

Original article |

CORRELATES OF JOB MOTIVATING FACTORS AMONG MALE HEALTH WORKERS IN RURAL KARNATAKA

Manoj Kumar Gupta¹, K Sreenath Reddy¹, Veena R², Chandra Prabha³, Chandana M⁴

Financial Support: None declared

Conflict of interest: None declared

Copy right: The Journal retains the copyrights of this article. However, reproduction of this article in the part or total in any form is permissible with due acknowledgement of the source.

How to cite this article:

Gupta MK, Reddy KS, Veena R, Prabha C, Chandana M. Correlates of Job Motivating Factors among Male Health Workers in Rural Karnataka. Natl J Community Med 2013; 4(2): 221-226.

Author's Affiliation:

¹Assistant Professor, Institute of Health Management Research,, Bangalore; ²Senior Research Officer, Research, Institute of Health Management Research,, Bangalore; ³Research Scholar, Community Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi; ⁴Custodian, BEC, Apotex, Bangalore

Correspondence:

Dr. Manoj Kumar Gupta
Email: drmkgbhu@gmail.com

Date of Submission: 19-02-13

Date of Acceptance: 07-06-13

Date of Publication: 30-06-13

ABSTRACT

Introduction: This study was planned to assess the correlate of job motivating and de-motivating factors with the actual situation among male health workers (MHWs) in rural Karnataka.

Methodology: A cross sectional study design was adopted. From Karnataka state, six districts were selected for the study by adopting appropriate sampling methodology. Out of the total sub-centers in those selected districts, 49 were selected based on confirmation of position of Male Health Workers at the sub centers. Those MHWs were interviewed by using a structured interview schedule. Data was analyzed using Microsoft excel 2007 and SPSS v.16 software.

Results: Stable job and income was addressed as job motivational factor in 87.8% of MHWs. Convenient location with proper connectivity of SC was motivating factor for nearly 70% Of MHWs. Majority (95.9%) of MHWs were considering sense of achievement and recognition as job motivation factor irrespective of their working years.

Conclusion: A moderate discrepancy was found between job motivating and de-motivating factors with the actual situation. Hence, there is huge scope and need to explore those factors with some multi centric studies.

Keywords: Male Health Workers, Motivating factors, De-motivating factors

INTRODUCTION

The healthcare infrastructure in the rural areas consists of a three-tier system based on population norms. The Sub-Centre (SC) is the most peripheral and first contact point between the primary health care system and the community. The Multipurpose Health Workers' (MPHWs) scheme forms the most peripheral category of health staff in the existing health services structure. Each Sub-Centre is required to be manned by at least one Auxiliary Nurse Midwife (ANM) / Female Health Worker and one Male Health Worker (MHW).

The health workforce has been identified as the key to effective health services.¹ However, workforce shortages are the most commonly reported staff-related problem in health care, especially in resource-constrained countries.² Health worker job satisfaction, which can be defined as 'the attitude towards one's work and the related emotions, beliefs, and behaviour', results from complex interactions between on-the-job experience, organizational environment, and motivation. Job satisfaction is a complex function of a number of variables. A person may be satisfied with one or more aspects of his/her job but at the same time may be unhappy with other things

related to the job. Job satisfaction is inextricably linked to motivation, and both involve cognitive, affective, and behavioural processes, with worker motivation commonly understood as the reason why workers behave as they do towards achieving personal and organizational goals. Neither job satisfaction nor motivation is directly observable, but both have been identified as critical to the retention and performance of health workers.³⁻⁵ Some authors contend that the main determinant of health sector performance is health worker motivation, and while resource availability and worker competence are necessary, they are not sufficient.⁶

Variety of factors acts as the job motivational and de-motivational factors for health care staff. Those factors affect their dedication regarding professional behaviour and deviate them to find out some alternate ways to get job satisfaction. Consequently there is a considerable attrition of skilled health manpower. Developing countries are not utilizing considerable resources and missing opportunities to improve the health of their populations. Non availability of health manpower is an obstacle to health improvements, especially for poor people who lack alternatives.⁷

Several other studies and surveys carried out all over the country have revealed that the performance of the health workers particularly that of the males, has fallen short exponentially of the level of expectation, which is affecting the satisfactory levels of the stakeholders.^{8,9,10} Until recently, lack of skilled health manpower has received much less attention from development thinkers and policymakers. However, for many people, a country's success at economic and social development will be defined by whether it can improve the quality of these day-to-day transactions between the public and those delivering public services.⁷

The current push is to shift high impact interventions to lower cadres of skilled and unskilled workers to optimize the accessibility and efficiency of health services. Promoting engagement of health care workers at both at the community and facility level remains central to this initiative, as it contributes to higher quality of care, increased productivity and lower rates of attrition. Variety of factors act as job motivational factors for health workers, but if the salaries and working conditions are unsatisfactory, health workers are likely to find ways to compensate for this. In

Herzberg's theory these are called "factors for dissatisfaction (dissatisfiers)".¹¹

With this background this study has been planned with the following objective to correlate the job motivating and de-motivating factors with the actual situation among male health workers (MHWs) in rural Karnataka

METHODOLOGY

Period of study: This study was conducted for a period of 2 months. Initial 2 weeks were utilized for extensive literature search and designing and finalization of interview schedule. Next one month was utilized for data collection, data entry and quality check. Data analysis and write up were done in last two weeks.

Study design: A cross sectional study design was adopted for this study.

Sampling methodology: Karnataka is divided into 30 districts and 4 administrative divisions. But according to health indicators state has been divided in 3 categories, "Category A", "Category B" and "Category C". Category A contains 4 districts, Category B has 19 districts and C contains 7 districts. By Purposive sampling 2 districts were selected from each category A, B and C. Thus a total of 6 districts were selected for the study namely Udupi and Kodagu from Category A, Davanagere and Shimoga from Category B and Koppala and Raichur from Category C.

From the list of the enumeration of all Primary Health Centers (PHCs) in the selected districts, SCs were selected based on confirmation of position of male health workers at the sub centers. It was planned to interview 8 MHWs from each district. Total 49 SCs were attached with 22 PHCs were selected across these six districts. Thus a total of 49 Male Health Workers posted in these sub-centers were interviewed to find out the correlates of job motivating and de-motivating factors with the actual situation.

Tools and Techniques: A predesigned structured interview schedule was used to assess the factors for job motivation and their relation with the actual situation. At the outset the PHC medical officer was contacted and explained about the purpose of the study.

Analysis of data: Data was analyzed using Microsoft excel 2007 and SPSS v.16 software. Appropriate tables were generated and inferences were drawn.

RESULTS**Table 1: Stability of job and income vis a vis per capita income**

PCI	Stable job and income		Total (%)
	Yes (%)	No (%)	
≤ 3600	23 (79.3)	6 (20.7)	29 (100.0)
>3600	20 (100.0)	0 (0.0)	20 (100.0)
Total	43 (87.8)	6 (12.2)	49 (100.0)

$\chi^2 = 4.715$, $df = 1$, Fisher's Exact = 0.34

Mean PCI of study Subjects was 3607.9 ± 2067.2 . Stable job and income was addressed as job motivational factor in 43 (87.8%) of MHWs. Although out of those 43 MHWs, 53.5% had PCI below the average PCI of studied MHWs, yet they were motivated by stable job and income. All MHWs who were not motivated by stability of job and income was getting salary below the average PCI of studied MHWs.

Table 2: Updating knowledge via regular trainings of SC staff

Factors	System of regular training of SC staff		Attended at least one workshop/training in the last quarter		Total
	Yes (%)	No (%)	Yes (%)	No (%)	
Regular training and updating knowledge					
Yes	40 (88.9)	5 (11.1)	39 (88.9)	6 (11.1)	45 (100.0)
No	4 (100.0)	0 (0.0)	3 (75.0)	1 (25.0)	4 (100.0)
Chi square	$\chi^2 = 0.495$, $df = 1$, $FE = 0.641$		$\chi^2 = 0.408$, $df = 1$, $FE = 0.472$		
Inadequate knowledge to perform tasks					
Yes	17 (100.0)	0 (0.0)	15 (88.2)	2 (11.8)	17 (100.0)
No	27 (84.4)	5 (15.6)	27 (84.4)	5 (15.6)	32 (100.0)
Chi square	$\chi^2 = 2.958$, $df = 1$, $p = 0.106$		$\chi^2 = 0.135$, $df = 1$, $p = 0.537$		
Total	44 (89.8)	5 (10.2)	42 (85.7)	7 (14.3)	49 (100.0)

FE=Fisher's Exact

Table 3: Effect of location and connectivity of SC on job motivation

Factors	Time taken to reach PHC (minutes)		Total (%)	Chi square test
	<30 minutes (%)	≥30 minutes (%)		
Conveniently located sub center with proper connectivity and has good transportation				
Yes	16 (47.1)	18 (52.9)	34 (100.0)	$\chi^2 = 1.792$, $df = 1$, $p = 0.181$
No	4 (26.7)	11 (73.3)	15 (100.0)	
Convenience in commuting				
Yes	18 (47.4)	20 (52.6)	38 (100.0)	$\chi^2 = 3.008$, $df = 1$, $p = 0.083$
No	2 (18.2)	9 (81.8)	11 (100.0)	
Total	20 (40.8)	29 (59.2)	49 (100.0)	

Table 4: Working years vis a vis working environment and sense of achievement and recognition

Factors	Working as MHW since (years)		Total (%)	Chi square test
	≤5years (%)	>5 years (%)		
Non conducive working environment				
Yes	6 (50.0)	6 (50.0)	12 (100.0)	$\chi^2 = 1.792$, $df = 1$, $p = 0.181$
No	14 (37.8)	23 (62.2)	37 (100.0)	
Sense of achievement and recognition				
Yes	20 (42.6)	27 (57.4)	47 (100.0)	$\chi^2 = 1.438$, $df = 1$, Fisher's Exact = 0.345
No	0 (0.0)	2 (100.0)	2 (100.0)	
Total	20 (40.8)	29 (59.2)	49 (100.0)	

Regular training and updating knowledge was motivating factor among 45(91.8%) MHWs. Out of those 45 MHWs 40 had a system of regular training at Sub centre. Four (9.1%) MHWs had a system of regular training at their SCs, yet this factor could not motivate them for job. Besides having the system of regular training at their SCs (44), inadequate knowledge to perform tasks was

de-motivating 38.6% of MHWs. As much as 42 (85.7%) MHWs had attended at least one workshops/training in the last quarter, out of those majority (92.8%) were considering regular training and updating knowledge as job motivating factor, but one third (35.7%) of them had complained Inadequate knowledge to perform tasks as job de-motivating factor.

Convenient location with proper connectivity of SC was motivating factor for nearly 70% Of MHWs. Out of those who were motivated by this factor nearly half had to travel more than half an hour to reach SCs. Out of those MHW for whom convenient location and proper connectivity was not a job motivational factor, 73.3% were actually travelling more than 1 hour daily for their job. Overall more time factor to reach SC (≥ 30 Min)

was de-motivating for 20 (40.8%) MHWs. Conducive working environment was motivating 37 (75.5%) of MHWs. Out of those MHW who had complained of non conducive working environment, 50% were working in the same SC since more than 5 years. Majority (95.9%) of MHWs were considering sense of achievement and recognition as job motivation factor irrespective of their working years.

Table 5: Effect of SC coverage area on job motivation

Factors	Population covered		Total	Chi square test
	≤ 5000	> 5000		
Workload is heavy				
Yes	12 (31.6%)	26 (68.4%)	38 (100.0%)	$\chi^2 = 0.725$, df= 1, p = 0.395
No	5 (45.5%)	6 (54.5%)	11 (100.0%)	
Community complains of non-availability of services				
Yes	2 (50.0%)	2 (50.0%)	4 (100.0%)	$\chi^2 = 0.450$, df= 1, Fisher's Exact= 0.432
No	15 (33.3%)	30 (66.7%)	45 (100.0%)	
Community complains of inadequate supplies				
Yes	3 (13.0%)	20 (87.0%)	23 (100.0%)	$\chi^2 = 8.968$, df= 1, Fisher's Exact= 0.003
No	14 (53.8%)	12 (46.2%)	26 (100.0%)	
Total	17 (34.7%)	32 (65.3%)	49 (100.0%)	

Heavy workload, community complains of non-availability of services and inadequate supplies were de-motivating factors for 77.5%, 8.2% and 46.9% MHWs, respectively. Heavy workload was the main complaint in SCs which were serving more than 5000 population (68.4%). Continuous complaints by community regarding inadequate supplies were de-motivating factors for nearly one third (62.5%) of the MHWs who were working in SCs which were serving more than 5000 population. A significant ($p < 0.05$) association was observed between de-motivation with continuous community complains of inadequate supplies and population served by the SC.

DISCUSSION

India faces a major challenge regarding its ability to provide and retain an adequate, competent health workforce in the right mix to provide health care especially in rural areas where services are most needed. There are varieties of attraction and retention motivators for health care workers in rural areas. In the present study stable job and income, regular training, updating knowledge, sense of achievement and recognition were found as major job motivating factors in majority (>80%) of MHWs. Convenient location with proper connectivity of SC and conducive working environment were motivating nearly half of the study subjects. Heavy work-

load, community complains of inadequate supplies and inadequate knowledge to perform tasks were major job de-motivating factors for MHWs. This supports the findings of previous studies which identified attraction and retention motivators for rural work such as socio-demographics, career advancement opportunities, working and living conditions, availability of equipment and supplies, effective and efficient support systems, career development opportunities, better living and family support systems.¹²⁻¹⁹ But the findings of present study are contrary to the findings of David HP et. Al. (2010)²⁰ in which motivating factors like "good working relationships with colleagues" (96%), "training opportunities" (92%), and environmental factors, such as having "tools to use skills" (92%), and "good physical conditions" (93%) were found more important than income (76%).

Despite an increase in spread of private sector, security of future in terms of stability in job and income as a major motivating factor represents a kind of magnetism towards government jobs.

Updating knowledge through regular refresher trainings and workshops is very necessary to get rid of the sense of inadequate knowledge to perform task at community level. A collaborative study by WHO and NIHF²¹ using a sample of trained health workers in north Indian states found that it is necessary to use innovative training methodologies, refresher training to the

trainers as well as all health functionaries every year and orientation/induction training for the new staff. The study by Gupta, Khan and Patel (2001)²² indicated that the lack of initial training and serious in performing integrated tasks has put the male health workers in quandary about their roles, job responsibilities and the area of jurisdiction. The training of health functionaries was found to be far from satisfactory. In a hurry to increase manpower, the focus was on quantity, and as a result, the quality remains unattended. Thus improvements in training opportunities for skill development and uninterrupted supply of drugs and equipment for effective use of existing professional skills have the greatest promise to raise health worker satisfaction

Daily loss of time in travelling for the job due to non-conveniently located sub center or poor connectivity is found as de-motivating factor among MHWs. These kinds of problems are difficult to resolve.

Non conducive working environment points out the organizational culture. Training and motivation of supervisory personnel to promptly recognize good work, and foster an environment that encourages autonomy will improve health worker satisfaction and motivation and create a sense of achievement and recognition among them.

In the present study nearly two third of sub-centres were serving more than 5000 population, which is quite high as per the population norms for the sub-centre. These kinds of situations create the problem of heavy workload which can impede the ability of the worker to provide the best quality care and can be a dissatisfier for the job and ultimately can affect the overall sustainability of the health system in the face of an increased shortage of health workers.

CONCLUSION

Addressing exponential rural health manpower shortages will require the development of a comprehensive, evidence based rural health manpower improvement strategy that incorporates a coordinated approach, involving partnership with a range of stakeholders by enhancing the job motivating factors and reducing the job de-motivating factors among health care personals. Thus, the current study makes an important contribution to the literature in finding the determinants of job satisfaction among MHWs

built upon evidence from the findings. Besides that there is a scope and need to explore those factors with some multi centric studies.

REFERENCES

1. Chankova S, Nguyen H, Chipanta D, Kombe G, Onoja A, Ogungbemi K. Catalyzing human resources mobilization: a look at the situation in Nigeria. In, Proceedings, Global Health Council Annual Conference; 30 May 2007; Washington DC, 2007. (Accessed 2 February 2011).
2. Government of Nigeria. National Bureau of Statistics. (Online) 2010. Available: <http://www.nigerianstat.gov.ng> (Accessed 28 March 2012).
3. Kivimaki M, Voutilainen P, Koskinen P. Job enrichment, work motivation, and job satisfaction in hospital wards: testing the job characteristics model. *Journal of Nursing Management*. 1995;3:87-91. doi: 10.1111/j.1365-2834.1995.tb00086.x.
4. Tzeng H-M. The influence of nurses' working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan. *International Journal of Nursing Studies*. 2002;39:867-878. doi: 10.1016/S0020-7489(02)00027-5.
5. Mbindyo PM, Blaauw D, Gilson L, English M. Developing a tool to measure health worker motivation in district hospitals in Kenya. *Human Resources for Health*. 2009;7:40-51. doi: 10.1186/1478-4491-7-40.
6. Garcia-Prado A. Sweetening the Carrot: Motivating public physicians for better performance. Policy Research Paper. Washington: The World Bank; 2005.
7. Chaudhury, N., Hammer J., Kremer, M., Muralidharan, K. and Rogers, F. H. Missing in Action: Teacher and Health Worker Absence in Developing Countries. *Journal of Economic Perspectives* 2006;20(1):91-116.
8. Bhatnagar, S, C. Improving the effectiveness of a multipurpose PHC worker. *The Journal of Family Welfare* 1982; 28(3):3-14. Retrieved from <http://www.popline.org/node/393525>
9. Mishra BD. Organization for Change: A Systems Analysis of Family Planning In Rural India, Radiant Publishers, New Delhi 1982. Retrieved from http://books.google.co.in/books/about/Organization_for_change.html?id=nesrAAAIAAJ&redir_esc=y
10. Gupta et al. 1990. Evaluation of multipurpose workers scheme in Ambala district, in A B Hiramani and Neelam Sharma (compiled): *Research in Health Practices*, CHEB, New Delhi, pp.435-53. Retrieved from <http://medind.nic.in/jah/t01/i1/jaht01i1p36g.pdf>
11. Wellins RS, Bernthal P, Phelps M. 2005. Employee engagement: The key to realizing competitive advantage. Published by Development Dimensions International http://www.ddiworld.com/DDIWorld/media/monographs/employeeengagement_mg_ddi.pdf?ext=.pdf retrieved on 25-08-2012
12. Kotzee T, Couper ID. What interventions do South African qualified doctors think will retain them in rural hospitals of the Limpopo province of South Africa. Ru-

- ral and Remote Health 6:581. (Online) 2006. Available: www.rrh.org.au.
13. Sengooba F, Rahman S, Hongoro C, Rutebemberwa E, Mustafa A, Kielmann T et al. Health sector reforms and human resources for health in Uganda and Bangladesh: mechanisms of effect. *Human Resources for Health* 2007; 5: 3.
 14. Willis-Shattuck M, Bidwell P, Thomas S, Wyness L, Blaauw D, Ditlopo P. Motivation and retention of health workers in developing countries: a systematic review. *BioMed Central Health Service Research* 2008; 8: 247.
 15. Manafa O, McAuliffe E, Maseko F, Bowie C, MacLachlan M, Normand C. Retention of health workers in Malawi: perspectives of health workers and district management, *Human Resources for Health* 2009; 7: 65.
 16. Agyepong IA, Anafi P, Asiamah E, Ansah E, Ashon D, Narh- Dometey C. Health worker (internal customer) satisfaction and motivation in the public sector in Ghana. *International Journal of Health Planning and Management* 2004;19:319-336.
 17. Manongi R, Marchant T, Bygbjerg IC. Improving motivation among primary health care workers in Tanzania: a health worker perspective. *Human Resources for Health* 2006; 4: 6.
 18. Reid S. Monitoring the effect of the new rural allowance for health professionals. Durban: Health Systems Trust, 2004; 1-7.
 19. OM Ebuehi, PC Campbell. Attraction and retention of qualified health workers to rural areas in Nigeria: a case study of four LGAs in Ogun State, Nigeria. *Rural and Remote Health* 11: 1515.
 20. David H Peters, Subrata Chakraborty, Prasanta Mahapatra, Laura Steinhardt. Job satisfaction and motivation of health workers in public and private sectors: cross-sectional analysis from two Indian states. *Hum Resour Health*. 2010; 8: 27. Published online 2010 November 25. doi: 10.1186/1478-4491-8-27
 21. WHO and NIHF. 2009. "Performance Assessment of Health Workers Training in Routine Immunization in India", WHO and NIHF collaborative Study Report. Retrieved from <http://www.childhealthindiainfo.com/index.php?q=content/performance-assessment-health-workers-training-routine-immunization-india>
 22. R.B. Gupta, M.E. Khan and B. Patel. Perceptions of Basic health workers (males) on increasing their involvement in family planning promotional efforts. *The journal of family welfare* 2001;47(1):36-49.