

MOTIVATION OF EMPLOYEES AND BEHAVIOUR MODIFICATION IN HEALTH CARE ORGANIZATIONS

Snezana Miljkovic

All health care organizations deal with proposed actions for achievement of the goals with the best use of human resources. In that respect, close attention must be paid to motivation of individuals by means of initiative, rewards, leadership within which the work is being organized. The goal is to develop motivational processes and working environment that would help individuals to show their results in accordance with expectations. Motivation is the process of initiating human activities which is directed to attainment of certain goals. Employees who have unclear objectives tend to work slowly, they have bad results, lack interest and perform less tasks than the employees who have clear and challenging goals. Employees with clearly defined goals are more energetic and productive. Modification of behavior involves the use of four means for behavior change known as intervention strategies. These strategies are: positive incentive, negative incentive, punishment and lack of respond. *Acta Medica Medianae 2007;46(2):53-62.*

Correspondence to: Snezana Miljkovic
Clinical center Nis
48dr Zoran Djindjic Blvd.
Phone: 063/ 472 000
E-mail: miljkovic@kcnis.co.yu

Introduction

How to motivate people? This question is the key problem and the answer—the highest principle of health care management.

All health care organizations deal with proposed actions for achievement of the goals with the best use of human resources. In that respect, close attention must be paid to motivation of individuals by means of initiative, rewards, leadership within which the work is being organized. The goal is to develop motivational processes and working environment that would help individuals to show their results in accordance with expectations.

Theory of motivation studies the motivation process. It explains why people at work behave in the manner as they do and the direction they take. It also describes what health care organizations may do in order to encourage people to put efforts and abilities in order to achieve organizational goals and satisfaction of their needs.

Motivation

The process of motivation is more complex than most people think. People have different needs, set different goals in order to satisfy needs and undertake various actions for attainment of the goals. It would be wrong to assume that there is one approach of motivation which could be used in any situation.

The biggest problem of health care management is joining what is needed with the behaviour which is awarded. Although it is a big problem, it mainly remains unsolved.

Work reward may be material or moral. Accordingly, motivation may be divided into material and moral. However, it is clear that soon or later, moral motives get transformed into the material ones in the consciousness of employees and thus, material motivators have uncomparably greater power for motivation. Moral motives may be also called collective motives—especially for team work in health care organizations whereas material motives are called personal (11). Such classification is rooted in the fact that medals, recognitions and similar awards are given to employees based on their merits for the benefit of entire institution. It is very specific that moral motivators were recognized in first years of socialist government in many countries including this one as well. On the other hand, material motivation is exactly what was present in the mind of workers but was not considered as the moral one, since it was not in compliance with the current ideology of that time. After several decades, when workers started talking about their earnings and personal incomes without any barrier, personal motives became the primary ones. In developed Western countries and especially in Asia (Japan, Korea), collective and personal motives are successfully interrelated.

Motivation is the process of initiation of an activity aimed at achieving specific goals.

Work motivation includes different methods and processes of challenging, maintaining and stimulating such behaviour directed to attainment of specific work goals. Motivation includes powers which affect persons or their inner side and they cause the person to behave in the certain,

targeted manner (12). Since specific work motivation of employees influence their productivity, one of the tasks of the management is to control motivation of employees aimed at attaining the organizational goals.

People (employees) want different things. Manager must be able to identify and understand these differences and help employees satisfy their wishes and needs through organization. It is surprising that many managers are not sure what rewards are worthy for their employees.

Experts need not agree upon everything that motivates employees and upon effects of working conditions in the course of their careers, but they agree that organization must:

- Attract people and encourage them to remain;
- Let people perform their tasks they are employed for and
- Stimulate people to overcome routine performances (routine performance of tasks) and to become creative and innovative in their work.

Accordingly, in order to become effective, one health care organization must motivate employees in the right manner, i.e. take into account their wishes and needs in order to make them productive members of the organization and thus attain final goal of the institution through efficient and qualitative service provision to its beneficiaries.

Work motivation strategy

Health care managers use different strategies to motivate employees to work. Each strategy is aimed at satisfying the needs of organization members through appropriate organizational behaviour (8). However, it is very difficult to say which of the strategies is the most efficient since each of them shows certain effects in different organizational situations. Practice has shown that combination of known strategies is the best in the process of work motivation where dominant role belongs to the strategy that best fits to the current organizational situation.

The first (basic) motivation strategy is **communication**. Good communication among managers (hereinafter referred to as: Director) and his/her subordinated structures provides satisfaction of elementary human needs. Managers must be implementors of good communication. Their affinity towards subordinated ones, readiness to learn their problems and solve them shall make employees feel more secure, have the feeling of affiliation to the health care institution and thus the feeling of self-esteem through the work in health care institution. Security, affiliation and self-recognition are basic human needs valid for members of the organization too, and communication is one of key instruments for attainment of these needs.

The second strategy of work motivation is **manager's attitude towards employees**. This strategy is based on McGregor's theories X and Y, i.e.-on negative (X Theory) and positive (Y Theory) assumptions of managers related to subordinated members of the organization (4). If

the content of negative attitude includes assumptions about the mediocrity of the subordinated, their lack of interest for the quality and contribution to the health care organization, why they are often threatened, it does not yet mean that such attitude will have non-motivational effects. However, manager's positive attitude of employees being valued, eager to sacrifice and identify with the health care organization-will, for sure, have motivational impact on employees.

The third category of motivation of employees is **work conceiving and enrichment**. This strategy may be applied to middle level medical personnel (nurses-medical technicians) and is aimed to reduce usual routine of the workplace as well as attainment of higher efficiency at work, that is, during work performance. One of the oldest manner for elimination usual routine of workplace through work conceiving is job shift. The employee does not remain for a long period of time at the same job (especially: intensive care ward, dialysis, coronary ward, etc) but is shifted from one task to another by the manager-during a certain time cycle. Of course, job shift requires multiple qualifications of an employee (in case of complete shift from one job to another) but if the job content on positions the employee is shifted throughout is similar or the same, it is not necessary that he/she is multi qualified. Then it is about a partial shift. Work enrichment includes introduction of motivators into the work process and at the same time, health care institutions has the opportunity to have multi-qualified middle level personnel for the certain type of pathology. This type of shift is rarely related to the profile of a person in charge of instruments and anaesthetist due to the specific knowledge and specific traits of the person for the same occupation.

The fourth strategy of work motivation is based on the concept of so-called behaviour modification. This concept is based on stimulating certain behaviour depending on the consequences that such behaviour produces. That is why an individual tends to repeat that behaviour which gets rewarded and to eliminate the one that is being punished. If managers want to modify behaviour of their subordinates, they must know in advance what consequences such modification will produce. So-called positive reinforcement of behaviour is a desired consequence of behaviour change (2). For example, if an employee arrives on time every morning, appraisal of such behaviour will reinforce such behaviour. If an employee is late at work all the time and gets criticised by the superior or gets reduced salary, that will encourage his behaviour in opposite direction from the present one-that is, the employee will try to get on time at work. In such case, there will be so-called negative behaviour reinforcement, i.e. stimulation of the behaviour contrary to the previous one. Punishment is manifestation of consequences of undesired behaviour. In spite of the fact that punishment may cause behaviour change in terms of rapid transfer from the undesired into the desired

behavior, it may also have a set of undesired side effects. For example, salary reduction based on being unpunctual may cause increased absence from work that may be long-term consequence with higher damage to health care institution than having an employee who is unpunctual. In order to have actual positive impacts on work motivation by behaviour change strategy, management must inform employees in a clear manner about behaviour at work and its consequences. On the other hand, every programme of behaviour change tending to be effective must involve the following elements:

1. identify different levels of rewarding for different employee performance quality,
2. warn clearly the employee when his/her behaviour deviates from the common one,
3. punish the employee in a discrete manner, not before his/her colleagues he/she is working with,
4. always reward good work and behaviour and punish negative behaviour and reluctance for work in order to have medical employees convinced in the serious determination of management in its efforts to attain positive changes of work behaviour.

Motivation measurement

One of the basic problems in study and work motivation strategy change is: *how to measure motivation?* It is possible by the application of method with three basic motivational techniques:

- Conducting surveys of medical personnel, that is, opinion polls on what motivates them to work.
- Assessment of behaviour of employees in changed (different) work situations.

Conducting surveys of employees as the technique of work motivation is the easiest to apply (3). It is enough to make a questionnaire that will, besides usual, standard data, such as sex, age working experience of a respondent and similar, have a seven level scale where number 1 will designate assessment "completely non-motivated", numbers 2,3,4 and 5 - "partially motivated" and number 7 - "very motivated". Respondents will circle the number offered in the scale according to their own feeling of motivation degree.

Employees' behaviour assessment, as a technique for motivation measurement, is more delicate than the above mentioned technique. Namely, the same employees will perform the same tasks in other hospitals, under different conditions, in a completely different way. The example for this is one of the most advanced hospitals, orthopedic-neurosurgery hospital known worldwide as "Alpha Clinic" from Munich and it is recognized for the least invasive methods of Prof. Dr Jurgen Toft. Besides these internationally recognized methods, it is also known for famous luxury equipment including modern equipment and seasonal uniforms for employees. It was very easy to observe and evaluate behaviour of employees under changed working situations. Namely, employees who were working on the

same jobs in the city hospital in Munich had much better performance once they were transferred from this city hospital into this modern and luxury hospital. Although almost the identical technology was applied, many factors made them work better, more efficiently, more productively and with better quality and politeness and understanding for their patients. First of all, the fact that they work in a "famous clinic" "Alpha Clinic" whose patients are often celebrities from show business gave the employee the feeling of a special status, not only in the hospital but in the society, family, friends. Then, work control was intensified. Finally, opportunity to earn better salaries was far higher than in all other hospitals in Munich. Behaviour assessment of employees within this technique may be done by bringing conclusions based on one simple observance of actions of employees under changed working conditions. However, more precise results may be obtained by gathering data through interviews, surveys and from personal employee cards. This data are then statistically processed, by means of methods such as: multivariate analysis and multiple linear regression analysis where a dependable variable would be work motivation and independent variables would be divided into structural, personal and environment ones. Finally, identification of relation between independent variables and work motivation under changed working conditions shall provide measured level of work motivation of employees.

Performance measurement is the most exact technique for work motivation measurement, but not the most reliable. Work standards fall in a very sensitive area of health management actions and therefore there are sometimes errors that are impermissible when medicine and health care is concerned. Treatment complications, so-called "error in treatment", feasible errors in examinations (such as insufficient diagnosis measures, wrong diagnosis in examination, missed diagnoses, wrong indications, complications of medical interventions, inadequate nurse service) cause dangers from error that may be double: firstly, if standards are set too low and secondly, if they are set too high. In both cases, loss in quality and work efficiency are present. In the first case, employees shall achieve the set standard easily (bigger number of nurses for a smaller number of patients), maybe even after 3-4 hours of work meaning that full performance will be achieved with half of their real abilities. This is undoubtedly harmful to health care institution since available human resources are not used in full. In the second case, employees will not be able to achieve 100% of the planned activities that will anyhow harm reputation of health care organization, such as impolite personnel, inadequate service provision, etc. If other positions in the same work process are properly standardized it will be so-called "bottle neck" of that process. Accordingly, it is very important to identify the required effort the employee can really put in the course of eight hour working day. Different jobs require different efforts and what effort an individual is going to

put depends on the level of his/her motivation. So, measuring effort (the highest possible performance for specific task and its deviation) may measure the level of work motivation of an individual.

Motivation process

What is motivation? Motif is the reason to do something. Motivation deals with factors that influence people to behave in a certain manner. Three motivation components are as follows:

- Direction of an action – what a person is trying to do,
- effort – how much effort a person is putting and
- persistence (duration) – how long a person is putting effort.

Motivation of employees deals with how to make people take the desired direction in order to achieve desired results. Self-motivation refers to setting of desired goal and undertaking actions to achieve the goal (9).

Motivation may be described as targeted behavior. People are motivated when they expect actions which will lead to goal achievement and acquire worth rewards, those rewards which satisfy their needs. Well-motivated people are those people who have clearly defined goals, who undertake the actions for which they believe will achieve those goals. Such people may be self-motivated and as long as it provides attainment of organization's goals, it is considered to be the best motivation form. Majority of us should more or less be motivated. Organization as a unit may provide context within which high levels of motivations may be achieved through the provision of initiatives and rewards, job satisfaction and opportunities to learn and develop. Managers should have major roles in motivating employees in order to make them give their maximum, by using motivational means provided by the organization(1). In order to do so, it is necessary that they understand the motivation process, how it functions and what are the various present types of motivation.

Motivation of employees and behaviour modification in health care organizations

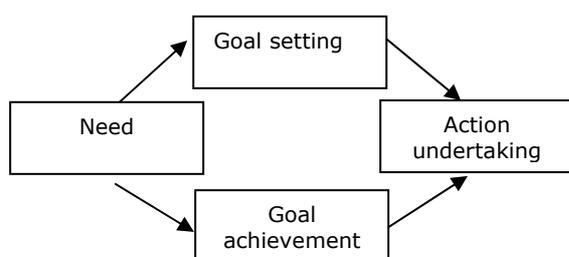


Figure 1. Motivation process (Amstrong, 2001)

The Figure 1 shows the model of needs. It suggests that motivation is initiated by conscious

and unconscious *recognition of unsatisfied needs*. These needs create a wish. Then the *setting of goals* follows, which is believed to satisfy these needs and wishes and selection of *behavior directions* which are expected to achieve the goals. If the goal is achieved, the need will be satisfied and behavior will probably be repeated next time when similar need occurs. In case the goal is not achieved, it is less probable to have the same action repeated. This process which repeats successful behavior or actions is called **intensification or law of effect**.

The key motivation principle states that performances are based on the level of abilities and motivation of the person. This principle is often shown by the following formula (1) Amstrong, 2001):

$$\text{Performances} = f(\text{capabilities} \times \text{motivation})$$

According to such principle, none of the tasks may be successfully completed if the person in charge of that task is not capable to do it. Capability is the talent of the person to perform tasks related to the goal. That talent includes intellectual and physical competences.

However, regardless how intelligent or skillfull the person is, capability itself is not enough. The person must also wishes to achieve the high level of performance. Discussions related to motivation in general refer to the following:

- What directs behavior?
- What is the behavior direction?
- How to maintain such behavior?

Basic phases of motivation process in the organization

More precisely, the motivation process begins with identification of a person's needs. The needs are shortcomings faced by a person at certain time. These shortcomings may be *psychological* (such as the need for recognition), *physiological* (such as the need for water, air or food) or *social* (such as the need for socializing). When there is deficit of needs, an individual will probably increase his/her efforts (phase 2). Need deficit creates inner tension of an individual who reveals that tensions are unpleasant and wishes to reduce or eliminate them.

Motivation is targeted (phase 3). Objective is a specific result which an individual wishes to achieve. Objective achievement may significantly reduce the needs. Employees- objectives may be considered as leading drivers. For example, some employees have powerful need for career development. Their expectaions are that overtime spent on project will lead to promotion. Such needs and expectations often create unpleasant inner tension with an individual. Belief that certain, specific behavior may overcome these feelings will make an employee do his/her best to reduce that tension by behaving in such a manner (phase 4).

1. Employee identifies needs

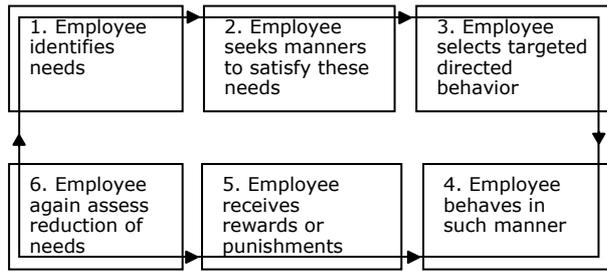


Figure 2. Essence of motivation process (Hallriegel, Slocum, Woodman, 1998)

Promotions and development are two ways by which a health care organization intends to maintain desired behaviors. They are signals (feedback) to employees that their needs for career development and recognition and their behavior are adjusted (phase 5). When employees receive rewards or punishments, they will again estimate their needs.

Cycle may be shown in the following manner.

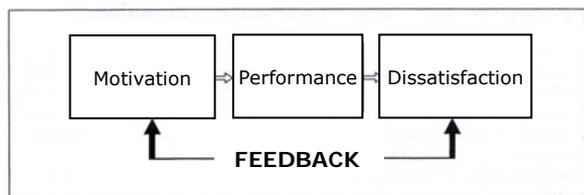


Figure 3. Model of motivation cycle

Motivational challenges

General model of the described motivation process is simple. In the real world, the motivation process is not that clear, of course.

The first challenge is that motives may be only assumed, they cannot be seen.

The second challenge is concentrated on the dynamic nature of needs (7). Everyone has many needs, wishes and expectations at any time. These factors get changed along time and may be in conflict with one another. Employees who work overtime in order to satisfy their needs for recognition may discover that these extra working hours are directly in conflict with the affiliation need and their wish to be with their families.

The third challenge involves differences in motivation of people and in energy with which people respond perceiving medical services as a dynamic process and medical staff as professionals, in accordance with that process.

Types of motivation

Motivation at work may be considered in two ways. Firstly, people may be self-motivated by searching, finding and getting jobs which will satisfy their needs or at least lead them where their objectives are expected to be achieved.

Secondly, people may be motivated by management through such methods as salaries, rewards, etc.

Herzberg defined two types of motivation:

Inner motivation – independently generated factors influencing people to behave in a special manner or to move in a special direction. These factors involve responsibility (the feeling that job is important and presence of control over own resources), autonomy, freedom, independence in activities), level of the use and development of skills and abilities, interesting and challenging job and the opportunity for advancement.

External motivation – what has been done in order to motivate people. It involves rewards such as salary increase, appraisal and promotion and punishments such as disciplinary measures, salary reduction and criticism.

External motivators may have one instant and powerful effect, but they will not necessarily last long. Inner motivators which deal with the "working life quality", will probably have deeper and long-lasting effects because they are present with individuals, i.e. they are not externally imposed.

Achievement model (David McClelland)

David McClelland considered that everyone had 3 especially important needs(12):

1. need for achievement,
2. need for affiliation and
3. need for power.

Individuals with powerful motif will be able to undertake actions that will influence behaviour of others and possess powerful emotional appeal. These individuals are engaged in provision of status rewards for their followers. Some individuals with powerful motif of affiliation tend to establish, maintain close personal relations with others. Individuals with powerful motif for achievement are evaluated according to some excellence standards or unique contribution based on which they evaluate their behaviour and achievements.

Motivation by achievement, especially in regard to human resources management speaks about the achievement motivation model, i.e. that people are motivated in accordance with the power of their wish to perform tasks in regard to medical standard of excellence or to succeed in competitive situations. According to McClelland, almost all people believe to possess the "motif for achievement". To what extent people are motivated by achievements depends on their childhood, personal or professional experience and type of organization they work for.

MOTIVATIONAL FACTORS

The first group of factors, motivational factors, incorporate *job, recognition, career development and responsibility*. These factors are linked with positive feeling of an individual related to the very context of the job. These positive feelings are linked with achievements, recognition and responsibility. In other words, motivators are inner factors which are directly linked to the job and are to a great extent inert

for the person. Organization's policy may have only indirect impact on them. However, if performances of excellence have been defined by an organization, individuals will be enabled to feel that they have completed their tasks exceptionally well.

HYGIENE FACTORS

The second group of factors, hygiene factors incorporate *policy of health care organization, administration, technical supervision, salary, benefits, working conditions and interpersonal relationships*. These factors are linked to negative feelings of an individual related to the job and to the environment the job is performed in. Hygiene factors are contingency factors or external factors for the job.

Culture impact on hygiene and motivational factors. Managers must be aware of cultural differences and how these differences may influence motivation of employees (6). Herzberg believed that regardless of cultural differences, motivational and hygiene factors influence medical workers in a similar manner throughout the world. For employees in health industry in the USA, 80% of factors that lead to job satisfaction are motivators. For employees in other countries, motivators account for 60-90% of the reasons for job satisfaction. Hygiene factors account for majority of reasons because of which employees are dissatisfied with their job. In Finland, 80% of employees indicate that hygiene factors mostly contribute to job dissatisfaction, whereas only 10% of employees said that hygiene factors contribute to job satisfaction.

Motivational-hygiene model also indicates that job satisfaction and dissatisfaction do not form unique continuum (dimension), but are on separate and different dimensions as shown in Figure below.

So, according to this model, a person may be satisfied or dissatisfied at the same time.

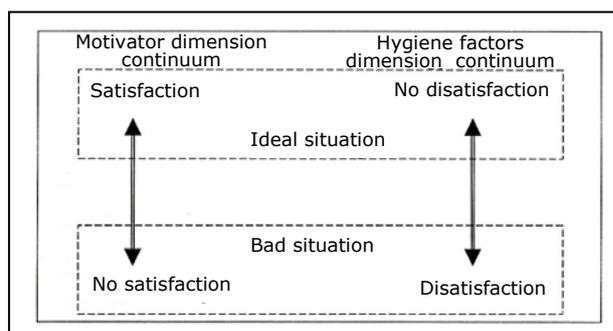


Figure 4. Motivational-hygiene situation (Hellrieger, Slocum, Woodmon, 19)

Criticism of the model. Besides its positive features, this model was seriously criticised. Such a criticism was that Herzberg used methodologically limited procedure: i.e. the method he used for measurement influenced the results. He asked two key questions, „Can you describe in detail when you feel especially well at your work?“ and „Can you describe when you feel especially badly at work?“.

Answering such questions, people show tendency to give socially acceptable replies, i.e.

answers they think the researcher wants to hear or sound „reasonable“. Such people have tendency to add good business results to their own efforts and reasons for bad results attribute to others.

The second serious question is whether satisfaction and dissatisfaction are two separate dimensions (as shown in Figure). Research data are often mixed. Some researchers found out factors which may contribute both to satisfaction and dissatisfaction while others revealed that motivating factors may contribute to dissatisfaction and hygiene factors to satisfaction.

Some evidence, not that strong, link experiences such as increase of working responsibility, challenges and opportunity for advancement with high performances. Unfortunately, researchers have paid little attention to designing a model which would explain why certain factors of the job influence performances in a positive or negative aspect.

Goal setting model (Locke-Latham's model)

As health care organizations tend to achieve specific objectives, individuals are motivated by certain objectives and their achievement, too. In fact, the process of goal setting is one of the most important motivational tools which affect employees in organizations.

Ed Locke and Gary Latham developed a sophisticated model of individual goal setting and performances (8). The basic idea of this model is that the aim serves as a motivator since people compare their performances with the ones required to achieve a goal. Having knowledge of the goal can also improve performances since the goal makes the type and level of expected performances clear. Clear assignment of tasks, competences and responsibilities, clearly defined working conditions, opportunity for agreement and pointing out to development opportunities have influence on working environment. All this influences the relationship between a health care institution and employee; the quality of this relationship is experienced by patients.

On one hand, employees have an open opportunity of acquiring performance linked with satisfaction – and on the other hand, precisely formulated goals and expectations enable employees to really achieve required performances .

Basic features (components) of this model are:

Challenge. Goal setting is the process of development, negotiation, and target setting which are challenging for an individual. Employees with unclear objectives or without objectives tend to work more slowly, perform tasks badly, show lack of interest and completely less work than employees who have clearly defined and challenging objectives. Employees with clearly defined objectives are energetic and more productive. They complete tasks on time and take over next activities (and goals).

Goals may be implicit or explicit, unclearly or clearly defined, independently or externally

defined. Regardless of their form, goals serve to link time and efforts of an individual.

Clear and challenging goals lead to higher performance than unclear or general goals. Goals which are hard, but not impossible will lead to higher performances more than easy goals. However, unreal and high goals may not be accepted or may lead to high performances only in a short period of time.

Goal commitment, refers to commitment of an individual to achieve the goal depending on whether that goal is set by that person or someone else. Commitment to goal will probably be higher if a person is publicly committed to its achievement, if possesses strong need for such an achievement and if believes that may control those activities that will help in that goal attainment (12). Participation effect in commitment to goal attainment is very complex. Positive commitment to goal achievement is more probable if an employee participates in goal setting. Lack of wish to be involved in goal setting reduces commitment to goal. However, even when managers need to define goals without participation of employees, they focus on efforts and better performances than when there are no set goals. Expected rewards for goals attainment play important role in the level of goal commitment. The higher level of employee's belief in positive rewards (deserved salary increase, bonuses, promotion, etc.) conditioned by goal achievement, the higher their commitment to attainment of those goals will be. This is very similar to ideas contained in motivation theory of expectation. Similarly, if employees expect to be punished due to unrealized service performance, the probability for goal commitment is also higher. However, the use of punishments and fear from punishment as primary tools for behavior management may create numerous problems. Employees compare expected rewards with rewards they have really received. If the expected and received rewards are in harmony, the rewarding system will probably continue to support commitment to goal. If employees have opinion that the received rewards are smaller than they had expected them to be, they may see the difference. If there is noticed or real difference, employees will reduce their commitment to goal. Team work (characteristic for health care institutions) and equalled pressure are other factors that influence individuals to commit to goals.

Feedback makes goal setting and individual's responding to goal achievement (performance) a dynamic process. It provides information about output (output results) and the level of goal achievement to employees and others. The feedback enables individuals to compare expected rewards with the ones already received. This comparison, in a feedback, may influence changes in the level of goal commitment.

Task complexity is the last force moderator between goals and performances that are being considered. With simple tasks (for example, answering telephone call), effort encouraged by challenging goals leads directly to task completion. With

more complex tasks (for example, urgent admission), effort does not lead directly to effective performances. Individuals must also decide where and how to allocate effort.

Mediators. Assume that an individual has challenging goals and that moderator factors (mitigation factors) support attainment of these goals. How does four moderators, direction, effort, persistence and strategy influence performance?

Direction intent focuses behaviour on activities expected to result in goal achievement and distract individuals from activities irrelevant for goals attainment.

Effort put by an individual depends on goal importance. In general, the higher the challenge, the higher effort needs to be put, provided that an individual is trying to achieve the goal and to commit to its achievement.

Persistence incorporates individual's readiness to face and endure in his/her efforts including situations under stress, all for the benefit of the patient.

Strategy for task attainment is the plan that an individual has to develop through experience and instructions how to accept the task.

Performances. They will probably be very high when:

- 1)challenging goals are present,
- 2)moderators are present (ability, goal commitment, feedback and task complexity) and
- 3)when mediators function (direction, effort, persistence, task strategy).

Three basic types of quantitative output measurements may be used for performance evaluation. These are, *provided quality* (noticed errors), *money* (profit, costs, revenues, i.e. invoiced services), and *time* (timely standardized services – examination, bandaging, etc.).

When such measurements are not available or are inappropriate, qualitative goals and indicators can be used (5). Many health care organizations have developed code of ethics in order to help employees bring better ethical decisions. Designing ethical guidelines has several advantages. Some of the advantages of setting ethical goals are:

- assistance to employees to identify what their health care organizations find as acceptable business practices,
- discussion of ethics as a part of decision-making,
- avoidance of discussion between employees about what is right and what is wrong and
- avoidance of ambivalence in decision-making caused by the rewarding system established by an organization which, as proved, rewards non-ethical behaviour.

Rewards. When employees achieve high level of performances, rewards may become important stimulus to continue with high performance. Rewards may be:

- *external* (stimulus, promotions, etc.) or
- *internal* (feeling of accomplishment, pride due to excellence achievement).

Satisfaction. Many factors, including challenging job, interesting associates, salary, opportunity to learn and good working conditions, influence

job satisfaction of an individual. However, this model is primarily focused on the level of satisfaction the employee has by goal achievement.

Consequences. Individuals who are satisfied with organization and devoted to organization will probably remain in it and accept present challenges contrary to individuals who are less satisfied and devoted. Satisfied individuals are very little absent from work. This link bring us back to the beginning of the goal setting model cycle.

What happens if things go wrong and an individual becomes dissatisfied? Answers of individuals may be:

- 1) absence from work (leaving organization),
- 2) avoidance to work (absence, late for work and leave work early),
- 3) psychological defense (alcohol, drug abuse),
- 4) constructive disorders (complaints),
- 5) defense (refusal to do what is asked) and
- 6) aggression (theft or threat).

Naturally, resigning is the most general term for great dissatisfaction.

This model provides an excellent framework to a manager or the team in identifying potential problems related to low or average performances of employees.

Several questions may be asked for problem identification:

- 1) how are goals set,
- 2) are goals challenging,
- 3) what affects goal commitment and
- 4) do individuals know when they have performed their tasks well.

Secondly, it provides specific advice to managers related to how to make high performance demanding working environment.

Thirdly, it shows the system of key factors interaction, such as goal importance, goal commitment, feedback and rewards for achieving high performances.

Incentive theory (reinforcement)

Concept of stimulus is based on the law of effects which claim that people show tendency to repeat behaviours which enable them obtaining of positive rewards and avoidance of actions related to negative consequences. Rewards (stimulus) an individual receives may be *internal or external* (11). Many situations when trainings are concerned provide internal and external rewards. For effectively completed job for which the appraisal is given, it may be considered as external reward (compliment) and internal reward (feeling of pride). The person that has received positive stimulus for learning will continue to learn.

The past is what precedes and it is the stimulus for behaviour. *Consequence* is the result of behaviour and it may be positive or negative, in terms of goal or task achievement.

Reinforcement (stimulus) increases frequency of specific behavior of employees. No matter if there is positive or negative stimulus, it always increases frequency of behavior of employees. Punishment or exclusion always reduces frequency of employees' behavior.

Modern approach to training provision is based on the incentive concept (reinforcement). This popular approach linked to behavior modification uses the theory of a psychologist B. F. Skinner who claims that „learning is not doing, it is changing what we do“.

Behavior modification implies the use of four tools for behavior change, designated as *intervention strategies*. These strategies are: positive stimulus, negative stimulus, punishment and lack of responding.

Positive stimulus

Positive stimulus is followed by pleasant consequences upon desired behavior has occurred. Manager rewards desirable behavior of employees related to achievement of health care organization's goals.

Primary and secondary stimuli. Primary stimulus is one event whose value is known by an individual. Food, shelter and water are primary stimuli. However, primary stimuli are not always stimuli. For example, food will not be stimulus for someone who has already had meal. Majority of behaviors in the organization is under the influence of secondary stimuli. Secondary stimulus is an event that once had neutral value, but has received added value (positive or negative) for an individual due to his/her past experience. Money is one obvious example of secondary stimulus.

Several factors affect effectiveness of positive stimulus and they may be considered as principles since they help in explaining optimum stimulating conditions.

- *Principle of conditioned (accidental) stimulus* claims that stimulus management may be used only when desired behavior is performed. It is inefficient to apply stimulus when desired behaviour is not performed.
- *Urgent stimulus principle* states that stimulus will be the most efficient if done immediately upon the occurrence of desired behavior.
- *Stimulus volume principle* states that the higher stimulus upon the occurrence of desired behavior the higher effect it will produce on the frequency of desired behavior. Value or amount of the stimulus is relative. Stimulus may be important for one person and insignificant for another.
- *Principle of stimulus deprivation* states that the more people are deprived of that stimulus, the greater effect it will have on future occurrence of desired behaviour. However, if an individual is oversaturated with certain stimulus, the stimulus will have less effect.

Stimulus and rewarding. These two terms often make confusion when used everyday. Rewarding is the event that is desirable or pleasant for the person. Therefore, it is subjective view of an individual whether rewarding will be considered as stimulus or not. In order to be viewed as stimulus, reward must increase the frequency of behavior it is given for. Reward is not considered as stimulus if the frequency of behavior gets reduced or remained unchanged.

Negative stimulus

Negative stimulus appears when an individual does something in order to avoid undesired consequences. The employee who arrives at work on time every day may do it in order to avoid critical feedback from his/her superior. Therefore, potential criticism causes that the employee undertakes the desired action. With negative stimulus, one unpleasant event resulting from employee's behavior is eliminated when desired behavior occurs (12). Negative stimulus is sometimes confused with punishment since both of them use unpleasant events in order to influence behavior. However, negative stimulus is used for the increase of desired behavior frequency whereas punishment is used for reduction of non-desired behavior.

Procedure of exclusion consists of three steps:

- identification of behavior needed to be reduced or eliminated,
- identification of stimulus which supports behavior and
- termination of stimulus.

Exclusion is useful techniques for reduction and eventual elimination of behavior which violates normal work progress. It is absence of one expected respond to the situation. Excluded reaction can be viewed also as the failure to stimulate positive behavior. It is mostly the case when absence of respond to the situation is accidental. If managers fail to stimulate desired behavior, it means that they use exclusion of respond without noticing it. The result of it may be intentional reduction of desired behavior frequency. Absence of respond may reduce undesirable behavior of employees, but it does not replace automatically undesirable behavior with the desired one. Therefore, when exclusion is used, it should be combined with other methods of stimulation in order to develop desired behavior.

Punishment

Punishment is an unpleasant event which accompanies behavior and reduces its frequency. It is the action undertaken in order to distract person (recall) from undesirable behavior. While positive stimulus encourages more often occurrence of desired behavior, punishment reduces the frequency of undesired behavior.

In order to be considered as punishment, the event must reduce undesirable behavior. Only because one event is considered as unpleasant, it does not mean that it is necessarily punishment. The event must, in fact, reduce or stop undesired behavior (10). Organizations use several types of unpleasant events in order to punish individuals. Material consequences in case when the person fails to behave in an adequate manner includes salary reduction, disciplinary measures, transfer to worse job, etc. The worst

punishment is to fire an employee. Interpersonal punishments are widely used. They include verbal objections by managers due to undesirable behavior of an employee or non-verbal punishments such as frowning, grumbling or aggressive body language. Sometimes, certain tasks by themselves may be unpleasant. Fatigue which accompanies hard and strenuous work may be perceived as punishment as well as bad working conditions. However, in some areas and for some employees, bad working conditions (dirtiness, confined space, etc.) may be something inseparable from work.

Principles of positive stimulus have their equivalents in punishments. The punishment must be directly linked to undesirable behavior (principle of conditioned punishment), the punishment should be immediately applied (principle of prompt punishment) and the greater punishment range, the more powerful the effect it will have on undesirable behavior (principle of punishment volume).

As arguments against punishments, possible occurrence of negative effects are used, especially in the course of longer period of time. Although a punishment may stop undesirable behavior of an employee, potential negative consequences may be higher than initial undesired behavior.

Conclusion

Health care system, getting more complicated and complex system requires different approach in its work since health care business is in its nature very intensive one. In addition to this, costs of operations within this activities show the tendency of progressive growth. Finally, satisfaction of a beneficiary corresponds to a high extent to the quality of provided services, and therefore there is a need for good management and necessary motivational variables in order to ensure that employees in health care organizations would offer more efficient and effective service provision directed to beneficiaries of medical services.

Models of motivation process are focused on psychological processes which motivate employees to certain behavior contrary to content model dealing with motivation content.

It may be said that theories, approaches and concepts of behavior and motivation of employees were developed as a respond to managerial challenge to find out the method for behavior management for people in health care organizations in order to achieve organization's goals. Management strategies were built on these challenges.

Therefore, modernization of health care organizations management is a complex job since it does not only implies gradual improvement of "certain things" in management, but faster and careful introduction of new paradigm of health care management.

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MOTIVACIJA ZAPOSLENIH I MODIFIKOVANJE PONAŠANJA U ZDRAVSTVENIM ORGANIZACIJAMA

Snežana Miljković

Sve zdravstvene organizacije bave se time šta bi trebalo uraditi kako bi se ostvarili ciljevi pomoću ljudi. U tom smislu, bliska pažnja usmerava se na to kako se pojedinci najbolje mogu motivisati pomoću takvih sredstava kao što su inicijativa, nagrade, vođstvo, posao koji obavljaju i organizacioni kontekst unutar koga realizuju posao. Cilj je razviti motivacione procese i radno okruženje koje će pomoći da pojedinci pokažu rezultate u skladu sa očekivanjima. Motivacija je proces pokretanja ljudske aktivnosti koja se usmerava prema postizanju određenih ciljeva. Zaposleni sa nejasnim ciljevima ili bez ciljeva skloni su da rade sporo, loše izvršavaju zadatke, pokazuju nedostatak interesovanja i završavaju manje posla od zaposlenih čiji su ciljevi jasni i izazovni. Zaposleni sa jasno definisanim ciljevima su energični i produktivniji. Modifikovanje ponašanja podrazumeva korišćenje četiri sredstva za promenu ponašanja, označenih kao strategije intervencije. Te strategije su: pozitivan podsticaj, negativan podsticaj, kazna i izostavljanje reakcije. *Acta Medica Mediana* 2007;46(2):53-62.

Ključne reči: zdravstvena organizacija, menadžment, motivacija