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Health Care Provider Motivation: Perceptions, Determinants and Measurements among Physicians in Lahore, Pakistan

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The improvement of the quality of healthcare services has become a priority of many countries. Quality of care moves beyond the technical aspects like drug provision, equipment and clinical standards and includes patient involvement and their relationships with health care providers (HCP). In the health sector, the availability of resources and employee competence are essential but are not sufficient to achieve desired employee performance. A key determinant of achieving the MDGs is related to human resources in low income countries. There is a consensus that despite their importance, human resource has been a neglected component of health system development in low-income countries. According to World Health Organization (WHO), there is an estimated worldwide shortage of 4.3 million health workers, primarily in south Asia followed by Africa. These areas also suffer the greatest burden of disease, worsened by having to cope with a much smaller health workforce. Sub-Saharan Africa and Southeast Asia together have 53% of the global disease burden but only 15% of the world's health care workforce.

Besides a dramatic lack of financial and human resources in developing countries, the health care industry is additionally facing quality deficiencies caused by lack of staff motivation. Health care delivery is highly labor-intensive, and service quality, efficiency and equity are all directly related to providers' willingness to apply themselves to their tasks. Health provider motivation provides a new dimension of quality of care by assessing the motivation and its determinants that drives performance of a task as opposed considering only provider resources and knowledge. Low motivation leads to insufficient translation of knowledge and underutilization of available resources. Low health worker motivation has often been identified as a central problem in health service delivery and its quality. Motivated HCPs

benefit more from other quality improvement interventions such as supportive supervision, training, TQM (Total Quality Management) and will use and manage equipment and materials more effectively than unmotivated HCPs.

Low motivation also adds to the push factors for the migration of health providers, both from rural areas to the cities and out of the country. Governments and non-governmental organizations in developing countries spend many resources on health workers and these investments could produce greater benefits to health care than they do currently.

Consequently, a motivated workforce is critical in retaining qualified health staff and the achievement of health services targets and reforms.

Despite interest in the question of what can be done to strengthen health provider motivation in developing countries and its obvious link to health care quality and overall system, it has so far not received much attention. Not enough is currently known about which determinants of motivation are the most important to different cadres of workers in developing countries. Specifically, fewer studies have concentrated on physician motivation. Physicians act as the bridge between health systems and patients, play a critical role in the distribution and functioning of health system resources and are major stakeholders in the overall performance of health care organizations and the delivery of quality health care services. Therefore, the aim of this study examining various aspects of motivation was to identify motivation perception, its most important determinants (motivators and demotivators) and assessment of motivation level among physicians in different hospitals and clinical settings in the Lahore district of Pakistan, for the purpose of exploring areas for sustainable and attainable improvement.

For this investigation, a mixed methodology approach. Both qualitative and quantitative approaches were used to take advantage of strengths and compensate for the weaknesses of each as well as allow the exploration of motivation among physicians in a broader manner and increase the generalizability of the results.

The study consisted of three parts. Part one of the study consisted of open-ended questions about the motivators and demotivators from physicians' perspectives, in their own words. The second consisted of a questionnaire designed using a Likert scale for the quantification and statistical analysis of the factors related to motivation. The third part involved in-depth one-on-one interviews to build contextual understanding of the factors affecting motivation. Data triangulation was used check the validity and robustness of the findings.

This study was first of its kind in the region to investigate physicians' motivation. Motivational perception, determinants, levels and recommendations showed some important differences and similarities across setups and by gender. The significant motivators in this study were mostly intrinsic and socio-cultural, such as serving people, respect and opportunities for career growth and were nearly universally reported by physicians across all setups. Socio-cultural and, in particular, intrinsic motivators can be difficult to affect. However, demotivators were largely organizational factors that could also secondarily affect intrinsic and socio-cultural factors. More importantly, these factors can present opportunities for interventions and aid in the creation of new policies and strategies. Specifically, in public tertiary setups, there is a need to address the issues of pay, working hours and workloads. In public primary and secondary setups, opportunities for higher qualifications, better supervision and adequate resource provision should also be prioritized. Similarly, addressing the problems of less pay, fewer career opportunities, heavy workloads, unsafe environments and poor working conditions are important considerations for both male and female physician motivation.

In addition to the identification of important motivational determinants among physicians in the region, the findings of this study also suggest that many of these factors can be addressed even at local levels. Therefore, promoting local facility changes could improve physicians' overall motivation and subsequently the quality of health care. Given the existing situation in developing countries like Pakistan, it is essential to address physician motivation in order to decrease physician migration, health care worker shortages and minimize the wastage of already limited resources.

The overall aim of this study was to offer evidence for the development of better and appropriate policies to improve physicians' motivation in developing countries. Motivation does not remain static and is dependent on many continuously changing factors. The reporting of different factors in current job settings and in general also signifies the importance of context. These findings also draw attention to the fact that several relevant questions need to be further explored using exploratory methods to better understand the underlying factors eliciting these responses or longitudinal studies across different setups to monitor the effects of interventions and provide information for further effective policy planning. Addressing the continually changing issue of motivation is a challenging but critical aspect to improve the quality of health care and health care systems, especially in developing countries.

