

The Effect of Organisational Factors in Motivating Healthcare Employees: A Systematic Review

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Abstract

Healthcare employee motivation is a key concept in the achievement of efficient, effective and good quality healthcare delivery. In this paper a systematic review of primary data from UK, Europe, Africa and Asia was conducted to consolidate the available evidence on the effect of organisational factors on healthcare employee motivation. Because healthcare delivery is highly labour intensive, it must be acknowledged that human resources are extremely critical in the drive for healthcare organisations to deliver on their organisational goals. The organisational factors which were identified as having a great effect on healthcare employee motivation can be divided into financial and non-financial factors. Remuneration was identified as a strong extrinsic factor, while conducive working conditions, increased responsibilities and appreciation from the communities in which they serve were identified as strong intrinsic factors. Even though there is a cultural aspect to motivation, remuneration, managerial support and career advancement are core factors that affect all healthcare professionals irrespective of country. Many of the factors that were observed in the literature as affecting motivation can be addressed by an overhaul of the reward strategy of healthcare organisations.

Keywords: ‘Healthcare Employee’, ‘Motivation’, ‘Organisational factors’, ‘Employee Performance’, ‘Job Satisfaction’.

Key Points

- Healthcare professional motivation is a crucial factor in pursuing effective, efficient and qualitative healthcare delivery.
- Motivational factors for healthcare professionals are multifarious; therefore healthcare organisations should endeavour to implement motivational factors that are culturally fit for purpose.
- The effect of managers with leadership qualities cannot be over emphasised in effectively motivating healthcare professionals.
- More research needed to ascertain how different motivational factors are perceived by different cadre of healthcare professionals and how this affects their productivity.

The Effect of Organisational Factors in Motivating Healthcare Employees: A

Systematic Review

Abstract

Healthcare employee motivation is a key concept in the achievement of efficient, effective and good quality healthcare delivery. In this paper a systematic review of primary data from UK, Europe, Africa and Asia was conducted to consolidate the available evidence on the effect of organisational factors on healthcare employee motivation. Because healthcare delivery is highly labour intensive, it must be acknowledged that human resources are extremely critical in the drive for healthcare organisations to deliver on their organisational goals. The organisational factors which were identified as having a great effect on healthcare employee motivation can be divided into financial and non-financial factors. Remuneration was identified as a strong extrinsic factor, while conducive working conditions, increased responsibilities and appreciation from the communities in which they serve were identified as strong intrinsic factors. Even though there is a cultural aspect to motivation, remuneration, managerial support and career advancement are core factors that affect all healthcare professionals irrespective of country. Many of the factors that were observed in the literature as affecting motivation can be addressed by an overhaul of the reward strategy of healthcare organisations.

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- More research needed to ascertain how different motivational factors are perceived by different cadre of healthcare professionals and how this affects their productivity.

Background

Healthcare is a highly labour intensive industry with the healthcare workforce representing the major and most important component of a healthcare service. The demand for healthcare is continually growing due to known factors such as population growth, increasing proportion of elderly people, advances in medical practice and technology and advancements in drug provision. The impact of new diseases and infections such as HIV, chronic diseases and long term conditions are changing the way public expectations of healthcare provision are being considered (World Health Organisation, WHO 2006, World Economic Forum, WEF 2013).

A well-motivated healthcare workforce is key to meeting the continuous and changing demand of health services (Buchan, 2000). However, where healthcare employees are demotivated their performance at work deteriorates and consequently they are less effective and less efficient which compounds the quality of healthcare provided (Kasenga & Hurtig, 2014). Many researchers such as Henderson & Tulloch (2008) point out that a large proportion of the healthcare workforce is demotivated, emphasising the importance of

seeking out ways to improve motivational states within the healthcare workforce (Kasenga & Hurtig, 2014).

Motivation of employees is defined as a willingness to exert high levels of effort toward organisational goals, conditioned by the ability of such effort to satisfy some of their individual needs (Ramlall, 2004). This suggests that to motivate the healthcare workforce, organisations need to help employees achieve their individual needs or goals whilst they work towards organisational goals. There are many factors which influence the motivation of healthcare employees. External factors such as political, economic, social, cultural and technological factors are known to significantly impact the level of motivation of employees. For example, health sector reforms initiated by government affects the organisational structures in which employees work; organisational cultures fluctuate across professional and political beliefs and values, as well as across organisational processes on which healthcare work is constructed, these shape employee motivational states on which the employer is dependent (Franco et al 2002). However, many researchers argue that internal organisational factors are also of considerable significance in how they influence employee motivation, often related to the unsolved tensions between the need of the healthcare sector to increase productivity and improve quality of care whilst also reducing costs in response to pressure applied by external factors (Lake, Daura, Mabandhla et al 2000).

The organisational factors which were identified as having a great effect on healthcare employee motivation can be divided into financial and non-financial factors. Financial incentives are a very important and powerful organisational factor in motivating healthcare workers, such incentives come in the form of adequate salaries and allowances which are considered an important means of meeting the basic needs of healthcare workers such as

housing, and other living associated expenses including the educational needs of children. According to studies conducted in several countries such as North Viet Nam (Dieleman et al 2003), Mali (Dieleman et al 2006), Ghana (Agyepong et al 2004; Adzei & Atinga 2012) and United Kingdom (Joshua-Amadi, 2002; 2003), the significance of basic salary in supporting the survival needs of employees beyond subsistence are seen as critical motivational factors and hence considered important drivers for work morale and motivation which sustain higher levels of work output. However another study conducted in Africa by Mathauer & Imhoff (2006), stressed the role of non-financial organisational factors in the way these informed the motivation of healthcare employees. This include the opportunity for continued professional development and career development; also having good communication mechanisms in place which strengthened employer-employee relations and communication between colleagues. The research argues that an increase in salary is by no means enough to solve the problem of low motivation among healthcare workers. Furthermore it suggests that to motivate healthcare employees and foster increased commitment to the job, healthcare organisations should place an emphasis on non-financial motivational factors especially in view of the economic challenges confronting healthcare organisations (Skefales et al 2014). For example empirical studies report that healthcare organisations need to recognise the importance of continuing education and career development (Dieleman et al 2006). Furthermore in the study conducted in Mali by Dieleman et al. (2006) which focuses on motivation and performance management of health sector workers, it observed that the majority of the respondents were highly appreciative of training opportunities provided by their employers. However, the study also noted that some activities, such as promotion, career development and performance appraisal were mainly administrative rituals and not used to improve motivation and enhance performance. Unfortunately this is the situation with most

developing countries such as; North Viet Nam (Dieleman et al 2003), Ghana (Agyepong et al 2004), Tanzania (Manongi et al 2006) and South Africa [Ibeziako et al 2013).

In the light of this, this paper will address the following research question:

What are the key organisational factors that lead to the motivation of employees in the healthcare sector?

To answer this question we conducted a systematic review on the subject area. We chose this approach as systematic reviews evaluate the main body of research within a particular field and are seen to be more rigorous than literature reviews (Greenhalgh 2004).

The remainder of the publication is structured as follows: Section two provides the details of the research method. Section three discusses the findings of the research, and section four summarises the conclusions, including recommendations for further research.

Methods

The review was carried out by consulting the following electronic databases:

- EBSCOhost , a web-searchable collection of online databases that cover a wide range of general and academic topics such as management and healthcare
- ProQuest, covering management and organisational journals
- ASSIA, specialising in social sciences

- PubMed/Medline , focusing on medicine and health but also issues related to medical/health care practices
- CINAHL, specialising in nursing and allied health literature
- Psychinfo, focusing on psychological information

We also undertook hand-searching of a number of publications by following up references in the publications that satisfied the inclusion criteria. The publications obtained through hand-searching were not treated differently from those obtained through the initial database search. We used a set of key words and phrases such as “organisational factors and healthcare employee motivation”, “factors affecting health worker motivation” and “health workers and job satisfaction”, “factors that motivate the healthcare employees”, “leadership as a factor in healthcare worker motivation”, “financial incentives and health worker motivation”, “health worker motivation and retention”, and “health worker and job satisfaction”. To further improve the relevance of the publications extracted, practical screening of the extracted articles was undertaken, this was done by analysing the abstracts of the extracted publications. We used Fink’s (2005) criteria for practical screening to identify (1) whether the publication’s content is relevant to the research question and (2) whether the publication’s content satisfies the exclusion criteria. Using these criteria, the extracted publications were evaluated based on:

- Content — only publications that had a bearing on organisational factors and healthcare employee motivation were included in the review.

- Setting — these were limited to healthcare organisations such as hospitals, clinics, health centres.
- Subjects — studies were restricted to those that involved clinical staff such as doctors, dentists, nurses, laboratory scientists, pharmacists and mid-level health providers, non-clinical staff were excluded even if they worked in healthcare organisations e.g. caterers, laundry staff and hospital administrators.
- Publication — these were limited to the databases mentioned above.
- Language — only articles written in English were considered due to time constraint.
- Research design — due to the paucity of publications on healthcare employees and motivation, publications considered for the review include quantitative, qualitative and mixed methods papers.

After applying the above criteria to the remaining publications, the number of publications was further reduced, these were then subjected to a second screening to appraise them for eligibility using the inclusion and exclusion criteria.

	INCLUSION CRITERIA	EXCLUSION CRITERIA
POPULATION	Healthcare workers such as doctors, dentists, nurses and allied professionals	Non-clinical employees working in the healthcare sector
EXPOSURE	Organisational Factors	Non-organisational Factors
OUTCOME	Effect of motivational factors on the performance of healthcare workers	
TYPE OF STUDIES	Primary research Publications written in English Data obtained from quantitative, qualitative and mixed method publications Publications published from 2000 to the present day (2014)	Theses Literature and systematic reviews Publications not written in English Dissertations Publications published before 2000 Conference proceedings Publications addressing healthcare workers but not motivation Scholarly journals

Table 1: Inclusion and Exclusion Criteria

The inclusion and exclusion criteria we used were based on PEO concept that describes the population (P), exposure (E), and outcomes (O). These criteria are suitable for in-depth review, as well as types of study included in the review, and those that are excluded from it

(Petticrew & Roberts 2006). Table 1 depicts details of the inclusion and exclusion criteria (based on PEO) used in this study.

The quality of the reviews was assessed using the criteria by Dixon-Woods et al (2006) see Table 2.

Criteria for appraising the reviews	Points
Are the aims and objectives of the research clearly stated?	1
Is the research design clearly specified and appropriate for the aims and objectives of the research?	1
Do the researchers provide a clear account of the process by which their findings were produced?	1
Do the researchers display enough data to support their interpretations and conclusions?	1
Is the method of analysis appropriate and adequately explicated?	1

Table 2: Quality Appraisal Criteria

Publications that score 5 points were rated A, publications that scored 4 points were rated B, publications that scored 3 points were rated C, publications with 2 points were rated D, publications with 1 point were rated E, publications with no point at all were rated F and excluded from the study.

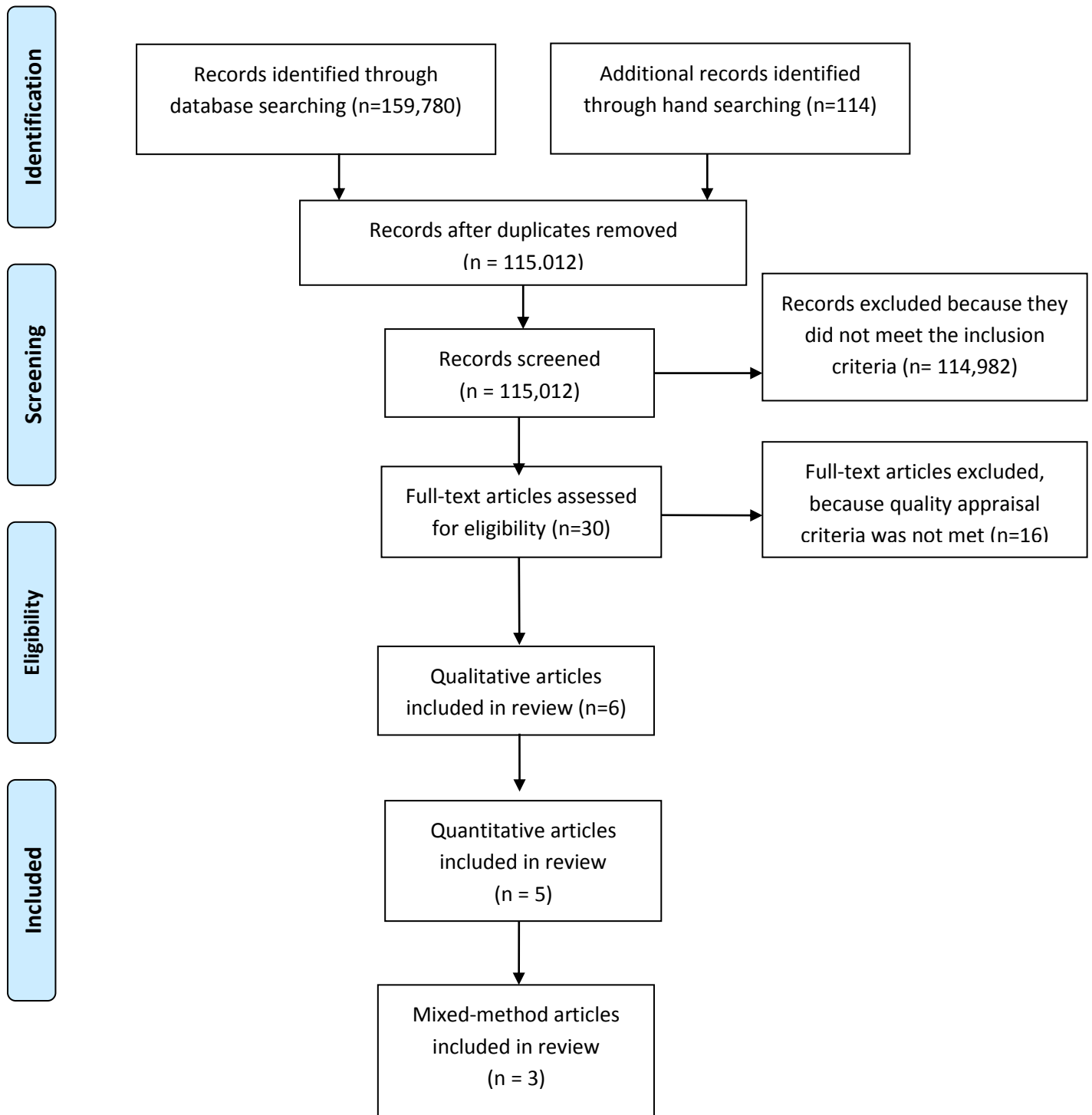
The data was extracted by reading through the primary studies that made it into the final review and highlighting the relevant information that will answer the research question (see Bettany-Saltikov 2012; Coughlan et al 2013). This involved extracting data related to health care professionals (population), organisational factors (exposure) and particularly the effect of motivational factors on the performance of healthcare professionals (outcome) (Bettany-Saltikov 2012). The search strategy is depicted in pictorial form below using the Prism 2009 flow diagram. Narrative synthesis was used to analyse the data and identify key themes

related to organisational factors in the context of motivation of healthcare employees (see Dixon -Woods et al 2006)

PRISMA 2009 Flow Diagram

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

Diagram 1: Search Strategy



Results

A total of 30 publications were identified that met our inclusion criteria. Findings were grouped into financial (salary remuneration, benefits and allowances) and non-financial (recognition, advancement, relationship with those in authority, conducive working conditions, increased responsibilities and appreciation from the communities in which they serve) motivational factors. The identified studies focus on both developed and developing countries which suggest that the issue of healthcare employee motivation is a global concern. Review includes studies from Europe (Cyprus, England and Georgia), Africa (Benin, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia) and Asia (India, Jordan and North Viet Nam). These studies were conducted largely in public healthcare facilities in both rural and urban areas, with little input from the private healthcare facilities (Mathauer & Imhoff 2006; Marinucci et al 2013).

The full text of each of these 30 publications was read to ascertain how they conform to the quality appraisal criteria. There were no studies rated E or F, because all such studies had been filtered out during the practical screening. Three publications were rated D, eight studies were rated C and six studies were rated B, while 14 studies were rated A. Only studies which were rated as A (14) made the final review. Six of these publications are qualitative studies (see Joshua-Amadi 2002, Dieleman et al 2003, Joshua-Amadi 2003, Manongi et al 2006, Mathauer & Imhoff 2006, Chimwaza et al 2014) and five are quantitative studies (see Agyepong et al 2004, Lambrou et al 2010, Ibeziako et al 2013, Marinucci et al 2013, Purohit and Bandyopadhyay 2014), and three are of mixed-method design (see Franco et al 2004, Chandler et al 2009, Ojaka et al 2014).

Eleven out of the studies that made it into the final review had nurses as participants (see Joshua-Amadi 2002, Dieleman et al 2003, Joshua-Amadi 2003, Agyepong et al 2004, Manongi et al, 2006, Mathauer & Imhoff 2006, Lambrou et al 2010, Ibeziako et al 2013, Chimwaza et al 2014, Franco et al 2004, Chandler et al 2009 & Ojaka et al 2014), with two studies based on nurses alone Joshua-Amadi (2002, 2003). Seven studies had doctors (including dentists) as part of the participant sample (see Dieleman et al 2003, Agyepong et al 2004, Franco et al 2004, Mathauer & Imhoff 2006, Lambrou et al 2010 & Ibeziako et al 2013), with one study focusing on doctors alone Purohit and Bandyopadhyay (2014). Just two studies, Marinucci et al (2013) and Ojaka et al (2014) included medical laboratory professionals, with Marinucci et al (2013), focusing on medical laboratory professionals only. A number of the studies focused on rural health workers (see Dieleman et al 2003, Manongi et al 2006, Mathauer & Imhoff 2006, Chandler et al 2009 & Ojaka et al 2014), while eight studies were undertaken in urban healthcare facilities. A summary of the studies included in our review is outlined in Table 1.

Table 1. Summary of the studies under review

Discussion

As the review includes publications that employ research methods of qualitative, quantitative and mixed method types, a narrative synthesis was adopted to analyse findings (see Dixon-Woods et al 2006). Using this method, key themes that help to answer the research question were identified, the data was then reviewed and themes identified and analysed. The common themes regarding organisational factors and employee motivation identified within the studies include:

Management and leadership: This was a recurring theme in all the fourteen publications that were reviewed; thus poor management, lack of teamwork and a lack of support from supervisors and those in authority were observed to be strong demotivating factors (see Joshua-Amadi, 2002, Joshua-Amadi 2003, Agyepong et al 2004, Manongi et al 2006, Ibeziako et al 2013, Chimwaza et al 2014). In one of the studies conducted by Franco et al (2004), the healthcare professionals stated that management openness has a positive effect on motivation. Healthcare workers in rural areas feel isolated and abandoned because supervision is minimal or non-existent according to Manongi et al (2006).

Salaries and performance related pay: Because remuneration is a means to meeting the basic needs of existence, all 14 studies that made it into the final review consider it an important motivational factor; nine studies consider this an important factor especially in the developing countries because of the high level of poverty. Alternatively, according to five studies, although financial incentives were considered important, they were not enough by themselves to motivate healthcare professionals, therefore financial incentives should be part of a group of incentives not administered alone (Bratton et al 2010, Armstrong 2012 & Sullivan and Garland 2013). Performance related pay finds its root in Adam's equity theory which states that the input-outcome ratio for all employees should be perceived as equal, Bratton et al (2010).

Professional development opportunities: According to participants in eleven of the studies (see Joshua-Amadi 2002, Dieleman et al 2003, Joshua-Amadi 2003, Agyepong et al 2004, Manongi et al 2006, Mathauer & Imhoff 2006, Chandler et al 2009, Ibeziako et al 2013, Marinucci et al 2013, Chimwaza et al 2014, & Purohit and Bandyopadhyay 2014) in-service training and career progression development programmes are very important motivating

factors to healthcare professionals, because these equip employees with the knowledge to perform their duties optimally, thus boosting their self-esteem.

Promotions: Seven studies (see Joshua-Amadi 2002, Joshua-Amadi 2003, Agyepong et al 2004, Manongi et al 2006, Ibeziako et al 2013, Ojaka et al 2014 & Purohit and Bandyopadhyay 2014) dealt with the issue of promotions, and stressed that delayed promotions can be greatly demotivating, because it is perceived that the expected reward that follows performance is lacking (Armstrong 2012 & Sullivan and Garland 2013); promotion is an important motivational factor, because it is perceived as a form of growth, advancement and recognition, meeting the needs of self-esteem and self-actualization according to Alderfer, Herzberg and Maslow's motivational theories. It is also frequently accompanied by a pay rise (Agyepong et al 2004, Manongi et al 2006, Mathauer & Imhoff 2006, Chimwaza et al 2014, Ojaka et al 2014 & Purohit and Bandyopadhyay 2014).

Poor working conditions: Seven of the studies reviewed (Joshua-Amadi 2002, Dieleman et al 2003, Joshua-Amadi 2003, Chandler et al 2009, Ibeziako et al 2013, Marinucci et al 2013, Chimwaza et al 2014, & Ojaka et al 2014) discussed working conditions extensively; when the working environment is not conducive it has a demoralising effect on staff; conditions such as lack of electricity and potable water, non-provision of hospital equipment (e.g. sphygmomanometers, microscopes etc), lack of hospital consumables (e.g. protective gloves, face masks etc), failure of management to provide changing rooms and call duty rest rooms for doctors, nurses and other healthcare professionals all have a demotivating effect on healthcare workers.

Recognition, appreciation and reward: Eight studies (Joshua-Amadi 2002, Dieleman et al 2003, Joshua-Amadi 2003, Agyepong et al 2004, Manongi et al 2006, Chandler et al 2009, Ibeziako et al 2013 & Chimwaza et al 2014) dealt with the issues of recognition, appreciation and rewards; being recognised, appreciated and adequately rewarded on the job greatly motivates healthcare personnel, it gives them a feeling of being valued; therefore when healthcare professionals perceive that they are not adequately rewarded for the work they do e.g. if passed over for training or bonuses it can lead to healthcare workers feeling demotivated.

Staff shortage and work overload: Six studies (Dieleman et al 2003, Agyepong et al 2004, Manongi et al 2006, Ibeziako et al 2013, Chimwaza, et al 2014 & Ojakaa et al 2014) dealt with the issue of staff shortage and work overload, respondents in the studies reviewed were demotivated by staff shortage because this lead to work overload for those still in service, which invariably led to staff burnout. This affected healthcare professionals in both urban and rural healthcare facilities (Agyepong et al 2004, Manongi et al 2006 & Ibeziako et al 2013) but it was of particular importance in the rural centres according to Dieleman et al (2003), Chimwaza et al (2014) and Ojakaa et al (2014).

Increased responsibility and Achievements: Five studies (Agyepong et al 2004, Mathauer & Imhoff 2006, Lambrou et al 2010, Ibeziako et al 2013 & Purohit and Bandyopadhyay 2014), dealt with the issues of increased responsibility and achievements as a significant source of motivation, because it helps build confidence in the healthcare professional.

Conclusions

Effective, efficient and good quality healthcare cannot be provided unless organisations take the issue of healthcare employee motivation seriously. From this review it can be inferred that healthcare employee motivation is not a function of one single factor, rather it is a mix of multifarious factors which must be addressed within the cultural context of the healthcare system of each particular country. Core organisational factors that have an effect on healthcare employee motivation include financial incentives, career development, favourable working environment and management and leadership approaches. It should be reiterated that financial incentives alone are not effective as motivational factors. Recognition and appreciation are also important in healthcare employee motivation; this is especially true of healthcare professionals posted to rural areas in developing countries. To address this, we suggest that a review of the range of reward and recognition strategies adopted by current healthcare organisations be reconsidered.

However, a word of caution from the publications reviewed, the evidence is inconclusive because perceptions of motivational factors may vary according to the cultural context of both the organisation and its host country. Studies have not been able to differentiate how motivational factors may be valued differently by the different cadres of healthcare professionals, which in itself suggests the need for further research which takes this into consideration. Other issues considered which are not adequately addressed relate to the socio-political context in which the organisation operates, and how these factors inform the motivational states of healthcare workers.

Competing Interest

The authors declare that they have no competing interests.

References

1. Adzei, F.A and Atinga, R.A (2012) Motivation and retention of health workers in Ghana's district hospitals: Addressing the critical issues. *Journal of Health Organization and Management Vol. 26 No. 4, 2012 pp. 467-485*
2. Agyepong, I.A, Anafi, P. Asiamah, E. Ansah, E. K. Ashon, D.A. and Narh-Dometey,C, (2004) Health worker (internal customer) satisfaction and motivation in the public sector in Ghana *International Journal of Health Planning Management 2004; 19: 319-336*
3. Armstrong, M (2012) *Armstrong's handbook of human resource management practice 12th edition. London Kogan Page*
4. Bettany-Saltikov, J (2012) *How to do a systematic literature review in nursing: a step-by-step guide 1st edition Maidenhead; McGraw-Hill*
5. Bratton, J. Sawchuk, P. Forshaw, C. Callinan, M and Corbett, M (2010) *Work and organizational behaviour 2nd edition Basingstoke; Palgrave Macmillan*
6. Buchan J (2000) Planning for Change: Developing a policy framework for nursing labour markets. *International Nursing Review ;47:199–206*
7. Chandler, C.I. R, Chonya, S, Mtei, F, Reyburn, H, and Whitty, C. J.M (2009) Motivation, money and respect: A mixed-method study of Tanzanian non-physician clinicians. *Soc Sci Med* 68 (2009) 2078–2088
8. Chimwaza, W. Chipeta, E. Ngwira, A. et al (2014) What make staff consider leaving the health service in Malawi? *Human Resources for Health 2014, 12:17*
9. Coughlan, M. Cronin, P. and Ryan, F. (2013) *Doing a literature review in nursing, health and social care SAGE London*
10. Dieleman, M, Cuong, P.V, Anh, L.V and Martineau, T (2003) Identifying factors for job motivation of rural workers in North Viet Nam. *Human Resources for Health 2003, 1:10*
11. Dieleman, M. Toonen, J. Touré, H. and Martineau, T (2006) The match between motivation and performance management of health sector workers in Mali *Human Resources for Health 2006, 4:2.*

12. Dixon-Woods M, Cavers D, Agarwal S et al (2006) Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups , *BMC Medical Research Methodology* , 6;35 pp1-13
13. Fink, A (2005) *Conducting research literature reviews: From the Internet to publication*, Thousand Oaks, sage
14. Franco, L. M, Bennett, S and Kanfer, R. (2002) Health sector reform and public sector health worker motivation: a conceptual framework. *Soc Sci Med* 2002, 54: 1255–1266
15. Franco, L.M, Bennett, S, Kanfer, R and Stubblebine, P 2004 Determinants and consequences of health worker motivation in hospitals in Jordan and Georgia. *Soc Sci Med* 2004, 58:343-355.
16. Greenhalgh T, Robert G , Macfarlane F, Bate P, Kyriakidou (2004) Diffusion of innovations in service organizations: systematic review & recommendations, *The Milbank Quarterly*, Vol 82, No 4, pp 589-629
17. Henderson L N and Tulloch J (2008) Incentives for retaining and motivating health workers in Pacific and Asian Countries, *Human Resources for Health*, Vol 6, No 18
18. Ibeziako, O.J, Chabikuli, O.N and Olorunju, S. (2013) Hospital reform and staff morale in South Africa: a case study of Dr. Yusuf Dadoo Hospital. *South Africa Family Practitioner* 2013;55(2):180-185
19. Joshua-Amadi, M, (2002 & 2003) Recruitment and retention in the NHS: A study in motivation. *Nursing management* 2002 & 2003; 9: No.8 & No.9
20. Kasenga F, Hurtig A K (2014) Staff motivation and welfare in Adventist health facilities in Malawi: A Qualitative Study, *BMC Health Service Research*, 14:488,
21. Lake S, Daura M, Mabandhla M et al (2000) Analysing the process of health financing reform in South Africa and Zambia: County Report. *Partnerships for Health Reform Project, Major Applied Research 1 Technical Publication 1*, Bethesda

22. Lambrou, P, Kontodimopoulos, N and Niakas, D (2010) Motivation and job satisfaction among medical and nursing staff in a Cyprus public general hospital. *Human Resources for Health* 2010, 8:26.
23. Manongi, R.N, Marchant, T.C and Bygbjerg, I.C (2006) Improving motivation among primary health care workers in Tanzania: a health worker perspective. *Human Resources for Health* 2006, 4:6.
24. Marinucci, F, Majigo, M, Wattleworth, M, Paterniti, A.D, Hossain, M.B and Redfield, R (2013) Factors affecting job satisfaction and retention of medical laboratory professionals in seven countries of Sub-Saharan Africa. *Human Resources for Health* 2013, 11:38
25. Mathauer, I and Imhoff, I. (2006) Health worker motivation in Africa: the role of non-financial incentives and human resource management tools. *Human Resources for Health*. 2006, 4:24.
26. Ojaka, D, Olango, S and Jarvis, J. (2014) Factors affecting motivation and retention of primary health care workers in three disparate regions in Kenya. *Human resources for health* 2014, 12:33
27. Petticrew, M. and Roberts, H. (2006) *Systematic reviews in the social sciences [e-book]* Oxford: Blackwell Publishing Ltd
28. Purohit, B and Bandyopadhyay, T (2014) Beyond job security and money: driving factors of motivation for government doctors in India. *Human Resources for Health* 2014, 12:12
29. Ramlall, S. (2004) A review of employee motivation theories and their implications for employee retention within organizations. *The Journal of American Academy of Business, Cambridge* September 5,1/2
30. Skefales, A., Plakas, S., Fouka, G., Goni, M., Vassiliadou, M. and Bergiannaki, J. D. (2014) Burnout and its association with working conditions among Greek hospital nurses in a time of financial crisis. *Open Journal of Nursing*, 4, 548-563.
31. Sullivan, E.J and Garland, G (2013) *Practical leadership and management in healthcare 2nd edition*. Harlow: Pearson education Ltd.

32. World Economic Forum (2013) Sustainable health systems

http://www3.weforum.org/docs/WEF_SustainableHealthSystems_Report_2013.pdf

33. World Health Organisation (2006) World Health Report: health workers

http://www.who.int/whr/2006/06_chap2_en.pdf?ua=1

Table 1. Summary of the studies under review

Study	Type	How identified	Aim and Objectives	Research design of study	Main findings	Quality rating
Joshua-Amadi (2002 and 2003)	Qualitative	Electronic Database EBSCO	To identify factors leading to staff de-motivation, and leading to the decision to leave the NHS; to offer practical proposals that may aid staff motivation and improve retention and recruitment rates.	In-depth interviews. Purposive sample of nurses about to leave the NHS voluntarily.	De-motivating factors were identified as, decline in patient care, staff shortage, low & inequitable pay, lack of appreciation, lack of support from employers & poor relationship with managers as well as unsatisfactory working environment. Nurses will be motivated by managerial openness & two-way communication.	A
Manongi et al (2006)	Qualitative	Hand search	To explore the experiences of primary healthcare workers in Northern Tanzania in terms of their motivation & work satisfaction & frustrations. And to identify areas of sustainable improvement to the services they provide.	Focus group discussions were conducted in 3 districts of Northern Tanzania. The purposive sample involved 64 participants made up of nurses and different healthcare workers.	The following factors motivate healthcare workers in this study; support from supervisors, better supervision & being valued & respected. Lack of feedback causes the healthcare worker to feel isolated; this is a strong de-motivating factor along with lack of training & inadequate patient care.	A

Table 1. Summary of the studies under review

Franco et al (2004)	Exploratory & mixed method	Electronic database ASSIA	To identify the kind of interventions & strategies that should be built into health sector reforms to facilitate health workers motivation & therefore improve both health sector performance & health outcomes in Jordan & Georgia.	Data collection was done in 3 phases in both countries. 1) Qualitative interviews at managerial & policy makers level. 2) Structured interviews including patients, workers & supervisors. 3) quantitative questionnaires for healthcare personnel	Results from this study confirm that motivation is not a function of 1 factor; motivational factors include managerial openness, career development, recognition & appreciation as well as financial incentives. Also it was observed that interventions addressing motivational factors must be applied within the cultural context of the community.	A
Lambrou et al (2010)	Quantitative	Electronic database PubMed	To investigate how medical & nursing staff of the Nicosia general hospital Cyprus is affected by specific motivational factors & the association between motivation & job satisfaction	The instrument used was developed to measure motivation based on the Maslow & Herzberg's theories. 67 doctors & dentists & 219 nurses working in 4 different departments responded to the questionnaire.	Intrinsic factors such as achievements which lead to self-actualization are great motivating factors. Having a good relationship with co-workers, good remuneration & job attributes are strong motivational factors as well.	A

Table 1. Summary of the studies under review

Mathauer&Imhoff (2006)	Qualitative	Hand search	To assess the role of non-financial incentives and human resource management tools for motivation of health workers in Africa (Benin & Kenya case study)	The research design entailed semi-structured qualitative interviews was conducted with a purposive sample of doctors & nurses working in public, private & NGO facilities in rural areas. There were 62 & 37 respondents in Benin & Kenya respectively.	Findings confirm that healthcare personnel are motivated largely by professional satisfaction, good leadership, enabling work environment, increased staff involvement in decision making, recognition, positive feedback & provision of essential equipment. Fear of safety is a strong demotivating factor along with lack of training & delayed promotion.
Purohit & Bandyopadhyay (2014)	Cross- sectional & Quantitative	Database Emerald	To access & rank the motivational factors that are important to in-service medical officers working in 3 states in India	Survey instrument was a self-administered questionnaire developed by Pareek (2002). 92 medical officers responded to the survey, these represented doctors working in different health care facilities in over 25 districts in 3 states in India.	Findings suggest that doctors are motivated by a plethora of factors including, increased job security, respect & recognition as well as training and career progression.

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Table 1. Summary of the studies under review

Ojakaa et al (2014)	Empirical & mixed method	Electronic database EBSCO	To investigate factors influencing motivation and retention of healthcare workers at primary health care facilities in 3 different settings in Kenya	3 methods of data collection were used in the study, which took place in 59 health facilities involving 404 health workers group into 10 different types of health service providers. A self-administered questionnaire by service providers & in-charge of facilities. Face to face interviews with key informants. Focus group discussions (FGD) with support staff & service providers.	Proposals suggested for implementation from the findings of this study at both county & national levels, include; gender mainstreaming, development of appropriate retention schemes, competitive compensation package & strategies for career growth
Dieleman et al (2006)	Exploratory & Qualitative	Electronic database PubMed	To determine major motivating factors that affect rural healthcare workers in North Viet Nam. Also study healthcare workers job perception & motivation & develop strategies which will influence staff motivation, leading to better healthcare delivery	53 semi-structured interviews conducted in 2 provinces. 14 policy makers & managers were interviewed to assess the organisational level. 24 health workers working at the district or commune level. 11 exit interviews were conducted with people who visited the facilities for community perceptions. Group discussions were also carried out.	Findings support the evidence that appreciation & respect from managers, colleagues & the community, training opportunities and support from managers & colleagues motivate healthcare workers. Demotivators include difficulty with transportation, low income & allowances, lack of professional know-how & training; these lead to a lack of confidence

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Table 1. Summary of the studies under review

Chimwaza et al (2014)	Exploratory & Qualitative	Electronic database PubMed	To highlight the de- motivating factors in the Malawian health system, that influences mid-level providers (MLPs) intention to leave the health service	The study was conducted in 68 facilities providing emergency obstetric care (EmOC) in 25 out of the 28 Malawian districts. 84 respondents participated in anonymous critical incident analysis interviews.	Findings from the study show that de- motivating factors that influence health workers decisions to leave their jobs can be divided into 1) factors that cause staff to feel under-valued e.g. management issues & 2) factors that lead to poor patient care e.g. lack of resources.	A
Chandler et al (2009)	Mixed- method	Electronic database ASSIA	To evaluate factors affecting motivation in non-physician clinicians in Tanzania	Qualitative phase consisted of observation of over 2,000 clinician-patient consultations, 80 clinical meetings & the day- to-day routine of the clinicians, as well as informal & formal interviews with 34 clinicians. 179 questionnaires were administered in the quantitative phase, 177 were returned. 27 were eliminated because of missing items.	Findings from this study show that older participants are see their job as a vocation. On the other hand poor work conditions & low salaries act as de-motivators especially for the younger clinicians, as well as lack of respect & recognition	A

Table 1. Summary of the studies under review

Marinucci et al (2013)	Quantitative	Electronic database PubMed	To assess factors responsible for job satisfaction & retention of medical laboratory professionals in 7 sub-Saharan countries	A quantitative 12-question survey tool was developed & administered to participants. A total of 257 laboratory professionals completed the survey	From the study across all the 7 countries professional development & opportunities for training were rated highest for job satisfaction by the interviewees. Poor working conditions & lack of benefits were rated de-motivating factors	A
Agyepong et al (2004)	Quantitative	Electronic database DOAJ	To focus on the internal customers (public sector health workers) of the health system & identify factors that influence their job satisfaction & motivation	Data collection was by a structured questionnaire in healthcare facilities in the Greater Accra region of Ghana. 550 & 614 staff took part in the survey in January 2002 & August 2003 respectively	Healthcare personnel are highly de-motivated. De-motivating factors include lack of essential equipment, low salaries, delayed promotions, transportation difficulties, inadequate staffing & poor supervision. Staff are motivated by regular in-service training & involvement in decision making	A

Table 1. Summary of the studies under review

Ibeziako et al (2012)	Quantitative & Cross-sectional descriptive	Wiley Online Library	To determine the prevalence & nature of factors that affect staff motivation at a restructured hospital in South Africa	Data collection was by a semi-structured questionnaire. 122 completed questionnaires were returned	Organisational factors that de-motivate healthcare personnel include, poor management style, lack of compensation for hard work, lack of essential equipment, inadequate training & professional development
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