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Original article

Improving performance by increasing job motivation among midwives in Babol University of Medical Sciences

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Abstract

Background: It is important to understand midwives' perceptions about their jobs and factors that influence their motivation. The aim of this study was to investigate and describe the main factors influencing job motivation among midwives at Babol University of Medical Sciences, Babol, Iran.

Methods: This cross-sectional study was carried out on midwives at Babol University of Medical Sciences in 2012. A total of 44 midwifes were selected using a systemic random sampling method and sampling proportionate to size. A questionnaire comprising 26 questions was used to assess the main factors influencing job motivation. The main areas to be addressed were: functional job analysis, in service training and the objective use of performance assessment. We organized an in-service training committee, which provided training programmed based on the needs of midwives. Also, we did set up a performance appraisal committee in order to ensure an objective use of existing performance appraisal form and – after getting permission grant – we changed it based on job description.

Results: The results of our informal questionnaire survey provided a comprehensive view of motivation among midwives in Babol University of Medical Sciences.

Conclusion: Low motivation and dissatisfaction were widespread, and can be attributed to salary and remuneration, intensive job regulation, functional job description, in-service training, job opportunity, and performance appraisal mechanisms.

Keywords: Hospitals, Performance, SWOT, Work motivation

Introduction

Over the past 35 years, the Islamic Republic of Iran has made significant developments in health sector with many improvements in various health indices. A highly structured system of health networks has been established, which has ensured the provision of primary health care to the majority of the public. One of the major challenges currently facing the health system is to secure additional resources for the health system coupled with policies and actions to improve governance, fiscal controls, effective human resource developments, the introduction of performance-based management, cost-effective health interventions, and concrete accountability measures (1).

About 65.7% of births in the world are attended by skilled health workers. In Iran, 97% of birth is also done by skilled health worker (2). Therefore, addressing the job motivation of midwives in Iran is a significant challenge facing our health system if they are looking for ways to increase the quality of services. Besides midwives, the effect of these improvements may not only reduce hospital morbidity and the

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mortality rates but also increase the patients' satisfaction. Studies have found that a well-managed nursing and midwifery workforce can contribute to reduced hospital morbidity and mortality, reduced costs, and the strengthening of effective health services (3-6). For example, midwives can provide skilled care during pregnancy, childbirth and the postnatal period, and, as a result, contribute to improved maternal health and reduced child mortality

According to some research studies, health sector performance is dependent on workers' motivation. Health care is highly labor-intensive, and then the quality of service, efficiency, and equity all depend on staff's willingness to do their tasks well. Resource availability and staff competencies are essential for the delivery of good health services, but they are not sufficient for a desired performance. That is so because the performance of staff also depends on his/her willingness to come to work regularly, work diligently, be flexible, and carry out the necessary tasks very well. Therefore, when work motivation exists, the goals of the organization and the staff are aligned, and we can provide health services with the best quality and efficiency (6-8). It is important to understand midwives' perception about their jobs and factors that influence their motivation. This awareness can assist us in developing action plans to foster their motivation with the aim of increasing their performance, and ultimately the quality of health care. Consequently, getting better insight about what influences midwives' motivation will help us to develop strategies to improve their performance and ultimately the quality of health service. The aim of this study was to investigate and describe the main factors influencing job motivation among midwives who work for Babol University of Medical Sciences and the affiliated three hospitals and primary healthcare centers.

Materials and Methods

This cross-sectional study was carried out on midwives in the educational hospitals in Babol in 2013. A total of 44 midwifes were selected using a systemic random sampling method and sampling proportionate to size. The samples were selected from three different hospitals (Yahyanejad hospital, Hefdah Shahrivar hospital, Fatemeh Zahra fertility Center, and the different primary healthcare centers) affiliated with the department of Obstetrics and Gynecology in Babol University of Medical Sciences.

A questionnaire comprising 26 questions was used to assess the main factors influencing job motivation. The context motivation was defined as an individual's degree of willingness to exert and maintain an effort towards organizational goals at an individual level, factors such as a person's job expectations, his or her self-esteem to be able to do a certain job, and his/her own goals compared to the goals of the organization (9). The questionnaire was designed by reviewing other studies, and was developed based on Maslow's needs hierarchy and Herzberg theory. Maslow's needs hierarchy states that human beings have five major categories of needs. Firstly, the physiological needs, e.g. oxygen, food, water and so on. Second is the need for safety and security (safe circumstances, stability, job security, good retirement plan, insurance, and protection). Third are the social needs for love, affectionate relationships, be a part of a community and acceptance as belonging to a group. It is also a part of what we look for in a career. The fourth category has to do with esteem in the sense of having respect for others and for oneself, i.e. self-esteem. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, fame, glory, recognition, attention, reputation, appreciation, dignity, even dominance. The higher form involves the need for self-respect, including such feelings as confidence, competence, achievement, mastery, independence, and freedom. Finally, there is self-fulfillment, which is the need to develop and apply one's potential and skills. They involve the continuous desire to fulfill potentials, to be all that you can be.

Herzberg found that two factors impact a person's feelings about job: dis-satisfiers and satisfiers. The dis-atisfiers are the factors, which are related to the context of the job, e.g. salary and working conditions. The satisfiers are factors which are linked to the content of the job, such as achievement, appreciation/recognition, promotion/advancement etc" (10,11). We considered many different positive and negative factors for developing a plan. Positive factors were our capabilities, strengths and opportunities. Strengths are internal capabilities (what we can do) and opportunities were our external potentially favorable conditions. Negative factors were our internal weaknesses (what

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we cannot do) and external threats (unfavorable conditions). We assessed our strengths, opportunities, weaknesses, and threats using SWOT analysis. We maximized the potential of the strengths and opportunities while minimizing the impact of the weaknesses and threats (9).

Results

All the subjects reported 42 hours of work on average per week.

At Yahyanejad hospital with residents of obstetrics and gynecology, general medicine interns, midwifery students and their coaches, midwives rarely had the chance to do delivery task of a baby. Most of them had more than 10 years experience. Their relationship with the manager was not good. More than 95% of the respondents reported that they had a general job description but they were working as secretaries, guard men, or servants. They had gone through in-service trainings in previous years, but most of them were in computer science. An average of 20% of the respondents was satisfied with their appraisal. Those who were unsatisfied cited that their appraisal was unfair, subjective, unjust, unreal, and that it did not consider how they work. Overall, they were not satisfied as a midwife. The main motivators for midwives in this center were: salary and remuneration, justice, discrimination, responsibility, training, recognition, respect, job promotion, physical environment and equipment. Job descriptions were not specific enough, especially those related to performance appraisal of tasks for which these health workers are responsible according to their job descriptions factors such as a person's job expectations.

Hefdah Shahrivar hospital is located in a rural area of Babol. There are some midwives, an obstetrician, and a gynecologist working in the admission, labor, delivery room, postpartum ward and pharmacy. There aren't any medical students in this hospital. They admit and control pregnant women in labor. They do the delivery task of a baby with their own responsibilities, and if there are any complicated cases, they call doctors for making decisions and doing normal delivery or caesarean section. Most of them have less than 10 years of experience. Their relationship with mangers and other health workers was good. All of them said that they had a job description but did duties unrelated to them such as discharging and admitting patients, nursing and helping in research. They did not have enough facilities for child care. Around 40% had received in-service training in previous years, among which one was in computer science. An average of 25% of the respondents was not satisfied with their appraisal. Those who were unsatisfied cited that their appraisal was based on relationship. Overall they were not satisfied as a midwife. The main motivators for the midwives in this center were: salary, and remuneration, shortage of gynecologist in the evening and night, support, job opportunity, job security, training, recognition, respect, appreciations, job promotion, and equipment. Their job expectations were different from what they were doing. This can be influenced by performance management, such as clear and specific job descriptions, supportive supervisions, and training.

Fatemeh Zahra Fertility Center is the only public infertility center in Babol, in which midwives work as infertility consultants and do the task of delivering a baby in emergency cases. Medical students are not usually in this center. Most of the midwives have about 10 years of experience. There are facilities for child care in this center. All of them said that they had a job description but did unrelated tasks such as coordination for operation, following up pregnant women, admitting patients and helping in research. They all had received in-service trainings in previous years, which were mostly on computer science. An average of 40% of the respondents was not satisfied with their appraisal. Overall, they were not satisfied as midwives. The main motivators for midwives in this center were: salary, and remuneration, dignity, value, support, job opportunity, training, recognition, respect, appreciations, job promotion, and human resource management. Their job expectations were different from what they were doing. This can be achieved by performance management such as clear and specific job descriptions, supportive supervisions, and training.

Midwives also work in urban primary healthcare centers. There are medical and midwifery students in these centers. Almost half of midwives had more than 10 years of experience. There are not childcare facilities in these centers. Their relationship with mangers and other health workers was very good. Around 70% of them said that they had an unclear job description, and did such unrelated tasks as vaccination, injection, ensues, and statistics. They all had received in-service training in previous years. An

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average of 75% of the respondents was not satisfied with their appraisal. They said that they did not consider value, and were very subjective. All of them said that their salary was not adequate. Overall, they were not satisfied as midwives. The main motivators for midwives in these health centers were: salary, and remuneration, dignity, value, support, job opportunity, job description, training, recognition, respect, appreciations, job promotion, and having their posts as midwives. Their job expectations were different from what they were doing. This can be influenced by performance management such as clear and specific job descriptions, improved work environment, supportive supervisions, and changing their posts as midwives.

Discussion

The results indicate that the main motivators for midwives in Babol University of Medical Sciences had to do with salary and remuneration, intensive job regulation, functional job description, recognition, job enrichment, training, fair performance appraisal and supportive supervision.

In Mali, an operational research was conducted to identify the match between motivation, the range and use of performance management activities. They showed that in addition to salary, the main motivators for health workers were related to responsibility, training and recognition. These can be influenced by performance management (job descriptions, supervisions, continuous education and performance appraisal). The results showed the importance of adapting or improving upon performance management strategies to influence staff motivation (12).

A study in North Vietnam cited feedback from the community, recognition and feedback from colleagues and managers, equal access to these training programs, relationships at the workplace, transportation, low salaries, staff appraisal, award systems, and positive feedback from supervisors as motivating factors for rural health workers. Also, the results confirmed the importance of achievement, recognition, and self-fulfillment as motivating factors for health workers. This can be achieved through appreciation by boss, colleagues and/or the community. It also shows that salaries and working conditions are important to retain staff, but they are per se insufficient to lead to better staff performance (9).

In Tanzania the main factors that influenced motivation among health care workers working at primary health care facilities were workload paired with staff shortages, lack of inter-professional exchange and lack of positive supervision, including transparent career goals. The participants in this study identified positive supervision and improved feedback from referral hospitals as two achievable measures for improving both moral and quality of health care delivery. To be trusted by the community was mentioned as a crucial component for the motivation of health workers (13).

A study in North Vietnam showed that although financial incentives were important, they were not sufficient to motivate personnel to perform better (14). Increased motivation could be achieved by giving greater responsibility to midwives, holding them responsible and improving mechanisms for recognition. Therefore, we can ultimately improve quality of care through improved performance management activities, which are matched to these motivating factors. We should create a positive working environment by having clear job descriptions; improve work environments, supportive supervision, good communication, objective performance appraisals, providing conditions for continuing education and training, rewards and career development.

The existing job description was not related to the midwives' posts and job duties. This means that this description is not a specific one for hospitals, teaching hospitals and primary healthcare centers. There is one job description that not only gives a definition for the term "midwife", but also contains a general job description for midwives during pregnancy, during delivery, post partum, not pregnancy period, and doing necessary examinations. Also, it contains a job description for those who have private offices, and drugs that midwives are allowed to prescribe. If we have a specific job description, we can identify training needs. Their performance appraisal should be related to the task for which they are responsible according to their job description. They should clearly understand their duties and have a transparent job perception.

It is necessary to find appropriate health resource management tools to motivate them to perform well so as to improve the quality of care. Midwives can be motivated by recognition and respect from their

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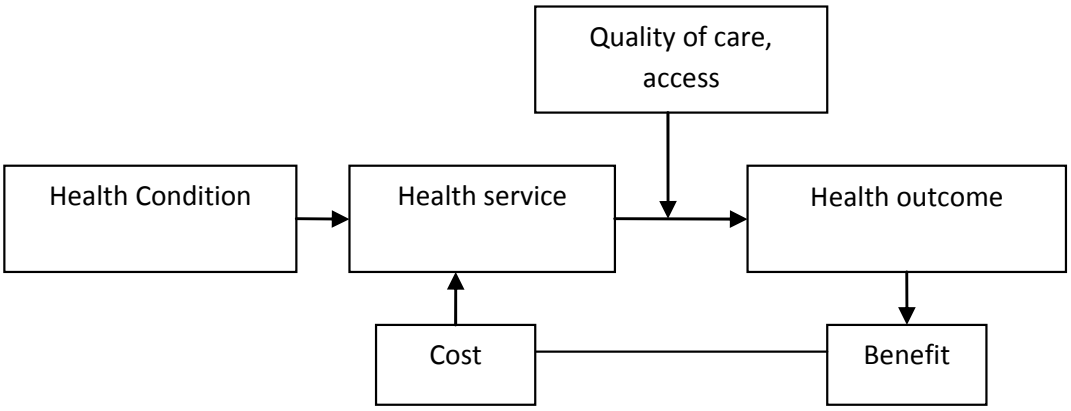

Figure 1: Balance of cost and benefits

managers and colleagues, other health workers especially gynecologists, and also from the community. Appreciation by managers and colleagues can be achieved through good relationships at work and by performance management activities such as performance appraisals, supportive supervision and access to in-service training. In these centers, supervision is used as a tool for control, and appraisals are considered to be for administrative purposes rather than for improving performance and the criteria for selection are not always clear. Then, we should have specific job description, supportive supervision, better use of performance appraisal and clearer access to training. In this environment, they can see what they achieve and what others recognize in them.

There were some strength for the educational hospitals; primary healthcare centers and hospitals affiliated with Babol University of Medical Sciences; therefore, the facilities of the university were used for educational and career promotion; well-educated, skilled and experienced midwives who can help for achieving high quality of care/creativity and specific job knowledge; the ability of midwives to work hard; high interest among midwives for improving their situation; good relationship among midwives; strong ethical value and high commitment among midwives; the existence of midwifery office in the deputy of treatment; the existence of midwives who are faculty members, and finally, a strong team work.

Also there were some weaknesses for the educational hospitals, which are as follows: limited budget, weak human resource management, lack of goals, lack of a specific and clear job description, lack of motivation, subjective appraisals, weak in-service training, midwives' incorrect believes and expectations of their jobs, weak information system, low communication between managers and personnel, weak relationship of midwives with gynecologists, low cooperation between the deputy of administration and finance, the deputy of education, hospitals directors, the manager of health centers, the manager of human resource, and the manager of gynecologists group. These are the areas which are under our control, and that we need to improve them.

In addition, there were some cooperation between the association of the midwives for hospitals; cooperation of representative of midwives in medical council, new knowledge and technologies, globalization and using the Internet, the deputy of development of management and resources, initiated a program from 2004 to 2006 to study issues related to human resources. It is cited in that program that low motivation is one of the main human resource issues. These are positive external conditions that we do not control, but we can plan to take advantage of.

Conclusion

The results of our questionnaire survey have shown a comprehensive view of motivation among midwives in Babol University of Medical Sciences. It indicated that the main motivators for the midwives had to do with salary and remuneration, intensive job regulation (i.e. being placed in the same work category as nurses), functional job description, in-service training, job opportunity, job security, job promotion, recognition, respect; appreciation dignity, value and support. The first step of every plan is to assess the organization's capacity and flexibility to implement the

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plan successfully. Then, we can choose our strategies based on the SWOT analysis, gain support from powerful stakeholders, and prioritize problems based on their magnitude, seriousness, scope and feasibility to influence. This helps us to plan for the most effective and cost-efficient interventions to overcome the identified problems. One essential consideration is that we should be able to implement our plan at the operational level without the need to involve the central government. Health workers' salaries and intensive job regulations are set by the central government, and it is beyond the scope of managers at the university level to change it. Therefore, we decided to work on functional job analysis, in-service training and improved objective work performance appraisal. We expect that by these affordable interventions, the motivation of midwives and ultimately the quality of care will improve.

It is clear that it is vital to know something about the relative costs of our plan for making a decision. Cost-effectiveness analysis is a way for summarizing the health benefits and resources so that policymakers can choose among them (15). Since we are working within budget constraints, it is necessary to consider the cost and identify the most cost-effective alternatives. There should be a balance between cost and benefits. Figure1 shows the balance of cost and benefits. The results of our informal questionnaire survey and the personal experience of the authors show that midwives in Babol Medical University are de-motivated and have no incentive to provide excellent care. Improvements in staff motivation can produce significant improvements in health outcomes. Since resources and budgets are often limited, it is necessary to optimize the use of resources. The increased level of performance and the efficient utilization of employees' skills and knowledge can save costs through improved efficiency and productivity. Health services must use the available resources as efficiently and effectively as possible in order to decrease cost and provide quality of care (13,16).

We want to provide a particular functional job description, in service training, monitoring system in order to improve the objective use of performance appraisal. As we mentioned, this is only a pilot action plan. Once it is successful, we can expand it in the whole country. Financing a project is often critical for its sustainability. After computing the costs and benefits of the plan, we can see that it is worth being undertaken because it can reduce the inputs but increase the outputs. The incremental benefits arising from this plan as well as the changes in the quality of care can lead to a lot of benefits, which are attributable to the plan. This plan can improve individual and social welfare by improving women and children's health status. The sustainability of the plan can increase its benefits by the incremental productivity of the midwives. By increasing the motivation of the midwives, it is expected to increase their productivity. And also the highly positive impact of the plan can guarantee its sustainability. Developing and implementing a plan to improve midwives' performance can help them focus on work motivation. We strongly recommend future strategies for the sustainability and expansion of the plan after a thorough evaluation of this pilot program.

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Conflict of interest

None declared.

References

1. Country Cooperation Strategy for WHO and the Islamic Republic of Iran 2010–2014 [Internet]. 2015. Available from: http://www.who.int/countryfocus/cooperation_strategy/ccs_irn_en.pdf.
2. World Health Organization. The world health report 2006: working together for health. Jong-wook. France. Available from: http://www.who.int/whr/2006/whr06_en.pdf.
3. Gooraki E, Noroozi H, Marhamati S, Behzadi F. The effect of leadership style on the employees' job motivation in health care centers in Shiraz. J Adv Med & Prof. 2013;1(2):59-63.
4. Franco LM, Bennett S, Kanfer R, Stubblebine P. Determinants and consequences of health worker

[DOI: 10.22088/caspjrm.2.1.13]

motivation in hospitals in Jordan and Georgia. Social science & medicine. 2004 Jan;58(2):343-355. PubMed PMID: 14604620.

5. Upenieks VV. Assessing differences in job satisfaction of nurses in magnet and nonmagnet hospitals. The Journal of nursing administration. 2002 Nov;32(11):564-576. PubMed PMID: 12464774.
6. Shen J, Cox A, McBride A. Factors influencing turnover and retention of midwives and consultants: a literature review. Health services management research. 2004 Nov;17(4):249-262. PubMed PMID: 15527540.
7. Adib Haj Bagheri M, salsali M, Ahmadi F. Clinical Decision-Making: a Way to Professional Empowerment in Nursing. Iranian Journal of Medical Education. ; 3 (2) :3-13. 2003;3(2):3-13.
8. Chin-Quee D, Mugeni C, Nkunda D, Uwizeye MR, Stockton LL, Wesson J. Balancing workload, motivation and job satisfaction in Rwanda: assessing the effect of adding family planning service provision to community health worker duties. Reproductive health. 2016;13:2. PubMed PMID: 26732671. Pubmed Central PMCID: 4702334.
9. Danca AC. What is SWOT Analysis, 2010. Available from: www. stfrancis. edu.
10. Byrne M. The implications of Herzberg's "motivation-hygiene" theory for management in the Irish health sector. The health care manager. 2006 Jan-Mar;25(1):4-11. PubMed PMID: 16501377.
11. Parker J. Utilization of Herzberg's motivation-hygiene theory: primary nursing as a method of increasing job satisfaction for nurses. Journal of nephrology nursing. 1984 Nov-Dec;1(3):148-151. PubMed PMID: 6569079.
12. Dieleman M, Toonen J, Touré H, Martineau T. The match between motivation and performance management of health sector workers in Mali. Human resources for health. 2006;4(2):(page number not for citation purposes).
13. Manongi RN, Marchant TC, Bygbjerg IC. Improving motivation among primary health care workers in Tanzania: a health worker perspective. Human resources for health. 2006;4: 6. PubMed PMID: 16522213. Pubmed Central PMCID: 1450300.
14. Dieleman M, Cuong PV, Anh LV, Martineau T. Identifying factors for job motivation of rural health workers in North Viet Nam. Human resources for health. 2003 Nov 5;1(1):10. PubMed PMID: 14613527. Pubmed Central PMCID: 280735.
15. Wong H, Bitrán R, Asociados By. Module 5 designing a benefits package. Prepared for the Flagship Course on Health Sector Reform and Sustainable Financing World Bank Institute, 1999. Available from: http://info.worldbank.org/etools/docs/library/122031/bangkokcd/bangkokm.
16. Jowett M. Safe Motherhood interventions in low-income countries: an economic justification and evidence of cost effectiveness. Health policy. 2000 Oct;53(3):201-228. PubMed PMID: 10996067.

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