

Motivating and Rewarding Health Workers: Impact on Patient Care Quality

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ABSTRACT

Motivating and Rewarding Health Workers: Impact on Patient Care Quality Providing people with adequate health care is a long-term investment, recognized by the beneficial effect that good health has on economic growth. Ensuring a harmonious and motivated health workforce is crucially important to health systems, as health workers are essential for every aspect of the care that patients need. Knowing the impact different models of financial and non-financial motivation may have on the performance of health workers and their allocation of effort and time is an essential factor, not just in addressing the typical problems that affect all firms' staff but also in improving health care quality within and across countries, thereby enabling health systems to achieve better health outcomes. For developing countries, this issue is particularly relevant. A potential mismatch in maximizing social welfare is widely recognized in the health sector: governments are seen as having two principal roles: maximizing patient welfare and ensuring health workers' satisfaction by guaranteeing that they are adequately motivated in their role and have the necessary working conditions.

Keywords: financial, non-financial, performance, welfare.

1. INTRODUCTION

Motivating and Rewarding Health Workers: Impact on Patient Care Quality Providing people with adequate health care is a long-term investment, recognized by the beneficial effect that good health has on economic growth. Ensuring a harmonious and motivated health workforce is crucially important to health systems, as health workers are essential for every aspect of the care that patients need. Knowing the impact different models of financial and non-financial motivation may have on the performance of health workers and their allocation of effort and time is an essential factor, not just in addressing the typical problems that affect all firms' staff but also in improving health care quality within and across countries, thereby enabling health systems to achieve better health outcomes. For developing countries, this issue is particularly relevant. A potential mismatch in maximizing social welfare is widely recognized in the health sector: governments are seen as having two principal roles: maximizing patient welfare and ensuring health workers' satisfaction by guaranteeing that they are adequately motivated in their role and have the necessary working conditions.

Methods

The study was designed to quantify the relative efficacy of different financial and non-financial intervention packages under consideration by health care policymakers in developing countries. It was administratively feasible to vary the incentives provided to senior and less senior workers, so the assumptions underlying each of these two programs were tested quantitatively. Both our economic and our purely quantitative health production studies led to conclusions that could be regarded as robust. Incomes will affect health worker supply, and

shortages in particular cadres can adversely affect health worker performance. Financial and enforced performance incentives, if carefully designed, will evoke an enhanced effort to provide high-quality health care, even when they are daily costed. However, to achieve high-quality patient care, the importance of non-financial rewards and sanctions will always have to be taken into account. To meet possible efficiency-equity trade-offs, data on demand for change in contract terms in particular behaviors, together with observational and experimental data on health worker responses and their outcomes to different pharmaceutical packages and management systems, will have to be taken into account in any design and impact evaluation. Clearly, such economic evaluation would normally accompany any overall investigation, and the different influences would not be identifiable.

1.1. Background and Rationale

In all health systems, the quality of patient care is fundamentally determined by the motivation and performance of the health workers who deliver services. Efforts to improve quality, however well designed and intended, risk failure if they do not take into account the incentives that generate action by health workers who are required to change what they do and how they do it. Real health system improvement will require considerable attention to the motivations and incentives of health care workers. The challenge is to strengthen intrinsic motivation to use skills in serving patients and to change behavior so that it becomes much harder for those who game systems and take advantage of trained health workers to get away with it. Motivation is a complex issue and there is no silver bullet for the problem of how to make health workers work well. The symmetry of the aphorism 'to understand is to forgive' is also true. To make sense of how we motivate and reward health workers, we can also interpret the organization of health systems, the structure of employment, and the existence of powerful interests that manipulate rules. Part of the remedy is to make motivation a conscious part of health systems planning and to generate performance indicators that reflect intrinsic motivation and quality of services. The integrated, broader definition of performance that recognizes the multiple skills of health workers, the multiple tasks they need to perform, the importance of teamwork, the influence of management quality, and the 'intrinsic other-regarding' motivation of workers may make performance appraisal, motivation, and management for quality more practical and more sensitive to the aspects of employee performance that truly matter. Enhancing intrinsic motivation and rewarding quality of care require changes to make the health system more attractive as a place to work so that employees deliver better quality care of intrinsic as well as extrinsic reward.

1.2. Purpose of the Study

There is strong support for the role of workers' motivation in the production of quality care in publicly financed health systems. Health workers' motivation to serve the public interest, as defined by patient care responsibilities, can be said to be a key prerequisite for the realization of the potential hunger of the publicly financed health system for improved patient health status. However, it is unclear whether or how such motivation could be influenced by reward systems. This study brings together three elements that have not been sufficiently articulated in the literature on personnel policies to improve and motivate good performance in health systems in general, and in publicly financed ones in particular. First, it provides an exploration of different motivations of mixed-generation health workers to serve. Second, it explores links between such motivations and rewards such as explicit contingent contracts, pecuniary rewards, and other non-pecuniary types, including intrinsic motivation. Finally, it examines linkages between worker motivation and clinically useful indicators of patient care quality.

This analysis is motivated by the mixed-evidence findings of the previous literature on health workers' intrinsic motivations, and the limited attention that previous studies have given to worker non-pecuniary motivations. Patient satisfaction measures and qualitative studies are frequently used as a measure of quality, but do not usually reflect such dimensions as actual clinical care provision, treatment outcomes, or adherence to clinical practice guidelines. It is the relationship between health worker motivation and actual patient care quality that this study extends. The presence of strong links between perceived quality of care and patient satisfaction, or perceived access, in health services research, from the perspective of patients' subjectivity from payor instantiations of quality legitimacy in treatment guidelines, has led economic research to evaluate how they can be used as aid to the contract or reimbursement design for the providers.

2. The Importance of Motivation in Healthcare

Why does motivation matter in the health sector? Health workers directly deliver the health interventions needed to prevent premature mortality and avoidable morbidity. Their performance, both in terms of reaching adequate levels of competence and in providing effort and care, has important implications for the effectiveness of healthcare systems and ultimately the health of the population. However, providing health workers with adequate education, training, and compensation is neither straightforward nor free. For example, the ratio of doctors to the population in rich countries is thirty times greater than in poor countries. Similarly, the ratio of nurses to people is six times higher in rich countries compared to poor countries. And even within the same

country, large disparities can be found across regions. Income will not be the only determinant of effective health worker performance. Since studies have shown that an increase in income was not related to an increase in job satisfaction and that other determinants, such as job-related conditions, motivation, and behavior, are particularly important for health workers.

The Importance of Motivation in Healthcare Motivation of health workers is an important but little-studied element of their performance. Yet, if health workers are motivated, then they are more likely to make an extra effort to help patients. It is argued that "the most effective way to make people healthier is to support health care systems where motivated people are doing good jobs" and goes on to list motivation as a major health system driver. Resilience, one element of motivation, is equally important in anticipation, prevention of, and response to healthcare errors, with the aim of reducing harm to, and ensuring the safety of patients. Effort, another element of motivation, has always been important in healthcare because it directly influences the quality of the care provided. However, using a unique dataset that was compiled as part of a health worker motivation study, it was found that not only are the determinants of motivation for doctors and nurses operating in a developing country very different from those in a developed country, they are also very different between them.

2.1. Definition and Concept of Motivation

In simple terms, motivation is the desire to move or to change personal or collective situations in a planned fashion. At its most basic level, motivation is an inner drive to satisfy needs, influence the choice of behavior, and finally lead to a goal. Motivation is also the degree of willingness to exert high levels of effort to reach organizational goals, conditioned by an effort's ability to satisfy some individual needs. High levels of effort are a function of an individual's ability to satisfy his needs. Needs encompass everything, whether it is food, shelter, social status, or self-esteem that one experiences at a particular time. In order to satisfy a human being's needs, one needs to motivate oneself. Motivation involves not only the fundamental drives or needs but also the achievement of organizational goals through behavior. The person who is motivated to work in an organization will contribute substantially to the goals of the organization. Organizations may be able to raise the goals they set by their members by partially satisfying the need for membership.

In one sense, motivation is a mixture of effort and desire to achieve, which is the most valuable known. In another sense, motivation is what the manager can affect in the people he deals with. The practice of motivation aims at enhancing the quality of the product of that place through greater worker satisfaction and commitment. The more workers are motivated, the more willing they are to experience enthusiasm and satisfaction with their work. The level of motivation a worker experiences is an underlying factor driving the way he behaves on the job. If we can identify the basic factors that determine how someone is motivated to work, we may be able to determine a range of possible strategies that conform to that particular situation and produce a motivated working person.

2.2. Theoretical Frameworks

Models of relational incentives and principal-agent problems are difficult to integrate, as the former assumes that workers care about performance itself, while the latter implies that they can be incentivized either by contracts or relational incentives and care only about their material well-being. One way to reconcile these two approaches is to consider that the concerns model can either be a complement to or a substitute for principal-agent models. The key point of this model is that the availability of relational incentives depends on the nature of the job and the relationship between managers and workers. For certain jobs, using explicit incentives is ineffective because the worker, having the ability to do so, will provide poor care and still be rewarded. This allows us to develop some predictions about how strong the relationship between workers and managers should be when the nature of the job links their material interests.

Both suggest that intrinsic motivation should decline when explicit monetary payment is introduced. It is found that the performance of workers who cannot be easily monitored decreases when workers are paid according to their performance. Another analysis looks at the optimal within-company wage policy for a worker who is uncertain about her own productivity. It is found that the disutility of handing out large bonuses creates a reason for firms to introduce explicit performance monitoring. These predictions are confirmed by a number of empirical studies. The evidence available makes it clear that explicit performance incentives and workers' intrinsic motivation are substitutes, at least when effort is decreased—material rewards and workers' intrinsic desire for quality do not reinforce each other. (Zhang & Liu, 2022)(Willner and Grönblom2020)

3. Reward Systems in Healthcare

An improved understanding of what motivates health workers and how wages and non-financial rewards are linked to motivation, and the impact of both on health worker performance and patient care quality is essential for health workforce authorities looking to recruit and retain skilled staff and mitigate the epidemic levels of health worker migration occurring in many low- and middle-income countries that are in need of these skills. Health worker motivation is affected by a myriad of factors. In this chapter, I have tried to simplify these factors

into two categories: wages and non-financial rewards, which focus on the concept of motivators and incentives. In the context of health worker motivation, motivators refer to duties, tasks, activities, and processes that potentially provide joy, contentment, interest, and play a role in warding off labor fatigue and exhaustion. Additionally, incentives are rewards given in recognition of undertaking a particular duty or assignment and are often monetary or non-monetary in nature.

The chapter has shown that specific non-financial rewards are crucial to the quality of health care provided and that it is essential to raise health workers' morale and commitment through the provision of extensions. We have also provided evidence suggesting that incentives for fulfilling annual objectives can produce a more focused service delivery approach and raise the effectiveness of the health care system. Low wage levels, lack of incentives, inadequate financial rewards, and an almost total absence of non-financial stimuli are causing an erosion of the health workforce; without adequate resources, policy interventions, and institutional changes, there will be a deterioration of the service provided. Can the effects of these policy interventions be tested and measured through a standardized formal process? What level of distributions and combinations of economic and environmental interventions needed for raising the quality of health care provided are sufficient to build the solid response needed to guarantee health service quality?

3.1. Types of Rewards

A reward can be defined as the receipt of something appropriate to the task or worthy of merit, irrespective of the exclusive portion or share. However, these non-caloric rewards are concretely produced social and financial incentives. There is no magic bullet that will guarantee a high-quality and performing health care system. Rewards are the tools, among others, that are used to reach this goal, provided that they have been carefully designed and linked to other very specific measures of incentives in such a way that they form a coherent HRM strategy, with both intrinsic and extrinsic objectives that mutually reinforce each other. For the sake of clarity, this section recalls the several employee reward systems for which acronyms have been developed. Such an effort might sound redundant, but it is worthwhile to make sure that the discussion to be presented is based on a sound and shared understanding. With reward, we generally refer to the outcome that counters an employee's input.

With total reward or total compensation package, we refer to the sum of all rewards. Such a view is important in so far as it allows looking at the total labor market from a managerial perspective, highlighting how the firm can develop an effective total benefit of the total reward package to motivate and retain its workforce. The literature and employment market show that several rewards are defined in a multidimensional manner, which are both internal to the firm and external. Monitor refers to the financial rewards that can be defined as either the fixed and variable reward components of an employment relationship or indirect compensations, which are visible, stable, secure, and predictable; thus, they distinguish the individual in relation to other members of the labor market and fulfill what is, in general, called a term-exchange approach.

3.2. Effectiveness of Different Reward Systems

There is increasing recognition of the importance of reward systems to ensure better performance of health systems. The assumption is that financial incentives can, in general, be effective policy instruments. However, incentive systems can succeed in influencing behavior and in stimulating changes in provider behavior to a greater or lesser extent. In particular, such systems are not necessarily adaptable to achieving objectives that depend on unsupervised efforts of providers. Offering individual incentives to prime human capital can indeed lead to better performance by making it more attractive to the pool of potential workers. Because it increases the ratio of extra gains to the required effort, changing the incentive structure of workers can also induce changes in the amount of effort that they are willing to exert. In the long run, it should also influence the supply of individuals with the relevant human capital at the best level for supply to the health sector. (Bertoldi, 2022)(Kwakye et al.2024)

The fact that financial incentives can be effective instruments for shaping the behavior of health care provider organizations is also supported by experiences in the education and transport sectors. Increasingly, donor agencies are promoting individual incentives on projects devoted to controlling communicable diseases. However, their common assumption of the impact of boosting the individual performance of workers appears to be contradicted by the experience of developing countries, where flaws in incentive systems are widespread, as is low worker motivation. A balanced understanding of worker motivations will be especially important if recent trends in policy prevalence towards resource-poor environments continue, trends that must potentially imply an increased reliance on the role of workers.

4. Impact of Motivation and Rewards on Health Worker Performance

Different studies are consistent in demonstrating that extrinsic motivators (higher salaries, more frequent salary payments, benefits, and appropriate working conditions) and intrinsic rewards (recognition, respect, public service mission, and a commitment to help people in poor health) can significantly change health worker

behavior, motivation, and performance in both developed and developing country contexts. A volume of evidence points to the importance and effectiveness of financial incentives. Salaries are one of the most effective incentives and that both the level and structure of compensation influence the behavior and performance of health workers. The quality of service is positively related to higher compensation.

Increased salaries have been found to be effective in reducing absenteeism, improving retention, and the distribution of skills. A survey of 12 countries on reasons for staff absenteeism demonstrated that there is a universally high prevalence of absence in the public health sector that corresponds closely to having little to do with health workers' needs or characteristics and very much to do with the salaries they earn and the incentives provided. The salary levels describe the number of workdays that private health workers could buy with the 'sick days' taken by the public health workers – in Bangladesh and Uganda, 1 day's salary of the former could buy 30 days of absenteeism of the latter. Rent-seeking also costs the public sector health care system significant health worker effort and lost productivity in delivering health care. High levels of rent-seeking among health care workers, particularly doctors, negatively affect the quality of care provided and create a bias in favor of richer patients against the poorer.

4.1. Enhanced Job Satisfaction

One way to improve attractiveness and retention of health personnel is to enhance their job satisfaction. Job satisfaction was an important contributor to the retention of primary care personnel. A more recent review of supply-side interventions to increase health worker retention concluded that recruitment and retention of health care workers might be enhanced by focusing on improving job-related factors, daily living conditions, and financial and non-financial incentives. A review of studies of motivation differences between those who left and those who stayed concluded that improvement of working conditions and training might help prevent high job turnover.

Providing a safe and positive working environment is fundamental to ensuring that health care workers feel they are able to provide support to their patients. Other aspects of employment that can lead to greater job satisfaction and thus reduced attrition include providing opportunities for continued training as well as better pay, working conditions, and benefits. This is consistent with a study that found that paramedical personnel were less likely to express an interest in quitting jobs if they had training opportunities and income satisfaction. However, it is important to realize that increasing job satisfaction and career orientation are complex problems, since a constellation of factors including the interplay of personal, professional, and socio-economic factors are associated with career satisfaction.

4.2. Increased Productivity and Efficiency

Tangible rewards and measures of performance can improve workers' productivity and efficiency by providing clear incentives and benchmarks for performance. The size of the positive impact depends on whether substantial differences in worker potential efficiency exist and whether the criteria used in managerial evaluations are adequate for performance quality. Past efforts to increase worker productivity and efficiency have focused on changing monetary and non-monetary on-the-job benefits, providing technical or business management training, and purchasing or upgrading equipment. Several studies have attempted to determine the effect of these efforts on health worker productivity, but empirical evidence on the impact of management rewards is inconclusive. (Wang et al., 2022)(Hassan2022)

A possible reason for the inconclusive results is that evaluations of management rewards tend to have a low quality of data, notably blatant self-surveys. A second reason is that the measures of performance quality used in these studies are not appropriate because the workers have great potential inefficiency and could improve their productivity significantly. Indeed, when limited information is available or potential inefficient workers have no internal motivation, the provision of performance incentives may have a positive impact on health workers' productivity while the quality of patient care tends to deteriorate. One indication of this potential correlation is that significant deteriorations in the structure of health care delivery processes are associated with total quality management programs that provide incentives for workers. Empirical research in public management strongly suggests that public managers can increase the overall output of public programs by imposing concrete performance criteria on their subordinates. Unfortunately, data on the effect of such management rewards on the productivity and quality of public health programs are lacking. We therefore used health care data to examine the impact of management rewards on the quality of patient care.

4.3. Improved Patient Outcomes

There is little direct evidence that improved health worker motivation has an impact on patient outcomes or patient satisfaction. However, because improved care availability and increased use of services are associated with better staff motivation, these patient outcomes may improve with enhanced staff motivation. Patient satisfaction is important for a variety of reasons, not least because satisfied patients are more likely to adhere to difficult long-term drug regimens. Proper incentives should therefore encourage health workers to treat patients

well. However, because the provision of 'soft' elements such as respect and responsiveness is generally not contracted for explicitly, it is likely to be less well rewarded unless the purchasers monitor and reward these activities.

Few studies have used quantitative methods to examine the impact of health worker incentives on patient outcomes. However, qualitative research in several African countries shows that health workers and supervisors stressed the link between good staff conditions and good patient care. Positive attitudes among health workers and accreditation were found to be directly associated with better quality care and improved patient satisfaction. Involvement and motivation strongly affected overall patient care and workers' willingness to maintain access for the poorest. The reverse relationship of patient outcomes on health worker satisfaction is more frequently written about, despite the fact that affected populations frequently have higher expectations of assistance than the staff in zones of conflict or catastrophe can manage.

5. Strategies for Effective Motivation and Reward Programs

Since motivation is a multidimensional concept that arises from a mixture of the following elements: financial rewards, amenities, desire for personal efficacy, linking work conditions with personal abilities and growth, pursuing individual commitment, family bonding, and stress management. Therefore, strategies to boost motivation are complex and multifaceted and need to be adjusted to existing motivation levels, prevalence and intensity of various motivation stimuli, intrinsic and extrinsic motivation, dominant drives, differences in personal characteristics, relatedness to particular professional categories and organizational settings, and degree of social control. There were, in broad terms, two main types of strategies for motivating health care workers: hard and soft. Generally, they argued that effective human resource management requires a balanced combination of both motivation-stimulating levers. In nursing, for instance, after comparing white-collar workers, who reject negative rewards, feel no pressure from external parties, and behave autonomously, with blue-collar workers, who react to total compensation and dissatisfiers, feel pressure from external sources, and work like machines, it is suggested that total compensation and job enrichment are effective motivators jointly used with proper leadership style and participative management.

5.1. Recognition and Appreciation Programs

Existing literature reveals that there is a clear connection between the aversion of health workers to low pay and difficult working conditions and the corresponding poor access of the poor to basic health care services in both urban and rural areas. Recognizing good job performance is also a key component of ensuring the productivity and satisfaction of health workers. Recognition by a supervisor can produce positive workplace attitudes, increased job security, and higher job satisfaction among workers. Recognition and appreciation could arise from simple things like the provision of meals during busy periods, visits to the workplace by hospital board members, assessment teams, or community members, thank you letters from the employer or members of the community, or formal programs established by the organization to commend good performance. In addition, incentives could also come in the form of financial rewards such as higher pay or promotions, as well as protection from any negative consequences that could ensue if the worker was found out.

Because the phenomenon of having a reliable and sober driver for the night or a consistent and predictable bus driver is something that cultures demand, it must somehow be in the institutional memory of each. Organizations should never take for granted the value of a good team member in ensuring that their vision or mission is accomplished, whether it is the conductor on the train, bus driver, or the pharmacist or nurse working in the hospital. A hospital, or any organization for that matter, remains the sum of contributions made by individual workers to the real or perceived benefit of other individuals who seek care from the hospital or available services. There is a need not only to have recognition and appreciation programs to reward workers for jobs well done but also to remember always that workers need to be provided with the appropriate tools or resources for the jobs they need to do, and continually reinforce the importance of their contributions to the mission and objectives of the hospital.

5.2. Professional Development Opportunities

For all health workers, the opportunities to learn and develop job skills are an important factor. A physician in a regional hospital emphasized repeatedly, "We all want to learn." The research supports the notion that physicians respond to opportunities for growth. Specialty also seems to be a factor, with anesthesiologists reporting a higher level of dissatisfaction with their skill level and with the strength of their facility for providing training opportunities. Generally, Vietnamese physicians in all health sectors were shown to be willing to seek new knowledge and build new skills, often at a cost. Nurse training and development have included a variety of programs that allow nurses to develop new skills and work in more complex environments; in particular, prescribing and case management courses. There is evidence that the government is encouraging greater learning while on the job or occasional in-service programs for government nurses, funded by partners. (Billings et al.2021)(Morandini et al.2023)(Mlambo et al., 2021)

The availability of awards or other monetary contributions to health worker training programs in many health care organizations is expressed by more than a few of those in the formal and informal interviews. Such a significant investment has not been made in training since the national recognition that training health workers would help lower the disease burdens and increase the economic potential of the collective of the Vietnamese people. There is fear, too, especially among the more capable administrative and technical staff, that without opportunities or requirements for lifelong education, the country's remuneration capacity and manpower structure could render it impotent to meet the challenges that practitioners would face. Initially, training tended to come in the form of periodic trips to improve the standing and skill levels of the small number of academics who were identified as capable of developing or introducing new approaches to health worker preparation. Work turned toward developing the ability of the state to provide social and health services while promoting economic creativity among industry, commerce, agriculture, and especially health workers themselves.

5.3. Work-Life Balance Initiatives

The Global Human Resources for Health Strategy calls for win-win approaches in managing and sustaining the health workforce, emphasizing an enabling and safe working environment to improve health worker productivity. For health workers to be motivated in delivering quality, equity-oriented performance, systems need to ensure that health workers work in a 'safe', caring, and fair working environment. The strategy recommends that countries develop, support, and strengthen family-friendly policies and practices to enable a work-life balance supportive of the health workforce employed in clinical care services. These are in line with recommendations on the development of family-friendly policies, including maternity and paternity leave, and measures that address the work-life balance of working parents.

The concept of work-life balance encompasses achievement and enjoyment in someone's life. An imbalance presents challenges at both individual and societal levels, affecting, among others, health, functioning, and wellness of individuals. These, in turn, spill over to the health care system in the form of reduced access to and utilization of quality care, affected through social, psychological, and economic pathways. Several work-life balance initiatives are recommended for consideration in health worker motivation and reward strategies. These measures have different levels of enthusiasm, acceptability, and feasibility of application.

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