



Motivation, Compensation, and Retention of Health Workforce

Developed by





People for Health

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This fact sheet compiles the reforms that focus on motivation, compensation, and retention of manpower in different sectors, particularly to provide health care to rural areas.

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Acronyms

ANM	Auxiliary Nurse and Midwife
AP	Andhra Pradesh
ASHA	Accredited Social Health Activists
ANSWERS	Academy for Nursing Studies and Women's Empowerment Research Studies
AYUSH	Ayurveda, Unani, Siddha, and Homeopathy (Alternate systems of Medicine)
CHC	Community Health Centre
CDMO	Chief District Medical Officer
CMD	Chief Medical Director
CMP	Contract Medical Practitioners
DHS	Director of Health Services
DMO	District Medical Officer
FBO	Faith Based Organisation
GNM	General Nursing and Midwifery
HR	Human Resources
HRA	Human Resource Allowance
HRC	Health Resource Centre
HRH	Human Resources for Health
HRMIS	Human Resource Management Information System
HRM	Human Resources Management

IPHS	Indian Public Health Standard
INC	Indian Nursing Council
KILA	Kerala Institute of Local Administration
MCI	Medical Council of India
MIS	Management Information System
MLOP	Mid Level Ophthalmic Personnel
MO	Medical Officer
NGO	Non-Governmental Organisation
NHSRC	National Health Systems Resource Centre
NMSU	Nursing Management Support Unit
NRHM	National Rural Health Mission
P4H	People for Health
PG	Post Graduate
PHFI	Public Health Foundation of India
PHC	Primary Health Centre
PSU	Public Sector Units
PEB	Professional Examination Board
SCC	Short Service Commission
SHSRC	State Health Systems Resource Centre
SOP	Standard Operating Procedure

1. Introduction

'People for Health' is an initiative for advancing Human Resources for Health (HRH), with specific focus on improving human resource policies, strategies, and practices in the health sector in India, through partnership between Government, Civil Society, and Private sectors. The People for Health initiative is led by Swasti, a Health Resource Centre (HRC), in partnership with the Public Health Foundation of India. The initiative is funded by the European Union with a time frame 2011-2014.

While the initiative takes into account experiences from across India, two States, Kerala and Madhya Pradesh have been chosen for operationalising

State level actions. The project integrates three core areas. The core areas are:

- Knowledge building (through operational research) and gathering evidence
- Skills-building (capacity building) to strengthen cross-learning platforms and initiate new approaches and strategies
- Advocacy and learning (through existing and new platforms) for change

This factsheet on motivation, compensation and retention of health workforce is a product of the 'Knowledge building' core area.

2. Motivation, Compensation and Retention of Health Workforce

Health personnel form the axis around which any health system functions. Skilled, trained, and motivated health workforce at designated positions form the foundation on which the health care system adequately responds to a population's health needs. Research has shown a correlation between the quality of care, healthcare outcomes, and availability of health personnel. A study by Witter et al, explains the factors that encourage the health workers to work and stay in rural areas. This list is led by salary as the most important factor, followed by:

- Working conditions
- Training opportunities

- Allowances
- Career development
- Living conditions
- Supervision and managementⁱⁱ

2.1 Motivation

Complete understanding of the worker is necessary to fathom what motivates the worker.ⁱⁱⁱ The level of motivation in workers may be a result of many forces within the microcosm (workplace) and the macrocosm (outside environment).

Factors related to the macrocosm (organisation and society) too influence the mindset of workers—consider the fact that government institutions have the highest retention rates and NGOs and Faith Based Organisations (FBOs) have the highest motivation levels among their staff. This denotes that there are several factors that come into play and affect employees personally and professionally. Studies on workers and their motivation levels have listed the following as what workers like best about their jobs:^{iv}

- A sense of achievement, seeing some visible results of their efforts
- Recognition or appreciation from their supervisors or colleagues
- The nature of work itself
- Increased responsibility gives a feeling of being valued
- Promotion or career advancement

- Opportunity to learn new things or growth

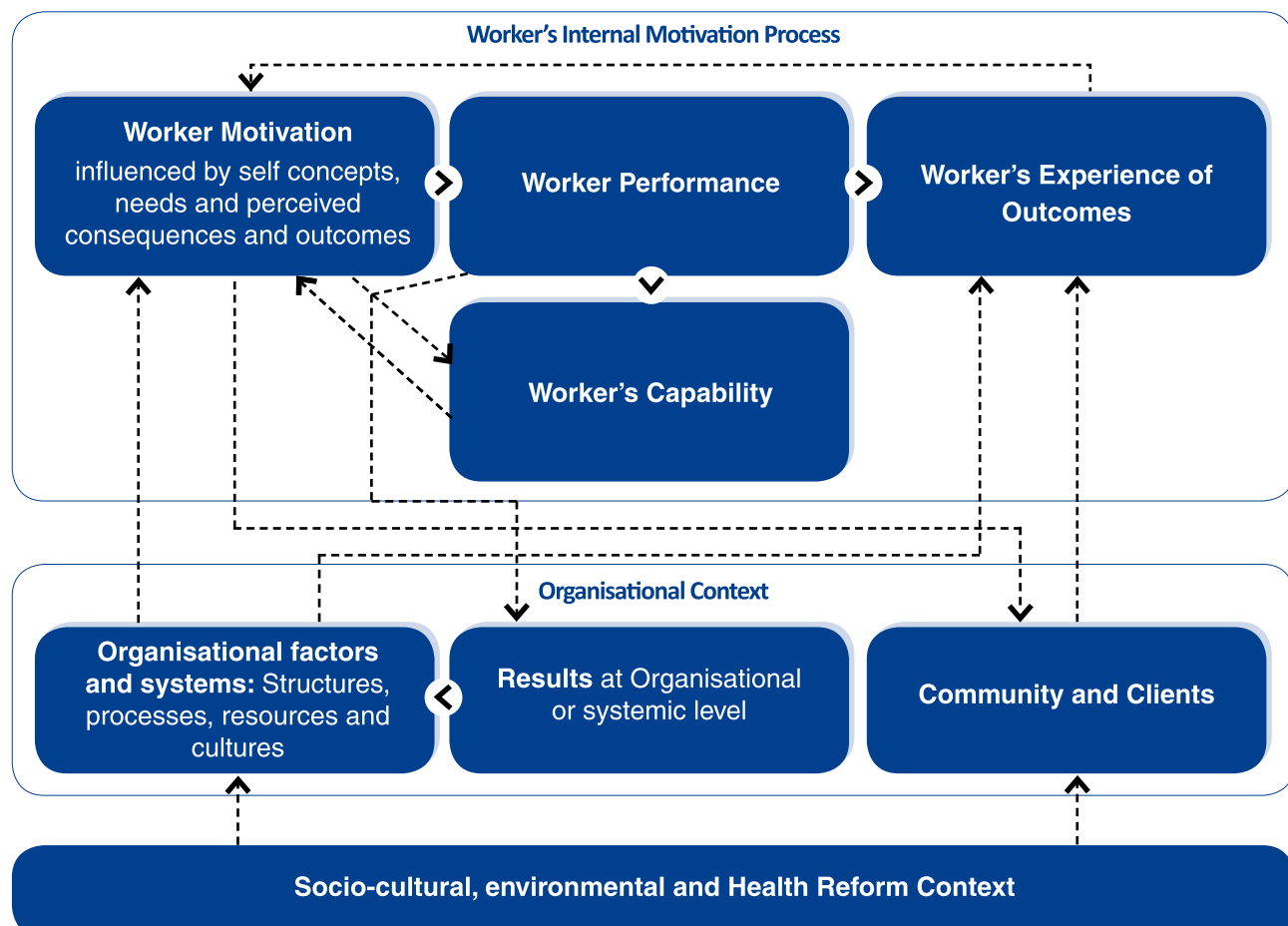
The workers in the same studies also listed what they did not like about their jobs. These are:

- Restrictive policies
- Inadequate supervision and support
- Poor interpersonal relationships in workplace
- Non-conducive working conditions
- Low salary or lack of incentives
- Low status and lack of job security

Clearly, interesting, fulfilling work and recognition motivate workers. On the other hand, low-risk taking capacity and a non-supportive work culture become reasons for de-motivated staff and high attrition.

Figure 1 represents the conceptual framework, which shows the different layers of influences upon health worker motivation—the individual, the organisational, the larger health sector context, and the socio-cultural context.

Figure 1: Determinants of work motivation in the health workforce



Internal / Individual factors

- **Work motivation:** the internal process: Researchers have opined that factors which make workers happy are the strongest motivating factors. These include:
 - Work culture
 - Inter-personal relations within staff members
 - Non-judgmental and supportive attitudes of colleagues and supervisors
 - Maintenance of dignity and respect even when giving feedback
 - Provision of safety and support
 - Being listened to and valued
- **Worker capacities:** A worker's abilities to perform tasks are determined by his/her background and technical training. They are strengthened by regular challenges and novelty in work and by opportunities to update knowledge, and learn new skills
- **Worker performance:** To enhance workers' performance, their careers must be linked to their performance capacities and the physical resources at hand to carry out the task. A supportive atmosphere and independence also enhance performance
- **Worker's experience of outcomes:** Direct appreciation or criticism from supervisors and community and rewards and punishments for work behaviour also mold a worker's performance. Organisational structures and processes also affect workers' outcomes. For example, the feedback that a worker receives from colleagues and supervisors within the health system influences his/her performance

Organisational factors

- **Organisational factors and systems:** Organisational structures, processes, and culture which govern the functioning, performance appraisals, promotions, and incentives also determine the levels of motivation
- **Results at the organisational/ systems level:** Information about organisational performance and results contribute to the individual's level

of commitment and motivation. If a person observes his work being reflected in the larger organisational gains, it motivates him to perform well

Socio cultural and environmental factors

- **Community and clients:** Community members will have expectations for how services should be delivered and evaluate the health worker's performance both formally and informally. Their feedback is important to the health worker to understand her/his value in system
- **Health sector reforms:** Reforms commonly require training and the development of new capabilities among the workforce. Reforms affect organisational systems and culture, and they frequently emphasise stronger links between performance and reward. Health sector reforms, therefore have a very direct impact on an individual's motivation
- **Socio-cultural and environmental context:** The broader social and cultural contexts contribute to the individual's motivational processes. Ideals and principles within families, cultural contribution to personality, societal norms, and environmental dynamics influence motivation in workers

2.2 Compensation

For an organisation to receive its money's worth and motivate and retain skilled employees, it needs to ensure that its compensation system is not an island by itself. It is important for an organisation to link compensation to its overall goals and strategies and align it with its HR strategy. A compensation system should influence employees to make personal decisions which are congruent with the organisation's needs. Generally, this goal can be broken down into three parts:

- Motivate people to join the organisation
- Motivate employees to perform at the top of their skill set
- Motivate employees to stay^{vi}

Compensation essentially deals with the provision of added benefits in lieu of hardships faced due to circumstances different from the normal. These may be for working in rural areas, in low performing districts, difficult geography like hills, forest regions, and tribal belts. Compensation can be linked to:

- Business structure and employee recruitment
- Retention
- Motivation
- Performance
- Feedback
- Satisfaction

For employees, compensation is the equivalent not to how they are paid, but ultimately, to how they are valued. Compensation packages can be considered as total rewards systems containing nonmonetary, direct, and indirect elements.^{vii}

- **Non-Monetary Compensation:** Any benefit an employee receives from an employer or job that does not involve tangible value
- **Direct Compensation:** An employee's base wage, which can be an annual salary or hourly wage and any performance-based pay that an employee receives
- **Indirect Compensation:** Far more varied, including everything from legally required public protection programmes such as social security, health insurance, retirement programmes, paid leave, child care, and moving expenses

By combining these compensation alternatives, progressive managers can create compensation packages that are as unique as the employees who receive them.

2.3 Retention

Retention of health workers in remote and rural areas depends on two primary aspects:

- The factors that influence the decision or choice of health workers leading to his relocation or stay in those areas
- The extent to which the policies and interventions respond to these factors^{viii}

Educational support is the most commonly used incentive globally, with health workers being required to complete courses on rural services or actually train in a rural setting. Regulatory placement of health workers in rural areas has also been found to increase retention. However, frustration among rural health workers often stems from the lack of infrastructure, support staff, and medicines, a feeling exaggerated by local political interference and lack of security. Most doctors found that strong relationship with peers, co-workers, and supervisors motivated them while they were working away from their families. Nursing and medical students also have a perception of lower image from their urban counterparts and it acts as a de-motivating factor for their retention in rural areas.^{ix} Lack of logistical support such as accommodation, conveyance like public transport, and amenities like electricity and water are also important reasons of attrition among health staff in rural areas.

Financial incentives are the strongest for increasing the attractiveness to come to a country, but the least likely to increase retention.^x Doctors leave the public sector to work in the private sector for increased income. The government of Thailand has had great success in retaining a work force in rural areas by attracting and training health professionals from rural populations that are in need of health services. The Ministry of Public Health recruits midwives, nurses, and paramedics and trains them. They are then assigned placements in their hometowns after graduation.^{xi} Individuals from rural areas are more likely to be willing to work in their native village, and their retention is much more successful.

This fact sheet compiles the reforms that focus on motivation, compensation, and retention of manpower in different sectors, particularly to provide health care to rural areas. More than twenty literature sources were used to create a comprehensive overview of problems in these three areas in India.

3. Key Issues and Challenges to Motivation, Compensation and Retention of HRH in India

3.1 Motivation among Health Professionals in India

Several studies have been conducted to understand motivation factors among medical and nursing students and in-service professionals.^{xii}
^{xiii, xiv, xv} Motivation factors cited in the literature are summarised and presented under four broad areas:

- Incentives
- Health systems
- Quality of life
- Political influence

Figure 2: Summary of Factors which Motivate Health Workers in India

Incentives

Good Income | Job security | Rewards for performance | Career growth | Economic growth
 Social recognition | Appraisals and promotions | Training opportunities | Transparent and effective transfer policies

Health Systems

Successful management | Health care financing | Infrastructure | Public/Private Practice | Availability of all required staff
 Health Worker autonomy | Good working relationships | Trust by clients

Quality of Life

Home and job location | Education for children
 Housing & time for family | Good physical working conditions | Socio economic and geographic background | Desire to serve the community

Political Influence

Absece of corruption | Political stability | Quality of governance | Resolution of conflicts and turbulence

Some of the important factors that influence motivation predominantly and are detailed below:

1. Achieving Motivation in the Government Health Systems

Quality of life

Rural posts perennially face the problem of vacancies. Placements in rural areas are unwelcome because of the lack of infrastructural support like housing, electricity, water, and transport. Families do not receive support like education for children, specialist medical care, and modern amenities. The employees placed in these posts face social and technical isolation. Medical colleges make rural postings mandatory for medical students before handing out their degrees, and states are trying to encourage medical personnel to work in rural areas. Incentives and higher salaries are offered to encourage professionals to work in rural areas, which are considered less attractive compared to urban areas. Yet, these seem to be partially effective in addressing staff vacancies.

Some incentives are effective; for example, nurses are more likely to choose to work in rural areas as they receive higher pay and a permanent position that can lead to better employment opportunities in the future. Also, a person who is from a rural background and has studied in rural areas is more likely to take appointments in rural areas.

Health systems

Public or Private: There is a large outflow of doctors from the public sector to the private sector for management and monetary reasons. Students acknowledge that though the public sector has advantages pertaining to job security, leave, and retirement benefits, it lacks monetary incentives. Moreover, the support offered in private sector in terms of better infra-structure, more staff, improved facilities, and structured systems provided for the healthcare persons and their families are perceived more valuable than the job security offered by the government jobs.

Infrastructure: The need for good clinical infrastructure (staffing, drugs, equipment, diagnostics, and physical condition of the health centre, among others), was commonly cited by all cadres of workers. Many felt that they could not adequately use their skills in the absence of good/ appropriate infrastructure. There are instances where, specialists posted in facilities have had to function as general duty medical officers in the absence of diagnostic and surgical infrastructure. Many prescribed medicines have to be bought by patients from external pharmacies and this results in non compliance by the patient, which consequently hampers effective treatment. Delay in supplies or delayed redressal of infrastructural needs such as repair of buildings, too, de-motivate the staff providing services.

Incentives

Career Growth: Doctors working in health facilities seek career advancement opportunities such as specialised training, exposure to technical knowledge, disseminating events, opportunity to work at higher levels of care, and better locations. Students are particularly motivated by career growth opportunities. These may include learning opportunities on the job, performing surgeries and interventions, training and research opportunities, attending seminars, and the most sought after opportunity of a post graduation seat. These are some factors which help staff retention in government systems:

- **Salary:** It is important to note that many individuals are motivated by an increase in salary, but most are more concerned about gaining experience and knowledge from a good facility, as compared to the financial package. Nevertheless, salary and incentives, both financial and non-financial are great motivators for retention, dedication, and performance
- **Non-monetary factors:** The Accredited Social Health Activists (ASHAs) are volunteers and not formal employees of the health departments, albeit a vital part of the health workforce. ASHAs report that their commitment to change, their desire to serve the community, increasing their knowledge, and becoming a part of the formal health system, as some of the motivating factors. The prestige associated with the position is an additional reason for becoming an ASHA.^{xviii} Over 25% of ASHAs surveyed believe that the monetary compensation for their work is not sufficient; therefore suggesting that monetary compensation is not a strong motivating factor

Rewards for performance: Case study from the Indian Railways

A good example of human resource management is the Health Directorate of Indian Railways. The department provides supportive facilities and incentives to the health work force, which motivates and retains employees. The full time doctors receive accommodation and non-practicing allowance in addition to their salary. The Contract Medical Practitioners (CMPs) are further eligible for First Class complimentary railway pass for the entire family, free medical treatment, and leaves.

Moreover, good performance recognised at public functions and the whole team at the awarded facility are appreciated. This adds to the motivation level of the staff and promotes a sense of ownership and pride in their work. The Comprehensive Health Care Shield and Cup are awarded at the Railway Week for the best performing facilities. Divisional hospitals receive this prestigious Health Care Shield awarded annually for best performance in disease prevention, health promotion, and curative care.

Source: <http://www.indianrailways.gov.in/railwayboard/uploads/codesmanual/MMVol-I/Chapter2.pdf>

2. Achieving Motivation in the NGO/FBO Managed Health Systems

Employees in NGOs and FBOs are said to be the most motivated ones as they are led by ideology of service, rather than by mere personal gains and growth. Both these organisations are based on the principles of justice and compassion. NGOs generally provide space and creative independence which motivate the employees. The NGO employees are indoctrinated into the philosophy of 'people come first - not personal interests.' The senior management's actions directly influence the motivational levels of the employees. A study by People in Aid, to understand the motivation of staff working in NGOs in developing countries such as India, Honduras, Pakistan, and Kenya, reported the following strategies adopted by the NGOs to motivate and retain staff:^{xix}

- Including participation of the employees in the decision making process
- Establishing an open door policy
- Continual training and development
- Making the employee feel like a member of the organisational family
- Generating commitment to the organisation and the people in the rural community
- Orientating the employees to the realities of the development scenario in the country
- Counselling on a regular basis
- Providing life and accident insurance benefits
- Recognising employees through several non-monetary methods.

FBOs motivate their workers by ensuring and inculcating the commonality between serving the population and the Almighty. Faith based organisations function on the premise of selfless service. The motivating belief behind the work of their employees being 'it pertains to the alleviation of human suffering' and 'notion of divine duty'.^{xx} Charity-based hospitals and clinics provide services in remote areas and in difficult circumstances like natural calamities. Nuns working in these organisations prefer to accept it as 'a sense of calling' rather than a career.

3. Achieving Motivation in the Private Health Systems

Health systems in the private sector motivate employees by providing several forms of incentives and recognition to their employees. These include awards for performance, nomination to capacity building or attractive assignments, and promotions. Furthermore, technologically advanced work environments complemented by supportive supervision, help improve performance and retention. The example of 'Xchanging in Apac', a private company in India, is presented here to describe the various avenues through which employees in the private sector are motivated. The company provides benefits such as:

- Continuing education programme to help employees desires of studying further while they are working
- Cross training within India and outside
- Internal job postings, allowing employees to move from one department or function to another
- Rewards and recognitions^{xxi}

From the above examples, we can come to the conclusion that a health worker's motivation will be influenced not only by specific incentive schemes, but also by the whole range of health sector reforms which potentially affect organisational culture, reporting structures, and channels of accountability.

3.2 Compensation and Retention Issues of Indian Health Professionals

Since 2007, financial incentives, in addition to salaries, have been widely introduced across all the states for doctors, nurses, and midwives working in remote areas. Table 1 lists the incentives offered in various Indian states. The use of incentives increased significantly once this system was integrated into the National Rural Health Mission. Incentives are commonly used to encourage work in the rural areas and are seen as a primary motivator. Postings in difficult areas have been made more rewarding by additional incentives given to regular doctors. These include monetary and non-monetary incentives, to obtain the accurate skill mix in the appropriate place. The NHRSC has set guidelines for disbursing various forms of incentives. The various allowances offered (2009) to health care personnel by various states and some non-monetary strategies adopted are listed below:^{xxiv, xxv}

Table 1: Incentives Strategies in the Health Departments of Indian States

Equity Initiative	Description	Location
Rural allowance (monthly)	Ranges from Rs. 400 (TN) to Rs. 15,000 (Haryana)	Andhra Pradesh, Assam, Bihar, Haryana, Himachal Pradesh, Kerala, Nagaland, Rajasthan, Tamil Nadu
Tribal Allowance (monthly)	Ranges from Rs. 1000 (Maharashtra) to Rs. 10,000 (AP and Andaman & Nicobar)	Andhra Pradesh, Andaman & Nicobar, Maharashtra, Himachal Pradesh
Difficult area allowance(monthly)	Ranges from Rs. 1000 to Rs. 25,000	Andhra Pradesh, Andaman & Nicobar, Chhattisgarh, Haryana, J&K, Jharkhand, Karnataka, Kerala, Lakshadweep, Madhya Pradesh, Maharashtra, Manipur, Mizoram, Nagaland, Orissa, Punjab, Rajasthan, Tripura, Uttarakhand
Urban area allowance (monthly)	Ranges from Rs. 2000 to Rs. 4000	Andhra Pradesh, Andaman & Nicobar
Duty Allowances	Ranges from Rs. 500 per day to Rs. 2000 per month	Assam, Gujarat, Kerala
Accommodation & Transport	up to Rs. 5000 provision for accommodation HRA Rs. 6 per km up to 50 kilometres	Assam, Nagaland, Punjab (nurses) Punjab
Performance awards	Ranges from Rs. 5000 to Rs. 30,000 for doctors; Rs. 2000 to Rs. 5000 for ANMs; and Rs. 50000/- for entire PHC.	Bihar, Delhi, J&K, Karnataka
Specialty incentives	Ranges from Rs. 3000 to Rs. 5000	Bihar, Kerala, Meghalaya, Orissa
Service Incentives	Varied; for completing x number of years in service	Chhattisgarh, Haryana, Karnataka, Kerala, Madhya Pradesh, Manipur, Orissa, Punjab, Sikkim, Tamil Nadu, Tripura, Uttar Pradesh
Compulsory rural service	Ranges from one year (Kerala & Manipur) to 16 years in West Bengal.	Arunachal Pradesh, Assam, Chhattisgarh, Gujarat, Jharkhand, Kerala, Manipur, Meghalaya, Nagaland, Orissa, Tamil Nadu, West Bengal
Quota in PG admissions	30% of postgraduate medical seats are reserved for in-service doctors; additional marks given for PG entrance with at least three years of rural service	Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Kerala, Meghalaya, Mizoram, Uttar Pradesh, Uttarakhand

4. Reform Initiatives to Motivate, Compensate and Retain HRH

Literature reveals several efforts have been made by both the government and non-government/corporate health sectors to motivate, compensate, and retain health workforce in India. Some successful and promising examples are presented here.

4.1 Reforms in the Government Sector

The medical unit of the Army, the Armed Forces Medical Services, is an example of a well performing system of motivation, compensation, and retention. In addition to the pay and the amenities provided to the staff and their family members, including

insurance, the department offers a definite career growth path which is lucrative and instils confidence and favours retention. Doctors are recruited on Short Service Commission (SSC) for five years which is extendable to another nine years. On completion of two years service, SSC officers can apply for Departmental Permanent Commission. Officers are eligible for PG entrance after four years of service.

Many Indian states have initiated promising reforms to motivate and retain employees. Other states can use these examples while designing strategies for motivating and retaining health professionals within the government sector.

Table 2: Reforms Demonstrating Initial Success

State	Issue	Reform
Madhya Pradesh ^{xxvi, xxvii}	Shortage of doctors in rural areas and difficulty retaining doctors in rural areas	<ul style="list-style-type: none">• Provision for contractual appointments using the MP Public Health and Family Welfare Medical Cadre Contract Service Rules (2002)• Pay increments and other incentives to doctors who complete three years in rural areas• Permission to have private practice during off duty hours for doctors in rural areas allowed to have private practice during off duty hours• Reservation of seats in post graduate courses, and promotions when there is a vacancy
Orissa ^{xxviii}	Retention of doctors, specialists, AYUSH doctors and paramedics in rural districts	<ul style="list-style-type: none">• Doctors in remote districts—higher allowances in the more peripheral locations, more promotional avenues and financial incentives• Specialists—allowances, including housing• Paramedics—performance incentives, cluster housing, incentives based on vulnerability analysis, and a regularisation policy• AYUSH doctors—monetary improvements

State	Issue	Reform
West Bengal ^{xxix}	Shortage of Auxiliary Nurses Midwives	<ul style="list-style-type: none"> Local governing bodies given the power to select a resident woman for ANM training Appointment of such an ANM in the same village to promote retention
Karnataka ^{xxx}	Retaining doctors and specialists in remote areas	<ul style="list-style-type: none"> Karnataka Transfer Act—which stipulates compulsory appointment of MO in rural areas, compulsory transfer of specialist to an appropriate post, transfers in public interests, and penalties Special remote area allowance budgeted in the NRHM Programme Implementation Plan wherein incentive of Rs.300—Rs.8000 built-in for various health personnel starting from Group D to doctors Substantially higher remuneration for specialist doctors

Examples of Reforms in the Non-Governmental and Private Sector

The private health institutions have some unique systems to promote staff retention. The Aravind Eye Hospital is one such example. The Aravind Hospital (Madurai) has a special cadre of staff, known as the Mid-Level Ophthalmic Personnel (MLOPs). The MLOP training is a residential training for girls aged 17-19 years, with a science-based higher secondary education. The candidates receive intensive training in the different departments of the hospital in theoretical knowledge, specialties, and practical work. The programme prepares them to be technical personnel through intense on-the-job training. This in turn promotes efficient use of time and skills of doctors and also provides employment to girls from rural areas. In addition, life skills and home making skills are imparted to the MLOPs which include cooking, housekeeping, and tailoring, among others. This strategy encourages the parents of these employees to allow them to work for at least three years as their concerns of girls learning to become responsible housewives, are addressed as well.

5. Key Messages

The aim of establishing stronger and well-functioning health systems is to improve provision of health care and health outcomes. This will be reflected through improved parameters such as:

- Number of beds per population
- Number of doctors and nurses per patient
- Through quality indicators as patients attended in time
- Improved client satisfaction

To bring about these effects, it is imperative that systems adopt strategies which promote retention of employees as well as those which keep them motivated to perform optimally.

The health system in each country is different and requires different strategies to minimise the loss of skilled health workers. In fact, the states within a country are also diverse and present different socio-cultural contexts. Therefore, a universal blueprint cannot be offered for retaining staff all over the

country. Sustained effort in workforce planning, development, and financing is required to maintain an adequate health workforce. This effort requires innovative strategies for retaining and motivating health workers in resource constrained settings. Some of the key messages which emanate when the motivation framework is applied are:

- **Internal Motivation:** A health worker accesses internal motivation when he has adequate capacities to perform in a supportive environment and consequently produces results and gains recognition. A sense of belonging to the organisation, an overall goal that is aligned with the goal and philosophy of the organisation strengthens this internal process. Pride in being a part of the government service needs to be brought back through clear articulation and dissemination of organisational mission. They need to be promoted and exemplified by the leadership
- **Organisational Factors:** Efforts are required to address the causes of health worker dissatisfaction and to identify the factors that influence health worker choices. Based on these, strategies should be formulated to minimise attrition from the health workforce. Improvements in organisational and systemic factors are required to bolster the worker's motivation and performance. These include an environment of transparent communication, respect for diversity and capacities, and a conducive-work environment, including basic amenities such as equipment, electricity, safe water, residential quarters, and communication systems.^{xxx} Additional facilities such as graded salary based on the remoteness and difficulty of terrain /difficult areas with additional benefits would be beneficial in the context of implicit risk to personal security and social isolation by the doctors serving in these areas.^{xxxii}

A comprehensive strategy to maximise health worker motivation has to involve a mix of financial and non-financial incentives. It is imperative to adopt a culture of:

- Providing supportive supervision
- Allocating training opportunities in an equal and transparent way

- Recognising and appreciate health workers
- Institutionalising participation opportunities for decision making
- Strengthening leadership

This requires changes in the organisational culture and individual attitudes. Structured performance appraisals and supportive supervision are instruments to gauge requirement for additional support or adjustment in responsibilities. Supervisors sensitive to the capacity building needs as opposed to being critical, promote motivation and retention. Regular encouragement raises an individual's confidence and consequently improves performance and motivation. A worker's experience of outcome is enhanced by adoption of public recognition measures such as rural health days and awards and titles at local, national, and international levels.

- **Community Related Factors:** Involvement of the community allays the fears and challenges of staff members in remote areas. Local governing bodies can provide logistic support and the staff is capable of recognising and enlisting, local support and resources
- **Health Sector Reforms Context:** States have benefitted from adopting a time bound transfer policy wherein, a doctor serves in the rural and remote areas for a fixed duration followed by choice posting.^{xxxiii} Facilitating employment of the spouse and education for children is cited as factors enabling rural posting of doctors and paramedical cadres. This might be an alternative mechanism for motivation as increase in pay scale may not be feasible for every government.^{xxxiv} Other mechanisms which can be considered include time bound promotion policies linked with capacities for all cadres, career progression of ASHA into the formal system, professional networks in rural settings, and tele-links to higher facilities
- **Socio-cultural and Environmental Context:** At the core of health service delivery is the interaction between the individual health care worker and the client.^{xxxv} Forums in rural areas, which promote interactions, exchange of ideas, and problem solving (such as the Village and

and Sanitation committees where ASHAs are members, and *Arogya Raksha Samitis* where PHC Medical Officers are members) should be strengthened as these encourage health workers to get more involved with their work and perform better.

A motivated health worker contributes effectively to the health system and the population. It is therefore prudent for organisations to invest in supportive inputs that facilitate productivity among health workers.

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