chosen at each stratum. The health setups represented in the study included all of the public primary and secondary health facilities. The two tertiary facilities (one private and one public) employing the largest number of physicians were also included. All registered medical practitioners from the PMDC working in the study health facilities at the time of recruitment were eligible for the study. The selection of respondents was based on the latest

lists of physicians working in study health facilities. These were obtained from the local authorities before the conduction of study. Informed consent form was used and formal ethical and official approvals were taken from relevant authorities.

3. RESULTS:

This section contains physicians' responses to potential interventions that might improve HCP's motivation to work. Their opinion about how effective each intervention could be being graded according to a scale. Scales ranged from 1- Ineffective to 4- Very effective. All proposed interventions had most of the responses in very effective to moderate effective. Three most important recommendations from the proposed interventions list in their perception by all physicians, in different setups and by gender are given in tables 1-3. Physicians reported the improvement in remuneration systems as the most important recommendation to increase their motivation (78.6%). This was relatively more important to male physicians as compared to female physicians. The improvement of physical working conditions was the second most important recommendation selected by physicians from nearly all health facilities (48.2%). This finding was relatively more obvious in public setups, especially among female physicians. Better training and professional experience was the third most important recommendation (32.2%), particularly among those working in primary and secondary setups. Incentives other than salary such as transportation, housing and childcare assistance (25.7%) were also reported as an important recommendation relatively more often among females, possibly due to their family and childcare obligations. The creation of a fair recognition and rewards system for good performance (25.1%) was likewise important for physicians but more common in tertiary setups. The non-financial incentives of recognition and appreciation of good performance may, in certain situations, be relatively more important.

Table 1: Recommendations to improve motivation by physicians

	Responses	Frequency (n)	(%)
All physicians	1. Improve remuneration system with more stable income, though not necessarily a high income	266	78.69
	2. Improvement in physical working conditions like availability of clean drinking water, better hygienic and safe working conditions	163	48.29
	3. Assist in improving professional skills through training, guidance and feedback from management and supervisors	109	32.29
Primary physicians	1. Improvement in physical working conditions like the availability of clean drinking water, better hygienic and safe working conditions	15	50%
	2. Improve remuneration system with more stable income, though not necessarily a high income	13	43.39
	3. Availability of better and more updated equipment	12	40%
Secondary physicians	1. Improve remuneration system with more stable income, though not necessarily a high income	15	53.69
	2. Improvement in physical working conditions like the availability of clean drinking water, better hygienic and safe working conditions	14	50%
	3. Assist in improving professional skills through training, guidance and feedback from management and supervisors	12	42.99

Table 2: Recommendations to improve motivation – Public and Private tertiary setups

	Responses	Frequency (n)	(%)
Public tertiary physicians	1. Improve remuneration system with more stable income, though not necessarily a high income	156	80%
	2. Improvement in physical working conditions like the availability of clean drinking water, better hygienic and safe working conditions	109	55.39
	3. Assist in improving professional skills through training, guidance and feedback from management and supervisors	60	30.89
Private tertiary physicians	1. Improve remuneration system with more stable income, though not necessarily a high income.	37	14.69
	2. Develop a system of rewards and recognition for good performance and achievements	31	12.29
	3. Assist in improving professional skills through training, guidance and feedback from management and supervisors	29	11.49

Table 3: Recommendation to improve motivation – Male and female

	Responses	Frequency (n)	(%)
Male physicians	1. Improve remuneration system with more stable income, though not necessarily a high income	145	86.8%
	2. Improvement in physical working conditions like the availability of clean drinking water, better hygienic and safe working conditions	70	41.9%
	3. Assist in improving professional skills through training, guidance and feedback from management and supervisors	56	33.5%
Female physicians	1. Improve remuneration system with more stable income, though not necessarily a high income	121	70.7%
	2. Improvement in physical working conditions like the availability of clean drinking water, better hygienic and safe working conditions	93	54.4%
	3. Assist in improving professional skills through training, guidance and feedback from management and supervisors	53	31.0%

4. DISCUSSION

Public health systems require effective human resource management for quality health system performance [12]. This part of the study aimed to identify potential recommendations that may improve physicians’ motivation in their perspectives. Overall findings of this part of the study showed that physicians reported improvement in the remuneration system as the most important recommendation to improve their motivation. It was relatively more important to male physicians as compared to female physicians possibly because males are usually responsible for the financial support of their families in this society. Literature shows that explicitly using policy focus on financial incentives have been considered (43,44). Additionally, there is also a consideration of effectiveness of performance-related pay in public sector contexts of developing country (45). Financial incentives can be considered as vital for employee motivation [13] but they are mostly one factor among many [14, 15]. In contrast, there is also evidence that money is rarely the most important motivator [16, 17].

Improvement in physical working conditions were the second most important recommendation selected by the physicians in almost all setups also highlighted by health workers in literature [18]. It was observed that this finding was relatively more obvious in public setups, especially among female physicians. Better training and professional experience was the third most important recommendation. It was more important to physicians working in primary and secondary setups. A possible reason could be the lack of training, supervision and higher qualification opportunities. Improved motivation and satisfaction has also been associated with training and higher qualification opportunities [19, 20]. Incentives other than pay such as childcare assistance for physicians and assistance for health and social problems like

flexible working hours for mothers, paid leave, transport and housing, were also reported as an important recommendation to improve physicians' motivation. Other incentives were relatively more important in public setups, particularly among primary physicians. A reason for this could be that their BHUs are usually far from the main city, which translates into more time going to, from and at work. Females also emphasized the importance of this recommendation relatively more often than male physicians. This could be due to the expected family and social responsibilities of females in this society.

Recognition and reward system for good performance was relatively more important for physicians working in tertiary setups as they usually deal with more specialized fields and complicated cases. Additionally, tertiary care physicians are usually overburdened with high patient turnover with less pay. Performance relation in such context has also been found in relevant literature [14, 21, 22]. Therefore, recognition and appreciation of their good performance may be a relatively more important motivator for this group. In addition, feedback systems [13, 23], target setting processes [13, 24], and other apparently minor changes to the functioning of the performance measurement system [25] can also motivate employees. Lack of appropriate resources has also been associated with motivation in other studies [26, 27]. The availability of resources such as better and more updated equipment was relatively more important to physicians working in public setups, and, in particular, those working in primary and secondary setups. This is possibly due to the availability of fewer resources in these settings.

Importantly, although employee motivation is a significant element of health systems performance, it is largely understudied [7]. Limited studies on the issue shows that little attention has been paid particularly in developing and poor countries [28]. In Pakistan, thousands of physicians have migrated in last few years [29]. Low motivation can be the major pushing factor in this context [30]. Not enough is currently known about which determinants of motivation are most important to different cadres of workers in developing countries [7, 31, 32]. The recommendations of physicians in this study highlighted some critical issues in the existing health system in Pakistan. Salaries, working conditions and other non-financial incentives were reported the most frequently. However, improvements in working conditions and incentives such as the provision of childcare, implementation of recognition and rewards systems and improvement of supervision can be undertaken even at district or local levels. Managers, administrators and policy makers need to be attuned and willing to tackle these issues.

REFERENCES:

1. JLI. JOINT LEARNING INITIATIVE: Human resources for health and development: a joint learning initiative. Global Health Trust, July 24, 2003, . 2003; Available from: <http://globalhealthtrust.org/doc/JLIBrochure.pdf>.
2. Thaver, I.H., et al., Private practitioners in the slums of Karachi: what quality of care do they offer? Soc Sci Med, 1998. 46(11): p. 1441-9.

3. Narasimhan, V., et al., Responding to the global human resources crisis. *Lancet*, 2004. 363(9419): p. 1469-72.
4. Dussault, G. and C.A. Dubois, Human resources for health policies: a critical component in health policies. *Hum Resour Health*, 2003. 1(1): p. 1.
5. Hongoro, C. and B. McPake, How to bridge the gap in human resources for health. *Lancet*, 2004. 364(9443): p. 1451-6.
6. Raad, J.-P.d. Shaping the health workforce: why employers need to lead the thinking and decisions in the health labour market. Occasional Paper No. 1. Wellington: Policy Branch, Ministry of Health. 1998.
7. Franco, L.M., S. Bennett, and R. Kanfer, Health sector reform and public sector health worker motivation: a conceptual framework. *Soc Sci Med*, 2002. 54(8): p. 1255-66.
8. Travis, P., et al., Overcoming health-systems constraints to achieve the Millennium Development Goals. *Lancet*, 2004. 364(9437): p. 900-6.
9. Mosadeghrad, A.M., Factors influencing healthcare service quality. *Int J Health Policy Manag*, 2014. 3(2): p. 77-89.
10. Purohit, B., A. Maneskar, and D. Saxena, Developing a tool to assess motivation among health service providers working with public health system in India. *Human resources for health*, 2016. 14(1): p. 15.
11. Malik, A.A., et al., Motivational determinants among physicians in Lahore, Pakistan. *BMC Health Serv Res*, 2010. 10(1): p. 201.
12. Buchan, J., What difference does ("good") HRM make? *Hum Resour Health*, 2004. 2(1): p. 6.
13. Rector, P. and B.H. Kleiner, Creating Productivity in Public Institutions. *Management Research News*, 2002. 25(3): p. 43-40.
14. Christie, B. and B.H. Kleiner, When is an employee unsalvageable? *Equal Opportunities International*, 2000. 19(6/7): p. 40-44.
15. Van Lerberghe, W., et al., When staff is underpaid: dealing with the individual coping strategies of health personnel. *Bulletin of the World Health Organization*, 2002. 80(7): p. 581-584.
16. Conant, G. and B.H. Kleiner, Human resource management in the health-care industry. *Health Manpow Manage*, 1998. 24(2-3): p. 114-8.
17. Franco, L.M., et al., Determinants and consequences of health worker motivation in hospitals in Jordan and Georgia. *Soc Sci Med*, 2004. 58(2): p. 343-55.
18. Lapeña-Moñux, Y.R., et al., Interpersonal relationships among hospital nurses and the use of communication skills. *Texto & Contexto-Enfermagem*, 2014. 23(3): p. 555-562.
19. Mbaruku, G.M., et al., What elements of the work environment are most responsible for health worker dissatisfaction in rural primary care clinics in Tanzania? *Human resources for health*, 2014. 12(1): p. 38.
20. Mutale, W., et al., Measuring health workers' motivation in rural health facilities: baseline results from three study districts in Zambia. *Hum Resour Health*, 2013. 11(8): p. 10.1186.
21. Orpen, C., Employee job performance and relations with superior as moderators of the effect of appraisal goal setting on employee work attitudes. *The International Journal of Career Management*, 1995. 7(2): p. 3-6.
22. Paul, A.K. and R.N. Anantharaman, Impact of people management practices on organizational performance: analysis of a causal model. *The International Journal of Human Resource Management*, 2003. 14(7): p. 1246-1266.
23. D'Aunno, T.A., M.D. Fottler, and S.J. O'Connor, Motivating People, in *Health care management : organization, design, and behavior*, S.M. Shortell and A.D. Kaluzny, Editors. 2000, Delmar Publishers. p. 64-105.
24. Bourne, M., M. Franco, and J. Wilkes, Corporate performance management. *Measuring Business Excellence*, 2003. 7(3): p. 15 - 21.
25. Robson, I., Implementing a performance measurement system capable of creating a culture of high performance. *International Journal of Productivity and Performance Management*, 2005. 54(2): p. 137-145.
26. Nguyen Thi Hoai Thu, A. Wilson, and F. McDonald, Motivation or demotivation of health workers providing maternal health services in rural areas in Vietnam: findings from a mixed-methods study. *Human Resources for Health*, 2015. 13(1): p. 91.
27. Bradley, S., et al., Too few staff, too many patients: a qualitative study of the impact on obstetric care providers and on quality of care in Malawi. *BMC pregnancy and childbirth*, 2015. 15(1): p. 65.
28. Mathauer, I. and I. Imhoff, Health worker motivation in Africa: the role of non-financial incentives and human resource management tools. *Hum Resour Health*, 2006. 4: p. 24.
29. Qureshi, A.Z. and F.A. Rathore, Number of Pakistani physicians working abroad; Do we really need to know? *JPMA. The Journal of the Pakistan Medical Association*, 2014. 64(12): p. 1410-1412.
30. George, G., J. Gow, and S. Bachoo, Understanding the factors influencing health-worker employment decisions in South Africa. *Human resources for health*, 2013. 11(1): p. 15.
31. Dieleman, M., et al., Identifying factors for job motivation of rural health workers in North Viet Nam. *Hum Resour Health*, 2003. 1(1): p. 10.
32. Franco, L.M., et al., Health Worker Motivation in Jordan and Georgia: A Synthesis of the Results. *Major Applied Research* 5, Technical Paper 3. 2000.