

Incentives and Motivation of Health Workers

Professor James Buchan

jbuchan@qmu.ac.uk

Incentives and Motivation of Health Workers

- Why?- drivers for change
- How? -in theory- Theories of Motivation
- How? - in practice- typology of approaches
- Evaluation? -current knowledge base-what works- and where?
- The way forward?

Incentives and Motivation: why?

- Cost containment (health sector reform)
- Performance management
- Recruitment/retention/geographic distribution of staff
- Productivity/quality improvement
- Change management
- Workforce “flexibility”
- Teamworking
- Lifelong learning

Key points:

- What are the objectives?
- Should incentive policies targeted at personal characteristics of individuals or groups of workers- e.g gender; location, profession?
- Monetary incentives
- Non financial incentives
- Effective management/leadership required to achieve consistent implementation
- Contextual factors play a major factor

How?: in theory

- Motivation Theory
- Agency Theory
- The psychological contract

Incentives and Motivation

- “Fair” pay and working conditions are prerequisites for sustained improvements
- Other key factors:
 - education/competence fit for practice
 - provision of educational opportunities
 - career development opportunities
 - participation in decision making
 - flexibility in work / life balance

Working Conditions

- Optimal work environment:
 - demands that fit the resources of the person
 - a high level of basic predictability
 - good social support
 - meaningful work
 - a high level of influence at work
 - a balance between effort and rewards

(Baumann et al, 2001)

How?: incentives in practice

1. Financial

Pay

Other Direct Financial Benefits

- Pensions
- Illness/health/accident/life insurance
- Clothing/accommodation allowance
- Travel allowance
- Child care allowance

Indirect Financial Benefits

- Subsidised meals/clothing/accommodation
- Subsidised transport
- Child care subsidy/crèche provision

2: Non Financial

- Holiday/vacation
- Flexible working hours
- Access to/support for training and education
- Sabbatical, study leave
- Planned career breaks
- Occupational health/counselling
- Recreational facilities

Evaluation

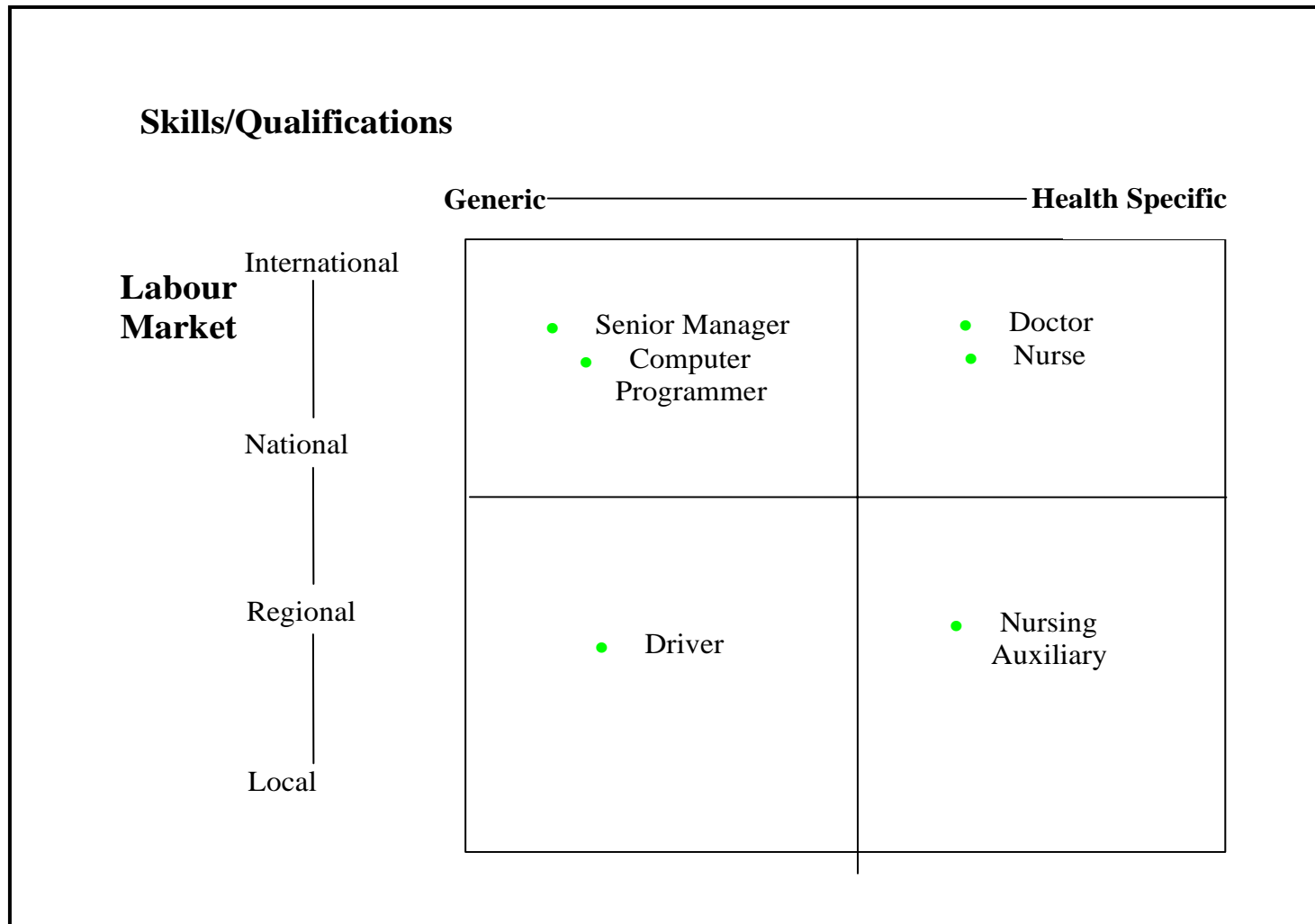
- What “works” (is effective)?
 - for which intended outcomes?
 - for which occupation groups?
 - in which organisational/policy/
system/country / cultural contexts?
 - and why?

Are the incentives effective?

Indicators for Evaluation

- Absence rates
- Turnover rates- % of staff that leave per annum
- Application rates- no. of applicants per job
- Exit interviews of leavers
- Staff surveys (www.healthcarecommission.org.uk)
- Impact on activity levels; productivity
- Impact on patient outcomes? Patient satisfaction

Evaluation- what will work for which occupation groups?



Assessing Policy Interventions

| Intervention | Effect | Cost | Complexity | Impact | Sustainability |
|------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------------|-----------------------|
| | Small.....Big | Low.....High | EasyDifficult | Immediate...future | Short....Long |
| e.g introduce self rostering | | | | | |
| e.g increase pay by 5% | | | | | |
| ...etc | | | | | |

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