Author's response to reviews

Title: The match between motivation and performance management of health sector workers in Mali

Authors:

Marjolein Dieleman (m.dieleman@kit.nl)
Jurrien Toonen (j.toonen@kit.nl)
Hamadassalia Toure (toure@unicef.org)
Tim Martineau (t.martineau@liv.ac.uk)

Version: 3 Date: 7 October 2005

Author's response to reviews: see over
**Reviewers comments** | **Authors’ response**
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**Reviewer 1**
1. I found myself wishing for more detail and data-- especially where professional groups were concerned: Did doctors’ answers mirror nurses’ answers in all areas? Were there lessons to learn from lower level versus higher level practitioners? | We have provided more detail and data to address these concerns -- as shown below -- but have avoided increasing the amount of text too much:

There were no significant differences for most variables with respect to the motivating factors, apart from “to feel responsible” (p=0.0025) and “increase in salaries” (p=0.00). This has been adapted in the text: “The average scores for motivating and for demotivating factors are given in rank order in Table 2 and 3, all groups combined”

Adapted text under table 2:
“Two factors showed a significant difference between the groups. “Feeling responsible” received a significant higher score by medical doctors (average score 7.6) compared to registered nurses (score 4.8) (p=0.0025) and “increase in salary” was significantly more motivating for auxiliary nurses and midwives (average score 4.6) compared to medical doctors (average score 1.6).”

With respect to the levels of the institutes the following text has been included under table 2: “When looking at the different types of facilities, the four most important motivating factors were for all levels the same.”

With respect to the demotivating factors, there were no significant differences between the professional groups and this has been explained in the text: “There were no significant differences between the professional groups.”

With respect to the performance management aspects: where large differences occur, either for a certain profession or a certain level, it has now been specifically mentioned in the text.

2. Terms and uses of phrases could be defined better, such as: "to be held responsible" (p. 6) (p.7). I am not sure what is intended by those phrases. How does "feeling responsible" -- the highest motivating factor relate to "being held responsible"? Does responsible mean | As the terms are used here, the sentence “feeling responsible” is a more personal feeling whereas “to be held responsible” is more linked to an external person (a boss) who holds an employee responsible for the work done. In the text under the table we have included a sentence that explains in wider terms the various issues in the table: “Feeling responsible” relates in this table to an internal feeling, whereas “be held responsible”, “be appreciated” and “receive recognition” are related to actions by superiors, colleagues and patients.”
3. "knowing their job descriptions" -- does this infer that they knew what the tasks were from their job descriptions, or they could cite the service areas? If the JDs are by cadre and not individual, what benefit would that yield?

"knowing their job descriptions" meant that respondents were aware of the description of their tasks. They were asked the following question: Do you know the task description of your current activities?". We have adapted this in the text by stating: Sixty three percent of the respondents knew the description of their current tasks. Only knowing tasks that are very generally formulated is not sufficient for a contribution to improved performance, and we have included this comment in our discussion: "Job descriptions were not specific enough to allow the identification of training needs or to feel or to be held responsible."

4. Table 1- N=370 except the Employer category where it only equals 368; and in the Sex category it only equals 326. Can those numbers be accounted for, and if not, how did that affect the rest of the results?

Adaptation of the tables in the text: sex: the number of men was higher than in the table reported (162 instead of 119) total: 369, 1 missing data
Employer category, also data adapted, total 369: 1 missing data.
As for the two variables, there is only one missing data, we do not believe it that this will affect the results.

5. If difference of numbers is not significant, chart should be changed not to show overall N.

This comment is not clear to us, especially which chart is being referred to.

6. The complexity of the issue merits a broader explanation of the theoretical grounds on which the approach to the problem is based

See comment 9

7. In general, there are two ways to move forward. The first is trying to use a simple frame of concepts (motivations) based on managerial sciences in order to understand specific behaviour of individuals (as it is the case of the paper). The first type of approach has the advantage that it can identify specific behaviours that can be related to a variety
of managerial options to be implemented in order to change or encourage them. This is appealing because information can be translated very easily into policy recommendations. Its main shortcoming is that it can oversimplify the phenomenon and produce recommendations that in practice will not be helpful.

8. The second is to move through a political science approach where individuals respond to motivations that are located beyond the boundaries of their labour environment. This is a political type of approach where issues such as interests and power play a major role in the explanation of phenomenon. The second type of approach is a more elaborated one but it can go in depth to find the reasons behind motivations (or lack of) that can be directly linked to the job situation or to a broader context. In this type of research, conflict normally appears as a major issue to be considered. Recommendations may not be easy to identify and less to implement because they are not normally identified as concrete conducts but more to chains of events that surpass the capacity of managers to keep control on them.

9. One can choose one of the other but the important thing in a paper is to clearly explain why authors decide to go for one

Adapted text on p. 2: The aim was to identify opportunities for improvement of HR activities implemented by managers within the facilities, and the study has therefore a managerial focus, as opposed to a political focus in which power and interests are analysed.
and not for the other because the implications of the study will be different.

<p>| 10. | The methodological approach of the paper is appropriate as said before but it needs to be accurately explained in terms of who participated in in-depth interviews and group discussions. | We have included more details in the text on the number and type of people interviewed in the qualitative component: Twenty-eight individual interviews were held with 12 health workers, 13 managers and 3 village committee members. In addition 8 group discussions were conducted: 4 with health workers from teams working at commune level and 4 with health workers, working at district level. |
| 11. | According to the third paragraph in page 3, managers are included, but they do not appear on the list mentioned on page 4. This detail is important as triangulation of sources is key to interpret highly subjective information as the one derived from qualitative approaches. For example when authors talk about key aspects related to motivation / de-motivation it is important to know whether managers think the same or they have a different view. | In order to clarify who participated in which part of the study, have reorganised the text that describes the methodology. In the current text the parts on the qualitative study have been put together and the parts on the survey. We have also added one sentence on selection of managers in the text on the qualitative study: “Managers of the health facilities visited and two managers at national level were interviewed.” We have also introduced a more consistent use of the words “study” and “survey”: Study refers to the qualitative component and survey to the quantitative component. |
| 12. | Regarding the quantification of motivating / de-motivating aspects, how do we know that these averages do not reflect a socially shared subjective view? | One can never be sure. We have attempted to avoid this by first having people enumerate motivating and demotivating factors in the qualitative component and then in the quantitative component having them listed. People could list their own priorities, during the interview. They were interviewed by non health people in order to avoid influence on their answers and the questionnaire was anonymous. We have adapted the text on this point on “quality assurance of data” of the quantitative components (p. 3, 2nd paragraph). New text: These mechanisms aimed among others to avoid bias and socially acceptable answers. |
| 13. | Again, triangulating information can provide a certain sense of validity to the information but we need to know if information was obtained from other | Triangulation was obtained in the qualitative component by interviewing managers and health workers. Their views have both been included in the motivating and demotivating factors -see adaptation text, suggested under 11. Another source for triangulation was the combination of interviews and the structured questionnaire among health workers about motivating and demotivating factors. This has |</p>
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<th>Original Text</th>
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<td>Social actors? such as managers.</td>
<td>been adapted in the text, using the following sentence:Lastly, the results of the survey were triangulated with the results from the interviews and group discussions.</td>
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<td>14. The paper provides data on private providers but there is no mention on the text about them. They could also be an important source of contrasting</td>
<td>The article has as main focus the staff of MoH and those contracted by the community and looks across the professionals groups, only indicating differences when they were significant. This is now more clearly mentioned in the text, and the following sentence has been added: This article examines the results combining professional groups and levels. Whenever there was a significant difference in results among professionals or type of institute, these have been highlighted. Note: The private sector was at the time of the research very small, not regulated and limited to Bamako. In the article a footnote has been added with the following text: “Data are not disaggregated for the private sector, due to the small numbers compared to the public sector”. These data were neither useful for triangulation as it is likely that there are differences between the private services with respect to HR policies and activities. In addition, often staff in the capital work both in private and public sector. To what extent staff was working in both public and private was not researched.</td>
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<td>15. In the present paper the conceptual ground is taken from Herzberg who defines two different areas of motivation. It would be good if in the discussion authors can go back to Herzberg propositions in order to test how close or how far are their results from those elements proposed by Herzberg.</td>
<td>The model has served to explain the concept of motivation, and not so much to develop the study. This makes it very difficult to compare the results to the theory of Herzberg. We have tried to relate to the model in the discussion and in the conclusion, although this is not easy, Adapted text in discussion: The main motivating factors identified in this study: recognition, responsibility and training, seem to correspond with the satisfiers mentioned by Herzberg. However, this has to be concluded with caution, as it was not always clear whether the motivation for e.g. training, was really related to advancement by updating knowledge (satisfier) or to complementing a salary (dissatisfier). In addition, in our study, salary was seen as an important motivator, whereas Herzberg categorizes this as a dissatisfier. This could be due to the way the questions were asked or to the fact that currently the salaries among health workers in Mali are very low and earning sufficiently to provide for the family is the most important issue on health workers’ minds. Adapted text in conclusion: For managers Herzberg’s model could be a useful model to better understand motivation of health workers and to select strategies to address this. Appropriate formulation of HR activities, however, should be preceded by identifying which factors are motivating for health workers in their specific contexts.</td>
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