IMPROVING MOTIVATION AMONG HEALTH CARE WORKERS IN PRIVATE HEALTH CARE ORGANIZATIONS – A PERSPECTIVE OF NURSING PERSONNEL

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Abstract:

The article aspires to investigate the experiences of nursing personnel in private health care organizations, in provisions of their work motivation and satisfaction, promotion, encouragement and relinquishing the job, interpersonal interaction at work and to recognize areas for sustainable development to the health care services they present. No statistical differences amongst nurse practitioners and executives of what encourages them in private health care organization as workplace and clarifies feature that decrease and increase motivation among nurses. Motivation decreases, when nurses are not authorized and not independent in activity; nurses' competencies. Motivation increases when the nurses work together with physicians by parity; nursing profession is valued and documented as self-governing and appreciated by themselves and other health care specialists; the interpersonal communication is effective and inconsistencies are solved constructively. A chief weakness is that the characteristics of the present study may limit the generalizability of the results. The major suggestion is that the paper supports the prediction for distinctiveness of motivation among health care workers in private health care organizations with viewpoint of nursing personnel. This paper observes in a private health care sector the factors that increase and/or decrease the motivation of nursing personnel.

Keywords: Motivation (psychology), Private hospitals, Health services, Nurses

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1. Nursing as Emotional Labor:

The important topic of debate in nursing has been valued as Emotional Labor because of its perceived importance to those involved in the delivery of health care and to the patients who receive that care (Phillips, 1996). Mitchell and Smith (2003, p. 111) in their review of emotional labor within learning disability nursing add that emotional labor has always been "part of the image of nursing". A range of reasons for this is offered; according to Smith and Gray (2000), within nursing, the length and uncertainty of some treatments, together with the often repressed feelings that the patient and nurse may have about a very difficult medical experience, mean that professionals inevitably have to adopt strategies to manage emotions. In addition, nurses may well at times feel negative emotions such as disgust, irritation and anger, the expression of which would not be conducive to the patient experience. If the patient is to feel cared for then these latter emotions must be controlled, managed, or suppressed (McQueen, 2004). Thus, when nurses do not feel as they think they ought to in a particular situation they engage in emotional labor to ensure that their emotional displays match patient or social expectation (display rules). For example, interactions with angry, hostile or uncooperative patients are emotionally charged and pose a "great demand on nurses to suppress or alter their emotions" (de Castro, 2004, p. 120); as one nurse commented in Smith and Gray's (2000, p. 48) study, "some patients are really horrible and even disgusting, which means you have to really emotionally labor". Despite the examples of emotional labor inducing events provided by the above review, there is a lack of clarification in terms of why such events are emotionally charged. For example, why and under what circumstances are patients hostile or uncooperative? What kinds of things do elicit disgust in nurses or health careers? Why do nursing staff get irritated with patients? It is the lack of this kind of clarification that makes managerial attempts to control emotional labor performance more difficult; if the general categories of emotional labor inducing events were documented, it would be somewhat more realistic for health-care managers to try to implement interventions at this stage. This issue will be returned to with the development of the health-care model of emotional labor.

Nurses themselves acknowledge the centrality of emotional labor to the concept of caring within their job role. In their qualitative study of nurses' experiences of emotional labor, Smith and Gray (2000) comment that all of the nurses identified emotional labor as a chief part of the nurse's role in making patients feel "safe", "comfortable" and "at home". Bolton (2001, p. 86) describes nurses as "emotional jugglers" who are able to match face with situation but not necessarily with feeling; she talks of nurses being able to present a "sincere face" whereby feeling matches face, or a "cynical face" to mask feelings they believe should not be displayed (during an interaction of sorrow, for example). She takes this idea further in her own study of 45 nurses by distinguishing the "professional face", the "smiley face" and the "humorous face" which she feels nurses use to manage some of the emotional demands made of them. Various studies highlight the importance of a nurse's ability to manage emotion and to present the desired demeanor in a number of health-care settings; for example, James' (1989, 1992) study of nursing the dying shows how working on one's emotions can be described as "hard" and "productive" work; Staden (1998, p. 149) used three case studies to "recognize and value emotional labor" whilst Phillips (1996) commented on the gap that seems to have appeared between the supposed elevated status since the 1970s of the emotional components of nursing and the reality; Smith (1988, 1991, 1992) notes how student nurses have to learn to be competent emotional laborers and Strauss et al. (1982) were one of the first to coin a phrase, "sentimental work", in recognition of the emotional component of the role. More recently, attention has been drawn to the changing organizational context of nursing work in the UK (Bolton, 2001, p. 86) where the introduction of a "managerialism and markets mentality" means that nurses now have an added dimension to their work and are being asked to manage their emotions in much the same way as those in the private sector. Charles et al. (1999) suggest that an increasing interest in partnership in patient-professional relationships is associated with the rise in consumerism with patients seeing themselves as consumers with associated rights and expectations. McQueen (2000) highlights that the changing terminology reflected in the medical literature from patient to client implies participation and the "buying" of a service with the expectation, by patients, of certain standards; these standards usually include an expectation with regard to the emotional way in which the medical care is carried out.

Nurses of course, may well perform emotional labor because they want to (in which case display rules give way to feeling rules) rather than because of organizationally prescribed display rules. That is, they want to offer authentic caring behavior because they feel that this is a desirable skill of their job-role and because they derive satisfaction from doing so. However, this desire to feel certain emotions (hence, feeling rules) does not necessarily preclude the performance of emotional labor, since there must be many occasions when such people are unable to genuinely offer appropriate emotions (perhaps because of competing distractions from their personal lives, or due to depersonalization effects of burnout – see later section). In these cases, it could be that performance of emotional labor has quite severe negative consequences on their mental well-being (see later section too) since the dissonance is such that they want to genuinely feel emotionally appropriate but simply cannot. If feeling the right emotions is intimately linked in their minds to being good at their job, how will they feel when they do not feel these emotions but have to, instead, rely on faked expression in order to fulfill their own criteria of doing their job well? It is possible that this could affect their self-esteem and self-efficacy more than the worker who is performing emotional labor only to meet organizational demands (and who thus does not expect that genuine feeling is an indication of being good at the job).

2. Motivation among Health Care Workers:

Focusing to progress the motivation of personnel amongst health care workers is quite appropriately perceived to be at the heart of the contemporary health care management debate. Managerial concerns correlated to employee motivation are not new, but questions with reference to motivational incentives and employees' perceptions of what motivates them in the workplace continue to be discussed and analyzed. Motivation is a habitually cited rationale underlying the adoption and maintenance of health behaviors in research and practice. Motivation is complex and multidimensional, and clearer definitions for motivation are needed. Researchers and practitioners are challenged to observe carefully the role of motivation for health behaviors and investigate other factors that may more strongly influence behaviors of health care workers. Many contemporary authors have distinct motivation. Researchers refer to motivation as a psychological process that gives direction to behavior; and define motivation as

an internal drive that is present to satisfy unmet needs; describes motivation as a will to achieve. The concept of motivation with management issues correlated to organizational performance. They characterize motivation as a "state of mind, desire, energy, or interest that translates into action". This action is observed as work performance. The belief is that this performance can be predisposed when employee motivation is influenced. Employee motivation can be prejudiced due to motivation being a flexible state of mind. The present period of cost containment pressures means that nurse executives required to ensure that nurses have a work environment with the distinctiveness of work known to be linked to job satisfaction, motivation and good outcomes, e.g.: the key to development in health care practice may be the improvement of relationship between motivational tendencies, professional development and personal development among health care professionals; the autonomy, communication, sufficient time for patient care and the degree of environmental improbability contributed to job satisfaction and work motivation of nursing personnel; the helping pathways such as reward seeking, altruism, and punishment-avoidance are the work motives for caregivers; common job satisfaction, general job happiness, satisfaction with salary and promotion, institution, educational background are proved to be significant predictors of nurses' decrease of work motivation. Articles on development of motivation in private health care sector are limited. Among the health professional journals, nursing literature has the most on managerial characteristics, motivation and job satisfaction without differentiation to public or private health care sector. Nevertheless, in some articles is obtainable such kind of research-based information.

Working circumstances, status and security may operate as motivators within nursing profession; identified the achievement, recognition, work itself, responsibility and advancement as motivators of nurses; A study on job satisfaction that was done with professional therapists and the job individuality of feedback on the job, task consequence, autonomy and skill assortment showed the greatest force on job satisfaction. Four central domains of the work situation, namely work content, working conditions, social and labor relations, and conditions of employment, which possibly will increase or diminish the intrinsic work motivation of nurses. Employee empowerment may perhaps be influenced by the perception that the organization cares concerning its employees' well-being and that their work is valued. The leadership style and empowerment influence job satisfaction and work motivation among health care workers.

Nonetheless, the emotional intelligence of nurse executives and nurses' practitioners is prerequisite for their work motivation.

The research studies scrutinized the relationships amongst nurse managers' motivation for authority, achievement and affiliation, managerial leadership behaviors, staff nurse effects of job satisfaction, productivity and organizational commitment and patient satisfaction. Results showed that managerial motivation for power is negatively interrelated with manager exercise of leadership behaviors and staff nurse job satisfaction but positively associated with patient satisfaction. Managerial motivation for achievement is positively interconnected with use of leadership behaviors in addition to nurse job satisfaction and work motivation, productivity and organizational commitment, and commonly to patient satisfaction. Motivation, leadership skill development, and a responsive environment communicate to staff nurses' self-efficacy development. Authors also designate that the professional nursing practice autonomy, leadership behaviors progresses the nurses' work motivation and patient outcomes too. The studies demonstrate the significance of analyzing feelings relating to professional ambiguity and stress. Also they give prominence to considerations relating to differences in the age, care philosophy, and psychosocial health conditions of nurses. The consensus of "ever-growing job demands" and "work going unrewarded" donates to a feeling of being taken advantage of by the employer. The well-being of nurses and enhancement of work motivation depends on being an equal/parallel health professional in a complete team that allocation of knowledge and improves collaborative care of patients and a deliberately formulated nursing philosophy at health care organization. But there is no dissimilarities in nurses' job satisfaction or work motivation in dissimilar organizational structures or where different nursing care delivery models were used. A supportive working and learning environments are the most imperative to the job satisfaction of nurses. The authority initiate independent nursing actions, individual accountability for clinical outcomes, and standard performance feedback from managers and factors motivating the nurses' work motivation.

3. Conclusion:

It was felt that nurse executives would regard as motivation developing and improving factors similarly to nurse practitioners. However, the nurses recognize social aspects as motivators due to the caring role. This aspect of work distinguishes health care workers and could have possibly influenced the nature of motivation. In general, the theory results reflect the limits of nursing activity: at the foundations of vocational education nurses acquire multidisciplinary competencies; nevertheless, they do not have possibilities to apply them in full value in the context of nursing practice. The existing nursing activity is oriented to the stereotyped hierarchical conformity to the profession of a physician more than to the development of nursing practice and the autonomy of nurse's profession on the basis of multi-professional collaboration, which is connected to increase of the motivation. Outstanding to this the outcome is the following: a nurse becomes an obedient performer and his/her mental function "is transferred" to a "higher" person in professional hierarchy or level; the "weight" of nurse's responsibility for the activity outcome does not decrease; the procedure of vocational and permanent education of nurses becomes detached from the "real" nursing practice wherever the educational, practical-experiential and, etc. prospective of a nurse is not rare refused. Results confirmed no statistical differences amongst nurse practitioners and executives of what stimulates them in private health care organization as workplace and illuminated features that decrease and increase motivation among nurses:

- Motivation decreases, when nurses are not authorized and not autonomous in activity; nurses' competencies (specific professional and general) are not applied in full value, e.g. social-psychological, managerial, clinical-expertise; educational, decisions are not made collectively; the mechanism of information-sharing is ineffective; meetings of personnel are not structured and not equipped methodically
- Motivation increases when the nurses work together with physicians by parity; nursing profession is respected and documented as autonomous and valued by themselves and other health care professionals; the interpersonal communication is effective and conflicts are solved constructively

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