Major Applied Research 5
Working Paper 2

Summary Proceedings: Workshop on Health Worker Motivation and Health Sector Reform

October 1998

Prepared by:

Sara Bennett, Ph.D.
Abt Associates Inc.

Lynne Miller Franco, Sc.D.
University Research Co., LLD

Abt Associates Inc. ■ 4800 Montgomery Lane, Suite 600
Bethesda, Maryland 20814 ■ Tel: 301/913-0500 ■ Fax: 301/652-3916

In collaboration with:

Development Associates, Inc. ■ Harvard School of Public Health ■
Howard University International Affairs Center ■ University Research Co., LLD

Partnerships
for Health
Reform
PHR

Mission

The Partnerships for Health Reform (PHR) Project seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity in the following key areas:

- *better informed and more participatory policy processes in health sector reform;*
- *more equitable and sustainable health financing systems;*
- *improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and*
- *enhanced organization and management of health care systems and institutions to support specific health sector reforms.*

PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact, and promotes the exchange of information on critical health reform issues.

October 1998

Recommended Citation

Bennett, Sara and Lynne Miller Franco. October 1998. *Summary Proceedings*: *Workshop on Health Worker Motivation and Health Sector Reform.* Major Applied Research 5, Working Paper 2. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc.

For additional copies of this report, contact the PHR Resource Center at PHR-InfoCenter@abtassoc.com or visit our website at www.phrproject.com.

Contract No.: HRN-5974-C-00-5024-00
Project No.: 936-5974.13

Submitted to: Robert Emrey, COTR
Policy and Sector Reform Division
Office of Health and Nutrition
Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support and Research
United States Agency for International Development

Abstract

These proceedings summarize the discussions at a workshop on Health Worker Motivation and Health Sector Reform convened by the Partnerships for Health Reform (PHR) Project, and held on October 14-16, 1998 in Bethesda, Maryland. The purpose of the workshop was to (i) review a conceptual framework for considering the impact of health sector reform upon health worker motivation and specific country experiences in this respect; and (ii) develop an agenda for future research in this area. Participants at the workshop included authors of country papers; experts in anthropology, the psychology of motivation, and human resource management; representatives of international organizations and USAID; and PHR staff members. During the first part of the workshop the overarching conceptual framework and individual country experiences were presented and discussed. A number of key themes emerged from this discussion. In order to help develop a research agenda, the workshop participants reviewed other research activities in the field of human resource management in the health sector, and heard a presentation on approaches to measuring health worker motivation. Through a process of small group discussions, agreement was reached on key, policy relevant, research topics in the area of health worker motivation in the developing country health sector context.

Table of Contents

Acronyms

MAR	Major Applied Research
PHR	Partnerships for Health Reform
USAID	United States Agency for International Development

Preface

Part of the mission of the Partnerships in Health Reform Project (PHR) is to advance "knowledge and methodologies to develop, implement, and monitor health reforms and their impact. This goal is addressed not only through PHR's technical assistance work but also through its Applied Research program, designed to complement and support technical assistance activities.

The research topics that PHR is pursuing are those in which there is substantial interest on the part of policymakers, but only limited hard empirical evidence to guide policymakers and policy implementors. Currently researchers are investigating six main areas:

- Analysis of the process of health financing reform
- The impact of alternative provider payment systems
- Expanded coverage of priority services through the private sector
- Equity of health sector revenue generation and allocation patterns
- Impact of health sector reform on public sector health worker motivation
- Decentralization: local level priority setting and allocation

Each major research project comprises multi-country studies. Such cross-country comparisons will cast light on the appropriateness and success of different reform strategies and policies in varying country contexts.

These working papers reflect the first phase of the research process. The papers are varied; they include literature reviews, conceptual papers, single country-case studies, and document reviews. None of the papers is a polished final product; rather, they are intended to further the research process—shedding further light on what seemed to be a promising avenue for research or exploring the literature around a particular issue. While they are written primarily to help guide the research team, they are also likely to be of interest to other researchers, or policymakers interested in particular issues or countries.

Ultimately, the working papers will contribute to more final and thorough pieces of research work emanating from the Applied Research program. The final reports will be disseminated by PHR Resource Center and via the PHR website.

Sara Bennett, Ph.D.
Director, Applied Research Program
Partnerships for Health Reform

Background

A new Major Applied Research (MAR) topic on which PHR has recently started work is "Health Worker Motivation and Health Sector Reform." This topic was selected because PHR recognized the substantial problems which many countries face in motivating health workers, not only to come to work but to exert effort while they are at work. Human resources are key inputs into health care, often consuming the majority of the health care budget, and because health care is a service industry, worker attitude is critical to the quality of care delivered.

Because health worker motivation is potentially such a large area for study, the PHR Technical Advisory Group recommended that PHR undertake some preliminary work with the aim of more narrowly focusing research questions. Consequently, the principal investigators for this MAR, Sara Bennett and Lynne Miller Franco, developed a phased approach to the research. The objectives of the first phase of the research were to:

- Provide a multidisciplinary conceptual framework for analyzing the potential impacts of and the interactions between health sector reform on health worker motivation
- Describe the impact of previous reforms on health worker motivation in several specific contexts
- Develop approaches for measuring the impact of reform on health worker motivation
- Develop a research agenda for health worker motivation and health sector reform in the developing country context

During the first phase of work, the principal investigators drafted a concept paper outlining the main issues, and commissioned three country case studies and a paper on approaches to measuring worker motivation. These papers became the background material for a three day workshop held in Bethesda, MD on October 14–16, 1998 which represented the culmination of this first phase of work.

During the second phase of this MAR, PHR will select one of the topics on the research agenda emanating from the workshop, implement fieldwork activities in one or more countries, and disseminate the results.

1. Workshop Objectives

- To develop a consensus about the conceptual framework for examining the impact of health sector reform upon health worker motivation
- To develop an enhanced understanding of the impact of health sector reform upon worker motivation in specific country contexts
- To identify key research topics within the broad theme of health worker motivation
- To identify possible approaches to evaluating health worker motivation

To achieve these objectives and recognizing the multi-disciplinary nature of the research, PHR invited to the workshop experts in a broad spectrum of fields: anthropology, human resource management, psychology of human motivation, health economics, and organizational development. Participants also represented several developing countries, international organizations and the United States Agency for International Development (USAID), and PHR staff. A full list of participants is provided in Annex A.

2. Workshop Agenda

The workshop agenda was structured around the main objectives of the workshop. Day 1 focused on presentation and discussion of the conceptual framework and specific country examples. Day 2 concentrated on preparing the way for the development of a research agenda by considering current related research, other country experiences, and issues in the measurement of health worker motivation. During the final session of Day 2, participants were divided into small groups to brainstorm on future research priorities. The small group work continued during the first session of Day 3, and culminated in a plenary session during which the suggested topics for future research were presented, discussed and synthesized into a broad research agenda.

The agenda for the workshop is contained in Annex B.

During the afternoon of Day 3, participants traveled to USAID to participate in a seminar where key findings from the workshop were presented and discussed.

3. Proceedings of the Workshop

3.1 Conceptual Framework and Country Papers

During the first day, the over-arching conceptual framework was presented by the two principal investigators and discussed. This was followed by full country presentations of health reform experiences from Kazakhstan, Zimbabwe, Senegal and, the following day, a brief presentation from Chile.

For each of the presentations, the overheads used can be found in Annex C. PHR is currently in the process of finalizing a series of working papers containing each of the country papers and the overview paper. Copies of all these can be obtained on request from the PHR Resource Center[1].

The overview paper defined health worker motivation as the degree of willingness to exert and maintain an effort towards organizational goals. It presented a conceptual framework that outlines three different levels of influences upon health worker motivation (see figure "The Conceptual Framework" in Annex C). The first level concerns the internal motivation process. This is affected by workers' self-concept, their particular needs and goals, and what they anticipate will be the consequence of their actions. The way in which workers actually experience the consequences of their behavior will either reinforce or adjust this internal motivation process. Also, workers' capacity to perform the tasks expected of them will feed directly into their motivation, as well as into their performance.

The second layer of factors influencing motivation is the organizational context within which an individual is situated. The extent to which the goals of the individual are aligned with the goals of the broader organization becomes critical. Organizations are likely to affect worker motivation through their human resource management policies, their structures and management processes, and the broader organizational culture. In addition organizations may aim to improve motivation through specific tools such as creating incentives, providing feedback on worker motivation and training and skills development. Health sector reform will most likely affect worker motivation through these organizational channels.

The final layer of the conceptual model emphasized the importance of understanding the socio-cultural and environmental context. Conflict may occur between cultural values and organizational goals and objectives. Furthermore the local culture may critically affect the patient-provider relationship and how motivated the provider is to serve their catchment community.

The four country studies highlighted the importance of different aspects within this framework. The Kazakhstan study focussed upon reforms of primary health care in one particular region of Kazakhstan. In this example the primary care level had been successfully regenerated by a combination of the following approaches:

- Placing primary care as the centerpiece of the reform agenda, by creating independent family group practices

[1] PHR resource centre email: phr-infocenter@abtassoc.com

- Providing financing for their operation directly, rather than through the hospitals. Payment is based on enrollment numbers

- Informing the public and allowing open enrollment

- Creation of a family practice professional association

These changes led to increased work motivation by enhancing prestige and status for primary care providers; providing greater autonomy for those working in the primary sector; and introducing financial incentives for performance. These strategies worked together and reinforced each other. The case study also highlighted the importance of effective communication of the reform process with health workers and strong leadership.

The Zimbabwe case study reported a much less successful program of reform, and a largely negative effect on worker motivation. The reform package includes financial reform, management strengthening, liberalization and regulation of private health care, decentralization, and contracting out. Although these were supposed to have a positive impact upon health worker motivation, the way in which they had been implemented, combined with very low salaries in the government sector had prevented the reforms from being effective, and had even contributed to deterioration in worker motivation. The case study stressed limited consultation with health workers and ineffective communication strategies. Although attempts had been made to implement performance assessment mechanisms, these had often been distorted by systems of patronage. Many public sector health workers abused their right to carry out private practice as government salaries were so low.

The Senegal case study reported on two waves of decentralization within Senegal. During the first wave of health sector-specific decentralization, significant improvements in health worker motivation and performance had been achieved through a combination of financial incentives (such as fee-for-service, rewards and training opportunities) and non-financial incentives (such as increased status, and an improved working environment). However these improvements in motivation were later reversed as a poorly planned process of devolution to local government reduced the level of resources available to health sector staff, confused lines of communication and made health sector staff accountable to local government officers whom often they did not respect.

Chile has a long history of radical health sector reforms. Challenges to the privatization of the health care sector occurring the now-discredited Pinochet regime led to a reassessment of the value of the public sector, with many public sector health care workers feeling proud to be part of an important national institution. However, there are problems of poor worker motivation, particularly amongst staffing working in primary care centers where they are being transferred to municipality authority, and in hospitals in the capital, Santiago. The government is now in the process of implementing a range of measures to improve performance including a new law to restructure physician career development, creating a clearer link between performance and reward, creating greater autonomy at the hospital level, and increasing accountability to the population through the establishment of hospital councils and patient bills of rights. While many of these measures are still in the process of implementation, experience to-date provides a number of key lessons: the need to reduce uncertainty for health care workers, the need to negotiate with workers' organizations, and acknowledgement of likely differences in reactions to measures between physicians and other health care workers.

A number of key themes emerged from the discussions on the first day:

- **Financial incentives versus non-financial incentives or hygiene factors versus motivators**

The concept paper used Herzberg's distinction between hygiene factors (i.e., factors such as pay and conditions) which need to be adequate to prevent 'de-motivation' of workers, and motivators

which encourage people to work harder (i.e., responsibility, the work itself, recognition, growth). Some of the participants felt that there was a danger in making too much out of this distinction. Herzberg's distinction stems from an analysis rooted in industrialized countries' experiences: do we really know enough about what health workers in developing countries want, or what motivates them, to use this distinction?

A further problem cited with Herzberg's dichotomy, where salary was found to be a hygiene factor, is that sometimes "money is money," and sometimes "money is prestige." Financial incentives can be used, not as an economic incentive per se, but to give prestige to a highly motivated worker and to signal to colleagues and society that he or she has performed well.

Despite these concerns, the distinction between financial and non-financial incentives seems central to how many people think about and analyze policies. It is important to recognize that just giving out more money is unlikely to encourage better performance; more money needs to be perceived as a reward for improved performance.

Finally, it was noted that there is no definitive answer to the question of whether financial or non-financial incentives are more important: different things will be important to the same people at different times, or in different work environments. There is great fluidity in which of a worker's needs dominate at any particular time.

- **Reform processes**

The importance of communicating both goals and processes of health sector reform to health workers is paramount. In some of the country case studies, it seemed that policy makers had not clearly defined the goals which they had wished to achieve and thus had sent mixed messages to health workers who had not known how to react. In contrast, in Kazakhstan, part of the secret of the success of the reforms was the consistent policy messages provided to health workers. In addition to communication to those affected by the reforms, the extent to which workers have faith in the reform process and those leading it is critical: whether workers believe that leaders will actually see through the reform process or not, will also affect their belief in the reform and their behavior. In Kazakhstan, there was substantial faith in the leadership, whereas in Zimbabwe policies were frequently enunciated and then later retracted.

This is closely linked to the previous point. The presence of a charismatic and committed leadership in Kazakhstan (the "little Napoleon of Zhezkazgan") appeared to impact on the extent to which health workers bought into the reform program and were motivated to be part of it. Leaders also lead by example: this may be positive or negative. In Zimbabwe, where there is a serious misalignment of workers goals and organizational goals, workers had little incentive to change their behavior when they knew that the highest political level are also using their positions for private gain rather than promoting broader societal goals.

- **The importance of goal alignment**

During the day's discussion it became evident that, often, workers are highly motivated-but not to achieve organizational goals. For example the group discussed an incident in Zimbabwe where health staff had removed an X-ray machine from a hospital, presumably for use in their private work. It was pointed out that this was no easy task, and demonstrated quite high levels of motivation, but to the wrong goals.

Other discussion on this theme pointed out the difficulties which health workers face when the goals of the organization which they work for conflict with needs perceived by the communities they serve. For example, the Ministry of Health might pursue a policy promoting rational drug use but the

community expects multiple prescriptions and injections. Where such a goal conflict occurs highly motivated health workers may attempt to compromise or negotiate between the conflicting expectations: which to the outsider may not appear to be motivated behavior.

There was a striking contrast between Kazakhstan where consistency between financial and non-financial incentives all worked to align individual goals with those of the organization and Zimbabwe where goals appeared completely misaligned.

- **Motivation and revolution**

After the presentation of the concept paper there was substantial discussion about the question of "motivation to do what?" One of the participants distinguished between motivation as a factor in attracting and retaining staff, motivation as a factor in improving and maintaining levels of effort and performance, and motivation to undertake or implement reform programs. The focus of the workshop was clearly upon the second of these: i.e., motivation to exert and maintain high levels of effort towards organizational goals. However as the discussions progressed it became clear that in countries undertaking quite radical reform programs, there is considerable overlap between this and issues concerning motivation to undertake reform. Reforms often require quite radical changes in the way people think about and accomplish their work. Sometimes reforms require that people learn completely new sets of skills. The accomplishment of these reforms may demand extremely high levels of effort from health workers.

- **Demotivation and unanticipated consequences**

The context-specific nature of the determinants of motivation was highlighted several times during the workshop. Factors generally regarded as conducive to high motivation might not always apply, and several of the country case studies cited unanticipated consequences of policies aimed at improving motivation and performance. For example, competition, depending on how it is structured, might de-motivate people who do not think that they are likely to be one of the "winners". If workers judge that, even if they exert very high levels of effort, they are unlikely to accomplish the desired outcomes, then they may conclude that it is not worth exerting any effort at all. Similarly, if workers are accustomed to a public sector ethos which values collaboration, reforms which promote competition between organizations and individuals might be found insulting. In Senegal another example was given where there was substantial pressure upon health workers to improve performance but no complementary resources (e.g., drugs, fuel) were provided and hence even if workers felt they were willing to exert effort, there was little point as their goals could still not be achieved.

3.2 Towards a Research Agenda

In order to give participants at the workshop a broader view of research being undertaken in the area of human resource management, Tim Martineau from the Liverpool School of Tropical Medicine and Orville Adams from WHO presented related research they are currently engaged in. The overheads used during these presentations can be found in Annex D. A number of very interesting research initiatives currently underway were described, and, although several of them touched upon motivational issues (such as the EU funded research on performance assessment), none focussed explicitly upon this issue.

Ruth Kanfer, a motivational psychologist from the Georgia Institute of Technology presented a paper on approaches to measurement of health worker motivation. Dr Kanfer distinguished between the "can do" and "will do" components of motivation. There are multiple determinants of worker motivation including societal culture, organizational/workplace culture, worker knowledge, skills and

abilities, human resource management practices, workplace conditions, etc. The consequences of worker motivation can be broken down into two types of measures: aspects of worker performance (including absenteeism, working hours, productivity, theft, turnover) and aspects of workers' affective behavior such as job satisfaction, job involvement, morale. Both of these dimensions of worker behavior are important for understanding the consequences of motivation. Measuring the affective aspects of behavior would require adapting measurement tools that have previously only been used in industrialized countries.

Following this presentation, participants broke up into six small groups which were tasked with identifying three priority research questions in the area of health worker motivation and discussing appropriate research approaches to these questions. The following morning, six groups were combined into three rather larger groups, and instructed to sift through existing suggestions and come to consensus on three priority research questions which would then be presented in a plenary session. This process worked quite well. During the plenary session, each small group made a brief presentation of their priority research questions. These questions were then discussed as a whole and where possible, similarities or overlap identified. This resulted in the development of a research agenda.

3.3 The Research Agenda

The different topics are presented under five main themes that emerged from the small groups' work.

Theme 1–Determinants of motivation

Many participants felt that there were basic questions about what motivates health care workers in different contexts that remain unanswered. The questions under this theme address quite fundamental issues about the determinants of motivation.

What motivates people in the public sector to come to work and to work hard?

There are numerous anecdotal examples where health workers have continued to work despite very late or non-payment of salary and virtually no supervision. Little is understood about the role played by health worker-community relationships, status and prestige, or non-monetary factors in terms of worker motivation. Nor is it clear how motivations differ between different cadres of health worker. This research study would be an exploratory one, approached through country case studies.

Comparison of motivation in high performance and low performance units and what elements within the units contribute to this.

Such research would operate at two levels. First, it would attempt to assess what aspects of the organizational structure and culture affect motivation. Second, it would address the extent to which motivation affects performance as distinct from other factors affecting performance (e.g., availability of resources). Like the research question outlined above it would be largely exploratory in nature. The research would compare two or more organizations in the same country context, and/or two or more units within the same large organization so as to control (as much as possible) for differences in environment and culture.

What are the motivational foundations of people working in public and private sectors?

In many developing countries public sector health care workers are also allowed to work in the private sector. The rules governing this arrangement (e.g., hours during which they are allowed to do private sector work, regulations about where they do private sector work, how private sector work affects public sector salary) vary substantially. The outcome of this arrangement also varies substantially while in some contexts (e.g., Bahrain) public sector worker motivation remains high, in other places (e.g., Zimbabwe) doctors neglect public sector patients in favor of their private clients. Preliminary anecdotal evidence suggests that the motivational foundations for public and private sector work differ considerably.

Research in this area would explore the determinants (e.g., pay, intrinsic interest of work, prestige) and outcomes of motivation in public and private sectors. It too would be largely exploratory.

The findings of this research could then be applied to improving motivation and performance of dual job-holders while they are working in the public sector.

What is the role of leadership in health worker and manager motivation?

The country case studies examined at the PHR workshop indicated that strong, effective, leadership was one of the core factors affecting motivation but was frequently neglected in the planning and implementation of reforms. Research on this topic, like others in this theme would be largely exploratory but would focus in particular on the role of leadership.

Theme 2–Goal alignment: communication, participation and ownership

Definitions of worker motivation emphasize the importance of alignment between the goals of the individual and the goals of the organization. The case studies reviewed, emphasized how critical it is that workers know and are committed to organizational goals. It seems that, particularly at times of change (as during health sector reform), workers can easily become out-of-touch with organizational goals.

Participants at the workshop suggested that there were varying degrees to which workers could be involved in the reform process. At one level the goals of the reform process may be effectively communicated, at the next level health workers are key participants in the development of the reform agenda and, if such involvement occurs successfully, then health care workers may develop real ownership of the reforms.

Which communication strategies are successful in communicating organizational goals and encouraging their alignment with individual goals during health sector reform?

There is increasing recognition of the importance of communication campaigns as an integral part of health sector reform programs, but often campaigns do not target health workers. In order for individual health workers to be motivated to achieve organizational goals, they must be aware of what the goals of reform are. A variety of possible communication strategies exist (e.g., top-down, bottom-up, horizontal or lateral).

Research in this area would explore which communication strategies were successful and would attempt to link description and analysis of the communication strategy with an assessment of congruence between health workers' goals and new organizational goals, and health workers' current beliefs about the reform program.

How can health worker involvement in the reform process affect ownership of the reform process, health worker motivation and reform implementation?

This research would be largely qualitative in nature. Its core focus would be the relationship between worker participation in the health sector reform process and ownership of reforms, commitment to reforms and goal alignment. All of these factors are determinants of motivation. In addition the research could also investigate the next level of impact: i.e., how health worker involvement in the reform process has affected the pace and effectiveness of reform implementation.

Theme 3–Feedback and motivation

The conceptual model discussed during the workshop emphasized the importance of workers' experience of consequences of their behavior in influencing their motivation (and hence future action). Management and organizational aspects of the health care system affect how workers receive feedback in a number of different ways.

Evaluate the relative importance of different agents and mechanisms of feedback

Health care workers experience feedback from a large number of different agents including the community which they serve, their peers, their supervisors and various bodies now being established as part of health sector reforms such as hospital boards, district health boards etc. There is a very limited understanding of how health workers value or respect feedback from these different agents. In particular inadequate attention had been paid to exploring the importance of community-provider relationships in influencing motivation. The research would focus upon the impact of feedback upon the 'will do" component of motivation rather than technical knowledge (also known as the 'can do" component). Social network analysis might be used to investigate whom health care workers look to for validation of their actions.

In addition to identifying the role and importance of the different agents who provide feedback, the research would investigate different *mechanisms* for providing feedback such as questioning absenteeism or providing information on performance.

Identify and test models for improving health worker motivation through reward systems linked to achievement.

Several of the case studies discussed during the workshop underlined the fact that there was no link between good performance in the public sector and formal reward systems. In fact issues of patronage and politics sometimes meant that rewards were distributed on the basis of factors entirely unrelated to performance.

Research in this area would aim to:

- Describe and assess elements of the compensation system
- Describe and analyze how rewards are allocated

For both of these issues, the study would attempt to explore the formal system (i.e., how the reward system should work) and the informal system (i.e., how it actually works in practice).

There may be some overlap between this topic and research being supported by the EU involving collaborators from a number of European and Southern institutes[2].

Theme 4–Health Reform at the local level

Assessment of motivational responses to devolution

Decentralization is one of the most widespread thrusts of health sector reform and often has far reaching implications for health care workers. Devolution, i.e., the decentralization of powers to local government, is of particular importance as it commonly entails transferring the employment of health care workers from central government to local governments. This in turn raises issues about scope for career development, professional supervision, and access to resources in a decentralized context.

Research in this area would attempt to assess the relationship between particular elements of devolution and worker motivation.

Identification of the impact of local level reforms

Many health sector reforms operate at the national level and it may be hard to trace their impact down to health worker motivation. More attention needs to be paid to examining the impact of reforms at the local and health facility level (such as the retention of fee revenues at the facility) and the impact which this has on health worker motivation and facility performance. Small scale studies addressing such issues in a particular country would be helpful in influencing policy in that country.

Theme 5–Other areas

There were two other issues which participants felt to be important, but which did not easily fit into any of the themes identified above.

How do the policies and practices of multi- and bilateral donor agencies affect health worker motivation?

The policies and practices of donor agencies may affect health worker motivation in a number of important ways. First insensitive donor involvement may affect the degree of ownership which health workers feel over a reform program. Second if donor efforts are not well coordinated then they may place multiple and competing demands upon health workers at all levels of the health care system, which ultimately are likely to be demoralizing. Finally donors commonly have different practices with regard to payment of per diems, allowances for workshops etc which can create confusion and demoralize some workers.

Studies of donor coordination and assistance strategies need to incorporate an assessment of how donor agencies affect health worker motivation.

Testing methodologies for assessing fit between individual and organizational goals prior to recruitment

Several of the public sector reforms underway give government agencies greater control over hiring staff. Although organizations can do many things to create an environment conducive to worker motivation, there are also individual characteristics which organizations do not have control. Hiring people who are likely to fit well into the organization is therefore important.

[2] Researchers contemplating work in this area are advised to contact Tim Martineau of the Liverpool School of Tropical Medicine (t.martineau@liv.ac.uk) to ensure complementarity of their study.

Companies in industrialized countries sometimes use psychological profiles to help assess the fit between an individual and the company. Although there was skepticism on the part of some workshop participants as to the appropriateness of such approaches to staff selection in developing countries, others were interested in assessing the viability of such methodologies, and comparing them with other more traditional approaches (such as reviewing previous work experience).

4. Follow-up to the Workshop

All of the papers presented during the workshop are being finalized and published as PHR Working Papers. In addition, there are ongoing discussions with Social Science and Medicine to produce a special symposium on health worker motivation.

A number of ideas have been put forth about developing networks (electronic or otherwise) of people interested in human resources for health. Both Tim Martineau and Orvil Adams promised to notify PHR if any of these ideas developed further and PHR would in turn notify everyone involved in the workshop.

PHR plans to review the research agenda developed during the workshop and identify one or more areas which it feels it could address within the next year or so. It is possible that this research would be undertaken in one of the countries represented at the meeting. PHR hopes to decide on which of the research questions to pursue further by early 1999.

Nancy Pielemeier, the Project Director of PHR, thanked everyone for their lively and informed participation in the workshop and formally closed the workshop.

Annex A: List of Participants

Rosa Abzalova
"Zhurek" Family Group Practice
Zhezkazgan City, Kazakhstan
Telephone: (3102) 72-05-11; 72-03-53
Fax: (3102) 72-03-53

Taghreed Adam
PHR/Egypt
Email: tadam@egyptonline.com

Orvil Adams
World Health Organization
1211 Avenue Appia
Geneva, Switzerland
Email: adamso@who.ch

Moussa Ba
Cheikanta Diop University
BP 5342 Dakar-Fann, CHU de FANN
Senegal
Email: mba@ucad.refer.sn

Sara Bennett
Partnerships for Health Reform Project(PHR)
4800 Montgomery Lane, Suite 600
Bethesda, Maryland 20814
Telephone: (301) 718-3194
Email: Sara_bennett@abtassoc.com

Peter Berman
Harvard School of Public Health
665 Huntington Avenue
Boston, MA 02115
Telephone: (617) 432-4616
Email: pberman@hsph.harvard.edu

Askar Chukmaitov
Zdrav*Refor*m Program
Almaty, Kazakhstan
Email: office@zdrav.alma-ata.su
askar_chuk@hotmail.com
achukmai@unomaha.edu

Forest Duncan
USAID
G/PHN/HN/PSR
Telephone: (202) 712-4934
Email: fduncan@usaid.gov

Robert Emrey
USAID
G/PHN/HN/PSR
Telephone: (202) 712-4583
Email: bemrey@usaid.gov

Lynne Miller Franco
Partnerships for Health Reform Project
4800 Montgomery Lane, Suite 600
Bethesda, Maryland, 20814
Telephone: (301) 913-0568
Email: lfranco@urc.chs.com

Jim Heiby
USAID
G/PHN/HN/PSR
Telephone: (202) 712-1013
Email: jheiby@usaid.gov

Ruth Kanfer
School of Psychology
Rm. 243, 274 5th Street
Georgia Institute of Technology
Atlanta, GA 30332-0170
Telephone: (404) 894-5674
Email: rk64@prism.gatech.edu

Rabindra Kanungo
McGill University
1001 Sherbrooke Street, W.
Montreal, Quebec
Canada H3A 1G5
Telephone: (514) 398-4040
Email: kanungo@management.mcgill.ca

Charlotte Leighton
Partnerships for Health Reform Project
4800 Montgomery Lane, Suite 600
Bethesda, Maryland, 20814
Telephone: (301) 913-0692
Email: charlotte_leighton@abtassoc.com

Tim Martineau
Liverpool School of Tropical Medicine
Pembroke Place
Liverpool L3 5QA, United Kingdom
Telephone: +44 (0) 151-708 9393 ext 2194
Email: T.Martineau@liv.ac.uk

Fernando Munoz
CLAISS Limitada
Avda. El Cóndor 844, Oficina 203-Ciudad
Empresarial-Huechuraba
Santiago, Chile
Telephone: (56) (2) 738-4330
Email: fermunoz@ctcreuna.cl

Dorothy Mutizwa-Mangiza
P.O. Box 67553
Nairobi, Kenya
Telephone: 254-2-520573
Email: Naison.Mutizwa-Mangiza@unchs.org

Joe Naimoli
USAID
G/PHN/HN/PSR
Telephone: (202) 712-4531
Email: jnaimoli@usaid.gov

Nancy Pielemeier
Partnerships for Health Reform Project
4800 Montgomery Lane, Suite 600
Bethesda, Maryland 20814
Telephone: (301) 913-0685
Email: nancy_pielemeier@abtassoc.com

Anne Reeler
UNAIDS
20 Avenue Appie
CH-1211 Geneva 27
Switzerland
Telephone: 4122-791-4747
Email: reelera@unaids.org

Moustafa Shaheen
Pediatrician
TST, Ministry of Health, Egypt
309 Street, Smuha
Alexandria, Egypt 21615
Fax: 203 -5466912

Jim Shelton
USAID
G/PHN/POP
Telephone: (202) 712-0869
Email: jshelton@usaid.gov

Paula Tavrow
University Research Co., LLC
Telephone: (301) 941-8452
Email: ptavrow@urc-chs.com

Paula Tavrow
University Research Co., LLC
Telephone: (301) 941-8452
Email: ptavrow@urc-chs.com

Tisna Veldhuyzen Van Zanten
University Research Co., LLC
Telephone: (301) 941-8412
Email: tveldhuyzen@urc-chs.com

Cheryl Wickham
Zdrav*Reform* Program
Almaty, Kazakhstan
Email: office@zdrav.alma-ata.su
cheryl@zreform-almaty.kz
cheryl@u-washington.edu
(until 12/31/98)

<u>After 10/30/98</u>

Anne Reeler
Medical Access Int.
4, Ch de Bedex
1226 Thonex, Switzerland
Telephone: 4122-349-4161 (also fax)
Email: Anne Reeler@compuserve.com

Annex B: Agenda

Health Worker Motivation Workshop

October 14-16, 1998

Montgomery Room, 6th Floor, Abt Associates, Inc.
4800 Montgomery Lane
Bethesda, MD 20814

Wednesday, October 14:

8:30	Coffee
	Nancy Pielemeier—Chair
9:00-9:20	Welcome and Introductions *Nancy Pielemeier, PHR Project Director*
9:20-9:30	Workshop Objectives and Agenda *Lynne Miller Franco, PHR, Co-Principal Investigator*
9:30-11:00	The Impact of Health Sector Reform on Health Worker Motivation: A Conceptual Framework *Sara Bennett, PHR Applied Research Director and Co-Principal Investigator* *Lynne Miller Franco, PHR, Co-Principal Investigator*
11:00-11:15	BREAK
11:15 - 12:45	Experiences of Health Sector Reform and Health Worker Motivation–Kazakhstan *Rosa Abzalova, Director, Zhurek Family Group Practice, Kazakhstan*
12:30 - 2:00	LUNCH
	Charlotte Leighton – Chair
2:00 - 3:30	Experiences of Health Sector Reform and Health Worker Motivation–Zimbabwe *Dorothy Mutizwa-Mangiza, Private Consultant*
3:30 - 3:45	BREAK
3:45 - 5:15	Experiences of Health Sector Reform and Health Worker Motivation–Senegal *Moussa Bâ, Professor, Université Cheikh Atan Diop, Senegal*

5:15-5:30	Wrap—Up *Sara Bennett, PHR's Applied Research Director*
7:00 p.m.	Dinner at the Pielemeier Residence

Thursday, October 15

8:30	Coffee
	Forest Duncan–Chair
9:00-10:30	Presentation of Other Relevant Country Experiences *Chile: Fernando Munoz, Latin American Center for Health System Research, Chile* *Egypt: Mostafa Shaheen, TST, Ministry of Health, Egypt and Tagreed Adam, PHR/Egypt* *Ecuador: Jorge Hermida, Quality Assurance Project/Ecuador*
10:30-10:45	BREAK
10:45-12:30	Related Research Initiatives *Orvil Adams, World Health Organization* *Timothy Martineau, Lecturer, Liverpool School of Tropical Medicine*
12:30 - 2:00	LUNCH
	Lynne Miller Franco – Chair
2:00-3:30	Measuring Worker Motivation: Implications for the Research Agenda *Ruth Kanfer, Professor of Psychology, Georgia Institute of Technology*
3:30-3:45	BREAK
3:45 - 5:30	Developing a Research Agenda for Health Worker Motivation *Small Group Work*

Friday, October 16

8:30	Coffee
9:00-10:15	Continuation: Developing a Research Agenda for Health Worker Motivation *Small Group Work*
10:15-10:30	BREAK
	Tisna Veldhuyzen Van Zanten–Chair
10:30-12:15	Developing a Research Agenda *Presentation of Group Work and Synthesis*

12:15-12:30	Wrap-Up and Next Steps
12:30-1:30	LUNCH
1:30	Depart for USAID, Ronald Reagan Building, Washington DC
2:00-4:00	Presentation at USAID of Workshop Results

Annex C: Impact of Health Reform on Health Worker Motivation (presentation slides)

Impact of Health Sector Reform on Health Worker Motivation

Abt Associates Inc.
In collaboration with:
▲ Development Associates, Inc.
▲ Harvard School of Public Health
▲ Howard University International Affairs Center
▲ University Research Corporation

Partnerships for Health Reform

Aim of this major applied research

To promote an improved understanding of how health sector reform programs can best be designed and implemented to stimulate health worker motivation, as one of several factors affecting health system performance.

Objectives of this research Phase 1

- ▲ Develop multidisciplinary conceptual framework
- ▲ Country case studies
- ▲ Research agenda

Objectives of this research Phase 2

- ▲ Field research to identify key aspects of design and implementation likely to affect health worker motivation
- ▲ Assist developing country governments integrate the concept of health worker motivation into the design and implementation of health sector reform by disseminating the conceptual framework and research findings.

The Conceptual Framework

Partnerships for Health Reform

Background

- ▲ Human resources are key inputs into health care
- ▲ Lack of motivation is a key problem in many developing countries
- ▲ Human resources management issues are very neglected in developing countries
- ▲ Health sector reforms very often affect worker motivation

What is work motivation?

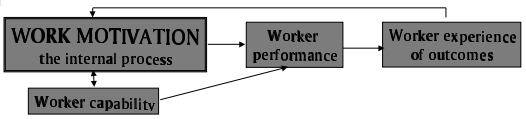
The degree of willingness to exert and maintain an effort towards organizational goals

The conceptual framework

The internal motivation process

- ▲ Expected consequences
- ▲ Self-concept
- ▲ Needs
- ▲ Goals

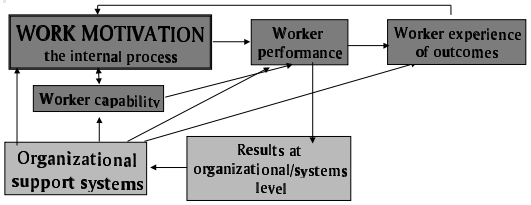
The conceptual framework



Motivation versus demotivation

- ▲ Herzburg makes a distinction between what motivates and what demotivates:
  - ◆ Motivating factors include: achievement, the work itself, responsibility, growth
  - ◆ Hygiene factors, which by their absence or inadequacy, lead to job dissatisfaction, include: salary, work conditions, job security

The conceptual framework



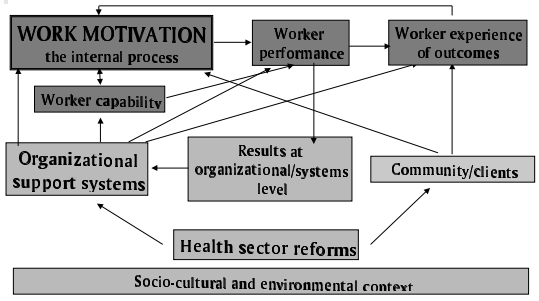
Organizational Support Systems

- ▲ Human resource management
- ▲ Organizational structures and management
- ▲ Organizational culture

Organizational Tools

- ▲ Feedback
- ▲ Resources / processes
- ▲ Training, skills development
- ▲ Incentives

The conceptual framework



Cultural and Environmental influences on worker motivation

❶ Local culture and organizational culture
- ◆ Differences in work-cultures between countries
- ◆ Possibility of conflict between cultural values and organizational goals and objectives.

❷ Local culture and patient provider relationship

Cultural and environmental influences

"The purpose of the District Public Health Office is to create incomes for its staff, not to deliver services……..posts are seen as salaries and not work……..the main duty of staff is to account for the budget"

Aitken (1994)

Importance of accountability and embeddedness

"When agents talked about why they liked their jobs, the subject of respect from clients and from 'my community' often dominated their conversation…….Agents saw their clients not only as subjects whose behavior they wanted to change, but as people from whom they actually wanted and needed respect"

Tendler and Freedheim (1994) reporting on a successful project in NE Brazil

Experiences of Health Sector Reform and Health Worker Motivation in KAZAKHSTAN

Partnerships for Health Reform

Summary of Health Reforms in Zhezkazgan Region, Kazakhstan

- General Health Care System
  - Introduction of mandatory health insurance: separation of purchaser and provider
  - Movement from guaranteed budgets to incentive-based financing
  - Rationalization of hospital sector

Summary of Reforms

- Primary Care Sector
  - Creation of 89 independent primary care practices (FGPs); 9 urban FGPs privatized
  - Capitated payment of FGPs
  - New quality assurance system implemented by governmental health insurance fund
  - New systems of internal management: practice managers, clinical/financial information system
  - Population participation and choice: information campaign and open enrollment
  - Nongovernmental professional association

New Incentives

- Head Physician/Owners
  - Savings from efficiency and additional revenue from paid services retained by FGPs: Direct economic incentive to work more effectively
  - Effective competition: incentive to be creative and distinguish your practice
  - New freedoms:
    - Flexibility to allocate resources
    - Opportunity to establish team: hire and fire staff
    - Opportunity to motivate team in new ways, financial and non-financial

New Incentives

- All Primary Health Care Workers
  - Contract-based employment: new job insecurity
  - Performance-related compensation
  - New work culture: clearer organizational goals, organizational identity
  - Increased accountability to the population
  - Increased professional capabilities, identity and prestige

Communication

- Charismatic leader able to communicate clear vision
- Combination of participatory and autocratic decisionmaking
- Continuous process of informing health care workers and population about reforms
- Policies implemented as promised in a timely manner

Performance Indicators

- Health insurance fund collects data on quality indicators and provides feedback to FGPs on performance.
- Objective performance data collected internally and discussed openly with staff: e.g. number of visits, referrals to specialists, ambulance calls, family planning services, infant/maternal mortality.
- Combination of existing statistical reporting requirements and new indicators of performance.

Goal Alignment

- Overall increase in level of professionalism and commitment in primary care sector
- Primary care providers are increasing the scope and quality of services they provide
- Primary care providers are investing personal time and resources to improve services for patients
- Health care workers are investing their own resources in further education

Impact of Health Sector Reform on Public Sector Health Worker Motivation in Zimbabwe

Partnerships for Health Reform

Abt Associates Inc.
In collaboration with:
- Development Associates, Inc.
- Harvard School of Public Health
- Howard University International Affairs Center
- University Research Corporation

Achievements in Health Sector between 1980-1989

- More than 500 health centers built or upgraded
- More than a dozen district hospitals built or under construction.
- Free health care for 20% of the population.
- Infant Mortality rate reduced from 120-140 to 70 per thousand.
- Immunization of children rose from 25% to 70%.
- Significant expansion of contraceptive use, one of the highest in Sub-Saharan Africa
- 5% of government expenditure on health.

By 1989

- Government experiencing serious economic problems (due to inappropriate policies and excessive public spending).
- Inefficient collection of user fees.
- Capacity to pay.
- User fees too low.
- Adoptions of ESAP in 1990. + Civil Service Reform

Main Thrust of Health Reform

- Financial Reform
- Health management strengthening
- Liberalization and Regulation of Private Health Sector
- Decentralization
- Contracting out

Government Objectives (goals)

- To develop an effective, efficient, quality, responsive, and accountable health care system.
- Improving health worker motivation was not a primary consideration

Government's perception of impact of reforms on health worker motivation (incentives)

- Participation in decision making - Empowerment.
- Quicker decision making process.
- Improvement in availability of resources.
- Opportunity for further training and more effective supervision.
- Private practice ⇨ retention of health workers.
- Performance related remuneration and advancement.
- Better worker-community relations

Communications

- 1st Phase - 1990-1994
  - No information, consultation or participation in policy formulation and planning.
- 2nd Phase
  - Better communication and consultation but still largely at management level.
- No one clear about impact of reforms in health system. Compounded by lack of political commitment, evident in back tracking and delay in announcing policies.

Worker's Perception of Impact of Reforms

- All problems in health sector and economy attributed to reforms.
  - Threat to training and career advancement opportunities.
  - Threat to job security, salary, and pension.
  - Fear of ethnic and political influences in employment practices at district level.

Manifestation of Poor Motivation

- Spending more time in private practice or other income generating activities.
- Unethical behavior
- Stealing of government resources.
- Increased rates of absenteeism and absconding.
- Half-hearted and indifferent performance.
- Rude, unresponsive and abusive to patients.
- Series of Strikes.
- High turnover.

Performance Assessment and Feedback

- Poor feedback and linkage between performance and consequences.
- Appraisal reports not always a genuine reflection of performance, not taken seriously.
- Performers and non-performers equally rewarded.
- Medical / Surgical audit - imperfect (voluntary)
- MOH can now hire and fire but process still cumbersome.

Performance Assessment and Feedback (continued)

- ▲ MOH can now hire and fire but process still cumbersome.
- ▲ Ineffective regulatory mechanisms.
- ▲ Patients Rights Charter (will need massive education of health workers and consumers)
  - ◆ Some patients complain and others are grateful but inconsistent and clearly not enough to affect health worker behavior.
- ▲ Best Worker and Best Institution Award.

Impact of Health Sector Reform on Public Sector Health Workers Motivation

Moussa BA, MD, MPH
Issakha Diallo, MD, Dr. PH

UCAD/ISED, Dakar
Senegal

Partnerships for Health Reform

Abt Associates Inc.
In collaboration with:
▲ Development Associates, Inc.
▲ Harvard School of Public Health
▲ Howard University International Affairs Center
▲ University Research Corporation

Introduction

The purpose of this discussion :

- ▲ to present the **Health Reforms** in Senegal in terms of attempts at Decentralization of the HCS:
  - ◆ 1989-1995: Technical and organizational reform: The First Step at Decentralization: DPHD, RPHD
  - ◆ 1996: Administrative reform: Regionalization Step of Autonomy to assess their **impact** on Health worker **Motivation**

The Country and the Facts Political and Economic Environment

- ▲ Democratic multi-party system
- ▲ Context of Rebellion in the South
- ▲ Context of the Reforms:
  - ◆ 1988: **Structural Adjustment**: Presidential elections
  - ◆ 1993: Contested Elections.
  - ◆ 1994: **Devaluation** of the Francs CFA
  - ◆ 1996: Bill of law of Feb.06 on regionalization.
    - ❖ Communal Elections: May
    - ❖ Implementation of the regionalization: July
- ▲ HDRP: from 1989-1995

The H. D. R. P.

- ▲ Objective: to improve the performance and accessibility of the delivery services and decrease the population growth rate
  - ◆ 37 billion Fr. injected in the renovation and equipping, of the Health system, and training health personnel
- ▲ Organizational Changes:
  - ◆ Planning from the local level-
  - ◆ Management Introduction of the Bamako Initiative
  - ◆ Systematic monitoring of the performances
  - ◆ Improvement of the worker competencies

Incentives

- ▲ Financial
  - ◆ Fee for services
  - ◆ Monitoring
  - ◆ Training
- ▲ Non financial
  - ◆ Recognition
  - ◆ Working environment
  - ◆ Empowerment
  - ◆ Feed-back

Performance

- ▲ Results of the 1989-95 reform
  - ◆ Move toward **autonomy** and **decentralization**:
- ▲ The **district officers** felt strong:
  - ◆ Good understanding of his scope of work
  - ◆ Tasks: Local decision making - Manager - Planning

  ⇨ Motivation was high
- ▲ No significant strike

Communication

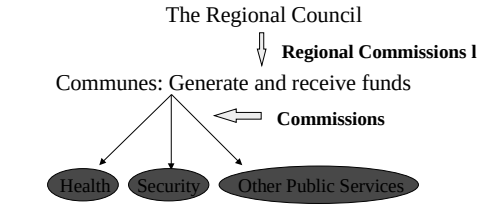
- ▲ Consultation at all levels with all actors
  - ◆ Conception phase
  - ◆ Implementation phase
  - ◆ Unions

Essential Elements of the Regionalization

- ▲ Autonomy of the Regions : Managerial entity
- ▲ Transfer of budget of the services from the central level to the localities
- ▲ Empowerment of the local collectivities:
  - ◆ The Regional Council - The Commune - The Rural communities

  ⇨ Decision making, process - Developmental orientation
  - ◆ Management of the funds
- ▲ Goal: Regional Bond - To improve management and communication issues in local collectivities

How the System is Supposed to Work



Power belongs to the President of Regional Councils and Mayors who are politicians

Expectations

- ▲ The health personnel expected a lot from the reform:
  - ◆ Rapid **mobilization of funds**
  - ◆ Enhanced **communication** with the local leaders and communities
  - ◆ Increased **decision-making power** and autonomy vis-a-vis the Ministry of Health

  ⇨ **Enthusiasm** and attempts at bridging **communication** with locally elected people

Incentives

- ▲ Financial
  - ◆ Loss
- ▲ Non financial

Communication

- Just after the Municipal elections: the bill of law was applied.
- Almost all of the district officers were informed about the new organization by the Mayors of the cities they work in
- Among 15 district officers interviewed , 10 received the first comments from the Ministry by September 1997, one year later

Communication: Interpretation of the text

- No preliminary awareness campaign before the enforcement of the text
- Mayors prospective:
  - Management of the **Financial resources** and **Human resources**
  - The district is not mentioned in the reform, so **competence only on the Commune**: Health center
- For the District Officers
  - The mayors have only a budget management task
  - The district is a unit and has to be managed as a whole unique entity

Communication Problems

- Non acceptance of the leadership of locally elected people (politicians), considered as bad managers by the technical staff: District Officers
- No loop of communication between D.O. and Mayors:
  - D.O. boycotted Health commissions
  - or they are not informed about the meetings
- Examples: This, Tivaouane, Mekhe , Khombol etc..

Performance: Functioning Problems

- Delays in execution of the budgets
  - 1997 Budgets are executed between August and Sept. 98 in 10 out of the 15 district surveyed
  - 1998 Budgets are not yet executed in all the 15 the districts surveyed
- Problem of mobilization of resources
  - Dakar Nord 97 Budget: 35% mobilized; Gas: 60% in
  - Tivaouane 97 Budget: 40% mobilized; Drugs: 7 out of 18 millions were mobilized
- Scarcity of resources in the Health Committees
- Supervision and monitoring activities are rare

Alignment of Goals

- Disrupture between the organizational goals and health workers goals

Conclusion

- Resistance to changes.
- Motivation is dropping.
- Bill of Application of the law on the Privatization of the Hospitals: ⇨ Districts must be Operational.
- Bridge Communication.
- Need assessment / Assessment of the Reform.
- Fund raising: The issue of Sustainability.
- The ultimate goal of decentralization is to have the local collectivities generate their own resources.

Conclusion (continuing)
Supporting Measures

- Bridge Communication
  - Clarify scope of activities of each actor
  - Training
  - Management Committees
- Need assessment / Assessment of the Reform
- Fund raising : The issue of **Sustainability**
- One of the ultimate goal of decentralization is to have the local collectivities generate their own resources and be completely self-supported

Health worker motivation and health sector reform

Partnerships for Health Reform

1. Determinants of motivation

- What motivates people in the public sector to:-
  - come to work?
  - to work effectively?
  - exploratory country case-studies
- Comparison of motivation in high performance and low performance organizations / units: what elements contribute to motivation and how does motivation affect performance?

1. Determinants of motivation contd.

- What are the motivational foundations of people working in public and private sectors?
  - Explore determinants and outcomes of motivation in public and private sectors
  - Apply to improve motivation in public sectors
- What is the role of leadership in health worker and manager motivation

2. Goal alignment: communication, participation and ownership

- Which communication strategies (upward / downwards, sideways, both….) are successful in communicating organizational goals during health sector reform?
- How can health worker involvement in the reform process affect health worker motivation, reform design and ownership of the reform process?

3. Feedback and motivation

- Identify relative importance of agents and mechanisms of feedback (communities, peers, hospitals boards: information on absenteeism, performance).
- Identify and test models for improving HWM through rewards systems linked to achievement:
  - assess elements of compensation system
  - assess how rewards are allocated (formal and informal)

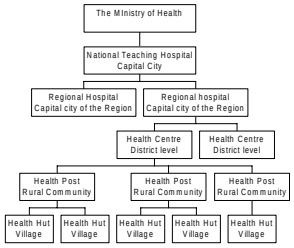
4. Health Reform at the local level

- Assess motivational responses to devolution: the relationships between elements of devolution and worker motivation
- Identify the impact of local level reform interventions on :
  - facility performance
  - health worker performance

5. Miscellaneous

- How do the policies and practices of multi- and bilateral donor agencies affect HWM?
- Test methods for assessing fit between individual and organizational goals before recruitment into the public sector.

Organization of the Public Health Sector



Health Reform and Health Worker Motivation: A preliminary analysis of the Chilean Experience

Partnerships for Health Reform

Trends and Landmarks in Chilean Health Reforms

- The beginning of welfare (1924-1952)
  - Development of public welfare schemes
  - Social Insurance
  - Ministry of Health
- The hard process of system integration (1952-80)
  - The National Health Service (SNS)
  - The National Health Service for white collar workers \
- The rise of the private sector (1979-90)
  - The National Health Fund (FONASA) and private health insurance institutions (ISAPRE)
  - The National System of Health Services (SNSS)

Public Health Sector Problems by 1990

- Wage deterioration
- Limited number of health officers
- No right to labor organization or strike
- Labor movement agenda: defence of the public sector and return to democracy

The public sector 1990-98

- Emphasis on recovering and reconstituting the public sector
  - significant investment in infrastructure and equipment
  - real increase in salaries and staffing
  - training in modern management
  - shift from historical budgets to performance based contracts
  - emphasis on decentralization and user satisfaction

Present status of worker motivation at public facilities

- Hospitals in Santiago
  - low work moral except in specific hospitals or programs
  - migration to the private sector leaving lower productivity workers
- Hospitals in the regions
  - higher work moral than in the capital
  - pride in belonging to a particular hospital
- Primary care centres
  - work moral is lower than in the hospitals
  - upset at decentralization to municipalities

Organizational culture of public health institutions

- Strong feeling of being the base of an important national institution
- Long tradition of united workers organizations
- Independence - lack of awareness of need for evaluation or accountability
- Hierarchical structure- physicians undisputed leaders
- Paternal approach to relations with patients

Differential and common interest of health workers in Chile

- Physicians (medical intelligentsia)
  - Keep high social status
  - Keep leadership of health facilities
  - Keep 'veto' rights on health policies
- Other health workers
  - Catch benefits of national growth
  - Greater social recognition
  - Recognition of competence for leadership of health movement
  - Better training and university degrees

The Labor Market in Chile

- Physicians
  - Incentives for leaving public sector after training
  - Numbers low as entry to profession controlled
  - Concentrated in cities
  - Incentives for specialization
  - Incentives for minimal effort in public system
- Other health workers
  - Overpaid in relation to private sector work
  - Numbers kept low through union pressure
  - Further training does not imply better labor conditions
  - 70% female - conflict between work and home pressures

Key Reforms Affecting Worker Motivation

- Changing regulations governing medical profession
- Introduction of performance based incentives and promotion
- Hospital Autonomy
- Decentralization & performance based contracts
- Increasing accountability of health care providers

Reaction to Changes

- Constant opposition to reform from health workers
- Physicians act as leaders
- Ideological rather than 'rational' reasons for opposition
- Legitimacy of changes during the '80s questioned
- Some institutions eg. WB, Treasury, Fonasa, represent the 'bad guys'
- High absenteeism related to low worker motivation

Changing regulations governing medical profession

- New law at last stage of parliamentary decision aims to increase incentives for public sector service through career.
- Two cycles of discussion with the Medical Association was necessary to reach agreement on the law.

Introduction of performance based incentives and promotion

- New law linking health worker performance with reward introduced after severe conflict with health workers:
  - Individual rather than team incentives
  - First indications suggest negative impact on worker motivation
  - Mechanisms for evaluating performance have been questioned by workers
  - Merit related promotions and training currently embyronic but appears promising

Greater Hospital Autonomy

- Promising results in terms of motivation of managerial teams: clearer goals and recognition of contribution to hospital mission
- Encountered opposition from workers unions because of lost power
- Only physicians face greater financial incentives because of autonomy.

Decentralization and Performance related contracts

- Primary care physicians concerned about their professional status vis a vis hospital physicians
- Performance contracts can stimulate good local management if there are strong incentives for better performance
- Impact on health workers is greater if hospital passes on incentives within the organization
- Contracts can simply add to bureaucracy if incentives do not reward high performers

Increasing Accountability

- Hospital councils are a good way to encourage health workers to share their views with those of the community
- Bills of rights have been recently introduced: workers feel very uncomfortable about any explicit guaranteed right of the patient
- Specific programs addressed to vulnerable groups (eg. indigenous population) have increased motivation amongst health workers working in these areas

Lessons for the future

- Need for pilot examples of 'modern' hospitals for demonstration and research
- Need for greater understanding of psychological and sociological determinants of health worker motivation
- Workers organizations cannot be ignored: must balance their views against those of individual workers
- A clear political commitment to the reform framework, and avoidance of uncertainty is essential to success

Partnerships for Health Reform is implemented by Abt Associates Inc. under contract No. HRN-5974-C-00-5024-00 with the U.S. Agency for International Development (USAID)

Partnerships for Health Reform