Intrinsic motivation: how can it play a pivotal role in changing clinician behaviour?

Yogarabindranath Swarna Nantha
Primary Healthcare Outpatient Department, Seremban Primary Care Health Clinic, Seremban, Malaysia

Abstract

Purpose – In the light of an increasing healthcare burden, this paper seeks to offer insight about how intrinsic motivation could play a pivotal role in improving the pre-existing healthcare service delivery systems by altering clinician behaviour. The paper argues the case for four salient dimensions worth exploring through the lens of intrinsic motivation – non-financial incentives, positive affective states, organizational culture and prescribing quality.

Design/methodology/approach – This article reviews literature from both social sciences and health management practices to provide rationale on how intrinsic motivational approaches could optimize healthcare service delivery systems.

Findings – The scrutiny of the body of evidence leads to the assertion that there is neglect in the initiatives to reinforce intrinsic motivation as a method to address the ailing morale of doctors. This seems to have exacerbated negative outcomes that include job dissatisfaction, compromise in the quality of care and poor patient-doctor relationships. Diminution in positive affective states amongst doctors, largely controlled by intrinsic motivation, led to strained doctor-patient communication and poor quality of care. Barriers in a healthcare organizational culture that restricts autonomy and empowerment seem to directly undermine job satisfaction.

Originality/value – The article argues that it is crucial to shift away from the conventional tendencies promoting tangible rewards. A more holistic approach should be adopted by conducting formal research into intrinsic motivation and how it could aid the formulation of policies tailored to meet the current demands of the healthcare system.

Keywords Intrinsic motivation, Organization culture, Empowerment, Autonomy, Clinical engagement, Individual behaviour, Doctors

Paper type Viewpoint

Introduction

The role of intrinsic motivation amongst physicians remains an area of research that has received scant coverage. Much research effort has been invested to assess the general aspects of motivation amongst physicians and patient-doctor communication skills. While greater emphasis has been placed on external regulators of motivation, the elusive but equally important features of intrinsic motivation have only been dealt with marginally. The burgeoning cost of healthcare in the recent decade seems to warrant the investigation into the plausible economical role of intrinsic motivation as an alternative or adjunct to the current mainstream method of external motivation.

This article seeks to empower health managers with knowledge on the complex psychological components of intrinsic motivation that influence the behaviour of health practitioners. Insight gained by comprehending the basic tenets of motivation could then be utilized in the formulation of a more robust health policy to either replace or work parallel to the pre-existing healthcare system in the future.
Theoretical background (intrinsic motivation theories relevant to health management)

Cognitive evaluation/self-determination theory (CET/SDT)

Intrinsic motivation is defined as the innate property of an individual to pursue an activity or seek out optimal challenges based on one’s interest and personal capacity to do so (Ryan and Deci, 2000). Autonomy (by encouraging empowerment), competency (by the inherent need to improve one’s self by gaining skill through experience) and relatedness (the sense of belonging to a particular group be adhering to an ethical set of social and cultural norm) are criterions central to an individual’s psychological needs (Ryan and Deci, 2000).

Extrinsic motivation is influenced by expectant rewards such as financial incentives, praise, attention and approval. Though it is undeniable that all forms of extrinsic regulation can elevate the degree motivation, the adverse effects of extrinsic motivation are also numerous, especially its potential to crowd out intrinsic motivation that is vital to psychological wellbeing (Frey, 2001).

Teleonomic theory of self (TTS)

TTS describes intrinsic motivation as deep absorption and full involvement in an activity (Keller and Bless, 2008). “Flow experience” relates to the enjoyment and a sense of engagement in an activity that the individual yearns to replicate due to the pleasurable experience that is gained (Csikszentmihalyi, 1993). Competency is directly linked to intrinsic motivation and it reflects the ability of an individual to utilize one’s skill to overcome obstacles (Ryan and Deci, 2000). Flow is only experienced when there is a balance between perceived challenge and the level of perceived competence when performing a given task – when a mismatch occurs between skill and challenge, the equilibrium is tilted to either end of the two spectrums, leading to apathy or boredom (Keller and Bless, 2008).

Eudaimonistic identity theory (EIT)

Contrary to the accepted belief that gratification is dominated by hedonistic enjoyment alone, EIT implies that at times, certain activities have the dual property of inducing both hedonic enjoyment and a feeling of personal expressiveness (Waterman et al., 2008). The crux of EIT revolves around the capacity of the individual to realize their true potential and allow it to manifest as personal expressiveness (Waterman et al., 2008). Personal expressiveness was shown to be strongly correlated to positive affective states that are essential for psychological wellbeing (Waterman et al., 2003). Thus, when an individual engages in an activity that is personally expressive, it amplifies the subjective experience of intrinsic motivation as well (Waterman et al., 2003).

The role of intrinsic motivation amongst doctors

The relationship of external rewards and intrinsic motivation amongst doctors

The lukewarm reception to the potential benefits of intrinsic motivation in healthcare policymaking could be attributed to the shift in global trends focusing on the positive effects of tangible rewards have on doctors. This was evident in developed nations such as the US (Pay-For-Performance scheme) and UK (Quality And Outcomes Framework) where financial incentives have been endorsed as a technique to improve performance in the healthcare delivery system (Committee on Redesigning, 2007; Marshall and Smith, 2003).
Contrary to the motives of a financially oriented system, money does not always translate to the central need of most physicians. Relationship between target income and actual income has shown that physicians often reach a plateau in their desire for financial incentives after several years of practice (Rizzo and Blumenthal, 1996). Thus, it has been argued that factors other than extrinsic oriented gains seem to influence the motivation amongst healthcare workers. Physicians who took pride in improving their competency at work were found to have achieved greater job satisfaction – in fact the financial reward given to them was utilized towards the success of the project, which cost more than the given incentive (Spoon et al., 2001). A strong managerial stance that was supportive of professional values, rather than just financial rewards, cultivates better professional behaviour (Spoon et al., 2001). Recognition and appreciation of the role of workers by organisation leaders were also considered as influential factors next to only financial incentives, in determining the motivation of health care workers in certain countries (Rizzo and Blumenthal, 1996; Spoon et al., 2001).

Though it is undeniable that monetary incentives do increase higher level of achievement and enhance quality of care (Campbell et al., 2003), they are not devoid of potential drawbacks. External interventions such as monetary rewards have the property of crowding out or facilitating intrinsic motivation (Frey, 2001). Organisation culture such as threats, deadlines and environmental pressure directly undermines intrinsic motivation (Deci and Cascio, 1972; Amabile et al., 1976; Reeve and Deci, 1996). External regulations do not always produce ill intended effects as it was first believed and might lend a supportive function to intrinsic motivation. A proper method that avoids exacerbation of detrimental effects on intrinsic motivation such as unexpected monetary benefits or verbal praise (Henderlong and Lepper, 2002) should be devised. Rewards, hence, should be closely matched to the effects it bears on the internal drivers that influence behaviour (Ryan and Deci, 2000).

**Reflections on the influence of positive affective states of doctors and patient satisfaction**

Positive affect plays a decisive part in strengthening intrinsic motivation when an individual engages in a task they find meaningful or interesting (Isen and Reeves, 2006). Motivational studies have proven that intrinsic motivation promotes optimal functioning and wellbeing of an individual by not only decreasing anxiety or depression but also by improving self esteem and interpersonal relationships (Kasser and Ryan, 1996). In the field of clinical medicine, clinical outcomes are influenced by the demeanour adopted by the physician while attempting to establish rapport with patients. A satisfied patient relies on patient-doctor communication skills espoused by the doctor, especially during consultations concerning chronic diseases which comprise the major group of patients seen at a primary care centre (Greenfield et al., 1998). Studies primarily indicate that poor physician interaction (non-integrative communication) or behaviour (irritation, antagonism, nervousness or tension) are strongly related to poor patient outcomes (Beck et al., 2002).

Physicians who have been induced to acquire a positive affect were found to have an improved ability to make a precise medical diagnosis when compared to physicians who fell under the control category (Isen, 2001). Physicians who have positive affect seem to portray a sense of generosity, flexibility and reciprocation which are favourable attitudes much sought after by patients (William et al., 1998; Isen, 2001). On the other hand, negative affect of any physician, verbal or non verbal, has been shown
to undermine patients perception of a physician and is related to poor patient satisfaction (William et al., 1998).

**Job satisfaction and organizational culture**
Positive correlation exists between intrinsic motivation and job satisfaction (Leat and Al-Kot, 2009). Organisational culture that focuses on good managerial practice and employee recognition or appreciation helps in improving the motivation of health workers (Willis-Shattuck et al., 2008). Most organisations seek greater standardisation and formalisation as a method to reinforce the values enshrined in their organisational culture, a rigid agenda that neglects the relevance of human values to job satisfaction. The resulting mechanistic organisational culture gives rise to reduction intrinsic motivation by restricting both autonomy and freedom (Sherman and Smith, 1984).

Employee involvement encourages employee engagement that enriches work with opportunities in tune with their personal expressiveness resulting in a positive affective state that cultivates strong personal pride (to feel that this was what they were meant to do) (Waterman et al., 2003) which is derived from performing their work in a responsible manner. This was evident in the field of health services where job satisfaction through increased participation and autonomy amongst workers resulted in high standards of patient care (Samper et al., 1994).

**Prescribing quality and physician behaviour**
Innate attitude of doctors seem to be the centrefold of prescribing behaviour. Doctors are governed by internal rules and the attitudes that they possess contribute to discomfort when prescribing, especially the lack of confidence (Bradley, 1992). Translated from a TTS perspective, a mismatch between the demands required of an activity (i.e. clinical judgment when prescribing) and the level of competency might attribute to the lack of confidence or apathy amongst doctors. Most general practitioners in a survey felt uneasy of peers being critical of their prescribing pattern (signifying the need to maintain relatedness) and thus refuse to interfere with management practices (which marks a decrease in autonomy) (Bradley, 1992). It is thus not surprising that organisational barriers were seen as an impediment towards implementing changes that could improve quality of prescribing and care (Bauchner et al., 2001).

More concrete initiatives to stem prescribing error need to be introduced by taking into consideration patterns related to physician behaviour. Providing educational material alone has been proven to be an inefficient way to alter clinician’s prescribing behaviour – the action only raises awareness but might not be sufficient to change behaviour (Bauchner et al., 2001).

**Recommendations**
This examination into the critical role intrinsic motivation on improving efficacy in the healthcare systems has revealed several issues worth pondering:
- Both components of motivation need to work in unison, not separately, to bring forth any meaningful changes in the morale and psyche of doctors. Results from formal research assessing intrinsic motivation amongst doctors should be used as a guide by health managers to strike a balance between extrinsic and intrinsic rewards before implementing intrinsic motivation-based policies.
Benefits of implementing of a job design model for doctors that has assimilated the essence of intrinsic motivation could be numerous. Creating a job design that nurtures a hospitable work culture by fulfilling psychological needs that govern intrinsic motivation, doctors might deliver greater job commitment and adopt better organizational citizenship.

Since psychological needs of employees such as affiliation form an integral part of motivation amongst workers (McCleland, 1962), health managers need to be trained to acquire organization behaviour-based skills in order to overcome problems facing health organizations effectively (Chaudry et al., 2008). Unfortunately, leadership qualities essential to fulfilling these objectives are unlikely to be obtained by doctors through standard medical education and practice. The advantageous role of health executives or Chief Medical Officers to facilitate better interaction between health professionals and the management team could be a viable reform initiative worth looking into.

In tandem with curbing rising costs of incurred by health care services, a different approach has to be taken to strike a perfect balance between satisfying the inner needs of physicians and at the same time develop better workplace efficiency. The unexplored role of intrinsic motivation might have the hidden potential to serve this very purpose.

References


self-determination, the balance of challenges and skills and self-realization values”, *Personality and Psychological Bulletin*, Vol. 29 No. 11, pp. 1447-1458.


Further reading


About the author
Yogarabindranath Swarna Nantha is a Senior Medical Officer at the Seremban Primary Care Health Clinic, under the Ministry of Health Malaysia. His academic and research interests have been in the area of health management and infectious diseases (namely tuberculosis). Currently he works at the outpatient clinic department of the institution and occasionally teaches undergraduate medical students from the International Medical University. Yogarabindranath Swarna Nantha can be contacted at: yogarabin@gmail.com

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