

Which mechanisms can explain how primary health workers are motivated? Insights from realist evaluation of SURE-P in Nigeria

Introduction

There is growing recognition among policymakers and researchers that well-trained, adequately skilled and motivated Primary Health Care (PHC) workers are essential for attaining universal health coverage and ensuring healthy lives and well-being for people of all ages (WHO, 2014). The inputs required to ensure staff performance (e.g. supportive policies, resource availability, staff supervision and salaries) are mediated through staff motivation (Bhatnagar et al., 2018). While there is abundant literature on the determinants of health workforce motivation, the existing literature on mechanisms of motivation and how these are related to contextual circumstances is limited particularly in low- and middle-income countries (LMICs). This policy brief reports key motivators and highlights practical measures to improve staff motivation using insights from the SURE-P maternal and child health (MCH) programme in Nigeria. This brief is aimed at facility/district health managers to inform effective ways of motivating PHC staff.

Our approach

We adopted a realist design combining documents review and semi-structured interviews with facility based PHC workers (n=63) working in a MCH programme in Anambra State, Nigeria. A realist analytical framework of theory building, testing, verification and consolidation was then used to understand how and under what circumstances the MCH programme enabled or constrained workers' motivation.

What we found

Figure 1 illustrates the ways in which health worker motivation was impacted by the SURE-P MCH programme. A complex interplay of individual, organisational and societal factors affected PHC worker motivation during SURE-P MCH implementation in Anambra State. Individual-level (intrinsic) motivation factors were workers love of their vocation and welfare of patients. Seven organizational drivers of health worker motivation were: i) increased availability and adequacy of material resources, ii) mentorship, iii) on-the-job training and supportive supervision, iv) regular payment of salaries, v) recognition for good performance, vi) adequacy and good staff mix and vii) renovation of facilities and availability of staff accommodation. Societal-level motivators included community appreciation and recognition of workers' roles. These factors trigger five sets of feelings which underpin how health

Box 1: Mechanisms through which health worker motivation occurred in SURE-P MCH

Supporting PHC workers: Where health workers enjoy cordial working relationships and mentorship from senior colleagues, provision of equipment and constant supply of drugs and consumables to PHCs increases the feeling of being supported, and this improves delivery of health services

Increasing self-worth and commitment: Where PHC workers are underpaid and their efforts go unacknowledged, regular payment of salaries and recognition of staff who perform well, increases morale and commitment to deliver services. On the flipside, when staff salaries are inadequate and/or irregular, PHC workers feel unappreciated and demoralized, leading to absenteeism and non-delivery of health services.

Empowerment and confidence: In a context of irregular staff supervision and lack educational opportunities, the provision of supportive supervision and equitable opportunities for on-the-job training to improve staff knowledge and skills, make staff feel empowered and confident to provide services to clients.

Comfort and enthusiasm: Prior to implementation of SURE-P, most PHC centres in Anambra state were in deplorable conditions, lacking staff accommodation or supply of water and electricity. Renovation of health facilities and building staff accommodation within facility premises, created a conducive working environment that made staff feel comfortable and enthusiastic to work. This resulted in 24-hour service delivery.

Camaraderie and shared workload: Given a chronic shortage and mal-distribution of PHC workers, recruiting and deploying adequate numbers and skill mix of health workers to underserved areas generates a sense of camaraderie, peer support and shared workload during shifts. This enables quality time spent in provision of service to clients

worker motivation occurs and these are highlighted in Box 1.

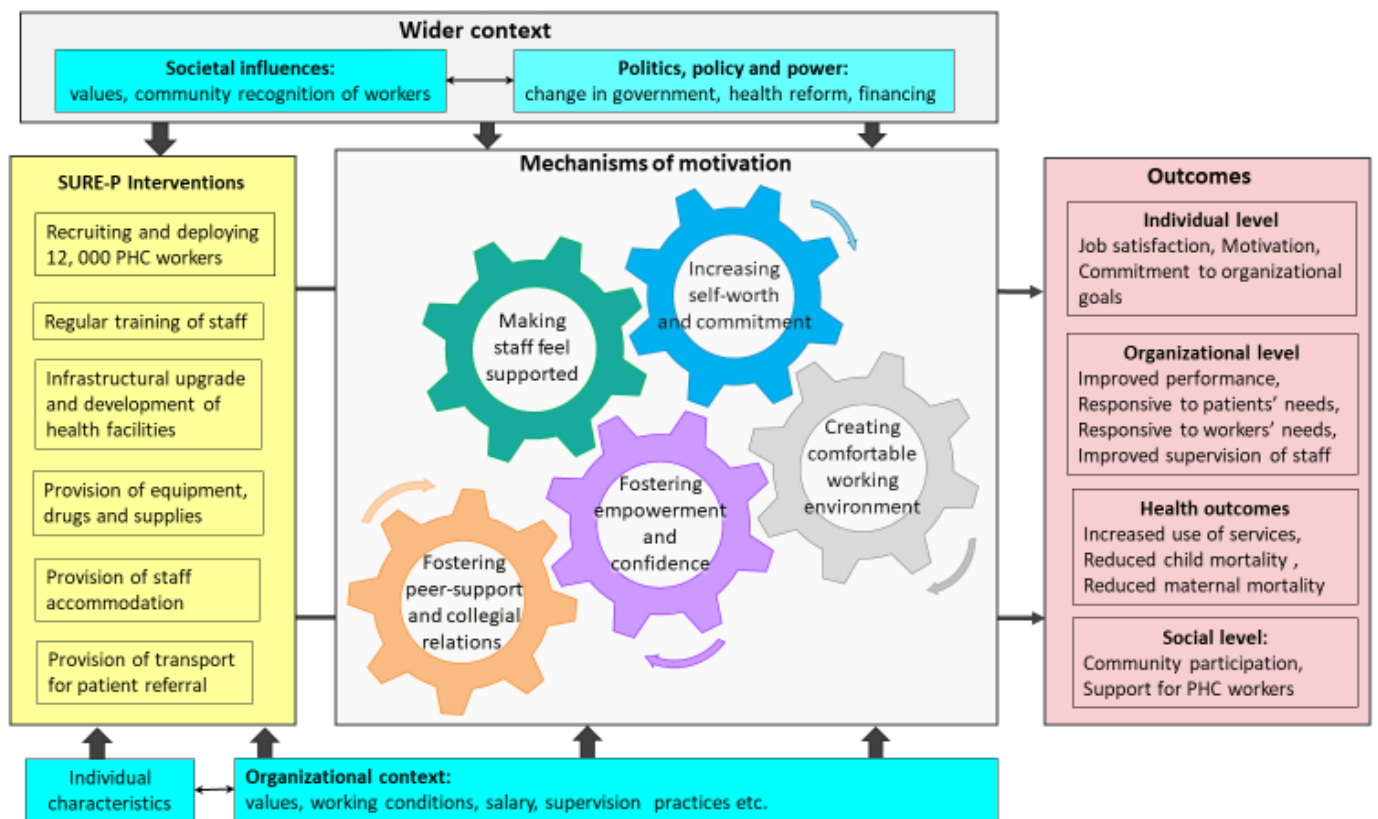


Figure 1: Conceptual representation of the ways in which SURE-P impacts PHC worker motivation

Policy Implications

Our results suggest that policy changes for improving PHC workers motivation in resource-constrained settings should recognize that there is a complex relationship between health worker motivation, organizational factors and wider contextual factors.

- Promote strong supportive networks that foster peer support, teamwork, task-sharing and cordial learning relationships;
 - Maximize opportunities for routine monitoring to provide on-the-job training and skills building for health workers
 - Establish a fair recognition and reward system for staff that perform well
- Policy makers should promote health reforms that
- Provide optimal and comfortable working conditions for PHC workers
 - Create opportunities for growth/career development among PHC workers; and
 - Encourage community support for PHC workers

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